

The PATH to Excellence

VA Palo Alto Health Care System

2010 Annual Report

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Director's Column

Congratulations to everyone on another very successful year that resulted in so many accomplishments like our overall scores for both inpatient and outpatient satisfaction -- some of the best patient satisfaction scores in health care. Other good news is our compliance with clinical practices guidelines. We scored a perfect 25 of 25 in passing composite measures in the areas of behavioral health, diabetes, ischemic heart disease, prevention and tobacco.

In 2010, leadership and staff did not just talk about continuous improvement – we actively taught process improvement tools and techniques through multiple fronts. The Office of Process Improvement, CREW, Magnet Journey, the Veteran and Family Advisory Council, and numerous other initiatives are ensuring that the way we provide care is safe, Veteran-centered and efficient.

Let me give you just one example. One of our nurses, Christine Camp, had an idea to improve safety, care and efficiency. Overstocked Omnicell units, hoarding of supplies, and excess items in patient rooms were all too common. Using the Office of Process Improvement methodology, she collaborated with various disciplines, physically hand-counted and moved similar supplies together, and worked side-by-side with an outstanding, driven, and hard-working SPD Distribution Technician, LaChiya Thomas. Overall, 50 percent of overstocked items were removed!

These are just a few areas described on our PATH to Excellence in this year's Annual Report. VA is a model system for providing health care and VAPAHCS is setting the standard for world class excellence in quality.

Lisa Freeman

Director, VAPAHCS

Statistics

Financial Report

Base Funding	\$650,458,136.84
Medical Care Collections Fund	\$28,426,326
Construction & Equipment	\$29,943,064.40
Stimulus Funds	\$15,639,684.00
Special Funded Programs	\$102,421,151.27
Total VA & Non-VA Research	\$45,311,854.00

Employees

Physicians	342
Nursing	1,263
Nurse Practitioners	61
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TOTAL FTEE	3,478.80

Volunteers

Volunteers	2,602
Volunteer hours	299,390
Gifts and Donations	\$1,950,395

Patients Treated

Unique Patients	62,566
Women Veterans*	3,145
Outpatient visits	683,907
Total Operating Beds	833
Total Admissions	732,249

**15% increase from 2009*

Graph Showing Growth in Numbers of Veterans Served Last Ten Years

Partnering in Veteran-Centered Care

It's about everyone working together. Simple as that. VA Under Secretary for Health, Dr. Robert Petzel, has framed VA's goals for health care delivered with excellence in the 21st century. Using a key principle of patient-centered care, VAPAHCS has launched new initiatives and improved on many old ones to ensure Veterans receive integrated, data-driven and evidence-based health care. During 2010, VAPAHCS not only focused on the individual Veteran's needs but explored population health, increased efficiency using new technologies and continuously improved teamwork in order to leave a legacy of VA care to Veterans in the 21st Century.

All Access Pad is One More Way VAPAHCS Is Meeting Veterans' Needs

Just off the Spinal Cord Injury and Polytrauma Units is the first outdoor exercise area for wheelchairs. Called the All Access Pad, it is the first of its kind and has been created for individuals with limited mobility and physical restrictions.

The “grand introduction” to this pad was on April 30, 2010, in conjunction with the Spinal Cord Injury Unit research open house. Since that time, the equipment has been tweaked and reworked a number of times by Tri Active America, who created the prototype. This Southern California company worked patiently with therapists and Veterans to ensure the equipment met safety and exercise needs.

“Here we were in an area with nearly perfect weather and we didn’t have a place for Veterans in wheelchairs to work out AND enjoy the sunshine,” said Dr. Wendy Thenassi, who came up with the idea and used grant money and gifts to bring the exercise pad to fruition.

2010 Saw VAPAHCS Communicating on Facebook, Twitter and Blogs!

Being Veteran-centered is not all about health care. It also has to do with the way you interact with Veterans, which includes embracing new forms of social communications like Facebook, Twitter and blogging.

Not only does social media allow VA to send out information quickly, it allows Veterans and staff to interact with VA. For example, a post came from a Veteran who was having trouble getting an appointment from our Modesto Clinic. The World War II Veteran was 95 years old! We contacted him that day with an appointment for the following week. That’s being Veteran centered. Facebook provides an opportunity to address or answer questions and issues more personally and with more immediacy.

Facebook and Twitter also served as an important emergency communications tool when VAPAHCS lost electricity for 12 hours after a local airplane crash. Employees and Veterans were updated almost every 15 minutes. A Veteran’s daughter posted, “I’m sitting here next to my dad in the hospital keeping him updated from your Facebook posts. Thank you.”

There is a noticeable shift in the way communication is being delivered and social media, including Twitter and blogging, is at the forefront of the change. Certain Veterans prefer Facebook to converse with the rest of the world, especially our youngest Veterans.

Be sure to become a friend:
www.facebook.com/vapahcs.

VAPAHCS Receives Top Patient Satisfaction Scores

The 2010 results of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey showed the VAPAHCS scoring significantly higher than the national average for VA hospitals.

The HCAHPS survey is composed of 27 items and on average takes about seven minutes to complete. The graphs below are a small sampling of our stellar scores as compared to VA hospitals in the nation and in our region (VISN 21). These scores are the result of our Veterans' responses to questions such as the following:

- Would you recommend VAPAHCS to your friends and family?
- How would you rate your hospital stay at VAPAHCS?
- Did your doctors treat you with courtesy and respect and explain things in a way you could understand?
- Did our staff talk with you about what you needed when you left the hospital and give you information about what symptoms or health problems to look out for?
- Did we do everything we could to help control your pain during your stay?
- Did you get the help you needed when you needed it?

The HCAHPS survey is used to assess the quality of VHA care as seen from the eyes of the patient and family. Survey results help to guide improvement in Veteran satisfaction with their health care experience as well as identify other quality and safety needs.

Findings from the survey are also used as an overall evaluation of important initiatives like Patient-Centered Care and Process Improvement.

“We continue to be proud of the positive feedback we receive from patients,” said Nancy Abney, Quality Manager. “These outstanding satisfaction results are a reflection of our dedicated staff’s commitment to serving veterans and a reflection of how Veterans appreciate the state of the art care we provide in a caring, compassionate setting.”

Bar Graph 1

Inpatient Overall Quality

VAPAHCS	75
VISN 21	70
National	64

Bar Graph 2

Outpatient Overall Quality

VAPAHCS	63
VISN 21	58
National	55

VAPAHCS Partners with Canopy to Beautify Menlo Park Campus

Veterans, local teenagers and volunteers and staff from Canopy, a local urban forestry non-profit, joined to celebrate 2010 Veterans Day in a way that would last for decades.

Twelve 8-10 foot trees - valley oak, red oak, red maple, crab apple, and saucer magnolia were planted around the homeless rehabilitation center (Domiciliary) that serves 100 Veterans. Canopy program director and arborist Michael Hawkins said "Healthy trees make for a healthy community."

Marine Corps Veteran James Cook, a member of the Canopy board of directors, spoke of Canopy's mission to connect the community to its urban canopy and how our relationship to trees reflects our relationships to each other. He also introduced students from Eastside College Preparatory School, in East Palo Alto, trained by Canopy in all areas of tree planting and stewardship, who had volunteered on their holiday to work with the Veterans. "Without these trees, the students in our program would never meet these veterans or even see this hospital property, but now everybody here owns a little bit of the future," said Cook.

Veteran and Family Advisory Council Responds to Patients' Advice

January 2011 marks the one-year anniversary of our Veteran and Family Advisory Council. During the first year of operation, more than 20 employees met with Council members to identify ways to improve services and care at VAP-AHCS. Advisory Council members have provided unique perspectives and suggestions to staff from facility planning, patient safety, patient advocacy, interior design, dietary, outreach, informatics, patient education, and quality management.

In the spirit of teamwork, the Veterans and family members on the Council met with staff for three hours once a month. Not only were the outcomes of these meetings valuable, but so too was the process of working together to make improvements. As a result of the discussions, staff updated the new enrollee packet materials, including a space for Veterans to note "My Top 3 Health Concerns;" increased efforts to build awareness of the Service Level Patient Advocates, and the Webmaster modified web pages to be more Veteran and family friendly. Additional suggestions, including ways to improve phone experiences, signage, and way-finding are in progress.

The Advisory Council has become an important vehicle for staff to hear directly from Veterans and families, and we look forward to strengthening this partnership in the coming years.

Arrillaga Family Healing Garden Is Dedicated

On April 23, 2010, VAPAHCS celebrated the dedication of a beautiful, tranquil healing garden donated by the John Arrillaga Family. This garden created a haven for seriously injured service members and Veterans who may remain in the hospital for months, sometimes even years. The garden facilitates the patients' healing and road to recovery. Family members and VAPAHCS employees also enjoy the garden as a peaceful refuge and retreat from the hospital. This initiative is another example of Veteran and family-centered care, making a difference in the lives of so many, made possible through the support of the Arrillaga family.

Every day, 288,000 VA employees go to work to serve the men and women, from WWII to present, who dedicated part of their lives to serving our country. More than 3,000 VAPAHCS employees provided care to nearly 58,000 Veterans last year. However, we haven't been able to meet all of their needs on our own; it does take a community effort. Part of that community includes people like Mr. John Arrillaga, who also built our Fisher House four years ago. They too have answered the call to honor our Nation's heroes and their families.

Advancing to Meet Evolving Needs

The VA Palo Alto Health Care System will continue to lead the country in providing an architectural layout and design conducive to health and healing, to ensure that our doctors and clinicians have nothing but the best technology to provide cutting edge care to our Veterans and to meet their evolving needs.

For example, our Telehealth programs link rural Veterans to clinicians for their care of diabetes, cardiac conditions, chronic pulmonary disease, and other chronic diseases. Staff members work to prevent or delay these veterans from needing to leave home and move into a long-term institutional care setting. The term telehealth recognizes the interdisciplinary nature of telemedicine and our continuing effort to provide medical care when and where the Veteran needs it.

New 3T MRI Brings Better Diagnostic Capabilities

The Sierra Pacific Network's (VISN 21) first 3 Tesla magnetic resonance scanner (MRI) is now in clinical use at VAPAHCS. The new MRI brings important tools to help physicians improve the accuracy of diagnoses and treatments of broad categories of diseases including stroke, brain tumors, epilepsy, musculoskeletal and heart disease. Additionally, the new equipment will help reduce the growing backlog for high-resolution magnetic resonance imaging procedures, and because radiation is not used, there is no risk of exposure to radiation during an MRI procedure.

MRIs use a magnetic field and radio waves to create cross-sectional images of anatomy. The magnet strength is the key to image clarity. The stronger the magnet, the more clear the image. How strong is the magnet in a 3T MRI? Magnets that pick up junk cars have a strength of about 1.5T. Or, put another way, the 3T is 60,000 times as powerful as the earth's magnetic field. But most importantly, the higher strength brings new clarity to images of brain and spinal cord.

Simulation Center Optimizes Training

VA developed the Simulated Learning Enhancement and Advanced Research Network (SimLEARN), a system-wide initiative to optimize clinical simulation training, education and research efforts. An east coast and a west coast SimLEARN National Center will be opened. Orlando, Fla., will be the principal location and VAPAHCS the West Coast Office.

The use of Simulation training was pioneered at VAPAHCS, including the use of mannequin-based, fully interactive simulators in anesthesiology, intensive care, emergency medicine and other clinical settings. Under the direction of Dr. David M. Gaba, co-director of the VA Simulation Center, the group has led simulations for research and training since 1986, running a dedicated simulation center at VAPAHCS since 1995.

New Single Port, High Definition Surgery Offers Veterans Better Surgical Care

VAPAHCS was one of two clinical trial sites for the first human use of the da Vinci Surgical Single Site platform. This novel set of instruments and access port allow the gallbladder to be removed via a single 1.5 inch incision hidden in the patient's belly button. Ten Veterans enrolled in the trial, and nine of them had their gallbladders successfully removed with the robotic instrumentation via the single access point. No patient had a serious adverse event, and all patients were extremely satisfied with their surgery and would recommend it to friends and family.

The da Vinci single site platform removes the majority of the existing barriers to performing single access surgery with standard laparoscopic instrumentation. The operating surgeon has excellent 3D High Definition vision with a stereo endoscopic camera, and because of the unique curved instruments the surgeon can triangulate the instrument tips to safely perform surgery on the gallbladder.

New Fremont Clinic Opens in East Bay

The 45,000 veterans who live in the East Bay between San Lorenzo and Fremont now have VA medical and mental health care services in their backyard. The VAPAHCS opened a new Community Based Outpatient Clinic on Feb. 10, 2010, among the cheers from more than 200 Veterans, local VIPs and VA staff.

The new, 10,000 square-foot outpatient clinic in Fremont will provide VA care until VAPAHCS builds a large, multi-specialty clinic in approximately five years.

VA Moves Forward in Selecting Sites for New Facilities in San Joaquin and Alameda Counties

In the next step of the site selection for the new VA facilities in San Joaquin and Alameda Counties, VA has sent letters to site representatives notifying them of their selection status. Two properties in each county were recommended as preferred sites for acquisitions.

These decisions are part of a long, data-driven process that began five years ago when it was determined to relocate Livermore Campus programs to the Central Valley and East Bay to better serve Veterans. Throughout the site selection process, criteria such as the geographic location of the Veteran population, transportation, potential hospital partnerships, cost of land and availability of qualified medical staff formed the basis for all decisions.

A VA Site Selection Board made recommendations on the preferred parcel sites for the new VA medical facilities in the Fall 2009. The next stage of the process is the due diligence evaluation (site analysis and environmental assessments) on the preferred parcels and then actual property acquisition for the East Bay and Central Valley facilities by VA Real Property from Washington, D.C.

In the San Joaquin County, preferred sites include a land parcel adjacent to the San Joaquin County General Hospital campus and a land parcel located at University Park in Stockton. In Alameda County, preferred sites include a land parcel at Technology Court in Fremont and one at South Grimmer Blvd. and Old Springs Rd.

Meanwhile, the VA Palo Alto Health Care System is expanding the leased clinics currently located in Stockton and Modesto and adding additional primary and mental health care capabilities. This will serve as an interim step until the new Central Valley and East Bay Outpatient Clinics can be opened in 2015.

Setting the Stage for New, State-of-the-Art Facilities on Palo Alto Campus

VAPAHCS is undergoing an unprecedented amount of construction and expansion to enhance health care for Veterans throughout our health care system. At the Palo Alto Division, construction is underway for a new 80-bed Mental Health Center and Aquatic Therapy Center.

In 2010, VAPAHCS also worked to “set the stage” to begin construction of a new 600-stall parking structure and Rehabilitation Center in 2011. In order to build these new facilities, VAPAHCS must first reroute and upgrade the campus infrastructure. The initial \$8 million infrastructure project will construct a new 500,000 gallon water tank, new generators, centralized chiller and cogen plants and lay the new utility lines. Other new facilities that will be part of this project in future years include a 325,000 square foot Ambulatory Care Center; 85,000 square foot Research Center; 28,000 square foot Wellness Center and an additional 750-stall parking structure.

In addition to the above construction,

VAPAHCS is working to expand health care services for the 80,000 Veterans living in the Central Valley and East Bay:

1. Doubling the sizes of the community based outpatient clinics at Modesto and Stockton over the next two years
2. Building a large, multi-specialty clinic and new 120-bed community living center (nursing home) in San Joaquin County and a new clinic in Alameda County over the next five years.

Programming and planning for the new facilities is underway with the help of VAPAHCS staff.

Senator Boxer “Tops Out” New Mental Health Center

In building construction, “topping out” is a ceremony held when the last beam is placed at the top of a building or the actual structure is complete. This describes the event held at VAPAHCS on August 12, when Senator Barbara Boxer signed the last beam placed in the new 80-bed Mental Health Center. She also met with VAPAHCS Director Lisa Freeman to discuss the hospital’s important work with mental health and Polytrauma treatment.

“Many of the signature injuries of the wars in Iraq and Afghanistan are invisible to the eye, but that does not make these injuries any less real or any easier to overcome,” said Senator Boxer. “That is one reason why improving mental health care for our men and women in uniform has been a top priority for me.”

The new center will house four units, each with 20 in-patient psychiatric beds, for a total of 80 beds. The project also includes outdoor enclosed gardens for patients, a separate mental health research and office pavilion and a utility building to service the complex. The total building area will be at least 76,000 square feet. The Mental Health Center is scheduled to be complete in fall 2011.

New Teleretinal Clinic

Early in 2010, VAPAHCS identified a new rural health care screening need within Tuolumne and Calaveras Counties, where 658 veterans with vision issues related to diabetes needed annual screenings. Formerly, they had to travel more than two hours to Livermore for retinal exams.

This is no longer necessary, as a result of a new teleretinal diabetic eye-screening being done at the Sonora Clinic. VA clinical guidelines require that these patients with related diabetes diagnoses receive yearly fundoscopic exams to ensure that they are not suffering from one of the most devastating end-organ diseases related to diabetes known as diabetic retinopathy. The new Teleretinal Clinic has doubled the number of teleretinal diabetic eye screening clinic sites in our facility, ensuring prompt and thorough care for our Veterans.

The clinic has open slots, and Veterans who were not aware of the necessity of this screening exam are now being seen immediately. One Veteran was unaware he had diabetes altogether. Enrollment in this clinic has now informed him that he has a serious chronic illness that he should discuss with his physician. Veterans' travel times have been reduced in some cases by 85% for what is a yearly exam. VAPAHCS is in the process of implementing a comprehensive approach to establishing telehealth clinics throughout the health care system.

VAPAHCS Hospital Goes Solar

Rendering of solar panels installed on VAPAHCS Buildings

In an effort to increase the use of renewable energy, VAPAHCS installed a 265 kilowatt (kW) solar electric system at its Palo Alto division. The VA has contracted REC Solar, Inc. of Sunnyvale, Calif. and began construction of the system last summer.

With solar panels on three rooftops and a carport, the hospital will produce over 375 kW hours of clean electricity annually, which is enough to power over 374 VA employee computer workstations. The first 25 years of the solar electric system at VAPAHCS will reduce the hospitals greenhouse gas emission by 14.8 million pounds.

The solar system is part of VA's efforts to enhance efficiency and maximize savings, allowing more money to go towards the department's greater mission -- to serve Veterans. By 2015, VA's goal is to cut energy and water consumption, as well as vehicle fuel use, by 2 percent a year saving nearly \$64,000 per year per average facility.

Telemental Health

Telemental Health or Clinical Video Telehealth allows Veterans to see their mental health care provider at their local clinic using Video Tele Conferencing equipment. They need only travel to the nearest clinic to see a psychiatrist, social worker, or even participate in a group via Video Tele Conferencing.

Video Tele Conferencing technology allows Veterans and the mental health care providers see each other on either small all-in-one units (VTEL units) or larger TV monitors equipped with cameras, similar to webcams or Skype. All Video Tele Conferencing lines are encrypted and secure. Nothing is recorded. All appointments are live with the mental health care provider, and no one else can see or hear the counseling session.

“I like VTEL,” said one Veteran in Sonora. “It’s really convenient because I had to travel two hours to see the nearest psychiatrist. This is much nicer and it’s only 10 minutes from my house. I would recommend it to other people. It’s nice, convenient and easy.”

Services are offered at most VAPAHCS outpatient clinics: Sonora, Stockton, Modesto, Livermore, San Jose, Monterey and Fremont. Veterans can see a psychiatrist, social worker, family social worker, and/or participate in groups.

In conjunction with Telehealth, \$1.4 million came to VAPAHCS to improve rural health care access in the Central Valley by expanding the medical outreach team serving Tuolumne and Calaveras counties. This included an outreach specialist and psychologist. In addition, this money was used to expand mental health services available at the Sonora Community Based Outpatient Clinic (CBOC) located in Tuolumne county.

Transforming Health Care Through Teamwork

The VA Palo Alto Health Care System will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and delivered by engaged, collaborative teams in an integrated environment that supports learning, discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies. It will, at all times, support VA's mission to honor America's Veterans by providing exceptional health care that improves their health and well-being.

Nursing Service on the Path to Excellence Through Magnet Journey

During the second year of VAPAHCS Nursing Service's Magnet Journey, three more councils were launched and a "Journey to Excellence Conference" was held in September.

The conference was attended by staff nurses from across the VAPAHCS and emphasized the tenets of Magnet: transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovation, and improvements and quality outcomes.

The first council focused on Informatics: Looking at the ways we need to computerize, as well as the templates nurses use. This council also recommended a staffing software that will finally bring our staffing system into the 21st century.

The second council, called the "Triple R" (Recognition, Recruitment and Rewards), identified the many ways we can recognize and reward staff and is looking at existing surveys, staff satisfaction data and turnover rates to evaluate what causes staff to leave voluntarily.

The third council is the Quality and Safety Council, which pulled together various performance improvement activities and focus groups on safety issues. The council is supported by outside consulting experts and has worked hard to establish service-wide initiatives vs. area focused efforts. From this council the nursing outcomes coordinator has been able to establish a dashboard that everyone in the facility is able to access. This electronic tool will provide instant data information on our various patient quality and safety efforts.

Through focus groups, Nursing Service defined a new professional practice model, with the number one driver being Veterans and the pride we all have in caring for them.

Office of Process Improvement Redesigns Systems to Provide Better Patient Care

The Office of Process Improvement (OPI) embarked on a multi-year training initiative focused on embedding a culture of continuous systems improvement within VAPAHCS.

The focus is on clinical systems redesign, including the administrative support processes that impact the delivery of patient care. OPI leads VAPAHCS' effort to train staff in Lean methodology for process improvement, facilitates process improvement teams such as the Compensation & Pension project team, and provides expertise in the collection, analysis, and reporting of process data to improve decision making and prioritization of efforts.

Established during FY 2010, OPI is funded in part by a three-year Improvement Capability Grant from the VA Systems Redesign Office, and was one of 30 VA teams to receive the grant. Members include Paul Helgerson, MD – ACOS, Process Improvement; Jean Gurga, MA, OTR/L – Director of Process Improvement; Julia Breckenridge, PhD – Systems Redesign Data Coordinator, and Michelle Gabriel, RN, MSN – Systems Redesign Coordinator.

OPI also leads Rapid Process Improvement Workshops (RPIWs). These workshops are weeklong events that pull together front-line employees to analyze and improve complex work processes. The goal of an RPIW is to create a more reliable, efficient, patient-driven process that leads to higher quality with less time/energy/resources needed to make the process run.

To date, OPI has led three RPIWs:

Acute Care Disposition focused on reducing delays in the discharge of acute care patients to a downstream unit. The project vision created by the RPIW team of staff from both Acute Care and Extended Care was “timely placement in the care setting that best matches the Veteran’s needs.” One result of the project was the creation of the Advanced Disposition Team, a multi-disciplinary team that reviews the cases of difficult to place Veterans and determines an appropriate plan to quickly get them to the appropriate level of care.

Blood Culture Optimization sought to reduce the monthly blood culture contamination rate to industry standards to ensure that patients are not over treated with antibiotics or have to stay in the hospital longer than necessary. The RPIW team composed of Nursing, Laboratory, and Phlebotomy staff is working to standardize the blood culture draw process focusing on education and the creation of a standardized vendor kit.

Complete Surgical Kit worked to ensure the timely provision of sterile supplies, equipment, personnel, instruments, & implants to perform optimal surgery. This team, composed of staff from Nursing, A&MMS, Prosthetics, SPD, and Surgery Service, recently completed their weeklong event and continues to work to standardize the surgery advanced preparation process and timely delivery of the surgical kit.

Recreation Therapy Service Partners with Community

Recreation Therapy Service received a \$100,000 grant from the US Paralympic Military Sports Program. These funds were distributed among three non-profit organizations in the community to expand adapted sports and fitness and wellness programs. The non-profit organizations included: The Riekes Center for Human Enhancement for programs in adapted archery; sit volleyball; and strength, conditioning and weight lifting; and hand cycling. The Timpany Center was given money for six months of discounted memberships for Veterans to participate in aquatic therapy and Quad Rugby. Paralyzed Veterans of America received donations to support Spinal Cord Injury patients to attend the National Games.

Recreation Therapy Service provided a new six-week Zumba program for the Women's Prevention, Outreach and Education Center, while also expanding the aquatics and land-based programs. Even adapted Yoga Programs were developed for Women Veterans two evenings a week.

Employee Wellness Program Grows

In 2010, numerous new programs promoting employee health were initiated. The Fitball Program was begun with 90 participants, who participated in a 90-day program evaluating different types of sitting devices as an office chair [an exercise ball, a Fitball (a chair that an exercise ball fits into with lumbar back support), and regular desk chair]. At the end of the program evaluation, employees were given an option to procure a sitting device of their choice to meet their individual needs.

The Loop Course around the Palo Alto Division Campus provides outdoor exercise equipment for staff and Veterans. A four-week series on nutrition and healthy cooking was provided to employees, along with classes on Cardio Fit, Tai Chi, Yoga, Sculpt & Tone. New running and walking clubs started up and new equipment was put in all five employee fitness rooms.

Honoring Our Commitment to Veterans

More than 3,200 employees come to work each day at the VAPAHCS. They populate our hospital and our clinics, our nursing homes and Vet Centers and our administrative offices. We care for Veterans. We honor them, we advocate for them, and we nurture them when they are in need. Our people are the ones who will fulfill our country's obligation to care for those who bore the battle.

Buildings, facilities, equipment and labs do not look after those who are sick; technology and processes don't care for the wounded or engage with patients' families; electronic records and information technology alone do not provide the very best care for our clients. People do.

Be proud of what you do. Be proud of where you work. Be proud of who you serve.

PACTS – Working with Each Veteran for Individualized Care

Improving patient-centered, data-driven and team-based health care with patients is a main goal of VAPAHCS' new Patient Aligned Care Teams, or PACTs. These teams are defined by: Partnerships –health care teams working with Veterans and their families; Access to care – enhanced through a variety of methods; Coordinated care – among all team members; and Team-based care – with Veterans and their families at the center of their PACT .

One of the first steps to accomplish this was training all primary care staff on motivational interviewing and health coaching. Both techniques are patient-centered, collaborative methods of communication and counseling helping the PACTs to empower the Veteran. About 200 primary care staff were trained last year and will go on to receive health coaching training in 2011.

VAPAHCS kicked off its first Chronic Disease Self-Management Program (CDSMP) this past summer. An evidence-based, six-week, peer- led course, CDSMP builds the skills for individuals to manage their conditions and to interact effectively with the health care team. Fifteen staff and 11 Veterans successfully completed the program, and a number of Veterans are receiving additional leadership training to teach the course to fellow Veterans.

VAPAHCS increased use of telemedicine to more than 1,000 telemedicine encounters. It's expected that this will increase more than 50% in 2011.

In conjunction with MyHealtheVet, all PACTs will be using secure messaging by the end of September 2011. As an alternative to e-mail, primary care teams are allotting designated telephone time so that Veterans can choose to speak with a member of their care team for non-urgent issues to help avoid travel or taking off work.

Primary care teams have regular clinic meetings and daily huddles. A huddle is a brief interaction between the care team members to prepare individualized plans for each Veteran. This teamwork ensures each Veteran's unique situation is understood.

While the PACT rollout primarily focused on primary care, specialty services will be increasingly included this upcoming year. VAPAHCS continues to strive to work with each Veteran to deliver the highest quality care and are excited to utilize PACTs to help customize each Veteran's individual goals.

2010 Surveys and Accreditations

The Joint Commission was on-site March 8-11, to conduct the VAPAHCS' unannounced survey. All programs; hospital, behavioral health, ambulatory care and extended care received a full three-year accreditation. The few findings were corrected immediately and many best practices identified.

The Cancer Program at VAPAHCS was accredited by the American College of Surgeons (ACoS). Accreditation by ACoS is only granted to those facilities that have voluntarily committed to provide the best in cancer diagnosis and treatment and is able to comply with established Commission of Cancer (CoC) standards. CoC accreditation is highly valued, coveted and hard to achieve.

Our SOARS (Systemwide Ongoing Assessment and Review Strategy) visit, which occurred in September, also identified a number of best practices and revealed our readiness for the OIG-CAP (Office of Inspector General Combined Assessment Program) Survey, which will occur February 3-7, 2011.

A VHA Privacy Compliance Assessment took place at the VAPAHCS from July 12-15. The focus of their review was to assess compliance with privacy, records management, Freedom of Information Act, and research privacy programs. Overall privacy score was 4.5 out of 5 - this was noted as a very good score and compared well with other VA facilities.

The VISN Organizational Readiness Program (VORP) visited August 3-6. A team of 11 VISN subject matter experts audited the VAPAHCS' resident supervision, infection control, quality/patient safety, controlled substances, and part-time physicians programs. Audits also covered activities in Fiscal and Logistics Services, as well as Community Living Center and SPD. The VORP audit is intended to prime VAPAHCS for its triennial SOARS inspection.

The College of American Pathologists inspected and re-accredited the Livermore Division Laboratory and the Pulmonary Blood Gas Lab in October 2010. The Livermore laboratory was lauded for great organization and in many cases going beyond the required standards. Palo Alto, Menlo Park, Monterey and San Jose laboratories all underwent mid-cycle self reviews in September 2010 in preparation for their onsite re-accreditation inspections in 2011.

The Office of the Inspector General (OIG) visited the VAPAHCS in August to survey the quality of service provided by CBOCs at Stockton and Modesto. In particular they compared the level of quality at the parent facility to that at CBOCs. The IG also looked at credentialing and privileging, environment of care and emergency management. There were no significant findings and no differences between the care provided at the CBOCs and VAPAHCS.

National Recognition

The American Heart Association awarded and recognized the VAPAHCS as a 2010 "Gold Status" Heart Health Hospital, for the numerous initiatives to improve health. These included the new exercise equipment around the perimeter of the Palo Alto Campus, quit smoking programs, Fitness Challenge and many more.

The VAPAHCS Business Office was recognized for outstanding service for its VA Charge Card Program. Audrey Ellis traveled to Washington, D.C. to accept the national award for having one of the highest uses of the centrally-billed travel card and having a low rate of travel delinquencies in 2010.

VAPAHCS was awarded the Most Customer-Friendly Choice Award from the American Alliance of Healthcare Providers. The award is based on implementing an excellent health care program that successfully results in courteous, compassionate, and caring service for patients, families and the community.

VAPAHCS Director Commends Polytrauma Staff

The VAPAHCS Polytrauma System of Care (PSC) teams were surveyed during the last week of January by Commission on Accreditation of Rehabilitation Facilities (CARF) with results that included six exemplary practices, 13 areas of strength and no recommendations for improvement.

“To the best of my recollection, these are the best results from a national accreditation organization we have ever had,” said Lisa Freeman. Examples of the exemplary practices included leadership, strategic planning, the emerging consciousness clinical protocol, video teleconferences with referring facilities to discuss patient care planning, Fisher House accommodations and the Polytrauma Patient and Family handbook.

This degree of excellence is a rare event for CARF surveys and was noted as such by all three surveyors. An Exemplary Practice is deemed to serve as a national benchmark for other public and private rehabilitation centers to model. CARF will be able to direct public and private medical rehabilitation centers to the VAPAHCS facility when they need expert input or to use the Polytrauma Rehabilitation Center as a best practice.

“Our vision is to be recognized as the leader and preferred rehabilitation resource for health care providers and the Veterans we serve,” Freeman said. “Receiving this excellent accreditation positions us as a leader and fits precisely within our vision. This is an extraordinary accomplishment that is the direct result of our staff’s commitment to quality and hard work.”

Some of the comments from the CARF surveyors included:

“There is an atmosphere of mutual respect and professionalism.”

“The interdisciplinary process is robust.”

“Veterans who were interviewed spoke highly positive regarding their treatment.”

“Families served report high levels of satisfaction with the staff and services.”

“The brain injury team shows strength for its creative thinking.”

“The video conferences with families served are very well done.”

Welcome Home-Run! VA Welcomes Home Returning Service Members

As patriotic country music blares throughout the Oakland Coliseum, a group of Iraq and Afghanistan combat Veterans make their way out onto the field, welcomed home by the Oakland A's and their fans. Each face, as the camera passes by, is full of pride as they are honored for their military service.

This introduction set the mood for the VA Welcome Home event put on by the Oakland A's and VAPAHCS, in conjunction with VA Northern California Health Care System and VA San Francisco Medical Center.

"The Oakland A's were awesome and on top of everything," said Alfonso Molina, patient transition advocate at VA Palo Alto and coordinator of the Welcome Home event. "It was a great event and I got a lot of response from the Veterans."

The Oakland A's hosted a two-hour mixer in their Eastside Club, which included giveaways, arcade games, and even a DJ. Veterans were able to sign up for their local VA's Facebook page to earn them a chance to win prizes, including a 42" LCD TV donated by the Veterans Canteen Service.

The baseball game concluded the event, with Iraq/Afghanistan Veterans brought out onto the field and Veteran Christian Valle throwing the first pitch. The National Anthem was sung by Veteran Tangerine Gui.

VIP Visits in 2010

General James F. Amos, Assistant US Marine Corps Commandant,
September 23.

Senator Barbara Boxer, August 12

Congressman John Garamendi
visited Livermore in October.

Oakland Raiders Super Bowl MVP and two-time Super Bowl Champion, **Jim Plunkett**, October 28

Congresswoman Jackie Speier,
October 14.

Congressman Steve Buyer, minority chairman for the House Veterans
Affairs Committee, August 18.

Dan Wheldon, former Indy 500
winner, August 18.

VA Secretary Erik Shinseki visited Monterey Clinic, March 30.

Congressman Jerry McNerney,
January 21.

Congressman Sam Farr, June 1.

Individual Awards

Director **Lisa Freeman** received the Distinguished Executive Presidential Rank Award. Each year the president holds up an exclusive group of top senior executives as prime examples of dedication to good government by awarding them this distinguished award. Less than 1 percent of government employees ever receive the Distinguished Executive Presidential Rank Award. Ms. Freeman, judged on her leadership qualities and performance results, was nominated by the Secretary of Veterans Affairs, evaluated by boards of private citizens and approved by the president.

Assistant Police Chief **Larry Kemper** was named 2010 VA Police Supervisor of the Year—a prestigious title presented annually to those who achieve excellence in police service. A 20-year Army Veteran, Chief Kemper frequently advises leaders and clinicians about physical security and prevention of violence in the workplace; he also achieved national standing as a Certified Protection Professional by the American Society for Industrial Security.

Rudy Moos, Ph.D., VA HSR&D Research Career Scientist with the Center for Healthcare Evaluation, and Professor of Psychiatry and Behavioral Sciences at Stanford University, has received the 2010 VA Under Secretary for Health's Exemplary Service Award. The award was presented to Dr. Moos for his outstanding scientific contribution to the psychology of addiction, substance abuse and treatment aimed at improving the health and well-being of Veterans. During his more than 45-year career, Dr. Moos has made significant contributions to the improvement of healthcare for Veterans and the nation. Dr. Moos' work focuses on Veterans affected by psychiatric disorders and/or substance abuse.

David Relman, M.D., Chief of Infectious Disease, was named Stanford University's first Merigan Professor. The new professorship is named in honor of Dr. Tom Merigan, one of the world's pioneers in infectious disease research with a particular focus on chronic viral infections, especially hepatitis and HIV/AIDS. Dr. Relman has opened new vistas to the novel diagnosis and pathogenesis of bacterial disorders and to the greater role of bacteria in global ecology, biodiversity, biosecurity and beyond. Additionally, Science named Dr. Relman as a top 10 pivotal figure in "Insights of the Decade" for 2000 – 2010 for his research.

Chaplain **Virginia Jackson**, M. Div., D. Min., BCC, received the Outstanding Service Award and was honored as the "Chaplain of the Year" at the 21st Annual Training Conference of the National Black Chaplain's Association, Inc. in Atlanta, GA on October 22, 2010. This award is presented annually to a chaplain who has demonstrated dedicated service to our nation's veterans on all levels and achieved advanced education and training to enhance ministry in a diverse setting. Chaplain Jackson was selected by the Executive Committee of the NBCA which consists of past presidents and other officers of that body.

Alex Sox-Harris, PhD, investigator at the HSR&D Center for Health Care Evaluation, received the 2010 American Psychological Association Division 18 (Psychology in the Public Interest) VA Section Outstanding Researcher Award. Dr. Sox-Harris is being recognized for a program of research that is high-impact, policy relevant, and directly impacts the nature and quality of care received by Veterans. His primary research program involves developing and validating measures of treatment quality for substance use disorders.

Douglas Owens, MD, MS, received the 2010 John M. Eisenberg Award from the Society for Medical Decision Making at their annual meeting in Toronto in late October. The John Eisenberg award is given “in recognition of exemplary leadership in the practical application of medical decision making research.” The award is named after John Eisenberg, who was a leader in his field, and was the head of the Agency for Healthcare Research and Quality. “I’ve been especially fortunate,” said Dr. Owens, “as John Eisenberg was one of my attendings at the University of Pennsylvania when I was a resident. In fact, he helped me get my first job out of residency – right here at the VA Palo Alto.”

Marylene Cloitre, a clinical psychologist, was selected to become the President of the International Society for Traumatic Stress Studies (ISTSS), an international, multidisciplinary professional organization with about 2,700 members. Dr. Cloitre was the founder and director of The Institute for Trauma and Stress at the NYU Child Study Center and the Cathy and Stephen Graham Professor of Child and Adolescent Psychiatry. Additionally, **Eve Carlson**, PHD, who also works at the NCPTSD at Menlo Park, was elected to be the next President of the Society (beginning November 2011).

Mary K. Goldstein, MD, MS was the recipient of the 2010 Under Secretary’s Award for Outstanding Achievement in Health Services Research—the highest honor for a VA health services researcher. For more than 18 years, Dr. Goldstein has brought scientific distinction to VA and the VAPAHCS through her contributions to health services research studying functional status in geriatrics, hypertension management, application of clinical guidelines and guidelines compliance, and automated clinical decision support systems.

Alan M. Garber, associate director of the Center for Health Care Evaluation and VAPAHCS staff physician, has been awarded the Society for Medical Decision Making’s Career Achievement Award. Presented at the Society for Medical Decision Making annual conference, the award recognizes senior investigators who have made significant contributions to the field of medical decision making.

Ahmad Salehi, M.D., Ph.D, a principal investigator at the VA Palo Alto Health Care System and a clinical associate professor (affiliated) at Stanford Medical School, received the World Technology Network (WTN) Award. Dr. Salehi was recognized for his work on understanding the molecular mechanisms of neurodegenerative disorders, particularly Alzheimer’s disease.

William (Bill) Robinson, MD, PhD, was presented with the Kunkel Young Investigator Award at the American College of Rheumatology during the ACR Annual Scientific meeting. Additionally, Dr. Robinson was promoted to Associate Professor at Stanford University in the Department of Medicine, Immunology and Rheumatology, on November 1, 2010. Dr. Robinson has been with the Geriatric Research, Education and Clinical Center (GRECC) since July 27, 2003, as a staff physician, as well as an outstanding investigator with a productive research program.

The American Heart Association named VA Palo Alto Health Care System **Dr. Paul Heidenreich’s** publication as one of 10 most important cardiovascular medicine research papers of 2009. The top-10 list emerged from an adjudication process led by the group’s immediate past president, president, and president-elect based on nominations from the organization’s 16 scientific councils. The chairs of the councils had been charged with recommending the year’s “most meritorious, most substantial, most significant” papers in cardiovascular medicine.

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