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This & That

Richard L. Roudebush VA Medical Center, Indianapolis, Indiana



Thomas Mattice
Medical Center Director

I'm Looking Ahead to VA in 2020

June 1, 2010

Predicting the future in health care and in politics is risky, perhaps to some extent futile. VA stands with one foot firmly planted in each. So why bother at all?

Partly from the notion that some plan, even a shaky plan, is better than no

plan at all, and partly from the notion that you can create your own future, it seems to me that we can project forward based on current

trends and patterns, and deal with wild fluctuations if and when they happen. The basis of my predictions are that we will continue to head in more or less the same directions as we are going now. That is, there will not be major cataclysms, financial ruin, political upheavals, medical breakthroughs or visits by aliens that change the world as we know it. More specifically, the missions of VA, VHA and this medical center will continue largely on the path now before us. Since VA in one form or another has been on solid footing for the last 140 years or so, I think that is a pretty safe bet.

So, let me start with some overall impressions of where healthcare might head in the next decade:

- Throughout the healthcare industry, demand for services will outstrip availability. Government programs and mandates will lead to a significantly greater proportion of the population with insurance, and the baby boom generation will generate additional demand as it ages. Expansions of medical and allied health schools will find it difficult to keep pace.
- Despite much angst and political wrangling over the cost of healthcare, I do not see the upward trend in healthcare costs turning any time soon. Total costs will be impacted by the aging of the baby boom genera-

tion, rapidly escalating costs for pharmaceuticals, prostheses and implantable devices, and advances in diagnostic and treatment capabilities.

- The one area where it is likely we will see a decrease in costs is from the use of information technology to decrease waste and fraud. Right now, Medicare and insurers are refusing to reimburse for a handful of iatrogenic conditions, and it seems easy to project that trend continuing to areas where there is questionable efficacy (e.g., expensive anticoagulation therapy vs. aspirin).

- The delivery of healthcare will increasingly be based on best practices, clinical pathways, treatment protocols, evidence-based practices and the information systems that make all of those possible.

- It will probably take most of the decade to get there, but the nation (world?) will achieve interoperability and connectivity of electronic health information across healthcare systems and their electronic records.

- Last but not least, healthcare will continue to be very people-driven and people-oriented, looking at it from both the provider and consumer ends. Unlike many other industries, it seems improbable that healthcare will become highly automated, productivity-oriented, and have globally interchangeable parts. The types of people who choose healthcare professions do so because they love the interaction with their fellow humans, and patients are drawn to the providers who are most personable and caring.

So how will those factors, as well as trends specific to VA, affect us more directly?

- Each year for at least the past two decades, the planners in charge of the federal budget have warned VA to be prepared for two years out, when funding will be dramatically scaled back. The thing is, that has not yet happened. While there have been a few years of relatively small increases in VA budgets in the past, they are usually followed by generous increases to keep pace with inflation in general and specifically inflation in the cost of providing healthcare. So, the cur-

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rent trend would seem to indicate that for VHA we can anticipate annual increases of 5% to 10% per year, with an average around the middle of that range.

- VA’s definition of healthcare will continue to expand, as VA provides an ever-larger array of services that touch on all aspects of a Veteran’s well-being – social, vocational, financial, family, as well as more traditional health care.

- Demands for VA services will surpass even the rest of the industry. The rate at which service members are applying for and being granted service connections is increasing dramatically. The number of “presumptive diagnoses” is increasing, and will provide service-connected coverage for more Veterans, including many with very complex and costly conditions. Partnerships between VA and DoD will remove any remaining stigmas the military has regarding the quality of care in the VA. VA will continue to outstrip other options in terms of cost to the patient, perceived quality, and brand loyalty.

- Because of the “glass fishbowl” effect I have previously talked about, VA will continue to be on the leading edge of change related to patient safety, quality measurement and assurance, and visibility of information to the public.

And now for my wildest prediction... I have yet to see a movie or television show in which hospital administrators are not depicted as either evil or complete buffoons. So, my last prediction is that in the late 2010’s, it will become fashionable in Hollywood to portray healthcare executives as the kind, brilliant, compassionate, intense, fair, honest, funny, and practical leaders the vast majority of us are. *Thomas Mattice*



2010 Federal Employee of the Year Awards

Recently, the Federal Executive Association (FEA) of Greater Indianapolis hosted the 2010 Federal Employee of the Year awards banquet. The purpose of the program is to recognize Federal employees and military personnel who have been exemplary citizens by virtue of their superior performance on the job, self-development, and community service/good citizenship. FEA sponsors the competition each year and solicits nominees in several categories. Each agency is eligible to nominate one employee per category who then competes against other agency nominees. The final selection is made by a distinguished citizen panel, further demonstrating the true deserving nature of the winners.

The Indianapolis VA Medical Center submitted six nominations this year and many of our employees were selected as the Greater Indianapolis Federal Employee of the Year. Each was honored in various categories according to their job duties and had to demonstrate exceptional service, dedication, accomplishments, community service and overall excellence in their field. Here are the nominees:



Rachel Byrd



Michael McDonald



Brian Reneau



Phillip VanRenterghem



Melissa Hinesley



Joshua Engelking

Rachel Byrd (Admin GS9 and below Category and winner); Michael McDonald (Professional/Scientific Category); Brian Reneau (Sworn Law Enforcement Category and winner); Phillip VanRenterghem (Trades Category and winner); Melissa Hinesley (Administrative Category and winner), and Joshua Engelking (Law Support & Administration).

The level of competition as well as the wide area that each individual has touched makes these individuals deserving of a special congratulations! *Julie Jackson*

Veteran Peer Visitor for Stroke Survivors

In partnership with research investigators from the Veterans Health Administration Stroke Quality Enhancement Research Initiative, VA researchers are conducting a study to determine the effects of a peer visitor program for stroke and TIA survivors. The Stroke/TIA Peer Visitor Program is based on the American Stroke Association “Sharegivers” program. For more information, please contact Gloria Nicholas at ext. 84388. *Gloria Nicholas*

May 24, 2010



Dear VISN 11 Employees,

Thank you for participating in the 2010 VA All Employee Survey. The success of an effort such as this is directly related to the level of commitment and participation by all VISN employees.

As you know, our goal for participation in the All Employee Survey was 100%. During the last day of the survey our overall participation rate, according to the organization collecting the data, was 71%. This is a tremendous rate for a survey. Special recognition goes to the Illiana HCS which recorded a 97% response rate.

We care about your opinions and how we can make your workplace the best it can be. Participating in this survey was one important way in which your input will be used to make positive changes in your work unit.

Within eight weeks we will have our facility-level data which will be shared with all of you. Action planning will occur at the workgroup level after discussing ways to improve the workplace.

Please remember that your survey responses remain confidential and anonymous.

Again, thank you for your help to make our facility a better workplace.

Sincerely,



Michael S. Finegan
Network Director

Thank you for your service!



In honor of May being Military Appreciation Month, the American Red Cross hosted a Military Appreciation Week to honor our Veterans at the Bloomington CBOC.



The volunteer on the left is Shelby Kiser, and Kim Engbers is on the right. They are from American Legion Auxiliary Post 18. It is also Poppy Month. The ladies brought in water, fruit, and a different cake every day. The Bloomington CBOC Clinic would like to thank Shelby, Kim, and the American Red Cross for honoring our Veterans for their service in the armed forces.

Janice Alvis

Bedside Care Collaborative **BCC-Team INDY**

In December, a team of Indy VA employees embarked on a journey to examine bedside care at the Indianapolis VA Medical Center. This team, appointed by the Director, was selected to attend the VA Bedside Care Collaborative (BCC) in FY 10. The BCC guides teams to focus on projects that will influence satisfaction of patients and staff, and team based culture. Improving unit efficiencies and providing ongoing performance improvement are also focal points.

Following the first learning session for the BCC, the team developed one goal, which is to improve the timeliness of medical intensive care unit (MICU) to ward transfers. With a pilot between MICU and 8 North staff, there was 54% improvement in transfer times! The BCC initiative is now expanding to include the surgical intensive care unit (SICU) and all of the wards. The team also decided to highlight the work of the 2009 System Redesign Cardiac Stress Testing Team, which has seen a decrease of 1.7 days in the average length of stay for cardiac patients since the start of the initiative. Another goal is to smooth discharges out across the hours of the day to less than 15% per hour. This would improve the workflow for employees and bed availability

for flow of patients between units and admissions. We are consistently less than 20% per hour. However, we would like to see more discharges occur earlier in the day. In March, the discharges occurred at less than 15% per hour but only 16% of all discharges occurred before noon. Improving communication between healthcare team members is another area being worked on by the clinical practice group on 8 South. 8 South created a template that added bedside white boards to communicate additional patient care related information between team members, patients, and their family members. The team will monitor re-admission rates, data from the discharge phone calls, and the Survey of Health Experiences of Patients (SHEP) scores over time to see what impact their efforts have made. An additional goal is to ensure that inpatients are weighed appropriately, and the weights are documented. This goal is being accomplished by educating staff on the correct way to weigh and document the patient's weight. On 8 North, 4 West, and 8 South, the teams are implementing purposeful rounding to address the needs of the patients in a predictable manner. The team will monitor rounding, call light usage, and patient fall rates. *Anne Kirchgassner*



Team members include: Kathryn Davies, Bonnie Morrow, Angela Howard, Michelle Dunlavy, Shirley Howell, Anne Kirchgassner, Evar Jones, Deanna Anvoots, Robyn Hendricks, (not pictured Becky Hague, and Lisa Edwards)

Indianapolis VAMC Supports 2010 INDIANA BLUE STAR SALUTE

A Celebration of the Military Family

The Indianapolis VA Medical Center will be participating in the American Legion Family, Indiana Blue Star Salute 2010 for Operation Enduring Freedom/Iraqi Freedom (OEF/OIF) Veterans and their families. On Saturday June 19th, from 2-4:30 p.m., Roudebush VA Medical Center, in conjunction with other community partners, and the Hendricks County American Legion Family invites the community to gather at Stout Field located at 2002 S. Holt Road, Indianapolis, in a salute to our men and women in uniform, their families and the businesses who support them. The event is free to the public, and there will be a ceremony, ride for the salute, live music, and many activities for families. Gates for the event open at 12 p.m. and will include vendor and military displays. The opening ceremony will begin at 2 p.m. followed by a presentation ceremony to the families. This is a great way for all VA employees to thank our own OEF/OIF Veterans who have served and their families, while showing support to the families of those now serving.

If you or someone you know has a family member currently serving in the Armed Forces, please visit www.indianabluestar.org to register to be recognized at this special event.

If you have questions or would like more information, you may contact Robin Paul (988-3138) or Nicole Webster (988-2957). Please come out and enjoy a great event with your family and show your appreciation and support to those we serve as VA healthcare providers. *Nicole Webster*

Federal Coordinating Center/National Disaster Medical System Exercise

There is going to be a Federal Coordinating Center (FCC)/National Disaster Medical System (NDMS) full-scale exercise at Indianapolis International Airport on Tuesday, June 22. The exercise scenario involves an NDMS plane coming from the east coast heading to Chicago FCC. The plane develops an onboard fire and is diverted to Indianapolis. There are 180 people on board when the plane crashes upon landing at the Indy airport.

As an FCC, VA is responsible for sending a Patient Reception Team (PRT) to the airport to receive, quickly triage, and transport** NDMS patients to the various NDMS hospitals in and around the city. Throughput for the Indy FCC for 24 hours is estimated at 50 patients, although past experiences from FCCs that have received patients shows the number of throughput patients varies and can be into the hundreds.

We need to “beef” up the PRT in case we need to receive patients over an extended period of time (e.g. 16-20 hours). The time commitment for the team involves minimal training here at the medical center or at the airport. It is unlikely that Indianapolis would ever receive NDMS patients, but it cannot be ruled out.

The PRT needs 2-3 nurses, 6-10 employees to help with litters and be “jacks-of-all trades”, a social worker or chaplain, administrators to log patients, and 2-3 IT specialists. The airport exercise is Tuesday (June 22) from 10 a.m.–2 p.m. If you would like to participate in this unique experience, please contact Suzanne Conklin (ext. 81328). *Suzanne Conklin*

New Mother's Room



According to the Centers for Disease Control, mothers are the fastest-growing segment of the U.S. labor force. Approximately 70% of employed mothers with children younger than 3 years work full time. One-third of these mothers return to work within 3 months after birth and two-thirds return within 6 months. Returning to work can create significant barriers for women who want to continue breastfeeding. In response to this critical public health need and in effort to support employees who are new mothers, the Roudebush VAMC developed a New Mother's Room located in C-9068. It is for employees who return to work after the birth of a child and need a comfortable, private place to collect their milk and was designed with those features in mind. It has been beautifully decorated with simulated wood floors and soothing color schemes. There is space for two women employees to use the room at a time with comfortable chairs and a privacy screen. Many other safety and privacy features were added. Women will need to bring their own equipment. The room has plenty of electrical outlets for those who own an electric pump and a deep sink for cleaning their equipment after use. Anna Langford, a new mother who works in Credentialing stated that a “new mother's room is a good opportunity for nursing mothers to have a warm inviting space to use”. Employees who would like to use the room should report to Occupational Health. *Leigh Lindquist*

VHA Privacy Awareness and Information Security Awareness Training

The Veterans Health Administration (VHA) has mandated that all employees, volunteers, residents, students, and contractors complete VA Privacy Awareness Training (LMS course #58879) & VA Information Security Awareness (LMS course #10176) annually.

To allow FY 2010 training compliance to be tracked more easily, the Medical Center Director has mandated this training be completed by June 30, 2010. If you have not completed this training within the past 365 days, you need to complete the training as soon as possible because you have already missed the annual requirement deadline.

VA employees must complete the training in LMS, while non-VA employees (who do not have access to LMS) may use alternative methods to complete the training (Employee Education Service on-line training, video or print versions).

Please inform your staff that the training needs to be completed by June 30, 2010.

Questions regarding the Privacy training can be directed to Richard Kurth, Privacy Officer, at extension 84153. Questions regarding the Information Security training can be directed to Kurt Sadlon or Antonio Townsend, Information Security Officers, at extension 83118. *Kurt Sadlon*

This & That newsletter is published every other Tuesday on payday. Send announcements and information via e-mail to IND PR. Deadline is Tuesday before payday. *This & That* is also on the VA Intranet, <http://vaww.indianapolis.med.va.gov>.
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