

# VA PALO ALTO HEALTH CARE SYSTEM



ANNUAL REPORT

2008

VA PAHCS

Veterans Affairs

Palo Alto Health Care System

# *A Message from the Director*



As our country welcomes President Obama and his new administration in 2009, a president whose campaign themes were the promise of hope and change, we at the VA Palo Alto Health Care System (VAPAHCS) have experienced much change in 2008 and have many reasons to be hopeful in the future.

I am, as always, extremely thankful to our wonderful employees, patients, volunteers and other stakeholders. Together, we continue to grow and thrive as a health care system and to prepare for major changes ahead. We will experience change in many forms in 2009 – new leadership, new facilities and new ways of tackling long-standing issues using system redesign principles.

In May 2008, our VISN 21 Network Director, Dr. Robert Wiebe, took on a new role as the Chief Medical Officer for the Catholic Healthcare West System. For over 10 years, Dr. Wiebe led VISN 21 as one of the top performing networks in the VHA. Dr. Wiebe was a fearless advocate for VAPAHCS and an incredibly patient and steadfast mentor and supporter to me. We were extremely fortunate to have Ms. Sheila Cullen, former Director of the San Francisco VA Medical Center (SFVAMC), succeed Dr. Wiebe in a seamless manner. Ms. Cullen's familiarity with VISN 21 and her strong leadership skills are terrific assets to our health care system and to VISN 21.

We have experienced change in two of our top VA leadership positions both locally and nationally. In January 2009, we welcomed the Honorable Eric Shinseki as the new VA Secretary. Closer to home, Ms. Joanne Krumberger, former Associate Director of the VA Northern California Health Care System, became our new Associate Director. Ms. Gloria Martinez, former Nurse Executive for the SFVAMC, joined us as our new Nurse Executive. I know you will join me in welcoming them in their new roles here and that you will feel as I do that, they will be enormous assets in our meeting the many new challenges ahead.

We enter Fiscal Year 2009 as the top rated VA health care system among the most complex health care systems in VA – for the third year in a row. Therefore, we know we can successfully meet and exceed high profile performance measures and the requirements from a myriad of internal and external surveys and inspections.

My hope for us in 2009 is that we will continue to lead VA in performance, but we will also accept and conquer new challenges in the arenas of systems redesign and meeting and exceeding our patients' expectations. We will do this not because it is the "flavor of the month," but because of the responsibility we bear as one of VA's flagship health care systems. It is part of our mission to innovate, explore, revisit and reinvent what is



comfortable and predictable. I do not expect our journey to be easy, but it will be exciting and rewarding.

I commend our local leaders, Shirley Paulson, Chief Nurse for Medicine, Surgery and Critical Care, and Dr. Paul Helgerson, Chief of Inpatient Medicine, who are leading local and national system redesign initiatives. I ask that we all examine our roles in our unique and powerful mission of providing world-class health care for veterans. Ask yourself the question – What is my role? How connected do I feel to this mission? If you do not have satisfactory an-

swers to those questions now, what needs to change and how can we make those changes? How can we all change to make our care more truly patient-centered?

Our combined connectedness and creativity are the keys to both our past and future success. I am grateful to have so many fabulously dedicated staff who strive to improve our health care delivery system every day. Together, we will continue to lead, grow and learn. These are exciting times for us as a country and as a health care system – let us all enjoy what is ahead!

## New Leaders



**Sheila Cullen**  
Director, VISN 21



**Joanne Krumberger**  
VAPAHCS Associate  
Director



**Gloria Martinez**  
VAPAHCS Nurse  
Executive

# VAPAHCS Designated One of the Best VAs for Women's Health

Women veterans' physical and mental health care at the Veterans Affairs Palo Alto Health Care System (VAPAHCS) was recently recognized as being some of the best in the Nation.

"As everyone knows, women are playing an ever increasing role in our military and it is a critical role. Now, it is our turn to ensure they receive the best health care available – that is our critical role," said Lisa Freeman, director of the VAPAHCS. "This designation recognizes that VAPAHCS is fulfilling that role well. From the Women's Health Clinic and Women's Trauma Recovery Program to our Vet Centers, outpatient clinics and research programs, our women veterans are held in high esteem and are recognized as integral players in our health care system."

In 2007, the VAPAHCS treated nearly 6,000 women, who represented approximately 10 percent of the overall veterans treated. Like all VA hospitals, every woman who came to VA for care was carefully screened for post traumatic stress disorder, traumatic brain injury and



military sexual trauma. Many of the hospital's programs treat women veterans from all over northern California and the residential post traumatic stress disorder (PTSD) program has treated women from every state in the Union.

Some of the health care system's more innovative programs for women veterans include:

- The Women's Health Center is a comprehensive clinical center providing primary care, preventive health, behavioral medicine and counseling, and gynecological specialty services in an environment devoted to women.
- The Women's Trauma Recovery Program was the first residential program of its kind in the nation and still the only program on the West Coast. Women veterans are treated for both combat and sexual trauma-related PTSD in a safe and healing environment.
- Recently established, the Women's Prevention, Outreach and Education Center is an interdisciplinary center for women veterans offering health promotion, primary care psychology, comprehensive assessment and specialized outpatient mental health treatment for combat and sexual trauma-

related PTSD, depression, anxiety and substance use. Services also target the adjustment issues of women and their families recently returned from service.

VAPAHCS has a vibrant women's health research program that, like the clinical programs, emphasizes the combined mental and medical health needs of women veterans.

The VAPAHCS has come a long way in developing and expanding its programs for women veterans in the past four decades, with the most crucial part of its journey to success taking place since 1995.



*Army Sergeant June Moss readjusts as mother and VA employee after returning from combat in Iraq.*

"Even with our advancements made to date, VAPAHCS recognizes that there is still much to do," said Freeman. "It's an attitude that continually keeps our programs expanding and improving – it is the cornerstone of what makes VAPAHCS a Center of Excellence in all Veteran care."



# VA Secretary Gives Top Award to VAPAHCS' Homeless Program



*Pete Dougherty, National Director of Homeless Programs, presents a plaque to Dr. Keith Harris, VAPAHCS Chief, Domiciliary Service.*

Veterans make up nearly one-third of the nation's homeless population. California has more homeless veterans than any other state and the VAPAHCS is taking those numbers seriously.

The VAPAHCS, in conjunction with the Homeless Veterans Emergency Housing Facility at Menlo Park and Santa Clara County Valley Homeless Health Care, was awarded the VA Secretary's top Award for Outstanding Achievement in Service to Homeless Veterans on Sept. 19, 2008, at Menlo Park, Calif.

Last year, nearly 2,500 homeless veterans received housing or care through a VAPAHCS initiative called THRIVE (The Health and Resource Initiative for Veterans Everywhere). This is the initiative that caught the attention of the Secretary in Washington, D.C.

"THRIVE represents a unique and effective collaboration between multiple VA services, as well as community partnerships," said Dr. Keith Harris, chief of VAPAHCS Homeless Programs. "Our treatment programs target substance dependent and/or homeless veterans who have the potential and desire to return to independent living. Our overall philosophy is captured in the statement: 'I create what happens to me.'"

Through collaborative work, VA and community homeless programs strive to offer a continuum of services that include:

- aggressive outreach to those veterans living on streets and in shelters who otherwise would not seek assistance;
- medical services delivered in the field through use of a mobile medical van;
- clinical assessment and referral to needed medical treatment for physical and psychiatric disorders, including substance abuse;
- long-term sheltered transitional assistance, case management, and rehabilitation;
- outreach to incarcerated veterans;
- employment assistance and linkage with available income supports, and supported permanent housing.



"Our work at VA on behalf of our Nation's homeless veterans is enhanced by so many outstanding organizations, national and community leaders and countless volunteers who reach out with heartfelt compassion to their brothers and sisters on the street and in shelters," said Harris. "But the fight to reclaim our nation's heroes is far from over. Homelessness is a complex issue and VA continues to work diligently with community partners to develop strategies to end chronic homelessness in America."



# VAPAHCS Accomplishments



- The VAPAHCS was named one of the “100 Most Wired” hospitals for 2008 by *Hospitals and Health Networks Magazine*. This is the fifth time that VAPAHCS has received this designation, more than any other hospital in VA.
- The VAPAHCS was selected to receive the Innovative Recruitment Idea awards following the recent Western Cluster Seminar. The Palo Alto HCS was recognized for its in-house job fair for various occupations and the extensive advertising of the fair.



- VAPAHCS started using new Self-Service Patient Check-in Kiosks. Seven Kiosks are currently operating at the Palo Alto hospital and there are plans to place them at the Livermore Division and the San Jose Clinic in the future. The Kiosks allow veterans to speed up their clinic check-in process and verify their personal information is correct.
- The VAPAHCS' Approved Cancer Program was accredited with a full three-year approval award with commendation by the American College of Surgeon Commission on Cancer.
- In 2008, VAPAHCS exceeded VA standards regarding clinical practice guidelines in care of patients with cancer, cardiovascular diseases, endocrinology, smoking cessation and long term care.
- VAPAHCS' Research Program maintains its ranking among the top three programs within the VA system in terms of total research dollars awarded.
- VAPAHCS was listed in the top 25 Silicon Valley Employers for 2008 by the *San Jose Business Journal*.
- The VAPAHCS celebrated its 2nd Anniversary of the opening of its Fisher House. People who had helped raise funds and former patients and families were invited to a luncheon and celebration. More than 1,100 families have been housed free of charge since the home opened in April 2006.
- VAPAHCS is among an elite number of VA facilities to host a GRECC (Geriatric Research, Education and Clinical Center), a MIRECC (Mental Illness Research, Education and Clinical Center), a Health Services Research Center of Excellence and a Rehabilitation Research and Development Center.

# VAPAHCS All Employee Survey Shows Continued Improvement for 2008

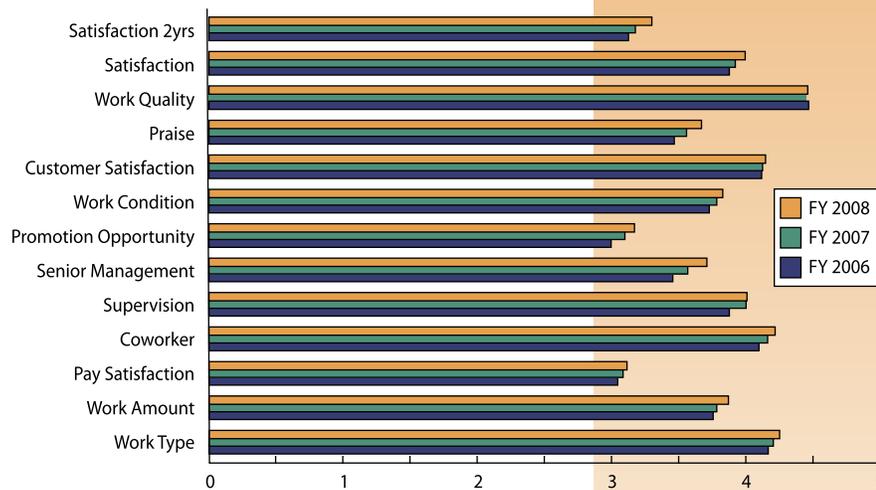
Once again, a VHA All Employee Survey was administered to employees across the country. Over 50% (1694 employees) of VAPAHCS employees responded with employee satisfaction scores consistently higher in virtually all categories compared to the previous two years.

“Improving employee satisfaction year to year is a key element in providing exceptional health care to our veterans and in identifying ways to improve our operations,” said Director Lisa Freeman.

Starting in 1997, VHA conducted its first All Employee Survey. This was repeated in 2001, 2004, 2006 and 2007. The survey results are used to develop corrective measures that will lead to an improved work environment.

The Job Satisfaction questions measure individual satisfaction; the Organizational Assessment questions measure satisfaction at the work group level and satisfaction with a number of practices; and the Culture questions measure satisfaction with broad organization issues.

**Job Satisfaction**  
2006 – 2008



## Farmers Market/MOVE Make for Healthier Employees and Vets

The VAPAHCS Health and Wellness Committee collaborated with the Pacific Coast Farmers’ Market Association to host a Farmers Market on the Palo Alto campus. Held every Wednesday, the market provided locally grown, fresh organic products. Fruits, vegetables, honey, olive oil and vinegar, and flowers were among the samples of market favorites. This initiative was one of many showing VAPAHCS’ commitment to health and wellness.

With exchanges of recipes, weight management information, and live entertainment, the Market was another way to motivate, encourage and promote a healthier lifestyle.

The Farmers Market, the MOVE and the MOVEmployee Programs are only a few examples of the VA’s commitment to encouraging healthy habits for both veterans and employees.

According to Camilla Coakley, MOVE Program Coordinator, these initiatives are examples of the VA’s mission to create a hospital culture that is less about disease and illness and more about a health and wellness. “I think it is important to remember that as health care providers, each hospital employee can contribute to a patient’s care by investing in their own wellness,” she said.



# Construction Transforms Palo Alto Campus

## Emergency Department Expansion Project



*ED Ribbon Cutting Ceremony*

- Emergency Department Observation Unit (EDOU) was opened in 2008
- \$4.5 million project approved in FY2006 to construct a new Emergency Department (ED) adjacent to the EDOU
- New ED is much larger than the previous ED. New ED contains:
  - 12 all private patient rooms
  - Mental Health suite
  - 8 Fast Track exam rooms
- Final phase of project is anticipated to be complete in Spring 2009

## Ambulatory Care Clinic



*Bldg. 5 Ribbon Cutting Ceremony*

- 2nd Floor Ambulatory Care Clinic Renovation completed July 2008
  - Project resulted in 60 new exam rooms
- 3rd Floor Ambulatory Care Physician Office Renovation underway
  - Anticipated construction completion in Spring 2009
- Lobby Renovation anticipated to begin construction in February 2009

## Podiatry Clinic Renovation



*Podiatry Clinic Ribbon Cutting Ceremony*

- Newly renovated clinic located in Building 101, 3rd Floor
- Renovation included new reception area, exam rooms and clinician work areas
- New clinic increases patient access to other specialty care services in 101
- Opened July 2008

# The Road Forward



- New 76,000 square foot Inpatient Mental Health Center
  - Acute psychiatric beds, Building 2 replacement
  - Anticipated construction start – Summer 2009
- New 600 stall parking structure
  - Anticipated construction start – Summer 2009
- New 300,000 square foot Ambulatory Care Center and 75,000 SF Research Building
  - Primary and specialty care clinics
  - Research laboratories
  - Anticipated construction start 2011
- New Central Plant and Generator Facilities
  - Anticipated construction start – Fall 2009
- New 170,000 square foot Polytrauma and Blind Rehabilitation Center
  - 24 Polytrauma Rehabilitation Center beds
  - 32 Blind Rehabilitation Center beds
  - 12 Polytrauma Transitional Rehabilitation Program beds
  - Outpatient PT/OT Clinic
  - Outpatient PM&R Clinic
  - OEF/OIF Program
  - Anticipated construction start – Spring 2010



Rendering of new Rehabilitation Center

# Construction at the Menlo Park Campus



*Building 360 Construction*



*Building 360 Computer Rendering*

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## ***Gero-Psychiatric Community Living Center – Building 360***

- \$33 Million major construction project, 120-bed Community Living Center
- Replaces Building 324 – 80,000 square feet
- Provides modern facility with all private and semi-private patient rooms
- Construction Underway
- Scheduled Construction Completion - May 2009

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## ***Gero-Psychiatric Community Living Center – Clinical Support***

- \$7 Million minor construction project, 10,000 Square Feet
- Provides space for clinical treatment areas
- Will be located centrally to both Menlo Park Community Living Centers (Building 331,360)
- Design contract awarded to HDR - September 2008
- Scheduled Design Completion – May 2009
- Anticipated Construction Contract Award – September 2009

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## ***Consolidated Warehouse Building 371***

- New 25,000 square foot single story facility, estimated to be completed Summer 2008

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## ***Engineering Building 370***

- New 22,000 square foot single story facility that consolidates all engineering shops
- Design package for building completed Summer 2008

## *New Monterey Clinic Moves Forward*

The VAPAHCS and the Department of the Army signed a Memorandum of Understanding in July 2007 that began the steps to evaluate the feasibility of a joint VA/DoD Ambulatory Care Center that would serve active duty service members, dependents and veterans in the Monterey region. The proposal is for VA and DoD to partner in the development of a new Ambulatory Care Center in the Monterey region. The DoD would lease VA a 4.8 acre land parcel at no charge to site a new Ambulatory Care Center. The land parcel is located approximately one mile from the current Monterey CBOC site.

In July 2008, VAPAHCS contracted with an architectural firm to conduct a VA/DoD Ambulatory Care Center feasibility study to determine whether a combined VA/DoD clinic would generate tangible financial benefits and improve the delivery of ambulatory care services for the more than 80,000 VA and DoD beneficiaries in the Monterey region. In September 2008, VA Central Office identified the VA/DoD Monterey Ambulatory Care Center as one of seven projects nationally recommended for FY2010 funding consideration under a new Health Care Center Facility model.

## *New Sonora Clinic Under Construction*



*Site of new Sonora CBOC*

Design is complete and construction is underway for the replacement community based outpatient clinic in Sonora. The new clinic will expand primary care and mental health services to veterans. Completion of the new clinic is anticipated in September 2009.



*OIF Navy Corpsman Derek McGinnis speaks at the Grand Opening of the Modesto Vet Center in July. Corpsman McGinnis was treated at the Palo Alto Polytrauma Rehabilitation Center and continues his care at VAPAHCS.*

## *Modesto Opens a New Vet Center*

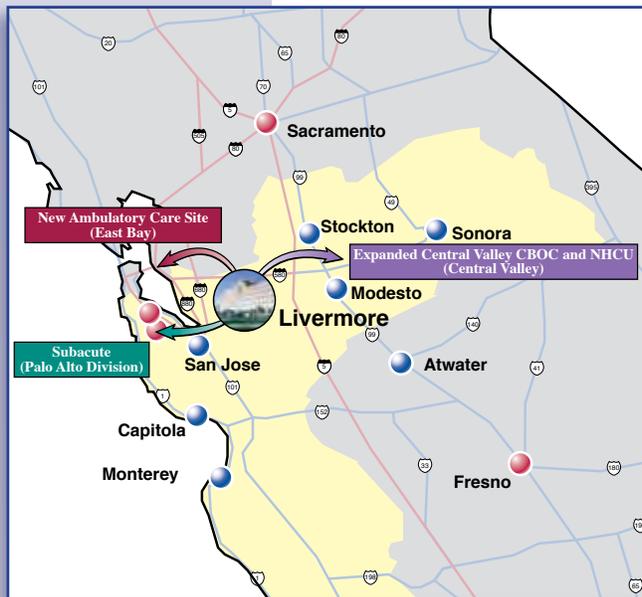
The first Vet Center to open on the West Coast in 12 years, the Modesto Vet Center began reaching out and counseling veterans last July. The Grand Opening was attended by more than 500 guests, which included numerous veteran service offices, local elected officials, Gold Star and Blue Star families, National Guard and active duty personnel and many Veterans and families.

“The Modesto Vet Center is well under way and stresses the importance of its mission in helping returning combat Veterans overcome the effects of war and help them readjust satisfactorily to civilian life,” said Vietnam combat veteran Stephen Lawson, Team Leader at the Vet Center.

“We are doing as much as we can, through media and speaking to the community, to let folks know we are here and eager to help. We plan to do even more in the coming year. It is our mission and our passion,” he added.

# Construction at the Livermore Campus

## Capital Asset Realignment for Enhanced Services (CARES) 2004 and 2007 Decision Components



- Construct a new CBOC in the East Bay
- Construct an expanded CBOC in the Central Valley
- Establish a new 120-bed Community Living Center co-located with the expanded CBOC in the Central Valley
- Enhance-Use Leasing Livermore Division's 113-acre campus

- In 2008, VAPAHCs submitted a Fiscal Year 2010 major construction project application to realign Livermore Division's inpatient and outpatient services. VAPAHCs is awaiting official approval of funding for this project. Estimated notification will be in March 2009.
- The project will construct new facilities in two separate locations: a new East Bay Community Based Outpatient Clinic (CBOC) and an expanded Central Valley CBOC to be co-located with a new 120-bed Community Living Center (CLC).
- The locations for the new facilities have yet to be determined. The site selection, space programming and re-use of the Livermore Division will be guided through three separate studies to be conducted by consultants

as part of the major construction project.

- The realignment of Livermore Division's inpatient and outpatient services will not occur until new facilities have been constructed.
- VAPAHCs is committed to maintaining a safe environment and the highest level of patient care throughout the Livermore realignment process.
- VAPAHCs' leadership will continue to keep all stakeholders, including employees, veterans and the community, informed as the process moves forward. Thank you to both employees and veterans for their patience, flexibility and commitment.

## Next Steps in Livermore CARES process

- 2007 VAPAHCS submitted FY2010 major construction application to realign Livermore's inpatient and out-patient services
- 2009 Consultants begin site selection process
- 2010 Proposed budget year for major construction project
- 2011 Schematic, design and construction documents for new buildings
- 2011 Land acquisition and site work for new buildings
- 2012 Construction to begin on new clinics and nursing home
- 2015 Activation and grand opening of new clinics and nursing home



*The timeframe for implementing the changes described above is dependent upon receipt of Congressional approval and funding for a major construction project.*

# Stockton and Modesto CBOC Expansions

- VAPAHCS applied in Fall 2007 for an expansion of both the Stockton and Modesto CBOCs to expand primary care, mental health, rehabilitation and ancillary services at both locations.
- Congressional notification and approval completed on September 11, 2008.
- Approved to proceed with 10,000 square foot expansions of Stockton and Modesto CBOCs

## Next Steps in Stockton/Modesto CBOC Expansion Process

- September 2008 National real estate broker assigned to assist VAPAHCS with identifying space for expansion
- October 2008 Advertisement for clinic space in local newspapers
- November 2008 Develop space selection plan/community response time
- December 2008 Review of community responses and visit site locations by contracting staff and service representatives

If **Existing Space** is identified as the preferred leasing option, moving in the space, including signing the lease and completing the building of the space, can take approximately 12 months depending on the amount of build out needed (January 2009)

If **New Construction** (Build to suit) space is identified as the preferred leasing option, moving in the space, to include signing the lease, designing the space and construction, can take approximately 24 months depending on the size of the space (January 2010)

# Recreation Therapists:

## Horses Help to Heal

The National Center for Equine Facilitated Therapy, located near the VA Palo Alto campus at Woodside, began a partnership with the VAPAHCS that has grown to benefit not only our veteran patients, but their families, too.

Initially, the program focused on Polytrauma Transitional veterans and servicemembers with twice-weekly visits to the center. “By riding a horse, a person with a disability learns how to meet and overcome challenges – instilling confidence, self-esteem and independence,” said occupational therapist Smita Shukla, who was a key player in getting the program off the ground.

What is hippotherapy? Unlike therapeutic riding, which teaches people with special needs how to ride, hippotherapy (the name derives from the Greek word for horse) focuses purely on the repetitive motion of the horse’s walk, which mimics an average person’s gait. Specially trained physical and occupational therapists use this medical treatment for clients who have movement dysfunction. The horse’s walk provides sensory input through movement that is variable, rhythmic and repetitive.



Physically, hippotherapy can improve balance, muscle tone, posture, mobility and function. Psychologically, it’s fun and improves self-esteem. Recently, the Center began catering to families of wounded veterans with similar positive results.

## Cycling to Recovery

The Men and Women Trauma Recovery Programs focus on a holistic bio-psycho-social approach to recovery from Post Traumatic Stress Disorder (PTSD). Three years ago, VAPAHCS began weekly bicycle rides to help



build more avenues to address symptoms of PTSD, such as isolation, depression, avoidance, anxiety, and building relationships with others.

“As a program, we have noticed that patients participating in the cycling program have decreased their symptoms of PTSD and have discovered a path to reconnect with their community when they discharge from the program,” said Melissa Puckett, Trauma Recovery Program Recreation Therapist Supervisor.

The Trauma Recovery Programs at Menlo Park are leading three, one-hour weekly group rides and a scheduled monthly weekend group ride. Since October 2005, more than 110 patients have logged over 12,000 miles with some individual patients completing as many as 35 rides and a total of 430 miles during their admission. Recreation Therapy, Readjustment Counseling, Social Work, Health Science, and Nursing staff have participated as leaders of the rides.

# Serving in Many Ways

## PTSD Program Benefits from Canine Therapy

The PTSD Trauma Recovery Programs on the Menlo Park Campus started a new recreation therapy called Paws for Purple Hearts, which pairs the servicemen and women with gentle canines from the Assistance Dog Institute in Santa Rosa, a nonprofit that pioneered the training of service dogs to aid disabled humans.



Photos by: John Burgess/The Press Democrat



Rick Yount, a social worker with the Assistance Dog Institute, first saw the potential for his program to help war veterans two ways, engaging them as dog trainers who need emotional catharsis and ultimately providing service dogs for disabled vets, many in wheelchairs, who need help getting around.

Although less than a year old, the program already has VA staffers speculating that it could become a national model, a new treatment for PTSD that could be extended to other VAs.

Yount, who works closely with Recreation Therapist Melissa Puckett, oversees PTSD patients and three young golden retrievers, all brothers from the same litter, through their training. As the brown-eyed dogs learn skills like tugging doors open with a rope, turning light switches on and off, and picking up items off the floor, the combat veterans rediscover their emotions.

“The guys we have are often very numb, emotionless,” said Puckett. To train a dog, the vet needs to develop a range of feelings, from firm taskmaster to loving companion rewarding a dog for good behavior. Yount listens for the vets’ voice modulation, rising from low-toned orders like “stay” and “leave it,” to higher, warmer compliments, such as “attaboy,” reinforced with a tidbit of food from the pouch always attached to a trainer’s belt.

“You have to regulate your emotions,” Yount said.

For vets prone or susceptible to anger, isolation and sleepless nights, emotional depth and compassion for another creature is a breakthrough, he said. The veterans involved with Yount’s dogs have cut back on their medication. “They’ve been able to cope better with their anxiety. It’s been a wonderful program on so many levels,” Puckett said.

# 2008 Saw Extensive Positive Media Coverage for VAPAHCS

In FY 2008, there were 229 positive media stories that ran in local, national and international newspapers and on TV and radio about the VAPAHCS. An additional 120 stories ran about VAPAHCS research, including Dr. Roy Soetikno's colon cancer research that ran on the front page of the *New York Times* and *USA Today*, Good Morning America, and BBC National TV. Additionally, the VAPAHCS participated in a live transmission of a coronary angiography and percutaneous coronary intervention that was broadcast to the American College of Cardiology conference in Chicago on March 29. There were between 1,000 - 2,000 people in attendance from all over the world. This is the first time any VA had participated in this type of medical education.

Besides two stories in the *New York Times*, other national media coverage included the *JAMA*, ABC Nightly News, four stories with Associated Press, National Public Radio, CNBC, *DAV and VFW Magazines*, *US News and World Report*, *USA Today*, *Chicago Tribune*, *LA Times*, ESPN, *Wall Street Journal*, CBS Sunday Morning



News, CNN's Anderson Cooper, *AARP Magazine* and its website, *Neurology Now*, *Nurse Week*, *New England Journal of Medicine*, and three stories in WebMD. Additionally, the *San Francisco Chronicle* ran eight stories, the *San Jose Mercury News* ran five stories with two on the front page, and all local TV affiliates carried stories throughout the year.

## Recruiting Returning Service Members and Veterans



The VAPAHCS held its second Job Fair, April 22, almost tripling the number of applicants as last year. More than 1,700 job applications were received in all areas, including nursing, EMS and food service.

Palo Alto's Human Resources Management Service has been very active in helping returning service members and veterans in their future recruitment efforts. As part of the Veterans Employment Coordinator Program we have been sending our vacancy listing to local colleges and military/reserve units. They have in turn sent them to their service members, even those that are deployed overseas. We received phone calls, emails, and visits from veterans generated from these outreach initiatives. We have also been working with veteran organizations to help veterans complete their application and review their resumes.

By taking the time to help veterans rewrite their resume for federal and private sector employment, we have helped many get interviews at our facility as well as get selected by outside agencies for employment. HRMS actively supported service members upon return from their deployment.

VAPAHCS has hired veterans through this process, and we have received applications for several hard to fill positions, including physician assistants. We have a number of veteran applications being reviewed at this time. We have also been fortunate enough to be able to refer veterans relocating out of our area to other VA facilities near their new home. Our facility managers and supervisors have been very receptive of this program and have looked forward to assisting our veterans to begin a new career.

# VIPs Visit VAPAHCS

During 2008, more than 23 VIP tours were conducted, not counting the numerous visits from congressional staffers and many local military, community and student groups and veteran service organizations. Below are photos of a few of the highlights.

*Right, Commandant of the Marine Corps, General James Conway visits with a Polytrauma Rehabilitation Patient, Angel Gomez, who was seriously injured by an IED in Iraq.*



*Below, Chairman of the Joint Chiefs of Staff, Admiral Mike Mullen meets with staff during his day-long visit to the Palo Alto and Menlo Park Divisions.*



*Right, Congresswoman Anna Eshoo visited the Fisher House over Christmas holiday and met with families, patients, staff and – yes – even our four-footed therapy dogs, Verde and Vegas.*



*Above, movie and TV star Gary Sinise made a quick Saturday visit in October to raise the morale of patients and employees alike.*



*Above, Brigadier General Timothy Albertson, National Guard Assistant for Mobilization and Reserve Affairs, takes time out of his schedule to visit with staff and patients to ensure that injured National Guard soldiers' needs are met.*



*Above, former Secretary of VA, James Peake, not only met with staff while visiting the VA Palo Alto Health Care System, but also took time to talk to families, asking them how we can better serve them.*

# VAPAHCS Says “Thanks” and “We Are Here To Help”



Last year, the first of VA’s “Welcome Home” events recognizing and supporting our veterans occurred throughout the nation. On May 10, 2008, the VAPAHCS and San Francisco VA Medical Center co-sponsored our “2008 Welcome Home.” The six-month planning came to fruition as the first event of its kind in Northern California. VA, in cooperation with the California Employment Development Department and NASA planned the special homecoming on historic Moffett Field, CA.

VA recognized our local heroes who served in Iraq or Afghanistan or areas supporting those operations. This was the first official ‘homecoming’ many of them had received.

An Army and OIF veteran, lead event coordinator and OEF/OIF Transition Patient Advocate, Romeo Horvath, felt a special connection to the event. He knows first-hand how important these events are to the service member and to their families.

According to Horvath, his favorite part of the entire event was observing how everyone from a variety of organizations worked together to pull it off. “We had the VA, NASA, state, county and city officials and volunteers personally welcoming back and honoring these heroes with speeches and with their time,” said Horvath.



“We were also supported by a collective group of community and professional representatives from Bay Area sports providing a wealth of information and smiles,” he added. All together, it was a wonderful sunny California day, which he remembers with pride.

Although the event was geared toward OEF/OIF veterans, veterans of all eras and their families of all ages enjoyed the food and refreshments, live music, entertainment, door prizes, games and other activities.

Congressional and local government representatives and approximately 50 community groups and Veteran Service Organizations attended along with VA representatives to provide resources on education, job and vocational training opportunities, benefits, and health care, among other assistance.

More than 600 attendees registered and 200 VA personnel and community supporters volunteered at the event on Moffett Field. The “homecoming” event served as a significant and successful opportunity not only to demonstrate appreciation for our local heroes and their families, but also to conduct outreach. The event garnered positive coverage throughout various media outlets, which resulted in additional outreach. The coverage facilitated communication and information to our veterans, also connecting them to the appropriate resources and services they may be eligible for and need.



# Awards and Recognition



**Mary K. Goldstein, M.D., M.S.** in HSR, Director, Geriatrics Research Education and Clinical Center (GRECC), was one of five VA senior investigators selected to serve on the Robert Wood Johnson Foundation (RWJF) Physician Faculty Scholars national advisory committee, acting as mentors to VA and non-VA Physician Faculty Scholars and participating in the general oversight and direction of the Physician Faculty Scholars program.

Research Scientist **Keith Humphreys** was selected to receive the 2009 American Psychological Association (APA) award for Distinguished Contributions to Psychology in the Public Interest for his efforts building mental health service systems for VA and Iraq. The director of VAPAHCS' Program Evaluation and Resource Center, Humphreys was in Washington D.C. in 2004 helping to develop VA's national Strategic Plan for Mental Health when he was asked to volunteer on a task force set up by the Substance Abuse and Mental Health Services Administration to rebuild the Iraqi Ministry of Health's shattered mental health care system.



**Dr. Jerry Yesavage**, Associate Chief of Staff for Mental Health and MIRECC Director, was selected as the 2009 American Association for Geriatric Psychiatry Distinguished Scientist Award. Dr. Yesavage received the award for greatly advancing the understanding of Alzheimer's disease through his study of the neurobiology and psychopharmacology on the disease. He has been a leading investigator of changes in circadian rhythms in Alzheimer's disease and their effects on both sleep regulation and behavioral disturbances, as well as both normal memory functioning and the memory disturbances in Alzheimer's disease.

**Dr. Tony Wyss-Coray**, was the senior author of the study published in *Nature Medicine* of a team of scientists that developed a test that was close to 90 percent accurate in predicting which patients with mild memory loss would later develop Alzheimer's disease two to six years later. CNBC, *The New York Times*, *San Jose Mercury News*, Fox Channel 2, *Bloomberg Press*, all ran stories about the research.



**Thomas J Fitzgerald, III**, CHESP, deputy associate director, was selected by The American Society for Healthcare Environmental Services (ASHES) to receive its 2008 Phoenix Award. ASHES highest honor, the Phoenix award recognizes an individual who has made a lasting impact in the ASHES organization through outstanding contributions to the growth and professionalism of the field of health care environmental services and textile care services. Fitzgerald has been an ASHES member since 1989. He served as president of the ASHES board of directors in 2004 and 2005.

**Laura Howe, J.D./PhD** Psychologist/Neuropsychologist in the Polytrauma Rehabilitation Center was selected to join the Editorial Board of the *Archives of Clinical Neuropsychology*, one of the main scientific/research journals in the Neuropsychology field. *Archives of Clinical Neuropsychology* is a bimonthly journal that publishes original contributions dealing with psychological aspects of the etiology, diagnosis, and treatment of disorders arising out of dysfunction of the central nervous system.



**Dr. Thomas Rando**, associate professor of Neurology and Neurological Sciences, was one of two recipients of the 2008 Breakthroughs in Gerontology Award sponsored by the Glenn Foundation for Medical Research and the American Federation for Aging Research. This award provides funding for a small number of pilot research programs that may be of relatively high risk but which offer significant promise of yielding transforming discoveries in the fundamental biology of aging.

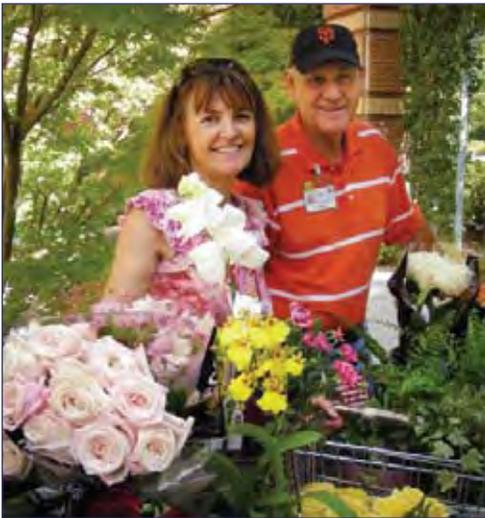
**Dr. Todd H. Wagner, PhD**, HSR&D's Center for Health Care Evaluation, was one of 12 HSR&D Researchers named Exceptional Reviewers in the June 2008 issue of *Medical Care*, the official journal of the Medical Care Section of the American Public Health Association.



**Dr. Sherry Wren**, Chief of General Surgery and Associate Chief of Surgical Services and Professor of Surgery at Stanford University, has been appointed Associate Dean for Academic Affairs at Stanford University, effective August 1, 2008. She has published nearly 70 peer-reviewed journal articles, has served on two editorial boards and is a site reviewer for the National Fellowship Council. She has also volunteered for the past two years for Doctors Without Borders.

# Voluntary Service

## Flowers are in full bloom at VAPAHCS...



Few things bring smiles to people's faces more than flowers. For nearly seven years, two VAPAHCS volunteers, Ann (a Navy veteran) and Don Jackson (an Army veteran) have been donating many hours of their time to bring plants and flowers to our patients.

"Back in 2001, we had a good friend dying of cancer and we visited him almost daily on the VAPAHCS Hospice Unit. We were so impressed with the hospital itself and the wonderful care he received that we wanted

to do something for the ward," said Don. After considering a few possibilities, we finally offered to donate flowers to Hospice unit for one year."

That was eight years ago and twice a week they still deliver flowers and now go to 25 wards, clinics and offices plus Hometel and Fisher House.

About 70% percent of their time is spent on the road, almost daily, picking up plants and flowers, arranging at home, cleaning vases or repairing pots and preparing them for delivery. Shopping for vases, pots and décor items is also part of that time. The other 30% is making deliveries and maintaining the flowers we have previously delivered. It adds up to about 15-20 hours a week for each of them.

"We hope it goes on for a long time as we have so much respect for this hospital and the quality of care the staff provides. It would be a pure guess as to how long we can keep it up but as long as we are both healthy and have the time, we plan to stay at it," added Don.



### Hospice & Palliative Care

## Soup Warms the Soul

"Everybody needs a Jewish mother," said volunteer Miriam White, who not only is Jewish, but a veteran as well. Each week Miriam joins other volunteers and works with recreation/creative arts therapist Jerry Duncan to provide homemade soup to hospice and palliative care patients at the Palo Alto hospital.

Called "Soup for the Soul," the event provides homemade soups from community volunteers. According to Duncan, "the soups are stellar in quality and taste. They don't just warm the soul, they touch people's hearts, too." There are now 12 chefs who prepare approximately 60 servings of soup a week, or an estimated three gallons.

VA Chaplain Penny Phillips calls "Soup for the Soul" a broad, meaningful entity for combining voluntary service, recreation therapy, chaplain care and spiritual care. The very act of entering a room and expressing care is in and of itself a healing act.

## Voluntary Service Statistics

Volunteers	2,187
Volunteer Hours	239,831
Gifts and Donations	\$1,851,345

# Polytrauma

## Rehabilitation Updates

### WBRC Offers New Services to Vets

Our Western Blind Rehabilitation Center (WBRC) is the first VA inpatient rehabilitation program in the country to formalize an area of treatment specifically for patients with vision impairment caused by traumatic brain injury.

Called the Comprehensive Neurological Vision Rehabilitation (CNVR) Program, the therapy and support staff are highly skilled specialists in working with patients with brain injury, visual impairment, blindness, and multiple medical complications.

Safe, confident independent living is the essential therapy goal. Therapy programs are individualized, and particular attention is paid to patient and family education about each patient's capabilities and prognosis. Continuum of care is emphasized as patients are discharged with thorough support services referral, and encouraged and facilitated to return to CNVR for further therapy as indicated.



Blind Rehabilitation Service has historically only treated patients that have met the criteria of legal blindness. This is no longer the case and there is now a new category of impairment called excess disability.

Veterans whose vision is better than legal blindness may have excess disability due to sudden or traumatic visual disorder (especially related to military service); disabling co-morbidities (e.g., hearing impairment, mobility impairment, etc.); systemic diseases that cause fluctuating visual impairment; combined losses of other vision functions (e.g., contrast sensitivity, stereopsis, etc.); or sudden changes in caregiver status.

This addition to our scope of service provision has allowed us to develop the CNVR program and provide services to veterans and active duty service members who are not legally blind, but have significant vision difficulties.

### Polytrauma Transitional Rehabilitation Program Sponsors Outdoor Therapy Adventures for Patients

Recreational Therapy plays many important roles in the Polytrauma Transitional Rehabilitation Program (PTRP), but one of the newest programs – and most successful – is the Outdoor Adventure-Transformative Travel Program. The program hosts seven to eight trips each year, offering both military and civilian community reintegration experiences, as well as a lot of fun.

Each trip is clinically customized for individual patients. For example, on two trips, the unit psychologist went along, as two of the patients would be celebrating their “Alive Days,” and another had been injured in an airline accident and had not flown since his injury. On the Breckenridge Ski Trip, a physical therapist went along to

# VAPAHCS Leads the Nation in TBI and Vision Research

Throughout the year, numerous media outlets have done stories about on-going research by Gregory Goodrich, PhD, research psychologist, and Glenn Cockerham, MD, chief of ophthalmology, that highlights the increased incidence of eye injuries in the Iraq and Afghanistan wars (more than double those in WWII) and the increased complexity of them related to head trauma.

In a sign of the changing nature of warfare, ocular wounds have become among the most common – and devastating – form of battlefield injury. An estimated 10-13 percent of wounded Iraq war veterans have sustained direct, penetrating eye injuries. Yet, countless service members are suffering from another form of visual impairment, one that is sometimes difficult to recognize and even more difficult to treat.

Goodrich and Cockerham have found a range of visual impairments in some patients including headaches, vertigo, inability to focus, difficulty in reading and tracking, and blurred vision. “Blasts cause twice as many severe visual impairments than do all the other kinds of injuries combined,” said Goodrich. “Because of the changing face of war, we’re being challenged to develop new therapies – we’re dealing with people with severe vision injuries and severe brain injuries and severe physical injuries.”



*Dr. Gregory Goodrich works with Research Fellows Karen Brahm (front) and Heidi Walgenburg.*

Combat blast exposure may cause damage within or around the eye by the primary shock wave or by blunt injury from contact with objects. Dr. Cockerham stated, “a thorough eye examination is required to detect traumatic damage, which often is asymptomatic in the early stages.” Based on the VAPA experience, the VA mandated that all combat veterans from OIF/OEF who are or were inpatients in one of the VA Polytrauma Center receive a complete eye examination.

assist with any soft tissue injuries that could result from five days of skiing. On the “Challenge Aspen” Summer Adventure Trip (rope course, white water rafting, horseback riding, fly-fishing) we requested our Program Director for patient safety and decision-making reasons. On another trip, a physician came to address pain management and medication issues with several trainees.

Other programs include adapted fly fishing, as well as working with Team River Runners and developing adapted kayaking program. The first rafting/kayaking trip with team river runners occurred in late August. The adapted cycling program was implemented in several programs including Western Blind Rehabilitation, Trauma Recovery Program and PTRP.



# WRIISC Program Gets Off the Ground in 2008



The vision for the VAPAHCS' War Related Illness and Injury Study Center (WRIISC), pronounced "risk," is to focus on veterans with mild traumatic brain injury. The WRIISC also serves veterans who have multiple illnesses and injuries. The most common symptoms found so far are GI distress, headache, joint and chronic back pain, dizziness, and mental health issues such as PTSD, depression and anxiety. 2008 was the first full year of operation for the Palo Alto WRIISC. During the year, it ramped up its operations and expanded to provide local consult services for VAPA outpatient veterans, in addition to the VA Central Office referrals. To date the Palo Alto WRIISC has provided care for nearly 40 veterans, most of whom are from the current conflicts.

Because of the wide variety of illnesses and injuries, particularly in veterans with traumatic brain injury, the

WRIISC program provides a multidisciplinary approach to care. Each veteran receives a one-on-one evaluation by a select group of specialists arranged by the WRIISC clinical team. Team meetings are held to discuss findings and treatment recommendations. The team also meets with family members, when appropriate, to provide education and support. Additionally, each veteran is offered an opportunity to meet with a member of the chaplain service.

In collaboration with the Washington, DC and East Orange, NJ WRIISCs, a national WRIISC website was developed in 2008 to provide information on combat related illness and injuries. More information about the Palo Alto WRIISC can be found at [www.warrelatedillness.va.gov/paloalto](http://www.warrelatedillness.va.gov/paloalto).

## *The Magnet Journey Begins*

VAPAHCS was awarded a \$40,000 grant to pursue the designation of Magnet Recognition by the Gordon and Betty Moore Foundation in August 2008. The grant will help fund an on-site visit of two nursing consultants from the American Nursing Credentialing Center (ANCC) in February 2009. From this visit, a gap analy-



sis will be prepared by the consultants describing our readiness with suggested areas for improvement while pursuing the Magnet process.

ANCC Magnet designation is recognition for nursing excellence, and identifies healthcare organizations that epitomize outstanding quality and professionalism. The estimated timeframe for VAPAHCS's journey is three years.

Magnet recognition is a journey about culture and change. The Chief Nursing Officer or Nurse Executive is the transformational leader who develops a strong vision for excellence in patient centered outcomes and nursing professional practice models. Nursing leaders of Magnet organizations implement innovative nursing programs that attract and retain nurses. One key is to identify Magnet champions and get an MD on board early on to educate other MDs. Magnet is an organizational initiative that is built on interdisciplinary teams. Studies have shown better patient outcomes in hospitals meeting the Magnet criteria.

Magnet Recognition means that the highest qualified and motivated nursing staff provides quality patient care. Let the journey begin.

# VAPAHCS Designated a Regional Amputee Center



VAPAHCS was designated as one of seven facilities to be a Regional Amputee Center (RAC) of care. The other six facilities are in Tampa, Seattle, Denver, Minneapolis, Bronx and Richmond, with each facility serving several states and Networks. Palo Alto is responsible for California, Nevada, Hawaii and the Philippines.

The Regional Amputee Centers are responsible for care of the special needs of the most complicated patients and serve as a resource for other facilities in the VA. Research will also be a major component of the center. VAPAHCS is building a structure next to the prosthetic laboratory that will temporarily house a physiatrist, physical therapist, prosthetist, administrative assistant and several other support staff.

Through innovative studies and education, the Center will provide expertise in clinical care and state of the art concepts and design. It will work closely with the Polytrauma Rehabilitation Center and military treatment facilities. The construction is scheduled to begin April 2009, and should be finished by September.

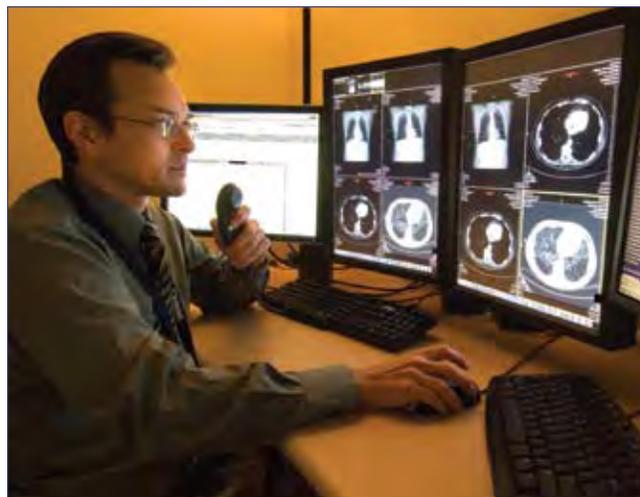
## VA National Teleradiology Program Commences Services

During 2008, the new National Teleradiology Program (NTP) reviewed and interpreted more than 17,000 cases from VA hospitals across the country. Currently located at both Menlo Park and the San Bruno CBOC, the NTP is building a standardized teleradiology system that is capable of quickly transmitting patient diagnostic images, such as X-rays, CTs, and MRIs to an NTP reading center. There NTP teleradiologists, who also have access to the patient's electronic medical records, review the case, compare to prior diagnostic studies as needed, and dictate a final interpretative report in the computerized patient record system.

Still in its development, NTP provides "routine" urgency response to cases that require a 48-hour response, however NTP averages approximately two hours. In the future, NTP will have the technological capacity to respond to STAT cases requiring a one hour response.

By late summer 2009, a new 19,000 GSF Teleradiology Reading Center will be opening at Menlo Park to house over 30 teleradiologists. Combined with an anticipated two more centers in 2009, one on the east coast and one

in Hawaii, NTP's will be able to deliver 24/7 coverage to the entire VA system. The implementation of a VA National Teleradiology Program has been recognized by VA leadership as a top priority for expansion, in order to deliver state of the art care to veterans at any time, anywhere.



# Family Counseling Now Offered

## VAPAHCS Helps Families Adjust Along with Veterans



Off and running in 2008, the OEF/OIF Family Services Program offers OEF/OIF combat returnees and their families an array of outpatient mental health services. Couples and family counseling; psycho-educational groups, including a Family and Friends Support Group, Parenting Skills and Life Success Groups; all focus on readjustment and resilience skills to support the transition of new returnees to civilian life.



Clinical staff are available to serve new returnees at all VAPAHCS's outpatient clinics, as well as the Vet Centers in Redwood City, San Jose, Modesto and Capitola. The team is even using Tele-Mental Health Video conferencing technology.

In just a little over a year, services were provided to more than 100 families, with new referrals increasing weekly at a constant rate. Additionally, the OEF/OIF Family Services team has been actively involved in Outreach and Education efforts to increase the awareness of the availability of program and to disseminate program and educational materials to new returnees and the community.

Services are available to all OEF/OIF combat veteran returnees and their families. Referrals are received from mental health clinicians, primary care providers, the OEF/OIF case managers, the behavioral health teams, vet centers and the community. For more information, please contact: Gail McBride, LCSW, OEF/OIF Family Services Program via e-mail [Gail.McBride@va.gov](mailto:Gail.McBride@va.gov), or by phone 650.493.5000 Ext: 25208.



In addition to the outpatient services, we also support families of patients in the Polytrauma Inpatient Rehabilitation Center. Social work services, in conjunction with recreation therapy, hosts a support group for family members and caregivers each week, as well as a family wellness program featuring weekly walks and leisure and recreational activities in the community. Another program to enhance family life is the Friday Family Feast in which food from local restaurants is brought in for dinner every Friday. This is a time for the patients and family members to relax, nourish themselves, and socialize with others in various stages of rehabilitation.

*“To have staff dedicated to the family needs is not some programmatic luxury – it’s central to caring for the patient. Rehab is where the grieving really starts for families. A terrible and profound event has happened and the lives of the patient and family are forever altered. The need to find meaning, identity, and encouragement after this kind of life changing injury cannot be overstated. Supporting families as they find and adjust to their new path of relating to the patient, to one another, and to the life that lies ahead... that’s the heart of what our VAPAHCS staff are trying to accomplish here.”*

– Scott Skiles, Chief Social Worker on Polytrauma Unit, which also provides family counseling.

# Statistics

## Financial Report

Total Operating Budget \$644,842,230  
 Total Medical Care Collection \$21,554,660  
 Research \$51,403,186

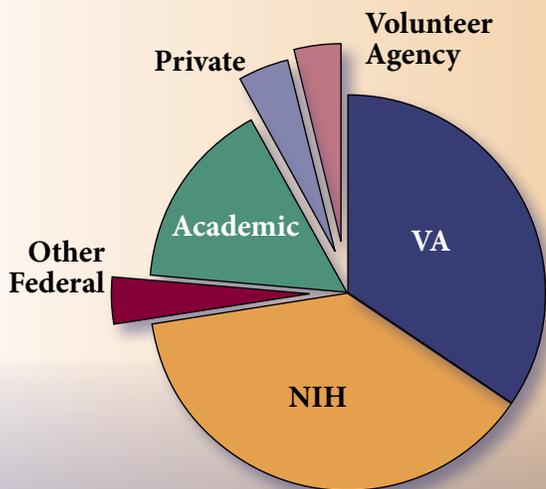
Full-Time Equivalent Employees 3,108  
 Volunteers 2,187  
 Volunteer hours 239,831

## Patients Treated

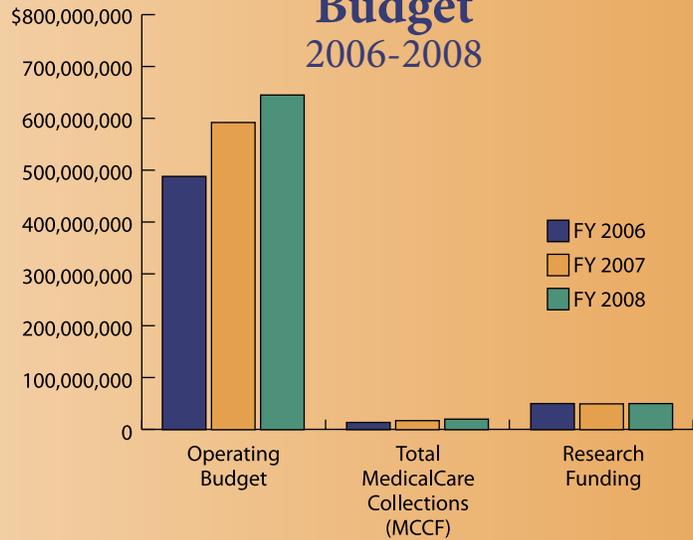
Total Operating Beds 885  
 Unique Patients 58,030  
 Number of inpatients treated 9,524  
 Outpatient visits 582,045

## Research Funding

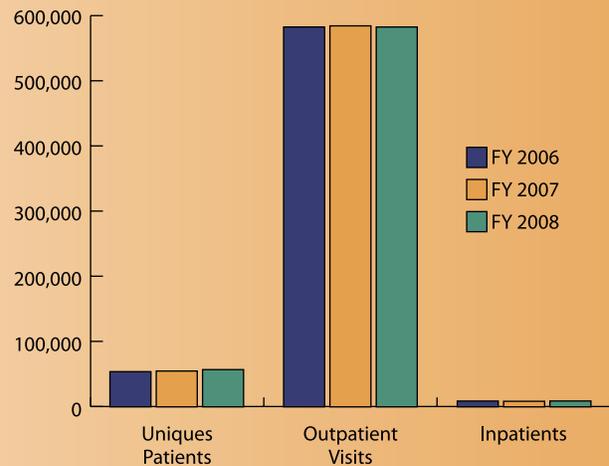
VA \$17,759,024  
 NIH \$19,620,146  
 Other Federal \$2,019,562  
 Academic \$7,958,536  
 Private \$2,131,834  
 Volunteer Agency \$1,914,084  
 TOTAL \$51,403,186



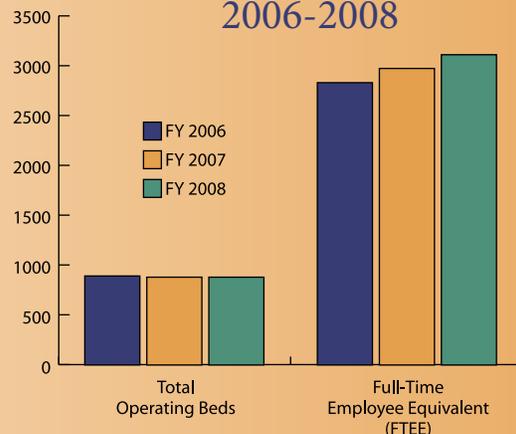
## Budget 2006-2008



## Patient Data 2006-2008



## Hospital Data 2006-2008



# VA Palo Alto Facilities



## VA PALO ALTO DIVISION

3801 Miranda Avenue  
Palo Alto, CA 94304  
(650) 493-5000



## VA MENLO PARK DIVISION

795 Willow Road  
Menlo Park, CA 94025  
(650) 493-5000



## VA LIVERMORE DIVISION

4951 Arroyo Road  
Livermore, CA 94550  
(925) 373-4700



## VA MONTEREY OPC

3401 Engineer Lane  
Seaside, CA 93955  
(831) 883-3800



## VA CAPITOLA OPC

1350 N. 41st Street, Suite 102  
Capitola, CA 95010  
(831) 464-5519



## VA MODESTO OPC

1524 McHenry Avenue, Suite 315  
Modesto, CA 95350  
(209) 557-6200



## VA SAN JOSE OPC

80 Great Oaks Boulevard  
San Jose, CA 95119  
(408) 363-3000



## VA SONORA OPC

19747 Greenley Road  
Sonora, CA 95370  
(209) 588-2600



## VA STOCKTON OPC

7777 Freedom Drive  
French Camp, CA 95231  
(209) 946-3400