



Spotlight

ON EXCELLENCE

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Editor’s Note

Welcome to this special edition of the Office of Organizational Excellence newsletter, *Spotlight on Excellence*. In this edition, we feature our interview with Deputy Under Secretary for Health Dr. Gerard Cox about his more than 30 years in the Navy and military medicine career.

We also focus on the volunteer work of Organizational Excellence staff member Kay Calloway (Systems Redesign and Improvement, QSV), and Kathleen Foss-O’Hare and Mary Lee (VISN 19); and Air Force Veteran Douglas Howard (Office of the Medical Inspector, Integrity), who use their time outside of VA to help Veterans.

Additionally, we look at the VA Voluntary Service’s annual sponsorship of National Salute to Veteran Patients Week, and we introduce you to some frequent (and furry) VACO visitors who will give you paws. ♦

Veteran Spotlight Dr. Gerard R. Cox

Prior to joining VA, Deputy Under Secretary for Health Dr. Gerard R. Cox served more than 30 years in the US Navy, overseas and stateside. Among Dr. Cox’s numerous high-level positions were Assistant Inspector General of the Navy, Fleet Surgeon for the US Fifth Fleet/US Naval Forces Central Command, CEO of the Naval Hospital at Camp Lejeune, NC, and Chief Operating Officer of the US Naval Hospital in Okinawa, Japan. Recently, Spotlight on Excellence met with Dr. Cox to learn more about his service, why he chose to pursue a non-traditional military medicine career in the Navy, and how his choices have influenced his role as a VA leader.

Continuous learning has been a recurring theme in Dr. Cox’s career at VHA, as well as during his service in the US Navy. “I’ve always been interested in a lot of different areas and open to learning new ideas and skills,” he told *Spotlight*.

It is this openness that led him to choose medicine as a career and emergency medicine as his specialty. A biology major in college, Dr. Cox decided to be a doctor during his junior year at Dartmouth. Later, during medical school rotations at the University of Massachusetts Medical School, emergency medicine drew his interest. “I liked emergency medicine because of the breadth of knowledge needed to be a good ED physician. Every day is different and unexpected and emergency physicians have to balance multiple simultaneous stimuli and decisions,” he explained. It is this type of dynamic environment that Dr. Cox says turned out to be a great background for hospital leadership and administration later in his career. “In



Official portrait while assigned as Chief of the Emergency Medicine Service at the National Naval Medical Center, Bethesda, MD, 2002

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emergency medicine, you can't get flustered by the fast pace and ever-changing challenges, which is the same skill that senior executives need," he added.

What led to his decision to join the Navy? The first in his family to join the military, Dr. Cox felt strongly that his parents shouldn't take on the burden of financing his medical school education. When Navy recruiters came to the Dartmouth campus, he explained, "The Navy was talking to students about a scholarship program to help pay for medical school with a four-year obligation. I thought it would be the



Honor graduate at Navy Officer Indoctrination School, Newport, RI, May 1980

perfect opportunity to offset the costs of the degree and, at age 19, the Navy base locations on either coast were very appealing," he reminisced.

In the end, Dr. Cox's initial four-year obligation turned into eleven when he was offered the chance to do a civilian residency in emergency medicine. "With many committed years to the Navy, I decided to stay for another nineteen as my military

medicine career continued to fuel my love of continuous learning and challenge me in ways that improved not only my capacity as a physician but as a leader of hospital systems as well," he added.

As a newly minted physician, Dr. Cox's primary focus was learning how to be a good doctor. However, as he explored new areas through leadership and facilitator training, his curiosity led him to look at health care administration and health care quality. After obtaining a master's degree in health administration at Tulane, he was assigned as the Director of Clinical Operations on the staff of the Navy Surgeon General



Senior Medical Officer aboard USS ENTERPRISE (CVN-65), 1993

here in Washington, DC, where his responsibilities included programs such as risk management, utilization management, quality improvement and patient safety – areas he focuses on today in the Office of Organizational Excellence.

During his leadership exploration, Dr. Cox told *Spotlight* how he tried to straddle both his clinician

practice and his work as an administrator, but eventually had to make a decision between the two. "My hesitancy to give up being a clinician was, in part, due to my desire to directly impact the care of patients through clinical practice. But I came to the realization that my work as a hospital

administrator was an opportunity to effect change and improve care for many more patients at a time," Dr. Cox said.

The opportunity to do just that quickly followed, with Dr. Cox serving in a series of positions that ultimately took him to the Middle East during the war in Afghanistan. There, dual-hatted as Fleet Surgeon for the US Fifth Fleet and Force Surgeon at US Naval Forces Central Command (Manama, Bahrain), Dr. Cox was responsible for overseeing two combat trauma hospitals in Afghanistan, an expeditionary Naval hospital in Kuwait, and a primary care clinic in a remote desert area of Bahrain. He also planned and directed procedures for medical evacuation of ill and injured crew members from Naval vessels in the Arabian Gulf, Gulf of Oman, Gulf of Aden, Somali Basin, western Indian Ocean, and Red Sea.



In an armored convoy in Kabul, Afghanistan, 2011

Dr. Cox described his visits to Afghanistan as harrowing, but one that he felt prepared for because of his military medical training. "Everything about running a hospital there was compounded by the combat operations in Afghanistan," he explained. During airplane landings, he explained, "All the interior and exterior lights would be turned off, and we'd drop down quickly to avoid being detected by terrorists on the ground." In another example, he described how "shipping containers became makeshift medical centers on forward operating bases, where they became targets for rocket and mortar attacks. It was a challenging environment, but one that I felt proud to be involved in as I was focused on the health and healing of those directly combatting terrorism."

For Dr. Cox, navigating these and other demanding roles in military medicine were made possible by remaining open to, or seeking out, new knowledge. As he noted in one of his Excellence Matters blogs, "Having the courage to open that unfamiliar door reveals unexpected opportunities offering exciting challenges and the opportunity to acquire new skills and build new teams. It's that series of choices that produces a non-traditional career and leads to lifelong learning." ♦



Retirement ceremony at the Women in Military Service Memorial, Arlington National Cemetery, May 2013

Veteran Spotlight: National Salute Honors Veteran Patients

The National Salute is an annual occasion for Americans to thank the Veterans VA employees are honored to serve. A decades-long tradition at VA, the Salute always takes place during the week of Valentine's Day. Dates for the 2019 Salute were Feb. 10-16.

"We create opportunities to recognize Veterans, thank them for the privilege of serving them, and invite communities to help us fulfill our mission by becoming volunteers, providing donations, forming strategic partnerships with us, and allowing us to continue delivering on the promise America has made to our nation's Veterans," explains Sabrina C. Clark, VA's Director of Voluntary Service.

"We create opportunities to recognize Veterans, thank them for the privilege of serving them ..."

— Sabrina C. Clark

"It's a kind of Veteran's Week," says Clark, one that recognizes all Veterans seen at VA health care facilities, including inpatients and outpatients.

Voluntary Service manages the National Salute, as well as the Department's overall volunteer program. More than 75,000 Americans volunteer annually at VA facilities, contributing more than 12 million volunteer hours and \$77 million in gifts and donations. Their work saves VA more than \$232 million every year.

During last year's National Salute Week, more than 3,000 organizations, including Veterans Service Organizations, the Benevolent and Protective Order of the Elks, the Knights of Columbus and the Salvation Army, visited VA hospitals nationwide, meeting with patients and thanking them for their service. Some sponsored receptions with entertainment; others arranged for off-site outings or picnics and barbeques in parts of the country where the weather permitted such activities.

2019 marks the 31st year of the Valentines for Vets program, an integral part of the salute. In 2018, more

than 288,000 valentines were sent to VA hospitals and distributed to both inpatients and outpatients, many of which were made by schoolchildren inspired by their teachers to learn more about what Veterans have done for America. A syndicated advice column, Annie's Mailbox, annually publishes a letter from VA inviting Americans to visit their local VA facilities during National Salute Week and to take time to honor Veterans by sending them valentines and participating in other Salute activities.

For many years, VA annually appointed a celebrity to serve as honorary chair of the Salute. Past honorary chairs have included actors Lou Diamond Phillips and Chuck Norris, entertainer Connie Stevens, and race car driver Richard Petty. For 2019, Voluntary Service has instead created a Celebrity Board, thereby allowing a number of notables to help bring attention to the Salute.

Board members are also asked to take part in VA's National Adaptive Sports Events and the Creative Arts Festival, conduct media interviews, record Public Service Announcements, and promote their association with VA on their own social media sites. The first board members are Sydney Justin and Earnest Byner, former National Football League players, and the country music group "Shenandoah." (Mr. Justin is also a musician, leading the group "Sydney Justin and the Miracles," formerly headed by Smokey Robinson.)

"The main way National Salute helps Veterans is that it provides a platform for showcasing the opportunities to serve them at VA," Clark notes. "It allows us to bring people in and show them 'here's how you can help,' and why what VA does is important." ♦

"The main way National Salute helps Veterans is that it provides a platform for showcasing the opportunities to serve them at VA."

— Sabrina C. Clark

New Tool by OMI Staffer Seeks to Improve Nurse Staffing Decisions

How does a hospital decide the number of nurses needed to properly care for patients? At VA, that number is determined by a system called Nursing Staffing Methodology. Recently, Douglas Howard, RN, MS, a clinical program manager in the Office of the Medical Inspector, developed what he hopes will be a significant improvement to VA's nurse staffing system.

An Air Force Veteran, Mr. Howard created an algorithm to help nursing staff determine which patients are at greater risk for becoming sicker during a hospital stay, and therefore ensure these patients receive additional attention.

Appropriate staffing is an important aspect of ensuring Veterans receive safe, high-quality care at VA facilities, and critical to improving VA patient outcomes. Better nursing surveillance means patients have less complications, spend less time in the hospital, and are less likely to be readmitted.

All VA medical centers have a nurse staffing plan that helps calculate the number of nurses needed to support high-quality patient care in the most effective way possible. Acuity-based staffing refines the number of nurses on a shift according to Veterans' needs, not fixed nurse-to-patient ratios as some private sector hospitals do.

The average age of patients on the unit; average length of stay; average number of medications daily; historical workload and other factors are all considered in the existing calculations of acuity-based staffing plans. By adding 25 separate data points from Veterans' electronic health records to the mix, Mr. Howard's model helps predict which patients are at risk for getting worse. A scale he developed as part of the model objectively scores every patient's chances of deteriorating without additional nursing intervention. It measures changes in patients' health status, not their actual condition.

Because the report is generated from VA's electronic health record system, it can be automatically generated and sent to nursing stations at each shift. That way, nurse supervisors can adjust individual patient staffing needs shift-by-shift. Because these reports are automatically generated, nursing staff can provide effective patient care.

Mr. Howard began developing the algorithm ten years ago while on active duty with the U.S. Air Force. The concept, which was recently tested at the Lebanon VA Medical Center, was funded by VA's Spark-Seed-Spread Innovation Investment Program (VA's Office of Innovation). Mr. Howard is now evaluating the results.

Through this new algorithm, Mr. Howard hopes to show that forecasting changes to patients' conditions is not only possible, but also adds significant value to nurse staffing decisions. In February, Mr. Howard will present the results of the study to Lebanon leadership and discuss next steps. ♦



Douglas Howard, RN, MS



Welcome to the
Lebanon VA Medical Center

Lebanon VAMC

VHA Staff Serving Veterans: QSV Staff Spread Holiday Cheer by Sponsoring Annual Giving Tree

Kay Calloway, Systems Redesign and Improvement (SRI), envisioned an idea to give back to the Veterans and Servicemembers who have selflessly served our nation. In 2012, Kay Calloway, and Veterans Integrated Service Network (VISN) 19 colleagues Kathleen Foss-O'Hare and Mary Lee began an annual "giving tree," which gives holiday gifts to elderly Veterans. The original concept was to sponsor one Community Living Center (CLC) within VISN 19 each year. After providing gifts to five CLCs within VISN 19, in 2017, the program expanded to include Veterans in State Veteran Homes, Contract Nursing Homes and homeless shelters.

Each year, 20-50 Veterans receive gifts with additional items delivered to the homeless shelter. Ms. Calloway has continued to facilitate the annual giving tree through outreach to a new facility, garnering interest and coordination with a facility point of contact. The facility point of contact provides a Veterans "wish list" for each Veteran resident. From this list, VISN staff sign up to purchase and wrap the gifts and then Ms. Calloway coordinates and delivers the gifts to the Veterans. As Ms. Calloway explains, "It is one of the best things that I coordinate every year. Seeing the joy on the faces of some of our 'often forgotten' Veterans reminds me every day of the impact small gestures of kindness can make. These Veterans light up during the gift giving, often sharing their personal stories. Nothing tells the story more than pictures... I will let the pictures speak for themselves." ♦



Kay Calloway, MS, BSN, RN (center) and Kathleen Foss-O'Hare (right)



Warrior Canine Connection

If you work at the VA Central Office (VACO), you might have noticed some furry visitors in the lobby every third Friday of the month since last summer. These pups are part of Warrior Canine Connection (WCC), a nonprofit organization that enlists Veterans in a therapeutic mission of learning to train service dogs for their fellow Veterans.

To learn about the origins of WCC, you must first be introduced to Gabe. Nearly two decades ago, Licensed Social Worker Rick Yount received an unexpected Christmas present from



When he got Gabe, Mr. Yount was working with abused children in a foster home in rural West Virginia. Gabe now has offspring in many countries, who are helping Veterans and their families all over the world.

two friends who were Veterans of Operation Desert Storm: Gabriel (AKA Gabe), an eight-week-old Golden Retriever puppy.

A year later, Gabe accompanied Mr. Yount to work – the same day he transported an 11-year-old boy from his biological mother into foster care. Mr. Yount found that during

this most traumatic of times, Gabe instinctively knew how to soothe the devastated child, and a seed was planted. With Mr. Yount’s guidance and training, Gabe became a Certified Therapy Dog.

When US troops began arriving home from the Iraq and Afghanistan conflicts with serious physical wounds and mental trauma, Mr. Yount saw the opportunity for a symbiotic relationship and became convinced that dogs could play a pivotal role in Veterans’ healing. In July 2008, Mr. Yount created the first Warrior dog-training program

to provide a safe, effective, non-pharmaceutical intervention to help treat the symptoms of Posttraumatic Stress Disorder (PTSD) and traumatic brain injury (TBI). The program, based at the Palo Alto VA’s Men’s Trauma Recovery Program in Menlo Park, CA, involved a mixture of active duty and Vietnam War Veterans and evolved into a highly respected intervention using experiential training.

Mr. Yount was asked in 2009 to establish the Warrior dog-training program at Walter Reed Army Medical Center’s Warrior Transition Brigade (WTB) in Washington, DC. In October 2010, he and the program were invited to be part of the PTSD and TBI research, treatment and education mission at the new National Intrepid Center of Excellence (NICoE), in Bethesda, MD – located at what is now the Walter Reed National Military Medical Center.

In 2011, WCC was founded to expand the availability of this therapeutic service dog-training program to the U.S. Department of Defense and VA medical treatment facilities throughout the country, and to conduct research to establish this model as an evidence-based therapy for PTSD and TBI. WCC utilizes a Mission Based Trauma Recovery model (see infographic below) to help Veteran “Warriors” recovering from the stress of combat reconnect with their families, communities and life.

According to Mr. Yount, “The benefits that Veterans with PTSD can get out of participating in training these dogs for fellow Veterans, and how one dog can be trained by multiple Veterans over the two years or so that it takes to train them – this is a mental health intervention that’s experiential and teaches skills that are critical to



Rick Yount outside VACO

transitioning and adjusting from combat missions to health missions.”

By interacting with these dogs as they move from puppyhood to training to adult service dogs, Warrior Trainers benefit from a physiological and psychological animal-human connection. As a result of their efforts, Veterans with disabilities receive the



WCC puppies taking a break from socializing at VA Central Office in Washington, DC

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finest in trained service dogs. Through WCC's program at medical centers, Veterans and Service Members have the opportunity to help train a service dog for their fellow Warriors as part of their own healing process. This is "Warrior Ethos" – the mission of helping out a fellow Warrior as part of this process.

Each dog is purpose-bred specifically for temperament and longevity, which ensures the dog's health and ability to serve Veterans. For example, for a Veteran requiring mobility assistance, WCC ensures they're paired with strong, healthy dogs with healthy hips and joints who can help with physical activity. In addition, WCC breeds and socializes all of their dogs to ensure they're friendly. If you're at VACO, you might be able to see and socialize with these pups during one of their future visits!

Learn more about WCC and apply to be a "puppy parent" at: <https://warriorcanineconnection.org/>

To date, thousands of Service Members and Veterans experiencing symptoms of combat stress have participated in WCC's program. Since its founding, WCC has paired 57 dogs with Veterans. Any Veteran in the US can qualify for a service dog, which are matched, paired and provided to Veterans at no cost to them.

As a nonprofit, WCC hopes to help build a public-private partnership with the VA to help more Veterans, wherever they are located. WCC also hopes to see the Veterans Dog Training Therapy Act – drafted with the help of Mr. Yount – passed, so this program can be expanded to additional Veterans centers. ♦



WARRIOR CANINE CONNECTION

HOW DOES 1 DOG

HELP MORE THAN 60 WARRIORS?

START WITH A SPECIAL PUPPY
Dogs are purpose-bred for service.

DOGS SELECTED FOR:
TEMPERAMENT
STRENGTH
HEALTH

SOCIALIZE THE PUPPY WITH MORE THAN 100 PETERS
Careful socialization process sets up both the Warrior Trainers and the dogs for success.

Puppy Peters
Active Military, Veterans
Recovering Warriors
Civilian Volunteers

WARRIORS TRAIN THE DOGS AND HEAL THEMSELVES
Training the dogs helps recovering Warriors cope with post-deployment challenges.

Training a dog for a Veteran gives me a renewed sense of purpose.

The dog helps reduce my anxiety. I actually sleep better.

By exposing the dog to new environments, I bring myself out of isolation.

In teaching the dog that the world is a safe place, I learn it myself.

Learning how to be positive improves relationships in my family too.

RESEARCH continues to confirm the therapeutic potential of Canine Connection Therapy.

WARRIOR ETHOS: My mission is to train this dog for my fellow recovering Warrior. I will not accept defeat.

CANINE CONNECTION THERAPY
Often helps those who have not responded to traditional therapies.

RECOVERING WARRIORS ARE GIVEN A LIFETIME OF HELP
One service dog helps more than 60 recovering Warriors as he is raised, trained, then paired with a Veteran.

VETERANS WITH DISABILITIES RECEIVE TRAINED SERVICE DOGS.

How we help Warriors (Source: <https://warriorcanineconnection.org/how-we-help-warriors/infographic/>)