

VA Puget Sound

Proudly Serving
Veterans of the
Northwest

NEWS

VA Puget Sound Health Care System

American Lake & Seattle

Winter 2003

Expanded Partnership



Leslie M. Burger, MD, FACP, Brig. Gen. Michael A. Dunn, MD,
Timothy B. Williams, Director

VA Puget Sound and Madigan Army Medical Center have a long-standing relationship. 2004 marks the beginning of a new venture. The American Lake Division's Inpatient Medical 15 bed care unit has moved to Madigan. VA patients will still continue to report to American Lake's ER/Urgent Care 24 hours per day, seven days per week. Admissions to Madigan will be pre-authorized by the VA via the ER or through a clinic assessment by a VA provider.

Through news stories and Town Meetings, we have shared the process for a seamless transition. Patients will be transported to Madigan, family members and loved ones will be provided with gate instructions. A designated Social Worker will help coordinate care for VA patients at Madigan.

VA staff will be integrated together with Madigan staff. Those reassigned to MAMC, will continue their VA pay & benefits. Our goal is to improve the

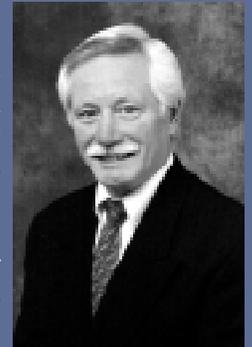
coordination, efficiency, and effectiveness of care between the VA and Madigan for 5,000 dual eligible patients who receive care from both organizations. Additionally, we will enhance Graduate Medical Education programs and readiness at Madigan by a higher flow of complex inpatient patients.

It is important to remember that only inpatient medicine will move to Madigan. All other clinical care programs in place at American Lake will continue to function as they have in the past. For additional information, employees will be able to find guidance on our web site and through service line discussions about these changes. Veterans and their families can obtain pamphlets through Social Work at the time they are referred to Madigan by VA Puget Sound.

For more information view website:
<http://vaww.puget-sound.med.va.gov/>

My HealthVet

Over the years, the use of technology has made it easy for the VA to consistently increase services to our veterans. Now, technology is making it easier to place veterans at the center of their VA health care with the launch of a new



Timothy B. Williams,
Director

VA Web portal, My HealthVet. My HealthVet is a giant leap forward not only in technology, but also in the way health care is practiced today. Today's health care is more of a partnership between the patients and the providers. My HealthVet can be utilized by veterans in the comfort of their own home, and is also accessible from any computer with Internet access. My HealthVet is designed to allow our veterans, their advocates, and their family members access to one-stop shopping for VA benefits, special programs, health information and services, and a commercial health education library that will provide them with up-to-date information about medications and conditions, tools for measuring their health status, a prescription checker, and the latest health news.

November 11, 2003, Veteran's Day, was the official kick-off of Phase I of My HealthVet. Phase I provides our veterans with online access to explore health topics, research diseases and conditions, learn about veteran-specific conditions,

(Continued on page 12)

Making a difference

Making a

Clarence 'Ed' Orr

Clarence 'Ed' Orr was twenty-three years old and had been in Vietnam only a few months when a civilian reporter from the San Diego Times observed him drawing and recognized his talent. After the newsman reported his find to the Naval Command in Da-Nang, Orr was assigned to the Navy's Public Affairs Department. He spent the next three years as the only in-country Navy photographer/artist assigned to portray the Navy's role in Vietnam through his art. He served three tours in Vietnam from 1966-1968. His work has been published in both military and civilian periodicals.



Clarence 'Ed' Orr and Timothy B. Williams, Director

More than thirty years later, Orr's talent has been recognized again. His drawing, "The Grenadier," won first place in the Special Commemorative Category, "The Vietnam Experience," at the National Veterans Creative Arts Festival in October 2000. Orr has since reproduced his drawing in bronze. On October 23rd he donated this bronze relief of his award winning drawing to VA Puget Sound Health Care System. It is on display in the main lobby of the Seattle division for all our veterans, staff, and visitors to appreciate.

Orr says, "The Grenadier" symbolizes the burden that I carry from the war." He has dedicated this drawing to his friend Paul Tuzzolino, the soldier depicted in the drawing. Because Orr suffers from Post Traumatic Stress Disorder related to his experiences in Vietnam, he has been unable to pursue a career in art as a civilian.



"The Grenadier"

Difference

Services Leading Way in Unified Patient Care

Working together to meet complex medical/psychiatric needs for patients has many challenges, but with coordinated care and team involvement, patients have excellent outcomes.

Collaboration between two very diverse units, Inpatient Psychiatry and Spinal Cord Injury (SCI), has provided a unified approach as well as improved continuity of care of veterans. These two teams have pulled together resources to ensure that veterans with spinal cord injuries and who have significant needs for concerted psychiatry intervention receive coordinated nursing and medical care. Upon admittance to inpatient psychiatry and after an initial dual-team conference, the SCI team of nurses, along with the psychologist, physician and social worker continue to consult daily with patients and providers on the inpatient psychiatry wards.

Suicide is a leading cause of death in the SCI population. Depression and other complex psychological issues are frequent. Paving the way to improved comprehensive intervention for veterans with psychological needs and spinal cord injuries is an important accomplishment for VA Puget Sound, as well as enhancing the quality of life for these veterans.

Generosity Makes A Difference



Employees at VA Puget Sound made this year's Combined Federal Campaign (CFC) a huge success. The American Lake Division raised \$50,176 and Seattle Division topped \$197,973 for a Grand Total of \$248,149 – exceeding last year's mark by a mile!

This campaign was successful because of the tremendous efforts of our key workers. A special thank you to campaign Co-Chairs, at American Lake: Susan McLean, Sherri Bauch, and Leslie Brundige; and in Seattle: Susan Brooks and Bert Landreth. Also, special thanks to our loaned executives, Andrea Madison, Madigan Army Medical Center at American Lake; and in Seattle, Jerry Gray from the U.S. Army Corps of Engineers. All employees participating this year should be extremely proud of the impact their giving will make in our communities. No matter the amount – You Have Made A Difference! Thank you!

'Twas the Season

Employees in Nutrition and Food Services (N&FS) at the American Lake Division continued their annual holiday tradition of collecting non-perishable food items for local food banks. Last season they collected 300 pounds of food. Since more charities were in need of support, the N&FS employees started silent auction baskets and raffles for donated items to collect more money for local charities. Employees created baskets from miscellaneous items that they have found or created at home. Last year \$240 was raised for two charities. This year the tradition continued with added significance. Two N&FS employees have been activated with their National Guard units. The N&FS staff will be adding these employees to their list by making homemade treats, collecting books and assembling other items of cheer to support them.

Patient Gift Shop



Shoppers select their gifts

For over 50 years, the American Legion Auxiliary has sponsored a 'Patient Gift Shop' at VA Puget Sound Health Care System. In 2003, 433 hospitalized veterans were able to personally select holiday gifts for their families, without cost to them, thanks to the generous contributions of the Auxiliary.

Quality i

Quality i

Nurse Staffing and Patient Outcomes in VA

Health care managers around the country are looking for ways to recruit and retain good nurses. They are also working to create guidelines for using their current nursing staff efficiently and effectively. Making the best decisions about staffing requires reliable data on nurse satisfaction, and the health and satisfaction of hospitalized patients and on the impact of nurses on the organization.

Anne E. Sales, PhD, RN, and her research team at VA Puget Sound are studying this issue with a Health Services Research and Development-funded project “Nurse Staffing and Patient Outcomes in VA.” The research includes a survey of nursing staff at 125 VA hospitals to assess the organization of nursing services and staffing practices and to obtain nurses’ opinions on their work environment, quality of care, and job satisfaction. The researchers will compare nursing data with patient outcomes at the nursing unit level, including mortality and complications experienced during and after hospitalization, to identify best practices in nurse staffing.

Hospitals around the country are dealing with shortages of trained nursing personnel, and VA is no exception. By documenting the associations between nurse staffing levels, skill mix, job satisfaction and burnout, and patient outcomes in VA hospitals, this project will help VA find ways to improve nurse recruitment and retention while maintaining high quality patient care.

Bringing Care to Patients at Home

Home Based Primary Care (HBPC) delivers comprehensive care to patients in their homes using an interdisciplinary team approach. The team members include registered nurses, social workers, dietitians, occupational therapists and a physician. The patients have complex chronic medical needs. With an average age of 71, they tend to have between five -ten active medical problems. Historically the registered nurse has been the primary case manager for these patients, coordinating the services with other members of the HBPC team and the primary and specialty providers in the clinics. This model fits the coordination of care concept. Coordinating the care with the primary and specialty providers allowing for a seamless continuity of care for HBPC patients, has been shown to reduce the need for hospitalization or for costly institutional care in a nursing home. This year we added the use of home



telehealth equipment to our program, another important component of care coordination. Use of this technology allows for creative ways to expand our services by admitting more patients and expanding the geographical area we can serve. For more information about Home Based care contact Denise Shea at (206) 764-2173.

Patient Annual Information Review



The Patient Annual Information Review (PAIR) is a helpful tool for health care providers. PAIR is an annual review set up between the veteran- patient and his/her provider.

The purpose is to discuss the veteran’s health care status and concerns. PAIR will spare multiple providers the need to ask the same questions repeatedly of our veterans at clinic appointments and upon

hospitalization. In addition to the usual queries about address changes, allergies, and Living Wills, PAIR asks questions about recent elements that affect the patient’s health care such as recent unintentional weight loss and changes in home living situations and the need for care at home.

PAIR is currently being tested with a small sample of veteran-patients, but the ultimate intent is for PAIR to be used much like the health questionnaire we are all asked to complete annually for our health care needs.

Readiness: Ongoing and Continuous

Readiness means that as a health care network, we will have systems in place to meet the needs and requirements of the many internal, external, oversight and accreditation customers, partners and agencies we are accountable to every day, anytime. It is a philosophy that encourages quality in daily work based on the needs of patients and staff while understanding and incorporating review and regulatory standards.

The VISN 20 Readiness Team recently visited VA Puget Sound Health Care System. The Site Visit Team is made up of experts from other facilities in our VISN. During their visit, the team walked around the facility and spoke with patients, staff and

volunteers. They utilized the new ‘tracer’ methodology to assess our care of veterans. This new methodology traces a patient throughout his/her entire cycle of care at our medical center from beginning to end. One of the goals is to look at communication between areas of the medical center providing care and how transfer of care activities occurs. From patient safety activities it is known that communication of patient needs is an area for ongoing improvement. This methodology is useful to assess our communication practices.

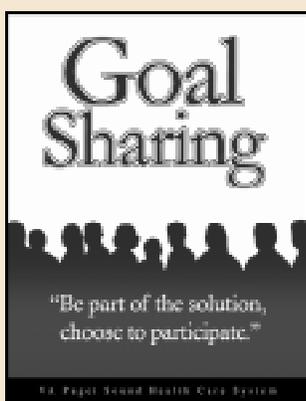
During their visit the team assessed Joint Commission standards and Baldrige criteria of particular interest to VISN 20.

Their goal is to share excellent practices and to improve practices that can be modeled after successes elsewhere. VA Puget Sound is currently working to improve the following:

1. Competency,
2. Pain assessment with a focus on reassessment,
3. Privacy issues, and
4. Patient safety goals.

This is just one of the methods that will help us prepare for our Joint Commission survey that is coming up in 2004.

Team-Oriented Goal Sharing



VA Puget Sound is implementing an innovative staff recognition alternative based on team accomplishment of team-set goals. It is called “Goal Sharing,” and is mutually beneficial for several reasons:

- It aligns the existing awards process with accomplishment of the organization’s goals;
- It empowers teams and fosters teamwork;
- It focuses on participation and accomplishment;
- It benefits all our stakeholders;
- It recognizes and awards team successes at the Gold, Silver, or Bronze level; and
- Participation is voluntary.

To be eligible this fiscal year, goals need to address either:

- Improved resource utilization,
- Improved quality of care or service.

To learn more about it, visit G:/Workgroups/Goalsharing, or contact one of the Goal Sharing Steering Committee members for additional information:

Tim Kruschek, extension 71556
 Keith Himel, extension 71073
 Carla Holland, extension 71118
 Susan Holme, extension 61952
 Don Kelly, extension 62396
 Rudy Kollar, extension 62737
 Steve Linen, extension 62576
 Ellen Martin, extension 62758
 John Park, extension 62090
 Tracy Shewmake, extension 66227

IN THE NEWS

New Women Veterans Program Manager Announced



Jan Buchanan,
MSW, MC

Jan Buchanan, MSW, MC, recently assumed the role of Women Veterans Program Manager for VA Puget Sound Health Care System. Buchanan brings to the position both an extensive social work background and clinical management skills. She was most recently Inpatient Program Manager for Rehabilitation Medicine. Jan can be reached at (206) 764-2441, or by pager: (206) 570-3234. The Women Veterans Program Manager will provide coverage for both the American Lake and Seattle divisions.

Fiscella Becomes Manager for Diagnostic Services



Fred Fiscella

Fred Fiscella has accepted the position of Service Line Manager for Diagnostic Support Service. There he will work closely with Dr. Roberto Nicosia, Director of Pathology/Laboratory Medicine and Dr. John Harley, Director of Radiology. Diagnostic Support Service also includes the IV Therapy Team and Escort Services. Prior to this appointment, Fiscella worked in the Director's Office in a variety of staff assignments. He has previously worked at seven other VA Medical Centers, including San Diego, Long Beach, Coatesville and Dallas.

EEO Office Gets New Manager



Diane Anderson

Welcome, Diane Anderson, EEO Manager. Ms. Anderson has worked with this facility for approximately 3 years in the capacity of EEO Counselor and EEO Investigator with the Office of Resolution Management. Diane was raised in Wisconsin and joined the Army to escape the winters. Diane met her husband Paul while stationed in Germany. She received her undergraduate degree in Business Administration from the University of Maryland, European Division, and law degree from the University of South Carolina School of Law. She was admitted to the Bar in 1995. She re-entered federal service in 1997 as an EEO Compliance Officer with the Department of Labor and then transferred to VA's Office of Resolution Management in 2000. Diane can be reached at extension 62806.

Fast Track Intake Clinic

With thousands of veterans waiting to be enrolled in primary care at both Divisions, VA Puget Sound realized that the normal process of scheduling patients into new appointment slots just was not working. To fast track patients into the system, VA Puget Sound implemented a new process called the "Intake Clinic" to move patients off the wait list and to keep patients from having to ever be on a wait list. Teams consisting of nurse practitioners, pharmacists and nursing staff were created at both sites. These teams were independent of the primary care clinics. From January 2003 to November 2003, over 4330 patients were seen in these Intake Clinics. In that ten-month period, the wait list was reduced from more than 2000 patients to fewer than 200.

The intake team improves the patient flow into primary care by taking a patient's history and conducting a directed exam. In this introductory visit, the preventive screens are addressed, medications are reviewed and dispensed and prescriptions are written for up to six months. The patient is then educated about how to contact Telehealth if any health concerns arise to get an appointment with their new provider or the patient is automatically scheduled into the primary care clinic for a follow-up appointment as clinically appropriate. Questions regarding the Intake Clinic process can be referred to American Lake (253) 582-8440, extension 76567; or Seattle (206) 764-2810.

New Veterans Find Support and Caring Staff

For military men and women, members of Operation Enduring Freedom (OEF) and Iraqi Freedom (OIF), VBA (Veterans Benefits Administration) and VHA (Veterans Health Administration) have formed a partnership to provide a seamless transition from DOD to VHA. They will work together to ensure that our newest veterans will have expedited access to health care services and VA benefits programs.

The VA has taken a lead role in making sure that this next generation of veterans is provided care that will meet their most pressing needs, VA has:

- Developed “Caring for the War Wounded,” a satellite broadcast program that provides timely and relevant information about the anticipated health care needs of returning veterans
- Developed new clinical guidelines for combat veteran health care
- Established a new combat health care program from all deployments to address difficult to diagnose but disabling illnesses, including mental health
- Expanded education on combat health care for VA providers
- Extended Outreach to combat veterans. (There are many new products available to help combat veterans upon their return to civilian life)
- Made improvements in health care eligibility. (Two years of free health care from VA is available for all reservists and active duty personnel who served in designated combat zones in Iraq or Afghanistan)
- Activated a special Depleted Uranium program (VA first developed this protocol to evaluate any suspected exposure to depleted uranium after the 1991 Gulf War)
- Initiated combat veteran health status surveillance (the Gulf War registry remains open to all OIF veterans)

VA and DOD have already begun these processes with the soldiers of the 2122 Medical Hold Unit at Fort Lewis. The VA has learned much from Vietnam and the 1991 Gulf War. A variety of excellent new programs are now in place to provide assistance to combat veterans from OIF and OEF...our newest veterans.

<http://deploymentlink.osd.mil/>
<http://vaww.vsscportal.med.va.gov/rsmtaskforce/>
<http://www.pdhealth.mil/>

AACN/John A. Hartford Foundation Creating Careers in Geriatric Advanced Practice Nursing

In September 2001, the American Association of Colleges of Nursing (AACN) received a \$2 million grant from The John A. Hartford Foundation of New York to promote career opportunities in geriatric advanced practice nursing. Along with providing scholarship monies, a key component of the Creating Careers program is for the schools of nursing to establish or develop stronger links with community partners to solidify the role of the geriatric advanced practice nurse.



Several schools have developed partnerships with organizations that have met this challenge by demonstrating an outstanding commitment to geriatric advanced practice nursing. AACN recognized these exemplary partnerships with the first annual Award for Community Partnerships for Geriatric Nursing Education, including Seattle Pacific University for establishing partnerships with five local agencies, including our own. VA Puget Sound was recognized for providing matching scholarship funds for two students pursuing advanced practice preparation as Gerontology Nurse Practitioners. The staff recognized for establishing the partnership are Frankie Manning, Chief of Nursing Services for VA Puget Sound and Lucille Kelley, Dean SON Seattle Pacific University.

HEALTH TIPS

'TIS THE SEASON FOR COLDS, FLU AND SARS

December 17, 2003 Update: a confirmed case of SARS was reported in a Taiwanese doctor apparently exposed to SARS during an accident at a laboratory where the disease is studied. A number of people are being closely monitored because they may have been in close contact with the doctor while he was ill.

WHAT EVERYONE NEEDS TO KNOW ABOUT SARS

What is SARS?

Severe acute respiratory syndrome (SARS) is a respiratory illness first recognized in Asia during February of 2003. SARS spread to more than two dozen countries over the next few months. The outbreak was eventually contained, but the disease could re-emerge at any time.

What caused the SARS outbreak?

SARS is caused by a virus, named SARS-associated coronavirus, that was previously unknown. Initial cases appeared in China's Guangdong Province. Although similar viruses were found in certain exotic animals sold at markets in this region, the source of the first human cases remains uncertain. SARS proved highly contagious when health care workers or family members came into close contact with patients. The disease then spread to other parts of the world via infected travelers before the outbreak was halted by an intense local, national and international public health response.

The World Health Organization reported that 8,098 people worldwide became sick with SARS during the outbreak, and 774 (about 10%) died. In the United States, 192 cases were reported, and all patients recovered. Most of the U.S. cases were among travelers returning from other parts of the world with the disease. Very few U.S. cases were reported among health-care workers and family members of SARS patients.

What are the symptoms of SARS?

On average, symptoms appear about four to six days after exposure to the virus. SARS usually begins with a high fever—greater than 100.4 degrees. Other symptoms may include chills, headache, malaise, body aches, difficulty breathing and diarrhea—in other words, symptoms like those of many other illnesses. SARS patients, however, usually don't have a runny nose or sore throat. Although about 30 percent have respiratory symptoms from the beginning, most begin to cough from two to seven days after first feeling ill and almost all go on to develop pneumonia.

How does SARS spread?

SARS appears to spread primarily by close person-to-person contact, most readily by large droplets produced when an infected person coughs or sneezes. These droplets can be carried several feet through the air to mucous membranes of the mouth, nose or eyes of persons nearby. The virus also can spread when someone touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose or eyes. Although the virus may persist on surfaces for several days, it is easily killed by standard disinfectants. There is no evidence that SARS can spread more widely through the air or that people without symptoms can transmit the virus.

What does "close contact" mean?

In the context of SARS, close contact means having cared for or lived with someone with SARS or having direct contact with respiratory secretions or body fluids of a patient with SARS. Examples of close contact include kissing or hugging, sharing eating or drinking utensils, talking to someone within three feet and touching someone directly. A key feature of the SARS outbreak was the number of health care workers who were infected in the course of caring for patients who were ill.

What Are Preventive Measures and Treatments for SARS?

A number of public health and personal strategies can help stop the spread of SARS. One of the best personal strategies to prevent spreading any respiratory illness is to remember what our mothers taught us: "Cover your nose and mouth when you cough or sneeze and wash your hands."

Currently, there is no specific treatment for SARS. Antibiotics, effectively used to combat many bacterial infections, cannot kill viruses, and available antiviral agents appear to have no activity against the SARS virus. However, modern hospitals provide excellent supportive care for patients recovering from viral pneumonia. Researchers are testing potential new antiviral agents, and tests of one potential vaccine are already under way in China.

How are public health agencies and hospitals preparing for a potential SARS outbreak?

Public health officials, health care systems and others around the world have responded to the "lessons learned" in last winter's outbreak. They are collaborating to ensure readiness of key elements such as clinicians trained to rapidly recognize potential SARS cases, good hospital infection control practices and fast reporting of cases to public health departments. Infection Control staff are leading SARS preparedness efforts at our Medical Center. You also can find information on SARS preparedness, information for clinicians, guidelines for patients and contacts, latest research findings, etc., on the U.S. Centers for Disease Control and Prevention's SARS web site: <http://www.cdc.gov/ncidod/sars>.

It's not too late ... for YOUR Flu Shot!



You can still benefit from getting a flu shot. We are still offering the Flu Vaccine to unvaccinated individuals (staff, volunteers and patients), throughout the flu season as long as vaccine is still available. Once you get a flu shot, your body makes protective antibodies in about two weeks.

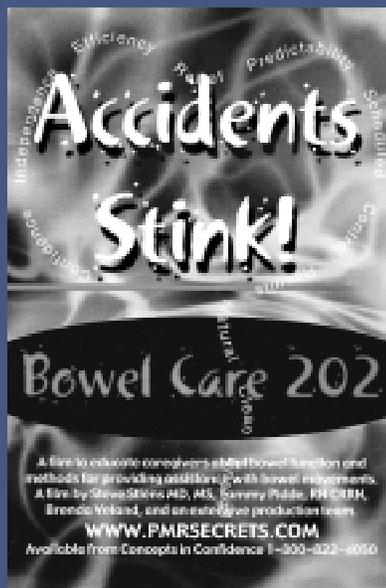
Most flu seasons peak in January or February, so you still have time **TO GET YOUR FLU SHOT!** For more information and the most current suggestions, look for flu and vaccine on this website-<http://www.cdc.gov/>

Other reminders – wash your hands with hot soap and water all the time, never cough or sneeze without covering your mouth and nose, if you are sick, stay home so that you do not spread germs to others. Wipe down phone, door handles, items where airborne contact can be easily spread.

Is it a cold or the flu?

Symptoms	Cold	Flu
Fever	Rare	Characteristic, high (102-104°F); lasts 3-4 days
Headache	Rare	Prominent
General Aches, Pains	Slight	Usual, often severe
Fatigue, Weakness	Quite mild	Can last up to 2-3 weeks
Extreme Exhaustion	Never	Early and prominent
Stuffy Nose	Common	Sometimes
Sneezing	Usual	Sometimes
Sore Throat	Common	Sometimes
Chest Discomfort, Cough	Mild to moderate, hacking cough	Common, can become severe
Complications	Sinus congestion or earache	Bronchitis, pneumonia, can be life-threatening
Prevention	None	Annual vaccination, antiviral medicines—see your doctor
Treatment	Only temporary relief of symptoms	Antiviral medicines—see your doctor

SCI Film Rates as Freddie Award Finalist



Spinal Cord Injury Service at VA Puget Sound has produced an educational video titled, “Accidents Stink! or Bowel Care 202,” that was selected as a finalist in the International Health and Medical Media Awards, also known as the Freddie. This instructional video details specifics about bowel care needs and techniques for persons with spinal cord injury (SCI). “Accidents Stink!” was written to educate both professional and non-professional caregivers in the specific aspects of bowel care for persons with SCI who need dependent bowel care.

The Consortium for Spinal Cord Medicine has determined that living with neurogenic bowel is one of the major challenges of persons living with spinal cord injury. “Accidents Stink!” was produced to help persons living with SCI meet those challenges. The film educates caregivers in the aspects of providing individual care needs with quality consistent information.

“Accidents Stink!” was produced by the VA Puget Sound SCI Video Group: Steven Stiens, MD, MS; Tammy Pidde, RN; Marguerite David, MSW; and Kathleen Chadband, Administrative Officer for VA National SCI. The film was one of only three finalists in the category of “Caregiving.” The other finalists were “Beloved Strangers: Caring for a Loved One with Alzheimer’s,” produced by Aquarius Health Care Videos, and the winning entry, “Dark Victory,” produced by Dateline NBC.

Breakthroughs in Medicine

Unraveling the Mystery of Schizophrenia



Debby Tsung, MD
Andrew David, Research Assistant

Schizophrenia is a disabling mental disorder with a chronic life-long course. Although treatment for schizophrenia has improved over the last decade, the cause is not known, and there is no cure.

Family members of patients with schizophrenia are at increased risk for developing schizophrenia. However, the details of this inheritance are very complicated. Even among identical twins, one twin may get schizophrenia while the other may not. VA Puget Sound psychiatrist

Debby Tsung, M.D., recently received a federal grant aimed at unraveling this genetic mystery. The research project, part of the Consortium on the Genetics of Schizophrenia (COGS), involves the pooled efforts of investigators from seven different universities. A better understanding of how schizophrenia is inherited will help scientists to develop safer and more effective treatments for this devastating illness. For more information, call (206) 277-4595.

Nightmare Drug Works

Murray Raskind, MD, chief psychiatrist and director of Mental Health Services, and his research group, have identified a long-time clinically available drug that often dramatically reduces the nightmares and sleep disturbance that has made nights very difficult for millions of American combat veterans and other veterans with trauma nightmares. Many veterans suffer from persistent nightmares for decades after military service. The nightmares and disturbed sleep are caused by combat and other traumatic military experiences. The drug is prazosin (PRAISE-uh-sin). It has been around in clinical use for medical problems for decades, is very safe and costs less than a penny a day.

Raskind's group has successfully treated hundreds of combat and other veterans with prazosin. It works by blocking excess adrenaline released by the brain at night,

and has been approved since 1970 as a treatment for high blood pressure and enlarged prostate problems. It is not a "sleeping pill;" rather, once you fall asleep you stay asleep normally.

Dr. Raskind recently learned that Inpatient Psychiatrists at Madigan Army Medical Center are using prazosin for the young, healthy soldiers recently sent home from Iraq with PTSD/Acute Stress Disorder symptoms. Raskind's team and the Madigan Psychiatric staff are now cementing this liaison. They hope to save active duty personnel from the trauma of nightmares and disturbed sleep associated with active duty combat.

Dr. Raskind needs veterans who are still suffering from trauma nightmares to help complete the research. He believes that prazosin, in this medical arena, can be a

"life changer" for veterans. If veterans are not interested in research, Dr. Raskind is able to help physicians to prescribe prazosin at the proper dose. For more information, call James O'Connell at (206) 277-3740.

Letters from Our Patients

Dear Director Williams:

Thank you for your recent letter offering your condolences for the loss of my uncle. I wanted to take the opportunity to express my gratitude to all the doctors and nurses at the VA hospital who worked with my uncle during the course of his illness. I also want to thank the chaplain service who gave my uncle spiritual and emotional comfort during the last months of his life.

I also want to express my appreciation for the procedures that VA Puget Sound has implemented in dealing with veterans. I have dealt with many hospitals during the course of my legal career as a trial lawyer. VA Puget Sound has developed into one of the best-organized, responsive and dedicated hospitals in the Seattle area.

Thank you again,
Very truly yours,
A grateful nephew

Dear Mr. Williams:

I have spent 8 of 10 days on 2 West at the Seattle VA hospital. I am a cancer patient with four chemotherapy rotations. Each rotation is 5 days in the hospital. Being a new cancer patient taking chemotherapy, I was a little apprehensive about what to expect. All of the staff on 2 West made for such a pleasant experience that I felt like I had a home away from home on my first stay. I have now completed 3 out of 5 days on my second stay. I continue to be impressed and grateful for the professional and caring treatment that I receive. This appreciation extends from the doctors and managers, to the fine staff that clean the floors and empty the trash. I have noticed the same level of competent care and caring throughout the Seattle and American Lake hospitals, as well as my contacts with the Seattle Regional Office. Whoever is hiring and training your staff is doing an excellent job. Keep up the good work!

Sincerely,
A Veteran

Dear Mr. Principi:

The abuse and over use of superlatives makes it difficult to explain my evaluation and feelings of the subject of care. However, I shall attempt to describe and convey to you my feelings and observations.

The staffs at both of these facilities, not the newest or most modern buildings, emphasizing the American Lake facility, have demonstrated the most caring concern and compassion for those heroes of the United States Military, - Veterans, that I have ever seen or heard. From the "hellos" in the hall, the "can I help you" to the deepest and most sincere effort to provide care and render a cure, if that be possible. These include pickup of medications, "tender" and heart felt listening to problems, after hours phone calls of concern, area decorations for the particular seasons, squeezing in patient visits and not least of all, the absorption of increased workloads resulting from administrative policy changes and not the least the greetings, smiles and nods. It is the whole attitude!!

I am cared for by the American Lake Yellow Team, podiatry, ophthalmology, laboratory, dental, surgery and various related areas. I want to tell you that I HAVE NEVER once heard anything but helping offers and NEVER have heard a disparaging word from a SINGLE staff member or volunteer. I have heard a few "veterans" yip about a wait or an appointment which were in my mind without merit and rude!

Sir, I want you to know that the staff "oozes" care and compassion. These facilities are truly sad and depressing places to visit, not as buildings, but as a result of seeing, I often have to cry myself for the fallen heroes of America, those Veterans who have served their country and paid a very heavy price. However, I take solace in knowing and seeing what these wonderful professional staff members and volunteers do for them. To them I want to say thank you.

Sincerely yours,
A Retired/Disabled Veteran
United States Army

*Focusing on Health
(Continued from page 1)*

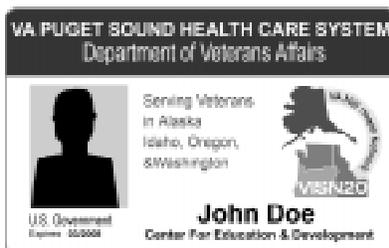
understand medication and treatment options, assess and improve their wellness, view seasonal health reminders, explore a wellness calendar and much more.

In later phases, Summer 2003 Phase II, Fall 2003 Phase III and Winter 2004 Phase IV, My HealtheVet will provide veterans with access to valuable and timesaving services such as self-assessment tools, online prescription refills, self-entered data (excluding self-entered metrics such as blood pressure), the ability to view their next appointment date and time, and the ability to see their co-payment balances. Once My HealtheVet is fully released, Spring 2004 Phase V, veterans will be able to view and maintain a copy of key portions of their secure personal health record from VA's health information system, HealtheVet/VistaA.

Today's health care goal is creating successful partnerships with our patients through information sharing. My HealtheVet will assist us in achieving optimal health goals for our veterans, because an informed patient is a healthier patient.

New VISN 20 Badges Identify Employees

In July 2003, the VISN 20 Executive Leadership Council developed an Identification Badge Hot Team. The Team was charged with creating a new identification badge that would standardize all identification badges throughout the VISN and assure compliance with regulatory and security requirements. The new badge features the VISN 20 logo, acknowledging that each employee/facility is a part of a larger veteran healthcare delivery system.



An implementation plan for Puget Sound employees to receive their new badges is being coordinated with each service line. Badges are being issued starting in December 2003 and we are projecting that all employees will have their new badge by the end of February 2004. There is a process to obtain a new badge and in the

interest of order, we ask that you please be patient and wait until you receive official notice from your service line about your scheduled time to obtain your new badge.

Please remember that all VA Puget Sound and VISN 20 staff are required to wear their identification badges with the photo visible at all times.

In the event of a Threat Level RED, no one will be allowed on site without the proper VA identification. That said, it is important that you take your VA Identification home with you in order to gain access to the facility in the event of a Threat Level RED.

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Comments or future story ideas may be submitted to the VA Puget Sound News Editorial Board via Outlook to Jeri Rowe. All photos for newsletter inclusion must be taken or approved by the Editorial Board.

Back Issues of VA Puget Sound News are available on the VA Puget Sound Web Site
www.Puget-Sound.med.va.gov

Watch where you step!

American Lake will soon see the reopening of the ground floor of Building 85 to new Audiology Clinic and Dental Clinics. Building 85 has been under construction this past year for seismic strengthening as well as modernization of its mechanical systems. Construction will continue through 2004 on the second and third floors. Health Plan Management's business office will occupy the second floor while the Geriatric Research and Education Clinical Care (GRECC) will occupy most of the third floor. These floors should be ready for occupancy sometime in early 2005.

Additionally, Building 6 is currently under seismic renovation and is projected for completion by November 2004. Afterwards this building will house the

Police, Facilities Management, Quality Improvement, the VASH Homeless Program and some other functions. Moving these functions from Building 17 makes it possible for VA Puget Sound to offer this building to the Veterans Benefit Administration (VBA) for their use in providing much needed services to our veterans. This is a collaborative initiative between Veterans Health Administration (VHA) and VBA.

Lastly, Building 61, which houses the Mental Health Outpatient building, is also undergoing seismic renovations. Much of this work will be performed after hours. This project is also projected for completion by November 2004.