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VAanguard

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Veterans Day 2010

Warriors Helping Warriors

VA Acquisition Academy

Give Green a Chance



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Editor: Lisa Gaegler
 Assistant Editor/Senior Writer: Gary Hicks
 Photo Editor: Robert Turtill
 Staff Writer: Amanda Hester

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U.S. Department of Veterans Affairs
 810 Vermont Ave., N.W.
 Washington, D.C. 20420
 (202) 461-7427
 E-mail: vanguard@va.gov
www.va.gov/opa/publications/vanguard.asp

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On the cover

Army Sgt. Joseph Lollino leads the color guard during the presentation of colors at the national Veterans Day ceremony at Arlington National Cemetery. The medic earned the Distinguished Service Cross and the Purple Heart for retrieving and treating five casualties after his convoy was ambushed in Afghanistan in June 2008. VA facilities across the nation marked Nov. 11 with ceremonies, parades, concerts and more. Nearly 100 VA-sponsored activities were scheduled. *photo by Robert Turtill*



Healing Through the Arts

Marine Corps veteran Loren (John) Prather, of Draper, Utah, portrays Tevya, from "Fiddler on the Roof," during the stage show at the 2010 National Veterans Creative Arts Festival in October. Prather was one of more than 100 veterans from across the nation attending the weeklong event in La Crosse, Wis.

VA a Leader in Putting Americans With Disabilities to Work

VA continues to be one of the top Cabinet-level agencies in the hiring of Americans with targeted disabilities. The targeted disabilities are blindness, deafness, partial or total paralysis, missing limbs, convulsive disorders, mental illness, developmental disorders and dwarfism.

“People with disabilities have a wealth of skills to bring to the workplace,” said Christy Compton, VA’s disability program manager in the Office of Diversity and Inclusion. “VA is committed to encouraging our managers to tap into the expertise of these individuals and appreciate the value they bring to the workforce.”

VA Secretary Eric K. Shinseki recently issued a 2 percent hiring goal for people with disabilities as a demonstration of this commitment. “The goal encourages VA organizations to hire one person with a targeted disability for every 50 new hires in fiscal year 2011,” said Compton.

“The hiring goal [memorandum] was followed by instructions and resources for not only reaching applicants with targeted disabilities, but also instructions on making facilities accessible and providing accommodations.”

ODI focuses on hiring qualified people with disabilities at all levels of the workforce. Its program focuses on individuals with targeted disabilities because of their high unemployment rate (70 percent). While hiring efforts are important, retention is also

key in increasing the Department’s number of individuals with targeted disabilities.

“Once these employees are brought on board, we must ensure they are fully included at all organizational levels and occupations to realize their full potential,” Compton said.

“When a VA office does not create an inclusive, welcoming, non-discriminatory environment or follow the procedures for responding to requests for accommodation,” she added, “the employee may

VA offices for the cost of accommodations and reasonable accommodation training.

“In addition to being federal law, reasonable accommodation is an important retention tool,” said Compton.

Managers use non-competitive excepted appointing authorities to hire individuals with disabilities without issuing a job announcement. People with disabilities can apply for VA positions through the competitive process or, if they have a severe physical dis-

strategies to increase employment and retention as a way to also best attract veterans to the VA workforce, said Dennis May, director of Veterans Employment Coordination Service. Nearly 30 percent of VA’s employees are veterans and 9 percent are disabled veterans.

“Our job is to assist veterans who are interested in employment with VA, particularly those who might be disabled,” May said. “So we encourage the use of non-competitive appointing authorities.”

Non-competitive excepted appointing authorities include one for 30 percent or more service-connected disabled veterans. It is a non-competitive hiring authority that allows VA to hire veterans who are eligible and qualified non-competitively for any position up to and including GS-15. This is not specific to VA, but a federal provision that government agencies use.

“Veterans who are 30 percent service-connected for the appointment have to be qualified in terms of skills,

knowledge and abilities to do the specific job,” May said. “It is not about a handout or doing them a favor, but recognizing the skills, experience and training they can bring to the organization.”

For more information about VA’s Disability Employment Program, go to www.diversity.br.va.gov/disabilities.htm. For information about Veterans Employment Coordination Service, go to www.va.gov/VECS.



Christy Compton is VA’s disability program manager in the Office of Diversity and Inclusion.

not view VA as an employer of choice for persons with targeted disabilities and may decide to work at a different agency.”

Recognizing this, ODI has implemented inclusion and retention tools. These tools include a reasonable accommodation compliance system that will track accommodation requests, the updated Reasonable Accommodation Directive and Handbook, a centralized fund to reimburse

ability, mental illness or developmental disability, apply for a non-competitive appointment via Schedule A.

“Schedule A is a valuable tool which we are not using enough, although we are working to change that,” said Compton. “We need to do a better job of using these tools to hire qualified individuals with disabilities, especially those with targeted disabilities.”

VA uses various hiring

The Office of Survivor Assistance: Taking Care of Veterans' Families

"Taking care of survivors is as essential as taking care of our veterans and military personnel," VA Secretary Eric K. Shinseki has said. "By taking care of survivors, we are honoring a commitment made to our veterans and military members."

The Office of Survivor Assistance is the primary advisor to the Secretary on all matters related to policies, programs, legislative issues and other initiatives affecting veterans' survivors and dependents of survivors.

They monitor VA's delivery of benefits to survivors, make appropriate referrals to VA offices for survivors seeking benefits, and explore innovative ways of reaching survivors who are not receiving VA benefits they are eligible for, including education assistance, home loan guarantees, health care insurance and Dependency and Indemnity Compensation.

OSA serves more than 550,000 spouses, dependents and other survivors of veterans who are receiving VA benefits. Remarkably, that figure includes nearly 5,000 spouses of World War I veterans, 90 spouses and 94 children of Spanish-American War veterans, and two children of Civil War veterans.

"It's our mission to make sure veterans' survivors do not fall through the cracks, because VA's mission to serve those who have borne the battle is not over when taps is played."

Dan Logan, special assistant to the Secretary, and Debi Bevins, director of Client Relations and special advisor to OSA, provided oversight of OSA until November 2010, when Debra Walker was named the new director. Scott Bell serves as OSA's program

analyst. "Providing support to survivors is an honorable charge," said Walker, "and I am proud to be a part of the VA office that honors those survivors and their dependents."

Since its creation, OSA has been working closely with senior VA Central Office leadership to provide up-to-date information and analysis on the issues faced by the survivor community. These issues are as varied and diverse as the constituents OSA serves, and run the gamut in complexity.

OSA gleans much of its information through direct interaction with the survivors themselves. Through outreach and communications, the challenges and successes of the survivor community are brought to the attention of OSA staff. While the thrust of OSA operations is policy-focused, the staff often gets involved in assisting with individual claims.

"I've had the pleasure of working directly with surviving families from around the world," said Bell. "We have discussed matters ranging from education benefits to VA home loans, DIC, CHAMP-VA health care benefits, you name it—and all of it helps bring home the impact VA has on so many lives.

"I wish everyone in VA

had this opportunity. These surviving families are truly inspirational. When you see the bravery and dedication that so many of them display in the face of losing a loved one, the steps they take to honor their loved one's memory, and how they go about caring for those



Debra Walker, center, directs the Office of Survivor Assistance; she's assisted by Debi Bevins and Scott Bell.

left behind—well, it's hard not to be moved by it."

As a rule, OSA staff members say they see these service opportunities as mutually beneficial; the survivor obtains the necessary assistance with their particular issue, and OSA benefits by reviewing the trends in requests for assistance, which helps identify possible gaps in programmatic services. Strategy-wise, by working on the micro level, OSA is better able to advise VA leadership at the macro level.

OSA was also a key driver in the addition of "Survivors"

sible for all survivors.

OSA also established multiple partnerships with Department of Defense agencies and veterans service organizations to explore ways to ease the transition of survivors into the VA system, and to make a difference in survivors' lives.

The office maintains a Web site (currently under reconstruction) to help survivors navigate through resources that may be available to them, and will continue to monitor policy and legislative issues as well as pursue outreach to survivors to ensure that survivor issues are fully understood and addressed at the appropriate level.

"It's our mission to make sure veterans' survivors do not fall through the cracks," said Walker, "because VA's mission to serve those who have borne the battle is not over when taps is played."

Contact the Office of Survivor Assistance at 202-461-1077, or by e-mail at officeofsurvivors@va.gov.

Stimulus: More Than a Buzzword

The Recovery Act ushered in a new way of doing business that will have lasting benefits for the Department and the veterans it serves.

Buzzwords. Every organization has them, and VA is no exception. Whether you work in a community-based outpatient clinic in California or a national cemetery in Kansas, chances are you either hear them or use them yourself.

Webster has a couple of definitions for “buzzword” but, boiled down, buzzwords are popular, important-sounding, usually inflated, and used chiefly to impress. At the end of the day, it kind of makes one think twice about using them.

But VA recently completed an unprecedented project that gives teeth to many of these words people use every day.

On July 31, 2010, VA became one of the first federal agencies to commit the last of its Recovery Act funds—completing the tasking two months

ahead of the presidentially mandated suspense date. VA allocated the \$1.8 billion granted to it under the American Recovery and Reinvestment Act of 2009 to improve medical facilities, national cemeteries and numerous other projects and services to better serve veterans.

While the face value of VA Recovery Act projects is \$1.8 billion, the ROI (return on investment) is much

more substantial. An after-action review of what it took to accomplish the Department’s portion of the Recovery Act shows a long list of best practices that will continue to improve services for veterans long after the last nail is hammered, the first of which is a paradigm shift in the way VA collaborates among its three administrations.

“Changes in how we do business to meet the requirements of ARRA allowed VA to break down internal

on a large, multi-faceted effort, and also to improve its internal processes.

Gingrich seized the opportunity and set clear goals for Recovery Act program leaders, as well as leaders from the offices of Inspector General, Public Affairs, General Counsel and Finance. He intensely managed bi-weekly and weekly meetings between all stakeholders and forged a cohesive team to accomplish all Recovery Act requirements.

“The Chief of Staff’s time and commitment really drove this project home,” said Senior Policy Analyst Ruth Peterson.

VA’s contracting and financial operations were a huge benefactor of the collaboration and improved communications. As a result of their efforts, VA awarded more than 1,500 contract awards in less than 12 months; improved

the financial processing systems to reduce invoice processing time from the usual 30 days down to seven; and implemented significant enhancements to the electronic contract award documentation system that provided more consistent and accurate award data to contract officers in the field.

“These improvements gave the ARRA team access to more expansive information that assisted in



VA employees involved in managing the \$1.8 billion granted to the Department under the Recovery Act gather for a recognition ceremony in headquarters.

organizational barriers, creating a cross-cutting team approach empowered to perform oversight and management decision-making to accomplish program goals consistent with the VA ARRA program plans,” said VA Chief of Staff John R. Gingrich.

The Recovery Act gave the Department a unique opportunity to have distinct administrations and staff offices work directly with each other

ROBERT TURTEL

tracking and accounting for NRM (non-recurring maintenance) projects down to the penny,” Gingrich said. “The changes made as a result of the ARRA program are spilling over into other processes and teams within the agency. The accomplishment impetus that we have seen here at VA as a result of the ARRA implementation requirements is having a positive impact on how we deliver the best possible services to veterans.”

During the initial ramp-up for contracting, a review of the existing contract management system revealed a need to quickly enhance capabilities in the Department’s enterprise contract management system, commonly known as VA’s electronic contract management system. Some system enhancements were implemented immediately, while other, more complex enhancements were synchronized for release with programmed system upgrades.

These improvements ensured that all project requirements and contract management activities were clearly visible across the enterprise. This allowed managers to identify potential problems early and fix them.

In all, VA completed 1,521 contract award actions to 696 contractors. These project awards involved more than 1,200 sites in all 50 states, the District of Columbia and Puerto Rico, and created more than 3,197 jobs.

The system improvements put in place to manage these contracts produced a cost savings of 10 percent of the original spending plan—allowing VA to roll back approximately \$100 million into the program to fund additional projects.

“VA’s focus on getting the requirements defined accurately and early in the process was key to the Department’s ability to smoothly manage requirements through the contracting process,” said Tom Burgess, Office of Acquisition and Logistics.

The Recovery Act also proved to be a unique opportunity to involve veteran-owned small businesses. VA

has two standing goals to award at least 10 percent of all procurement dollars to service-disabled veteran-owned small businesses and 12 percent of all procurement dollars to veteran-owned small businesses.

The majority of VA’s Recovery Act projects, such as facility maintenance, equipment upgrades, etc., aligned well with those of many veteran-owned businesses. VA was successful in awarding approximately 76 percent of ARRA contract dollars to these business categories on a competitive basis.

The Veterans Health Administration received \$1 billion of VA’s Recovery Act funds for non-recurring maintenance and energy projects at VA medical facilities. “Because the Recovery Act funding that VHA received was put towards the various improvements needed at VA medical centers, the agency was able to capitalize on those specific companies for these projects,” said VHA Clinical Logistics Officer Fred Downs.

“VA also took the opportunity to take special advantage of the set-aside programs available to the agency, with leadership’s emphasis on using veteran-owned and service-disabled veteran-owned small business set-asides,” added Downs. “This focus allowed the VA to not only pump this money into the economy, but also continue our mission of supporting the veteran community both inside and outside of our medical centers.”

Other projects implemented under ARRA include:

■ The Veterans Benefits Administration received \$150 million to hire more than 2,200 claims processors, with 230 devoted to helping with claims submitted for Post-9/11 GI Bill benefits.

■ VHA received \$150 million to provide financial assistance to the states to construct or acquire nursing home, domiciliary and/or adult day health care facilities. Thirty-three projects were funded in 20 states.

■ The Office of Information and

Technology received \$50 million and provided software development, staff, and associated supplies and equipment to support implementation of the Post-9/11 GI Bill.

■ VBA also received an estimated \$700 million for veteran economic recovery payments—one-time payments of \$250 to eligible veterans and survivors to help mitigate the effects of the current economy.

■ The Office of Inspector General received \$1 million to audit and investigate applicable VA programs, grants and projects receiving ARRA funds and to perform necessary oversight.

■ The National Cemetery Administration received \$50 million for monument and memorial repairs to honor the final resting place of American veterans in its national shrines.

■ More than \$400 million in energy initiatives were funded, including energy efficiency and green energy projects.

The Recovery Act instituted a different way of doing business for all government agencies, including VA. The level of transparency and accountability required under ARRA was unprecedented. It forced the Department to evaluate and improve its internal business procedures faster, better and more accurately than under normal circumstances. And in the end, VA completed its Recovery Act goals with the highest level of transparency and accountability, ensuring the best services possible to veterans going forward.

All in all, ARRA was a value-added experience for the Department, and not just a compilation of buzzwords. VA leadership was proactive from the beginning, empowering employees to be assertive every step of the way—never losing sight of the big picture. Buzzwords are meaningless without heart, soul and dedication behind them, and it’s these three plain and simple words that are at the core of VA’s success. **VA**

By Gary Hicks

Empowering Doctors, Helping Veterans

The Disability Benefits Questionnaire claims transformation initiative will streamline the collection of evidence supporting veterans' claims.

Claims. A word comprised of six letters, but all too often considered a four-letter word. Need clarification? Ask a veteran or a Veterans Benefits Administration rating veterans service representative.



For veterans and VA alike, the claims process has been an ongoing battle—mountains of paperwork, numerous rules and regulations, and miscellaneous red tape often written in several different versions of the English language that no one person can understand.

Fortunately, VBA is on a mission to transform the process to ease the burden and pain for everyone involved. The Disability Benefits Questionnaire initiative is one of the latest forward-thinking projects to take shape and offer relief to veterans, doctors and claims processors alike.

“It’s really an exciting initiative,” said Lori Fyock, rating veterans service representative at the Pittsburgh VA Regional Office, who served as a member of the team that is shaping and executing it. “The DBQ program will enable veterans to take a more active role in their medical evidence gathering, gives them greater freedom of choice, and eliminates many of the administrative headaches that can slow the claims process. The goal is for veterans to view VBA as a partner, rather than an obstacle.”

The concept for DBQ was an Innovation Initiative Competition winner submitted by Assistant Veterans Service Center Manager Jack Hudson, of the Pittsburgh VARO. It called for the creation of streamlined question-

Left to right: Beth McCoy, director of the Pittsburgh VA Regional Office, with staffers Jack Hudson and Lori Fyock.

naires to simplify collection of information about veterans' disabilities. It was among 10 ideas selected from a field of more than 3,000 proposals and is now among the more than three dozen initiatives aimed at eliminating a backlog of claims by 2015, when VA aims to complete claims in 125 days with a 98 percent quality rating.

These questionnaires, or DBQs, will be used in the Veterans Health Administration, both by compensation and pension examiners and by clinicians in primary care and specialty care to communicate medical information needed by rating veterans service representatives to make decisions on disability benefit claims. The DBQs will also be available as an option for veterans to take to their private physicians (at their own expense) to use as a tool to guide them in providing sufficient medical evidence in a consistent format. This could obviate the need for VA to schedule a C&P examination.

As a subject matter expert on claims rating criteria, Fyock was a member of a team that included other rating veterans service representatives from across the country. Based on her rating experience, Fyock played a key role in helping shape programmatic content.

"From the first brainstorming session to the last document review, Lori was instrumental in the success of the DBQ initiative," said Beth McCoy, director of the Pittsburgh VARO. "Her familiarity with the rating process, coupled with her insight as an American Federation of Government Employees steward, enabled her to help create a solution that would benefit veterans, physicians and VBA employees alike."

"The DBQ program will enable veterans to take a more active role in their medical evidence gathering, gives them greater freedom of choice, and eliminates many of the administrative headaches that can slow the claims process."

Fyock and the other rating veterans service representatives were part of a diverse panel of experts that included VHA practicing physicians, programmers and attorney representatives from the Office of General Counsel and the Board of Veterans' Appeals. This DBQ team worked tirelessly, beginning in April 2010, to develop approximately 80 disability-specific questionnaires by the end of the year.

"The main challenge for physicians, especially non-VHA physicians, is that they're unfamiliar with the VBA rating schedule," said Fyock. "As a result, many of the medical assessments that we receive from private doctors leave gaps in addressing all the necessary medical criteria. To make matters more complicated, private physicians often use an entirely different vocabulary for naming diseases and conditions, which further complicates the claims process."

The DBQs help close these gaps and also provide medical information in a format that is more straightforward and user-friendly for rating veterans service representatives to use in making decisions on disability benefits claims. Once a private physician has completed a DBQ at the request of a veteran, the physician will fax or mail the completed questionnaire to the appropriate regional office. Veterans or their accredited veterans service organization representatives may also return completed questionnaires to the regional office.

"Our goal is to make the new DBQs intuitive for physicians, so that they can easily and accurately provide precisely the medical evidence needed for rating purposes," said Leslie Arwin, M.D., chief medical officer of the

The Accidental Programmer

Renford Patch pauses when you ask what he knows about computer programming.

It's not a "Where do I begin?" pause, like the pregnant silence of a soldier about to tell his war story. The pause is more, "I hope you're not disappointed, but," as if you just called his bluff.

Patch, a decision review officer at the Phoenix VA Regional Office, may hesitate because he's one semester away from earning a law degree—not a degree in computers. Still, he has the skill to design a computer program that recently changed the way VA rating veterans service representatives process hearing-related disability claims—a tangible step toward meeting the goal of breaking the back of the VA claims backlog by 2015. So if the man has reason for modesty, computers aren't it.

"The idea was if we could develop a tool to quickly and accurately handle claims based on straightforward test results, it would free up time for the more complicated claims," said Patch, explaining how the calculator ultimately benefits veterans. "Because hearing loss is such an objective rating, it was a pretty good starting point."

Launched from the Veterans Benefits Administration Intranet site, the hearing loss calculator bears the look and feel of a basic computer options menu.

RVSRs use radio buttons and text boxes to record claimants' information. For example, to document a claimant's service treatment record, RVSRs choose among three radio buttons:

- No hearing loss;
- Hearing loss on discharge; or
- Service treatment records not available.

A series of text boxes allow users to enter hearing test results for each ear.



JEFF ROOT

More than 672,000 veterans receive compensation for hearing loss, making it the second most common disability (behind tinnitus) for veterans receiving compensation.



Renford Patch

Phoenix VA Regional Office employee Renford Patch created a tool that dramatically boosts accuracy in processing hearing loss claims.

The beauty of the calculator is its functionality. After all data is entered, the calculator provides the rater with information to determine whether or not the claimant's hearing loss was service-connected and at what disability percentage.

"The program really helps standardize rating decisions, and it's a time saver because it eliminates a lot of typing," Patch said. "As long as the facts are entered correctly, it will always come up with the proper decision."

More than 672,000 veterans receive compensation for hearing loss, making it the second most common disability (behind tinnitus) for veterans receiving compensation. Patch began working on the hearing loss calculator in fall 2009, after VA Secretary Eric K. Shinseki announced VA's Innovation Initiative.

Shinseki invited all front-line claims employees to submit ideas on how VA could reduce the backlog and transform

its approach to claims processing. VA established a transformation plan to guide the Department toward a goal that by 2015 all veterans' claims will be decided within 125 days with 98 percent accuracy.

More than 3,000 ideas flooded in, and ultimately 10 advanced for further development from this initiative, including the Phoenix VARO suggestion to create a hearing loss calculator. Phoenix regional leadership put Patch (at the time an RVSR) on point for the project because he had proven himself a whiz with Microsoft Excel.

Over the next several months, Patch built the first version of the hearing loss calculator in Excel. He then learned an entry-level programming application (Visual Basic for Applications) and rebuilt the calculator in it, so the tool would be more user-friendly.

RVSRs in Phoenix tested the tool, and Patch updated it based on what they found. In September, the calculator was deployed nationwide, and now RVSRs nationwide access the tool every day. "Every rating specialist has shortcuts, little tools they use to make them more efficient," Patch said. "This is an evolu-

tion of all those things. We took all these little tricks of the trade and put them together to make one fast, accurate, consistent tool.”

Transforming claims processing at VA will not happen all at once. It will be a series of incremental transformations—small steps—such as moving to a standard protocol and tool for processing hearing loss claims, which wipes out errors made in processing those claims.

“We believe we can develop calculators for nine more conditions,” said Mike Walcoff, VA acting Under Secretary for Benefits, at a recent news media roundtable. “If we have the same results on those that we did with hearing loss, our quality will go from 84 to 91 percent, just based on the effectiveness of the calculators,” Walcoff told reporters.

Patch already is looking for ways to apply lessons learned in developing the hearing loss calculator. He now contributes to a team that is constructing such a tool. The team includes individuals from the Jackson (Miss.), Phoenix, St. Petersburg (Fla.), Waco (Texas) and Winston-Salem (N.C.) VA regional offices as well as Central Office officials from Compensation and Pension Service and the Office of Strategic Planning.

“The more we’ve developed the hearing-loss calculator, the more we’ve realized it’s a really good tool, and not just for hearing loss but for all disabilities that have objective criteria,” Patch said.

Patch expects the team will have a beta version of the new tool ready by February. Patch also will graduate law school by spring. He credits the program with broadening his understanding of how VA operates, and he fully expects to continue with the agency after graduation. “The nice thing about a law degree is you can do so many things with it besides just being an attorney,” said Patch, anticipating more time to spend with his wife and three children. “VA has treated me very well, and I love being part of it.”

Compensation and Pension Examination Project office.

To guide VA clinicians in capturing necessary information, the DBQ forms will be incorporated into CAPRI, the VHA software program that currently supports the generation and delivery of C&P examination reports to regional offices. In addition to providing process improvements, this initiative represents another step in VBA’s overarching goal of making the claims process paperless.

Although the DBQ initiative is in the initial stages of deployment, VBA expects improvements in the consistency and accuracy of medical information captured using the DBQ tools, along with sizable reductions in the current average claims completion time.

The questionnaires also help better highlight what key pieces of medical evidence raters need to make decisions on disability benefit claims. And the DBQs provide veterans an option for convenience, at their own expense, if they choose to take the forms to their private physicians—a feature that could produce the biggest benefit for veterans living in rural areas or overseas. The DBQ initiative is one of more than three dozen pilot projects intended to eliminate the claims backlog by 2015.

Recognizing the benefits of spreading the word about DBQs, the Pittsburgh VARO collaborated with VHA to communicate the initiative to veterans service organizations on a local and national level, tapping into their ability to quickly educate veterans on the details of the new program. The DBQ team established a Web site, www.vba.va.gov/disabilityexams, to enable veterans, their representatives and caregivers to access the questionnaires online.

So far, three questionnaires are available—ischemic heart disease, Parkinson’s disease, and hairy cell/other B-cell leukemias. To further simplify the process, all VA employees who staff toll-free lines and serve in public

contact functions will be trained to help veterans locate the correct forms quickly as well as provide direction on how and where to return the forms to VBA. The team also hopes to develop a Web-based portal that will enable physicians to return completed questionnaires to VBA in a secure electronic format.

In plain language, veterans will benefit by having a simplified tool for the collection of relevant medical information to support their claims. For VA, it puts everyone on the same sheet of music, clearly defining the information needed and in the correct format.

The DBQ initiative is one of many Change Champions projects that are being developed through the eyes of VBA employees who are on the front lines of veteran service. They know what works, what doesn’t work, and more importantly, how to fix what doesn’t work to transform the claims process to better serve veterans and “break the back of the claims backlog.” **VA**



Change Champions reflects the development of claims transformation initiatives through the eyes of Veterans Benefits Administration employees on the front lines of service to veterans.

Lifting a patient isn't like lifting a box. Patients don't have handles or weight that's evenly arranged. Patients may resist being moved. Yet for decades, health care providers were trained to use "proper" body mechanics, manual techniques and back belts, as if they were moving boxes. These practices continued in health care facilities nationwide, even though scientific evidence showed they were not effective in preventing caregiver injuries.

What wasn't known then, but is widely recognized now: There really isn't a safe way to manually lift a phys-

the Veterans Health Administration. It has also helped VHA better recruit and retain nurses, while boosting satisfaction in the quality of care among veteran patients.

Innovative mechanical technology, smart policy and dedicated personnel all contribute to VHA's safe handling programs. A fleet of powered patient lifting equipment with full-body slings, lateral transfer and slide devices, special stretchers and gurneys, and other assistive devices has replaced manual handling as an essential centerpiece of patient care. Other types of mechanical equipment

must incorporate appropriate and necessary patient handling and moving equipment. VHA uses a patient care ergonomic evaluation process to identify high-risk tasks and match the risk with the appropriate equipment. This tool is used in patient care units, physical therapy, treatment rooms and other areas.

When using patient handling technology, patients benefit from more autonomy and fewer falls, skin tears and bruises that can happen with manual lifting. Some health care workers think that using the new technology will take more time, but

Instituting better ways to control ergonomic hazards for patient care providers has become a top priority in the VA health care system.



A Lift for Safe Patient Care

EBBY TALEBI

ically dependent adult. Serious back, neck and arm injuries start out as tiny tears in muscles, or micro-fractures of the spinal disks, and accumulate from repetitive movements involved in pushing, pulling, lifting, moving and holding patients. Care providers are considered at risk for musculoskeletal injury if they lift more than 35 pounds of body weight, a surprising threshold that explains why so many have been injured.

Instituting better ways to control ergonomic hazards for patient care providers has become a top priority in

are ergonomic shower chairs, friction-reducing devices (often air-assisted), height-adjustable exam tables, and repositioning aids. There are even devices that help patients assist in their own transfers.

Ceiling lifts and slings are considered more effective in patient handling and safer for the patient and caregiver than portable lift devices, but not all facilities can install ceiling-mounted lift technology without structural modifications. However, VHA policy directs that new construction and renovation projects

often the equipment actually is a time saver, says Mary Matz, VHA's National Patient Care Ergonomics Program manager.

Obese and bariatric surgery patients present special challenges for care providers. According to research, a 300-pound person's leg weighs about 47 pounds, which exceeds the 35-pound limit. VA has developed training for staff on safe patient handling, such as using leg lift equipment. A bariatric patient can be helped out of bed after surgery with the sit-to-stand lift.

Although there is a strong focus on the new assistive equipment to bring about the necessary behavioral changes involved in moving away from manual lifting, dedicated people willing to take on the role of safe patient handling facility “champion” and clinical unit “peer leader” are critical to the steering of the program. Matz recommends that each facility ensure there is one peer leader per shift per unit.

The facility champion is the “leader” of the peer leaders, responsible for implementing and maintaining the facility’s safe patient handling program and providing leadership, education and training. As part of the program, each facility must implement a “minimal lift” policy that discourages manual patient handling and encourages the use of proper equipment and devices.

This is much more than a care providers’ program, though; members of the VA facility team must work collaboratively, says Matz. Engineers, safe patient handling program coordinators, infection prevention specialists, nursing staff, maintenance staff and contracting all play key roles in preventing injuries related to patient handling and movement.

VA got a head start on other nationwide hospital systems. In the late 1990s, Audrey Nelson, Ph.D., RN, director of the VISN 8 Patient Safety Center of Inquiry in Tampa, Fla., was looking for a solution to the high rate of nursing injuries. Around the same time, Matz, then an industrial hygienist working at the James A. Haley Veterans’ Hospital in Tampa, wondered why nurses and other hospital personnel involved in lifting patients were being injured in the many ways they were.

Nelson recalls observing how workers on a loading dock relied on

Left: Cassandra Cardona, licensed practical nurse and unit peer leader in the spinal cord injury unit at the James A. Haley Veterans’ Hospital in Tampa, Fla., demonstrates proper use of the patient ceiling lifts to Cathy Slosser, student nurse.

equipment for heavy lifting. Couldn’t caregivers do the same? She convened a group of national experts, including Bernice Owen, Ph.D., RN, an early nurse researcher, and other scientists, to redesign manual handling tasks.

With this mutual interest, Nelson brought Matz in as program manager of VA’s first Safe Patient Handling and Movement Program, piloted in VISN 8 after developmental funding through a VHA Health Services and Research Development grant that addressed some of the patient safety aspects of the program. Matz now serves as national program manager and consultant to all safe patient handling facility champions and unit peer leaders.

The Tampa safe patient handling program has served as a model for the rest of the VA health care system. Because of the program’s many successes, including increased satisfaction among care providers, a decrease in the number and severity of injuries among care providers, and improved quality of care, safe patient handling programs have been instituted in 98 percent of VA facilities across the country. Between 2008 and 2010, these programs resulted in a decrease of about 30 percent in patient handling injuries among nurses nationwide.

With Nelson as the “visionary” and Matz as the “workhorse,” Michael Hodgson, M.D., chief consultant in VHA’s Occupational Health Strategic Health Care Group (Office of Public Health and Environmental Hazards), has been “the wind behind the sails,” as Matz puts it. She says without Nelson’s vision and Hodgson’s steady, intellectual support and assistance in securing funding for safe patient handling programs in VA facilities (most recently \$205 million in 2008), VA wouldn’t be where it is today.


Over the years, many VA team members have worked passionately on safe patient handling issues, conducting research within VA and sharing it with the entire health care industry. VA championed several key research projects to study safe patient handling

and movement. For example, in 2001-2002, VA researchers conducted a study in VISN 8 in 19 nursing homes and four spinal cord injury units.

VA researchers introduced the Safe Patient Handling Program, which placed peer leaders, then called “back injury resource nurses,” on each study unit and used an evaluation tool to assess patients and determine their equipment needs. The study found a 30 percent decrease in patient handling injuries, a 70 percent decrease in modified duty days, and an 18 percent decrease in medical time off. There were also improvements in employee job satisfaction and enhanced feelings of professionalism.

A business case analysis of direct injury cost changes alone, a very conservative approach, identified a pay-back period for the initial investment in patient handling equipment of less than four years. Over a 10-year period (which is the life of ceiling lifts), it was projected that more than \$2 million could be saved in the VISN 8 project alone.

A more traditional business case analysis suggested an internal rate of return, or annual cost savings, of between 20 and 37 percent. These results persuaded VA leadership, and the Office of Management and Budget, to plan a \$200 million national rollout of the program, now in its third year. With about one-half of the equipment installed, the program has led to a 35 percent reduction in manual patient handling injuries to nurses, one of the major reasons for early retirement and a serious contributor to the nursing shortage. The program’s focus on patient and employee safety and satisfaction pays for itself in dollars and in a healthier and happier workforce.

For more information on the VHA Safe Patient Handling Program, visit www.publichealth.va.gov/employeehealth/clinical_occhealth/safe_patient_handling.asp. 

By JoAnn Blake



COURTESY OF JOE LITTLE



COURTESY OF JOE LITTLE



COURTESY OF JOE LITTLE

Clockwise from left: Joseph C. Little served as an Army ranger in Vietnam; Little was awarded the Silver Star and the Bronze Star medals for heroism in Vietnam; Today Little is the team leader at the Lake Havasu Vet Center in Arizona.

The elite warriors of the military's Special Forces may have tough exteriors, but they are just as vulnerable to readjustment issues as other returning veterans.

Warriors Helping Warriors

Just mentioning the names Green Berets or Navy SEALs can bring to mind one of many movies that have graced the silver screen over the years—action adventures depicting superhuman feats of courage, stamina and patriotism.

While the majority of these are tales of fiction, they are based on the real-life fighting men of Special Forces

groups, trained to do and survive both the imaginable and the unimaginable. They are trained to ignore physical pain and push past normal human endurance. In their line of duty, they often eat, see and do things that would make a billy goat sick.

These elite warriors are trained to succeed—devoted only to their mission and to the men fighting at

their side. They rely on each other's selfless service to win and to survive and they share a bond that often transcends that of family many times over. They are in-your-face, matter of fact, no kidding, realists. They trust each other, and that's about it.

But when it's all said and done, they are only human after all. It's natural for the traumatic scenes in

which they play a part to affect them, no matter how much they try to suppress their feelings.

“As Vietnam vets, we didn’t know what was going on with us. A lot of the Vietnam vets started self-medicating, drinking and using drugs. But it doesn’t have to be that way,” said Kenneth Benckwitz, who served with the Marine Corps’ 1st Reconnaissance Battalion in Vietnam and now serves as vet center team leader in Prescott, Ariz.

“Now we’re trying to catch these young Iraq and Afghanistan warriors and steer them toward the help they need so they can at least have a shot at a good life. The vet centers and VA are doing their best to help these warriors.”

Although most veterans will readjust smoothly, the most common mental health problems faced by returning troops are post-traumatic stress disorder and depression.

Symptoms of PTSD include re-

Five guys who have worked in vet centers across the country for more than 30 years understand the Special Ops dilemma. They are Special Operations veterans. And they have been available to get younger Special Operations veterans help.

“We try to reintegrate them back into society,” said Joseph C. Little, a 61-year-old former Army Ranger and a Silver Star recipient who currently serves veterans as the team leader at the Lake Havasu Vet Center in Arizona.

“I tell them to look at it like Special Ops training,” said Bernard E. “Bernie” Duven, a UDT-11 (since renamed SEAL team 5) Vietnam-era veteran from Boca Raton, Fla. Duven believes the key to helping Special Operations veterans is to relate their training so they can identify who the go-to people are, where to get answers and how to maneuver.

Gregory Burham, a 62-year-old former SEAL, said he has observed

helps others, such as a Marine Corps veteran in his 50s who was having marital issues. Working with the veteran and his wife, Benckwitz was able to help the wife better understand the veteran, and he was able to address her needs, saving their marriage. “They travel all over the country together, visiting their grandchildren,” Benckwitz said. “That makes me feel great.”


These volunteers believe they often get through to new Special Ops veterans because they’ve been there and can relate to them. Like Benckwitz, Duven sought help from VA, after his wife read about PTSD in a brochure from a vet center in Colorado. “Honey, this is you,” she said. “You’ve got every one of these symptoms.” His experience eventually led to him serve veterans as well.

Little, Duven, Gunn, Benckwitz and Burham realized that VA couldn’t do it all and took it upon themselves to fill a well-defined need, partly because they recognized themselves in returning veterans.

“It’s an honor to be of some small service to this community that I regard so highly,” said Burham. “I’m just so proud of these Special Ops guys.”

The group knows they won’t last forever. So they’ve established relationships and lines of communication to last beyond their personal participation. Perhaps some of those receiving help now will take up the cause for those who follow.

Vet centers aren’t just for Special Ops veterans. They can help every combat veteran get the right counseling and regain control of their lives and their minds. They provide counseling services to veterans and their families, and referral assistance to other VA services.

But these five men want to make sure Special Ops veterans know that vet centers can help them move on to becoming successful in the next phase of their lives. 

By Stephen R. Wilkins

“We’re trying to catch these young Iraq and Afghanistan warriors and steer them toward the help they need so they can at least have a shot at a good life.”

living the event, avoiding things or places that remind you of the event, feeling numb, keyed up or tense. The symptoms can occur sporadically over many years.

The effects of the symptoms can be felt all around. The veteran may make severe outbursts that can be physical and violent. That means the sufferer could have contentious arguments at work, abusive incidents at home, or dangerous interactions with strangers or even their children.

Vet centers were set up to help troops returning from combat adjust from combat to civilian life that may or may not involve PTSD. They are community-based centers that offer no-cost individualized, group and family counseling to all veterans who served in any combat zone.

the newer generation of Special Operations veterans commenting that, “This is a Special Ops war. People are doing multiple combat tours and we’re leaning so hard on so few people.”

Lou Gunn, 59, lost his son during the Oct. 12, 2000, attack on the USS Cole and helps veterans in his son’s honor. “The system can be confusing if you don’t have someone to guide you through it,” he said. “There was one guy who was rejected twice for PTSD. He had really given up hope, but I showed him that if you just give them what they want, the way they want it, they’ll give you your benefits.”

Benckwitz, 61 and a Purple Heart recipient, was himself helped by the Albuquerque (N.M.) Vet Center before becoming a team leader at the Prescott Vet Center, where he now

Transformation You Can Believe In

ADVANCE's Change Academy has brought organizational excellence to the Muskogee VA Medical Center.

Transformation is coming to VA, and at the forefront of that transformation is a little hospital on the hill in Muskogee, Okla.

At the Jack C. Montgomery VA Medical Center, a team led by Director Brian Hawkins has transformed their organization from one that was largely unknown to one of the top 10 medical facilities in VA.

In 2009, the facility was at a successful level in 78 percent of their critical performance measures in areas such as delivery of EKGs, vaccinations, and other means of patient care. Today, the Muskogee VAMC is meeting or exceeding 97 percent of those same measures—providing better, faster, and higher quality medical care for veterans.

“The Change Academy played a pivotal role, and assisted management in a cultural paradigm shift,” said Hawkins. “It taught employees to think beyond their current perceptions and beliefs to aspire for organizational excellence.”

The Change Academy is a service under the Office of Human Resources and Administration's ADVANCE initiative that is delivered by

the VA Learning University. It offers customized course curricula to teach leaders how to lead change and foster a culture that embraces transition, and to teach employees how to effectively cope with and manage that change.

The Change Academy was formally kicked off in front of VA leaders on Dec. 10 by Deputy Secretary W. Scott Gould and Assistant Secretary for Human Resources and Administration John U. Sepúlveda.

At the event, Hawkins spoke of his initial interest in leveraging ADVANCE's Change Academy, which occurred to him after he initiated his own vision for change at the Muskogee VAMC, called “Quest for Excellence.”

Working alongside the Change Academy staff, Hawkins was able to tailor a multi-phased curriculum to build the capacity of his leaders and

staff to identify challenges, provide tools and techniques to develop progressive solutions, and empower his staff to effect change. By approaching change with a holistic view, the medical center has since become one of the top centers in the VA system. Employees report feeling more empowered, eager to take action, and more engaged in improving service.

“Folks are actually using their own initiative to set up work groups, to meet and develop action plans for change,” said Hawkins. “Physicians and longtime managers who may have been uninterested and resistant to change are actually emerging as leaders within the organization.”

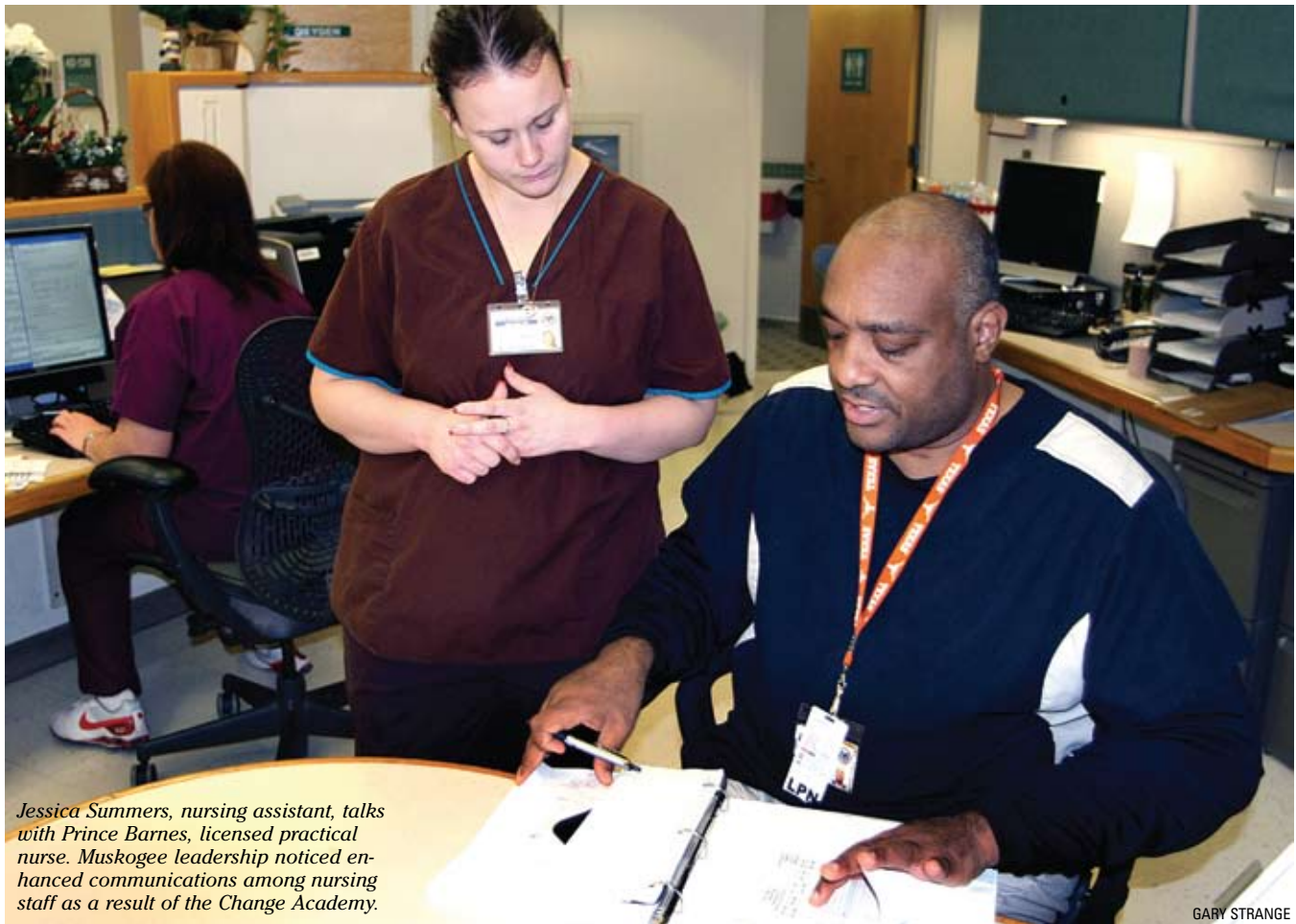
Bonnie Pierce, associate director of patient care, says the dramatic change in the medical staff, and nurses in particular, was obvious.

“There is a difference in how people behave in general and interact with one another, especially in their language,” she said. “Employees have taken to having regular conversations with one another about staff and patient needs, greatly enhancing communication.”

Change is rarely easy, and the Muskogee VAMC was no exception. To transform the



GARY STRANGE



Jessica Summers, nursing assistant, talks with Prince Barnes, licensed practical nurse. Muskogee leadership noticed enhanced communications among nursing staff as a result of the Change Academy.

GARY STRANGE

way the medical center delivered care to veterans, Hawkins, his team, and the Change Academy had to overcome a number of perceived barriers.

Chief of Staff Dr. Karen Gribbin believes communication is key in promoting change. Employees need to know why change is necessary before they can accept it. Through communication, leadership was able to stress the importance of attending the Change Academy.

“There was a lot of confusion initially, particularly among middle managers,” said Gribbin. “People didn’t understand why they needed to go. Some said, ‘There’s no way we’re going.’ Nurses were concerned about their patients, and we had to do a lot

Left: Muskogee VA leaders Brian Hawkins and Bonnie Pierce say initial resistance to the Change Academy among the staff was replaced with enthusiastic acceptance.

of convincing that our schedule would work for them.”

By investing heavily in communication and explaining how the initiative ties into the medical center’s long-term mission, the team was eventually able to bring everyone on board.


“Once they got to the Academy and took a couple of classes, the feeling was electric,” said Gribbin. “It still is.”

What was once “change” in Muskogee is now simply a way of life. Many employees view the program as leadership making an investment in them and the future of veteran care.

“After the training, I heard comments about how it was clear that the leadership was making a very strong investment and that the Change Academy was not just another mandatory training session,” said Gribbin.

Courses in ADVANCE’s Change Academy program are open to all offices within VA. Employees at all levels can register for change management classes ranging from the introductory, which help individuals understand and cope with change, to the senior-level courses that will help leaders drive transformation within their organization.

To learn more about the Change Academy, contact Maureen Ray, at 757-892-6411 or ray_maureen@bah.com, or Lisa Allison-Lee, at 202-618-5543 or lisa.allison-lee@va.gov.

To learn more about ADVANCE, the Human Resources and Administration initiative to invest in the professional and personal development of VA’s employees, visit vawww.va.gov/ADVANCE. 

By Gary Hicks



SAN JUAN VAMC MEDICAL MEDIA



SAN JUAN VAMC MEDICAL MEDIA



JASON DANGEL

Clockwise from left: Dr. Jesus Casal, staff physician at the VA Caribbean Healthcare System, prepares for an appointment with a patient; Dr. Ronald Tolchin, chief of Physical Medicine and Rehabilitation at the Miami VA Healthcare System, uses a general examination camera during a mini-residency training event; Before clinical video telehealth, Timothy Holland had to travel 120 miles each way for appointments at the Bay Pines VA Medical Center to meet with doctors specialized in treating his condition.

Expanding Health Care Access

As the VA Sunshine Healthcare Network expands its telemedicine program, technology is giving a Navy veteran time he could never get back.

Eighteen years ago, Timothy Holland, a 52-year-old Navy veteran from Fort Myers, Fla., started planning his funeral. He wasn't suicidal, nor did he suffer from depression; rather, he became one of the estimated 600,000 Americans currently diagnosed with HIV.

For people like Holland, getting the catastrophic news is like a shot to the heart.

What do I do now? Where can I go for help? These are among the questions that might go through someone's mind when they've been

newly diagnosed with the virus. But the most worrisome question might be: How much time do I have left?

"It's not really anything anyone can prepare for," Holland explained. "When I was told that I tested positive for HIV, I was absolutely devastated and really didn't know what to do."

After being diagnosed with the disease, Holland's life began to change rapidly. Besides the health problems, there were troubles at home, and Holland's wife of nine years left him and filed for divorce.

He also had a hard time finding health insurance. Holland said that for years he was subject to high premium insurance plans, and at one point was forced to enroll in coverage under the expensive Consolidated Omnibus Budget Reconciliation Act (COBRA).

"Insurers will almost always turn down applications for new insurance to cover people with HIV, so my options were definitely limited," he said.

More recently, Holland said he was fired from a job because he reported that he was HIV-positive on

an application for health care benefits through his employer. He had worked for the company for more than two years.

Finally, 10 years ago, he decided to take advantage of his VA health care benefits.

“When I started going to the VA, I was extremely impressed,” Holland said. “Initially, the only real problem I had was the drive from Fort Myers to the medical center in Bay Pines to see my doctors.”

He was originally assigned to the Fort Myers VA Outpatient Clinic for primary care appointments, but routinely had to drive nearly three hours to the Bay Pines VA Medical Center to see doctors who specialized in treating and monitoring his condition. The result: Holland had to dedicate almost an entire day to one appointment.

A lot has changed since then.

Now, instead of driving 120 miles each way for specialty appointments, Holland has a 15-minute drive from home to the Fort Myers clinic, where he connects one-on-one with his Bay Pines doctors using clinical video telehealth technologies.

“If you include my travel time, an appointment at Bay Pines used to take me at least six hours to complete and get back home. Now, I can get everything done in less than an hour,” he said.

CVT is an emerging VHA program. The system involves video conferencing, sometimes with supportive peripheral devices that are used to provide care and consultation to veterans between clinics and hospitals. The program has different clinical applications that can be completed in a real-time, interactive video environment between the patient and doctor, nurse or other clinician.

Common CVT applications include mental health, rehabilitation, pre- and post-operative surgical care, neurology, dermatology, spinal cord injury, pharmacy, routine medical exams and more.

“This type of technology greatly

improves my quality of life,” Holland said. “I am grateful for every day that I have, and [CVT] has saved me a lot of time I could never get back if I still had to drive to the medical center every three months.

“I feel closer to my doctors at the hospital than I do with my primary physician,” he added, pointing up to the system’s monitor. “I know this sounds strange to say, but on many levels, the people I talk with on this screen are my family; they know everything about me and I trust them with my life.”

More and more, veterans like Holland can access high-quality VA health care close to home using CVT.

As part of the VA Sunshine Healthcare Network (VISN 8), the Fort Myers clinic is one of 53 sites of care equipped with CVT systems across Florida, southern Georgia, Puerto Rico and the U.S. Virgin Islands. The network is recognized as a national leader in CVT; its leaders hope to expand its use by 100 percent by the end of this year.

“We are probably only using CVT at 20 percent of our capacity,” said Pat Ryan, director, VISN 8 Community Care Coordination Service. “I want to see it used at least eight hours a day at all points of care. Right now, our focus is developing the clinical systems we need to do that.”

To help expand the program and educate medical professionals about CVT’s benefits, Ryan and other VISN 8 leaders are conducting training sessions called mini-residencies.

One mini-residency was held last September at the San Juan VA Medical Center in Puerto Rico. The event, led by a team from the Rocky Mountain Telehealth Training Center in Colorado, brought together more than 100 medical professionals from hospitals and clinics across VISN 8. Their goal: to educate and mentor participants on the CVT system, and benefits of expanding the program.

After completing the mini-residency program, participants take what

they learned back to their hospital or clinic to help improve and expand the use of CVT.

One challenge Ryan sees for the future of the program is “buy-in” from doctors, nurses and other clinicians.

Traditionally, doctors see their patients in a face-to-face setting. They are taught to dictate, examine and touch patients when they provide clinical care, Ryan explained.

“One of our CVT training goals is to teach our doctors and nurses they can still maintain a therapeutic touch while delivering care remotely,” she said. “There is a lot that can be done in terms of providing care to veterans where you don’t have to physically touch them. You have to teach providers to maintain the same personal touch relationship with the veteran even though they are not there in the same physical setting.”

Physicians tend to be very conservative when providing care, according to Dr. Bradley Bender, chief of staff, North Florida/South Georgia Veterans Health System. They like to continue doing what has always worked for them, he said.

“I can understand why some providers may be resistant to use the system,” Bender noted. He compared the CVT program to VA’s first use of computers in the 1990s. “Many physicians at that time were opposed to having an electronic medical record system because they were so used to handling everything with pencil and paper; now they would never go back to the old way.”

Still, Bender is optimistic that doctors will embrace the change—especially when they see how it helps their patients.

“I suspect as more physicians begin to use the CVT system, they will never want to go back to having patients drive long distances to come see them. The bottom line is that this technology makes our veterans happy, and improves their quality of life.” **VA**

By Jason Dangel



LAURA EDWARDS

Left to right: Richard Garrison, vice chancellor for the Program Management School at the VA Acquisition Academy; Lisa Doyle, chancellor; and Joanne Choy, acting vice chancellor for the Acquisition Internship School.

Training the Next Generation of Acquisition Professionals

The VA Acquisition Academy's unique approach is having a substantial and immediate impact on the workforce challenges facing the Department and the rest of the federal government.

Training. It's what prepares a nurse for action during a code blue; what prepares a soldier to respond under mortar attack; what prepares an athlete to perform during competition; and what prepares a pilot to handle an emergency in the sky. Training is vital to organizational effectiveness.

The VA Acquisition Academy in Frederick, Md., is training and certifying the agency's entire acquisition team, including program and project managers, the next generation of acquisition professionals, contracting officer technical representatives, or COTRs, and the existing acquisition workforce so they are prepared to carry out their mission.

The Academy currently houses three professional schools—Program Management School, Acquisition Internship School and Contracting Professional School. Two additional schools—Facilities Management School and Supply Chain Management School—are scheduled to open this year. The 16-classroom bricks-and-mortar facility opened in September 2008 to respond to the growing acquisition workforce challenges facing VA and the federal government created by two decades of downsizing and hiring freezes.

The training delivered at the Academy is unique. An old Chinese proverb states: "Tell me and I'll forget; show me and I may remember; involve me and I'll understand." That's the same principle employed in the Academy's schools.

"We use a competency-based experiential learning model to make a substantial and immediate impact on VA's acquisition workforce," said VAAA Chancellor Lisa Doyle. "We create learning interventions that change behavior and improve performance. We are not about check-the-box training."

The Academy's training programs are designed to make a positive and

meaningful improvement in the acquisition function, and are a critical part of VA's succession planning and workforce development.

Program Management School

The Program Management School trains and certifies VA program and project managers and COTRs to develop the requisite skills to deliver projects on time, within budget, and that achieve the assigned outcomes in support of VA's mission.

The goal of the curriculum is to transform VA's acquisition workforce through an innovative training program and a follow-on action plan that tracks individual performance improvements learned in the classroom

"We create learning interventions that change behavior and improve performance. We are not about check-the-box training."

and applied back on the job. Graduates will obtain their Federal Acquisition Certification in Program/Project Management (FAC-P/PM).

In its first eight months, the school trained 1,386 VA program managers, with up to 400 students in class in locations across the country every day. "That's 166,320 hours of training delivery," said Program Management School Vice Chancellor Richard Garrison, "but it's about more than numbers. It's about making an impact on VA's program and project management performance."

And it's working. One notable example comes from a recent participant working on a complex capital as-

set management project that has been impacted by several major challenges over the years. The project involved the transfer of real property and involved federal and state agencies, as well as veteran stakeholder groups.

As an outcome of the FAC-P/PM training action plan, the participant developed an integrated management plan and a cost/budget plan using earned value management.

"We've made a significant turnaround with these improvements," he said. "As a result, the IMP was developed and implemented and delayed tasks have been put back on track with active engagement by all key stakeholders."

"We are pleased to report that

this \$200 million Base Realignment and Closure property acquisition and \$200 million major construction project has been put back on track, and we have received external stakeholder buy-in. The take-away from the FAC-P/PM training certainly contributed to our success."

Graduates have also reported that they are paying closer attention to risk and mitigation strategies, acquisition planning, and have a better understanding of how work breakdown structures and earned value management contribute to the success of a project or program.

The training consists of four course segments in program/project

management, acquisition management, business management for government applications, and leadership and interpersonal skills, and includes action planning. At the conclusion of the training, participants take a certification exam known as the Capstone to evaluate and validate a student's skills.

"We've received a lot of feedback that participants find the action planning very useful," said Garrison. "It's the 'involve me' part of the curriculum that helps them execute their ideas."

As a result of the training, some 50 percent of participants have identified opportunities for improving project management processes, and approximately 75 percent are rapidly improving VA processes, procedures and artifacts within one to three months of the training investment.

"We are making a meaningful difference improving how our programs are managed," Garrison added.

Acquisition Internship School

Created to grow the next generation of acquisition professionals, the Acquisition Internship School uses a holistic approach to develop trusted business advisors capable of exercising sound business judgment to achieve best value solutions. The rigorous curriculum is grounded in the Federal Acquisition Regulation Guiding Principles and incorporates program management, communication, leadership, interpersonal, risk management and innovating thinking skills.

The three-year internship program includes classroom training, skill building in a learning laboratory to solidify learning, and job rotations to provide practical hands-on experience in contracting offices. The curriculum evolves from basic to more complex acquisition strategies during the course of the internship and is designed to accelerate the learning curve and reduce time to performance.

The training is improving the acquisition bandwidth, creating an im-

mediate impact for the agency. "During fiscal year 2010, our interns supported more than 1,000 VA contracts with a total value of approximately \$5.4 billion," said Joanne Choy, acting vice chancellor for the Internship School.

"Contracting offices across the country are taking note of the increased productivity," said Choy. "The number of job-hosting organizations within VA has increased to 47 from one at the start of the program. That's because interns are demonstrating their competence and adding bench strength during their rotations."

Elizabeth Youse, network contract manager for the VA Capitol Health Care Network (VISN 5), and Richard Edens, acquisition service chief for the Central Arkansas Veterans Healthcare System, couldn't agree more after hosting VAAA interns.

"The interns made an immediate impact," said Youse. "During the rotations, they worked on acquisition projects for medical imaging, supplies and services, patient transportation, and hazardous waste removal contracts. I am very appreciative that their training is VA-oriented. It's also helpful that they come in with knowledge of the electronic Contract Management System (eCMS)—a skill they need to have."

Youse has hosted three rotations of interns and is preparing to host again. "If I had to say anything it would be to encourage my fellow network contract managers to host and place the interns."

Edens said simply, "I am your biggest fan." Central Arkansas has hosted six interns during three job rotations and, like Youse, is preparing to host again.

"The interns come with a strong, rounded technical and interpersonal skill set," he said. "They understand contracting, know the terminology, have training in eCMS, and know online tools like FedBizOps. They make an immediate impact and act as force multipliers.

"One intern worked on one of the first medical liquid bulk oxygen contracts in the nation. In fact, we had other contracting offices asking for a copy of their solicitation."

Other interns wrote the requirement for the Voice of the VA survey for a national program office, developed a \$2.5 million Indefinite Delivery, Indefinite Quantity construction contract, and worked on the procurement for a modular building for the Law Enforcement Training Center, which enhanced their capability to provide training to VA's police force.

"We have a demanding workload," said Edens. "Many of these projects were high-visibility projects with national exposure. You can't build [interns] fast enough for me."


Contracting Professional School

The Contracting Professional School trains and certifies VA's existing acquisition workforce to achieve and maintain required Office of Management and Budget certifications and to close proficiency gaps. The school trained 3,335 students from September 2008, when it opened, through the end of October 2010, with an average course rating of 4.2 out of 5.0.

"We wanted to infuse VA examples into our curriculum to increase relevance," said Doyle. "Over the past year, we have worked with our training vendors to add civilian equivalent case studies and examples in our training.

"The examples create a theory-to-practice connection for our students. In addition, we began conducting in-class instructor evaluations and developed a standardized student evaluation tool to make sure our training is the best that it can be.

"It takes a highly trained acquisition workforce to effectively award and manage contracts to execute our critical missions," added Doyle.

The VA Acquisition Academy is making a meaningful difference within VA by changing behavior and improving performance. 

Give Green a Chance

VA employees receive recognition for making conservation a habit.

With new initiatives, executive orders and environmental awareness at the forefront of today's "greening" advances in the federal government, employees are crucial to the success of the programs designed to reduce VA's environmental footprint.

Although some changes are mandated by federal law, others have sprung forth from surprising sources. Several creative grassroots efforts, spearheaded by employees determined to make their workplaces better, have started locally and are slowly spreading to the rest of their facility or in this case, the rest of VA.

The first annual Green Routine Awards, presented at VA Central Office in Washington, D.C., last summer, recognized these efforts. The Green Routine Initiative, launched in the fall of 2009, encouraged VA employees to "adopt, implement and promote conservation and sustainability." The awards honor VA employees and facilities that have developed, initiated or significantly contributed to green, sustainable practices at their workplace.

"Reducing our operational costs through sustainable practices means increasing our ability to serve veterans," said Jim Sullivan, director of VA's Office of Asset Enterprise Management. "In a larger sense, all of the nominees for the Green Routine Awards are winners, because they are helping us achieve that goal."

Four winners were chosen from more than 50 submissions, each highlighting the special contributions that made a difference in their facility. With categories such as Waste Reduc-

tion, Recycling, and Resource Conservation, winners received a locally-made award of 100 percent recycled glass, along with a ceremonial coin.

To be considered, efforts had to be started through an individual's own will, not because it was part of their job description. In addition, these grassroots efforts had to be undertaken outside of staff's daily duties. Many efforts were started by team members within an office; others were due to the hard work of a single employee. In all cases, small changes led to big developments.

Among the winners was a team from the St. Cloud VA Medical Center in Minnesota for their Food Waste Study. The team began the study in 2009, focusing on all aspects of food waste, such as "plate waste" (food served but not consumed by patients) and "food production waste" (prepared food that is not served).

Discovering that the facility wasted a staggering 3,313 pounds a week, clinical dietitians created procedures to reduce the amount of food waste on residents' trays. Led by Brian Vetter, clinical dietitian, the team made portion sizes smaller and reduced the amount of large batch preparations. After several months, a second study showed that food production waste decreased by an astounding 1,265 pounds every three weeks.

To keep improving, the facility's "Nutrition Green Team" continually monitors food waste and operations, passing along the direct cost savings to the medical facility. With a 35 percent tri-weekly reduction in processed food waste, Vetter and his team in turn also reduce the amount of food

packaging going to landfills.

Another winner, from the Milwaukee VA Regional Office, focused on biking, an environmentally-friendly way to reduce petroleum fuel use and pollution, with their Bike to Work Program. The program, which operates only during warm weather months, uses a point system to reward employees who commute to work by bike.

Employees can use reward points for a reserved parking space during the winter months or on alternative trinkets such as a backpack or messenger bag. In addition to temporarily easing the demand on parking facilities, this innovative effort can easily be duplicated at other VA facilities, providing a low-cost way to encourage employees to go green.

The project was the idea of Steve Fraenzl, the Milwaukee VARO's public contact outreach specialist. Accustomed to driving his car along the picturesque Menomonee River Parkway every morning, he knew his commute would be much better on a bike. He did some research, bought a bike, and began riding when the weather was good, enjoying the exercise while taking in the landscape.

Last summer, in conjunction with the Milwaukee VARO's Health & Wellness Initiative, Fraenzl, assisted by employee Thomas Braun, created the Bike to Work Program. Fraenzl admits his reasoning was twofold.

"I wanted to help with the parking issue here at the regional office," Fraenzl said, "but it was also an attempt to promote wellness." And his efforts have paid off. To date, almost a dozen people have participated in

more than 200 rides. “It’s a much nicer way to start your day,” Fraenzl said. “I wish I could do it all the time.”

Going paperless has been one of the major greening goals of VA, considering the average U.S. office worker uses 10,000 sheets of paper in a year, according to Environmental Protection Agency stats. In 2009, the Manchester (N.H.) VA Medical Center’s radiology department started an initiative aimed at eliminating paper orders each time an exam was requested.

Led by Radiology Manager Lisa Duda, PACS Administrator Holly Conroy, and Lead Technologist Doreen Mitchell, the department was able to successfully move to an all-electronic system. Working with their Information Technology department, the Radiology team rolled out changes, one at a time, to transition users slowly.

Along with training sessions and e-mail alerts about the changes, the Radiology team also changed the exam process: now when consults are ordered, an electronic alert is sent to the technologist to schedule the exam, eliminating the risk of a patient’s personally identifiable information being left unattended. By reducing the waste generated by the paper orders, the new paperless system also reduces energy consumption from the department’s printers. The cost-saving project was promoted throughout the



Top: Steve Fraenzl was honored for the Bike to Work Program he started at the Milwaukee VAO; above: VA Chief of Staff John Gingrich speaks at the awards ceremony in headquarters.

Manchester facility, which later received several inquiries from other internal departments looking to achieve the same results.

On hand for the award ceremony from New York, the Buffalo VA Medical Center’s cardiac catheterization department was honored for their recycling of the platinum contained in cardiac catheter tips. Platinum, an important component in laboratory equipment because of its resistance to corrosion and oxidation, is one of the rarest noble metals in the periodic table, making it highly valuable when recycled. Prior to implementing this process, platinum was simply discarded as regulated medical waste.

The first step the Buffalo team

took was identifying companies that could recycle the entire catheter, along with which catheters could be recycled, since not all of them are suitable for recycling. The team, consisting of employees Angela L. Oliveri, Stephanie Miller, Susan Pahl, Sandra Cottis and Kathryn Healy, then oversee the collection, cleaning and disinfecting of the platinum tips before they are sent to the recycling facility.

All of the money earned from the platinum recycling is then placed into a fund that supports other recycling-related initiatives at the facility. The Buffalo VAMC, part of the VA Western New York Healthcare System, is hoping their success with the program will inspire other VA medical centers to start catheter-recycling programs.

During the ceremony in VACO, VA Chief of Staff John R. Gingrich, on hand to present the winners with their awards, emphasized the importance of VA’s progress in becoming more environmentally-friendly.

“We were one of the first federal agencies to place environmental and energy managers at our facilities—today they number in the hundreds,” he said. “In just seven years, we’ve reduced energy consumption in our buildings by 11 percent.

“This ceremony highlights the fact that we all can do our part to bring green, sustainable practices into the workplace. Our honorees are on the front lines of our environmental advance toward a more eco-friendly VA. As I see it, our 10 awardees are nothing less than ‘earth warriors’—warriors serving warriors with the best in green initiatives.” VA

By Amanda Hester

Nominations Open for 2011

The 2011 Green Routine Awards, which opened to nominations in January, welcomes all new conservation and cost-effectiveness ideas. To apply, visit www.green.va.gov/awards.

A Nurturing Environment for New Nurses

Malcom Randall VA Medical Center's acclaimed nurse residency program receives accreditation.

The post-baccalaureate nurse residency program at the Malcom Randall VA Medical Center in Gainesville, Fla., has been accredited by the Commission on Collegiate Nursing Education. The nurse residency program is one of only three accredited programs in the country and the first in VA. The accreditation is the result of a strong partnership with the University of Florida's College of Nursing and the VA Nursing Academy.

"Malcom Randall VAMC has so much to offer new graduates," said Associate Director of Nursing Service LeAnne Whitlow. "As a teaching facility, we have a variety of clinical opportunities, and our nurse preceptors are very experienced and eager to mentor the new graduates."

At the time the nurse residency program was established, the Malcom Randall VAMC, like many hospitals across the country, had a high nurse vacancy rate and wasn't attracting bachelor of science nursing graduates. Studies have shown that one way to attract more BSN graduates is through a nurse residency program. The program offers new nurses the opportunity to develop confidence and a level of comfort in their nursing practice; experienced nurse preceptors and VA Nursing Academy faculty embedded on the units provide a nurturing environment.


"We see new nurse residents developing bonds with nurses who have completed the residency, their preceptors and VA Nursing Academy faculty—who are all there in an effort to provide support during that year," said Robin Riffie, VA Nursing Academy co-director. "The residents challenge those more experienced nurses to question some of our practices, which has led to some interesting

the residency program gives me an opportunity to do an evidence-based project," said Jason Stuckey, a BSN graduate of UF and a current nurse resident. "Nursing is moving toward being more research-based, and with this program I have an avenue to pursue a project, along with the resources to assist me."

Since the program's inception, BSN graduate applications to the

post-BSN nurse residency program have tripled. Malcom Randall VAMC has also been able to employ a larger number of BSNs. This in turn benefits veterans, since research has shown that high numbers of BSNs in the workforce improves patient outcomes and increases patient safety. The nurse residency program has improved the one-year retention of newly graduated nurses at Malcom Randall VAMC from 69 percent in 2007 before the residency to an average of 91 percent since the residency began.

"I am very thankful for the nurse residency program," said Holly

Williamson, a BSN graduate of UF and of the post-BSN nurse residency program who works in the medical intensive care unit at the Malcom Randall VAMC. "My year as a resident provided advice and support, which helps when you are a new nurse. It definitely prepared me for my current nursing position." 

By Heather Frebe



VA Nursing Academy faculty members like Tom Bedard, left, serve as mentors to the residents on their units; with him are former resident Melissa Shepard and current resident Brian Slepov.

evidenced-based projects on the units that benefit our veterans."

The nurse residency curriculum includes educational courses, skill development, and the use of simulation to develop and apply critical thinking skills. Nurse residents are able to work in different units to find the area for which they are best suited.

"Along with providing a smoother transition to a staff nurse position,

Central Arkansas, South Texas Take Top Honors in Carey Awards



Surrounded by staff members, Michael Winn, director of the Central Arkansas Veterans Healthcare System, and Marie Weldon, director of the South Texas Veterans Health Care System, hold their Carey trophies at the awards ceremony in Washington, D.C.

The Central Arkansas Veterans Healthcare System and the South Texas Veterans Health Care System were awarded the prestigious 2010 Secretary of Veterans Affairs Robert W. Carey Performance Excellence Awards Trophy during a ceremony in Washington, D.C., in October.

The Carey awards are presented annually to recognize VA organizations that have demonstrated noteworthy levels of performance excellence in seven areas: leadership; strategic planning; customer and market focus; measurement, analysis and knowledge management; workforce resource focus; process management; and results.

The Central Arkansas Veterans Healthcare System is a 538-bed tertiary care facility that consists of two hospitals, located in Little Rock and

North Little Rock, and eight community-based outpatient clinics located throughout rural Arkansas to optimize access for veterans. A drop-in day treatment center for homeless veterans is operated in downtown Little Rock, providing medical support and community reintegration services to more than 100 homeless veterans each year.

A 152-bed community living center on the North Little Rock campus offers services including extended care, rehabilitation, respite, geriatric care, dementia and skilled nursing care. A 119-bed domiciliary residential rehabilitative treatment unit provides long-term rehabilitative care on this campus.

Central Arkansas is recognized for its comprehensive mental health programs, and receives referrals from

throughout the nation. It is also a teaching hospital, training more than 1,600 medical professionals and providing a broad range of patient care services with state-of-the-art technology.

Other honors received in

2010 include the Secretary of Veterans Affairs Award for Excellence in Nursing; Facility of the Year Award from the Arkansas Therapeutic Recreation Society; and a Green Globe certification for its environmental program. Central Arkansas received the Secretary's Robert W. Carey Performance Excellence Award in 2009.

The South Texas Veterans Health Care System's organizational excellence has been confirmed through such awards as: Robert W. Carey Achievement Level recognition in 2008 and Excellence Level in 2009; Achievement in Organizational Excellence from the Quality Texas Foundation in 2008 and 2009; and a Gold Award Level award from National Centers for Patient Safety Root Cause Analysis Cornerstone Recognition in 2009.

South Texas has one of the largest primary service areas in the nation, serving 66 counties and encompassing 72,629 square miles. A fiscal year 2010 operating budget of \$673 million enabled care for more than 90,000 enrolled veterans, including nearly

Circle of Excellence Winners

- Bay Pines (Fla.) VA Healthcare System
- Robley Rex VA Medical Center, Louisville, Ky.
- White River Junction (Vt.) VA Medical Center

Performance Excellence Winners

- Camp Nelson National Cemetery, Nicholasville, Ky.
- James A. Haley Veterans' Hospital, Tampa, Fla.
- VA North Texas Health Care System, Dallas
- Veterans Health Care System of the Ozarks, Fayetteville

Performance Achievement Winners

- Central Texas Veterans Health Care System, Temple
- Hunter Holmes McGuire VAMC, Richmond, Va.
- VA Central California Healthcare System, Fresno
- VA Health Administration Center, Denver

1 million outpatient visits. South Texas has 79 active educational affiliate agreements and trains more than 1,500 residents, interns and students each year.

Comprehensive health care is provided through acute medical, surgical, mental health, physical medicine and rehabilitation, geriatric, and primary care services. South Texas is home to a spinal cord injury center and one of only three VA bone marrow transplant units. Additional services include open-heart surgery, magnetic resonance imaging

and positron emission tomography. The Level 2 research facility was ranked in 2009 as the ninth largest VA research program, with projects that include aging, cardiac surgery, HIV, cancer and diabetes. The facility has one of only three National Institutes of Health-sponsored clinical research centers in VA.

The Carey program follows the Malcolm Baldrige National Quality Award criteria. It provides a model against which organizations can assess their quality transformation efforts, organizational effec-

tiveness, and performance in delivering service and satisfying customers. The Trophy is the highest award to eligible organizations.

There are four categories of awards: Achievement awards are given to applicants that score 340-429 points; Excellence awards are given to applicants that score more than 430 points; Trophy awards are given to as many as two applicants selected from those meeting "Performance Excellence" requirements; Circle of Excellence is a category of recognition for recent Tro-

phy-level winners that are not yet eligible to compete due to a five-year waiting period after winning the trophy. Thresholds for COE are higher than Trophy. The minimum requirements are 450 overall score with all item scores at 30 percent or higher.

The award program is dedicated to the memory of the late Robert W. Carey, who, as director of the Philadelphia VA Regional Office and Insurance Center, was recognized as a quality leader and champion for excellence in the federal government.

Thousands of Red-Bowed Wreaths Decorate Veterans' Graves

Thousands of red-bowed wreaths decorated veterans' graves and memorials across the country on Dec. 11, when volunteers placed them at 131 VA national cemeteries, state veterans cemeteries, and at Arlington National Cemetery and memorial sites. This year marked the fifth anniversary of the nationwide event.

Most of the wreaths are donated by individuals, groups and businesses that purchase them through the Wreaths Across America program, created and run by the Worcester Wreath Company of Harrington, Maine, which donated at least seven wreaths—representing the branches of the military services—to every VA national cemetery. Civil Air Patrol units arranged brief ceremonies at many locations.

The company began donating leftover wreaths to Arlington National Cemetery in 1992, and in 2006 began the WAA program, supplying some wreaths to all VA national cemeteries and many state veterans cemeteries. The WAA Web site has been used by hundreds of people to "sponsor" wreath placement. Other people have purchased wreaths locally and placed them at gravesites themselves.

The ceremonies and wreaths at VA national cemeteries have increased every year, and each family organizes its own wreath-laying program.

This year, the Houston National Cemetery had the largest number of donated wreaths—26,224—and the largest crowd of volunteers to place them—more than 7,000 people. No large organizations were involved; all donations came from small businesses, a women's memorial group, local Boy Scout troops, schoolchildren, and many family members of those interred at the cemetery.

The Sacramento Valley National Cemetery in Dixon, Calif., had approximately 2,000 people, including local elected officials, to place approximately 7,000 wreaths. More than half of them were purchased from the WAA Web site by 15 organizations. Another group, Friends of the National Cemetery, raised funds to purchase wreaths locally to ensure 100 percent coverage of graves.

For Hampton National Cemetery in Virginia, a church has been the main donor of artificial wreaths for five years, and 6,000 wreaths were provided this year. Local military installations also contributed wreaths. Military youth groups and veterans group members unloaded them from trucks and placed them at the headstones.

For more information about Wreaths Across America, visit the Web site at www.wreathscrossamerica.org.



Volunteers place wreaths on graves at Mountain Home National Cemetery in Tennessee.

Leadership VA Does Meals and Wheels With Milwaukee Veterans

Ron Nosek spent 20 years in the Navy as an active-duty pharmacist before coming to VA in Pennsylvania to ply his trade. He served the needs of thousands of sailors and Marines while working with dozens more in ports across the globe. Yet it was in Milwaukee, at the Harley-Davidson Museum, where Nosek was reminded of his service by having an unexpected dinner with the hospital corpsman who had run his pharmacy in Rota, Spain, more than a dozen years before.

The Leadership VA Class of 2010 continued a 32-year tradition of focusing VA's up-and-coming leadership on the veterans they serve when they invited 30 veterans from the Clement J. Zablocki VA Medical Center in Milwaukee to join them at the museum last fall for a look at an American Legend their special guests' service had helped to defend.

The purpose of Leadership VA is to create one cohesive group of current and future leaders from VA's three administrations and staff offices. Through a year of training that includes four intensive weeks at different locations, the selected participants learn about all of VA's missions, work on new ideas to help VA better serve veterans in the future, and develop a network among themselves and LVA alumni that can work across bureaucratic obstacles to ensure the Department's essential mission to care for veterans always comes first.

While in Milwaukee, the group of 80 VA leaders traveled to the Captain James A. Lovell Federal Health Care Center in North Chicago, Ill., to learn how VA is partnering with the Department of

Defense to create medical facilities that serve veterans and active-duty service members together for a seamless and more cost-efficient model of care. But most of the assembled leaders never expected one of their most valuable lessons would come from their night out with the veterans they serve.

"The excitement of visiting the Harley-Davidson Museum was high among the LVA 2010 participants, but the time spent with the veterans was priceless," said Trenna Carter, a VA Central Office

seum, the LVA class received a briefing from Chris Kullas, a Milwaukee VA Medical Center recreation therapist who was able to explain some of the disabilities and other difficulties the visiting veterans were experiencing as they rehabilitated and began to transition back into society.

Each veteran paired up with two LVA class members for a two-hour tour of the museum. The LVA participants and veterans alike were excited about the opportunity to interact. It was during the pairings that Nosek met his old friend,

Nosek said. "She made my job very easy because she was incredibly organized, had a great work ethic, and was terrific with the patients and hospital staff."

Zandt left Spain in 1996 and the two lost contact. Nosek had no idea where she lived or what had happened to her until he saw her that evening at the Harley-Davidson Museum.

They spent the entire evening talking about all the people they knew while stationed in Spain and how much they missed living there. The pair talked about their families, and Zandt shared she was still working as a certified pharmacy technician at the local children's hospital and was pursuing her third bachelor's degree.

"The night went incredibly fast and we were both sad to see it end," Nosek said. "I still can't believe how small the world is sometimes."

While one of their classmates enjoyed a stroll down memory lane, many of the other future leaders learned a lot about VA from a veteran perspective, and many found ways to help their guests that evening.

"I introduced a veteran to (classmate) Greg Alleyne for connection to services for employment placement within VA," Carter said. "The veteran was already completing some VA employment training with assistance from his social worker."

Reaching across administrations and offices to find whatever help a veteran needs is the exact spirit Leadership VA aims to foster in all of its participants, according to Mike Brenny, the program's executive director.



LVA 2010 class member Ron Nosek talks with veteran Dona Zandt at the Harley-Davidson Museum in Milwaukee, where the former Navy colleagues were reunited; at right is classmate Greg Alleyne.

program analyst who rarely has face time with veterans on the job.

"Watching the smiles and conversations put the faces behind the mission of VA—from Vietnam to Afghanistan, these are the veterans we serve. Listen to their stories, from loss of limbs to homelessness, the other mental and medical scars in between, and you are reminded this is why we report for duty every day to our field facilities and Central Office."

Prior to visiting the mu-

seum, the LVA class received a briefing from Chris Kullas, a Milwaukee VA Medical Center recreation therapist who was able to explain some of the disabilities and other difficulties the visiting veterans were experiencing as they rehabilitated and began to transition back into society.

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Nosek said. "She made my job very easy because she was incredibly organized, had a great work ethic, and was terrific with the patients and hospital staff."

“The beauty of Leadership VA is that every year a new web is woven in VA that crosses all of VA’s business lines, breaks through silos and brings VA leadership together so that every aspect of a veteran’s well-being can be addressed by anyone in VA,” Brenny said. “Every one of these classmates learned that night how to use each other’s knowledge to answer any vet-

eran’s question.

“Now think that we started in 1978. That’s 32 years’ worth of webbing to make sure no veteran falls through the cracks. It’s powerful to witness first hand, and many future VA leaders got their chance to do that in Milwaukee for the first time.”

Though the class of 2010 chose “Ready to Go” as their official motto, many

of them decided to stay well after the official event ended, hosting their veteran guests for impromptu dinners at the Harley-Davidson restaurant. Stories were shared, services were recommended and spirits were lifted for guests and hosts alike.

“The opportunity to visit with the veterans at the Harley-Davidson Museum allowed us to give back to our

veterans for the service they provided while protecting our country,” said Rosa Hamilton, a federal recovery coordinator at VA Central Office.

“It was good to be able to hear their stories, learn from them and offer assistance as needed. It was also great to hear from a veteran’s mouth that VA continues to provide world-class care to our veterans.”

Veterans Lose Weight With the Help of the MOVE! Program

Veterans who want to lose weight and become more physically active have a resource through VA’s MOVE! Weight Management Program, which is celebrating its fifth anniversary. Created in 2005 and launched nationally in 2006, MOVE! is an evidence-based weight management program for veterans.

MOVE! was developed by the VA National Center for Health Promotion and Disease Prevention in Durham, N.C., in collaboration with field staff. It has rapidly become the largest weight management program offered by an integrated health care system.

“MOVE! has a successful track record of helping veterans lose weight and become active,” said Dr. Kenneth Jones, national program director. “During its first five years, MOVE! has helped improve the lives of more than 300,000 veterans. The feedback we have received from veterans and clinical staff is that the program has worked for them. We’ve looked at the reportable weight loss numbers and estimated that MOVE! participants have lost more than 300 tons during the past five years.”

The program is available to all veterans who are enrolled in the VA health care

system. Since weight management occurs in the context of the family/home, spouses can participate. “We’ve found that veterans are more successful if their spouses are involved,” said Lynn Novorska, dietitian program coordinator. “By bringing in the family and providing information on healthy eating, we’re helping the veterans and their families make positive lifestyle changes. We’ve also dropped the co-pay so there’s no fee for either the veteran or their spouse.”

“MOVE! offers veterans and their families proven techniques that work not only to lose weight but also to maintain weight loss,” said Susi Lewis, RN, special projects coordinator, who has worked with the program since its inception. “We promote self-management support, which empowers veterans to manage their health and weight.

She said the key features of self-management support include: emphasis on the veteran’s role in managing their own health; the use of effective strategies (such as assessment, goal-setting, action-planning, problem-solving and following-up); and connection of veterans with resources within and outside VA.

“The core of any successful weight management

program provides motivated patients with effective tools to help them manage their weight and reduce their risk for weight-related illness,” said Jones. He described the MOVE!23 Patient Questionnaire as one such tool—it incorporates 23 questions that provide a snapshot of the veteran’s weight-related history. This allows clinicians to tailor the intervention to the needs of the veteran. It also helps clinicians rapidly assess each veteran on multiple factors important for weight management.

“The veteran can complete the MOVE!23 questionnaire online at www.move.va.gov, record the retrieval code, and bring it to their primary care provider at the VA who will retrieve the MOVE!23 reports,” said Tony Rogers, health system specialist, who works behind the scenes to support clinicians and the IT folks, and keeps the program’s Web sites up and running.

MOVE! is designed to meet the individual needs of veterans, including guidance on their physical activity. “Veterans set the pace and create goals with the help of the MOVE! team members,” said Sophia Hurley, a physical therapist and physical activity

program coordinator for the program.

“We listen to their issues and give patients the necessary tools to help them manage the problem. Then we offer veterans the opportunity to meet with others in a group session to talk, learn, and find support for their weight-loss issues. All the while, the VA has dietitians and physical activity specialists available to assist veterans.”

Veteran Thomas Day is one of the program’s success stories. He’d struggled with his weight for more than 25 years. His primary care physician at the VA Salt Lake City Health Care System challenged him to lose weight and enrolled him in the MOVE! program.

“The bottom line is that over a period of about 20 months, I lost about 70 pounds,” Day said. “My blood pressure is that of an athlete’s and my cholesterol levels are low. I have never felt so healthy in my entire life. I sleep well, my mind is clear and sharp, and I have plenty of energy to sustain my 11-hour work days, six days a week.”

Veterans who’d like more information about this program can check out the MOVE! Web site or contact their primary care provider at their local VA facility.

Frank Byrne

When Frank Byrne comes to work as a volunteer at the Fayetteville (N.C.) VA Medical Center, he never comes alone. Of course, his friends never make a move without him, so it makes sense they'd help out at the hospital as well.

Byrne's friends include a chimpanzee named Patrick O'Shaughnessy, along with a sheepdog, crow, parrot, owl and many other hand puppets he's collected over his years as a professional entertainer. They can be found together three days a week greeting patients, employees and visitors as they enter the building.

While the 79-year-old retired Army Special Forces soldier and his entourage have only been volunteering at the Fayetteville VA for about a year, he's been fine-tuning his act for decades. After serving in Korea and Vietnam, Byrne retired in 1974 and briefly entered the law enforcement field. It didn't take long for him to discover that his true passion was entertaining.

"When I was in the service, I saw death and dying," the puppeteer volunteer explained. "I got out and went

Moose Club, and they'd ask me to clown at pool parties and such," Byrne said. "I used to scare the kids more than make them laugh. I found out later that I did everything you're not supposed to do."

It was the advice of a true clown that helped get Byrne pointed in the right direction. He'd briefly met Red Skelton in California in the 1960s, and had the opportunity to speak with him again in 1986 when the comedian visited Fayetteville. Byrne showed Skelton a photo of his clown persona and asked for advice.

"He told me he hoped I didn't mind harsh criticism, and then told me to get rid of the face and get rid of the costume because I obviously didn't know what I was doing," Byrne said.

After that, with the help of a grant from the Fayetteville Arts Council, Byrne headed for the University of Wisconsin-La Crosse to study clowning. While there, he met many of the top clowns in the country, including Mark Anthony, a member of the Clown Hall of Fame.

It was Anthony who sug-

"I've been doing this for so many years; I probably enjoy it as much as the people who see me do it."

into law enforcement in the ID Bureau, where I had to fingerprint and photograph dead bodies, accompany them to Chapel Hill and assist with the autopsy to keep the chain of evidence complete. I started bringing home my negativity, until my daughter said, 'Dad, you've got to get out of that.' That's when I decided to start clowning."

His entertainment career didn't have a very auspicious start. "I belonged to the

gested Byrne try out for the Ringling Brothers and Barnum & Bailey Circus—the "Greatest Show on Earth." While he didn't make the cut with his first tryout, he persisted and tried again the next year when the circus came to Fayetteville. This time he was accepted and spent two years with the world-famous traveling show.

He spent another 10 years with other circuses as a clown, magician, stilt walker, puppeteer and ventriloquist, lectured



A costumed Frank Byrne with some of the 75 animal hand puppets he uses to entertain patients, employees and visitors.

for the World Clown Association, taught at a clown school, and continued entertaining on his own as Rosie the Magical Clown until suffering a stroke in 2005 that left his right side paralyzed.

With the help of the VA health care system, he eventually regained much of his mobility, but his career as a clown

at the suggestion of a friend from his Veterans of Foreign Wars post.

After a few months as a standard greeter, he decided to bring his skills as an entertainer to the job. At first it was just the puppets, but now he's started dressing in character to mark the season or occasion; his characters have included a leprechaun, a pirate and a Bavarian gentleman in recognition of Oktoberfest.

Byrne said reactions to his menagerie vary. Some people insist the animals are real (he's studied animal characteristics to help him make his characters move more realistically). Some have no response, but most enjoy his presence.

As for Byrne, he believes he gets as much out of it as the visitors do. "I've been doing this for so many years," he said. "I probably enjoy it as much as the people who see me do it."

By Ed Drohan

The Million Veteran Program: A Giant Stride for Genomics Research

VA is launching its unprecedented effort to improve veterans' health care by redefining the sophisticated science of genomics. The Million Veteran Program, or MVP, is the VA Office of Research and Development's trailblazing partnership with an expected enrollment of a million veterans who will be volunteering to help build one of the largest databases of genetic, military exposure and health information.

This information will be applied to identifying the connections between genes and health. This new understanding is aimed at enhancing disease screening, diagnosis and prognosis. It may further point the way toward more effective therapies for a wide range of diseases, and could also help predict a person's response to a medication or other treatment.

Genes instruct our body in everything it does. Beyond determining our personal traits, such as eye and hair col-

MVP represents a powerful opportunity to learn which genetic variations are associated with a particular disease, condition or health characteristic.

or and height, genes—through complex interactions with the environment and various lifestyle factors—may also contribute to a person's risk for disease, including common conditions like heart disease, diabetes and cancer.

With the recent completion of the Human Genome Project and other gene-mapping efforts, researchers have a comprehensive map of the human genetic structure. Now, research is focused on translating this knowledge into improved therapies aimed at the individual patient's needs.

By providing their genetic information in the form of a



JOHN BORLIK

Stacey Whitbourne, MVP national program coordinator, discusses the program's informed consent form with veteran Barbara Barnes at the VA Boston Healthcare System, Jamaica Plain campus.

blood sample, completing a survey on health and military exposure, and allowing access to their medical record, veterans who volunteer to participate in MVP are making a crucial contribution to this type of genomics research that could transform health care for veterans and others through-

aim at questions such as "Why are some veterans at greater risk than others for developing an illness?" and "Why does a certain treatment work well for some veterans but not others?"

Says VA Chief Research and Development Officer Joel Kupersmith, M.D., of the forward-looking field, "Genomics

to potentially be seen through to patient care. Genetic-based tests for colon and breast cancers are already being used at VA.

In recent years, VA has focused on further building its capacity in the genomics field. For example, the Pharmacogenomics Analysis Laboratory at the Little Rock VA Medical Center in Arkansas is capable of conducting cutting-edge genomics research using innovative technologies such as robots, laser genome scanners and other sophisticated genomic research tools.

The launch of MVP represents another turning point on the road to a new era of patient-tailored health care—a new day in which research will help doctors and their patients have more information so that together they can make better, personalized health care decisions. More information about MVP—including the stringent safeguards in place to protect the privacy and confidentiality of the veterans who take part—is available at www.research.va.gov/MVP.

out the U.S. The study, which will be rolled out in phases over the next five to seven years, is starting at the Boston VA Medical Center on Jan. 5 and will ultimately be open for participation by veterans nationwide receiving VA care.

Because it enables researchers to analyze and compare the DNA and other genetic materials of a population of veterans potentially a million-strong, MVP represents a powerful opportunity to learn which genetic variations are associated with a particular disease, condition or health characteristic. The groundbreaking effort takes

provides additional information that can be used together by health professionals and their patients to determine the best care—moving one step closer to personalized health care."

Beyond its large, diverse and altruistic patient population, VA is uniquely positioned to conduct this type of complex genomics research because of its world-class investigators, state-of-the-art genomics laboratories, unequaled electronic medical records system with the potential to include genetic information, and integrated system that allows studies born in the laboratory

Daily Plan Keeps VA Patients in the Loop

The 55-year-old veteran was distraught, as anyone would be, upon hearing his diagnosis was cancer.

“We started telling him what medications he’d need, what tests we’d be ordering, what side effects the medications might have, things like that,” said Doreen Albee, a nurse manager at the VA Western New York Healthcare System in Buffalo. “It was difficult for him to deal with the diagnosis, much less absorb all the new information he was being told hour by hour ... it was simply too much. He was ready to leave the hospital without getting his diagnostic tests or treatment.

“But before he left,” Albee continued, “our nurse approached him with a copy of The Daily Plan®. It was two pages of information specific to him. It listed all of his medications as well as the tests he was scheduled for the next day. He asked to keep it so he could look at it later. We told him, ‘Of course you can keep it. The Daily Plan is yours.’

“He was able to gain a good understanding of what was going to happen to him by talking with his nurse and reading his Daily Plan.”

The patient’s fear began to fade, as did his sense of being overwhelmed. Feeling somewhat more in control of his situation, he decided to stay at the hospital and participate in his treatment.

“The Daily Plan is essentially a road map that lets patients see, in black and white, what’s going to happen to them on a particular day of their hospitalization,” explained Beth King, a program manager at VA’s National Center for Patient Safety in Ann Arbor, Mich. “The plan includes items such as sched-



The Daily Plan is essentially a road map that lets patients see what’s going to happen to them on a particular day of their hospitalization.

uled procedures, medications, laboratory tests, any allergies the patient may have, and even diet.”

She added: “The Daily Plan increases patient safety by engaging patients, as well as their families. It encourages them to better understand their care. We want the patient to ask questions if something seems different than planned.”

VA pilot-tested its Daily Plan at five VA medical centers in the fall of 2007 and winter of 2008. During this initial pilot-testing, VA carefully measured patient reac-

“The Daily Plan enhances and promotes communication with our patients. Involving patients and families in the health care experience can serve as a safeguard, preventing unintended mistakes.” - Beth King

tion to the Daily Plan. About 70 percent of them felt good about it. They reported that having a written plan made it easier for them to ask questions, and provided them with information that helped im-

prove their care.

“We feel the Daily Plan enables patients to become members of their health care team and be actively involved in their care,” said Cheryl Mitchell, a nurse coordinator with VA’s National Center for Patient Safety. “At VA, we feel patient involvement is imperative.”

Mitchell, who is helping implement Phase Two of the Daily Plan pilot-testing, said errors can be prevented when nurses and patients review the Daily Plan together.

In one instance, a patient

was allergic to an antibiotic, but noticed this information wasn’t mentioned on his Daily Plan. He alerted his nurse, the matter was looked into, and the patient’s electronic medical record was promptly updated.

King said preventing this kind of avoidable error “is exactly what the Daily Plan is designed to do.”

She said VA continues to make improvements to the Daily Plan, based on feedback from both veterans and nurses. These improvements include eliminating complex medical terminology, reducing the number of abbreviations, and using larger print.

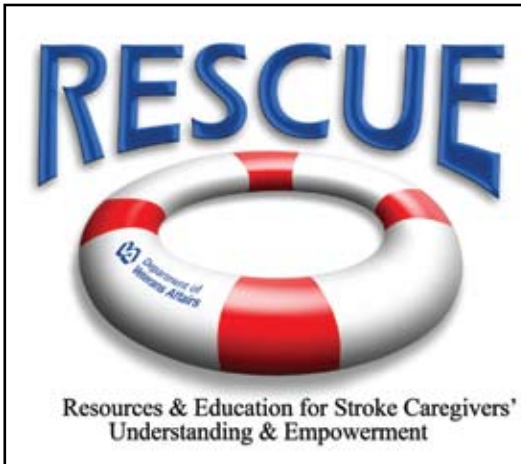
Twenty-six VA hospitals are currently involved in Phase Two testing of the Daily Plan, and are continually providing valuable insights on how the

plan can be fine-tuned even more. “Our data from Phase Two testing is still preliminary,” King said, “but we’re confident that future data will be positive and support further deployment.”

VA Launches RESCUE Web Site for Stroke Caregivers

An estimated 15,000 veterans are admitted to a VA medical center each year for stroke treatment, resulting in many family members unexpectedly becoming their loved one’s caregiver. A new caregiver often serves as a “lifeguard,” responsible for the safety and well-being of the stroke survivor. VA researcher Constance Uphold, Ph.D., and her team from the North Florida/South Georgia Veterans Health System in Gainesville, Fla., recognized that these caregivers could use supportive, helpful information. In November, they launched the “Resources and Education for Stroke Caregivers’ Understanding and Empowerment” (“RESCUE”) Web site.

Designed to serve as a lifeline, the site helps caregivers “keep their head above water” and features easy-to-read fact sheets, covering topics such as “Helping Your Loved One Become More Independent.” The site’s bi-monthly RESCUE Newsletter provides caregiver resources and highlights information from VA’s My Health eVet Caregiver Assistance Healthy Living Center and the American Stroke Association. To learn more, visit www.rorc.research.va.gov/rescue.



The RESCUE Web site is designed to serve as a lifeline for stroke caregivers.

North Chicago’s Unique ‘Patriot’s Store’ Caters to Military Members, Veterans

A ribbon-cutting Dec. 3 at the Captain James A. Lovell Federal Health Care Center in North Chicago, Ill., opened a first-of-its-kind store within the nation’s first VA and Department of Defense integrated medical facility.

When it first opened, the Lovell FHCC contained a typical Veterans Canteen Service store that offered a variety of foods, goods and services. But after a \$100,000 renovation, the new 1,700-square-foot “Patriot’s Store” also offers military equipment and uniform items—a first for the Veterans Canteen Service. “For us to succeed in our mission, it was vital that we were not only offering our standard assortment of goods, but that we were offering items that were important to our military members and our veterans,” said Kim Wasilewski, Lovell FHCC assistant Patriots Service chief. For more information on the VCS, visit www.vacanteen.va.gov.



Navy Capt. Dale Barrette, associate director of resources at the Captain James A. Lovell Federal Health Care Center, purchases some items on opening day. The newly renovated store is a first-of-its-kind facility in the Veterans Canteen Service.

Providence VAMC Dedicates New Research Center

A new Research Center for Restorative and Regenerative Medicine was dedicated Nov. 12 on the campus of the Providence VA Medical Center in Rhode Island. A collaboration between the Providence VAMC, Brown University and the Massachusetts Institute of Technology, the 23,850-square-foot facility is dedicated to rehabilitation research for veterans.

The center facilitates and encourages collaboration on projects such as the DEKA Arm and BrainGate, and includes research programs involving neuro-technology, prosthetics, skeletal biology, regenerative medicine and advanced rehabilitation techniques.

Funded with approximately \$6 million in construction funds from VA, the center also contains offices, conference rooms, a rehabilitation gym, and a Gait and Motion Analysis Lab. In addition, the Center on Systems, Outcomes, and Quality in Chronic Disease and Rehabilitation, which focuses on improving systems and quality of care for vulnerable veteran populations, is located within the building.

HAVE YOU HEARD

VA Nebraska-Western Iowa Health Care System Celebrates Three Anniversaries

Nov. 10 was a special day for the VA Nebraska-Western Iowa Health Care System. Three of the system's Nebraska facilities celebrated key milestones: the Omaha VA Medical Center and the Grand Island Clinic and Community Living Center each celebrated 60 years of service, while the clinic in Lincoln celebrated 80 years of serving veterans.

Over in Omaha, it was standing room only as patients and employees packed the medical center lobby to hear guest speakers, view slideshows of historical photos and browse tabletop exhibits containing historical photo albums. Visitors to the Lincoln facility enjoyed an all-day open house, featuring several historical displays of VA uniforms going back to World War II. In Grand Island, performances from several local musical groups rounded out their celebration. In addition, a keepsake brochure, containing timelines and historical photographs of all three sites, was created especially for the commemoration and handed out to visitors.



Monsignor Richard Wolbach shared some of the history he has experienced in his 30 years as chaplain at the Omaha VAMC, and memories from his service as a Marine at Iwo Jima in World War II.

Pioneering World War II Army Nurse Celebrates 100th Birthday

A World War II Army nurse who helped bring modern medicine to Malaysia, was shot at by the Viet Cong in Laos, and climbed Oregon's Mount Hood, recently celebrated another milestone: Ruby Hills turned 100 years old.

Hills was feted Oct. 16 by more than 60 friends, family members and VA public affairs officer Mike McAleer, at her birthday party in Portland, Ore. "Ruby is one of our heroes," said McAleer during his presentation. "You have opened the doors for women veterans of your time, women veterans of today and women veterans of the future."

Hills, who never married or had children, joined the Women's Army Corps Reserve as a nurse in the late 1930s. In 1943, she deployed to northern Africa and France, performing anesthesia in field hospitals. Hills' humanitarian work assisting pioneer Dr. Thomas Dooley in Malaysia and Laos introduced modern medicine there in the years preceding the Vietnam War.



Ruby Hills, a World War II Army nurse who served in North Africa and France, celebrated her 100th birthday with family and friends in Portland, Ore.

OEF/OIF Outreach Team Helps a Terminally Ill Veteran

The Operation Enduring Freedom/Operation Iraqi Freedom Care Management team at the Richard L. Roubush VA Medical Center in Indianapolis first met Brian Downard in the fall of 2009, shortly after his discharge from the Marines Corps. At just 22 years old, he was diagnosed with terminal testicular cancer that had already spread throughout his body.

Using a new integrated care program for returning service members, the team expedited Downard's application for VA disability benefits, and within 24 hours, he was rated 100 percent service-connected. As his condition worsened, Downard was able to add his son to his claim, increasing his monthly benefits and providing an additional retroactive payment.

On Sept. 13, Downard lost his battle with cancer. Following his death, family members went to the Indianapolis VA Regional Office to apply for survivor benefits for his young son. There, staff members were able to grant Dependency and Indemnity Compensation (DIC) benefits the same day and later provided Presidential Memorial Certificates for Downard's funeral.

Rocker Partners With VA Puget Sound Health Care System to Support Veterans' Causes

When former Guns N' Roses bassist and Seattle native Duff McKagan visited the VA Puget Sound Health Care System, it was more than just a casual visit. McKagan, a passionate advocate for local causes, and his current band, Loaded, had just recorded a song called "Fight On" about the adversity faced by injured veterans returning from war.

On Nov. 7, Loaded performed their song during halftime at the Seattle Seahawks football game, pairing it with a parade of active-duty service members and veterans for "Military and Veterans Appreciation Day." The next day, McKagan and fellow band members Jeff Rouse and Mike Squires (himself a former Marine), toured the spinal cord injury unit, polytrauma center and addictions treatment center at the VA Puget Sound facility. Moved by what he saw, McKagan offered to donate all iTunes proceeds from "Fight On," and another song called "We Win," to VA Puget Sound's patient fund.



Duff McKagan performs with his band Loaded during halftime of the Nov. 7 Seattle Seahawks game.

Naturalization Ceremony Held at Chattanooga National Cemetery

Chattanooga National Cemetery hosted a first-of-its-kind ceremony, during which 94 people were naturalized as U.S. citizens, on Oct. 21. The group gathered at the Armed Forces Pavilion and declared the Oath of Allegiance to the United States surrounded by the graves of more than 48,000 veterans. The U.S. District Court for the Eastern District of Tennessee sponsored the event.

U.S. District Judge Harry S. Mattice presided over the ceremony. He said the national cemetery setting provided additional meaning for the citizenship applicants, and he hopes to hold future citizenship ceremonies there. In all, the new U.S. citizens represented 41 different countries. India led the countries of birth, followed by Mexico and Colombia. Nationally, more than 750,000 people became naturalized U.S. citizens in 2009.



Citizenship applicants recite the Pledge of Allegiance at the naturalization ceremony.

Energy-Efficient LED Lights Installed at Chillicothe VA Medical Center

The Chillicothe (Ohio) VA Medical Center has completed its first major LED light installation of 3,400 bulbs. LEDs, which are expected to replace most fluorescent and incandescent bulbs over the next few years, play a big part in reducing energy consumption and increasing energy efficiency.

Benefits include: less wattage consumed per lamp (up to 50 percent energy savings); reduced HVAC expense, since LED lighting operates 25 to 30 degrees cooler than fluorescent lighting; no new fixtures required; completely eliminates ballasts; much longer lifespan than traditional bulbs (5.7 years with 24/7 use); significant reduction in maintenance, labor and inventory costs; 100 percent environmentally friendly; free of dangerous mercury or glass; no special disposal requirements; and no UV rays, noise or flickering, for a safer work environment.

VA Illiana Health Care System Breaks Ground on Construction of Two Innovative Homes

The VA Illiana Health Care System in Danville, Ill., became the first VA medical center to break ground on a Green House® homes project offering an innovative approach for veterans who need skilled nursing care. More than 250 people attended the groundbreaking ceremony for the two homes on Oct. 12 at the construction site, which was once a golf course.

The Green House concept provides the full range of personal care and clinical services expected in high-quality nursing homes, while at the same time giving priority to the veteran's quality of life. Up to 10 veterans will have their own private bedrooms and bathrooms in each home, along with a community kitchen, dining and living areas. The veterans will be free from the limitations of an institutional schedule and will have flexibility in choosing daily activities. The project is part of VA's cultural transformation to a patient-centered care model. On Nov. 9, the Captain James A. Lovell Federal Health Care Center in North Chicago, Ill., broke ground on six Green House homes, and several other medical centers are slated to follow.

President Honors Outstanding Early-Career Scientist

A researcher with the John D. Dingell VA Medical Center in Detroit was recently named a recipient of the Presidential Early Career Awards for Scientists and Engineers, the highest honor bestowed by the United States government on science and engineering professionals in the early stages of their research careers.

Pamela J. VandeVord, Ph.D., a member of the Detroit VAMC's research and development staff, was one of 85 researchers across the federal government to receive the prestigious award from President Obama. VandeVord has been a valued member of the VA medical center's research staff since 1998 and holds an academic appointment at Wayne State University. Her research endeavors include the study of traumatic brain injury.

The PECASE awards were established by President Clinton in 1996. Awardees are selected for their pursuit of innovative research at the forefront of science and technology, and their commitment to community service as demonstrated through scientific leadership, public education or community outreach.



Pamela J. VandeVord, Ph.D.

VA Chief Learning Officer Receives Lifetime Learning Leadership Award

Joy Hunter, chief learning officer for the Veterans Health Administration, recently received the Lifetime Learning Leadership Award from the MASIE Center, an internationally recognized think tank focused on workforce education and performance. She received the award from Elliott Masie, president and CEO of the MASIE Center, at the annual Learning 2010 conference in Orlando, Fla.

Hunter was selected in recognition of her work "to cultivate learning leaders at all levels of VA and for helping to create a learning culture that serves the goal of optimal veteran health care for the 21st century." Hunter leads the Employee Education System for the VA health care system, where she is responsible for the development, delivery, accreditation and evaluation of education services that support the workforce development and continuing education needs of VA's more than 239,000 health care professionals and support staff at more than 1,400 sites of care nationwide. The MASIE Center focuses on how organizations can support learning and knowledge within the workforce.



George Thomas

Houston Employee Named VA Energy Engineer of the Year

George Thomas, a Facilities Management Service Line engineer at the Michael E. DeBakey VA Medical Center in Houston, was recently selected as VA's Energy Engineer of the Year. Thomas' selection for this award was based on his energy engineering efforts for the DeBakey VA. With his expertise, the medical center was awarded three Green Building Initiative™ Green Globes™ in 2009 and again earned the Environmental Protection Agency's prestigious Energy Star in 2010.

The Green Globe awards were developed as a method for building owners in the United States to identify high-performing buildings in energy and environmental efficiency. The DeBakey VA received a combined 757.5 points out of 1,000 in areas of energy, water, resources, emissions, indoor environment, and environmental management system documentation. Thomas is a member of VA's Energy Technology Committee, the author of a chapter in VA's Energy Guide, and developer of the DeBakey VA's Employee Energy Management Handbook.

VA Boston Healthcare System Named Top Place to Work in Boston Globe Survey

The Boston Globe in November named the VA Boston Healthcare System as one of the top places to work in 2010. The Globe's "Top Ten" is a highly competitive and prestigious listing, based on a confidential survey of 82,000 employees at 236 businesses. Each employee graded their organization's performance relative to more than 20 separate statements, ranging from "I believe this organization is going in the right direction" to "It's easy to tell my boss the truth."

Survey results reveal that VA Boston beat out a number of other major private health care competitors, including Hallmark Health System, Massachusetts General Hospital, Dana Farber and Partners Health Care, Harvard Vanguard Medical Associates, and Newton Wellesley Hospital. The listing is not just health care-related—it is for all large employers throughout Massachusetts.

Assistant Secretary Named Human Capital Officer of the Year

VA Assistant Secretary for Human Resources and Administration John U. Sepúlveda was recently named Chief Human Capital Officer of the Year by the Chief Human Capital Officers Council for successfully chairing two major working groups, one on veterans affairs and the other on hiring reform.

The Council Leadership Awards are designed to recognize chief human capital officers and deputy chief human capital officers who lead, create and promote advancements in the federal HR field through their work on the CHCO Council. The accomplishments of the awardees have a major impact on a government-wide level.

“As the director of the Office of Personnel Management and the chairman of the CHCO Council, I have seen what these individuals have accomplished over the past year,” said John Berry. “They personify the great work that we do together and they should be commended for the changes they have made.” For more information, visit www.chcoc.gov.



John U. Sepúlveda

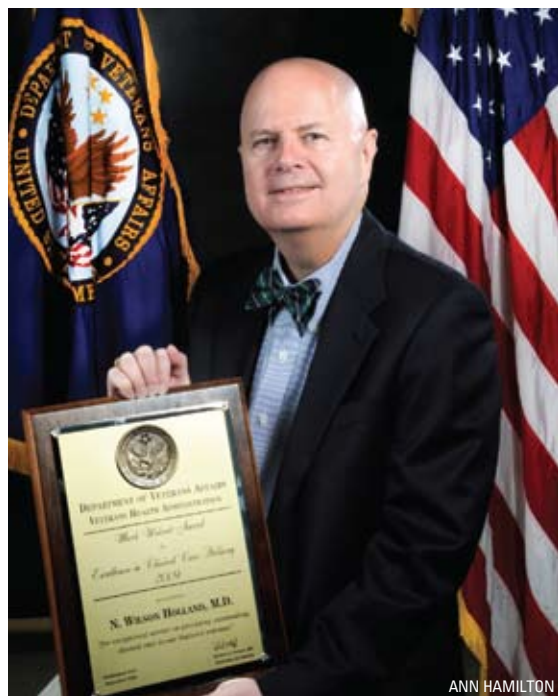
Atlanta VA Medical Center Doctor Honored for Excellence

An Atlanta VA Medical Center geriatrician received one of VA’s most prestigious awards in Arlington, Va., in October—the annual Mark Wolcott Award for Clinical Excellence.

Dr. N. Wilson Holland received a plaque and a \$5,000 check.

Holland, who has been on staff at the Atlanta VAMC since 1985, currently treats elderly veterans in the Bronze geriatric clinic. He was Emory University’s first geriatric fellow and now serves as their Geriatric Fellowship Program director. “I believe the veterans we serve deserve the absolute best care and I try to treat each veteran as if they were family,” he said.

Established in 1996, the award program recognizes one outstanding VA health care practitioner who is deserving of special recognition for excellence in direct patient care. It was named after a VA physician who dedicated more than 40 years of his life to serving and improving the quality of health care for the nation’s veterans.



Dr. N. Wilson Holland

VA Maryland Therapist Snags National Recognition

Carla Carmichael, deputy director of Recreation Therapy at the VA Maryland Health Care System, was recently named Member of the Year by the American Therapeutic Recreation Association. The award cites her dedication to advocating for the profession and for seeking every opportunity for education and training for VA recreation therapists to standardize the provision of treatment across the VA system.

She organized the participation of VA therapists in the ATRA Webinar Series and facilitated numerous training sessions through Live Meeting for therapists across the country. Carmichael, a longtime member and advocate of ATRA, recently completed a four-year term as ATRA member-at-large, and continues to serve ATRA whenever called upon for committee or task force assignments. She is currently serving on the Unification Task Force.

When not working at VA, Carmichael spends much of her time serving as an official for the Paralympics and other track and field events for individuals with disabilities.

Riverside National Cemetery Bugler is VFW National Scout of the Year

Robert Morgan has been honoring veterans by playing taps for committal services at Riverside National Cemetery in California since he was 12. Now the 18-year-old Eagle Scout has himself been honored as National Scout of the Year by the Veterans of Foreign Wars.

VFW Post 12020, of Hemet, Calif., sponsored Morgan, who is a member of the post's Memorial Honor Detail Team 45 at the cemetery. Morgan beat out 50,000 entrants to win the honor, which includes a \$5,000 scholarship.

In addition to the Post 12020 honor detail, Morgan is also a member of American Legion Team 12 Robert J. "Uncle Bobby" Castillo honor detail and the National Guard Memorial Honor Detail Team, both at the cemetery. He has played taps for more than 800 veteran committal services at the cemetery, earning the Department of Defense Military Protocol ribbon. According to VFW national selection team leader Steve Van Buskirk, Morgan's service played a key role in his selection for the honor.



Eighteen-year-old Eagle Scout Robert Morgan has been playing taps for committal services at Riverside National Cemetery since he was 12.

Asheville VA Medical Center Has Top Safety Manager

Air Force veteran Sue Ellen Myers, safety manager at the Charles George VA Medical Center in Asheville, N.C., was recently named VA's 2010 Facility Safety Manager of the Year at a national conference held in San Diego. Myers was nominated for her work over the last five years applying her fire science background as well as the safety management experience she gained while working at VA medical centers in East Orange, N.J., and Philadelphia.

Her award nomination noted that Myers improved working relationships with union members, a new chief engineer, and service line managers. She also developed several model programs that she has shared with other safety managers in the VA Mid-Atlantic Health Care Network (VISN 6). Besides her day-to-day duties at the Asheville VAMC, Myers is a member of 11 different working groups and committees in VA and western North Carolina.

Indianapolis Psychiatrist Awarded NIH Grant

Alexander B. Niculescu III, M.D., Ph.D., a staff psychiatrist at the Richard L. Roudebush VA Medical Center in Indianapolis and a mood disorders expert and geneticist at the Indiana University School of Medicine, is one of 52 researchers nationwide across all fields of biomedical sciences to receive a 2010 National Institutes of Health Director's New Innovator Award.

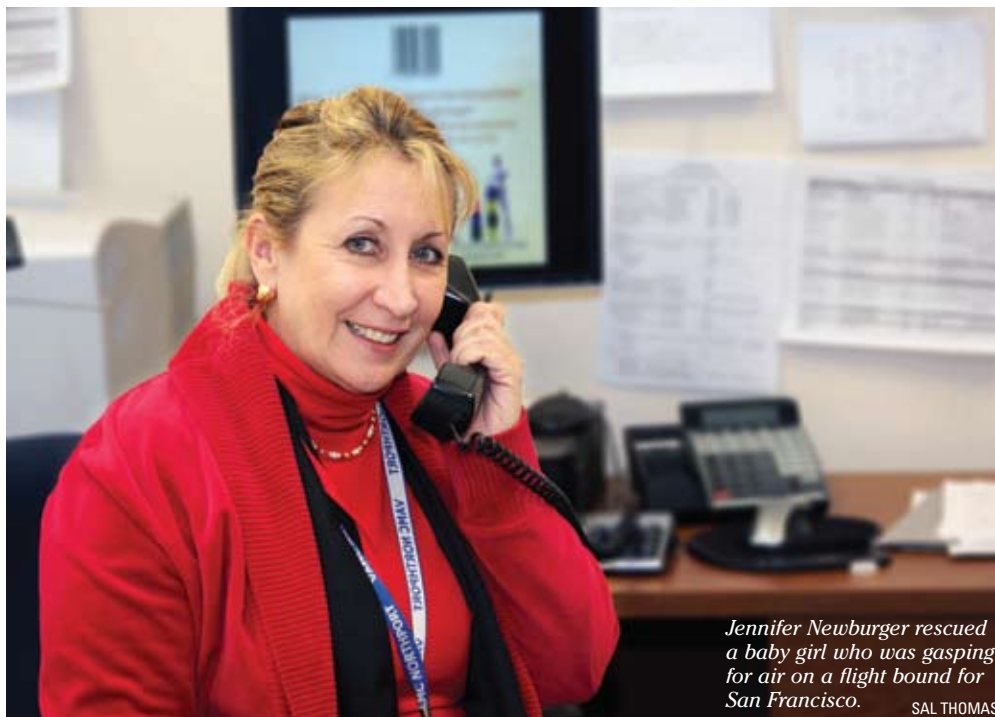
Niculescu, an associate professor of psychiatry and medical neuroscience, will receive a \$1.5 million grant over a five-year period for his research to develop blood tests for mood disorders such as bipolar disorder and depression. An objective lab test could revolutionize diagnosis and treatment for the one in five people affected by these disorders. The NIH Director's New Innovator Award program is different from traditional NIH grants; it is designed to support creative investigators with innovative research.

Florida Women Veterans Program Managers Recognized for Their Service

Two VA Sunshine Healthcare Network (VISN 8) women veterans program managers were recently recognized for their service to veterans and contributions to women's health.

Pam Smith-Beatty, women veterans program manager at the James A. Haley Veterans' Hospital in Tampa, was selected by the Florida Department of Veterans Affairs as a member of the 2010 Veterans Honor Detail and accepted the annual Veterans Day resolution presented by the governor and Cabinet on Oct. 26. Eight individuals were picked from veterans organizations throughout the state for the Honor Detail, which represents the 1.6 million veterans residing in Florida.

Carrie Kairys, of the West Palm Beach VA Medical Center, was chosen as honorable mention and given the Inspirations in Women's Health Award from the Nurse Practitioners in Women's Health Association for 2010. Nominated by her peers, she was recognized for her contributions as the women veterans program manager at the West Palm Beach VAMC.



Jennifer Newburger rescued a baby girl who was gasping for air on a flight bound for San Francisco. SAL THOMAS

Quick-Thinking Nurse Saves Baby’s Life

On her first day with VA and while on a flight to a VA conference in San Francisco, Northport (N.Y.) VA Medical Center’s new Performance Improvement Manager Jennifer Newburger, RN, heard—through her headphones—the distressing sounds of a 9-month-old baby girl gasping for air.

Newburger immediately took the baby from her frightened parents, swept her mouth, and cleared her throat of a piece of plastic that had separated from a package of tissues with which she had been playing. Were it not for Newburger’s clear thinking and decisive action, the outcome for the baby and her parents could have been tragic.

VA Greater Los Angeles Police Officer Comes to the Rescue

VA Greater Los Angeles Healthcare System police officer Oscar Cortes was on his way to work one day when he heard a wave of cars honking their horns on the freeway. Cortes quickly glanced in his rearview mirror and saw a big rig crashing into multiple vehicles behind him. Cortes couldn’t get through to 911, so he called a VA police dispatcher, who in turn notified the California Highway Patrol.

After the tractor-trailer came to a stop, Cortes pulled over to check on the driver, who was found unconscious and without a pulse. “A doctor from the Marina del Rey hospital and a few citizens arrived at the scene ready to assist,” said Cortes. “The doctor and I began CPR until the fire department arrived, and continued to administer CPR on the big rig driver.”

The driver suffered from a medical problem and was taken to the Ronald Reagan UCLA Medical Center and ultimately pronounced dead. Several people in the vehicles struck by the truck suffered injuries and were treated.

“Cortes is an exemplary officer,” said VA Greater Los Angeles Police Capt. Kathy Treadwell. “His efforts and disregard for his own safety are recognized and we are fortunate he chose VA as his home.” Cortes has been employed with the VA police department since May 2009 and also serves in the Air Force Reserve.



Oscar Cortes

VA Nurse Responds to In-Flight Emergency

Lexington (Ky.) VA Medical Center Clinical Quality Data Coordinator Anita Stiles was on a flight 30 minutes outside of Chicago’s Midway Airport when a call came over the in-flight intercom system requesting a doctor or nurse to quickly come to the front of the airplane. Stiles, a nurse, and an emergency room physician responded to a 62-year-old man who was experiencing a medical emergency.

Stiles assisted the doctor with the patient and prepared for a potential cardiac



Anita Stiles

arrest—calling for emergency equipment, obtaining vital signs, and helping the doctor with a physical assessment and medical history. As the plane landed, the physician and Stiles continued to work on the patient unsecured in the aisle. Once on the ground, the patient was turned over to the Chicago Fire Department EMS crew.

“I’m always ready to help and I wish this gentleman a quick recovery,” said Stiles, who has 29 years of nursing experience, 19 with VA. She has served veterans in a variety of roles over the years, including clinical nurse specialist, nurse manager and associate nurse executive. Her area of clinical expertise is critical care and emergency nursing.



Wreaths Across America

Red-bowed wreaths are distributed to volunteers to place on veterans' graves at Arlington National Cemetery on Dec. 11. The Worcester Wreath Company of Harington, Maine, began donating leftover wreaths to the cemetery in 1992, and in 2006 began the Wreaths Across America program, supplying some wreaths to all VA national cemeteries and many state veterans cemeteries.