# 2013 Annual Report

## Portland VA Medical Center
Portland, Oregon
VA Northwest Health Network - VISN20

### VHA Mission
Honor America's Veterans by providing exceptional health care that improves their health and well-being.

### VHA Vision
VHA 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 evidence based.

This care will be 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.

### I CARE:
### Core Values We Believe In
**I**ntegrity, **C**ommitment, **A**dvocacy, **R**espect, and **E**xcellence

### Medical Centers
Portland VA Medical Center - Portland, OR
Portland VA Medical Center - Vancouver Campus (Vancouver, WA)

### CBOC's
Bend CBOC (Bend, OR)
Community Referral Resource Center (CRRC) (Portland, OR)
East Portland CBOC (Portland, OR)

Hillsboro CBOC (Hillsboro, OR)
Newport Clinic (Newport, OR)
North Coast CBOC (Warrenton, OR)

Salem CBOC (Salem, OR)
The Dalles OPC (The Dalles, OR)
West Linn Clinic (West Linn, OR)

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

## Director's Message

*TO ALL OUR PARTNERS:*

The Portland VA Medical Center has proudly served our community and Veterans across the Pacific Northwest for 84 years. We have been committed to providing the best care possible to our Veterans since our inception and today that pledge remains stronger than ever.

This is the inaugural *"Annual Report"* of PVAMC. The intent is to provide a written and easily accessible product to share with our partners about who we are, what we've done, what we are doing, and what we plan to do to serve our nation's heroes.

When we gathered to plan out this publication, a couple themes pervaded our discussion: improving access and enhancing our medical services and facilities to ensure that our Veterans received nothing short of the best and most cutting-edge care. These improvements involved investing in high technology, advancing research, and expanding and streamlining services for existing, new and women Veterans.

As with any effective organization, we could not do this without our partners: Veterans, employees, volunteers, service organizations, elected officials, and the local community. Our roots have deepened through the 8-plus decades of cooperation and become inextricably entwined in the fabric of Portland, Vancouver, Bend and all the communities surrounding the other eight PVAMC facilities of care. I thank you all for your patronage over the years as well as your continued support and communication with us about what we are doing right and what and how we can improve. Veteran needs and technologies continually change and we must adapt to meet that transformation. We need your help to do that.

I hope you find this publication helpful in providing a window into who we are.

It is certainly not all inclusive, but it does highlight many of our programs. You will see specific contact information and other resources on related information throughout. I encourage you to contact these persons, our Public Affairs Office, my office, or follow and engage us on Social Media if you ever have questions, comments or suggestions. What you say matters.

Very respectfully,

Michael W. Fisher, Interim Medical Center Director

## Please Welcome the new Director, Portland VA Medical Center, Joanne M. Krumberger

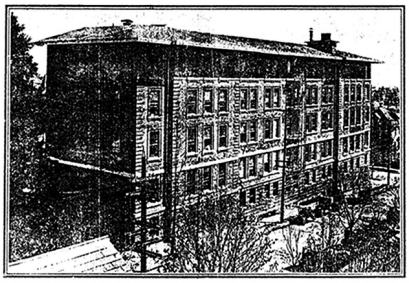
The Portland VA Medical Center is extremely excited to introduce our new Director, Joanne M. Krumberger. Appointed in May 2014, Ms. Krumberger joins the PVAMC team from her previous position as the VA Central California Health Care System Director where she managed the Central Valley VA facility located in Fresno, California.

Ms. Krumberger has more than 33 years of health care experience across the VA to include serving as a staff nurse, clinical nurse specialist, nurse manager, Performance Improvement Office Manager, VAMC Associate Director, Deputy Director, Director, as well as Interim Network Director. In addition, Ms. Krumberger has a military background having served from 1988-1993 with a United States Army Reserve military hospital in Milwaukee, Wisconsin and reached the rank of captain. Ms. Krumberger attended Marquette University for undergraduate and graduate studies in nursing.

# History of PVAMC

### 1920's United States Public Health Service Hospital for Veterans - Portland

In November 1921, a hospital for Veterans was opened in Portland by the United States Public Health Service. On May 1, 1922, it was transferred from the Public Health Service to the United States Veterans Bureau, the preceding organizational name of the Veterans Administration that was later established in 1930.

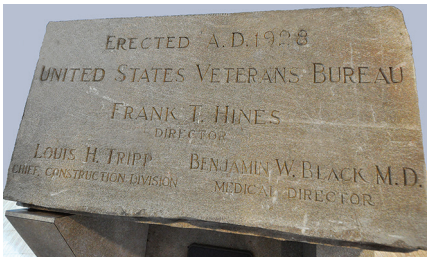


United States Veterans' Hospital
Portland, Oregon

In January 1926, the Sam Jackson family of Portland and Oregon Health & Science University (OHSU) deeded 25 acres on Marquam Hill in Portland to the United States Veterans Bureau for a Veteran hospital; the value of the property at that time was about $2,750 per acre. Initial site preparation was started on Feb. 3, 1927, with construction for the original hospital commencing one year later. The first 13 buildings were activated in December 1928 and formally dedicated later in 1929. In 1932, Portland VA Medical Center (PVAMC) Building #16 was built - this is the only remaining original building that is now occupied by PVAMC Human Resources.

The current Portland VA Medical Center (PVAMC) main hospital was completed and dedicated in 1987 and opened to patients in February 1988. PVAMC is a two-division care system (Portland and Vancouver) with 11 sites of care totaling nearly 1.5 million square feet of space serving over 85,000 Veterans each year across Southwest Washington and Northwest and Central Oregon.

This is the original cornerstone for Building #1 of the new Veterans Hospital constructed in 1928 on Marquam Hill in Portland. This is the only remaining part of the original Building #1 and is now located outside the PVAMC auditorium in Portland. Building #1 stood from 1928 until 1990.




March 1928 construction of Building #1 of the new Veterans Hospital on Marquam Hill in Portland - the beginning of what is now Portland VA Medical Center.

# Medical Centers & Community Based Outpatient Clinics

### CBOC's

Bend CBOC (Bend, OR)

Community Referral Resource Center (CRRC) (Portland, OR)

East Portland CBOC (Portland, OR)

Hillsboro CBOC (Hillsboro, OR)

Newport Clinic (Newport, OR)

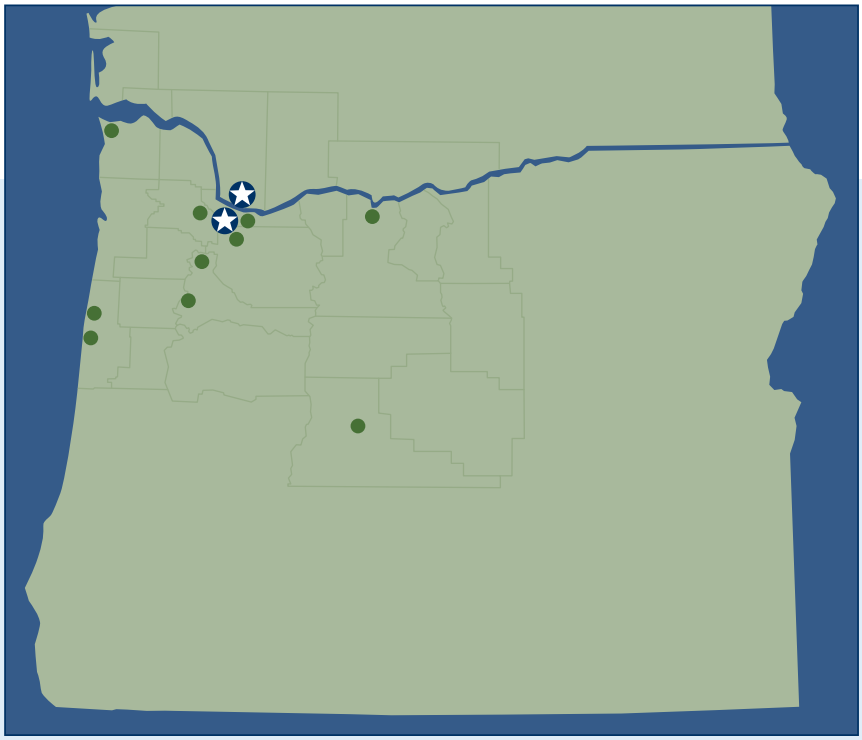
North Coast CBOC (Warrenton, OR)

Salem CBOC (Salem, OR)

The Dalles OPC (The Dalles, OR)

West Linn Clinic (West Linn, OR)

Lincoln City Clinic (Lincoln City, OR) (June 2014)



# Eliminating Veteran homelessness

By Carolyn M. Bateson, LCSW
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Robert Urell
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On Nov. 3, 2009, General Eric Shinseki (Ret.) declared his commitment as Secretary of Veterans Affairs to end Veteran homelessness. He stood at a podium in a Washington DC hotel ballroom at a summit entitled "Ending Homelessness among Veterans in Five Years," and said, "My name is Shinseki, and I am here to end Veteran homelessness." This declaration was followed by an immediate mobilization of VA resources to do just that.

Over the intervening years since, VA has increased funding for existing housing programs like the Housing and Urban Development -Veterans Affairs Supportive Housing (HUD-VASH) and Grant and Per Diem. Also created were new homeless programs designed to address homelessness prevention and rapid rehousing, substance abuse rehabilitation, emergency transitional housing for medically vulnerable Veterans, and vocational rehabilitation. This was all done in response to the emerging understanding of just how widespread and persistent the problem of Veteran homelessness really is. In a 2009 supplement of the Department of Housing and Urban Development's annual Homeless Assessment Report to Congress, the dilemma of Veteran homelessness was clarified in some staggering findings. According to the supplement, Veterans had a rate of homelessness 1.6 times higher than non-Veterans; Veterans were more likely to live unsheltered and to be chronically homeless.

Since **2011** - PVAMC Homeless Program has assisted **673** Veterans into employment thru various vocational programs (≈445 of which were homeless)

At PVAMC, the Community Reintegration Service (CRS) is charged with carrying out national and local initiatives in support of the 2015 goal. The CRS program lies within the Mental Health and Neurosciences Division at PVAMC and is designed to assist Veterans in developing and maintaining the skills necessary to succeed in community living. The program is for Veterans who are homeless or at risk for homelessness and attacks the problem with homeless prevention, transitional and rapid re-housing, and permanent supportive housing. Homeless Veterans are provided case management and help accessing VA services to not only put roofs over their heads, but to help them overcome the underlying causes of their homelessness. CRS offers homeless Veterans a temporary reprieve from life on the streets and a path to permanent, stable, and independent housing.

In furtherance of its mission in fiscal year 2013, CRS has joined or increased several initiatives, including a VA Transition in Place Program, an enhanced HUD-VASH team, and the hiring of three Peer Support Specialists. These efforts provide additional resources to CRS's toolkit such as occupational therapy, housing specialists, supportive case management assistance from Veteran employees, and a managed transition to independent housing.

In addition to enhancing internal programs and initiatives, CRS has also strengthened partnerships with community organizations and public housing agencies. With financial contributions from Home Forward, The United Way, the City of Portland, and Multnomah County, and financial management by Transition Projects Inc. and JOIN, a flexible fund was developed to overcome housing barriers for the hardest to house Veterans in Multnomah County. Dubbed "Operation 305," the goal was to lease up all remaining HUD-VASH vouchers allocated to Home Forward by early 2013. HUD-VASH social workers used these flexible funds to fill Veteran needs not provided by other programs such as paying outstanding property debt, to help Veterans pay for screening fees and deposits, and to provide pre-paid cellphones and bus passes to aid Veterans in their housing searches.

CRS also held Homeless Summits in Vancouver, Wash. and Bend, Ore., inviting all of our community partners to gather together to coordinate our efforts and to collaborate on new ideas for ending Veteran homelessness. The team also participated in multiple Veteran Stand Down events in the region, at which CRS staff members provided clothing and sleeping bags along with information and assistance to Veterans interested in VA programs.

In March 2013, as a result of the proven success with initiatives such as *Operation 305*, the Portland community was selected to be a part a federal program called the *25 City Initiative*. The intent is to create more advanced and coordinated systems customized to address challenges faced in communities across the country. What is developed locally will then be shared around the nation as models for other communities to implement.

Veteran homelessness is a multivalent problem that requires an agile and calibrated response. Every homeless Veteran's story is unique, and an effective solution must be less monolithic and more modular to provide comprehensive support to the Veteran without cluttering their life with unnecessary and unwanted program elements. Here at PVAMC, we've built what we think is an effective complement of programs capable of addressing each Veteran with individual treatment plans and supporting them in their goals as they overcome homelessness and move on with their lives.

### *Homeless programs*

http://www1.va.gov/HOMELESS/Programs.asp

1. The U.S. Department of Housing and Urban Development and VA Supportive Housing Program **(HUD-VASH)**

2. The **Grant and Per Diem (GPD)** Program funds community-based agencies providing transitional housing or service centers for homeless Veterans. Through the program, each year (as funding is available) VA offers grants that may fund up to 65 percent of the project for the construction, acquisition or renovation of facilities or to purchase vans to provide outreach and services to homeless Veterans.

3. **Compensated Work Therapy (CWT)** is a vocational rehabilitation program that endeavors to match and support work ready Veterans in competitive jobs, and to consult with business and industry regarding their specific employment needs.

### *HUD-VASH success story*

Fredric Alan Maxwell, U.S. Navy '73-'79, surpassed his first anniversary this winter in permanent housing in Portland with the help of the Portland VA, community partners, and the HUD-VASH program after spending the previous five-plus years in more than 45 different places across the country without a home.

"This is the first time in years my overall health is improving and my heart condition is finally stabilizing," said Fredric who, several years ago, had a series of serious cardiac issues that led to him losing his job and his home. "There is no medical reason now that I won't live until I'm at least 90 years old. When I was homeless, that certainly was not the case. It was nearly impossible to appropriately take care of myself and get the care I needed; I was more focused on where I'd sleep and where I'd get my next meal."

The Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH) Program is a joint effort between HUD and VA to move Veterans and their families out of homelessness and into permanent housing. In 2013, the Portland Community rallied to the support of the HUD-VASH program and Veterans like Fredric. Although the HUD-VASH program provides for a Section 8 housing voucher through HUD and intensive case management services through the VA, the program did not provide the needed money to attain housing. Multnomah County, United Way, Home Forward, and the City of Portland each contributed to a flexible spending fund that is managed by JOIN, a community non-profit homeless program to fill this gap.

"The VA case workers have been great facilitating me getting into this place, removing barriers that might have prevented it, getting me hooked up with the health care I need, and connecting me to resources," said Fredric. "One of the biggest obstacles was the deposits; I simply did not have the cash to get into a place like this - the community partners made that happen. They even helped me get Her Majesty Albus the First – my cat, who really owns me."

## *VOC-REHAB Homeless Program success story*

Wesley W. Warren is a proud Marine ('73-'77) and it shows, despite having fallen on hard times and being unemployed since 2007, until recently. With the help of PVAMC case workers and VA Vocational Rehabilitation Services, Wesley has received the training he needs and now has a permanent job.

"I was on the street for two to three years before I found out about the programs at the VA for Homeless Veterans," said Wesley. "Now, thru the HUD-VASH Program I have permanent housing and with the help of Todd, my vocational counselor, I got the training I need and have a good fulltime job that pays the bills."

Wesley started in the Homeless Veterans Supported Employment Program (HVSEP) over two years ago. The program provides vocational assistance, job development and placement, and ongoing supports to improve employment outcomes among homeless Veterans and Veterans at-risk of homelessness.

"From day 1, Wesley maintained his focus on getting back to work," said Todd Gollersrud, a VA vocational rehabilitation specialist who has worked with Wesley for the past 18 months. "He had good days and bad, but he saw the light at the end of the tunnel, maintained hope, and had the right attitude – that is half the battle."

Todd will work with Wesley a short while longer to ensure the transition to his new full-time position goes well. He will help facilitate resolving any issues or barriers to employment either the employee or the employer has, find resources to help solve them, and do his best to keep Wesley employed in a job that matches the employer's needs and the Veteran's skills. At approximately three months post hire, Todd will successfully discharge Wesley, who may revisit Vocational Rehabilitation Services in the future, if needed.

"Don't give up and have patience," said Wesley when asked about what he would tell other Veterans who might be struggling. "Keep trying, keep hope alive, and don't expect things to happen overnight. It takes time to get life back on track, but it is well worth the work and the wait."

## *Portland VA's CRRC is helping end Veteran homelessness - and so much more*

By Cathleen Spofford
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The Portland VA Community Resource and Referral Center (CRRC) opened in April 2012. It was one of 17 pilot programs across the VA designed to serve as a low barrier access point for homeless Veterans and Veterans at risk of losing their housing and one of the VA's strategy's to end Veteran homelessness by 2015.

The CRRC is located in downtown Portland on a MAX line, within easy walking distance of several bus lines and near two VA Grant Per Diem Programs (GPD) that provide transitional housing to Veterans. Open five days a week, Veterans can walk in to get enrolled in the VA, sign up for medical care, see a social worker, community partners, use computers and phones, and get clothes and hygiene items.

Supporting Veterans full time at the CRRC are four VA licensed clinical social workers, a psychologist, peer support specialist, two program assistants, a data analyst, and program director. Every Veteran who walks in can have a full psychosocial assessment and referral to various programs - housing, mental health, substance abuse, medical care, and other support groups - and for more vulnerable Veterans, short-term case management. The CRRC is co-located with a Homeless Aligned Primary Care Team (HPACT) which is made up of a medical doctor, registered nurse (RN), and a licensed practical nurse (LPN). Veterans who are homeless, re-

ently housed, or in unstable housing can receive their primary care at the HPACT - medical care, labs, tuberculosis and HIV testing and get referrals to a specialist, if needed.

Over the past year, the CRRC has collaborated with various VA and community partners to provide support to Veterans on-site at the CRRC. Partners include the Veterans Benefit Administration (VBA), homeless coordinators, doctors who provide VA compensation and pension examinations, a HUD-VASH psychiatrist, an RN, and various HUD-VASH social workers who help Veterans find housing. In addition, a Health Care for Homeless Veterans social worker and two outreach social workers have come under the supervision of the CRRC; they work to locate and engage homeless Veterans in the community and help them obtain VA care. Other community partners include Transition Projects (TPI) which administers the new Supportive Services to Veteran Families (SSVF) grant to provide case management and rental assistance, WorkSource Oregon (a program of the Labor Department), and Dual Diagnosis Anonymous.

The CRRC also has a new work-study student and two dedicated volunteers who staff the computer room where Veterans can apply for jobs online, look for housing, communicate with their families and medical providers via e-mail and secure mail, and sign up for the VA's MyHealtheVet.

CRRC social workers now respond to the National Homeless Hot Line and hospital consults to provide information and resources to Veterans who are homeless or at risk of becoming homeless. The CRRC offers a variety of support groups including smoking cessation, coping strategies, substance abuse continuing care, a peer support group and a women's trauma group.

**2013 CRRC facts**

CRRC had direct contact and provided support to 1,427 Veterans

62 were female Veterans

17 from the Korean War

481 from the Vietnam Era

142 from the Persian Gulf War

171 from OIF/OEF/OND

# Portland VA Research

By Michael P. Davey, MD, Ph.D.
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PVAMC currently has over 150 investigators and more than 500 active protocols (a document describing the procedures of a research study). In fiscal year 2013, PVAMC scientists were successful in competing for over $33 million in research grants from the VA, National Institute of Health (NIH), Department of Defense (DOD) and other sources and published 265 peer reviewed research studies.

PVAMC has approximately 100,000 square feet of wet and dry lab space that supports research programs in basic science, clinical research, rehabilitation, health services, cooperative studies, epidemiology and outcomes research.

Investigator-initiated independent research programs represent the majority of research activities at the Portland VA. The established research programs reflect the special needs and interests of veterans treated at this medical center. The Portland VA has been fortunate to receive several large grants that reflect the critical mass of scientists who have assembled here to investigate important diseases. These include:

- NIH-funded Alcohol Research Center
- National Center for Rehabilitative Auditory Research (NCRAR, an RR&D-funded Center of Excellence)
- Mental Illness Research Education and Clinical Center (MIRECC)
- Parkinson's Disease Research Education and Clinical Center (PADRECC)
- Multiple Sclerosis Center of Excellence
- Epilepsy Center of Excellence
- NIH-funded Methamphetamine Research Center
- Center to Improve Veterans' Involvement in Care (CIVIC, an HSR&D-funded Center of Innovation)
- Agency for Healthcare Research and Quality (AHRQ) Evidence Based Practice Center

PVAMC benefits greatly from its strong affiliation with Oregon Health & Science University (OHSU). Research collaborations between the two institutions are greatly enhanced by a sky bridge that connects the VA with the university. OHSU is home to an NIH-funded Clinical & Translational Science Award (CTSA). All support services provided by the CTSA are fully available to VA faculty with dual appointments and many studies on Veterans would not be possible without this support. PVAMC has a track record of training graduate and medical students, postdoctoral fellows and junior faculty members through VA and NIH training grants and career development programs. There are 17 career development recipients currently being trained at PVAMC and 27 other post-doctoral fellows.

Veterans Health Administration
Research & Development
Improving Veterans' Lives — www.research.va.gov

## *Lung cancer - what PVAMC is doing about it*
## *Low-dose CT scan program at may help save lives*

By Christopher Slatore, MD, MS
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Health Services Research & Development
Christopher.Slatore@va.gov

It has been known for years that smoking causes most lung cancer - after it causes the cancer, smoking blocks your body from fighting it. According to the Centers for Disease Control and Prevention (CDC), nearly nine out of ten men who die from lung cancer are smokers.

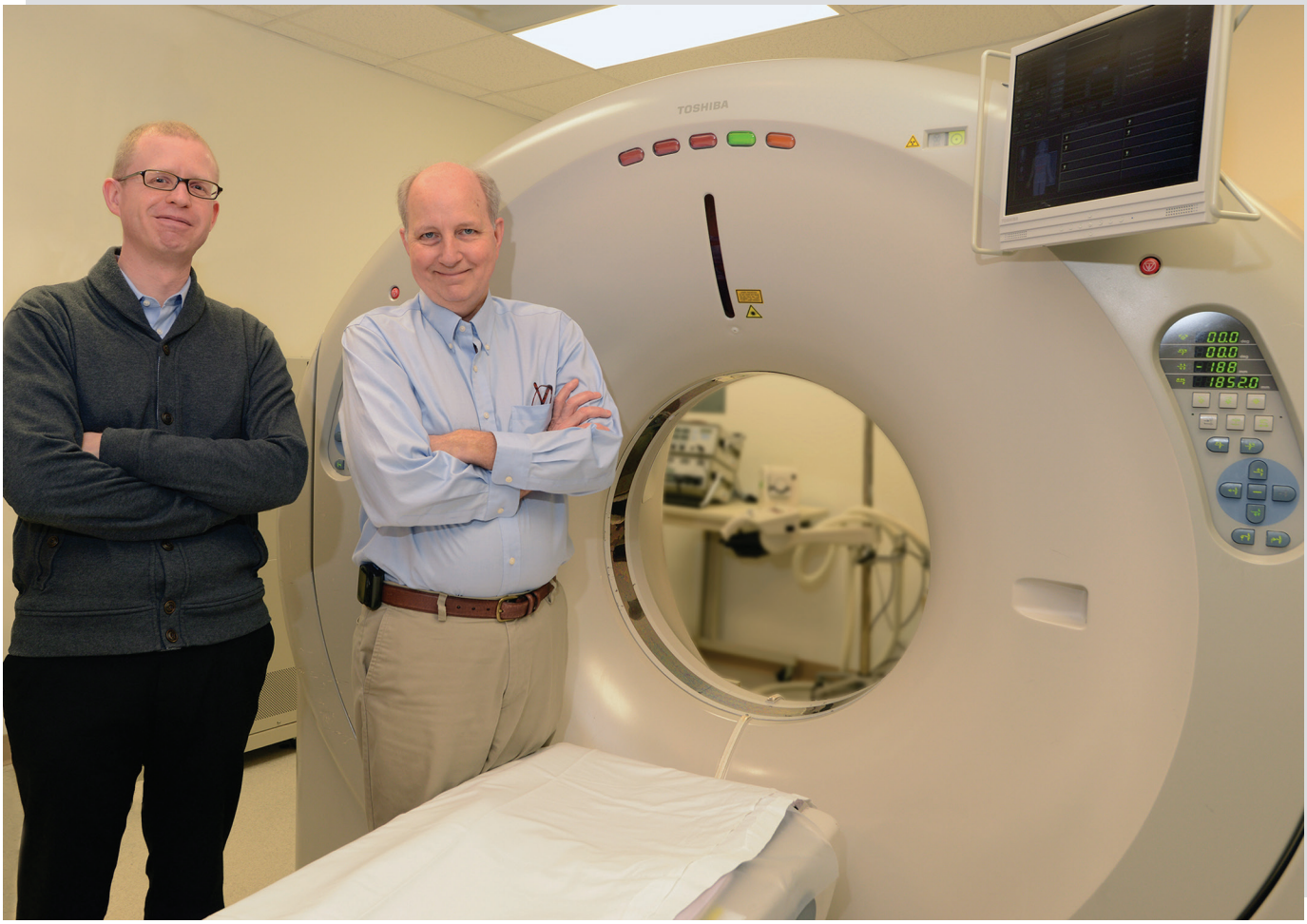
PVAMC is one of eight VA facilities chosen to develop a comprehensive a lung cancer screening system so we can provide high-quality care to high-risk Veterans. In addition to determining how best to care for Portland area Veterans, we will provide information that will help determine the best practices for lung cancer screening that may be used throughout the U.S.

Among middle-aged smokers, lung cancer is the cause of 33 percent of overall mortality. Veterans have an even higher lung cancer incidence and mortality than the general population, and in 2007, almost 5,000 Veterans were treated for lung cancer in VA facilities.

Lung cancer does not usually cause noticeable symptoms until it has spread. Most patients are diagnosed after it has already spread so treatments are generally less effective than they could be. Accordingly, there is great interest within and outside VA to find ways to diagnose lung cancer earlier when treatments work better.

One method to diagnose lung cancer when treatments are more effective is to screen for it; that is, look for early lung cancers in people who are not having symptoms. Screening is what is commonly done for breast and prostate cancers. Recent studies have evaluated whether computed tomography (CT or "cat") scans help people at high risk of developing lung cancer, namely heavy smokers, to

Lung cancer is by far the leading cause of cancer related death for men and women




live longer. Under contract from the U.S. Preventive Services Task Force, the organization that helps primary care clinicians make decisions about screening, investigators at the Portland VA and Oregon Health & Science University reviewed thousands of studies that have addressed this topic.

The investigators reviewed over 8,000 papers related to the topic and narrowed that list to studies that directly addressed whether CT scans benefitted people at high risk of developing lung cancer. Four trials reported results of CT screening among patients who smoked: one large trial involving screening indicated mortality reductions of 20 percent and 7 percent, respectively. In other words, in a group of 1,000 people screened once a year for three years, three fewer people had died of lung cancer after 6 years; instead of 21 people, 18 people per 1,000 died of lung cancer. However, potential harms to patients included radiation exposure and a high rate of false positive examinations, which were typically resolved with further imaging.

In conclusion, moderate evidence shows that low dose CT screening can reduce lung cancer and all-cause mortality, but there are also harms associated with screening that must be balanced with the benefit. Screening has only been studied in people at high risk of developing lung cancer who are or have been heavy smokers. Screening people at lower risk of lung cancer will likely lead to many more harms than benefits. It is also important to note that the benefits of screening were shown in a study where comprehensive systems were in place to best care for patients before, during, and after the CT scan.

Based on the review of the evidence, the U.S. Preventive Services Task Force recently recommended that people who have been heavy smokers discuss lung cancer screening with their doctor (http://www.uspreventiveservicestaskforce.org/uspstf13/lungcan/lungcansumm.htm). The Task Force stresses that screening should only occur within health care systems that can optimally care for patients during the entire screening and treatment process. Because lung cancer screening of this type is new, these systems are just starting to be designed and tested. As they are validated, systems will be established throughout the VA health care system and details will be shared with Veterans about their care options.

We are very excited to see our research results lead to improved care.

As a Veteran, if you have any questions or concerns related to smoking and your health, please speak to your primary care provider who will provide you guidance and care based on your particular situation.

An estimated 74 percent of Veterans are current or former cigarette users; 42 percent of all U.S. adults are currently or have previously smoked

The drugs the world depends on to fight malaria have been rapidly losing their effectiveness - a PVAMC-OHSU research team may be on the verge of changing that.

## *A PVAMC - OHSU research team is developing drugs for the treatment and prevention of malaria*

By Mike Riscoe, Ph.D.
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Malaria is a life-threatening parasitic disease transmitted by mosquitoes. It's been encountered by hundreds of thousands of U.S. servicemen and women dating back to the Revolutionary War and every conflict since including Somalia, Liberia, Afghanistan, Iraq, and during relief efforts of Southeast Asian tsunami victims. Malaria and antimalarials represent two of the most common biological and chemical exposures of U.S. combat Veterans. It is reported to cause nearly a million deaths a year around the world and causes serious life-long consequences for untold numbers of survivors of the disease.

The drugs the world depends on to fight malaria have been rapidly losing their effectiveness - the mosquito-transmitted parasite that causes the disease is developing a resistance to those drugs. My research team and I may be on the verge of changing that.

I am Michael Riscoe, Ph.D., director of the Experimental Chemotherapy Laboratory at PVAMC and professor of Molecular Microbiology and Immunology at OHSU, and my team and I are discovering and developing antiparasitic drugs, especially drugs for the treatment and prevention of malaria.

Using modern methods of chemical synthesis and drug design, we have successfully introduced three new classes of drugs in the past several years. One of the new classes is called the 4(1*H*)-quinolone-3-diarylethers and one exceptional member of this class is **ELQ-300**. We designed and synthesized **ELQ-300** as part of an extensive research consortium brought together by the Geneva-based Medicines for Malaria Venture (MMV). Unlike quinine and most other drugs used to treat malaria which target only the blood stage of disease, **ELQ-300** kills all of the life cycle stages of falciparum malaria including the liver and blood stages, and even parasites in the midgut of the female mosquito vector.

In mouse models of malaria, a single oral dose of 0.03 mg/kg prevents mosquito transmission while four daily doses of 1 mg/kg achieved complete cures of active infections. On the basis of its superior potency against multidrug resistant parasites and outstanding low-dose protection and curative power against malaria in animal models of the disease, **ELQ-300** was recently designated as a preclinical candidate by the MMV. It is an exciting development because in combination with other antimalarials it has serious potential for use in humans to prevent and treat malaria, to block transmission, and to possibly aid in eradication of the disease.

If safe enough for clinical use then the U.S. military could use these medications in support of deployed troops. The resultant advantages of avoiding drug toxicity, febrile illness, and complex medical management during deployment are self-evident, as are the benefits to both short and long-term health of our servicemembers as well as millions of people around the world.

Malaria is reported to cause nearly a million deaths a year around the world

## *PVAMC researchers determined that inpatients may not hear, understand or recall much of what is said to them while they are in the hospital - because of the noise*

By Diana S. Pope, PhD, MS, RN
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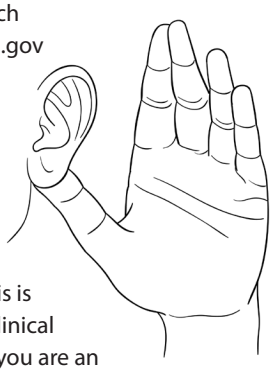

Hospitals are noisy places - and as more technology gets added they are getting noisier. This is important for clinical reasons. When you are an in-patient we know the noise can make it difficult to get the sleep you need to heal. What is less well known is that background hospital noise may also make it difficult to hear important information from your doctors and nurses - regardless of your age, and particularly if you have hearing loss, making this issue significant for Veterans.

What if a Veteran doesn't hear, understand and remember the instructions he or she gets about a new medicine prescribed during his or her hospital stay?

To find out whether noise in our hospital might be a barrier to Veterans understanding their providers, I led a local study with my partners at the National Center for Rehabilitative Auditory Research (NCRAR) PVAMC. We wanted to learn how well our hospitalized Veterans could hear, understand and recall what was said to them in background hospital noise. We enrolled eligible Veteran volunteers from our medical/surgical nursing units.

While listening to a recorded male speaker talking at conversational level, participants were asked to identify and remember the last (key) word in each of a series of five sentences. After every five sentences, the Veteran was asked to repeat back the 5 words he or she had just identified. That 'exercise' was repeated many times during the testing - sometimes in quiet, sometimes in combination with noise that had been recorded on our own nursing units.

Sometimes the noise in the test was louder (69 dB(A)), sometimes it was the same (64 dB(A)), and sometimes it was quieter (59 dB(A)) than our average nursing unit noise levels.For half of the study participants, the hospital noise included voices in the background, for the other half the noise was 'plain' hospital noise - background noise with the sound of equipment alarms, carts rolling by, phones ringing, printers printing, people walking by and doors closing.

**Discoveries:**

1. Veteran study participants were more successful at identifying the key words in the background hospital noise testing condition when the decibel level was lower: ***If we can make it quieter, our patients will have an easier time hearing and understanding what we say.***

2. Key words were more difficult to identify when the background hospital noise included extraneous voices in comparison to 'plain' hospital noise that was presented at the same decibel level: ***Other people talking in the background make it harder to understand what is being said.***

3. The louder the background hospital noise, the more likely the Veteran could not recall the key words identified just a moment before: ***The concentration required to identify speech in noise makes it less likely we'll be able to remember what was said.***

4. Age, mild hearing loss, and the number of hospitalizations or medications prescribed were not reliable predictors of how well a Veteran might be able to identify and recall words heard in hospital noise: ***We don't have an easy way to identify those who have trouble understanding what we say.***

**The next steps:**

To make a difference for our Veteran population we need to continue to work on methods to reduce the noise. In the meantime, actions as simple as closing the door in a hospital room, before beginning a conversation, will make it easier for a patient to hear, understand and remember what is said.

Dr. Pope's research article titled *Effect Of Hospital Noise On Patients' Ability To Hear, Understand, And Recall Speech* (Pope DS, Gallun FJ, Kampel S., *Res Nurs Health*. 2013 Jun;36(3):228-41) won the award for best Research article in the journal Research in Nursing & Health for 2013.

Speech intelligibility and audibility - is essential to communication between patients and staff and between staff members in hospitals*

Diana S. Pope has been a registered nurse (RN) since 1980 and earned her PhD at Johns Hopkins University Bloomberg School of Public Health. She's been working at PVAMC since 2007 and is the widow of Vietnam Veteran Steven A. Pope - U.S. Coast Guard.

* The Center for Health Design, 2007

## PVAMC's Telehealth program is improving Veteran access to care

By Paulette E. Channon
Director of Virtual Care
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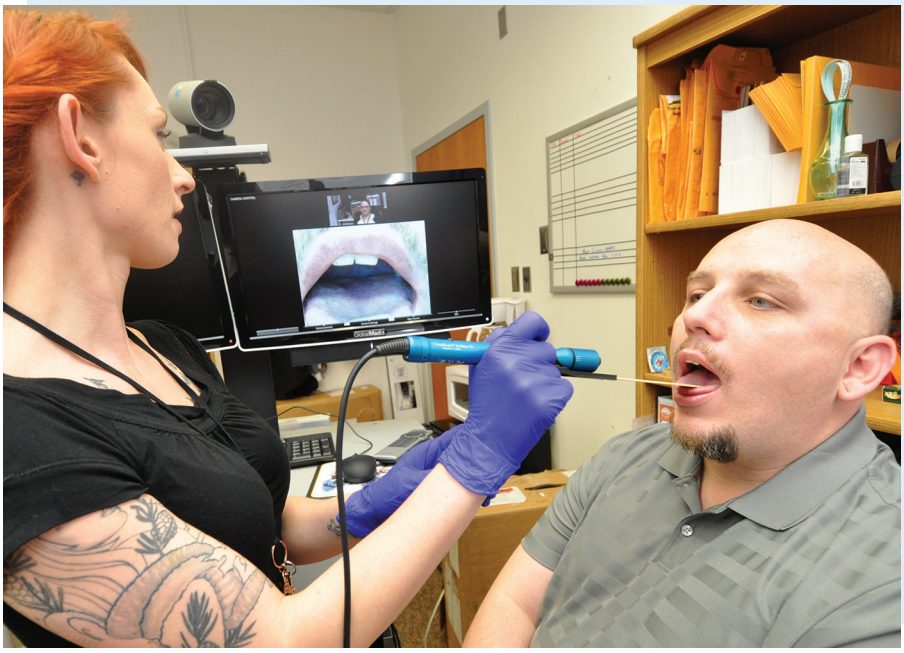
VA Telehealth Services uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care and improve the health and care experience of Veterans. Telehealth changes the location where health care services are routinely provided.

Telehealth has been at PVAMC for four years and consists of three main modalities - **Home Telehealth (HT)**, which is the care and monitoring of Veterans at home with regards to heart, blood pressure and diabetics issues in order to reduce hospital time; **Store and Forward (SF)**, which includes Teleretinal and other testing mechanisms that require reading to determine outcomes; and **Clinical V- Tel (CVT)**, which is any live real time video with a patient involved.

PVAMC currently has 25 active Telehealth programs. These programs provide service to remote areas throughout VISN 20 including remote areas of Alaska, Idaho, southern Washington and southern Oregon with services that include individual treatment, group therapies and education, medication management, family therapy, couples therapy, psychological testing and treatment at home. These programs have included mental health services, pacemaker and arrhythmia monitoring, compensation and pension exams, pain management, transplant, as well as neurology services that include Parkinson's, multiple sclerosis, dementia, stroke and seizure.

PVAMC has been instrumental in development of a number of Telehealth programs that have been shared nationally and received national recognition. CVT Into the Home developed for the Mental Health program is now used for other programs such as speech, dementia and spinal cord injury. These developments have occurred in the area of Store and Forward, as well where Portland has developed processes that allow for home sleep testing and electroencephalogram (EEG) testing at other facilities while still being monitored by the specialist at the main Portland facility. These home sleep tests, for example, have allowed a large number of patients to be seen at the Bend VA Clinic removing the need for them to travel to Portland multiple times for testing, fittings and monitoring.



A number of other key services that have benefited our Veteran population include nutrition and the MOVE (weight loss) programs. These programs have had a significant impact with our Veterans through the use of group education to multiple sites simultaneously as well as greatly increase the efficiency of staff.

## ALS Multidisciplinary Clinic

By Ellen N, Kessi, LCSW
ALS Social Work Care Coordinator
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A few years ago, a PVAMC multi-disciplinary task force was developed to look at how we could better serve our Veterans with Amyotrophic Lateral Sclerosis (ALS), otherwise known as "Lou Gehrig's Disease." It was recognized that this very special group of Veterans and their families needed a more comprehensive patient-centered approach to their care. Raw numbers of Veterans affected by this horrible disease are certainly not large, but the extent of the depth and breadth of care required a more customized approach to do this right.

ALS is a progressive neuromuscular disease that attacks the nerve cells in the brain and spinal cord. Over time, people with ALS have a decline in their functional status affecting their ability to eat, speak, walk, breath and use of their limbs. Although ALS is a neurological disorder, its functional and emotional consequences require the expertise of many professionals. The best practices approach to caring for people with ALS, according to the American Academy of Neurology, includes a multidis-

ciplinary clinic, where patients and their family members can be seen during one clinic "visit" by all of the specialists on a team that focus on this disease.

To get the new clinic on its feet, two care coordinators were positioned at PVAMC to help develop the action plan. Myself, Ellen Kessi, a licensed clinical social worker (LCSW) and the newly appointed ALS Social Work Care Coordinator, and Tricia Strombom, the new registered nurse (RN) ALS Care Coordinator, researched what ALS services were currently being offered in the community, what was offered in the VA system nationally, and identify gaps of care that needed to be filled at PVAMC. We explored how other ALS programs operated, forged relationships with the local ALS Association and the Paralyzed Veterans of America (PVA), who represent and assist many Veterans with ALS. After identifying the team members, coordinating space at PVAMC, and developing a thorough plan, the PVAMC ALS Clinic opened doors for Veteran care in April 2013. In addition to the Social Work and Nurse care coordinators, team members also include a pulmonary specialist, a neurologist, a speech and language pathologist, and respiratory therapist, a physical therapist, an occupational therapist, and a registered dietician. All team members have carved out time in their regular work week to attend this clinic.

The clinic meets twice monthly and we see four to five Veterans each time; we are currently serving over 60 unique Veterans with ALS in the PVAMC catchment area. The clinic is growing as we receive referrals from other health care facilities as well as the ALS Association and PVA.

Veterans and their families come to the clinic and spend about three to four hours in one room while all of the providers rotate from room to room. Veterans are assessed and often able to acquire and leave the clinic with durable medical equipment in hand such as augmentive communication devices, suction machines, bathroom equipment, or other tools that will help them in their daily lives. As a social worker, I discuss with the patients and their caregivers such things as Advance Directives for Health Care, caregiving options, and life planning. I help identify existing or potential areas of concern and develop solutions or help locate resources. The intent is to take care of the Veterans needs right then and there and minimize the number of appointments with multiple providers. Veterans in the PVAMC ALS program always have a specific point of contact through me so the care team can best coordinate and provide the care they need when they need it. The goal is to improve their care experience and, hopefully, improve their lives as our Veterans and their families work through dealing with this incredibly debilitating disease.

Vietnam Veteran and PVAMC ALS Program participant Ralph Nicholson of Keizer, Ore. shares an incredibly engaging and contagious smile that matches his personality perfectly. The former Army military policeman who served from 1969 to 1971 and spent 31 years in law enforcement, freely enjoyed 11 years of retirement before being diagnosed with ALS in 2011. However, that diagnosis even didn't stop him from continuing to relish life and, since the program's inception in April 2013, the PVAMC ALS clinic has been a part of helping him keep it that way.

"Other Veterans with ALS need to know they are not alone," said Ralph. "The ALS team here in Portland is amazing and helped me greatly with the care that I need. I can't say enough about them. I just encourage any Veteran out there with ALS to reach out to the team here and see what they can do for you."

PVAMC ALS Program participant Ralph Nicholson of Keizer, Ore. meets with ALS team member, Dr. Daniel O'Hearn, MD - Pulmonology.

# Access to care

By Bill Murray
Strategic Planner
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PVAMC's strategy to expand access to care to more rural places where our patients live began 13 years ago with the opening of our first full-service Community Based Outpatient Clinic (CBOC) in Bend, Ore. In Nov. 2012, we brought that strategy full-circle with a new Bend CBOC that more than doubled the space of the original facility and added audiology, physical therapy and other services to the suite of care already offered. The Bend CBOC served more than 7,000 patients in 2013.

The new PVAMC Bend Outreach Clinic had its grand opening in January 2013 - the new facility doubled in size and now offers many more services.

Following the Bend model, we are on schedule to open in June 2014 a new replacement CBOC in Salem, Ore. that increases clinic space from 10,000 to 26,000 square feet. The existing site, established in 2001, serves more than 9,000 patients. The new state-of-the-art outpatient facility will provide multiple additional services to the existing primary care and mental health services including eye care, audiology, X-ray, physical therapy and several non-procedural specialties.

We are in the process of even more dramatic growth of our East Portland CBOC, expanding the space from about 7,500 to 26,000 square feet to serve the 10,000 patients that currently receive their care at that location. We're in the process of leasing the new site.

The new East Portland CBOC is expected to open in 2016. The expanded clinic will provide space for primary care growth and add several mental health specialties currently offered only on our main Portland campus.

Current East Portland CBOC

Even our smallest sites of care have enjoyed recent expansions and renovation. In April 2012, we opened an addition to our outreach clinic in The Dalles, Ore. that more than doubled the size of the clinic, accommodates a second primary care provider and mental health provider and includes space and infrastructure to support healthcare delivery via Tele-Health. In June 2014, PVAMC will also open a part-time clinic in Lincoln City, Ore. to support Veterans living near Oregon's Central Coast.

PVAMC will continue to balance the services we provide with the services our Veterans need, and seek new opportunities to provide the best care possible.

The new PVAMC Salem CBOC on 1750 Mcgilchrist Street SE scheduled to open summer 2014.

The Dalles CBOC

Newly remodeled Portland VA Medical Center ward 8D - an example of evidence-based design (EBD) that PVAMC designers use determine architectural and design choices.

## Designing patient-centered care

By Melisse Kuhn, MA, LEED Professional
Project Designer
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PVAMC prides itself on providing exceptional care to our nation's Veterans; we are also a leader in implementing proven, patient-centered approaches to achieve comprehensive changes within our facilities to improve the health care experience of our patients.

Most often, patient care is thought to be delivered by way of the experienced and dedicated medical personnel through exam, surgery, rehabilitation.

Studies show that when patient areas include certain types of artwork, patients have shorter hospital stays, better pain control and reduced intensity, reduced anxiety, fatigue, and stress, lower blood pressure, among several other beneficial effects.

But within these environments of care lies the opportunity for the actual built environment to enhance the work of the medical teams providing care and tilt the patient and visitor experience at our facility toward one of health and healing.

In 2013, PVAMC made large visible strides in the way we use our built environment - our exam rooms, our waiting rooms, our clinics, our hospital, even our new parking garage - in support of enhanced patient health and the patient-centered care mission. As a foundation to this commitment, PVAMC interior designers looked to research, evidence based design (EBD) to determine architectural and design choices. The EBD is a library of scientific study that tests the effects of architecture and interior design on health and healing. This wealth of knowledge was essential in developing informed design decisions ranging from the acquisition of artwork to the layout of the new Salem CBOC and Vancouver Primary Care building, to the interior finishes and furniture selections in our new ward remodels.

While patient-centered care is driving change for the way medical care is administered, it is simultaneously catalyzing change in the environments where care is given. In 2014, PVAMC will construct two new clinics aligned with the VA Patient Aligned Care Team (PACT) model of care (*Salem CBOC* and *Vancouver Primary Care Building*) and will design and begin construction on a third (*East CBOC*). These new clinics put the theory of the PACT into a built reality through the creation of PACT offices that team the provider and their supporting team (RNs, LPNs, MSAs, etc.) within the same office for enhanced team collaboration, communication, and coordination resulting in the utmost care for patients.

Where data and design sense tells us that collaboration comes from proximity, it also informs new perspectives on delivering mental health services and providing cancer care. With the patient front and center, our new *Portland Cancer Care Center*

and our *Salem CBOC Mental Health 'Living Room'* provides family and group care in a setting inspired by a comfortable residential living room with couches and casework in lieu of exam tables or classroom style chairs, and finishes and lighting that calm and comfort rather than stigmatize the setting with the fluorescence and sterility of white paint and 2 x 4 bright institutional fluorescent lighting. It is a science or evidence-based pursuit toward not only health, but also humanizing the patient experience. Studies show that patients heal best at home. Bringing the conceptual elements of home –the coziness, the comfortable furnishings and finishes - can help ease the stress and anxiety associated with being in a healthcare institution.

Portland continues its leadership role in its sustainable construction practices into 2014 with a more stringent Leadership in Energy and Environmental Design (LEED) for Healthcare Silver Certification required for all new construction; LEED is a set of rating systems for the design, construction, operation, and maintenance of 'green' or sustainable buildings. In addition, the U.S. Green Building Council is compiling data and narrative for a collection of compelling evidence on the effects of materials and human health in support of the idea that what is good for the environment is also good for human health. At PVAMC, we continue to maintain finish selections and standards (carpet, paint, tile, flooring, lighting, etc.) that promote health to our Veterans without compromise to the health of our environment.

In 2014, PVAMC continues to honor the Veterans who served through the construction of three new clinics, the remodeling of our existing facilities, and even the manufacturing of our furnishings; supporting them as members of our society and involving them in the circle of care shared and given in our Veteran community.

## My HealtheVet

By Brian K. Miller
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www.myhealth.va.gov

If you haven't signed in to your My HealtheVet (MHV) account in a while, it's time.

Ten years from its initial launch, the online e-health portal now allows VA patients to view, print and download the bulk of your electronic health record, including doctors' progress notes. The vast majority of the records are available just three days after being signed by the physician. Patients may also send non-urgent, automatically-encrypted communications to primary, specialty and administrative healthcare teams to request or change appointments, discuss symptoms, request medication renewals and ask billing-related questions. MHV also allows VA patients to order

prescription refills, view lab results and appointments, track vital statistics and research health conditions all in one convenient place - www.myhealth.va.gov.

If you are a Portland VA patient, count yourself among the most tech-savvy group of Veterans in the nation. More Portland VA patients have signed up to use MHV's encrypted communication service than all other similarly-sized VA facilities in the nation. Called Secure Messaging, it allows VA patients to speak directly with their medical and administrative care teams without having to come to the hospital or wait on hold.

As a member of the initial pilot project, Portland was one of the first facilities in the nation to give patients access to their electronic health record via MHV and it continues to be a leader. Eight out of 10 patients (71,000) with ties to the Portland VAMC have registered for My HealtheVet and seven out of those eight have gone through the one-time authentication process to gain full access to all the site has to offer.

Veterans who receive care here in Portland send more than 8,000 encrypted communications each month to more than 400 secure messaging teams. Portland was one of the first facilities in the nation to complete the rollout of secure messaging to all of its primary and specialty services, and continues to be a leader in terms of providing patients access to administrative teams through Secure Messaging, including the billing and enrollment departments.

To enhance patient experience even more, the VA is constantly improving the functionality of the web site to make it more user-friendly. Not only are developers continually receiving and implementing suggested improvements from patients and staff alike, but also the VA is in the early stages of a major redesign that will give patients more ready access to their favorite features.

**71,000 Veterans (83%)** associated with the Portland VAMC have registered for My HealtheVet

**31,000 Veterans (36%)** associated with the Portland VAMC have signed on to use Secure Messaging through My HealtheVet

For more information, go to www.myhealth.va.gov or call the MHV Helpline at 1-877-327-0022

### *MHV user perspective*

You might call U.S. Navy Vietnam Veteran and 1967 U.S. Naval Academy (Annapolis) graduate Maurice "Alex" Harkins a leader in using innovation - he signed up for his My HealtheVet (MHV) in 2008 - just 10 days after his first appointment with the VA.

"I can't tell you who got me to sign up or why I did, but whoever you were 'thank you,'" said Alex. "If you use the internet or have a partner or caregiver who does, you are missing out if you are not onboard with MHV."

Alex, from Portland, is not only a Veteran and longtime MHV user and advocate, he is a PVAMC Volunteer who has helped hundreds of Veterans with MHV and answered untold numbers of questions about it. He promotes MHV because he knows firsthand the value and service it provides to Veterans.

Like most MHV users, Alex says the prescription refill feature is the most utilized and valued feature, with seeing/managing his appointments and secure messaging close behind.

"I cannot overly emphasize my increasing reliance on the messaging feature," said Alex. "Before and after nearly every appointment there are messages exchanged between provider staff and me regarding questions and my particular situation and desires. Messaging also applies to administrative type inquiries like eligibility and enrollment, the pharmacy, patient travel, billing, Patient Advocate, and My HealtheVet itself."

Asked if there was something particular he'd want to share with fellow Veterans about MHV, this is what Alex said . . .

"Rather than waiting on hold on the telephone, go online with MHV; it certainly makes my life easier as a patient. PVAMC takes responding to messages seriously - the staff monitors message responses and helps ensure they are responded to in three work days. Try it, you will be glad you did."

# Portland VA Fisher House is on the way

By Shaun Benson
Chief, Voluntary Service
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In 2013, PVAMC was ecstatic to announce that the Fisher House Foundation and the U.S. Department of Veterans Affairs have identified and approved the Portland VA Medical Center as a site for a Fisher House.

The Fisher House Program provides no-cost temporary accommodations to America's military Veterans and active duty servicemembers' families and caregivers while Veterans are getting treatment. PVAMC was selected to participate in the program and build a home on the Vancouver PVAMC campus to support Portland and Vancouver facilities. A shuttle service will provide transportation between the two locations. There are currently more than 60 Fisher Houses located on military installations and VA medical centers across the country; many more houses are under construction or in design.

The size of the house is determined by the foundation based on the number of patients and kinds of treatments typically offered at the facility it is to support. The PVAMC house is to be designed for 16 families and have common kitchens and living rooms but will have private bedrooms and bathrooms.

Construction is scheduled to start in late fiscal year 2014 and is anticipated to take 10 to 12 months to complete. Upon completion, the deed will be passed on to the VA and PVAMC will then be responsible to maintain the home and provide full-time staff to manage the operation; volunteers will assist in its operation and PVAMC will work and communicate with local area Veteran service organizations about needs at the facility.

Information about the Fisher House Foundation can be found at http://www.fisherhouse.org.

To find out more information about how you can support the Portland\Vancouver area Fisher House board, please contact the PVAMC Volunteer Service Office at (503) 273-5042 or (800) 949-1004, ext. 55042.

Proposed: 16-suite Fisher House, 13,400 sq. ft., and an estimated cost of $6 million. No family pays to stay at a Fisher House, which provides 5,840 nights of lodging annually.

# Supporting the needs of our returning Veterans - OEF/OIF/OND Program

By Victoria Koehler, LCSW
OEF/OIF/OND Program Manager
Victoria.Koehler@va.gov

Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF, OIF, OND) Programs specialize in the needs of returning Veterans deployed to Iraq/Afghanistan and transitioning servicemembers from the Department of Defense (DOD) to VA healthcare services. The OEF/OIF/OND team includes social workers and nurses with the aim of outreach, identification of transitioning Veterans, and proactive follow-up of personal concerns. We recognize the time of transition can be challenging in many ways for the lives of servicemembers, families and caregivers; we are here to be a resource for them during this adjustment to help support long-term positive outcomes.

The PVAMC OEF/OIF/OND team accepts referrals from military treatment facilities across the nation for servicemembers moving or returning to the Portland service area at the time of military discharge.

Every Veteran who enters the PVAMC system from the DOD is screened for case management needs during their first healthcare appointment. This screening is personalized and focused on the unique needs, concerns and goals of the Veteran; clinicians ask questions regarding desires for healthcare, employment, education, reintegration, benefits, legal, housing, and other concerns. If needs are identified

The PVAMC OEF/OIF/OND team served 3,600 Veterans, Families and Caregivers and made nearly 11,000 total personal contacts in 2013.

1,310 New Veterans were screened for case management

at the time of screening then a case manager will be assigned to help provide resources, goal planning, and on-going contact to assure all their necessities are addressed.

Our team's approach is pro-active; we produce internal events and attend other community outreach activities locally and abroad in order to engage and educate Veterans and families about available benefits. These include PVAMC-sponsored welcome home events to honor Veterans and their family members as well as attending National Guard and Reserve force pre and post-deployment Yellow Ribbon and health clinic events locally or at distant active duty demobilization sites. Post Deployment Health Clinics are one-stop integrated clinics providing primary care, mental health, and case management services. These teams are specialist in the unique needs of returning combat Veterans including a variety of common reintegration concerns, care of environmental exposures and traumatic brain injury.

OEF/OIF/OND case management staff also work hand-in-hand with Veterans Benefits Administration (VBA) to link Veterans to benefits.

If you are a Veteran or family member of a Veteran transitioning from the DOD to VA healthcare services, please, contact us and set up an appointment; in the Portland area call (503) 273-5075; outside the local area call toll free at (800) 949-1004, ext. 53062. PVAMC OEF OIF OND office is available for walk-in access case management services, no appointment needed, Monday-Friday, 8:00am-4:00pm.

PVAMC OEF/OIF/OND team members pose at an Oregon National Guard demobilization event at Ft. Bliss, Texas. The team helped returning Northwest area servicemembers with VA enrollment and triaged individual needs and answered Veteran VA-related questions specific to the PVAMC area.

PVAMC Acting Director, Michael W. Fisher (far left), applauds as three Veterans were individually honored with their loved ones during half-time of the Portland Trail Blazer game Nov. 11 as part of a PVAMC-hosted Welcome Home Warrior event at the Rose Garden: 22-year Navy Seabee (retired) Court Wynia (left in red sweatshirt), 24-year Army Veteran Jim Ellis (center in stars and stripes shirt) who is a Vietnam War ('68-'69) and Operation Enduring Freedom Veteran ('06-'07) with the Oregon National Guard, and Army Veteran Kevin Pannell (far right).

# Local VA Team Director Letters

## Veterans Benefits Administration Portland VA Regional Office

In the past three years, VA processed disability benefit claims for more than three million Veterans nationwide - an unprecedented level of productivity. During this three-year period, 45,027 Oregon Veterans received decisions on their disability claims. At the same time VA received new claims from more than 3.5 million Veterans - 45,496 from Oregon. Many factors contributed to the increase in newly filed claims, including VA initiatives to simplify and increase Veteran access to benefits, such as the eBenefits online portal. VA recognizes that too many Veterans and survivors are waiting too long to receive the benefits they earned. This is not acceptable, but we are moving in the right direction to meet our goal to eliminate the backlog, and to increase accuracy to a minimum of 98 percent in 2015.

To accomplish this challenge, VA is implementing a robust transformation plan which includes the Veterans Benefits Management System (VBMS); an end-to-end paperless processing environment. VA also instituted the Oldest Claims First initiative in April 2013, and VA Regional Offices (ROs) have forged strong partnerships with VA Medical Centers (VAMCs) across the country to prioritize examinations for those Veterans who have been waiting longest. The medical centers, including Portland VAMC, have also placed VA physicians in the ROs to review medical evidence and speed decisions. By June 2014, VA reduced the number of claims in the backlog by 54 percent, from its peak in March 2013.

In Sept. 2013, the RO's Vocational Rehabilitation and Employment (VR&E) Division launched a VetSuccess on Campus (VSOC) program at Portland Community College (PCC). Vocational Rehabilitation Counselors are assigned to both the PCC and the Portland State University campuses. The RO's VR&E program also completed 233 Employment Rehabilitations in fiscal year 2013 - 24 more than the previous year.

There is still much work to be done to improve the timeliness and quality of VA benefits; however, the employees of the Portland VA Regional Office are committed to that effort, and we are proud to work in partnership with PVAMC as we help our nation repay its debt to the Veterans of Oregon and Southwest Washington.

Thank you for your service and thank you for letting us serve you.

Chris Marshall
Director, Veterans Benefits Administration
Portland, Oregon

## Cemetery Administration Willamette National Cemetery

Willamette National Cemetery continued its historic partnership with a large number of Veterans Service Organizations (VSOs) as well as collaboration with the Portland VA Medical Center in serving Veterans throughout the Northwest during 2013. The cemetery's provision of dignified, professional services to family members and perpetual care for their loved ones' gravesites advanced in a number of ways during the past year.

The cemetery was awarded National Shrine status by the National Cemetery Administration's (NCA) Operational Inventory Assessment Program following a comprehensive evaluation in July. The review covered all aspects of its mission and functions ranging from customer service, administrative activities, interments operations and grounds maintenance. It is the only one of the NCA's 17 Western cemeteries to have been awarded this status. Willamette recognizes the many contributions of its Veterans Health Administration (VHA) and Veterans Benefits Administration (VBA) partners, VSOs, state and federal military components, and funeral industry partners in making this possible.

Willamette is part of NCA's new Cemetery Apprenticeship Program providing full-time training and employment for homeless Veterans

Primary in meeting the interment needs of area Veterans and their families is extending the number of available gravesites, cremation niches, and memorial marker sites. In 2012, the NCA concluded the purchase of 38 contiguous acres on the cemetery's eastern border. During this past year our Office of Facilities launched its initial design work and concluded required environmental surveys. Up to 22 of these acres have now been certified for development, the remainder is being preserved for watershed and environmental protection. Reflecting the ever-increasing preference for cremation, a heavy emphasis on this design work will be toward the construction of columbarium niches and a wall for the display of inscriptions for those whose ashes have been scattered. Additional projects involve significant upgrades to employee service buildings and maintenance spaces.

Willamette has been selected as one of three national cemeteries to institute the NCA's new Cemetery Apprenticeship Program. This initiative is designed to provide full-time training and employment for homeless Veterans. Early December saw the addition of three of the program's candidates to the cemetery's field staff. These and a host of other activities enable Willamette to be immediately responsive to the needs of our regional community of Veterans.

Willamette had well over 4,100 interments and memorial services during the past year. In addition, the cemetery hosted and supported many thousands attending committal services and visiting the gravesites and niches of loved ones. Accomplishing this mission at a consistently high level would not be possible without the concerted and willing efforts of Willamette's many partners. Of note at PVAMC are the Director's Office and Fiscal, Engineering, Information Technology and Chaplain's Services.

Thank you to our Veterans for letting us serve you, and thank you to our partners in helping us make that happen.

George Allen
Director, Willamette National Cemetery
Portland, Oregon

## PVAMC named as "Leader in LGBT Healthcare Equality" by National Survey

Portland VA Medical Center is proud to have been recognized as a "Leader in LGBT Healthcare Equality" in the Healthcare Equality Index 2013, an annual survey conducted by the Human Rights Campaign (HRC) Foundation, the educational arm of the country's largest lesbian, gay, bisexual and transgender (LGBT) organization. PVAMC earned top marks for its commitment to equitable, inclusive care for LGBT patients and their families, who can face significant challenges in securing adequate healthcare.

PVAMC was one of a select group of 464 healthcare facilities nationwide, and one of only three healthcare facilities in the state of Oregon, to be named Leaders in LGBT Healthcare Equality. Facilities awarded this title meet key criteria for equitable care, including non-discrimination policies for LGBT patients and employees, a guarantee of equal visitation for same-sex partners and parents, and LGBT health education for key staff members.

HUMAN RIGHTS CAMPAIGN FOUNDATION 2013 LEADER IN LGBT HEALTHCARE EQUALITY HEALTHCARE EQUALITY INDEX™

## PVAMC's Journey of Excellence

We are proud at PVAMC in what we do to provide the best care possible for our Veterans. Though we do not seek acknowledgment for accomplishing this task, we will not hesitate in touting the recognition we receive; it attests to the dedication of the 4,000-plus staff members PVAMC has who serve our Veterans.

In 2012 and in 2013, PVAMC was named one of the nation's Top Performers on Key Quality Measures by The Joint Commission, the leading accreditor of health care organizations in America. PVAMC was recognized for the second year in a row by The Joint Commission for exemplary performance in using evidence-based clinical processes that are shown to improve care for certain conditions, including heart attack, pneumonia, surgery, stroke and venous thromboembolism, as well as inpatient psychiatric services.

PVAMC is one of 1,099 hospitals in the U.S. and one of six hospitals in Oregon earning the distinction of Top Performer on Key Quality Measures for attaining and sustaining excellence in accountability measure performance. This puts PVAMC in the top tier of the 3,300-plus U.S. hospitals and 34 Oregon hospitals that reported this core measure performance data for this report.

In addition, PVAMC was a recipient this year for the Secretary of Veterans Affairs Robert W. Carey Performance Excellence Award for 2012. This annual award recognizes organizations within the Department of Veterans Affairs that have implemented management approaches that result in sustained high levels of performance and service to our nation's Veterans.

PVAMC is one of three VA medical centers selected nationally to receive the Carey Award and publically recognize organizational excellence and high quality health care. The award is based on the National Baldrige Performance Excellence award criteria used by thousands of organizations around the world to continuously improve efficiency and performance to become the best in their field.

PVAMC was also recognized as a leader of innovation, service, and performance excellence in 2013 by the California Council on Excellence (CCE). CCE awarded PVAMC with a Silver-Level Eureka California Award for Performance Excellence (CAPE). CAPE is Oregon's state-level affiliate of the Malcolm Baldrige program. PVAMC was one of 12 winning organizations this year with CCE and the only organization in Oregon recognized with the Silver award. The CAPE award program recognizes organizations that demonstrate superior performance in seven key business areas: leadership; strategic planning; customer and market focus; measurement, analysis and knowledge management; workforce focus; process management; and results.

THE JOINT COMMISSION NATIONAL QUALITY APPROVAL

Secretary of Veterans Affairs CAREY Performance Excellence Award presented to PORTLAND VA MEDICAL CENTER PORTLAND, OREGON Veterans Health Administration

EUREKA Award for Performance Excellence™

## PVAMC FY 2013
## By the Numbers

**85,111** Total Unique Patients

**8,321** OEF/OIF/OND Veteran Unique Users

**6,946** Women enrollees

**1,679,798** Total Outpatient Prescriptions (Rx) - Fills

**29,039** Emergency Department Visits

**880,670** Outpatient Visits

**$702,902,128** Operating budget

**$612,273,638** Medical

**$42,481,846** Administrative

**$48,146,644** Facilities

**$3,923,349** Information and Technology

**$30,786,736** First and 3rd Party Collections

**3,154** Full Time Equivalent Employees

**677** Part Time Employees

**440** Physicians

**1,019** Nurses

**173** Social Workers

**44** Psychologists

**815** Volunteers

**170** Veterans Transportation Network drivers

Recorded **116,394** volunteer hours for a total value of **$2,576,963** worth of donated time

**1,955** donations totaling **$883,874.70**

**1,245,338** Received Phone calls

**1,500,000** Square feet of Leased and Owned Facilities

## Operative Care Division

By Roberta W. Ruimy
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Operative Care Division
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The Operative Care Division (OCD) at PVAMC provides services in all surgical subspecialties and represents the primary tertiary referral center for Veterans in the Pacific-Northwest VISN 20 Region. Performing over 70% of all complex operations in VISN 20, our surgical teams are committed to the highest standards of quality in surgical care in the Nation.

In 2013, PVAMC OCD completed 7,067 surgical procedures of varied complexity

FY13 = 23 liver transplants
422 since 1989

FY13 = 48 kidney transplants
330 since 2002

Our partnerships in clinical care, medical education, and research with Oregon Health & Sciences University have allowed us to recruit some of the most talented and dedicated surgeons, anesthesiologists and nurses. Their commitment to providing modern cutting-edge therapies with a patient-centered focus represents a hallmark of the VA mission.

The transplant program at PVAMC represents one of many flagships of unique surgical care provided. The Liver Transplant Program began in 1988 and subsequently added kidney transplant services in 2001. Veterans with end-stage organ failure are referred to PVAMC from nearly all VA facilities west of the Mississippi River. The outcomes have been outstanding and the program continues to grow.

With support from VISN 20, OCD has responded to the increase in demand for surgical services. Currently, a state-of-the-art minimally invasive surgical suite is under construction and slated to be complete in the Fall of 2014. Moreover, expansion to meet demand is underway with the addition of two more operating rooms per day. Completion of this expansion will be in the Spring of 2015 and allow for an additional 1,600 operations per year. Ambulatory surgery, orthopedic surgery, and neurosurgery will be a primary focus of services provided with the operating room expansion.

Anesthesiology service also includes NW Pain Network clinic which is an interdisciplinary clinic comprising of Board Certified Pain Medicine specialists, Physiatrist and Psychologist. They provide consultation and interventional care including advanced neurostimulation procedures to Veterans, 25% of whom are from outside the Portland Metro Area.

Anesthesiology Cardiac Surgery Dentistry, including oral surgery Dermatology, including Mohs surgery for skin cancer General Surgery Gynecological Surgery Kidney Transplantation (National Program)Liver Transplantation (National Program) Neurosurgery Nursing care Ophthalmology Optometry Orthopedic Surgery Otolaryngology, including facial reconstruction Pain Management Plastic Surgery Podiatry Thoracic Surgery Urology Vascular Surgery

### *Portland Operative Care Division helps Haitians in need*

Ten days after the devastating 2010 earthquake in Haiti, Dr. Karen Kwong, Chief of General Surgery at PVAMC, was able to secure an airplane seat to travel and provide surgical care for the victims as part of a private team from Oregon. In April 2014, Dr. Kwong went on her ninth trip there to help the people of Haiti - the poorest country in the Western Hemisphere where 90 percent of rural people still don't have electricity or running water.

After the quake, CME Hospital in Cayes Jacmel, Haiti was the only one left standing in the region. More amputations occurred from that earthquake than all of OIF/OEF combined due to delays in patients getting access to care.

A Haitian volunteer translator named Bekert, who Dr. Kwong met and worked with there, had been a first-year engineering student when the quake hit. The quake left all of his professors dead. Helping Dr. Kwong and her team care for people was the only thing that helped relieve his pain of the event. When he returned to his remote hometown in Belle Anse, he kept in contact with Dr. Kwong. Together, to help Haitian children out of poverty by way of education, they decided to create a school for underprivileged children who could not afford it otherwise and scholarships for students accepted to university in Haiti. Since then, Dr. Kwong has traveled to Haiti twice a year with a non-profit group, run by Eugene area surgeon Snell Fontus. Together, Dr. Kwong, Dr. Fontus and other supporters run a free health clinic and check on and support the school they helped start in the town of Belle Anse.

In addition to Dr. Kwong's efforts, many PVAMC employees in the Operative Care Division have given their support for these endeavors; the team has collected clothing and shoes to distribute to school children; PVAMC surgeon Donn Spight, anesthesiologist Dave Wilson, and RN Lisa Oken have all supported efforts by traveling to Haiti at their own expense and time helping the people in the town of Belle Anse as well as surrounding villages. In 1 week, they have seen 1,400 people in clinic and have done 25-40 surgeries.

Dr. Karen Kwong, Chief of General Surgery at PVAMC, visits children at a school in Belle Anse, Haiti during one of her nine past visits there to help Haitians after the 2010 earthquake.

## Serving women Veterans

By Nancy Sloan
Women Veterans Program Manager
Nancy.Sloan@va.gov

Women in the military now comprise more than 14 percent of the total force - over 200,000 servicemembers. They now represent the fastest growing subset of Veterans using the VA nationwide. With these rising numbers we are presented with the opportunity to rethink how we best serve women Veterans. In addition, as roles for women in the military continue to expand, including serving in combat, the care provided to women needs to adapt such that the VA continues to best serves their health care needs.

Open since 2010, our Center for Women Veteran's Health is proud to honor women Veterans with a space completely designed with their needs in mind. Some of the services offered here include primary care, mental health, social work, gynecology and urology.

This year, PVAMC had 6,946 women enrollees, representing an increase of 26 percent since 2012; of these, 4,441 women Veterans use the VA for their primary care; and of these, 1,466 use the Center for Women Veteran's Health for their primary care. This number continues to grow each year. PVAMC health care professionals at the Center for Women Veteran's Health are highly skilled at caring for women Veteran's unique needs.

I am Nancy Sloan, a Certified Nurse Practitioner with a Doctorate in Clinical Nursing. I came on board in July 2006 as the hospital's Women Veterans Program Manager. Among my top priorities is coordinating appropriate health care for women Veterans, especially those accessing the VA health care system for the first time.

To all our women Veterans: the Center for Women Veteran's Health is the place in the Portland VA Medical Center where women Veterans can come for the full coordination of all their health care needs.

Our goal is for the Center for Women Veteran's Health to continue offering comprehensive medical services for women across the continuum of their lifespan including: health promotion and disease prevention, primary care, contraceptive services and family planning, gynecological and maternity care, breast care, medical and surgical specialty care, and hormone replacement therapy. Along with these services offerings such as tele-health care, substance abuse treatment, mental health, domiciliary, rehabilitative and long term care are available.

If you have not visited us, please stop by or call anytime - you will be happy you did.

To make an appointment or to get general information, please call (503) 402-2852 or, outside of Portland, 1(800) 949-1004 ext. 52852.

## Department of Veterans Affairs
## Portland VA Medical Center
## 3710 SW US Veterans Hospital Rd
## Portland, OR 97239

## Main Numbers: 503-220-8262 or 800-949-1004

## PVAMC Patient Service Unit (PSU) is 503-220-3494

**The PSU can:**

» Make an appointment

» Reschedule an appointment

» Cancel an appointment

» Refill most prescriptions (except for narcotics and those that need to be renewed by a physician)

» Send Pharmacy Consults to the Pharmacy for narcotics refills or renewal by Physician

» Track mailed prescriptions

## Key Contact Direct Dial Phone Numbers

### Primary Care Clinic

Bend 541-647-5200

Community Resource & Referral Center (CRRC) (503) 808-1256

Hillsboro (503) 906-5000

Salem (971) 304-2200

Lincoln City Clinic (541) 265-0547

West Linn 503-210-4900

Hillsboro (503) 220-3494 (PSU)

Metro East (503) 220-3494 (PSU)

Newport (503) 220-3494 (PSU)

North Coast (503) 220-3494 (PSU)

Portland (503) 220-3494 (PSU)

The Dalles (503) 220-3494 (PSU)

Vancouver (503) 220-3494 (PSU)

Women's Health (503) 220-3494 (PSU)

### Specialty Care

Audiology 503-721-1434

Dental 503-273-5024

Mental Health 503-273-5058

Prosthetics 503-721-1429

All other Specialty Medicine 503-273-5299

### Administrative

Enrollment 503-273-5069

Network Payment Center (Non-VA Care billing) 855-331-5560

Patient Travel 503-273-5020

Purchased Care 360-759-1674

Release of Information 503-273-5196

### Other Key Services

Compensation & Pension 503-906-5100

Imaging/X-Ray 503-273-5126

OEF/OIF/OND Team (Veterans transiting from military care to VA care) 503-273-5075

Pharmacy (503) 220-3494 (PSU)

Pharmacy Automated Refill/ Appointment Inquiry 503-273-5201

Scheduling (503) 220-3494 (PSU)
VA Caregiver Support Program 503-273-5210

Veteran Transportation Services (non-ambulatory Veterans) 503-273-5044

### Customer Service

Patient Advocate 503-273-5308

VA Billing (HRC) 866-290-4618

**I CARE:**
**Core Values**
**We Believe In**

**Integrity,**
**Commitment,**
**Advocacy,**
**Respect,**
**and Excellence**

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Visit us at www.portland.va.gov and engage us on Facebook and Twitter

*Veterans Jennifer A. Nieves (USA '01-'05) and her husband Edgardo M. Nieves (USA '02-'09) pose at the Portland VA Medical Center (PVAMC). Jennifer was an Army Medic and has worked as a registered nurse for five years at PVAMC. She is currently a nurse case manager with the OEF/OIF/OND Team helping Veterans transition from the Military health care system to VA health care. Edgardo was an attack helicopter repairman and served two tours in Iraq in support of Operation Iraqi Freedom in 2003-2004 and 2005-2006. Jennifer and Edgardo were married in 2005 just before his second tour. They both received assistance from the PVAMC OEF/OIF/OND Team when they transitioned from military to VA health care.*

**VA Medical Center**
**3710 SW US Veterans Hospital Rd**
**Portland, Oregon 97239**
**June 2014**

**http://www.portland.va.gov/**