



Budget Update

Many of you may have heard that VA Puget Sound Health Care System began this fiscal year with a budget that had \$10 million less than we need to provide all current services. There are some things you would probably like to know about this situation: How did this happen? What impact does this have on you and on our patients? What does next year look like?

First of all, you need to know that PSHCS is not alone in its financial struggles. Virtually every VA facility in the country is similarly positioned. Most are worse off than we are; some have been struggling longer than we have. The underlying cause is a 5-year straight-line budget imposed by the Congress on VA starting 3 years ago. This means VA receives no additional funding for increased costs each year.

Why are our costs increasing? We have been averaging 6% more patients each year in the last couple of years. Inflation causes the cost of supplies and drugs to go up. The annual pay increase and health benefit cost increases must also be covered with existing funds. Changes in the eligibility laws mean more veterans are eligible for more services, and they are using them. Sometimes VA requires facilities to implement new programs without providing new funds. An example of that this year is VA's commitment to test veterans for Hepatitis C and provide an expensive therapy for those who test positive.

Some costs we have been able to absorb, but this year we found ourselves with \$15 million in increased costs and the ability to cover only \$5million of that. That left us with a \$10million shortfall at the beginning of the fiscal year last October.

The Executive Board, which includes each of the Service Line Leaders and labor leaders, has spent many hours this year in thoughtful and active discussion of how to reduce costs. The Board agreed that each Service Line would reduce personnel costs by 3.5%. Each Service Line Leader has taken the responsibility to make that happen within their service lines, by not filling vacancies, or terminating temporary employees, or cutting overtime usage. Many have reduced supply and service costs as well.

Organizationally, the Board agreed to other reductions in order to decrease the deficit. Some of these decisions will result in less remodeling and minor maintenance projects, less new equipment and computers being purchased, fewer computer-training opportunities. The Board also agreed to terminate the valet parking program; a very difficult decision impacting our patients. Looking toward next year, which will be the fourth year of no increases in the budget, the Board is also beginning a process of evaluating which programs or services may need to be cut in order to stay within funding limits.

Comments from the Chief Operations Officer

CONTINGENCY PLANNING WILL KILL THE Y2K BUG

The Y2K bug is close to being exterminated at the VA Puget Sound Health Care System, but it will take some intensive work by everyone involved in patient care. The groundwork has already been laid by planning the replacement of non-compliant equipment, facility systems and computers. Even the telephone systems at the two divisions are being replaced to ensure Y2K compliance.



The current effort is CONTINGENCY PLANNING—a process that involves the staff in each patient care area looking at how Y2K may affect their environment, and planning for ways of working around potential disruptions. Meetings have been held recently with key staff to provide information on the process. Gloria Cahill, ext 2206 in Seattle, is coordinating the effort with an Emergency Preparedness Subcommittee.

Although the mandated deadline of April 30 was very tight, it was a commitment made to Congress by the Deputy Secretary of Veterans Affairs. Each facility Director (our CEO) will be required to certify that the deadline has been met with well-defined contingency plans.

VA has been a recognized leader in Y2K planning in the health-care field, to the extent that VA Puget Sound Health Care System was invited to present its "best practices" to 150 local health-care providers recently in Seattle. Congress, which awards "grades" to each federal agency on their Y2K preparedness, has given VA an "A."

Additional information on the Contingency Planning process can be found on the VA website at www.va.gov/year2000.

Seeing the World Differently



As our veteran population ages, the possibility of vision loss increases. By the year 2010, VA estimates that there will be a 37% increase in the number of veterans who are legally blind. For over 50 years, VA has been recognized nationally and internationally in the blind rehabilitation field. VA has nine Blind Rehabilitation Centers located throughout the country. We are fortunate to have the most comprehensive center at the American Lake Division of VA Puget Sound Health Care System.

Blindness is one of life's most devastating losses. Blind Rehab Centers provide training, counseling, and skills to help veterans adjust to their loss of sight and to return to a functional status. Everyday tasks that we take for granted – reading, writing, dressing, traveling, communicating, socializing, and working – become constant sources of frustration to persons with sight loss. Individuals with diminished sight often feel a loss of self-worth and self-esteem. These feelings also have a serious impact on family members.

The Blind Rehab Center at American Lake prides itself on providing each veteran with an individualized training program to meet his or her distinct needs. “Small miracle”.... “Life changing”.... “Second chance at life”....these are just some of the statements shared by veterans who have participated in the Blind Rehab program. Success stories come in daily from veterans who have received specialized training in the use of adaptive aids. They are able to read again, return to independent living, and participate in recreational activities.

Blind Rehab does more than treat the legally blind patient. A family training program gives family members the opportunity to participate in the blind rehabilitation experience, to learn first hand about vision loss, and to appreciate an individual's new found abilities and skills.

The “official” training program for participants occurs during the work week. However, many feel that the greater learning happens during after-hours sessions. It is here that shared experiences and insights are applied to real life situations and activities.

Blind Rehab is a place where the limitations of sight loss are de-emphasized, and ability and independence are highlighted. Consistent with the values of VA Puget Sound Health Care System, all program participants are treated with respect, compassion, and a supportive environment in which they can excel. 

People In The News

Alpine Skiing and a Whole Lot More!

Nowhere else can 300 plus disabled veterans learn to alpine ski, cross country ski, snow shoe, dog sled, rock climb, and scuba dive all in one week than at the National Disabled Veterans Winter Sports Clinic! The 13th annual event, co-sponsored by the DAV and VA, took place in Crested Butte, Colorado, March 21-26, 1999.



Skier Jimmy Hopkins

Five patients from VA Puget Sound Health Care System attended this year's clinic – David Jefferson, Jimmy Hopkins, Aaron Hastings, Dana Leisegang, and Bill Malcomb. Their challenges range from visual impairment to multiple sclerosis to spinal cord injury.

Vicki Booth, Recreation Therapist; Kendra Betz and Jennifer Hastings, Physical Therapists; and Kristine Arnold, Director, VA Regional Office volunteered; as did members from local chapters of the Disabled American Veterans, Veterans of Foreign Wars, American Legion, Women's Bowling Association, and their auxiliaries. ♡

Dedicated Volunteers Recognized

Carroll McMechan was one of 554 individuals attending the Volunteer Recognition Luncheon on May 8th. Awards were given to volunteers contributing 100 to 50,000 hours. This year's program, "VA Volunteer Western Round-up," included special guest appearances by "Marshall" Tim Williams, Sandy "Oakley" Nielsen and "Dead-Eye Doc" Smith – otherwise known respectively as Chief Executive Officer, Chief Operations Officer, and Chief Medical Officer at VA Puget Sound Health Care System. Over 1,300 dedicated volunteers, who contributed over 180,000 hours of service in 1998 were honored. ♡



Carroll McMechan, 30-year volunteer with 50,000 hours of service!

Social Worker of the Year

Taylene Watson, MSW, ACSW, was selected Social Worker of the Year for the Washington Chapter of National Association of Social Workers (NASW). She was selected because of her outstanding credentials and accomplishments. Watson is a 25-year employee of the VA with the last 14 years at VA Puget Sound Health Care System. Congratulations Taylene! ♡

Hammer & Scissors Award

Carol Levine, RD, Director of Nutrition and Food Service at VA Puget Sound, was a member of a national team recently awarded both Hammer and Scissors Awards for efforts in establishing Subsistence Prime Vendor contracts, resulting in product standardization VHA wide.



Both Hammer and Scissors Awards are given to initiatives with proven records of effectiveness that cut red tape, streamline operations and processes, improve customer service, empower employees, and makes government work better and costs less.

The difference in these two awards is scope of impact: Hammer Awards are reserved for broad, far-reaching innovations; Scissors Awards are more narrowly and locally focused. ♡

Congratulations for "Nursing Excellence!"

Linda Haas, RN, 21-year veteran of VA Puget Sound, was the recipient of this year's Secretary's Award for Excellence in Nursing. The national award, presented to Haas May 11, 1999 in Washington DC, is given each year to a VA nurse exhibiting excellence in an expanded role. Haas is an Endocrinology Clinical Nurse and a doctoral candidate in Epidemiology. ♡



Breakthroughs In Medicine

New Technique Repairs Ballooned Aneurysm Without Major Surgery

The first nine patients to undergo an innovative new technique called “stent grafting” to repair abdominal aortic aneurysm, a life-threatening ballooning of the body’s main artery, have recovered well, says Ted R. Kohler, M.D., VA Chief of Vascular Surgery. Participating in a nationwide trial, Kohler and interventional radiologist, David J. Glickerman, M.D., head the first Pacific Northwest team of UW and VA physicians to perform the minimally invasive technique.

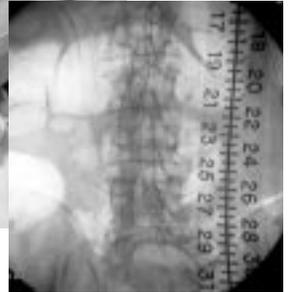
Each year about 100,000 Americans are diagnosed with aortic aneurysms, some 15,000 people die when a weakened aneurysm bursts. Instead of needing a



Dr. Glickerman (left) and Dr. Kohler (center) perform stent graft procedure.

major operation, physicians thread the catheter into the femoral artery through a small incision in the groin. During the procedure, the patient is awake under spinal anesthesia. “Everybody has just been floored at how fast our stent-graft patients are up and around and can leave

the hospital,” states Kohler. Although it targets a much larger artery, the new abdominal technique resembles that used in angiography and balloon angioplasty, mainstays in diagnosis and treatment of vascular disease. 



VA Team Studies Benefits Of Estrogen

VA Puget Sound Health Care System investigators are among noted researchers exploring the benefits of estrogen therapy. Sanjay Asthana, M.D., says he was intrigued by previous research showing that postmenopausal women who take estrogen replacement therapy are much less likely to develop Alzheimer’s disease than similar women who do not take the hormone. “That really struck me,” Dr. Asthana says. “If that was correct, might estrogen also reduce symptoms in women who already have Alzheimer’s disease?”

In a preliminary study, he and his colleagues divided women who had been diagnosed with Alzheimer’s

disease into two groups. One group received eight weeks of therapy with estrogen delivered through a skin patch, while the other group had patches containing no drug. The researchers found significant improvements in memory and attention in study participants receiving the estrogen.

Dr. Asthana and colleagues are now conducting a study of long-term estrogen treatment in Alzheimer’s patients and a study to determine whether higher doses of the hormone may enhance its benefits. In a project, involving both normal elderly women and those with Alzheimer’s, the researchers also hope to establish whether estrogen treatment actually

improves function in normal daily activities. “We want to know whether the benefits of estrogen translate to an ability to live better and more independently,” Dr. Asthana says. 

UW Medical School No. 1

The University of Washington again earned a No. 1 spot in the 1999 U.S. News & World Report annual rankings of graduate programs and professional schools. “VA Puget Sound Health Care System and our UW/VA physicians are proud of these rankings,” states Dr. Charles B. Smith, Chief Medical Officer and Associate Dean. 

Veterans

To Hear a Robin Sing...

*Our
family,
Our friends.*



When Alvin Johanson was asked about what sounds excited him most after his cochlear implant surgery, he exclaimed, “Hearing a robin sing!” Thus, a new saga in his life had begun.

Born in Trollhaettan Sweden in 1921, he and his family settled in Massachusetts when he was 3 months old. Johanson joined the U.S. Army a month after the attack on Pearl Harbor and started his career as an aircraft mechanic. He soon decided flying would be more challenging. Little did he realize the profound impact that the roar of his B-24 would have on the rest of his life. After all, there was a war to

win, and the engine hum was something you learned to live with. Evading enemy planes and anti-aircraft fire to deliver his bomb load was a more critical concern.

Several years after the war, he noticed a decrease in his hearing, a common occurrence among pilots. This soon grounded him from flying. He continued his military career in personnel and learned to read lips while still in the military.

Johanson first learned of cochlear implants from his community senior citizen group. After discussions and testing with Nancy Cambron, Audiologist, and Dr. George Gates, M.D., Director of the UW Virginia Merrill Bloedel Hearing Research Center, and Otolaryngologist at VA Puget Sound Health Care System, he was deemed an excellent candidate for the procedure.

In November, Johanson underwent a successful left cochlear implant and had to “re-learn how to hear” through the implant components. Electronic hearing loses the inflection/texture of everyday speech and as a result some meaning is lost. Within a month he was able to hear Cambron’s voice, loud and clear. “It’s a miracle!” he exclaimed.

He is looking forward to sharing his 1940’s-era collection of music with others in his community as well as participating in volunteer work.

Johanson retired as a full colonel from the U.S. Air Force in 1970. He graduated from the University of Puget Sound in 1972 with a degree in Occupational Therapy. He is currently retired and lives in the Tacoma area with Elaine, his wife of 54 years. They have two children and four grandchildren. ♻



Alvin Johanson in 1942.



Alvin Johanson today.

Budget Update (cont'd.)

There is good news: Insurance collections, which the facility now gets to keep, have increased this year, due to hard work on the part of many staff. And although the rest of the year looks tight, we can see that the actions taken by Service Line Leaders are having an impact, and we believe we can get through this year without major changes to our patient-care programs. Many VA

facilities elsewhere have asked for and received approval for Reductions In Force (lay-offs) this year. We have not had to do that.

Next year is still something of an unknown for us. The President has proposed funding that will continue the flat-line budget into its fourth year. The Executive Board is working to prepare

for this scenario should it occur. It will probably involve program and service cuts. But we also know that both the House and the Senate have proposed VA budgets significantly higher than the President. Regardless of the budget we end up with, our commitment to patients and to staff is steadfast: To provide quality care, and to treat our employees with respect and caring. ♡

MS Support Group Meets

Twenty-five veterans and their caregivers attended the first Multiple Sclerosis Support Group (February 1999) as part of the expanded program offered by Rehabilitation Care Services. The group includes veterans, VA staff, members of the Paralyzed Veterans of America (PVA), and the National MS Society. Meetings are held monthly at VA Puget Sound from Noon to 1:00 p.m., each first and third Wednesday. For more information contact Steve Felton, Rehabilitation Care Services, at 768-5462. ♡

In Our Next Issue:

JCAHO Visits!

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has just completed its tri-annual survey of VA Puget Sound. The surveyors evaluated several departments during their week-long stay and were very complimentary of the care we provide.

Customer Service Council

This council was formed in late summer 1998 and replaces the Quality Council, which was in existence since July 1988. Look for more information on the Customer Service Council in the VA News summer 1999 issue.

HAND in HAND Award

Congratulations goes to Frankie Manning, RN, Nurse Executive, VA Puget Sound and the Asa Mercer Middle School Partners Program for receiving the HAND in HAND award. This award recognizes the program's work training students and linking generations for a better community. The award was presented on May 5, 1999 by Generations United at its 7th Annual Awards Program at the Seattle Center House.

The students learn health-care skills during 48 hours of training, while helping veterans after school and during the summer. The program is open to students 14 to 17 years old. ♡



Elaine Woo practices health-care skills.

Back Issues of VA Puget Sound News are available on the VA Puget Sound Web Site

VA Puget Sound NEWS

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