THE VISN VOICE

VA Capitol Health Care Network VISN 5

May 2008

I THOUGHT YOU WOULD LIKE TO KNOW

Mr. Garfunkel

As I write this article, I am very proud to tell you (what you probably already know), that two of our VISN's Medical Centers have had their unannounced Joint Commission (JC) surveys; and both have been fully accredited.

Although the JC began their program of unannounced, rather than scheduled, surveys a couple of years ago, from everyone that I speak to, the usual full three years between visits has been pretty much the standard. So we were all very surprised on April 22nd, when the JC showed up at Martinsburg VAMC. I imagine, no one more surprised than Ann Brown, the new Medical Center Director.

At the closeout that Friday, the lead JC surveyor opened the exit conference by announcing that the medical center will be fully accredited. It was a wonderful moment.

Two weeks later, and perhaps with a little less surprise after Martinsburg VAMC, the JC showed up at the Washington DC VAMC. Once again, the medical center performed admirably and is fully accredited.

By the time you are reading this article, JC may already be at the VAMHCS. In any case, I am sure that VAMHCS will perform well.

Congratulations to the outstanding employees of the Martinsburg and DC VAMCs, and good luck at VAMHCS. You all make us very proud to be part of the VA Capitol Health Care Network.

Special points of interest:

News From Around the Network

Washington DC VAMC

VAMHCS

Martinsburg VAMC

My HealtheVet Fact Sheet

VISN 5 Service Area

ANNOUNCING VISN 5 Emergency Management (EM) Intranet Web Page

A new set of emergency resource pages are available to you on the VISN Intranet, available from this link: http://vaww.visn5.med.va.gov/network/emergency_preparedness.htm

Here you can find:

- Training recommendations and online training courses you can take, including the online "Course-of-the-Month." (If you complete and log 12 courses in a year into your training records, you will receive special recognition!);
- Current news and topics in emergency management for VA and our VISN (the lead feature topic will change monthly);
- Links to web resources on emergency management topics of interest to us;
- Resources for personal preparedness; and
- Links to state and local jurisdictional pages in emergency management.

Recommended Action:

- Review the VISN Emergency Management pages at least monthly; and
- Look here first if you seek information about VA emergency management topics.

COMING HOME

by

Andy Wolkstein, R.N., OEF/OIF VISN 5 Coordinator

How do you explain what it is like coming home? It is very difficult to put into words, but I will try with a little help from a Chaplain.

I am one of the many National Guard members who have deployed to Iraq. In March 2003, I was activated for a year; deployed to Saudi Arabia for 3 months; came home for two months; on active duty; and then redeployed to Baghdad, Iraq for four months.

I am an Aeromedical Evacuation Nurse and operated a Mobile Areomedical Staging Facility (MASF) at the Baghdad International Airport (BIAP) Iraq. The MASF is a passenger terminal for patients. We take care of the wounded and ill, prepare them to fly, and if needed provide medical and nursing care in the air with them to Germany. The patients are usually in the MASF for six hours, or more, awaiting transportation. We prepared for flight patients with ingrown toe nails, triple limb amputees, and everything else in between.

I will leave my wartime experiences for another day, today I want to try to relay what it is like coming home from a deployment, especially from a combat zone. The article I will quote was written in The American Legion Vision by Lt Col Douglas Etter, Chaplain 28 ID "Panther 39" Pennsylvania National Guard, titled: A Chaplain's Reflections on Combat Experience Offers Insights into Returning Veterans' Needs.

What's important is that you'll share a quiet conversation with us

By Lt Col Douglas Etter

"For those of us who have tasted it, the experience of combat is unlike anything we knew before or will experience again. And it's not simply the fighting, the fear, sweat, blood, smells, noise, exhaustion, strain, and pain; it's also the everyday living.

It was hard. Very hard. So was the transition home. For 18 months, I was surrounded by men with guns. When I came home, I felt vulnerable without them, even in church. For 18 months, I suffered the indignities and depravities of military life in a combat environment with a core of friends. When I came home, I felt lonely without them, even when surrounded by family or other friends.

For 18 months, I kept a constant watch on my surroundings and the people around me. When I returned home, I could not break the habit but remained hyper vigilant outside the walls of my home. For 18 months, I studied every piece of garbage or discarded junk along the road. When I came home, I couldn't stop. Riding in the passenger seat always made me nervous when someone would drive over a piece of trash. For 18 months as a leader of soldiers, I had to keep my emotions in check. When I came home, people told me I was distant and withdrawn.

For 18 months, I shared common goals and values with others upon whom I depended literally for my life. When I came home, I found dishonesty, hypocrisy, and malevolence in people who claimed to be my friends and share common values.

For 18 months, I had no choice about what to wear, what to eat, what to do, or when to sleep. When I came home, I was overwhelmed by choices, sometimes to the point that I was unable to make decisions.

For 18 months, I dealt with issues that were literally life or death, ones eternal in their scope. When I returned home, I found people worried about matters of no consequences at all.

So let me tell you about what soldiers, sailors, airmen, and Marines were worrying about just one month before we came home. Many times clergy participate in quiet conversations. Sometimes the tones are soft because someone is inviting us into a private space in their being, a place generally reserved for no one but themselves. At other times, the voices are hushed because the person is revealing some past hurt or sin.

They may be embarrassed. They may not want to revisit the experience, but something inside their sole pushes them to uncover what has been buried for so long….

COMING HOME (Continued)

What we want, what we crave…but what so many may be afraid to say, is your patience, understanding, and support. This deployment has been difficult, but the readjustment and reintegration into the lives we left behind also will be difficult. Without you, we will not be able to do it. We need your help. We can't do it alone. We are counting on you.

So please, if on some peaceful evening as the sun is melting on the distant horizon or during some fierce afternoon thunderstorm with the rain pouring down and the thunder cracking, if you find us sitting alone, don't be alarmed. If we linger a little while in the pew Sunday morning after the service is over, or if you find us sitting outside in the car alone or in some room in the house…join us. Sit with us.

We may say nothing at all…or we may say a great deal, maybe more than you'll want to hear. But what's important is that you'll share a quiet conversation with us. You may not have to say anything at all. Your silent presence speaks volumes. It is a language we need to learn anew. It is the language of love…."

If you or an OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) Veteran has questions that you cannot answer, call the following personnel:

Maryland (VA Maryland Health Care System) - **Holly Birella** at 410-605-7259

Martinsburg VAMC – **Katherine Smits** at 304-263-0811, ext. # 3265

Washington DC VAMC – **Jean Langbein** at 202-745-8338

VISN 5 – **Andrew Wolkstein** at 410-691-6343

Thanks for all you do for our veterans!

WASHINGTON DC VAMC NEWS

Fisher House: DCVAMC to Provide a Home Away From Home for Patients'

This 21-suite Fisher House in Palo Alto, California, is similar to the one to be built on the grounds of the Washington DC VA Medical Center. The official groundbreaking ceremony is scheduled for May 21st.

The Washington DC VA Medical Center (DCVAMC) has been chosen as a site for a new 21-suite Fisher House. The facility will provide free lodging for families of hospitalized veterans while they are under treatment at the hospital. The house, one of the Fisher House Foundation's largest designs, will have a community kitchen, dining room, living room, library, and laundry room. Each suite will have its own bathroom, and the house has an elevator.

The groundbreaking will take place on May 21st. "Our partnership with Fisher House Foundation will prove to enhance services to veterans and their families," commented DCVAMC Director, Fernando Rivera, "in particularly, recently returned Combat veterans. We're proud to have been selected as a site for a Fisher House."

The house will accommodate up to 42 family members and will be furnished with everything the family needs while their loved one is hospitalized—including DVD players, video games for children, etc.

"The Fisher House is going to be a home-away-from-home for our veterans and their families who have served us so well," said Mr. Rivera.

No-cost lodging, right on the medical center's grounds, and a place to prepare home-cooked meals will help alleviate part of the stress and financial burden families endure when a loved one is hospitalized.

In 2007, the Foundation estimated it saved military and veterans' families approximately $10 million dollars in lodging, food, and transportation costs through the program. Once built, operation and maintenance of the home will be the responsibility of DCVAMC.

Many guests find comfort in meeting other families who are going through similar situations.

The Fisher House Foundation, established in 1990 by real estate developer Zachary Fisher, currently has 38 houses on military installations and VA Medical Centers across the United States and one in Landstuhl, Germany.

Approximately 120,000 families have been provided 2.5 million days of free or low-cost lodging.

WASHINGTON DC VAMC NEWS

Upgrades, Improvements, Renovations, Numerous Projects Will Improve Patient Experience at DCVAMC

Exciting changes are in store for veterans, employees, and visitors to the DCVAMC. The improvements will not only make the hospital environment brighter and more inviting, they will also enhance patient safety and environment of care including privacy and convenience.

Major Construction

Large construction projects are planned or underway including: a future Fisher House, a planned Domiciliary, a four-story administrative building, larger Polytrauma and Radiology suites, and a three-level parking garage.

Improved Infrastructure

Improvements that are vital to the operation of the hospital are being made to include: building a new boiler plant, installing new roofing, and replacing the hot water heaters. Our electrical systems, cable, and emergency power applications are all being upgraded. All elevators are scheduled for complete overhauls.

Canteen and Retail Store Makeover

On May 23rd, the Canteen will undergo an extensive renovation which will include new seating, walls, lighting, flooring, and new menu items. The Canteen and Retail Store will remain open during renovation although seating may be limited at times. The project is expected to be completed by late June or early July.

Cable TV Improvements

Work has already begun to improve television reception throughout the medical center by upgrading the entire facility's cable capacity. It will soon include: 24 additional satellite channels and the signal reception will be dramatically superior, and mounting all televisions on mechanical arms in patient rooms.

Polytrauma Unit Expansion

The Polytrauma Unit will be significantly expanded to meet the growing number of patients with multiple injuries. Most significantly, veterans returning from combat in Operation Enduring Freedom/Operation Iraqi Freedom need these services. The project includes: enlarging the Polytrauma Clinic and improving its accessibility, purchasing state-of-the-art rehabilitation equipment, a dedicated computer lab for cognitive rehabilitation, and a customized "Easy Street" for real life rehabilitation applications.

Chapel Improvements

The Chapel is currently being renovated with a new ceiling, upgraded lighting, and new furnishings. Until renovations are completed in late June, Sunday Services are being held in the 4th floor auditorium and Daily Mass is being held in room 3A126.

Radiology Upgrade

The DCVAMC's Radiology Department will expand with new state-of-the-art diagnostic and therapy equipment including a new CT scanner and simulator, R & F system, and Linac System in the Radiation Therapy Suite.

Halls and Walls/Signage

The multi-phase Halls and Walls Project calls for new energy-efficient lighting and improved corridor cosmetics. The second phase of the project (units 2A & 3A) has just begun. Signage throughout the campus is being redesigned to provide maximum visibility and to ensure that visitors can easily read and understand the content.

(Continued on Page 10)

VA MARYLAND HEALTH CARE SYSTEM (VAMHCS) NEWS

Veteran Celebrates 101st Birthday at the Baltimore Rehabilitation & Extended Care Center

By Kenya Griffin

Weldon Jackson, a World War II Army veteran who is a resident at the Baltimore Rehabilitation & Extended Care Center (BRECC), celebrated his 101st birthday with a special party on Tuesday, April 15th.

During a casual conversation between Jackson and his nurse, Willie Robinson, Jackson mentioned that he would be 101 years old soon. On that note, Robinson began to plan a cookout style birthday bash in honor of the veteran – who happens to love hamburgers.

Jackson served in the Army from 1943 to 1945, where he traveled to France and England during World War II. One of eight siblings, Jackson retired from his janitorial job at the Peabody Institute in the early 1970s. A native Baltimorean, Jackson still enjoys cheering for his hometown Orioles.

The guest of honor, his family, and fellow residents and staff members at the BRECC enjoyed a menu of hamburgers, hot dogs, baked beans, potato salad, and all the fixings, complete with a 101st birthday cake. Dennis H. Smith, Director of the VA Maryland Health Care System, and Sanford M. Garfunkel, Director of the VA Capitol Health Care Network, were also in attendance to commend Jackson for his service and wish him the best on his 101st birthday.

Jackson lived with his only granddaughter before coming to the BRECC last summer. At the party, his granddaughter expressed her gratitude to the staff for their service. “When you took my grandfather in, you saved two lives,” stated Jackson’s granddaughter, Patricia Cochran. “You saved him and me, and I’m so grateful for all you’ve done.”

Dennis H. Smith, Director of the VA Maryland Health Care System, congratulates Weldon Jackson, a World War II Army veteran and a resident at the Baltimore Rehabilitation & Extended Care Center, during his 101st birthday party.

VA MARYLAND HEALTH CARE SYSTEM (VAMHCS) NEWS

Seniors Put Off ER Visits at Start of Month, New VA Study Shows

According to a new study by researchers at the VA Maryland Health Care System (VAMHCS), Baltimore area seniors are avoiding visits to the Emergency Room (ER) at the beginning of every month. An apparent cause is a shared fear that their mailed Social Security checks might be stolen in their absence.

The two-year study was conducted at the Baltimore VA Medical Center (VAMC), a division of VAMHCS. Dr. David A. Jerrard, the Chief of Emergency Care Services at the Baltimore VAMC, led the study.

On 96 dates between December 2003 and November 2005, Dr. Jerrard and his team tracked patient flow through the Baltimore VAMC's ER sign-in registration logs, assessing the frequency of visits by patients both above and below 62 years of age. In addition, researchers examined the volume of visits at the start of the month as compared to mid-month.

The study's findings were conclusive: with patients over 62, there was a 25-30% drop-off in ER visits at the beginning of the month as compared to the middle of the month. An average of 23 older patients registered for each of the two days at the beginning of the month, when Social Security checks usually arrive, as opposed to 30 patients registering during the middle of the month. The study also showed that patients under the age of 62 did not fluctuate significantly in the number of their ER visits throughout the month.

This trend had been observed informally by emergency personnel for years, but not clearly documented until the current study. "We had been noting a drop-off in senior patient visits at the first of the month for some time," says Dr. Jerrard. "We decided to conduct a formal study to determine if what we thought was the case anecdotally was true."

Jerrard's team intends to explore this issue further by examining the incidence of complaints in the ER by this age group following the start of the month. "In other words, we want to see whether patients who delayed their care actually were suffering from a greater degree of illness when they did come in," says Jerrard.

Dr. Jerrard, who is also an Associate Professor of Emergency Medicine at the University of Maryland Medical Center, believes that the study's findings can help ER physicians to be more prepared in managing the care needs of this patient age group. He also thinks the study can be used to educate patients themselves not to postpone their care needs. "The message is that if you're suffering from chest or abdominal pains, even though your intentions are good, there is a potential for your illness to become more serious if you delay your care," he says.

Dr. Jerrard's study was presented at the International Conference on Emergency Medicine in San Francisco on Friday, April 4, 2008.

MARTINSBURG VAMC NEWS

Martinsburg Employee Assists Wreck Victims

By

Barbara Corbin

On April 18th, Jon Chitester, an employee at the Martinsburg VAMC in Martinsburg, WV, was traveling home in the evening. On WV Route 51, he approached a huge cloud of dust and immediately noticed an overturned SUV down an embankment. Jon pulled off the road, rushed to the smoking SUV, and carried a victim to safety. Additional people, three of whom were VA staff, stopped to assist and helped Jon rescue a second trapped victim. Jon, having been an Army medic, worked with the injured until emergency assistance arrived. He was extremely pleased with the additional roadside help who assisted with traffic control and emergency assistance. Both wreck victims were intoxicated. They were grateful for the medical attention and support they received. One of them said to Jon, "Thank you. You have given me a second chance to start doing things right."

Jon feels a great sense of pride in the fact that VA employees joined together to care for the accident victims. He and the others who assisted expect nothing special. They are just glad to have been in the right place at the right time. They are glad to be of assistance and hope lessons were learned.

Martinsburg VAMC Employee Jon Chitester

Martinsburg employees hold American Legion State Offices

In July 2008, Danny Barrett, Patient Service Assistant (PSA), Business Office Operations, will be the outgoing District 10 Commander for the American Legion, State of West Virginia. Danny will assume a new position, Co-Membership Chairperson for the American Legion, State of West Virginia. Bonnie Barrett, Health Technician, Surgical Service, and wife of Danny, will assume her husband's role as District 10 Commander for the American Legion, State of West Virginia.

MARTINSBURG VAMC NEWS

National Nurses' Week

Wanda Files, Nursing Assistant recipient of the Excellence in Nursing Award. Susan George, Chief Nurse, presented her with a nursing necklace medallion. The jeweled necklaces were handmade by Robby Jo Barton, LPN.

Jason Hall, RN, receiving the VISN 5 Excellence in Nursing Award from Sanford M. Garfunkel, Network Director.

During National Nurses' Week, May 7-13, the Martinsburg VA Medical Center recognized its 419 nursing professionals with week-long activities. The Nursing Excellence Award Program recognized the following award recipients for their respective Nursing Councils:

Practice Council:

Amie Speer, RN, Ward 4A

Research Council:

Joy Phillips, RN, Ward 4A

EducationCouncil:

Shannon Clever, Librarian

Recruitment/Retention Council:

Charlene Carter, RN, Ward 4A

Leadership Council:

Joann Rooney, RN, Nurse Manager, Ward 6A

Sanford M. Garfunkel, Network Director, and Ann Brown, Medical Center Director, praised the nursing staff for their quality patient care and excellent response to the recent Joint Commission unannounced accreditation visit. These outstanding members of our health care team demonstrate the skill and compassion that make VA health care second to none. They are leaders in providing quality health care to true heroes, our nation's veterans," commented Ann Brown.

The Excellence in Nursing Awards for 2008 were awarded to the following nursing staff:

Nursing Assistant/Health Tech:

Wanda Files, NA, Ward 5A

Licensed Practical Nurse:

Evelyn Williams, LPN, Ward 5A

Registered Nurses:

Linda Hovermale, RN, Medical Svc., Oncology

Jason Hall, RN, Care Coordination, Telehealth

RN/Advanced Practice:

Mary Heinen, RN, Chief, Clinical Informatics

VISN 5 Excellence in Nursing Award: Jason Hall, RN, Care Coordination, Tele-health

Other Nurses' Week activities included a Cinco de Mayo celebration, Nurse Recognition Banquet at the Holiday Inn, a Magnet presentation which included nursing staff "job shadowing" VAMC executives, veteran/nurse recognition, ice cream social, a special remembrance service in the Chapel, delivery of Mothers Day flowers, and the annual Nurses Retirement Tea.

Upgrades, Improvements, Renovations Numerous Projects Will Improve Patient Experience at DCVAMC (Continued)

Domiciliary

The DCVAMC has received funding for the construction of a 77-bed domiciliary. The site is currently being surveyed prior to the site design. When the construction is complete, the domiciliary program currently located in Martinsburg, West Virginia, will be relocated to DCVAMC in an effort to bring mental health residential treatment to veterans residing in the DC metro area. The Domiciliary will provide bed-based care in a safe, semi-structured and homelike environment. Residential rehabilitation treatment differs from a traditional hospital or home care program in that patients do not require bedside nursing care and are capable of daily self care.

Elevators

The elevator upgrade project started last year and includes overhauling the three elevators in the main lobby and the two elevators located near Pentagon Federal Credit Union. To minimize your inconvenience, contractors have scheduled the work so that only one elevator will be out of commission at a time. Two elevators in the lobby have been upgraded and passed final inspections. Work is continuing on the third elevator in the lobby. The project is expected to be completed by the end of 2008.

Editors Note:

How to contribute to

THE VISN VOICE NEWSLETTER

The VISN Voice is a monthly Network publication, and a source of educational and informational articles for employees, volunteers, and veterans of the VA Capitol Health Care Network.

Submit your information via outlook e-mail to VISN5 Employee Newsletter by the end of the month for the following month's publication. Please do not send PowerPoint or Published documents—use Word. Please include the following information: name, title, service, facility, and reason for submission. Submissions should not exceed 350 words. The editor reserves the right to make edits to any submission chosen for publication, and not all submissions will be chosen for publication.
Ken Sliker—Editor

VISN 5 Employee Newsletter

Editor-Ken Sliker
VISN 5

Contributing Editors

Dawn Miller
VISN 5

Molly Ann Majka
VISN 5

Michelle Spivak
Washington DC VAMC

David Edwards
VAMHCS

Michael Dukes
VAMHCS

Margaret Hornberger
VAMHCS

Barbara Corbin
Martinsburg VAMC

VA Capitol Health Care Network, VISN 5

849 International Drive, Suite 275
Linthicum, MD 21090
Phone: 410-691-1131
Fax: 410-684-3189
E-mail:
VISN5 Employee Newsletter

My HealtheVet Gateway to Optimal Health

Department of Veterans Affairs
VETERANS HEALTH ADMINISTRATION

www.myhealth.va.gov

My HealtheVet Fact Sheet

My HealtheVet Mission

The mission of My HealtheVet (MHV) is to improve health care for ALL veterans, independent of where they receive care, by providing health information and health assessments via the web.

What is My HealtheVet?

MHV is a web-based application designed for veterans and their families with the goal of optimizing veterans' health care.

MHV is intended for all veterans and offers additional services to those receiving care at VA Medical Centers. MHV has more than 568,000 registered users and 71% are VA patients.

MHV is the gateway to veteran health benefits and services. It provides access to:

Online VA prescription refill - more than 5.5 million refills have been processed through MHV;

Trusted health information;

Personal Health Journals and Health e-Logs; and

Links to Federal and VA benefits and resources.

Using MHV, veterans create and use their Personal Health Record to make informed health care choices, stay healthy, and obtain services when needed. Personal Health Record (PHR) features empower veterans to:

Refill VA prescriptions online;

Keep track of personal health information such as emergency contacts, treatment providers, insurance carriers, and other health care information;

Self-enter comprehensive personal and family health histories;

Record important events from military service including exposures and assignments related to their health history;

Track illnesses, accidents, or other events by logging their date, treatments prescribed, and comments;

Keep track of medications, allergies, immunizations, tests, food intake, and daily exercise activities; and

Monitor readings for common health metrics such as blood pressure, blood sugar, cholesterol, body temperature/weight, heart rate, and pulse oximetry.

VA patients who have completed the In-Person Authentication Process can view medication names when refilling their VA prescriptions and reviewing prescription histories. VA patients can also obtain a blended view of self-entered and extracted medication information from their VistA records, which enhances patient safety. In the future, MHV users will be able to view their VA appointments, review lab test results, obtain wellness reminders, and request, store, and share copies of key portions of their VA electronic health record with their health providers and family members. Additionally, the impending introduction of Secure Messaging between veterans and clinicians will enhance communication, collaboration, and improve quality of care.

April 2008

VISN 5 Service Area

Facility Numbers

VA Maryland HCS	Martinsburg VAMC	Washington DC VAMC
1-800-865-2441	(304) 263-0811	(202) 745-8000
Baltimore VAMC Medical Advice Line	Medical Advice Line	Medical Advice Line
1-800-463-6295	1-800-817-3807 or (304) 262-4855	(202) 745-8247
Perry Point VAMC Medical Advice Line	VETS Information	VETS Information
1-800-949-1003	(304) 263-0811, ext 3758/3757	(202) 745-4046
Baltimore Rehab & Extended Care Center	Monday—Friday, 8 a.m.-4:30 p.m.	PTSD Clinic Number
1-800-463-6295	Or ext. 3050 after 4:30 p.m.	(202) 745-8591
Prescription Refill	Prescription Refill	Prescription Refill
1-800-463-6295, ext 7395	1-800-817-3807, prompt # 2	1-888-553-0242

Cambridge, MD	**Fort Howard, MD**	**Hagerstown, MD**	**Alexandria, VA**	**Franklin, WV**
(410) 228-6243	(410) 477-1800	(301) 665-1462	(703) 313-0694	(304) 358-2355
Charlotte Hall, MD	**Glen Burnie, MD**	**Loch Raven, MD**	**Harrisonburg, VA**	**Petersburg, WV**
(310) 884-7102	(410) 590-4140	(410) 605-7650	(540) 442-1773	(304) 257-5817
Cumberland, MD	**Greenbelt, MD**	**Pocomoke City, MD**	**Stephens City, VA**	**Washington, DC**
(301) 724-0061	(301) 345-2463	(410) 957-6718	(540) 869-0600	(202) 745-8685

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