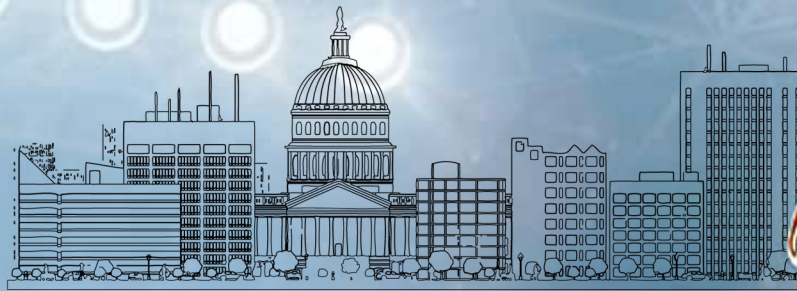


THE
BOISE



23

ONT

The official newsletter of the Boise VA Medical Center

**MARCH MADNESS
GAMBLING RULES
PG. 8**

**NEW RESOURCE
GUIDE FOR IDAHO
VETERANS PG. 12**

**VETERAN
APPRECIATION
FAIR PG. 2**





JOIN US



BOISE VA MEDICAL CENTER

VETERAN APPRECIATION FAIR

JUNE 23, 2023 ★ 11A to 2P

**Boise VA Parade Grounds
500 W. Fort St. Boise, ID**

Event is free to attend and family friendly. Event will include: representatives of veterans organizations, dunk tank, live music, lawn games, BBQ food, prizes, and MORE!

*For questions, to volunteer, or to have a booth contact Tammy at
(208) 422-1175*

FREE



VA

Boise VA
Medical Center

Acute Vs. Chronic

Are you treating a chronic condition while a patient is inpatient?

If you stated yes, then you should be documenting the diagnosis as a current chronic condition not a history of.

Common Diagnoses that are stated as history of that are likely still being treated:

-CHF, HFpEF, HFpEF
-COPD
-HTN
-DM
-Asthma

Contact Us

Shasta Balke
Brooke Horlocher

Shasta.Balke@va.gov
Brooke.Horlocher@va.gov

SharePoint Site: [Clinical Documentation Integrity \(Inpatient\) & Outpatient Coding Auditing \(sharepoint.com\)](#)

Coding Connection

Acuity/Severity Acute VS. Chronic Conditions

Other diagnoses are defined as: "All conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received and/or the length of stay. Diagnoses that relate to an earlier episode which have no bearing on the current hospital stay are to be excluded." OCG Section III Reporting Additional Diagnoses; UHDDS item #11.b.

The **definition** for "other diagnoses" is "additional conditions [either present on admission or occurring during admission] that affect patient care in terms of requiring:

- Clinical evaluation, or
- Therapeutic treatment, or
- Diagnostic procedures, or
- Extended length of hospital stay, or
- Increased nursing care and/or monitoring."

Secondary conditions which are documented but do not meet one of these five requirements should not be reported. As with all codes, **clinical evidence** should be present in the medical record to support code assignment. Do not assign codes for conditions in the ED, observation, or outpatient surgery that **resolve prior to the inpatient admission**. If you are documenting History of/PMH of and state hx of COPD treat with albuterol or hx of HFpEF and treating with daily Lasix, metoprolol etc. Please document these conditions as chronic.

Chronic conditions such as hypertension, congestive heart failure, asthma, COPD, Parkinson's disease, diabetes mellitus, and many others typically require chronic treatment and meet the above definition.

Example: A diagnosis of CHF stated as Hx of HFpEF is coded as CHF unspecified. This code can be further specified as chronic and would then not be left as an unspecified code. When you specify the acuity, the specificity may also be coded.

Example: Hx HTN. If you state history of and that patient is still being given medications for hypertension, please document that as a current condition currently being treated. HTN can affect coding assignment and provide us with combo codes and change the DRG and or Principal Diagnosis.

Acute conditions such as pancreatitis, PTSD, Osteomyelitis, and many others also impact coding. When these are not stated as an acute or chronic condition they are coded to an unspecified code or there may not be a code for the diagnosis unless the severity is stated.



Hello's



Goodbye's

THE BOISE VAMC WOULD LIKE TO WELCOME OUR NEW
EMPLOYEES WHO CAME ABOARD IN FEBRUARY 2023:

**Andrew Barragan
Atayyab Benjamin
Jacob Berriochoa
Star Fitzgerald
Ladylyn Huett
Cadis Jobes
Autumn Mantey
Russell McCann
Lessie Schoenfelder
Jacqueline Schrempp
Anne Sorenson
Sophia Spotts**



THE BOISE VAMC WOULD LIKE TO SAY GOODBYE TO
THE EMPLOYEES WHO LEFT US IN FEBRUARY 2023:

Sara Dean
Callie James
Richard Jordan-Gutierrez
Sean Spencer

WE WOULD LIKE TO RECOGNIZE THE TRAGIC PASSING OF A VERY
SPECIAL BOISE EMPLOYEE. OUR THOUGHTS AND PRAYERS ARE
WITH HIS FAMILY AND THE LOVED ONES HE LEAVES BEHIND.

Chaplain Dave Tish

Special Tribute to a Former Boise VA Chief Surgeon

[CLICK HERE FOR OBITUARY](#)

William Wallace Laxson Jr. stopped by Building 1 to let us know that his father—the man whom he was named after—recently passed away in Boise on January 5th, 2023, at (nearly) age 101. His father was the Chief Surgeon at the Boise VA Medical Center from 1956-1992 (the end date is an approximation), and young William and his four siblings (two brothers, two sisters) grew up on station. His father spent almost his whole career at the Boise VAMC, and William Wallace Laxson Junior's entire childhood was wrapped up on station. His family had resided in Building 1, and he has fond memories of racing go-carts with the Coplin children (children of the Director, spelling unknown) around the VA loop, converting his kitchen into a photography dark room, playing tennis and basketball with his family on the courts that once occupied the area where the parking garage stands today, and hunting for treasures at the local landfill with the other kids on station. He was quite nostalgic about his childhood and thought that the Boise VA Medical Center was the perfect place to grow up.

Submitted by Christina Castillo



Mary Jean & Bill Laxson

VOLUNTEER SPOTLIGHT



Kevin Bechen

I am a veteran of the United States Coast Guard enlisting in February 1967, retiring July 1989 as a Chief Boatswain's Mate (E-7). While I served during the Viet Nam War, I am not a combat veteran.

I was born and raised in San Francisco. My wife, Anne and I met at the Armed Services YMCA in Long Beach, California. We married in 1969, raising a son and daughter moving seven times throughout my career keeping in mind that spouses serve that career as well but seldom receive any acknowledgement or thanks.

Our son and family live near Portland, Maine, and have one son, who is now in college. Our

daughter and family live in Eagle, and have four kids, twin girls 14, a girl 12 and son 10.

During my career I served on three buoy tenders servicing aids to navigation. I requested ice breaker duty and participated in Antarctica Operation Deep Freeze 1969 & 1970. Those deployments allowed for stops in Samoa, Fiji, and New Zealand. I was an instructor at the Coast Guard recruit basic training center.

During the Nixon Administration I was assigned to the Western White House Presidential Support Team. I served as Executive Officer at Station Pensacola FL, and Station Shinnecock, Long

Island, NY. I finished my career as the Officer in Charge Boise Coast Guard Recruiting Office.

Following the Coast Guard, I retired after 24 years with the Idaho Transportation Department. My last 10 years there I was assigned as a grants officer in the highway safety office, where I was the Idaho State Impaired Driving Coordinator.

This was an awesome position as it allowed me to work closely with Idaho State Police, county, and city law enforcement statewide, funding overtime DUI enforcement patrols, alcohol sensing instruments and video systems for evidence in court.

After the ITD retirement my main thought was "ok, now what?" So, in 2015 I decided to see what might be available at the Boise Veterans Hospital for volunteering.

I began in the Community Living Center transporting veterans to their physical therapy appointments, and clinics in the hospital. Then 2019 saw the COVID outbreak at which time

all-volunteer positions went on hold. A few months later there was a need for COVID screeners at the parking lot check point, so I returned remembering those 100+ degree days in the sun.

When the COVID vaccination clinic opened, I assisted other volunteers in sanitizing chairs, and keeping the seating distance. Once the outside check point was moved to the main hospital entrance I continued there, and eventually joined the volunteer services patient transport team.

When I first began volunteering, it was about me and something to do. I soon realized the "ME" was unimportant and what the volunteers do not only affects the veterans directly, but also the entire hospital staff by us transporting patients, and running lab tests, they are able to continue what they are trained to do.

Photography is my main free time escape, spending lots of time at Kathryn Albertsons Park seeking wildlife. Other than that, summer time is spent gardening and woodwork projects.

Compliance Corner

March Madness - Gambling Prohibitions

Every March, the National Collegiate Athletic Association (NCAA) holds its Division I Men's Basketball Tournament, known as March Madness®. The NCAA basketball tournament is among the most popular sporting events to bet on; the NCAA estimates 1 in 10 Americans will fill out a bracket, and many do so as part of office pools.

However, federal rules prohibit employees from gambling while on duty, or while on government-owned or leased property, even if it's just spending a few bucks on a friendly office bracket. These restrictions apply not only to federal employees, but also to members of the public at large, contractors, vendors and exhibitors when on GSA-controlled property (5 C.F.R. § 735.201; 41 C.F.R. § 102-74.395). State laws may also prohibit gambling activities.

Furthermore, with so many VA employees teleworking from home, under VA's Limited Personal Use of Government Office Equipment policy (VA Directive 6100), use of Government office equipment for illegal activities such as gambling is always prohibited.

Even if your participation in March Madness® is not considered gambling (let's say you are simply picking winners to claim bragging rights), limited personal use of Government property is only permitted where the activity occurs on non-duty time, does not interfere with official business (including video streaming on IT networks), and the expense to the Government is negligible.

Generally, gambling requires three elements:

- A game of chance.
- Payment of consideration for the opportunity to play the game.
- An offering of a prize (even if donated to charity).

A "game of chance" includes, but is not limited to, a raffle, lottery, sports pool, game of cards, the selling or purchasing of a numbered slip or ticket, or any game for money or property. "Consideration" includes a participation fee, a wager of money, and something of value in return for the possibility of winning a reward or prize. A "prize" would include a monetary award, or a tangible or intangible item. Examples include meals, drinks, gift certificates, tickets to events, or cash.

Violations of these prohibitions may be cause for disciplinary action, in addition to any other penalties prescribed by law. Therefore, the best course of conduct is to avoid any March Madness® office pools or workplace activity that involves gambling on the outcome of a game or the misuse of Government resources.

Employees and veterans are encouraged to speak up if something isn't right or if they need guidance about an ethical concern or question about compliance. You can contact me at 208-422-1267 / Steven.Waltari@va.gov or call the OIC Helpline at 866-842-4359. For guidance on ethical decisions related to patient care contact the Ethics Consultation Team at BOIEthicsConsult@va.gov.

COMPLIANCE CORNER



BOISE is HIGHLY RELIABLE

HRO PRINCIPLES & VALUES

THEME OF THE MONTH

Preoccupation with Failure

February 2023 | National Safety Poster

Anticipating Risk to Protect Veterans with Diabetes

C

CONTEXT

Mary Balcer, a Registered Nurse and Certified Diabetes Care and Education Specialist at the Oscar G. Johnson VAMC (Iron Mountain, MI) was caring for a Veteran with a newly embedded glucose monitor. The monitor revealed an unusually high blood sugar level. Ms. Balcer took a manual sample that yielded a much lower reading. She recognized the risk of an inaccurate blood glucose reading and decided to research the cause of this problem.

A

ACTION

Ms. Balcer called the device company, which clarified that patients should use fingerstick devices to test blood sugar for 12 hours after monitor insertion. This step was not clearly defined in the education received by patients. Ms. Balcer revised the facility's training to capture this guidance. She also obtained a list of Veterans who were currently using the device so her team could relay clarified instructions.

R

RESULTS

Ms. Balcer's Preoccupation with Failure identified and mitigated a glucose-monitoring risk, leading to safer care for Veterans. Her actions also helped improve the training process so that Veterans would receive accurate education moving forward.



“Rather than solely reacting to one Veteran’s problem, I wanted to eliminate a possible risk to others.”

*Mary Balcer, RN
Certified Diabetes Care and Education Specialist
Oscar G. Johnson VA Medical Center
Iron Mountain, Michigan*

VA



U.S. Department
of Veterans Affairs

For more information, visit: http://bit.ly/HighReliability_sp

VHA'S JOURNEY TO
**HIGH
RELIABILITY**

Your Care is Our Mission.

EMPLOYEES OF THE MONTH **JANUARY**



Gary boltz

Gary is an instrumental team member in Supply Chain Management. He works directly with our Community-Based Outpatient Care (CBOC) nursing staff. He is attentive and quick to respond to supply requests and routinely helps nursing staff troubleshoot the Omnicell system ensuring the correct items and levels are maintained in the clinics. He completed the training to be system administrator for the Omnicell program. He recently helped cover for the Boise-sitter one on one program. Mr. Boltz has completed a class on Emergency Management through the University of Tennessee and has also become fully qualified for the DEMPS program.

This March we celebrate National Professional Social Work Month.

This year's theme is, "Social Work Breaks Barriers." Each day social workers help break down barriers that prevent people from living more fulfilling, enriched lives. They work on the individual level, helping people overcome personal crises like food insecurity, lack of affordable housing, or limited access to good health care. They also advocate on a systems level to ensure laws and policies are adopted so everyone can access such services. Social workers in many other settings help break barriers that keep people from living life to the fullest.

Social work can be difficult to understand because the profession is so diverse. Social workers work in many different places, including schools, hospitals, mental health practices, veteran centers, child welfare agencies, the criminal justice system, corporations, and state, federal and local governments—to name a few. Although there are many kinds of social work, members of the profession all share common principles: They are people dedicated to seeking complete equality and social justice for all communities and helping people achieve their own potential.

The VA Social Work workforce includes over 17,000 masters prepared social workers. Our workforce trains over 1,500

SOCIAL WORK

BREAKS BARRIERS

social workers annually. VA Social Workers are leaders, clinicians and researchers integral to programming (clinical and administrative) across VA's continuum. Social Workers ensure that Veterans, families, caregivers and loved ones are able to access resources and interventions to improve health and well-being in core social determinants of health domains such as access to care, economics, housing, social support, psychological status and functional status.

Here at the Boise VA Medical Center, 76 Social Workers provide a wide array of services including therapy and crisis intervention in Integrated Care and the ER, behavioral health clinics, residential and outpatient substance use treatment, the inpatient psychiatric unit, community-based outpatient clinics, and suicide prevention. In addition, Social Workers are key players in discharge planning and case management for Veterans in both inpatient and outpatient medical, the community and behavioral health settings. Social Workers actively assist Veterans and caregivers to access resources that can ease

the strain for aging Veterans, help Veterans to better cope with illness, and live their lives with the dignity that they deserve. Social Workers provide current evidence-based treatment to Veterans experiencing PTSD, substance abuse, and other mental health concerns at various levels ranging from outpatient care to residential treatment. They advocate to ensure equal rights for all Veterans accessing care at the Boise VA and in the community. Boise VA Social Workers are involved in many committees across campus, in the community, and volunteer to provide clinical supervision and mentoring to social work interns in order to give back to their field. Social Workers help Veterans and families experiencing homelessness to find safe and suitable housing options. They also provide education and advocacy to Veterans experiencing legal problems. Across all areas and in all facets of the Boise VA, the need for Social Workers is great, and the time is always right for social work.

Please join in celebrating the contributions of social workers during National Social Work Month!

A woman with dark hair, wearing a military camouflage uniform, is seated at a desk. She is looking down at a laptop, with her hands positioned on the keyboard. The background is a softly blurred indoor setting, possibly an office or home workspace, with a desk lamp and some papers visible. The overall lighting is warm and focused on the subject.

NEW RESOURCE GUIDE FOR IDAHO VETERANS

[CLICK HERE](#)



FREE TO ATTEND!

2023 VETERANS LEGAL CLINICS

**17 January
21 February
21 March
18 April
16 May**

Legal clinics are free & open to veterans and spouses.

Clinics are held from 2PM to 4PM at the Boise VA Medical Center, Bldg. 54. Located at 500 W. Fort Street, Boise, Idaho 83702.

Additional phone appointments with attorneys are available on a case-by-case basis.

Please contact Amanda Pentland, LCSW at (208) 422-1000 ext. 7099 for additional information.

**VA**

Boise VA
Medical Center

EMPLOYEES OF THE MONTH JANUARY



James Olson

On 2M/S we had an RRT. Normally the ER staff does not attend an inpatient RRT but on this occasion we had a patient with back issues fall that needed a backboard and these are only in ER. James Olson brought up a half board but was sent back to bring a full body board.

Integrity and Commitment & Excellence: James went back down to the ER to grab the different backboard and brought it back up to 2M/S. When he came back up he could have left right away. Instead he saw that we were having to pick the patient up with on the backboard he stayed to help.

James donned on all PPE and assisted MD's, RT's, Nurses to lift the patient back to bed safely. The wonderful attitude that James had made this so special to the 2M staff. Afterward he asked to be assured that he was no longer needed. The integrity that James showed was amazing and he has displayed his commitment throughout this work in the ER and wherever he is floated. We are glad to have him be part of the nursing service here at the Boise VA.

2023 IDAHO DISABLED VETERANS ELK HUNT

APPLICATIONS ACCEPTED JANUARY 2 - JANUARY 31 2023



The Idaho Division of Veteran Services will coordinate an elk hunt for two disabled Veterans with 40% Service Connected Disability Ratings or Higher.

A selection committee will review applications and choose two Idaho Veterans.

Applications are available at <https://veterans.idaho.gov/> or you can scan the QR Code

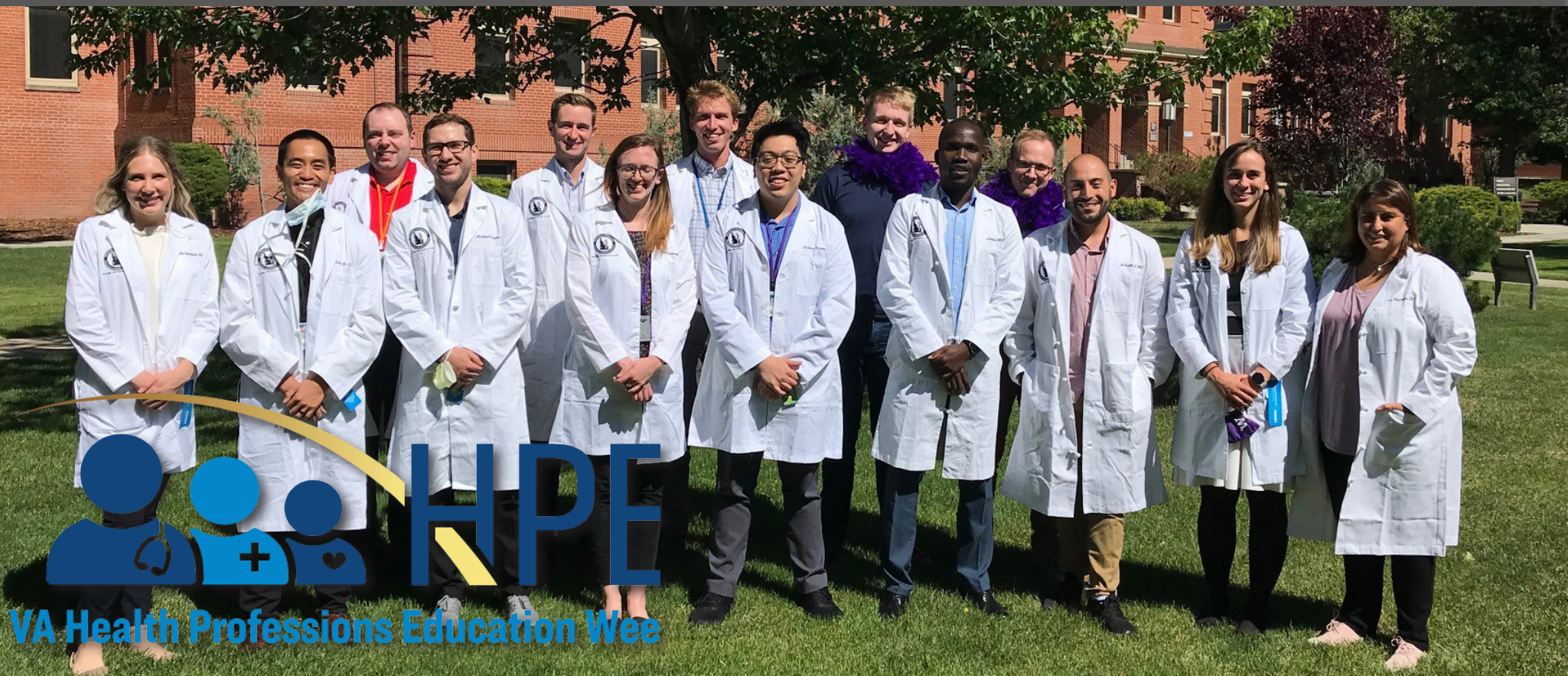
If you have any questions about this opportunity call (208) 780 – 1300.



THIS IS AN OPPORTUNITY OF A LIFETIME!

THE BOISE VA MEDICAL CENTER CELEBRATES VA'S HEALTH PROFESSIONS EDUCATION WEEK

Learn more about VA's Health Professions Education Week and VA's health professions training programs by visiting the [OAA website](#) or by watching this brief [introductory video](#).



FEEDING AMERICAN HEROES

THURSDAY

MARCH 23RD

1PM - 4PM

VA HOSPITAL

AT THE FLAG POLE

500 W FORT ST, BOISE, ID 83702



VETERANS

& FAMILIES

**HOT FOOD FOR
THE FIRST 200**

**SUPPLY BAGS FOR THE
FIRST 200 VETERANS**

**FOOD FROM CONED
FOOD TRUCK**

SPONSORED BY



**The
Idaho
Foodbank**

PROVIDING ESSENTIAL FOOD ITEMS AND SUPPLIES TO HELP VETERANS
STAY SAFE AND STILL BE ABLE TO MEET BASIC NEEDS DURING ANY
NATIONAL EMERGENCY, CATASTROPHE, OR PANDEMIC.

REGISTER ONLINE!

[HTTPS://WWW.EVENTBRITE.COM/E/VETERAN-REGISTRATION-MARCH-FEEDING-AMERICAS-HEROES-BOISE-TICKETS-514295560867?AFF=EBDSSBDESTSEARCH](https://www.eventbrite.com/e/veteran-registration-march-feeding-americas-heroes-boise-tickets-514295560867?AFF=EBDSSBDESTSEARCH)

VETERANS!

**DON'T MISS YOUR CHANCE TO RECEIVE
FREE VALUABLE GROCERIES AND
HOUSEHOLD GOODS!**

Have you heard about the STAR-VA and BRO programs coming to BVAMC?

The population of aging Veterans with neurocognitive disorders and associated distressed behaviors being admitted to inpatient VA care settings is increasing annually. Such behaviors can negatively impact Veteran quality of life, pose challenges for care providers, create barriers to discharge, and/or interfere with long-term successful community placement. The STAR-VA/BRO programs address these circumstances and are being implemented as part of the FY2023 Strategic Plan.

Staff Training in Assisted Living Residences (STAR)-VA is an interdisciplinary behavioral approach to managing challenging dementia-related behaviors. A need was identified for training direct care workers in assisted living residences to improve the care of older adults with dementia by improving their interactions, and in turn helping to manage the challenging behaviors commonly exhibited. This was originally developed at the request of the VA National Mental Health Director for Psychotherapy and Psychogeriatrics. The primary purpose is to help the staff in VA Community Living Centers manage challenging dementia-related behaviors and improve the care provided to Veterans. STAR-VA is part of an initiative within the Veterans Health Administration (VHA). Over 70 CLCs have participated in STAR-VA training/consultation between a 2010 pilot and 2018. Outcomes of research studies on program effectiveness include:

- Significant reductions in the frequency and severity of challenging behaviors
- Decreases in symptoms of depression, anxiety, and agitation
- Decreased prn prescribing of antipsychotic and benzodiazepine medications
- Decreased staff injuries

Program evaluation has also demonstrated that STAR-VA



implementation has led to improved staff confidence in working with this population.

At its core, STAR-VA is a collaborative, interdisciplinary intervention guided by a Behavioral Coordinator and Nurse Coordinator. In the STAR-VA intervention, the Behavioral and Nurse Coordinators work closely together with a variety of other CLC staff members, or “Staff Partners” in the development and implementation of behavioral intervention plans to decrease challenging dementia-related behaviors and enhance Veteran care. The assistance of Staff Partners is essential to successful implementation and sustainability of the STAR-VA intervention. STAR-VA interventions are designed specifically to meet the needs of Veterans and teams in CLC settings. The intervention has 4 core components:

- Creating realistic expectations among staff for individuals

with dementia

- Promoting effective communication
- Identifying and changing activators and consequences of behaviors (ABCs)
- Increasing resident-centered pleasant events through a structured process

The Behavioral Recovery Outreach (BRO) Program

The Behavioral Recovery Outreach (BRO) Team, that originated in VISN 23, serves as an innovative model of care designed to meet this Veteran population's behavioral needs across the care continuum.

BRO Teams includes a Psychologist, Registered Nurse (RN), and Social Worker. Like the STAR-VA team, the BRO team collaborates with Staff Partners including Recreational Therapists, Occupational Therapists, Geriatricians, Nurse Practitioner and Physician's Assistants, depending upon the site. As the Veteran begins to demonstrate behavioral stabilization, the BRO team Social Worker makes referrals to community placements that can match the Veterans needs and strengths. Community partners are invited to the VA to meet the Veteran, review the behavior plan, and meet with BRO Team members. Upon acceptance to a given facility, a comprehensive discharge packet, behavior plan, and other pertinent information is sent to the discharge facility. BRO Team members then accompany the Veteran to their community placement on day-of-discharge, sharing behavioral information with new caregivers in the community and serving as a source of comfort to the Veteran. The team then provides transitional behavioral support at regular intervals post-discharge, as well as provides as-needed recommendations to avoid preventable behavioral admissions. The BRO Team members and community partners continue to work together until the Veteran is behaviorally stable in their community placements and is at low risk for behavioral re-admission to the

VA. Since program implementation began in 2012, the BRO Teams around the country have contributed to:

- . Reductions in symptoms of anxiety, depression, and agitated behaviors for Veterans enrolled in STAR-VA
- . Increased rate of discharges for hard-to-discharge Veterans
- . Improved access to CLC/Inpatient beds
- . Reduced behavioral readmissions for participating Veterans
- . Reduced ER visits for participating Veterans
- . Increased stakeholder satisfaction
- . Financial savings

The STAR-VA and BRO Teams at BVAMC consist of the following staff (L2R): Gregory Mondin, Ph.D.; Darren Woods, LCSW; Ivy Merrell, LCSW; and Kathleen Gately, RN, MSN, MSW.



HELP US FIGHT THE WAR ON VETERAN SUICIDE



RIDE FOR 22

SATURDAY, APRIL 15TH 2023

RIDE STARTS

FORD IDAHO CENTER IN NAMPA



RIDE ENDS

HIGH DESERT HARLEY-DAVIDSON

REGISTRATION 8- 10 AM | KSU 11 AM

LIVE MUSIC | FOOD TRUCKS | BAR | VENDORS | RAFFLES

