THE northern

The Official Voice of VA Northern California Health Care System

Donald Hilty, MD, ACOS, MH; Joins VA Northern California Mental Health Service!

page 4

In This Edition...

» TRANSITIONING FROM RESEARCH TO CLINICAL PRACTICE
» OUR HEALTHY HOME

VA Northern California
HEALTH CARE SYSTEM
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Fall
2018

From the Director

With the changing of seasons, it is a good time to reflect on why we have a VA health care system, which direction we are going, and what steps we are taking at the local level to improve the patient experience.

CONTENTS

3 Transitioning from Research to Clinical Practice

4 Donald Hilty, MD, ACOS, MH; Joins VANCHCS Mental Health Service

6 Mather VA Clinic Baby Shower for Military Veterans a Smashing Success

7 Our Healthy Home

8 VANAP Graduation

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Produced by Forte Information Resources LLC

The Northern | FALL 2018

The Northern is an authorized publication of the Department of Veterans Affairs.

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Why do we have a dedicated health care system for Veterans? **1)** They have unique health care challenges that the non-Veteran population does not routinely experience. **2)** The system routinely receives higher quality/outcome measures than private sector health care systems. **3)** Veterans are more likely to participate in health care in a setting with other Veterans, many of whom have similar experiences. **4)** The cost of care in the VA is lower than private sector health care. **5)** Navigating health care is simpler within the enclosed VA system.

Which direction are we going? The VA is trying to improve the Veteran experience by making appointments more timely (we added **3,000 appointment slots per month across** NorCal), making the system easier to navigate, partnering with Veterans in their care, training our staff to be more friendly, expanding services delivered to the patient's home (telehealth), making communication with the VA easier (text messaging, call centers, online resources), expanding whole health resources, and improving the actual quality of health care delivered for both acute and chronic patient needs.

At the local level, we have initiated a real-time patient feedback system tied to the patient's Email address that provides same-day feedback on how well we are doing. To date, we have received **431 responses (about 3–5 per day) with 86% of those responding with compliments.** For example, last week a new Veteran patient suffering from suicidal ideation declared that the VA therapist they saw on their very first VA appointment "saved their life." Of the 14% of responses that are not positive, the most common concerns are still length of time to get an appointment, poor coordination of care, or staff behavior. We had one Veteran who complained that although the care they received was great, the two employees arguing with each other during the visit left him unhappy with the VA. We are taking such feedback seriously and reaching out to Veterans who voice concerns to make sure we improve.

Our three-word strategic plan is still in place: ***Our Healthy Home***. We are in this together and take ownership of the Veteran experience ***(Our)***. We strive to keep patients healthy, not continually needing health care… victory is an empty waiting room, not a full one ***(Healthy)***. Let's make the care we deliver more homelike and closer to home if not actually in the patient's home ***(Home)***. Three words. An entire plan: ***Our Healthy Home***.

Transitioning from Research to Clinical Practice

By Joseph Leung, MD
Chief of Gastroenterology

Dawn Schwenke, PhD, MS
ACOS, Research

Today's clinical practice emphasizes "evidence-based" medicine. We challenge existing practices and look for new answers. Medical research involves asking questions to improve clinical outcomes.

Colorectal (colon) cancer is the second leading cause of cancer death. Early detection improves the chances for survival. A screening colonoscopy is the standard method for colon cancer screening and is typically performed by inflating the colon with air. Although this test can be life-saving, it is perceived as tedious and painful. Many patients do not readily accept it for colon cancer screening.

Over the past 12 years, we have asked the question: How can we improve clinical outcomes of screening colonoscopy and reduce patient discomfort?

In answer to that question, we pioneered the water exchange method for colonoscopy. This method uses water instead of blowing air into the colon, to expand it enough to insert the scope used for viewing the interior of the colon. The result of five randomized controlled studies conducted at Sacramento VA Medical Center demonstrated that we were successful in minimizing patient discomfort and reducing the need for sedation (sleeping) medications, meaning we could complete a colonoscopy without sedation. Compared with the air method, water exchange colonoscopy offers increased success in reaching the end of the colon, thus improving the ability to detect precancerous growths called adenomas and finding special growths called flat polyps, which, if not removed during a colonoscopy, may develop into colon cancer. The adenoma detection rate achieved in our research studies is double that of the community standard.

We appreciate support from the Veterans who participated in our studies, which were approved by the Sacramento VA Medical Center research committees. We received research funding from the VA Central Office, American Society for Gastrointestinal Endoscopy, and American College of Gastroenterology to support our projects over the past eight years.

Based on our findings, water exchange colonoscopy is now being used as a standard screening method and for colon cancer surveillance. We also offer scheduled, unsedated colonoscopies, allowing patients to transport themselves to and from their colonoscopy appointment without the need for another person or driver. Our research results have positively influenced and changed the practice of many physicians.

We continue to explore further benefits of the water method. We are now testing the effects of total water (airless) colonoscopy and underwater polypectomy.

VA NORTHERN CALIFORNIA

By Donald M. Hilty, MD
ACOS, Mental Health

I am pleased to join the VA in Northern California to lead the Mental Health Service. I will share a few thoughts about our mission, vision, planning, and programs.

Mission, in concert with the VA mission

- To improve the quality of life for Veterans and the community by promoting health and mental health, preventing and curing disease, ameliorating suffering, enriching the human mind, and promoting adaptation to life and illness;
- To advance practice of the mental health, integrated care, health behavior and adjustment by patients, families, and others to medical and mental illness;
- To help today's and tomorrow's health providers develop skills, knowledge, and attitudes related to mental health treatments; and
- To provide service and advocate by sharing the many accomplishments of Veterans and their historical contribution to our nation, and promoting the culture and diversity of our Veterans.

HEALTH CARE SYSTEM

Vision

Our Service vision is a well-integrated approach to mental and behavioral health using our research, educational, clinical, and technological strengths to leverage ideas and resources across 10 sites. Interdisciplinary and inter professional teamwork and shared mental models promote excellence in patient care, learning, and health care administration. Partnership of the VA with a network of community agencies, health care leaders, and regional academic institutions will help us provide excellent care.

Overview

The Mental Health Service strives to integrate the best of science, mental health, medicine, education, and administration. Clinical services are fundamental to helping Veterans, families/caregivers, and our community. Our patients need personalized, timely, and easily accessible care. Our health systems need to be efficient to meet today's challenges and to reduce disparities. Our clinical programs include acute (inpatient, ED, consultation); ARTS (alcohol and recovery treatment services); GMH (general mental health); NNRS (Neuropsychology and Neurocognitive Rehabilitation); SP (Suicide Prevention); PTSD (Post-Traumatic Stress Disorder); PCMHI (primary care mental health integration; PSR (Psychosocial Recovery); MHICM (Mental Health Intensive Case Management); CWT (Compensated Work Therapy); PRRC (Psychosocial Rehabilitation and Recovery Center); and Peer Specialist Services.

Our leaders, clinicians, and trainees are expected to teach, learn, and role model high clinical, ethical, and professional standards. Research will primarily focus on health services studies, quality/performance improvement, telehealth, and population/public health, but many other studies are in progress for PTSD, cognitive conditions, depression, and suicide prevention.

Overall, members of the Service are expected to contribute to a positive learning environment, promote awareness of culture and diversity, and be involved in the VA and Sacramento community.

Training and Education

We help educate our trainees, clinicians, and staff in mental health and other services. This includes capitalizing on excellent patient populations and traditional curricular and teaching methods. Our clinical educators are committed to the best possible educational experience for our trainees and their professional development. Alignment with national standards will help us to adapt to challenges in health care and medical education as we face evolving diseases, information expansion, and emerging technologies.

About the Chief

I joined November 26th as the Associate Chief of Staff of Mental Health. My research and writing has focused on psychiatric/mental and medical health services, education, and telehealth. I have administrative experience in academic (UC Davis and USC Schools of Medicine), county (Sacramento, Los Angeles), private (California Pacific, Keck and Kaweah Delta) and other (San Francisco VA) health systems. I am finishing an MBA with emphasis in health care administration. I have done outreach work to underserved urban and rural sites across California in an effort to enhance access, capacity, and quality of care. I think that collaborations with community/academic partnerships, other VA systems, and national organizations helps others and we learn tremendously in providing service. Our mission to help Veterans is based on evidence-, team-, and interdisciplinary-based approaches to help with quality of life and reduce suffering.

Sacramento Mather VA Clinic Baby Shower for Pregnant Military Veterans a Smashing Success

By Colleen E. Hake

Redding, California Air Force Veteran

Driving 2.5 hours from Redding to Sacramento for the First Annual Military Veterans Baby Shower was one of the most positive decisions I could have made during my pregnancy.

The event headed by Heather Able and supported by a genuinely caring staff was incredibly organized. I was amazed at the level of detail put into the event and schedule. It was staffed appropriately in regard to numbers of staff per Veteran. If the goal was no pregnant Veteran family feel left out, the goal was achieved.

This event was the first Veterans' event I have attended where I truly felt appreciated for my service. It was for both male and female Veterans expecting a baby within the year, but speaking as a female Veteran, I was so proud to be a part of this group. Seeing other Veteran women (who I rarely meet outside the military) who swore to put their life on the line for the person next to them like I had, who were bringing life into the world and were celebrating it, was incredibly touching. Being educated on infant safety and baby care, from available VA services that were unknown to me had I not attended this event, were incredibly valuable.

Many of us in attendance did not have the opportunity beforehand to get professional pictures taken while pregnant, or with our new families, and for that to be offered was awe-inspiring. Many of the offerings at the baby shower were ones I had no idea about, mostly because my background in the military did not foster an environment where mothering or pregnancy techniques/ labor were openly discussed.

The funds that were put into this event were used in the best possible way. Female Veterans going through a journey that is unique to them should be supported. Female Veterans that I know do not go out of their way to be recognized, are often not looked at as having been in the military, and go through difficulties that can manifest during pregnancy that other pregnant women not having served in the military would not understand.

Many Veteran mothers I have spoken to discuss how tense they feel throughout pregnancy and during labor, which can cause complications and long, painful labors. I often wonder if that tenseness we carry comes from years of being hardened in an environment where we are encouraged to sacrifice and be strong all the time. The baby shower offered massage and healing touch. I think it is extremely valuable for pregnant Veteran mothers to relax and be allowed to be nurtured in a similar state of sacrificing your body for the child you are bringing into the world. The massage helps alleviate the stress experienced by so many pregnant mothers currently serving or who are Veterans.

The baby shower ended with every Veteran receiving quality gifts donated by the community, and no Veteran left empty-handed. All were fed very well and were able to focus on the Veterans around them, and encouraged to ask each other questions about their pregnancy journey. I have not known many ways to comfortably meet other Veteran females, and this was the very best way I could imagine. Every Veteran left the event smiling and happy. It was a joyous event of education and celebration. I hope that this event is considered a success, and that it continues for years to come, so that more Veterans can attend and know that the VA offers maternity services for those who have more than earned it.

Our Healthy Home

By William Martin
Chief of Public Affairs

"Our Healthy Home": Those words rest at the heart of the VA Northern California Health Care System mission. It's no wonder that those values drove the design of its newest modernization project.

VA NorCal hosted a grand opening on August 25, 2018, for the newly renovated fourth floor at the Sacramento VA Medical Center in Mather, California. Fundamental to the floor's design was the emphasis on advanced patient care technology and practices, as well as a home atmosphere.

"This floor is VA NorCal's latest effort to incorporate cutting-edge technology and health care best practices across our facilities," said David Stockwell, medical center director. "But just as important was our focus on creating a homelike environment for the patients and their families. It's important that our Veterans receive high-quality, compassionate care in a setting that feels as close to home as possible."

Innovative features on the new fourth floor include spacious single-patient rooms, sleep-friendly accommodations for family and visitors inside the rooms, advanced visual cues along the hallways such as low-hung, colored lights to help visitors navigate the floor, best-in-industry telemetry units to ensure accuracy in patient monitoring, and machines outside every few rooms that allow for immediate, automated dispensing of supplies and medication close to the bedside.

"When we at VA NorCal talk about "Our Healthy Home," we're encouraging our employees and Veteran patients to establish ownership of their health care, and to do so in as healthy and homelike an environment as possible," said Dr. Regina Godbout, VA NorCal deputy chief of staff. "The Sacramento VA Medical Center's new floor epitomizes every facet of the "Our Healthy Home" mission. It's a standard for quality health care across our system."

VANAP Graduation – August 16, 2018

By Neftali Cabezudo

PhD, MSN, RN-BC, CNL
VA Program Co-Director & Faculty, VANAP NCHCS USF
Nursing Education & Professional Development

The academic-practice collaborative between the Veterans Affairs Northern California Health Care System (VANCHCS) and the University of San Francisco (USF) hosted the graduation of 15 nursing students on August 16, 2018. These students completed a two-year accelerated and intensive Veteran-centric curriculum at the USF Sacramento campus under an initiative known as VANAP, or Veterans Affairs Nursing Academic Partnership. The focus of this program is not only on teaching students the basic nursing concepts and skills they need to provide safe, quality patient care, but also exposing them to unique health issues associated with Veterans, such as post-traumatic stress disorder (PTSD) and war-related injuries. These students spent the majority of their clinical time at various VA facilities learning how to provide care for Veterans in a variety of settings, including acute care, psychiatric, community, and home health.

The graduation ceremony was held at the Sacramento Metro Fire facility in Rancho Cordova and was attended by over 150 family, friends and VA nursing staff who supported the students during their training. This was the third cohort to complete this program, with the two previous cohorts having graduated 16 students each during Summer 2016 and Summer 2017, respectively.

In attendance, Professor Dr. Margaret Baker, Dean of the USF School of Nursing and Health Professions, delivered opening remarks and recognized this program as being a "...valuable asset to the University's mission of preparing nurses who are attentive to Veterans' needs, fulfilling the emphasis on cura personalis — care of the whole person." Kathryn Bucher, Nurse Executive for VANCHCS, echoed Dr. Baker's sentiments and stressed the significance of this partnership in helping to "...shape the future of nursing care for Veterans who require a heightened sensitivity to combat-associated conditions and the leveraging of 21st-century technology to optimize delivery of health services." Once these students pass their Registered Nurse (RN) examination, the VANCHCS is strongly interested in hiring the majority of them to work for the VA in various clinical capacities in order to continue the transformation of Veteran health care in Northern California.