



CPE Program Receives Full Accreditation

One of the signature issues new Veterans are dealing with is Post Traumatic Stress Disorder, (PTSD) and the Department of Veterans Affairs has long been recognized as a leader in providing support and treatment. One aspect of that support is also a strong aspect of Veteran- Centered care...spiritual support.

Recently, Central Alabama Veterans Health Care System's (CAVHCS) Chaplain Service received accreditation of a Clinical Pastoral Education program from the Association for Clinical Pastoral Education.

"Our academic accreditation program emulates a tried-and true approach," explained Chaplain Cecilia Walker, CAVHCS Clinical Pastoral Education Supervisor. "The VA supports academic affiliations nationwide ranging from nursing and radiology to cardiology and oncology. However, in this case, CAVHCS provided oversight for Chaplain residents, students and interns to receive practical experience supporting

the unique needs of our Veteran Community."

The Association for Clinical Pastoral Education, Inc. is nationally recognized as an accrediting agency in the field of clinical pastoral education.

With a full accreditation the

CAVHCS Clinical Pastoral Education program will provide



residents, students and interns involved with an opportunity to learn to integrate their personal history, faith tradition and the behavioral sciences into their practice of spiritual care.

The accreditation process for CAVHCS' Clinical Pastoral Education

program was also similar other VA and health Care evaluation processes. "The evaluation process that a center goes through for ACPE accreditation is similar to the review that a hospital goes through for The Joint Commission review," Walker said. "In January a Site Review Team visited our CPE (Clinical Pastoral Education) Center. The site visit was a culmination of two and half years of work. The review team reviewed and evaluated the curriculum, the Student Handbook, and files of the CPE program, met with and interviewed administrative staff, clinical staff, current and former students and toured the facilities to determine whether the program met the Standards of the ACPE. In April the National Accreditation Commission of the ACPE met in Utah to examine the Site Review Team's report and granted the CPE Program at CAVHCS full accreditation with no notations."

Effective Teams: Essential to 21st Century Excellence

By Sharon Barnes and Steven White

*National Center for Organization Development
Special Projects Team*

VA excellence in the 21st century will be driven by how well employees learn to work within and across teams as they deliver services and care to our Veterans and their families. While Veteran-centered services and care can be demonstrated individually, much of the work done today requires employees to work in teams.

Engaged, effective teams are high-performing teams. High-performing teams are small groups of people whose success depends on meeting two key challenges: (1) team relationships - how they approach one another (team engagement) and (2) team functions - how they approach their tasks (team effectiveness). Working in teams requires the interdependence of both relationships and tasks. Teams focus on common goals to which members hold one another mutually accountable, and actively engage in helping behaviors that advance team goals.

One excellent framework for building engagement in high-performing teams utilizes the image of two ladders leaning on one another for support. One ladder represents team relationships; the other team functions. Each step is

dependent upon the other. Teams may travel up and down the ladders depending on what is happening in their work environment. The goal is to work on both sides of the ladder and to establish strategies, team cultures and business practices to reach the top of both ladders, and agreements on how to cope when the team falls down a step or two. Teams can pick themselves up and start climbing the ladder again.

Teams should begin with open discussion around "civility" and set team standards for showing basic courtesy toward each other and all with whom they come in contact while performing their duties. Learning how to hold each other accountable for civil behavior leads to a work environment which demonstrates and promotes "respect" – the inherent esteem, or worth, in one another – a truly people-centered care/service orientation.

With a foundation of civility and respect, a team is able to address perhaps the largest hurdle to engagement –

‘Please see ‘Teams’

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CAVHCS All-Stars

I told Ms. Rosie Jones that I would pass on her appreciation of the assistance that Mr. Charles Bimbo has afforded her over the last two days. She says he was patient, thorough and rather than pass her on to someone else, he went above and beyond to provide her with the status of her claims and is assisting her in identifying those that have been paid, which she thought weren't paid. I love passing along compliments. Great job, Charles!! That's customer service! -- *Debra G. Nicholson, Chief, Financial Management*

I think Mrs. Vanessa McWilliams – Volunteer, is one of the most caring people that I have met at your facility. She goes the extra mile to take care of the Veterans and it shows in everything she does at the VA. Please thank her for me. You need more concerned people like her.
-- *Thanks and God Bless, Jerome B.*

I would like to say something nice about the hygienist in the Dental Clinic. Toni is one of the sweetest and most professional people I have ever met. She is a caring person and listens to your concerns and problems. She takes extra care in her work and has a light touch when she is working on her patients. It's people like her who make coming to the VA worth the time and effort!
-- *Respectfully, James F.*

I am Glenda Bates, the mother of Veteran Daniel Davis, III and I would like to express a special thanks to the staff on the West Campus in the Mental Health Department for their compassion and kindness that was a "cut above" the rest. The doctors, receptionists and nurses all made my son feel at ease during his treatment.

Not making us feel like "the last four" but a whole person went a long way toward his treatment concerns and went a long way in showing how much the VA cared for him and his visit to your facility...thanks for being such a wonderful group of people who not only serve but provide great service. May you be blessed in every way.

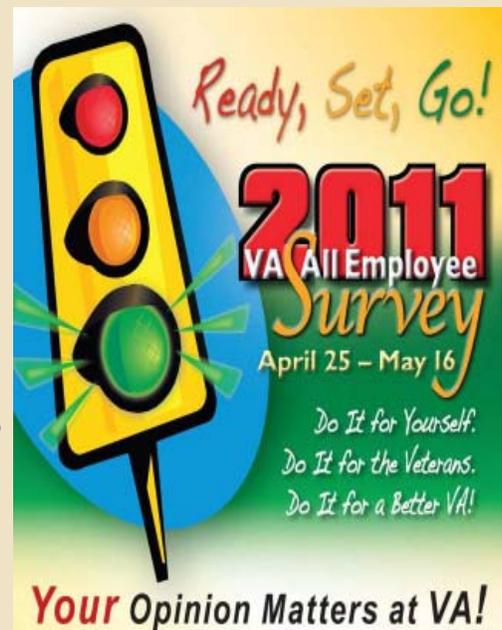
-- *Thanks from the bottom of my heart, Mrs. Glenda B.*

I wish to acknowledge the super service I have received over the past year from X-ray clerk Ms. Virgie Lee Townsend. She has a very friendly attitude and a great personality. She deserves to be recognized for her dedication to duty and service to us Veterans. Without her we would not be as satisfied or helped in such a timely and professional manner!

-- *Fred F. F, U.S. Army (Ret.), Montgomery, Ala.*

I am Lamar H., and I have been coming to the Montgomery VA since 1984. You have a couple of people working for you that need to be recognized and commended for a job "well-done". The entire RED Team and Staff are my favorite and I want to thank them for being there for me in my time of need. They have been very helpful and very professional. It was a pleasure having them facilitate my care and treatment.

-- *A special thanks, Lamar H., Elba, Ala.*



The CAVHCS Salute



Accredited by
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Annual All Employee Survey

An Opportunity to Share Your Opinion

Editor's note: The Annual All Employee Survey began April 25 and will continue to provide staff with an opportunity to share their confidential opinions. You will find an AES Survey Traffic Light and links to instructions and the survey on the CAVHCS intranet home page.

In order to take the survey you will need a workgroup code. Each workgroup has its own distinct workgroup ID code. It is important that employees of one workgroup DO NOT share their letters and codes with employees of a different workgroup. Please contact your supervisor to ensure you use the correct workgroup ID code.

Below are a series of Frequently Asked Questions.

WHY SHOULD WE TAKE THE VA ALL EMPLOYEE SURVEY?

Organizational Health of the Department of Veterans Affairs is of utmost importance. Without a healthy work place we are unable to provide the care our veterans deserve. The purpose of the All Employee Survey (AES) is to collect information on employee perceptions of the work place and satisfaction at work. This survey is part of an ongoing effort to assess employees' satisfaction, to eliminate barriers to employees' effectiveness, and to make VA an employer of choice for our employees. Completing the survey is completely voluntary, responding to the survey is very important. By voicing their opinions employees can influence their work destiny and assist in making changes where needed. The survey is completely confidential and anonymous.

WHAT DOES THE VA ALL EMPLOYEE SURVEY INCLUDE?

The AES includes three separate surveys: Job Satisfaction Index (JSI) with 13 items asking the employee about their individual satisfaction with key job functions. Organizational Assessment Inventory (OAI) with 31 items assessing employees' perceptions of their immediate workgroup. Culture has 18 items assessing the organization where the employee works. Ten demographic items are asked making the combined survey 72 items.

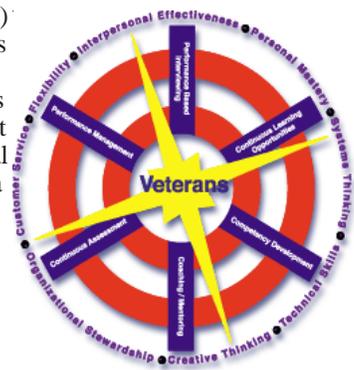
WHO SHOULD TAKE THE VA ALL EMPLOYEE SURVEY?

All VA employees can take the survey. Many employees completed the 2004, 2006, 2007, 2008, 2009, and 2010 All Employee Surveys and assisted in creating Action Plans from the results. The 2011 All Employee Survey administration is an effort to measure employee satisfaction and to assist in developing work place improvement strategies at the organization and work group level.

WHAT WILL HAPPEN TO THE RESULTS OF THE ASSESSMENT?

The aggregate results will be made available to all VA employees via the intranet in a ProClarity data cube. In order to maintain individual confidentiality, no data from CAVHCS Salute - April 2011 Edition

groups smaller than ten (10) will be released. The results of the assessment will be used by local organizations within VA at the department level down to the individual work group level. The data will be reviewed; strategic plans updated; and Action Planning at the local level can be initiated addressing ways of improving job satisfaction of the employees.



WHO WILL SEE MY SURVEY RESULTS?

The VHA National Center for Organization Development (NCOD) is responsible for maintaining the confidentiality of the data gathered from the VA All Employee Survey. No one outside the team that developed the instrument will have access to individual results.

WILL MY RESULTS BE TIED TO MY PERFORMANCE APPRAISAL?

No, results are confidential within NCOD and will not be shared with anyone outside the team that developed the instrument. No results from a group smaller than ten will be shared. In other words, employee privacy and confidentiality are secure.

IS THE WEB SITE SECURE?

Yes. The survey web site is outside the VA system and only anonymous results will be stored in a separate database at the VHA Healthcare Talent Management Office and the VHA National Center for Organization Development. The web version of the survey can be accessed by employees from home on their personal computer.

HOW LONG DOES IT TAKE TO FILL-OUT THE ASSESSMENT?

The entire 2011 VA All Employee Survey (AES), which includes the JSI, OAI, Culture instruments as well as the demographics section, takes about 30 minutes to complete. Once the responses are collected, your organization should receive results within 6 to 8 weeks.

HOW DO I SIGN-UP TO TAKE THE ASSESSMENT?

The AES is scheduled to be administered nationally every year. The 2011 survey begins on April 25th and ends on May 16th. Your organization has an AES Coordinator. If you need more information or if you would like your work group to be assessed more frequently, you may contact the VHA National Center for Organization Development at 513.247.4680.

The VA AES is Anonymous, Confidential and Voluntary.

'Team'

From Page 1

the establishment of “psychological safety” in the workplace. Teams that encourage their members to ask questions, seek clarity and share concerns regarding the team’s performance demonstrate behaviors that foster psychological safety.

The last step toward team engagement is establishing a sense of “cohesiveness” – indicated by individual team members speaking of “team” goals and accomplishments.

Team effectiveness – how well the team accomplishes its tasks – is evident by how team members approach their work – the tasks, the business practices, the services delivered. Teams need to begin with clear “purpose and methods.” Teams with well-defined purpose and priorities, clear understanding of short term goals and goals that were agreed upon by team members have better outcomes.

Given the team’s specific goal, a team’s next step is to establish “role clarity.” Each team member needs to know what functions and tasks are expected from one another. High-performing teams often have task-interdependent roles. After all, a team is a system. There is mutual support for each of the roles on the team.

The next challenge for teams is to examine and continuously work to improve their communication practices –

the multiple ways teams interact with one another, the recipient of their service and across teams.

The last challenge is becoming a team that has a commitment to regular review and reflection – a system for increasing team performance by team “awareness and responsiveness.” Team members talk openly and freely about how they are accomplishing their tasks and how they are working with one another.



High-performing teams proactively work on both team engagement and team effectiveness. Leadership, especially by the team leader, directly impacts: (1) team learning processes, (2) understanding of team goals and (3) team psychological safety, which impacts organizational outcomes.

Why the focus on working in teams? In health care, the predicted shortage of primary care physicians by 2020 is looming large. The stark reality of the dwindling number of students choosing primary care is not lost on VHA’s leadership. A focus on patient-centered care, characterized by team care,

may be the saving grace of American medicine. VHA’s move to Patient Aligned Care Teams (PACT) serves to enhance the quality and timeliness of services to Veterans.

Teams bring together complementary skills, expertise and viewpoints. Team members work at the top of their skills and licenses to help one another and to get timely, informed services to their patients. Doctors on teams can focus on diagnosing and treating more complex cases, because much of the work currently performed by physicians can be done by others on the team.

Start Managing YOUR Health Promotion, Disease Prevention

By: Mary Catherine Porch, APN

CAVHCS Health Promotion Disease Prevention Program Manager

This month in the CAVHCS Salute a new monthly article on Prevention is being launched. As your Health Promotion Disease Prevention Program Manager, I want to help you achieve your health goals. I will be working with your PACT (Patient Aligned Care Team) to offer you information and encouragement on your road to good health.

Today I want to inspire you to be more active. Did you know that walking is one of the best aerobic exercises that you can do? It requires only a good pair of walking shoes. You can do it inside or outside so the weather is not a factor. You can easily start at your own pace and increase gradually. Walking strengthens your arms, legs, abdomen, inner thighs, calves, back and heart.

Using a pedometer or step counter is a fun way to track your success. A pedometer or step counter is a small device powered by a battery that attaches easily to your clothing. It counts your steps. In order for the pedometer to work correctly follow all instructions included with your pedometer.

If you decide to use a pedometer there are some important first steps. It is helpful to check to see

how many steps you are currently walking. Use the pedometer over several days and keep a record of the results. From this information you can determine your next activity goals.

According to an article published in Sports Medicine, small increases in the number of steps walked daily are associated with improved health and better ability to sustain a walking exercise program. People who walk 8000-9999 steps per day are considered ‘somewhat active’. Those walking 10,000 steps or more daily are classified as ‘active’. Begin by increasing your steps gradually. If you choose not to use a pedometer, slowly increase your exercise to about 30 minutes daily at a moderately intense level. (Your intensity is at a moderate level if you feel that you are working, sweating and still able to carry on a conversation.) Try to walk for exercise most days of the week.

As always, check with your primary care provider before beginning an exercise program. If you are trying to lose weight, contact your PACT team for a referral to the VA MOVE! Weight Management program. Each member of the MOVE program receives a free pedometer or step counter.

If you would like more educational information about Healthy Living, visit the Veteran/ Family Health Education Centers in Tuskegee and Montgomery.



VA LMS Evolving to VA TMS

The VA LMS will soon become the VA Talent Management System (VA TMS). VA Learning University (VALU) plans to launch the upgraded system May 23.

According to VALU officials, VA TMS offers an enhanced, integrated system that supports the implementation of an effective talent management strategy. This new modernized and intuitive system will be essential for delivering and tracking training, enhancing system reporting capabilities, providing competency assessments and Individual Development Plans.



The VA TMS upgrade is scheduled to begin Saturday, May 14. At that time, the VA LMS will be disconnected and retired from service. The new VA TMS will be available to system administrators Saturday, May 21. Employee training that is completed while the VA LMS is unavailable will be entered manually into the upgraded VA TMS.

Training for all VA employees begins in May and will continue throughout fiscal 2011. Local domain managers, learning managers and administrators will train end users at their respective facilities and domains. Face-to-face training will also be available throughout the year at various locations across the country.

For additional information regarding the VA LMS or the VA TMS, please contact Dr. Reginald E. Vance, Director of VALU Learning Infrastructure, at Reginald.Vance@va.gov or 202-618-4686.

For more information on training for the VA TMS, please contact Clarence Bashshar, VALU National Training Manager, at clarence.bashshar@va.gov or (202) 618-5527.

Long Term Care Open Season

The Federal Long Term Care Insurance Program (FLTCIP) is administered by Long Term Care Partners, and underwritten by John Hancock Life & Health Insurance Company under a contract with the U.S. Office of Personnel Management. You have until June 24, 2011, to apply with abbreviated underwriting!



Abbreviated underwriting is special because you answer fewer health questions when you apply, which saves you time and effort.

This is the first abbreviated underwriting opportunity for new applicants since 2002. After the FLTCIP Open Season you generally need to undergo full underwriting.

Eligibility
The 2011 FLTCIP Open Season offers abbreviated underwriting for certain eligible members of the Federal family. Visit www.LTCFEDS.com/eligibility to see if you are eligible to apply with abbreviated underwriting during the FLTCIP Open Season.

Important considerations

Long term care is the care you need if you cannot perform activities of daily living (such as bathing or dressing) on your own.

It is generally not covered by health insurance, including FEHB or Medicare, and the costs are increasing. Do you have a plan to pay for care if the need arises?

Joint Commission Health Care High 5

IN THE NEWS

1 Michigan Program Reduces HAIs

Older Americans who were treated in Michigan intensive care units (ICUs) were less likely to die while hospitalized than similar ICU patients elsewhere, according to the Keystone Initiative, a program designed to reduce health care-acquired infections.

2 Many Americans Experience Excessive Stroke Risk

Two out of three U.S. adults with high cholesterol and half of U.S. adults with high blood pressure are not being treated effectively, putting them at unnecessarily high risk of stroke and heart attacks, according to a recent Centers for Disease Control and Prevention (CDC) Vital Signs report.

3 CLABSIs Down Among ICU Patients

The number of central line-associated bloodstream infections (CLABSIs) in ICU patients fell 58% in 2009 compared to 2001, according to a new CDC Vital Signs report. The same report indicated that during 2009, 23,000 CLABSIs occurred in non-ICU health care settings such as hospital wards and 37,000 occurred in kidney dialysis clinics.

4 FDA: Use Nonsterile Alcohol Prep Pads

The FDA recently issued a reminder to health care professionals to check the labeling on prep pads to determine whether they are sterile or nonsterile. Nonsterile pads are not intended to prep patients prior to procedures requiring strict sterility measures and should not be used on patients with depressed immune systems, to prep patients for catheter insertion, or to prep patients prior to surgery, according to the FDA.

5 HHS' New Strategic Vaccination Plan

The U.S. Department of Health and Human Services has updated the National Vaccine Plan for the first time since it was created in 1994. The plan addresses issues such as vaccine research and development, supply, financing, distribution, safety, global cooperation, and informed decision making among consumers and health care providers.

Acting CAVHCS Associate Director Cynthia Cleveland, (center) recently accepted a donation from representatives of The Military Order of the Purple Heart in the Montgomery VAMC's museum. The \$825 check was presented by Commander, Montgomery Chapter, J.R. Thomas (left) and Ed Smith (right). (VA Photo by Robin Johnson)



2011 CALENDAR OF EVENTS						
VA OFFICE OF PUBLIC AND INTERGOVERNMENTAL AFFAIRS						FEDERAL HOLIDAY
Memorial Day		May 2011			American Red Cross	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<input type="checkbox"/> Arthritis Awareness Month <input type="checkbox"/> Oncology Nursing Month <input type="checkbox"/> Older Americans Month <input type="checkbox"/> Trauma Awareness Month <input type="checkbox"/> National Mental Health Month		<input type="checkbox"/> National Physical Fitness and Sports Month <input type="checkbox"/> Fibromyalgia Education and Awareness Month <input type="checkbox"/> Asian-Pacific American Heritage Month <input type="checkbox"/> National Osteoporosis Awareness and Prevention Month <input type="checkbox"/> Melanoma/Skin Cancer Detection & Prevention Month				
North American Occupational Safety and Health Week (May 1-7)						
1 *Holocaust Remembrance Day *USA Law Day	2 Public Service Recognition Week (May 2-8); VA Research Week (May 2-6); National Nurses Week (May 6-12)					
		3 *World Asthma Day	4	5 *American Medical Association (AMA) Founded (1847)	6	7 *Official End of Vietnam War (1975)
National Nursing Home Week (May 8-14); National Women's Health Week (May 8-14); National Hospital Week (May 8-14)						
8 *V-E Day (1945) *Red Cross Day *Mother's Day	9	10 *World Lupus Day	11 *Receptionists Day	12 *Emergency Nurses Day	13	14 *Women's Army Auxiliary Corps Established (1942)
National Police Week (May 15-21); National Emergency Medical Services (EMS) Week (May 15-21)						
15 *Peace Officer Memorial Day	16	17	18 *National Employee Health and Fitness Day	19	20	21 *American Red Cross Founded (1881) *Armed Forces Day
22 *National Maritime Day	23	24	25 *Senior Health & Fitness Day	National Veterans Golden Age Games (May 26-31)		
				26	27	28
Golden Age Games Continued						
29	30 *Memorial Day	31	<input type="checkbox"/> Jewish-American Heritage Month <input type="checkbox"/> National Stroke Awareness Month <input type="checkbox"/> National Military Appreciation Month <input type="checkbox"/> Allergy and Asthma Awareness Month <input type="checkbox"/> High Blood Pressure Awareness Month			
			<input type="checkbox"/> Lupus Awareness Month <input type="checkbox"/> Better Sleep Month <input type="checkbox"/> Women's Health Care Month <input type="checkbox"/> Hepatitis Awareness Month <input type="checkbox"/> Better Hearing and Speech Month			

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. Editorial considerations will be made for propriety, promptness and print space.