



## A World Away - CAVHCS Staff Helping Veterans

**By: Task Force 3rd Medical Command Public Affairs**

Many VA employees who are Reservists and Guardsmen answered the military's call to serve in Iraq and Afghanistan today.

Task Force 3rd Medical Command, commanded by Maj. Gen. Ronald Silverman has six VA employees who work in different roles throughout Iraq.

"We come from different backgrounds and many states," said Maj. John Heil, public affairs officer, "I am second-in-charge of the VA Home Loan Program for the VA Regional Office in Roanoke, Va.

"The best person to tell the Army story is people in the Soldiers," added Heil, "I coordinate and facilitate interviews with Soldiers whether it's on television, print or the radio. Soldiers love to be heard and they do a great job telling the story."



**Camp Victory, Iraq --** Col. Mark McGuire, Maj. John Heil, Col. Eugene Riehle and Col. Ronald Lepianka of Task Force 3rd Medical Command (L-R) are VA employees who serve veterans both at home and in Iraq.

**Col. Mark McGuire**, recently appointed chief of staff at Task Force 3d MEDCOM, has served in the Army for more than 27 years. His previous assignment at Task Force 3d MEDCOM was the deputy chief of staff for civil military operations.

"As the head of civil military operations for Task Force 3d MEDCOM, I was responsible for the medical theater engagement strategy of the command for counter-insurgency operations in support of Multi-National Corps-Iraq," said McGuire, "I worked closely with the Multi-National Force and Corps Iraq Surgeon, the MNC-I C9, the MNSTC-I Surgeon, and the US Mission Iraq Health Attaché.

**See 'IRAQ'**

Page 5

## Integrated Ethics Initiative arrives at CAVHCS

Your commitment, and the resulting positive change in quality that the Department of Veterans Affairs has realized in the past 10-15 years, has not gone unnoticed by external evaluation as well as the VA itself. However, in an effort to ensure ethics are interwoven into the fabric of VA Healthcare during what is expected to be another period of rapid change, the VA's National Center for Ethics has introduced a new focus on Integrated Ethics that will soon be taking shape here at CAVHCS.

"The advent of Integrated Ethics is particularly timely as we continue to grow and embark upon rapid change and progress," said CAVHCS Integrated Ethics program Officer, Dr. Andrea Menyhert. "This effort is VA-wide, and it's targeted to ensure our future growth is grounded in ethical behavior."

The National Center for Ethics' challenge when designing this program was to ensure the ethical culture of the VA Medical Center remained effective and positive. "There are popular examples of organizations with a bad ethical culture, like Enron," explained Menyhert, "where little by little people started cutting corners, doing minor things that were unethical and like a slippery slope they affected the whole organizational culture."

That isn't to say that the perception is that the VAMC is sliding down a slippery slope of unethical behavior. However, there is a realization that there is also a potential for "gaming" numbers the VA uses for self evaluation. "I think the National Center for Ethics developed Integrated Ethics as a preventative measure," said Menyhert. "As we've been realizing improved performance a higher importance has been placed on making goals or meeting numbers like in performance measures. This integration is designed to ensure ethics and values don't take a back seat."

Of course ethics and core values are nothing new to the VA. Even in the new environment – if there's a question of ethics there are traditional means in place for addressing that issue. "Generally, if there's an issue affecting one patient, we'll still use the consult to address that question," said Menyhert. "Our Ethics Consultation Coordinator is LaDonna Golden. And if you cannot get a consult in you can either call or email her.

"However, if there's a question that affects more than one patient and is more process orientated, then those issues

**See 'Ethics'**

Page 4

# From the Director

Robert W. Ratliff, PH.D., FACHE

In the past few issues of the CAVHCS Salute I've talked to you about the momentum we've developed as we've attempted to re-dedicate ourselves to realizing sustainable improvements in our Performance Measures. We've seen some tangible, positive results and I know you are looking long and hard at every way possible to improve our processes to arrive at our targeted outcome.

Recently, a means to realizing that goal was presented by our Network Director, Dr. Lawrence Biro. If you've visited our intranet website recently you may have seen a link that the VISN placed on our opening page. The link provides Dr. Biro's "[Our Three Promises to All Our Veterans.](#)" If you haven't clicked on the link – I encourage you to take a moment to do so.

- We will provide care, second to none — the best care anywhere.
- We will maintain and expand veteran's health care services.
- Every veteran will be personally satisfied with the care that they receive from us, based on the outcome.

Many of you have heard me articulate similar messages such as the striving to provide the highest quality of care, being stewards of the taxpayer dollar and improving staff and veteran satisfaction. So, while some of the ideas may

be similar, I'd like you to take a long look at these promises. Dr. Biro has a proven track record of achievement, and as we look to re-focus our efforts, I hope you'll consider these promises as essential pathways to achieving our goals.

Each promise is grounded in a common sense approach to our continued commitment to our veterans.



- We will provide care, second to none — the best care anywhere.

As I've said in the past, "We don't want to be the biggest; we want to be the best." Many of you recently completed training in Steven R. Covey's, *The Seven Habits of Highly Effective People*. Nobody successful identifies and strives for the middle of the road as a goal. Which Covey trait talks best to this promise? I'd like to hear what you think; so please share your insights with me the next time you see me.

- We will maintain and expand veteran's health care services.

Often this promise is based in systems and monetary commitments. But cutting edge equipment does not operate itself. Our greatest asset is each and every one of you. We will commit every opportunity and every monetary allocation we can to support you, and together we will provide improved services to our veterans.

- Every veteran will be personally satisfied with the care that they receive from us, based on the outcome.

This promise is a combination of customer service; clinical expertise and re-affirming our commitment to provide the patience to not only explain what is available to our veterans, but to also offer a compassionate ear to hear their concerns.

As you know Dr. Biro visits CAVHCS every month. I encourage you to – if the opportunity presents itself - take that opportunity to explain to Dr. Biro exactly what you do to keep these three promises. I am confident that our continued dedication and the pathways these promises provide will lead us to where we want to be. I don't mind saying it again – we don't want to be the biggest; we want to be the best. And, we're on our way!

## CUSTOMER SERVICE



with TEAMWORK  
Everybody Wins!

CAVHCS



Accredited by  
The Joint Commission

## The CAVHCS Salute

The CAVHCS Salute is produced by the Central Alabama Veterans Health Care (CAVHCS) Public Affairs Office. CAVHCS Salute is an unofficial, internal communications publication.

Director  
Associate Director  
Chief of Staff  
Public Affairs Officer

Robert W. Ratliff, Ph.D., FACHE  
Shirley Bealer, MS, RN, CNA, BC, CPHQ  
Clifford Robinson, MD  
Al Bloom

**EMPLOYEE OF THE MONTH**  
**Tuskegee Campus**

**Mr. CLIFFORD PERRY**  
Program Assistant, Training/Logistics,  
Environmental Management Service (EMS)



Through his dedication and commitment to excellence, his performance consistently exceeds the normal call of duty and has had a significant positive impact on the ability of EMS to meet and exceed mission goals. Mr. Perry provides training to new EMS and current employees and is responsible to ensure they are prepared to meet the many challenges they will confront while

performing their duties as Housekeeping Aids. As a result, he has a thorough knowledge based on all aspect of the service to include sanitation, linen, waste management, pest control, patient effects, equipment, infection control issues, safety just to name a few.

Mr. Perry has been tireless in his efforts to ensure not only new employees, but current employees maintain a high level of job proficiency by exposing them to the latest labor saving equipment, chemicals and supplies. He has on numerous occasions, volunteered his time without compensation to ensure mission accomplishment, delivering supplies and equipments to the EMS and Health Care System staff assigned to Community Based Clinics in Columbus, Georgia; Dothan Alabama, and Clinics located at Maxwell AFB. Mr. Perry is a self starter and displays an eagerness and enthusiasm that is contagious not only to his peers, but management as well. During the absences of the EMS Chief, Assistant Chief or Sanitation Operations Supervisor, Mr. Perry because of his wide knowledge base of EMS operations, eagerly and effectively assumed any additional responsibilities, voluntarily serving as Chair of the Moves Committee for the past year as an additional duty.

Through Mr. Perry's many contributions, he played a key role in the many positive reviews received from a host of visitors and review teams to include SOARS, CARF/CAP Accreditations, JCAHO, new VISN-7 Director, congressional visits and during the AWE, which is currently in progress.

**EMPLOYEE OF THE MONTH**  
**Montgomery Campus**

**Ms. ISAPHINE JACKSON (ICE)**  
Diagnostic Radiologic Technologist,  
Imaging Service



Ms. Jackson has proven over the years to be a very high quality technologist. She is very intelligent and possesses the kind, caring qualities it takes to render excellent patient care to our veteran patients. Over the past few months, she has exhibited a unique increased

dedication to her work ethic. This deserves recognition from the standpoint of continual personal development coupled with an increased awareness of the needs of our veteran patients.

In addition to this, she is one of the most productive technologists at the Montgomery Campus. Ms. Jackson works at resolving patient complaints without requiring direction from any other Imaging staff. She makes sure all supplies are stocked and writes equipment work orders when necessary.

Ms. Jackson always has a smile on her face and is eager to help in any way she can. Without her dedicated contributions, Imaging Service would not complete their daily procedures in such a timely manner. She exhibits excellent customer service skills, and performs her duties with a smile and goes out of her way to ensure that our veteran patients receive the proper exam(s) the first time. Ms. Jackson's team spirit encourages other employees to act the same way.

Ms. Jackson really cares about her workplace by the neat and orderly way she keeps her assigned area. Further, she goes the extra mile to assure all patients arriving for radiographic examinations receive prompt attentive service.

# Patient Satisfaction Survey Program (SHEP) Transition

Since 2002, the Survey of Health Experiences of Patients (SHEP) has been administered by the VHA Office of Quality and Performance using the contracted services of National Research Corporation (NRC). That contract (a one-year contract with 4 year renewal options) expired on September 30, 2006. During the contract solicitation process, a six-month extension and an emergency extension to the end of the fiscal year were exercised with NRC. After a full and open contract solicitation process, VHA announced its intention to award the contract to **Synovate Corporation**.

Since its inception, SHEP has employed eleven outpatient and nine inpatient Veteran Healthcare Service Standards (VHSS) to measure satisfaction with various dimensions of VHA healthcare. Because NRC Corporation claims proprietary rights to the VHSS, as well as a number of the SHEP performance measure questions, the need to develop a new patient satisfaction survey for VHA became apparent.

Efforts are under way to substitute the Hospital CAHPS (Consumer Assessment of Healthcare Providers and Systems) questions for the inpatient VHSS.

**HCAHPS** is a standardized instrument and data collection methodology for measuring patients' perspectives on hospital care, which is coming into wider and wider use. Although HCAHPS is approved for use in Medicare patients by CMS and is also used in DOD, VHA must first obtain OMB approval for HCAHPS use.



Substitution of HCAHPS for the VHSS provides a number of opportunities:

1. VHA will for the first time be able to directly benchmark patient satisfaction results with other federal and private healthcare systems;
2. VHA patients' satisfaction measurement will now be aligned with that of DOD, thereby furthering the goal of the seamless transition from DOD to VHA healthcare;
3. Existing approvals and track record of HCAHPS should accelerate the inception of surveying in VHA.

Five SHEP performance measures are claimed by NRC Corporation as proprietary. They are; inpatient overall quality, outpatient overall quality, appointment as soon as wanted new patients, and appointment as soon as wanted established patients. Equivalent, but not identical questions are available from the HCAHPS and A-CAHPS surveys. And, a similar 0 to 10 rating will be used for outpatient overall quality. However, because of these changes, we will not be able to trend new SHEP performance measures with the old.

All of these changes must be approved by OMB. OMB approval is a slow process, and because of this we may not be able to implement these changes until after the beginning of FY08. As a contingency, we have the option to continue to contract with NRC Corporation to collect the present SHEP on a quarter by quarter basis. In any event, it is anticipated that the VHA patient satisfaction survey program using the CAHPS family of products should be fully operational by January, 2008 for inpatient and by July, 2008 for outpatient.

## 'Ethics'

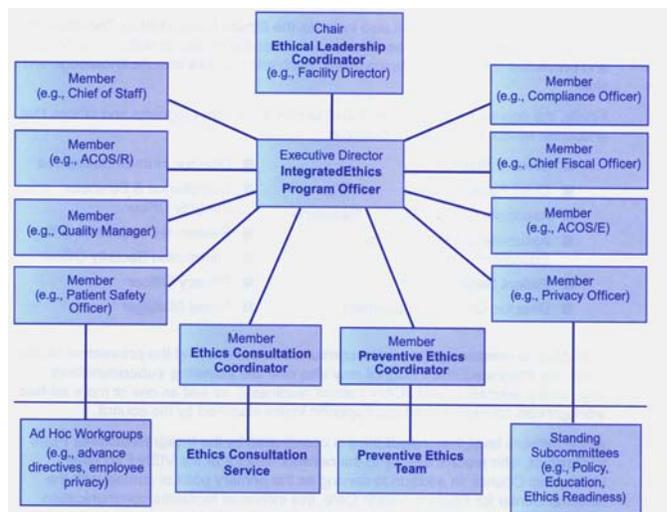
*From Page 1*

should be forwarded to Chaplain Burford, who is our Preventative Ethics Coordinator. His team will be evaluating opportunities for improvement that are more system wide."

An integral aspect of ensuring ethics are integrated into the VAMC's processes is the importance leadership places upon it. "I see this as a process of evolution," said CAVHCS Director Robert Ratliff. "Integrated Ethics is a direct growth of our core values and mission. If there's a doubt in anybody's mind working here at CAVHCS about the importance of this program, I'd like them to talk directly to their supervisors and Service Chiefs. If they still have questions about why Integrated Ethics are so important – they can come see me."

Equally important to the success of ethical integration is staff buy-in. "We're going to be going to the various Service Lines meetings and presenting more information about Integrated Ethics to raise awareness in

the upcoming months," explained Menyherth. "What we're trying to do is develop a system that involves the entire culture, environment and of course all the employees. If individuals want to participate they'll be welcome to join us."



# CAVHCS Core Values in Action

**Editor's Note: Director Ratliff received a letter recently that typifies the type of compassion, concern and teamwork that has always served CAVHCS and our veterans so well. To those who stepped up and helped...thank you.**

Tuesday, as I was leaving work, a piece of the under covering on my car caught on one of the concrete barriers and pulled completely out from under my car. It was still attached so my car could not be driven. It was steamy hot, after 5 p.m. Frustrated, I sat there thinking about what I was going to do.

In the meantime, this wonderful group of CAVHCS employees came to my rescue. **Ty Beasley** and **Deborah Morrison** were my good samaritans that day. Deborah Morrison called the boiler plant and found tools. She and Ty walked over to the boiler plant, in the heat, and retrieved the tools. Ty got down on his knees, in his good clothes, and removed the offending part from my car so I could drive home. It was so hot and there he was on his knees, getting his clothes dirty and sweating so I could be safe!

## CUSTOMER SERVICE



It takes TEAMWORK to move forward!

**Jay Meininger, Mickey Andrews and Brenda Hardy** all offered or attempted to help. A man with Brenda Hardy, I wish I knew his name, also attempted to remove the part. There were so many kind people willing to help.

Little did these people know that this tired old woman had an hour long commute to reach her disabled husband about whom she worries every hour of the day. The year has been very hard with my husband's illness with a recent complication filled surgery only 10 days prior. I was operating on adrenalin at this point so I can't tell you what a blessing it was to have this wonderful, cheerful group of people come to my rescue, concerned only about my well being. I just wish there were something that I could do for all of them to

repay their unselfish and kind acts.

I wanted to share this with CAVHCS management. There are some really great employees here at CAVHCS.

## Dr. Kussman Testifies: Key VA Programs

Dr. Michael J. Kussman was sworn in July 9 as VA's Under Secretary for Health. The complete interview is available in the July edition of The American Veteran. <http://www1.va.gov/opa/feature/amervet/index.asp>

**Q:** VA has seen more than 200,000 veterans who served in Iraq and Afghanistan, and more are on the way. What is VA prepared to do to meet their needs and take care of them?

**Dr. K:** One of our highest goals right now is to take care of these new veterans. About 230,000 of them have come to VA for a whole myriad of different issues. This year we expect to have more than 5.5 million veteran patients, and next year we expect to have about 5.8 million.

**Q:** What is your approach to addressing PTSD?

**Dr. K:** PTSD, post-traumatic stress disorder, really only came into the medical lexicon in 1980, '81. It grew out of Vietnam. VA has taken the lead in understanding and treating this illness, and we have probably the world's best center in the White River Junction National Center on PTSD. We've learned from previous experiences. It's clear that if you can treat people early when they have symptoms, you can make a difference.

**Q:** I understand you have an office dedicated to seamless transition to address some of the challenges of moving from the military system to the VA health care system?

**Dr. K:** Seamless transition is what we need to do to make it easy for veterans or service members and their families to transition from one bureaucracy, DOD, to the Department of Veterans Affairs. We've got to make the transition easy, not complicated, particularly with people who are injured and stressed.

Back in the summer of 2003, we took an unprecedented approach and put benefits counselors and VA social workers in the large DOD facilities that were receiving the casualties from overseas. We also asked the Army to put active duty people in our four polytrauma centers where that seamless transition can be made easier. Moving from DOD to VA is now a quantum leap better than it was when we started.

CAVHCS Salute - August 2007 Edition

## 'IRAQ'

*From Page 1*

"I've been with the VA for more than four years now," said McGuire, "I am the Optometry Director of Central Alabama Veterans Healthcare System. I oversee clinics in Ft. Rucker, Montgomery and Tuskegee.

"I enjoy working at the VA," explained McGuire, "We provide an invaluable service to veterans who have served us well. With VA, I feel I continue to serve my fellow veterans, because I am a veteran, I think I am making a difference in other veterans' lives.

I tell veterans that the VA has a system and its better to work with the system rather than fight it. There are a lot of good people at VA who want to help, but you have to be patient.

My recommendation to all servicemen and women is to save your documents. With documentation; the process of benefit approval goes much smoother. This is my third deployment. This is what we train for and it's why we deploy - if you're in the military then you understand what we're here for. I am proud to work with veterans here, just as I am proud to work with them at home."



North Kingstown, R.I. (June 26, 2003) - The U.S. Navy's Flight Demonstration Team, "Blue Angels" soars over Old Glory as they perform the "Delta Formation" during an air show in North Kingstown, R.I., celebrating the centennial of powered flight.

# August

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Congratulations!!</b> Information Protection Week Drawing Winners: Helen Booker, Deloris Sweeney and Merryl Bland received a \$25 gift certificate to the Canteen Store.			1	2	3	4 U.S. Coast Guard established 1790
5	6	7	8	9	10	11
12	13	14 V-J Day 1945	15	16	17	18
19	20	21 Hawaii 50th State 1959	22	23	24	25
		27 - 31 National Veterans Golden Age Games				
26 Women's Equality Day	27 EEO Timelines & Procedures Training Tuskegee Theater, Bldg 90, Room 107 8:30 am - 9:30 9:45 am - 10:45 11:00 am - Noon	28 EEO Timelines & Procedures Training Montgomery Multi-purpose Room 1:00 pm - 2:00 2:15 pm - 3:15	29 EEO Timelines & Procedures Training Montgomery Multi-purpose Room 8:30 am - 9:30 9:45 am - 10:45 11:00 am - Noon	30 EEO Timelines & Procedures Training Montgomery Multi-purpose Room 1:00 pm - 2:00 2:15 pm - 3:15	31	

The CAVHCS Community Calendar is not intended to be an all-inclusive, official calendar. It is intended rather to provide a medium for CAVHCS Salute to share upcoming events.

If you would like to add a CAVHCS event please email details directly to alan.bloom@va.gov. Submissions are not guaranteed to be published. Considerations will be made for propriety, promptness and print space.