

CARES Plans For Future Health Care Needs of Veterans

Veterans Integrated Service Network, VISN 20, which includes VA Puget Sound Health Care System, is in the early stages of a new VA planning initiative designed to ensure that health care needs of veterans are met now and in the future.

VA announced the beginning of this initiative, Capital Assets Realignment for Enhanced Services (CARES II), on June 6, 2002. The first phase of CARES (CARES I) was carried out in VISN 12—the Chicago area, Wisconsin and the Upper Peninsula of Michigan—and was completed in February. As a result of CARES I, four additional community-based outpatient clinics are planned in Wisconsin, Illinois and Michigan. Nursing home beds in Wisconsin will be dispersed, improving veteran access to long-term care. While inpatient services eventually will be shifted from one VA hospital in Chicago to another only six miles away, a large multi-specialty outpatient clinic will remain at the former hospital site.

Phase II of CARES will include the rest of the VA health care system across the country. Twenty-two network teams

(called VISNs) are beginning to collect data and facility information for planning initiatives designed to provide the best care for veterans. To ensure objectivity and consistency, this process will be standardized across the country.

Communication is a vital part of the CARES II decision process. At critical junctures throughout CARES planning, we will brief stake holders, including veterans, employees, unions, Congressional delegations and academic affiliates, and will solicit and respond to their comments and suggestions.

Once CARES II is completed, an independent commission appointed by Secretary Principi will evaluate the National CARES plan. The Secretary is expected to make his final CARES II announcement in late 2003.

More information on CARES will soon be available on the Puget Sound web site at: <http://www.puget-sound.med.va.gov>

Or you can visit the VISN 20 web site <http://vhav20web1/visn20>, or the national CARES site at <http://www.va.gov/CARES>.



What CARES Means to Us

Elsewhere in this issue, you will read about a process called CARES that will establish a plan for how we provide care to veterans into the future. It's all about looking at our existing buildings and figuring out if they are what we will need 10 or 20 years in the future to provide good access to veterans needing our services, or if we should plan to close some, build others, or add access points in other communities. How will this affect VA Puget Sound Health Care System?



*Sandy J. Nielsen
Deputy Director*

VA Central Office (VACO) will be meeting with VISN 20 (Washington, Alaska, Oregon and Idaho) representatives in early November to agree on the issues for which VA Puget Sound will need to develop plans. Although we will not know officially until then, here are some of the things we think they may ask us:

- Plan to expand primary care either at the two divisions or through clinics in the community
- Determine the most cost effective/clinically beneficial means of providing inpatient care to veterans in the South Sound
- Determine the most cost effective method for moving nursing home patients at American Lake into a modern VA nursing home environment

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Treating PTSD

Biology of PTSD – looks at abnormal stress hormone levels and genetic (inherited) factors in patients with PTSD.

Treatment of PTSD – targets medications and/or counseling for specific symptoms. Research includes treatment of nightmares by regulating adrenaline in the nervous system; development of specialized group therapy programs; relationship between PTSD symptoms and alcohol abuse/nicotine dependence.

Health Needs of Women Veterans – women veterans frequently suffer from PTSD as a result of sexual assault or service duties. Research targets safety/self-defense skills, mental and physical health for traumatized patients.

Needs of Gulf War Veterans – PTSD and multiple physical symptoms are distressing problems for many Gulf War veterans. Current studies examine the role of exercise, psychotherapy, and medical-mental health care.

For more information contact Dr. Miles McFall, (206) 764-2177.

Helping Veterans with PTSD

Johnny Banks and Larry Scott are two of the thousands of veterans and other trauma survivors who suffer from PTSD-related nightmares. They are members of a veterans PTSD support group that meets weekly with Dr. Murray Raskind at VA Puget Sound's Seattle Division.

Banks, a 53-year old retired longshoreman, spent most of his tour in Vietnam near Chu Lai in an artillery unit that fired long-range 105-mm howitzers from behind the front lines. Sometimes the plan to scare off a herd of elephants resulted in the herd actually being hit. Sometimes the shells would miss their intended target and hit a village with women and children. These are two of several recurring nightmares Banks has had since he left Vietnam in 1968. Rarely would he get more than 2-1/2 to 3 hours of sleep per night suffering sweats, panting, and sometimes combativeness. The lack of sleep affected his ability to carry out even the most basic activities of daily living. Since he started taking prazosin, his nightmares dropped from 2-3

per night to 5-6 per week, and he now is able to sleep about 4-1/2 hours per night.

Larry Scott, a 55-year welder, was a Navy Seabee during one of the most intense battles of the Vietnam conflict. During the 2-1/2 month siege at Khe San, his unit endured heaving shelling. In the years since, he would awaken in panic and dive for cover, certain that Vietcong soldiers were about to burst into his room. He says that prazosin has quieted his dreams and reduced their frequency. He is now better able to handle his nightmares without resorting to alcohol.

Both expect to deal with their war experiences the rest of their lives, but prazosin has definitely improved the quality of their lives and the severity of their PTSD nightmares.

Blood Pressure Medicine Treats PTSD Nightmares

A medication long used for lowering blood pressure has proved to be effective treating PTSD, or trauma-related nightmares according to Dr. Murray Raskind, executive director, Mental Health Service Line, at VA Puget Sound, and professor of Psychiatry at University of Washington School of Medicine.

The dreams suffered by these veterans and others with PTSD were disruptive enough to leave the patients sleep-deprived and anxiety ridden. Oftentimes they would awaken in a fight-or-flight mode, disoriented, and occasionally attacking

their partners. But as Dr. Raskind also points out, non-combat traumas such as murder and physical and sexual abuse can also trigger PTSD episodes/nightmares.

Raskind's patients tried all sorts of medications including anti-depressants, anti-anxiety drugs and sleep aids in an effort to stop or reduce the nightmares. The only drug that seemed to help was alcohol, but it aggravated other problems.

After an extensive literature search, Raskind learned that the body releases adrenaline during PTSD nightmares. This

differs from ordinary dreams that occur during deep sleep when adrenaline production is shut down. He recalled his early days in medicine when prazosin was used to lower blood pressure by blocking the effect of adrenaline on blood vessels. Further, he knew it was one of the few drugs that could pass through to the brain.

A number of veterans with PTSD have benefited from prazosin. Raskind's early results are quite promising for many of those who suffer debilitating effects of PTSD-related nightmares.

Veterans

OUR FAMILY, OUR FRIENDS

Letters from Veterans

Dear Vice President Cheney,

This past week, the “Heart Dragon” attacked and blocked my coronary arteries. My symptoms were somewhat confusing, because I thought that I was just another victim of the visiting summer flu bug...tight chest, no energy and hot head. Being black with a family history of hypertension, I have been a faithful vegetarian for the last thirty years. I dreaded the idea of having a heart attack in a Federal Veterans Hospital. Hence, the reason for this appeal to you. I hear that you’ve been down this road a few times yourself.

Mr. Vice President, I need you to make public a well-kept secret...Seattle’s Veterans Hospital has bonded together a team of state-of-the-art professional caregivers who care and act like family.

During my stay in the Cardiac Care Unit, I felt and saw how these professionals performed. A main floor emergency room nurse who on her lunch break a day later came up to the 4th floor to just say hello and remind me with profound sincerity that she knew “someone up there is looking out for you.” Or, Dr. Morantes who commanded, “I’ve got a hunch that we need to put you in a wheelchair and get to emergency room right now! No you may not walk, Sir!” Not withstanding, a couple of neat and bright kids whose ID’s you need to check.

This dedicated crew needs to be showered with the recognition they have earned and rightly deserve. As a team, they do go the extra mile. This hospital is “Showtime with Compassion and Concern” tossed in, as it’s daily mission. In truth they do their part to help make America, the Beautiful. I cannot thank and hug them all, but you or your boss can and must, not for me, but in the memory of the many troops they have diligently cared for past, present and future. Mr. Vice President, They are the heroes.

A grateful veteran

Attention: Mr. Williams,

My brother was a patient in your hospital for approximately two months this past summer, until the day he passed away.

I wanted to express my gratitude and appreciation to the hospital, priest, doctors, surgeons and MICU staff for everything they did to maintain my brother’s life. He had been struggling with his health for a long time. The staff was so considerate and kind with every phone call that I made to them, checking on my brother and every visit that I made to the MICU, they answered all my questions. Very patient, as I know I asked a lot of questions. And they were totally receptive.

The care, concern, regards and in a sense, a bonding that occurs between family, patients and staff is truly amazing. I wanted to express to everyone who in some way touched my life and was involved in the care of my brother, you did a tremendous job. My brother could not have been in better care.

He is in God’s hands now and I am truly grateful for everything.

Sincerely yours,

A veterans sister

Quality in Action

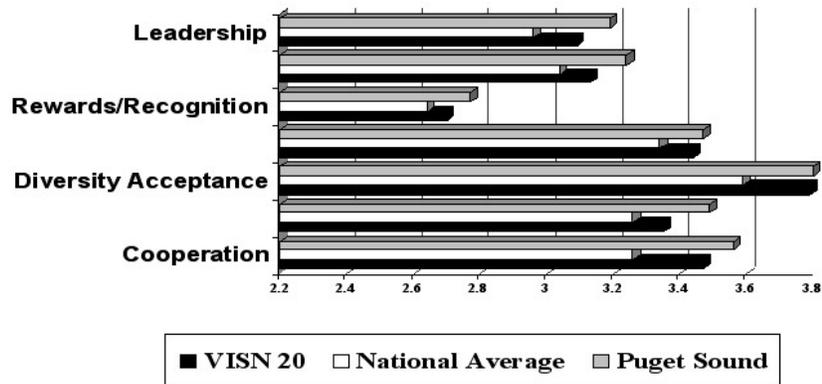
Quality

Satisfaction Survey Results are in

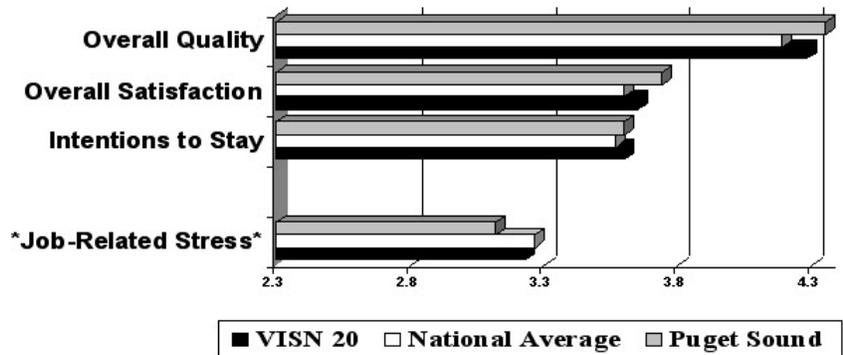
Last fall, employees were asked by the Secretary of the Department of Veterans Affairs to complete a survey asking how they felt about working for VA. Of all the VA facilities participating in this survey, employees at VA Puget Sound scored higher than the VA national average, indicating that VA Puget Sound employees are more satisfied with their employment than other VA employees across the nation. Thirteen factors were scored. The only factor that indicated VA Puget Sound employees were not as satisfied as other VA employees was the “pay satisfaction” factor. Within VISN 20 VA Puget Sound employees had one of the top two scores in their view of overall quality and satisfaction.

VA Puget Sound Health Care System has worked hard over the years to create an environment for employees that empowers and inspires excellence. By emphasizing teamwork, respect, compassion, courtesy, commitment, and trust, VA Puget Sound leadership has put resources into helping employees perfect their skills. Employees have been recognized and rewarded for their accomplishments. These survey scores tell us that VA Puget Sound is on the right track. Thank you for the excellence you bring every day in taking care of veterans.

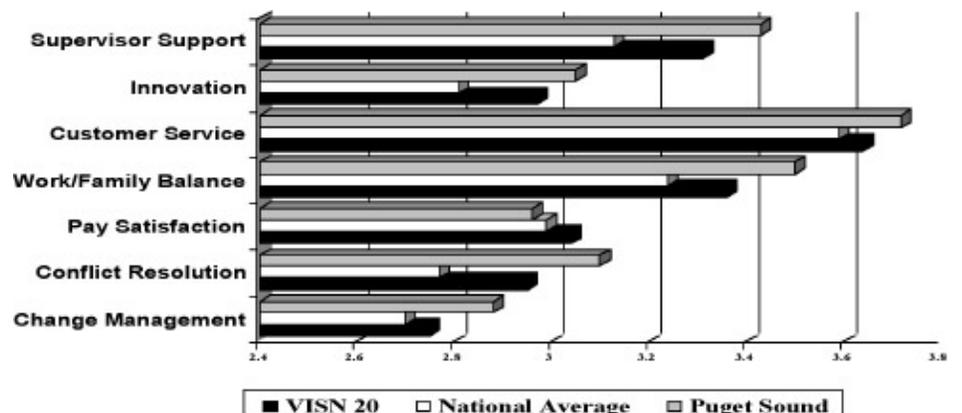
If you want to see more specific results of the survey, check out the website - <http://vaww.va.gov/succession/>



Outcomes: VISN 20 vs. Best Practices & National Average



Satisfaction: VISN 20 vs. Best Practices & National Average



Preventive Health Care

The flu puts 114,000 people in the hospital each year in the U.S. Each year over 20,000 people in the U.S. die because of the flu – most are over 65 years of age. More people die from the flu than from any other vaccine-preventable disease.

Patients and employees are encouraged to get their flu shots to protect themselves, their families and co-workers. Flu shots will not be given on weekends.

Beginning Monday, November 4th, patients will be able to obtain flu shots in clinic areas: EAST Clinic Wednesdays

only 8:30 am – 4:00 pm; WEST Clinic M-F 8:30 am – 4:00 pm or GIMC Clinic (GIMC patients only) 8:30 am – 4:00 pm. Questions may be directed to 1-800-329-8387 or (206) 764-2306.

Employees can go to Employee Health Clinics at both divisions between 8:30 a.m. and 4:00 p.m. Other arrangements may be made by calling Employee Health: American Lake, extension 7-1161, or Seattle, extension 6-6710.



Identifying Risk and Early Intervention

Studies in the mid-eighties indicated that up to thirty percent of all patients admitted to hospitals in the US had problems with alcohol. By identifying only those patients with severe alcohol problems, the medical field was missing the opportunity to intervene earlier with patients whose drinking was less severe but still put them at high risk for future problems.

Using a brief screening tool, primary care providers have found they can identify high risk patients and initiate early intervention.

Care providers use Motivational Interviewing to increase a client's awareness of their problem with alcohol and to identify the discrepancies between their current behavior and their life goals.

Alcohol withdrawal is a potentially fatal condition and can be a major problem when someone is admitted to the hospital for surgery or another medical condition.

VA Puget Sound has developed a policy to guide treatment of veteran patients with alcohol dependence during withdrawal and when admitted to the hospital for other health conditions.

VA Puget Sound has been using a "symptom-triggered" tool, (Clinical Institute Withdrawal Assessment) for the past five years on wards 6 East and 7 West with great success. The new policy expands the use of the tool and procedures to all medical and surgical areas.

Alcohol dependence is a disease that requires careful and timely treatment. One goal of this new policy is early identification of patients with the potential to experience alcohol withdrawal while they are in the hospital.

Upon admission, patients will now be asked about their alcohol consumption and may receive a Breathalyzer test. This is necessary to ensure that safe doses of medication are given and to prevent the likelihood of a dangerous interaction between alcohol and other prescribed drugs. This guarantees the safest environment for both patients and staff.

IN THE NEWS

VA Extended Care Program

Department of Veterans Affairs announced that some veterans without service-related medical problems will be charged new co-payments for extended care. The co-payments will be individually calculated and based on the veteran's ability to pay.

Veterans in any one of three categories listed below will not be required to make extended-care co-payments:

- Veterans with any compensable service connected disability
- Veterans whose incomes are below the VA single pension level
- Veterans who have received extended care from VA continuously since November, 1999

Billing for the new co-payments began July 2002. Under the new regulations, veterans will get the first 21 days at no charge in any 12-month period. After that, the maximum veterans would pay is:

- \$97 for each day of nursing home care,
- \$15 for each day of adult day health care,
- \$5 for each day of domiciliary care,
- \$97 for each day of institutional respite care,
- \$15 for each day of non-institutional respite care,
- \$97 for each day of institutional geriatric evaluation,
- \$15 for each day of non-institutional geriatric evaluation.

A formula will be used to determine individual co-payments, with amounts varying from veteran to veteran. Among the factors used to establish the co-payment will be veteran's income, expenses and assets, as well as a daily \$20 allowance.

All of these measures are part of VA's commitment to provide a treatment plan customized to each veteran's health care needs. For more information, please call 1-800-329-8387, extension 6-2500 or 6-2694; or log on to the website: www.va.gov/elig

Long-term Care Insurance

Long-term Care Insurance is available for federal employees, established through Public Law 106-265. As costs for nursing homes and in-home care continue to escalate, the availability of Long-Term Care Insurance offers some financial relief for these expenses. Two firms (Metropolitan Life Insurance Company and John Hancock Life Insurance Company) offer this coverage. Costs are variable, depending on age and level of coverage. The insurance is separate and independent from any health or life insurance employees may currently have. Open season for application continues through December 2002. Visit the Office of Personnel Management website at www.opm.gov/insure/ltc or contact HRMS for more information.

HIM Professional of the Year



Dale Gaudio

Dale Gaudio was recently named by Department of Veterans Affairs as The 2002 Health Information Management (HIM) Professional of the Year. The award cited his exceptional service to the HIM profession. He has passed a number of rigorous certification exams that underscore his dedication to continuous education. Susan Helbig, HIMS manager for VA Puget Sound, adds that Gaudio "is a nationally acknowledged subject matter expert who demonstrates leadership in the areas of compliance, coding and HIM education. He is a valuable resource to his HIM colleagues and VA Puget Sound. This is a well-deserved award."

Director Gets New Hat

Seattle is now home to 147 federal agencies, each dealing with issues far more complex than those President Kennedy first envisioned when he established the Federal Executive Board (FEB) in 1961.

Approximately 84 percent of all federal employees work outside the nation's capital. "Decisions affecting the expenditure of billions of dollars are made in the field," states Timothy B. Williams, director of VA Puget Sound, and incoming chair of the Seattle Federal Executive Board. He adds, "In the current climate, it is even more important to have a shared vision of public service, and a clearly defined mission through our federal agencies."

As the chair of the FEB, Williams will provide oversight and direction to the committees working under Seattle FEB to support even greater collaboration within the federal community. Williams adds, "The need for effective coordination among federal departments and agencies is still very clear to provide closer coordination among federal agencies outside Washington, DC, and to serve as regional hubs for all government activity around five key themes:

- Communication - FEBs inform member agencies of each other's initiatives and successes, and inform the local community of national policies and priorities.
- Reduction of Costs and Improve Efficiency - FEBs bring together agencies with common goals so that



their efforts are complementary.

- Facilitation of Service Delivery - FEBs draw together agencies with common clients so that government services are convenient for the customers.
- Partnering with Community Groups - FEBs team up with community groups to solve problems.
- Coordination of Emergency Services - FEBs stand ready to marshal resources of the entire federal community, whether to aid a member agency in a crisis, or to assist the citizenry in a public emergency.

CFC campaigns underway!



The 2002 Combined Federal Campaign is now underway, October 15 - November 15, 2002. This year's theme is, "Dare to Care!" Last year, VA Puget Sound staff raised over \$200,000 for agencies supported by the King and Pierce County Combined Federal Campaign (CFC). An increased level of participation helped VA Puget Sound exceed its goals last year. As a result, VA Puget Sound was recognized as one of the top fund-raising federal agencies thanks to employees' generosity. This year's campaign co-chairs hope to surpass last year's success.

Division co-chairs for 2002 are: Dorothy Inocentes and Michele Huber at American Lake, and Dan Longosky and Tanya Henman in Seattle. Loaned Executives this year are: 1st Lt. Chris Randle of the Washington Air National Guard at American Lake; and Manuela Oellermann, from the Social Security Administration (SSA) in Seattle.

New Top Cop Takes the Helm

Gerald (Ed) Casey joins VA Puget Sound Health Care

System as the new Police Chief. Chief Casey's background includes 12 years with the Seattle Police Department, as well as subsequent positions with the Adams County Sheriff's Department and the Federal Air Marshal Program. Welcome aboard!



Ed Casey

Director Receives Presidential Rank Award



For the second time in his career, Timothy B. Williams has been recognized with The Meritorious Executive award given for long-term accomplishments. Each year, the federal government recognizes and celebrates a small group of career Senior Executives with the Presidential Rank Award. Winners of this prestigious award are strong leaders who achieve results and consistently demonstrate strength, integrity, industry and a relentless commitment to excellence in public service. Award winners are chosen through a rigorous selection process. They are nominated by their agency heads, evaluated by boards of private citizens, and approved by the President. The evaluation criteria focus on the executive's leadership, vision and results.

NW Network

New Visn 20 Network Director Named

On August 23, 2002, the Deputy Undersecretary for Health for Operations and Management announced the appointment of Leslie Burger, M.D., as the new Network Director for the Veterans Integrated Service Network, VISN 20.

Dr. Burger has served as the Acting Network Director since the retirement of Dr. Wm. Ted Gale, the previous Network Director. Dr. Burger had been the Clinical Manager for VISN 20. Prior to his appointment as Clinical Manager, he served for 33 years as a Medical Corps Officer in the United States Army, retiring as a Major General. His last assignment on active duty was Commander, North Atlantic Regional Medical Command and Walter Reed Army Medical Center, Washington DC. Dr. Burger's vast experience includes numerous academic, leadership, and upper level management positions.

In a message to employees, Dr. Burger said, "It is a reminder to me that it is the people in any organization who accomplish the tasks set before it. Promoting the happiness, success, quality of life, and professional development of the members

of the organization is the surest way to guarantee success in accomplishing the mission. And so, as Network Director, I pledge to you my complete support of you and your efforts to accomplish our tasks. I look forward to working with you in the months and years ahead."



Leslie Burger, M.D.

NW Network Pain Management via Telemedicine

Specialists at VA Puget Sound and Portland VA Medical Center offer a new forum on Pain Management to clinicians throughout the Northwest Network. "The monthly sessions use short didactic lectures and case-based discussions to enhance providers' skills in managing chronic pain treatment," says Charles Chabal, M.D., program director.

"Chronic Pain is a complex problem. It affects a patient's quality of life, including sleep, mood, social relationships and recreation. Providers want to know management strategies for this complex issue."

Other team members are Louis Jacobson,

M.D., staff anesthesiologist at VA Puget Sound; clinical psychologists Mark Hawley, Ph.D., and Anthony Mariano, Ph.D., VA Puget Sound, and David Greaves, Ph.D., Portland VA Medical Center. Also consulting are Barbara Carrara, RN, and Mary Ann Corman, RN, Spokane VA Medical Center. VA facilities joining in the conferences are American Lake, Anchorage, Portland, Roseburg, Spokane, White City and Community Based Outpatient Clinics in Oregon at Bandon and Eugene.

For more information contact: Telemedicine Initiative: Chuck Chabal, M.D. at (206) 764-2854.

(CARES continued from page 8)

And here are a couple of things that we would like to argue to have on the list:

- Expand and modernize research space
- Expand access to outpatient specialty care

Once VACO and VISN 20 agree on the issues to be addressed, VA Puget Sound will have until the end of February 2003 to develop plans to address the issues. These will then go through several levels of review in Central Office before going to the Secretary of Veterans Affairs for final approval or disapproval next Fall.

We will keep you informed as we work our way through this process.



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