

VA Puget Sound

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Northwest

NEWS

VA Puget Sound Health Care System

American Lake & Seattle

Winter 2005

What might VA care look like to a veteran in 10 years?



Excerpts from a National Interview with Dr. Jonathan B. Perlin, MD, PhD, MSHA, FACP Under Secretary for Veterans Health Administration (VHA)

The veteran of tomorrow, the 21st-century veteran will receive 21st-century health care in a 21st-century environment. That includes a contemporary hospital with the latest technologies. But in addition to high tech, it will be high touch, made more personal by those same technologies that help us know what the veteran is in the hospital for.

Much of how VA care will look in the next two decades will be determined by the implementation of the CARES (Capital Assets Realignment [Plan] for Enhanced Services) plan. System-wide enhancements that will result from CARES include improved access, because new facilities will mean more veterans are closer to VA care sites. The veteran will no longer think of health care as the hospital - a system that meets individual needs on individual schedules will be available in the home; his or her health questions will be answered as he or she thinks of them. No patient will ever need an advocate to achieve great outcomes.

VA will have a more modern infrastructure. The CARES plan identifies more than 100 major construction projects in 37 states, the District of Columbia, and Puerto Rico.

Adoption of the CARES plan will also ensure that many smaller construction projects will support an ongoing effort to modernize VA facilities. At the same time, VA will vacate old buildings that have high maintenance and operating costs. These improvements will

help to control costs so that more money can be devoted to caring for patients.

Message from the Network Director



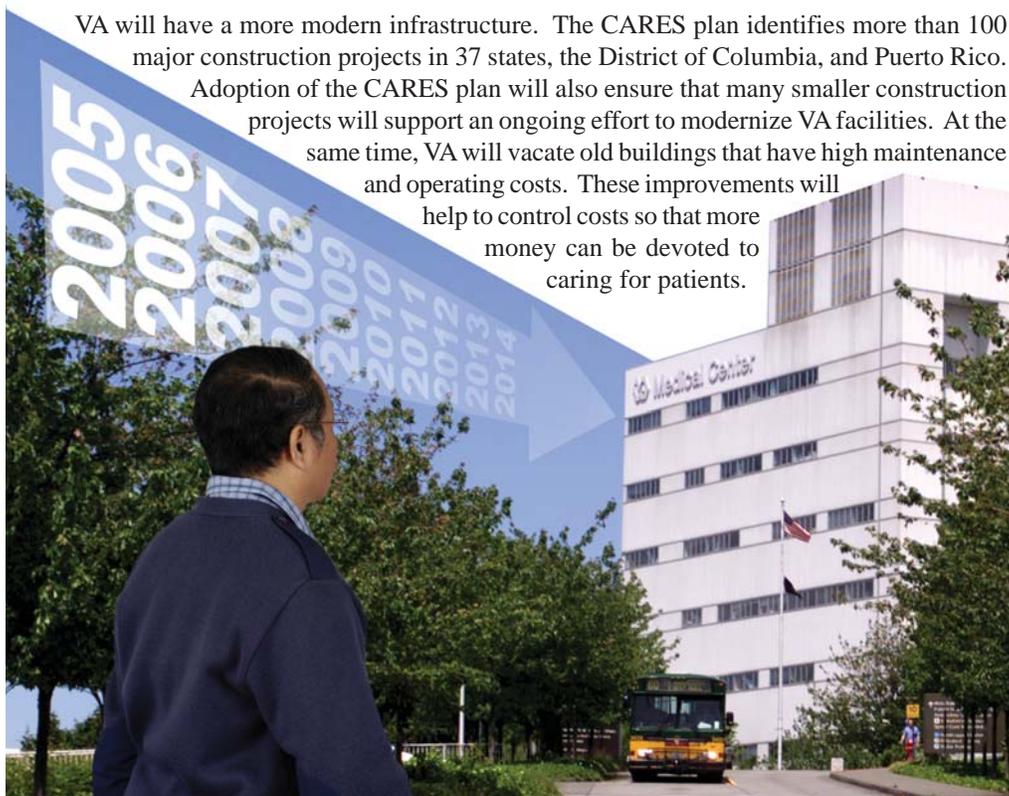
For the past three years, it has been my privilege to lead the magnificent VISN 20 team of over 8300 dedicated and talented individuals. I continue to marvel at our network's accomplishments in direct health care, education, and research. Yours is an enviable record of achievement, a record that is recognized by all our stakeholders, not only our patients.

Today, our nation finds itself engaged in a prolonged war on terrorism. Everyday in VISN 20, we are reminded of the cost of that war in the returning veterans who seek our care. In respect to this great challenge, I will be devoting my time to further the seamless transition process for our nation's newest veterans, by working as a Special Assistant to the Acting Under Secretary for Health.

Ours is a most noble calling; our nation's veterans count on us to be their advocates, and to provide them with the finest health care available, something you do so very well. I look forward to our continued interaction in the months ahead.

Sincerely,

Leslie M. Burger, MD, FACP
Network Director, VISN 20
VA Northwest Health Network



Quality in Action

VA a Model for Electronic Records

Does the electronic record help improve veterans' health? VA has built an electronic super-system that hospitals in all parts of the world are rushing to imitate. You may notice your doctor or other health care provider typing away during your visit. Your notes are being directly entered into your electronic medical record. Reminders, along with automated charts and graphs for blood pressure readings, blood sugar results and so on, appear during your visit.



A new study finds that patients using VA medical services receive better preventive care, especially for chronic conditions, than those patients in the private sector. In other words, VA can standardize care across all the VA health care system to ensure that patients receive the best and most currently accepted medical care possible. Rather than delaying the use of appropriate protocols and treatments based on strong scientific consensus, VA is able to make updates in care decisions and avoid harm to patients. Instead of receiving widely different patterns of care for the same conditions, VA patients now benefit from close communication and information sharing healthcare across the VA's network of healthcare facilities about same conditions. Additionally, the study found that VA patients got better care across the board, including, screening, diagnosis, treatment and follow-up.

VA has led the way by implementing an automated bar code medication administration (BCMA) system that electronically validates medications for inpatients, and ensures that patients receive the correct medication in the correct dose at the correct time. BCMA also alerts staff to potential allergies and adverse reactions. In addition VA has developed an Employee Education System (EES) that allows health care providers to keep up to date with the various electronic tools available in this rapidly changing field.

New Human Subjects Review Committee

VA Puget Sound has established a Human Subjects Review Committee (HSRC) to protect the rights and welfare of human subjects who choose to participate in research studies conducted in collaboration with University of Washington (UW), Boise VAMC and/or VA Puget Sound. Previously, the Investigational Review Board at UW reviewed all research studies involving VA Puget Sound. This oversight is essential to any research program and will cover all studies involving humans

- Whether the subjects are patients, students, staff, faculty or members of the general public;
- Whether the activity occurs in a research program or as an element in an educational program; and/or
- Whether financial support for the activity is provided from non-VA sources or the university.

During the review process, the committee assesses possible conflicts of interest between investigators and the proposed studies to include cost, benefit to the public, scientific merit and risk. Integral to the review process are issues of patient privacy; informed consent forms are scrutinized to ensure integrity, thoroughness and accuracy. VA Puget Sound welcomes the opportunity to enhance and ensure the high quality research it values for its patients and medical community.

Take the **READERS PERCEPTION POLL**

In this issue, you will find a VA Puget Sound Newsletter readers perception poll. This is the first time we have formally asked you, our readers, what you like about the newsletter, what you want to see more of and whether the current newsletter distribution is effective.

The newsletter has evolved over the past several years from just a few pages in black and white to twelve pages in color. In 2004 the newsletter won 2nd place in the national VHA Excellence in Public Affairs Awards. But there is no greater reward than to hear from you our readers!



Please take a few minutes, fill out the survey and return it to the specially marked boxes located in clinic areas. The Editorial Board values your input.

Breakthroughs in Medicine

Foot Care for Diabetes

Did you know that the lifetime risk of developing a foot ulcer if you have diabetes mellitus is estimated to be 15%? Foot ulcers usually occur in those who have neuropathy, a form of diabetes-related nerve damage. These ulcers, especially when they occur in persons with reduced blood flow to the legs, can lead to more serious problems, including lower limb amputation. These diseases are twice as common in people who have diabetes. And the risk increases with age and the duration of diabetes.



Foot ulcers cause substantial discomfort and emotional distress, as well as physical, financial and productivity losses. Together, these dramatically reduce the quality of life. The most costly and feared consequence of a foot ulcer is limb amputation (loss), which occurs 10 to 30 times more often in diabetic persons than in the general population. The most common triggering event leading to this serious outcome is preventable minor foot trauma. This includes such common problems as developing a blister or stubbing a toe. These can lead to an ulcer that won't heal; eventually the ulcer may become infected, and if not treated quickly, may lead to amputation.

The good news is that diabetic foot ulcers are largely preventable. Simple preventive measures can help diabetic persons avoid most of the complications that the ulcer causes. Prevention starts with screening all diabetic patients to determine which of them are at high-risk for ulcerations. This requires both a motivated patient and an effective medical care system. Providers should inquire about factors known to be associated with foot ulcers: previous foot ulceration; prior lower extremity amputation; long duration of having diabetes; poor blood sugar control; and impaired vision. Health care providers need to also inspect feet for structural abnormalities (calluses, hammer toes, bunions, etc.), fungal infections of the skin, reduced joint mobility and proper foot hygiene. This exam should be done at least annually, and more frequently in those identified as being at high risk. In between exams, diabetic patients should examine their feet on a regular basis looking for any foot problems and report these quickly to a health care provider.

There are several things patients can do to reduce the risk of foot ulcers. This includes optimally managing their diabetes (maintaining blood sugar at appropriate levels), not smoking, wearing properly fitted foot wear, avoiding foot injury, properly cutting their toe nails, and seeking medical treatment at the first sign of a problem.

For more information about foot care, patients should contact their primary health care provider.

Technology Makes House Calls



Do you remember the days when you stayed home sick from school or work waiting for that knock on the door? That knock on the door was from your family physician coming to make a house call. It's been several decades since the house call was common; but the need continues even today. Many patients find it difficult to make it to their doctor's appointments for a number of reasons, not the least of which are those relating to geographic or physical barriers. VA Puget Sound cares for patients in some of the most isolated regions of the Pacific Northwest including Alaska. These are locations where, not only is setting up aftercare difficult, but even getting veterans back to their home, is a challenge. Telehealth and telemedicine come to the rescue by using technology to provide health care from a distance.

With telehealth, patients use monitoring equipment at home that sends the data (for example, pulse or blood pressure) to the hospital hundreds of miles away. During telemedicine sessions, patients can actually "see" their provider in real time. This is done by way of a home videophone, or by video conferencing at a nearby Vet Center or Community Based Outpatient Clinic.

Making a difference *Making a Difference*

Nursing Trends

A recent Institute for Health Care Improvement broadcast, "Nursing Care in the 21st Century" described the key characteristic of nursing care:

- Nursing leaders must look within and outside their organization for best practices based on patient outcomes. They must track progress in performance improvement and post the results for all members of the facility to see. They must structure a process for performance improvement to be used whenever the measures fall below standards.
- Patient care units must be designed so that diverse patient needs are met and technology used to its fullest. Accessing supplies and equipment must be made easier-through technology. Communication will have to be enhanced to avoid waits and delays, allowing for safer care.
- Systems for caregiver-to-caregiver communications need to be designed and implemented. Data on quality should be shared, a common set of quality indicators should be developed and a joint process for measuring nursing and physician quality should be agreed upon.
- Preceptors need to be trained and should be nurses with a passion for training others. The availability of professional preceptors provides consistent mentors for staff.
- An admission/discharge position needs to be created to centralize paperwork and free staff nurses to provide care, increasing patient safety and staff satisfaction once the patient is admitted. The Admission/Discharge care manager would initiate measures and assure quality of both the admission and discharge process.

What do these findings mean for VA Puget Sound? Nursing always benchmarks itself against established best practices. And when not in compliance, appropriate steps are taken to reach compliance. The addition of BCMA and Accudose have created safe medication administration. A consultant has been hired to increase the efficiency of CPRS to enhance nurse-physician communication. Preceptor training is routinely provided. Nursing has an Admission/discharge person to expedite patient flow. We still have more work ahead of us, but we can be proud of how these improvements have increased the quality care for our veterans and better prepare us for the 21st Century.

Combined Federal Campaigns A Success at Both Divisions



American Lake participants in Pierce County's 2004 Combined Federal Campaign (CFC) raised \$45,000 by offering a variety of options for staff to participate. To kick off the campaign, American Lake Golf Course hosted an 18-hole golf scramble with 29 teams participating. Service lines prepared theme baskets (e.g., a Christmas basket with ornaments and candies; a shop basket with solvents, towels and various tools) that were auctioned off during a CFC party. Part of the funds from the auction were donated to the Seattle Fisher House project, a future residence where families of veterans can stay while their loved ones are hospitalized.

CFC Co-Chairs were Judy Carlisle and Mikel Doyle. Their team members included Mike Kearney, head of the Volunteer golf crew; Andrea Madison, Loaned Executive from Madigan Army Medical Center; and Joe McNeal, United Way Representative.

American Lake's Golf Course hosted the 2004 Pierce County CFC kickoff with 29 golf teams participating in the 18 hole golf scramble to raise over \$2000.

Reaching Out, Raising Hope was the theme for King County's 2005 Combined Federal Campaign. The \$209 thousand raised at VA Puget Sound's Seattle Division set a new dollar record and reflected a 7% increase over last year.

At the annual King County CFC wrap up celebration, Seattle Vet Center was awarded an Eagle Club Silver Star for having 75% employee participation. Quality Improvement won a Bronze Star for 65% participation, and Clinical Support service line was recognized for having the greatest increase in participation over last year.

Co-Chairs Susan Brooks, Bert Landreth and Dave Tostenrude were honored as King County's Campaign Coordinators of the Year. Loaned executive from the Federal Aviation Administration was Dennis McCain. Seattle's loaned executive was Cecile Bagrow who worked with a variety of smaller agencies during the campaign.

Don't Take Your Body for Granted

Most of us take our bodies for granted until disease strikes. Then we feel as though our bodies have betrayed us. With an acute condition, the goal is to survive and recover. When a chronic illness occurs (like diabetes, chronic pain, COPD or heart disease), it requires our best coping skills to maintain the best quality of life for our family and ourselves. Each of us may have two or more of these conditions in our lifetime. VA Puget Sound offers a six-part series, twice a year titled, "Overcome Your Symptoms: A Program for People with Chronic Illness." Instructors are peers who share similar experiences and have completed training in preparation to lead a class.



Living with a chronic illness can cause us to lose physical conditioning and to experience fatigue and hopelessness. Topics include: relaxation techniques, healthful eating, anger management, problem solving and the art of distraction. Other subjects cover communication skills, muscle relaxation and fatigue management. This is a self-management program and designed to not conflict with existing treatments

The program, available to veterans and their family members, is supported by Voluntary Service Organizations and the Diabetes Care Team. For more information, check out this website: www.cdc.gov/nccdphp/index.htm

A Personal Perspective on Pain

"Once you develop a chronic illness as I did, nothing is ever normal again - the hospital was a God-send."

Neck surgery 10 years ago left me with chronic pain. I then developed an addiction to prescription pain medications, which caused more pain - emotional pain. The more I depended on the pain medication, the more "toxic" I felt. I lost my job. My life changed dramatically.

Once in the VA's pain management support classes, I realized that I was not alone and that I could learn coping skills from other sufferers of chronic pain. Among the tools I discovered were self-hypnosis and meditation. The most valuable tool I obtained was the use of distraction. "Distraction was having somewhere to go every day. I chose to volunteer at the VA Hospital. I now place my focus on something other than my own pain. Giving to others has been my salvation. The more I think about other patients, the less I think about my own problems."

Innovation Needed

With the imminent return of 5,000 Washington State Reservists and National Guard troops, we can anticipate increasing demand for VA health care. The need to do things smarter and more efficiently has never been greater. Where do you fit in?

Front Line Staff: In "Ideas Are Free" by Alan G. Robinson and Dean M. Schroeder, front line staff learn about what is frustrating customers, causing waste, or generally holding the organization back.... [They] have detailed knowledge of particular events, day-to-day problems and opportunities, and how things are actually done. We need those front line eyes and ears to tell us how we can work smarter.

Supervisors: An environment that fosters ideas and innovation can only happen if we

adopt the philosophy that no idea is too small to have value. A minute or a penny saved per process can make a huge difference over time. We need all the ideas that your employees can provide.

Health Care Providers: There has been much discussion about how to deliver health care in new and innovative ways. We have established open access, telephone clinics, and home telehealth monitoring to reduce the number of times a patient has to travel to VA Puget Sound for care. One of the most important things that providers can do is listen to the suggestions their patients make regarding how we can more efficiently meet their needs.

The Organization: The pilot Goal Sharing Program of FY 2004 was in part about

encouraging staff to implement ideas about saving money and providing better care and services. Employee teams were so successful that the program has been extended into 2005 for another trial year. We anticipate even greater employee participation this year, with more team accomplishments, greater efficiency and additional quality improvements across the organization.

Ideas are needed. Please help by communicating your ideas and by paying attention and rewarding ideas brought to your attention. With your help, we can continue to provide better and more efficient care to our Veterans. Keep those ideas coming.

IN THE NEWS

Spinal Cord Injury Grant

The Seattle Aerie of Fraternal Order of Eagles has awarded a \$30,000 universal grant to Jennifer James, M.D., physiatrist in the Spinal Cord Injury Unit at the Seattle division of VA Puget Sound. Seattle division treats over 600 patients who diagnosed with spinal cord injuries. This grant will allow Dr. James to focus on three areas of research:

- Autonomic Dysreflexia - a complex, potentially life-threatening condition that results in sudden, very high blood pressure
- Sleep Apnea - interrupted breathing or lack of oxygenation during sleep (estimated to affect 30-40% of spinal cord patients)
- Iontophoresis in SCI - a technique that can produce pain relief in painful tendons

Dr. James is also a Clinical Associate Professor in the Department of Physical Medicine and Rehabilitation at University of Washington.

VA Improves "My HealthVet" Website

VA is harnessing the power of the Internet to empower veterans to better manage their health care. VA announced improvements to the "My HealthVet" Web that allows veterans to record their personal information and medical data - including emergency contacts, health care providers and insurance, prescriptions, tests and allergies in a private, secure Internet environment. Veterans will eventually be able to receive their medical records from VA online.

Another new feature will be a "Learn About" tab that will lead veterans to a variety of health education topics. "My HealthVet will give veterans easy access to their health information at the same time it protects their privacy," said Dr. Robert Kolodner, VA's acting chief health information officer. "The new features will significantly expand the information veterans can record and share with anyone they choose - medical professionals, family members and others," Kolodner said. My HealthVet establishes a patient-provider partnership that will result in "better-informed decision making and move veterans toward more proactive management of their health care."

VA launched the initial phase of My HealthVet on Veterans Day 2003. Access to My HealthVet can be obtained through www.myhealth.va.gov

Alive and Grateful!

That was the theme for a recent gathering of marrow and peripheral blood stem cell (PBSC) transplant survivors, families and friends and staff members of VA Puget Sound's marrow transplant program. The event was the brainchild of a young man transplanted for leukemia nearly 18 years ago. He wanted to celebrate the gift of life with other patients and the Seattle's bone marrow transplant team members. At first, the logistics seemed overwhelming. Once the team successfully addressed HIPAA's patient privacy constraints, invitations were sent to all survivors of the transplant program as well as current and former team members. Donated funds helped make the event happen



Eighteen patients and their families from eight different states attended a dinner and reception at the Bellevue Hyatt Hotel. Nametags helped to refresh memories. One of the patients brought flowers for everyone. All had stories to share about their experiences and the resulting impact on their lives. They each signed a poster commemorating the event and then had their picture taken with the poster. A video of former and current staff members was played during dinner.

Guest speakers for the event were Gordon Starkebaum, M.D., Chief of Staff, and Thomas Chauncey, M.D., transplant program director. Both spoke about the transplant program - past, present and future. The evening was an unqualified success.



R. James "Jim" Nicholson to Serve as Secretary of Veterans Affairs

R. James "Jim" Nicholson has replaced Anthony Principi as Secretary of Veterans Affairs. As Secretary, he will be responsible for a nationwide system of health care services, benefits programs, and national cemeteries for America's veterans and dependents. With a budget of more than \$69 billion for fiscal year 2005, VA employs approximately 230,000 people at hundreds of VA medical centers, clinics, nursing homes, benefits offices and national cemeteries throughout the country. VA is the second largest department in the President's Cabinet.



R. James "Jim" Nicholson

Nicholson, born in 1938, was raised on a tenant farm in northwest Iowa in a family of seven children. He is a 1961 graduate of the U.S. Military Academy at West Point, N.Y. He served eight years on active duty as a paratrooper and Ranger-qualified Army officer, then 22 years in the Army Reserve, retiring with the rank of colonel. While serving in Vietnam, he earned the Bronze Star Medal, Combat Infantryman Badge, the Meritorious Service Medal, Republic of Vietnam Cross of Gallantry and two Air Medals.

Prior to his nomination, Nicholson was U.S. Ambassador to the Holy See, a position he held since 2001, where he became a well-known advocate in Rome for the elevation of human dignity, giving special emphasis to human trafficking, religious freedom, starvation and biotech food, HIV-AIDS, and international terrorism. Because of his efforts, he was knighted by Pope John Paul II in October 2003.

Nicholson earned a master's degree from Columbia University in New York, and a law degree from the University of Denver. He practiced law in Denver, specializing in real estate, municipal finance and zoning law.

Creating Change through Planning and Design

Whether you are remodeling a simple space at home or a major space at work, the process is going to create inconvenience and cause some people to make short-term changes in their routine. At VA Puget Sound, remodeling projects take months in planning and sometimes even years before the finished product is ready for occupancy.

The first step is determining what the needs of the space will be, the scope of the project and how they relate to each other. In the newly remodeled registration area at the Seattle division, key staff were included in the pre-planning stages (check-in clerks, triage nurses, benefits counselors, police, and ER doctors). They met numerous times over a period of several months to analyze how they worked together and how this would impact on space planning as part of a remodel. Similar approaches have been taken in remodeling Building 81, 61 and the new Dental and Audiology spaces at American Lake in Building 85. Using this type of feedback information, the architects and designers are able to develop an efficient workspace plan.

Next comes the preliminary design phase which is sometimes a challenge due to restrictions on what is located in neighboring departments. Such was the case in planning for the new registration area. Initial floor plans were developed to maximize the area and still allow for good patient flow and staff efficiency.

The final stage of planning is where all the materials, mechanical systems, equipment are specified and working drawings prepared for the contractors' estimates. Contractors' bids are generated from these documents, a contractor selected, and construction scheduled. As with most projects, temporary accommodations must be made so the construction area can be vacated. The registration remodel, for example, required that information be shared with staff and patients in order for the moves and transitions to go smoothly.

Most projects are done in phases based on capital and construction priorities and funding that is set aside specifically for capital improvement projects. Because the process is often longer than planned, patience on the part of employees, veterans and visitors is critical to success.

As we continue to plan for and implement additional upgrades and renovations to the physical environment at both Seattle and American Lake you may experience some inconvenience from time to time, but the end product makes it worth the short-term adjustment. For the registration area, while there was some inconvenience, phase one was successfully completed the end of December, revealing a bright new check-in area. Phase two will include additional areas at both divisions, moving and expanding the Women's Clinic at Seattle among others that are inline.

IN THE NEWS



The VA Puget Sound Social Work program and in particular social workers providing support and care to cancer patients, spinal cord injury patients, those in assisted living and newly returning troops, are highlighted in a national training and recruitment video to promote social work as a promising career field within VHA.



Claude Owens, VA Volunteer, VFW Volunteer of the Year (and well known volunteer at VA Puget Sound), was profiled in a KING 5 program on aging well. Claude inspires the rest of us to think young, feel young and to stay involved by helping others!



Dr. Gordon Starkebaum, Chief of Staff at VA Puget Sound and Associate Dean UW School of Medicine has been named to the Group on Resident Affairs for the Association of American Medical Colleges Division of Health Care Affairs in Washington, DC. VA Puget Sound trains more than 500 residents each year and close to 70% of all physicians in the US have trained at a VA medical center at one time in their career.

DEPLOYMENT HEALTH CLINIC



VA PUGET SOUND HEALTH CARE SYSTEM
AMERICAN LAKE AND SEATTLE, WASHINGTON

Newly Returning Troops and Readjustment Issues -- New York Times, Associated Press, KIRO news and NPR Radio have all taken an interest in work at VA Puget Sound on newly returning soldiers and their readjustment issues that relates to post traumatic stress.

Living with a Chronic Disease: Tips for a Successful Visit with your Provider

If you are living with a chronic disease or condition, then you are the expert in what is occurring with you on a daily basis. Working in partnership with your health care provider is essential and there are some simple things you can do to make sure your needs are being met. Healthcare and treatment can be confusing. Consider adopting the following steps when you plan your next health care visit: Prepare - Ask - Repeat - Take Action

Prepare by first listing your concerns in order of importance, but don't assume your care provider has all the answers.

- Is your treatment process interrupting or interfering with other aspects of your life?
- What is working or not working in your treatment plan? Are symptoms getting better, staying the same or getting worse? Are the changes slow or rapid?
- Has anything in your life changed that may affect the disease? What have you done to manage and did it help?

Ask questions at the beginning of your visit rather than at the end when your provider is walking out the door.

- Use "I" messages such as, "I notice when I take my medicine without food, I feel sick." Or, "I've been doing what you asked me to do and I still have the same pain."
- If you have more than 2 or 3 questions, give the whole list to your provider.

Repeat key points to your provider that you discussed during the visit, like diagnosis, expected outcome, next steps, treatment actions, etc. This gives both of you an opportunity to correct any miscommunications.

Take Action. If there are barriers to your following the recommendations, let the provider know.

Ask your provider to give you written instructions, if needed.

- Try these new actions at home.
- Keep track of what is working or not. If you decide to stop or change the treatment, be sure and let your provider know.
- Keep follow up appointments; they allow for you and your provider to review the plan and make adjustment. If you need to be seen sooner call for an earlier appointment.

Edward J. Boyko Receives Mentoring Award

Edward J Boyko, M.D., M.P.H., is the recipient of the University of Washington Medicine Center of Excellence in Women's Health Award for Outstanding Mentorship. This prestigious award was established last year to honor a University of Washington School of Medicine faculty member whose mentoring efforts with junior faculty and trainees, particularly women and minority faculty, have made a significant impact.

Dr. Boyko is professor of medicine and adjunct professor of Epidemiology and of Health Services. He serves as chief of the General Internal Medicine Section at VA Puget Sound Health Care System and director of the Seattle Epidemiologic Research and Information Center (ERIC), as well as co-director of the VA Fellowship Program in Ambulatory Care. He is principal investigator of the Japanese American Community Diabetes Study.

Dr. Boyko received his M.D. from the University of Pittsburgh, completed a residency at the University of Chicago and was a Robert Wood Johnson Clinical Scholar at UW where he earned an M.P.H. in epidemiology. His research interests include the epidemiology of Type 2 diabetes mellitus and its complications, as well as obesity, inflammatory bowel disease, and the assessment of diagnostic tests. As a mentor, Dr. Boyko has worked with many faculty members and trainees over the past two decades. Among them are four who nominated him for this year's award: Doctors Karin Nelson, Lisa Chew, Bessie Young, and Marguerite McNeely.

"Ed Boyko is exemplary in his commitment to mentoring others while pursuing the highest quality of care for the broad range of populations that we serve," said UW Department of Medicine chairman William J. Bremner. "By sharing his expertise with faculty and trainees, he is ensuring that the next generation of physician-scholars is equipped with an understanding of the epidemiologic aspects of disease, the tools to conduct productive clinical research, and the ability to apply quantitative reasoning to diagnostic and therapeutic processes. He is a tremendous asset to the department."

Did You Know?

Volunteers Make the Difference!



Thanks 2004 Volunteers!

- 1,387 scheduled volunteers
- 182,120 hours of service = to 87.5 Full Time Employees
- \$3,125,179 value to VA: PRICELESS!

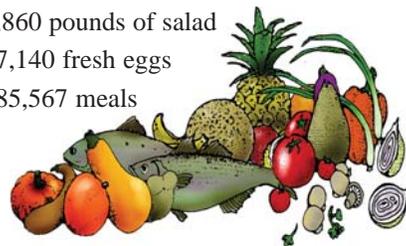
In Fiscal Year 2004...

- There were 8,964 discharges [from admission] and 6,140 unique patients
- There were 1,763,113 outpatient encounters [includes everything such as diagnostic tests, pharmacy, appointments] and 84,661 unique pts
- Off all the encounters in FY 04 [inpatient and outpatient] there were 1,772,077 encounters with 84,791 unique patients

Nutrition & Food Service

During 2004 we served to our patients...

- 11,640 loaves of bread
- 278,952 cartons of milk
- 19,940 apples
- 32,580 bananas
- 9,860 pounds of salad
- 67,140 fresh eggs
- 485,567 meals



The Veterans We Serve

- Average Age 59 years
- 44% "Service Connected" for disabilities
- 32% Low Income
- 40% age 65 or older
- 93% Male, 7% Female

Top Diagnoses

- Behavioral Health (e.g. Alcohol Dependence, Prolonged PTSD, Depression)
- Ischemic Heart Disease
- Coronary Heart Disease (Atherosclerosis)
- Chronic Obstructive Pulmonary Disease
- Hypertension
- Diabetes



Feedback

*A Special Thank You to Veterans in
Tribute to Their Service and Sacrifice*

I cannot begin to imagine how different my life and the countless lives of Americans would be if it had not been protected and respected by the true heroes of our country. It is you who ensured that our strength, our rights and our humanity would keep in tact for many generations to come. It is you who gives me hope for my future and my children's future. It is you for whom I feel the most respect and deeply value. Thank you for everything you have fought for and everything good that has resulted from your courage.

Signed

A Mariner High School Student

*Written in thanks as part of the VA's National Salute
to Hospitalized Veterans*

Early Intervention & Collaborative Care Award

Congratulations to Dr. Miles McFall, and his colleagues at VA Puget Sound Health Care System for receiving a \$212,451 award to further their partnership with DOD and State Partners.

This important Mental Health outreach cooperative will focus on readjustment issues of newly returning soldiers of Operation Enduring Freedom and Operation Iraqi Freedom.

What is PTSD?

Post Traumatic Stress Disorder (PTSD), due to exposure to psychological trauma, such as combat, sexual assault, or other life-threatening events cause a stress disorder. Veterans with PTSD experience symptoms such as:

- Painful dreams and memories of traumatic events
- Intense anxiety and depression
- Disturbed sleep
- Suicidal and hostile impulses
- Difficulty getting close to others
- Numbing of emotions
- Social isolation
- Trouble working or finding meaningful activities

PTSD is one of the most common mental conditions in American society. The lifetime prevalence of PTSD ranges from 8% to over 50% for individuals exposed to traumatic stress, depending on the cause and extent of the trauma. Of Vietnam veterans, approximately 830,000 have clinically significant symptoms of PTSD that have persisted for decades. About 8% of Gulf War veterans have experienced PTSD, while veterans held captive as POWs during WWII and the Korean War may have PTSD in the 40% to 75% range. Sexual assault is a particularly traumatic experience, and may produce PTSD in 30% to 75% of victims, who are most often female.

The passage of time alone does not heal the wounds of trauma for about one-third to one-half of people who have developed PTSD. The natural desire to withdraw from others and not talk about problems related to traumatic experiences may actually

make matters worse for veterans suffering from PTSD. Generally, PTSD symptoms improve with involvement in treatment that emphasizes counseling, medications, and social services.

How Will Treatment Help You?

Treatment for your PTSD may accomplish the following goals:

- Identify emotional, social, and physical health problems through professional assessment
- Reduce the frequency and intensity of painful memories and dreams of traumatic experiences
- Reduce symptoms of depression and anxiety
- Improve control over anger
- Develop better communication and relations with family members and other people
- Control of drug and alcohol abuse
- Obtain restful sleep
- Increase involvement in purposeful and productive activities
- Receive medical care for physical problems
- Assistance in resolving financial and housing problems.

PTSD Treatment Services

The PTSD Program offers an integrated mix of specialized PTSD treatment services at the American Lake and Seattle divisions of the Puget Sound Health Care System. These services address PTSD resulting from military-related trauma, such as combat, sexual assault, and serious accidents. Programs are available for male and female veterans, and serve veterans from all periods of service.

In addition to these programs, the Vet Centers and the Deployment Health Clinic offer readjustment and PTSD outreach support for newly returning troops (active duty, reservists and national guard). If you are interested in learning more about any of the PTSD programs, contact the PTSD Program Triage Coordinator at either the American Lake (253)-582-8440, Ext. (6460) or Seattle (206-) 768-5365.

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For additional support and services, you may also contact the Deployment Health Clinic at (206) 764-2635 or 1-800-329-8387, or the community based Vet Centers in Seattle at (206) 553-2706, in Tacoma at (253) 556-7038, Bellingham at (360) 733-9226 or Yakima at (509) 457-2736.