

# NW Network News

VA NW Health Network Summer 2008



## VA Northwest Health Network (VISN 20)

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NW Network News is published for veterans, employees, volunteers and the many other supporters of our VISN 20 health care system. To submit articles, editorials, letters, or story ideas, please contact Megan Streight via email at [megan.streight@va.gov](mailto:megan.streight@va.gov).



## Message from the Network Director



With the summer season well underway, Fiscal Year 2008 in its final quarter, and, as of this writing, 146 shopping days until Christmas, it's time to take stock of our accomplishments while continuing to focus on renewed targets for the months and years ahead.

In November of last year, we as a VISN set some lofty goals:

#1 – By 4/1/08, there will be no patients waiting over 30 days from their desired appointment dates for the Top 50 clinics, except Orthopedics

#2 – By 9/30/08, there will be no patients waiting over 30 days for their desired appointment dates for Orthopedics

#3 – Achieving best performance in 15 Clinical Measures will move our Quality Aggregate Score from 80% to 85%

#4 – A new requirement from VHA also challenged us to obligate 80% of Non-Recurring Maintenance (NRM) funds by June. In addition to an accelerated deadline, the fact that VISN 20, along with the rest of VHA received an unprecedented amount of funds for NRM expenditures (used for equipment purchases, upgrades to electrical and mechanical systems, and general upgrades) made this a race to the finish line.

So how have we performed so far?

#1 & 2 – Although our wait list is not yet zero, we have made extraordinary strides – from 5,629 patients as of November 1<sup>st</sup> and a national rank of 19<sup>th</sup> (out of 21), to 1,411 and a national rank of 6<sup>th</sup> as of August 1<sup>st</sup>. Most impressive is Alaska, which as of last count, only had 16 patients waiting – the lowest single individual facility number (and closest to 0) since we started the project. In the coming months, we must continue our focus and maximize efficiencies in order to provide our veterans the timely care they so richly deserve.

#3 – At the end of FY07, VISN 20 was ranked 15<sup>th</sup> out of 21 VISNs for clinical performance. The percentage score for overall clinical aggregate performance was 80%, and the best performing VISN was 85%. Starting with FY08, the VISN goal was set based on the best performing Network, a high reaching bar of 85%. By the end of the 3<sup>rd</sup> quarter of FY08, VISN 20 achieved a clinical aggregate score of 83% – just 2% short of our goal. However, during the same time period, the VHA best performing VISN also increased their clinical score to 89%. So, although we made strides in achieving our goal, the rest of VHA also improved, resulting in an overall Quarter 3 ranking of 19<sup>th</sup> out of 21 VISNs. The lesson here is, the bar of performance continues to rise; therefore, our Network needs to meet the challenge by accelerating improvements in clinical quality or we will continually fall behind.

#4 – In total, VISN 20 received a record \$42.7M for obligation this fiscal year (nearly triple FY06 numbers), of which we have obligated \$38M, or 89% – far surpassing our goal.

> continued on page 2 >

Message from the Network Director, continued >

Even more impressive is that fact that an additional \$14M was obligated for NRM projects via an Emergency Supplemental Appropriation from Congress, for a total of \$52M in improvements throughout the VISN.

In other news, the VISN continues to grow, in terms of patients served, employees on board and access points. Since last December, we've seen the opening or expansion of seven CBOCs and Outreach Clinics, a 10.7% growth (900+) in FTEE (with an additional 1,300 recruitment actions in process) and a modest workload increase of 3.47%. Our MCCF collections continue to break records (setting the standard for VHA,) and Boise and Alaska successfully met Joint Commission requirements, achieving full accreditation. We continue to focus our efforts on increasing access points and reaching out to veterans in rural communities, having secured permanent space for CBOCs in Northwest Washington, Portland Metro West and Coos Bay, Oregon and receiving Secretary approval for a CBOC in the Mat-Su area of Alaska. In total, VISN 20 will open nine more access points by the end of FY09.

We have many things to be proud of and more goals to achieve as we strive to work smarter and faster for veterans and their families throughout the Pacific Northwest, Idaho and Alaska.

Here's hoping you've enjoyed a healthy and productive summer – thank you for all that you do. ■ ■ ■

## A Letter from your Chief Medical Officer



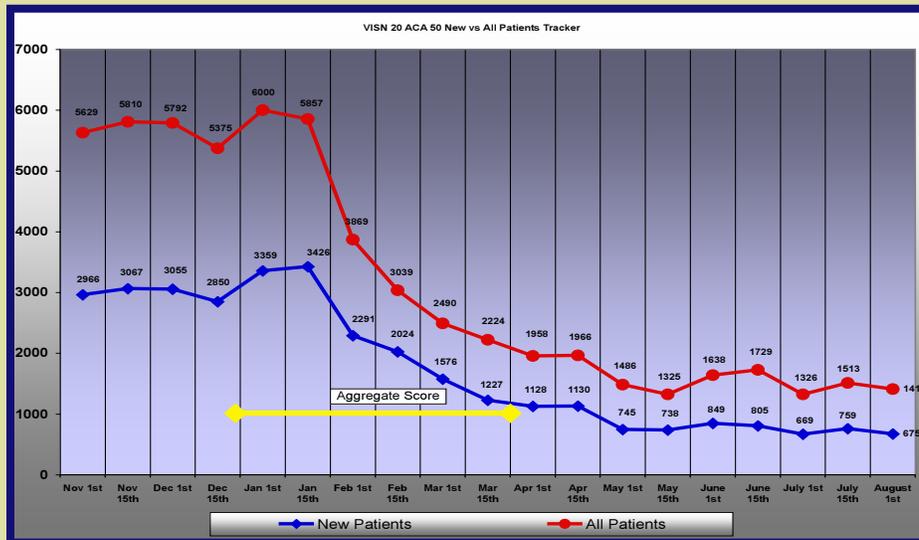
**Dear Colleagues,**

### ***Our Plan Is Working, But Our Work Continues***

Patient access to our services was one of the areas where our performance was the poorest. We set a patient-centered goal for access to care. Our goal was to improve access so that all veterans could receive care in less than 30 days. About one year ago, our network had over 17,000 veterans waiting longer than 30 days. Through your hard work we have made tremendous progress.

As the graph indicates, since November we have reduced the number of veterans waiting longer than 30 days to 1,411. You can also see that access has improved for both new (the blue line) and established patients (the red line). This is great work – thank you.

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### **Our Goal**

Our goal is simple: To provide excellent, patient-centered, integrated care.

You will recall from the last newsletter that we aspire to be the very best integrated network in the nation – but we are not. Our performance in 2007 places us among the poorest performing networks in the nation.

### **Our Plan**

To improve our performance we launched a four part plan to:

1. Focus on areas where our performance is the worst
2. Create a clear line of accountability from our leaders, to our committees and to the appropriate practice teams
3. Be disciplined, the discipline to adhere to standards and directives, use proven methods and adopt strong practices
4. Provide strong organizational support

> From your Chief Medical Officer, continued >

### **The Next Step**

It is great work, but 1,411 people waiting for care is still too many. You will also notice that in July the number of veterans waiting steadily increased. We call this “backsliding.” Our goal this year is to improve access so that every veteran can get care in less than 30 days. VHA’s goal next year is to improve access to care so that every veteran can receive care on the day they request it. How will we eliminate backsliding and achieve these goals?

We are using a “disciplined method” called Systems Redesign. Twenty-two teams from around our network are leading the way. The teams are using the Systems Redesign “Ten Key Changes.”

1. Understand your supply and demand
2. Work down your backlog
3. Reduce your demand
4. Reduce appointment types
5. Plan for contingencies
6. Manage constraints
7. Optimize the care team
8. Synchronize the patient, provider and information
9. Predict and anticipate patient needs
10. Optimize rooms and equipment

By applying these Ten Key Changes, some of our teams have already achieved the 2009 goal of same day access. Thanks to their work it is now possible to see a specialist on the day the consult is requested at some locations. We are achieving our goal, patient-centered care. I will keep you posted. ■ ■ ■

## **New Appointments**

### **Allen Bricker**

Chief Financial Officer  
VISN 20  
effective 5/25/08

### **Sharon Helman**

Director  
VAMC Spokane  
effective 6/8/08

### **Sallieann B. Hoffer**

Nurse Executive  
VAMC Walla Walla  
effective 6/24/08

### **Paul M. Lambert**

MD, Chief of Staff  
VAMC Boise  
effective 8/3/08

### **Grant Ragsdale**

Associate Director  
VAMC Boise  
effective 7/20/08

### **Tracy Weistreich**

Nurse Executive  
VAMC Roseburg  
effective 5/11/08

### **Brian Westfield**

Director  
VAMC Walla Walla  
effective 9/28/08

## **Secretary Peake Visits Alaska**



VA’s Secretary, the Honorable James B. Peake, MD, continued his busy travel schedule with a visit to Alaska over Memorial weekend. During a whirlwind tour, the Secretary visited the Fairbanks Vet Center, Bassett Army Community Hospital, the Anchorage Domiciliary and a VFW Post in Eagle River – all on the first day! Day Two was no less ambitious, with the Secretary and his entourage (including Alaska Director, Alex Spector and VISN Director, Dennis Lewis) up at 6:30 a.m. for a breakfast meeting before heading off to rural Alaska. The group traveled to Bryant Field on the Ft. Richardson Army Base and boarded a C-23B Sherpa of the Alaska National Guard. Joining the group from the VA was Alaska Senator Stevens.

After a 2½ hour flight to Bethel, the group visited Yukon-Kuskokwim Health Corporation (YKHC) where the Secretary received an overview of the region and services provided. Of note, there are 58 federally recognized tribes under YKHC’s authority, served by four sub-regional clinics and 44 village clinics. The average income per capita is \$15,000 and there is a 22% unemployment rate. Approximately 1,200 veterans live in the Yukon-Kuskokwim Delta, and the VA has provided training to YKHC staff on PTSD, reintegration issues, and access to healthcare and other benefits. The group then moved on to the Bethel VFW Post for lunch and a meeting with local dignitaries before traveling by Blackhawk helicopter to the village of Quinhagak (population 700). Although the flight was 70 air miles from Bethel, it took approximately one hour to travel due to the strong head winds.

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## Recruitment Activities

### Associate Director

VAMC Spokane  
VAMC Walla Walla

### Chiefs of Staff

Southern Oregon Rehabilitation  
Center and Clinics  
VA Puget Sound HCS  
VAMC Walla Walla

### VISN QMO

### VISN Patient Safety Officer



> Secretary Peake, continued >

The initial visit was to the village clinic where an LPN, community health aid and a behavioral health specialist explained the type of care they provide to the village. One of the community health aids demonstrated the Alaska Federal Health Care Access Network (AFHCAN) cart (store and forward information) showing how to take a picture of an eardrum, store information and subsequently forward it to one of the sub-regional or regional hubs where medical specialists evaluate. The Secretary and Senator Stevens also met with eight Alaska National Guardsmen who served in Kuwait and several Alaska Territorial Guards (one of whom is the oldest at 93). The group then returned to Anchorage to prepare for the last day of activities which began early the next morning with a briefing at the VA Clinic for the Alaska VA Healthcare System and Regional Office and progressed to the Park Strip Memorial Day Ceremony. The event was attended by approximately 400 people and provided the Secretary an opportunity to meet local VA staff, veterans, and community leaders. From there, the Secretary traveled to Ft. Richardson National Cemetery for a ceremony attended by approximately 1,500 people. He delivered the keynote address, met military leaders and interacted with veterans and VA employees.

For his final stop, the Secretary traveled to the 3MDG VA/DOD Joint Venture Hospital at Elmendorf Air Force Base. He was shown where the connecting link would be located between the new VA Clinic and the 3MDG, and was also able to see the construction site where work is just beginning for placement of concrete footings. The 3MDG leadership was very positive about the relationship between the VA and the 3MDG as a Joint Venture and both organizations' membership in the Alaska Federal Healthcare Partnership and the ability to leverage all federal health care organizations for the benefit of federal beneficiaries throughout Alaska. In summary, the visit was a great success and afforded the Secretary the opportunity to see a variety of aspects of the Alaska VA Healthcare & Regional Office operations, as well as the rural and frontier nature of Alaska. He received an introduction to the issues and challenges faced by the VA and veterans in Alaska and the complexity involved in providing healthcare and benefits to Alaska veterans. ■■■

## White City VA Dedicates New Building – a First Since 1942

– Contributed by Anna Diehl

On May 16, 2008 a historic event took place at the VA Southern Oregon Rehabilitation Center and Clinics SORCC. The first new bed building since Camp White was erected in 1942 was dedicated. This long awaited 64-bed structure will provide specialty care and traumatic brain injury treatment. Non-smoking veterans engaged in “healthy choice” recovery programs will also have new housing during their rehabilitation stays.

VA SORCC Director, Dr. Max McIntosh, says, “This building is a testament to the significant role our facility plays in the community, and it secures veterans’ healthcare in Southern Oregon for decades to come, broadening our reputed scope of innovative care, and as a national resource for veterans seeking rehabilitation services.”



U.S. Congressman Greg Walden cuts the ribbon officially opening VA SORCC's new 64-bed building. VA SORCC Acting Chief of Staff, Dr. Randall Nelson; VA SORCC Chief Facilities Management, Stacy Webster-Wharton; VA Northwest Healthcare Network Director, Dennis Lewis; Congressman Walden; VA SORCC Director, Dr. Max E. McIntosh; and Karen Allen, RN, Associate Director for Patient Care Services, VA SORCC.

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> *New Building, continued* >

The Dedication spurred a celebration for the facility's CARES Commission success; just five short years ago the Commission produced a report recommending the former Camp White installation be closed. "The staff took the findings of this report as a challenge to demonstrate the innovative, indispensable services found no where else in the VA, and in most cases in private sector. Hard work and diligence provided sufficient evidence to the CARES Commission that there was not only a place within VA for White City's variety of specialized care services, but that our programs should be replicated nationwide," said Dr. McIntosh. The Commission and VA's Central Office in Washington, DC took this recommendation to heart and has since considered, and in certain locations actually replicated, a number of SORCC's mental health and rehabilitative program processes.

Congressman Greg Walden was guest speaker and honored with the first engraved brick memento presented to a number of key supporters. The bricks were part of Buildings 215 and 216, which once stood where the new building is now located. An engraved plate affixed to each historic brick featured the supporter's name and appropriate words of gratitude.



Our VISN Director was also on hand to congratulate staff. "Other VA facilities cited for closure or restructuring by CARES approached this situation as a threat. White City approached it as a challenge to assess its situation and improve services to veterans, and as a result are the better for it. Veterans healthcare in VISN 20 has only been strengthened by the VA SORCC team's efforts," said Mr. Lewis during his Dedication address.

A Fallen Soldier Memorial, contributed through the efforts of Steve and Kathy Patterson with the Southern Oregon Stand Down Board, was unveiled along with two artwork presentations by renowned aviation artist William Phillips and William Storm of Raven Artworks. Bill Storm's artwork display is interchangeable; every three months he will rotate a new selection of his famed artwork for the viewing pleasure of veterans in the new building.

An Honor Flyover was provided by Kingsley Field's 173rd Fighter Wing from Klamath Falls and the Eagle Point Marching Band summoned the audience with their spirited music throughout the official ceremonies.

The VA SORCC is grateful to the Chamber and those members who stood steadfast alongside the White City VA's staff, patients and volunteers during the uncertain CARES period. The facility has already launched Phase II of the CARES Construction Initiative with the deconstruction of Buildings 217 and 218. ■■■■

## News from a National Front – Pandemic Flu Exercise

VA health care facilities across the Nation recently conducted a week-long, system-wide exercise of the Department's pandemic flu plan. It was the culmination of tabletop exercises conducted at local, regional and headquarters levels during the past year designed to develop and test VA response to a global outbreak of a new influenza virus that would spread easily from person to person. Because VA has 1,600 locations across the country providing services to millions of veterans a year, it has placed high priority on pandemic flu planning and preparation. VA was one of the first cabinet-level departments to prepare a comprehensive plan for pandemic flu

and the national exercise marked the plan's full-scale test. The exercise was based on an influenza pandemic affecting all parts of the US and was carried out by VHA's Emergency Management Strategic Health Care Group, along with a steering committee, coordinators at the medical centers and networks, and VHA and VA staff in the Central Office. Each day of the five-day exercise corresponded to different points in a pandemic time line, starting with Day One equaling two weeks after pandemic flu is first reported in the US (and 3 1/2 months after it starts overseas). At Day Three of the exercise the pandemic wave was at a peak. The exercise ended

with Day Five equaling three months after the first US report and more than six months after the worldwide start. An effective pandemic flu vaccine was finally available – and a second wave of the pandemic was beginning. Thankfully, this was just an exercise, but the lessons learned from it are showing us where our strengths and weaknesses are and will improve VA readiness for pandemic flu and other major disasters. Are you prepared for pandemic flu? Check out [www.pandemicflu.gov](http://www.pandemicflu.gov) for more information. ■■■■

## Portland VA Selected for IHI Partnership

On June 10, 2008, VHA's Deputy Secretary for Operations and Management announced the selection of three facility teams to participate in a unique VA Institute for Healthcare Improvement (IHI) partnership called the "Triple Aim."

Triple Aim has three critical objectives:

- Improve the health of the population
- Enhance the patient experience of care (including quality, access and reliability)
- Reduce, or at least control, the per capita cost of care

The selected teams will participate with others around the world in exploring new ideas to improve population health. This nine month project includes two face-to-face meetings, as well as bi-monthly conference calls to coach and share work.

More than 20 nominations were received and reviewed from the standpoint of value to VHA that can be generalized to the system at large and, realistic achievability or practicality of meeting the aim.

The three team projects are as follows:

- Portland VAMC – A proposal to focus on veterans with Congestive Heart Failure
- Nebraska-Western Iowa HCS – A proposal to focus on rural veterans with chronic diseases, especially Diabetes Mellitus
- Cincinnati VAMC – A proposal to focus on veterans with Chronic Obstructive Pulmonary Disease

Congratulations to Portland and the other selected teams – we look forward to learning from your efforts, which will ultimately benefit veterans. ■■■

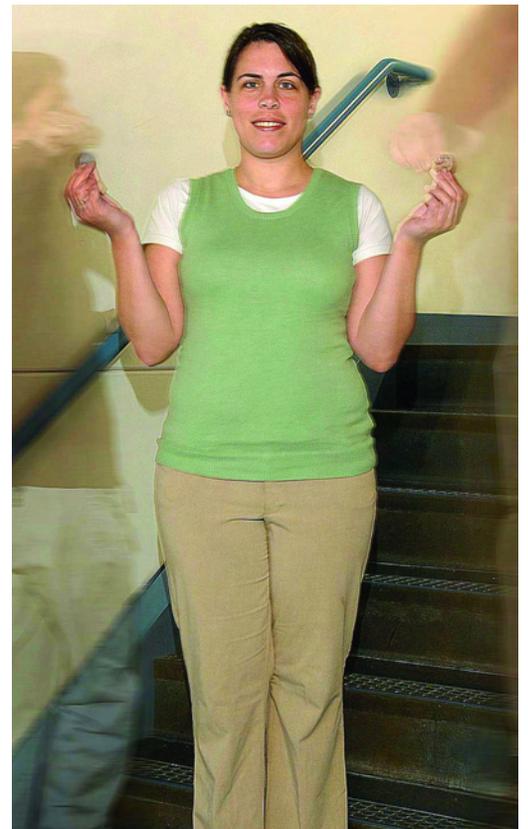
## MOVE Program Continues at PVAMC

– Contributed by Colleen Miner, PVAMC Wellness Coordinator

Portland's Employee Wellness program strives to implement challenges that support sustainable healthy behavior change. In the past, the facility has held a walk for National Employee Health and Fitness Day, with minimal attendance. Additionally, the participating staff were those who already took walks during breaks. This year, they decided to use the event to kick off a wellness initiative that can be done at all sites, by most employees, while they are working. The resulting Up 2, Down 3 Stair Challenge encourages employees to commit to using the stairs to go up at least two flights and to go down at least three flights before using the elevator.

To promote the initiative, a four week challenge was organized to use the stairs for prizes. Posters were hung in the stairwells, and staff were asked a question each week that required them to go to the posters to find answers. Questions such as, "How many calories can you burn walking the stairs for five minutes?" "How can you add a new healthy exercise to your daily routine?" and "How can you encourage a co-worker to exercise with you?" required staff to think about options and to engage co-workers to think about using the stairs. Prizes included weekly raffles for bagels and a fruit tray for winners' work areas. Wooden \$1 tokens for canteen services were given out randomly in the stairwells. A gift certificate to a local healthy food store was the grand prize, as well as an additional grand prize for those staff located on other campuses. The ultimate prize? Better health!

Several members of Portland's Executive staff supported the program, and over 300 employees committed to using the stairs and participating in the weekly challenge. In the future, Portland plans to continue to promote stair use through stairwell improvements (art, better lighting, etc.), staff challenges, better signage to stair locations and changing sign reminders at elevators. For this challenge, employees provided positive feedback. "This is the motivation I needed to start doing this every day," said one employee. "I actually think about using the stairs now each time, before I usually did it only when someone was walking with me." ■■■



Portland's Wellness Coordinator displays canteen tokens.

## Puget Sound Part of National Robotics Study

– Contributed by Jeri Rowe



*Sheila Sagami and Art Timm work with the Robotics Device*

A national research study evaluating the use of robotic devices to help the recovery of people who have suffered a stroke is now being conducted at the Seattle division of VA Puget Sound Health Care System. Veterans suffering a stroke affecting arm movement six months from the start date of the study were recruited as volunteers.

With over 700,000 cases reported each year, strokes are a leading cause of disability in the United States and often leave people with weakened arms and legs. Studies have found that people with weakened limbs can improve their use with intensive physical therapy.

Titled "Robotic Assisted Upper-Limb Neurorehabilitation in Stroke Patients," the study consists of volunteers working out on robotic devices to determine if they can regain the use of stroke-affected limbs. The study's purpose is to determine if the brain of a person with a stroke can be "retrained" to function again after being disabled by an attack. The study will also determine if the stroke-affected arm can build up a "muscle memory" by using the robotic aids.

Dr. Jodie Haselkorn, Director of the MS Center of Excellence, in Seattle said "The study is very exciting and has the potential to offer treatment to individuals in a new way and at a time when other therapies are often not available."

Volunteers will be divided into three groups. The first will use robots for training, the second will use intensive physical therapy and the third will receive standard medical care. The study will last nine months and volunteers selected receive training for 12 weeks with three one-hour sessions a week. ■■■

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## VA Puget Sound Selected for Lung Transplant Program

In June, the VA Puget Sound received notification from Central Office of its selection as a National Referral Center for VA in-house lung transplantation. With the establishment of this new program, more veterans nationwide will have access to this life-saving procedure and the consequent improvement in quality of life. Currently, the only other VA Lung Transplant Center is located in Madison, WI.

The Department of Veterans Affairs National Transplant Program started providing solid organ transplants to veteran patients in 1961. Dr. Thomas E. Starzl performed VA's first kidney transplant at the VA Medical Center in Denver, CO. Since then, the VA National Transplant Program expanded services to provide veteran patients with heart transplant services in 1980, bone marrow in 1982, liver in 1989, and lung in 1991. Most transplants are performed in specific VA medical centers across the country. VA also utilizes several VA sharing agreements with University affiliates and local emergency contracts for critical heart and liver cases.

In 1995, a National Transplant Office was established and is located in VA Central Office in Washington, DC. This office was established to assure that all veterans received equal access to transplant services and establish a central referral center. An 800 number was activated for veterans and VA healthcare providers who are seeking information regarding the program. A computerized database was developed with almost 15,000 transplant records dating back to 1995. The VA National Transplant Program office received almost 1,300 referrals last year and performed approximately 375 transplants. Congratulations to Puget Sound. ■■■

## Roseburg Celebrates 75 Years

On July 15th, the VA Roseburg Health Care System celebrated its Diamond Anniversary with a late morning ceremony and dedication of commemorative landscaping. Keynote speaker Michael Fisher, VISN 20's Deputy Network Director, was joined by representatives from Oregon Senators Gordon Smith and Ron Wyden and Congressman Peter DeFazio's offices to mark the occasion.

By way of history, from 1929 to 1931, there was great political activity in Roseburg in trying to secure a National Soldiers' Home for the area. Roseburg was officially named a VA site on September 18, 1931.

From that point, until May 1933, activities surrounding activation occupied many in the community until 69 members of the Oregon Soldier's Home were transferred to Roseburg, originally opened as a domiciliary and hospital. Construction costs reached approximately \$1,149,000 with equipment outlays of an additional \$212,000. Operating costs for one year were \$375,000 and 165 people were employed including 20 nurses, 90 attendants, seven doctors, one dentist and one dental assistant. Monthly payroll was approximately \$18,660.

In 1937, the complex was converted from a general hospital to a neuropsychiatric hospital with 578 beds. In addition to healthcare services, the VA farmed hundreds of acres and operated a hog unit. By 1956, the cost of maintaining 400 acres was taking a toll, and since the hospital no longer raised its own vegetables, 153 acres of land were conveyed back to the City of Roseburg for Stewart Park. That year also saw the remodeling of the kitchen and dining room and the Canteen opened its first barber shop. The first Director of Housekeeping was assigned and a psychology trainee program was established. In 1962, the hospital opened a 56-bed general medical and surgical unit which provided care for the White City Domiciliary and in 1967, a 45-bed nursing home unit was built. Over the years, additional land was declared surplus and reverted back to the city or other Government agencies.

Today, Roseburg operates 143 beds (55 Nursing Homes) on 191 acres in 39 buildings. The facility also manages Community Based Outpatient Clinics in Eugene, Bandon and Brookings, Oregon, employs approximately 750 FTEE and serves 21,000 unique patients with an operating budget of \$96 million. This Fiscal Year, NRM funding exceeded \$3 million. In the last 75 years, the VA has provided health services and benefits to American veterans, living up to the promise made by President Abraham Lincoln during his second inaugural speech: "To care for him who has borne the battle, and for his widow and his orphan." In this time, we have realized countless achievements in patient care, research and technical innovations to include bar code medication management and electronic medical records. No other country in the world approaches the United States in supporting its military, and today some 237,000 VA professionals provide healthcare to more than five million veterans through 155 hospitals and more than 850 community-based clinics. After attending the celebration, Michael Fisher noted, "It was a humbling experience to celebrate 75 years of serving veterans in Roseburg and throughout the State of Oregon, and to reaffirm our commitment to them in the decades to come." ■■■



*Director Susan Yeager prepares to hit the "bullseye" and dunk Associate Director Steven Broskey at the carnival during the 75 Years Serving Veterans Anniversary Celebration VA Roseburg Healthcare System, celebrated July 14-18.*



### VISN 20 Continues to Excel in MCCF

VISN 20's Business Manager, Patricia Warden, is very happy to report that, cumulative, all sites have exceeded 100% of both their expected target and straight line projections thru July. Outstanding!

**Network currently 115.84% to target. Congratulations to all!**

	Cumulative	Monthly - July
<b>ALASKA</b>	\$10,795,935.30	\$1,142,124.54
<b>BOISE</b>	\$8,518,105.04	\$642,972.63
<b>PORTLAND</b>	\$17,864,227.88	\$2,069,654.58
<b>ROSEBURG</b>	\$6,836,096.28	\$690,862.32
<b>PUGET SOUND</b>	\$26,996,786.95	\$2,474,987.87
<b>SPOKANE</b>	\$6,555,485.92	\$748,203.38
<b>WALLA WALLA</b>	\$3,850,998.77	\$361,178.54
<b>WHITE CITY</b>	\$1,929,751.03	\$248,264.28
<b>VISN TOTALS</b>	\$83,347,387.17	\$8,378,248.14

## CBOC Openings and Expansions Continue

Spring and Summer continued to be busy in VISN 20 as four CBOCs celebrated openings or expansions.

On June 30, 2008, the Bend CBOC held a ribbon cutting ceremony to mark the May 2008 expansion of Specialty Care services in the beautiful clinic that, since December 2000, has housed Primary Care for Central Oregon's veterans. Portland VAMC Director, James Tuchschrnidt was joined by Rep. Greg Walden to celebrate the expansion and the fact that veterans who were traveling seven hours round-trip to Portland can now get much of the same care in Bend. Services include a new eye clinic and expanded mental healthcare.

On July 2, 2008, staff from the VAMC Walla Walla hosted a grand opening event for their newest CBOC in La Grande. The clinic, which also opened in May, offers veterans living in rural Oregon and Washington primary and mental healthcare as well as various ground therapy programs. Specialty care will be provided by referral to Puget Sound or Portland VA or through community providers in the local area. Approximately 13,800 veterans live in the La Grande VA clinic's primary service area, which includes Morrow, Umatilla, Union and Wallowa counties.

In addition to La Grande, two other Walla Walla CBOCs expanded in the last 2 1/2 months. The Lewiston CBOC opened in its new and larger location on April 14<sup>th</sup>, and the Richland CBOC opened in a new location on May 15<sup>th</sup>.



*Bend Optometrist, Richard Gardener, shows off new equipment to Representative Walden at the Open House event.*

In total, VISN 20 has opened or expanded seven CBOCs or Outreach Clinics this Fiscal Year, with nine more scheduled through 2009. This is a testament to our commitment to providing services to veterans living in rural areas as close to home as possible. Expansions in 2008 are as follows:

- Lakeview, Oregon (Outreach Clinic)
- North Idaho – (temporary site)
- NW Washington – (temporary site)
- Lewiston, Idaho (Expansion)
- Bend, Oregon (Expansion)
- Richland, Washington (Move)
- La Grande, Oregon (new CBOC)



Future sites of Outreach Clinics and CBOCs

- Grants Pass, Oregon (Outreach)
- Burns, Oregon (Outreach)
- Mat-Su, Alaska (CBOC)
- Southeastern Alaska (Outreach)
- The Dalles, Oregon (Outreach)
- Coos Bay, Oregon (move from Bandon)
- Crescent City, California (Outreach)
- Portland (Oregon) Metro West (CBOC)
- South Puget Sound (Washington) (CBOC)



## Bend VA Clinic Primary Care Team Recognized

– Contributed by Michael McAleer

On July 31, 2008, the Portland VA Medical Center's Community Based Outpatient Clinic (CBOC) in Bend was recognized with the Veterans Health Administration (VHA) Outstanding Primary Care Team Award at the annual Primary Care Conference in Alexandria, VA.

"I offer my hearty congratulations to the Portland VA Medical Center's Community Based Outpatient Clinic in Bend, Oregon, for providing some of the best health care in the nation," Dr. Michael J. Kussman, the Department's Under Secretary for Health said. "The doctors, nurses, clerks and other staff members won this award for their outstanding, innovative approach to providing high quality healthcare, but the real winners are the veterans of the Bend community."

The award, presented for the first time this year, will become an annual recognition of the Primary Care Team in VHA that best demonstrates the values of:

- Quality. To put quality first.
- Access. To provide easy access to care, expertise and knowledge.
- Satisfaction. To exceed veteran, family, and employee expectations.
- Cost-effectiveness. To optimize resource use to benefit veterans.
- Healthy Communities. To optimize the health of the veteran and the VA community thus contributing to the health of the Nation.

The Bend CBOC serves more than 4,700 veterans and exceeds VHA National Standards in 14 of 17 Patient Clinical Reminder measures. Due in part to the concerted team effort to serve the veteran and the aggressive efforts to enroll patients in the My HealthVet Program, the CBOC has zero patients waiting in excess of 30 days for medical appointments. In addition, patient satisfaction measures exceeded the VHA national average in all nine areas of measurement. In employee satisfaction, they outperformed the national average in 32 of 33 measures.

The Bend Primary Care Team stood out among the competition for their community involvement. Some of their innovative ideas are: Including local veteran community leaders in staff meetings, facilitating after hours twice a week Vietnam Veterans PTSD group meetings, having staff members walk with patients in support of the MOVE Program, encouraging families to join in on new healthy behaviors and holding summer veteran appreciation barbeques for local veterans. Team members look forward to participation in the Bend Veteran's Day Parade and attending the annual Redmond Health Fair, taking blood pressures and providing education concerning diet and exercise to fair attendees. They have also formed partnerships with local colleges providing work study for students, Gonzaga Nurse Practitioner Program for a rural clinical rotation, the Ladies Auxiliary of Prineville (who decorates the clinic during the holiday season), and the Boy Scouts to purchase a flag that is displayed on the Bend Veterans Memorial Bridge.

This past May, the Bend CBOC expanded its presence by obtaining 3,700 square feet of space for specialty care in addition to the 7,500 square feet of space already used for primary care. "This will give us the opportunity to provide specialty care to about 5,000 local VA patients and eliminate some travel to Portland," Bend CBOC Operations Manager John Shea said. "We will be able to provide same day service to patients from our primary care clinic to the specialty clinics." This is just one way that the Portland VA Medical Center is working to get care for veterans closer to where they live. Specialty care services offered at the Bend CBOC include: Optometry, Ophthalmology, additional Mental Health Services, Psychiatry, Social Work Services, Addiction Counseling, Home Based Primary Care and plastic surgery preoperative and postoperative clinic for carpal tunnel. "The Home Based Primary Care will provide two nurses assigned to the Bend clinic and they will be providing home care to patients unable to come to primary care clinics due to acute medical problems," Shea said. There is also an eligibility clerk on site to assist veterans with enrollment into the VA Health Care System, and plans are in place to include dermatology, podiatry, orthopedics, and a minor surgery clinic in the near future.

Congratulations to Portland and the entire Bend CBOC staff! 





## VISN Hosts TVR Training

On June 19-20, VISN 20 conducted a first ever face-to-face Tribal Veteran Representative (TVR) training. The meeting, held at the American Lake Division of the Puget Sound Health Care System, boasted 30 participants, 18 of whom were from tribes throughout Oregon, Idaho and Washington. TVRs are designated by tribal officials and serve as points of contact for tribal veterans, as a resource for information and referrals on benefits and services and provide assistance in submitting claims and obtaining healthcare services. The purposes of the training were three fold:

1. To introduce the new VA Tribal Veterans Representative Resource Guide
2. To provide updates on VA benefits, healthcare, and cemetery aspects of VA and VISN 20
3. To engage TVRs in determining the need for additional information about these services

The session began with a presentation of colors from each Tribe, and a prayer set the stage for each day's events, as offered by a tribal elder. On Day One, Stan Johnson, Puget Sound's Director, provided a warm welcome and the Network Director spoke about Native American/Alaska Native partnership efforts and future goals. The training also included information on Veteran Benefit Administration and National Cemetery Administration services by staff experts. The Washington State Department of VA, which has a long-standing TVR training, also participated.

The VISN would like to offer a special thank you to the Planning Committee which was instrumental to the success of the program. Members included four Native TVRs, some of whom are also Veterans Service Officers as follows: Luckie Joe Boyd (Colville Tribe), Frank Cordero (Suquamish Tribe), Lavada Anderson Fry (Colville Tribe) and Latonia Wheeler (Yakama Tribe). Among their many contributions, these individuals helped to promote the training with their tribal contacts.

In addition to the training for Idaho, Oregon and Washington, it should be noted that Alaska also held a TVR training for five Natives this summer. ■■■■

## Notes on Quality Performance

– Contributed by Cathy Dickson

This will be my last message as your QMO; I am stepping down from the position and returning to Puget Sound to work in their Credentialing and Privileging Department. I will continue to have a VISN role in coordinating Credentials and Privileges including dependent VetPro, Protected Peer Review and Tort Claims. It has been an exciting and challenging adventure being the QMO. There have been many changes over the years, but I am most proud of you all and your innovation and creativity. To showcase your talents, we have implemented the Strong Practice Posters, which are presented three to four times per year at our Tetrad meetings. Recently we decided to use Move Forward and select one strong practice for VISN wide implementation. As you can imagine, there were many to select from and it was a difficult decision for our Tetrad to make. The winner was from Puget Sound and focused on one of our Transformational Measures: "Each VISN facility is required to contact 80% of all acute discharges to home."

Mr. Dennis Ellis, RN, presented VA Puget Sound HCS' approach to Post Discharge Calls. Of note, Puget Sound is also contacting all patients who were admitted to hospitals in the private sector!

Mr. Ellis worked with Puget Sound's Patient Flow Redesign Committee to achieve the following goals:

- Confirm discharge instructions
- Resolve complaints
- Reinforce perceptions of excellent care
- Identify timely opportunities for improvement
- Increase patient satisfaction

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> *Quality Performance, continued* >

The committee accomplished the following:

- Developed the questions used when contacting the veterans
- Created a template in which to record the responses into CPRS
- Developed a process to alert additional signers to the note of either praise of a job well-done or to notify them of a potential patient concern (or perception of a concern) and for the opportunity to address the concern
- Responded to those with a “significant concern” by a member of the Executive Staff
- Track problem areas for improvement

Mr. Ellis and Ms. Carolyn Krall, VISN 20 Utilization Manager, UM will be working with all our facilities to implement this approach to post discharge calling in all our facilities prior to the end of FY08.

It is an exciting time to be a member of the VISN 20 healthcare team. I look forward to continuing to work with each of you in my new capacity. Remember, Quality is your role and responsibility; take pride in what you do for our veterans. ■■■

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## Message from the Acting QMO



In early July, the VISN appointed Nancy Benton, PhD, RN, CPHQ, as Acting Quality Management Officer. Dr. Benton is the Quality Management Officer at the Portland VA, and has provided invaluable assistance to the Network during her short tenure. It is expected that she will continue as Acting until a new QMO has been appointed. Below are a few observations from Dr. Benton:

### ACCREDITATION

Joint Commission standards and scoring are undergoing a significant change for 2009. The Office of Quality and Performance (OQP) is sponsoring a VA-specific education session in October to review the changes. Tuition (facilities must pay travel and per diem) is being paid by OQP for two attendees from each facility. Information will be forwarded to each facility Quality Manager as it becomes available.

TJC (The Joint Commission) is the new acronym that replaces the old JCAHO that many of us are still using. It is recommended that any documentation you have which references JCAHO be updated to the new acronym or replaced with the words Joint Commission. A clear indicator to a surveyor that we haven't updated a document, for example a policy, would be if it still references the old acronym.

The Long Term Care Institute (LTCI) has already visited several of our long term care facilities in VISN 20. The remaining facilities yet to be surveyed are Portland (Vancouver) and Roseburg. LTCI surveyors are taking a hard look at our progress toward cultural transformation in our long term care. They are also surveying to Joint Commission as well as Medicare standards. It has been consistent throughout the surveys so far that they show up on the evening shift to talk with staff and observe processes and nursing practice.

### PERFORMANCE

The Quality Kickoff meeting mentioned above will be devoted to reviewing the changes to performance measures for 2009. We can expect that those measures that did not perform well nationally will stay. Still, other measures that have been monitored in the past will become measures in 2009.

Some facilities in our VISN have seen improvement in several of the mission critical measures in the third quarter; however, the overall cumulative scores for the VISN lost ground as reflected in our last aggregate report. We are 21/21 for Access, 19/21 for Quality, 9/21 for Satisfaction, and 21/21 for Overall Aggregate. It seems that many facilities have difficulty with rapid cycle changes that are needed to respond to low scores with the first quarter data pulls. In order to be ahead of the game, we need structures in place with processes that can easily and rapidly identify system issues and adapt to change in short order. As a result, the VISN 20 Office of Quality and Performance will be working with each facility to help develop rapid cycle performance improvement processes specifically for performance measure improvement. I look forward to working with all of you in the coming months. ■■■