The use of the Veterans Health Information Systems and Technology Architecture (VistA) Electronic Healthcare Record (EHR) has been widely credited for assisting in the reform of the Department of Veterans Affairs (VA) healthcare system by improving safety and efficiency substantially. In fact, the remarkable results have spurred a national impetus to adopt electronic medical records similar to VistA nationwide.

So, when the latest release of VistA Imaging Display and Capture (Patch 93) was announced recently to roll out in February — it’s fair to say it’s arguable that it’s a little more important than a typical software upgrade.

“We’ve sent out a number of links that were provided by the National Imaging Team that will walk users through the changes in nine separate modules,” said Mark Kuehndorf, CAVHCS’ VistA Imaging Coordinator. The national team then followed the release of the modules with a series of live meetings. That said, if any of our users have additional concerns or questions, they can contact me directly. If I cannot answer their questions then I’ll find the answers.”

VistA is an enterprise-wide information system built around an electronic health record, used throughout the Veterans Health Administration (VHA). The VHA has had automated data processing systems, including extensive clinical and administrative capabilities, within its medical facilities since before 1985. Initially called the Decentralized Hospital Computer Program (DHCP) information system, DHCP was enshrined as a recipient of the Computerworld Smithsonian Award for best use of Information Technology in Medicine in 1995. For its development of VistA, the VA/VHA was named the recipient of the prestigious Innovations in American Government Award presented by the Ash Institute of the John F. Kennedy School of Government at Harvard University in July, 2006. The VistA electronic medical records system is

**Utilizing a mobile cart to access an Electronic Health Record, CAVHCS Registered Nurse Kimberly Echols interacts with a Veteran in the Community Living Center. EHR's have been widely credited for substantially improving VHA's safety and efficiency. (Image by Eric Johnson)**

### CAVHCS Initiates School at Work Program Opportunity

Central Alabama Veterans Health Care System (CAVHCS) was proud to kick-off its first School at Work (SAW) program recently. The goal of the SAW program is aid in achieving CAVHCS’ vision by improving the culture of the hospital through more high-quality, trained employees. The SAW program brings education to the worksite using interactive technology.

“The School at Work program is an eight-month training program, which will cover such topics as reading and grammar, writing, effective communications, workplace ethics, medical terminology, anatomy and physiology just to name a few of the class topics,” said SAW Primary Instructor Bonnie Dyck. “CAVHCS has 12 students. The focus of School at Work is to develop a highly skilled and customer-focused work force that will provide exemplary leadership for the 21st century.”

SAW classroom activities will consist of group interaction, discussions, compositions and oral presentations, workgroup sessions and computer lab assignments.

“I wanted to find a way to improve internally though the VA system and its programs,” said Andre Hall of Logistics. “The courses will get my gears moving in case I decide to pursue a college degree.”

The SAW program is a product of the Catalyst Learning and Anne Arundel Community College with funds from the U.S. Department of Labor and the High Growth Jobs Initiative. SAW is now in 66 Veterans Hospitals, with the St. Louis, Missouri VA Medical Center holding the national title of “Best Practice” program among all hospitals participating.

“I’ve seen the benefits of the SAW program firsthand,” said CAVHCS Director, Glen E. Struchtemeyer, who came to CAVHCS in May 2009 after serving as Director, in St. Louis. “The graduates of this program end up using their new skill set to improve performance personally as well as throughout the system.”

**Utilizing a mobile cart to access an Electronic Health Record, CAVHCS Registered Nurse Kimberly Echols interacts with a Veteran in the Community Living Center. EHR's have been widely credited for substantially improving VHA's safety and efficiency. (Image by Eric Johnson)**

**School At Work (SAW) Primary Instructor Bonnie Dyck addresses students during CAVHCS' inaugural SAW class. (Photo by Eric Johnson)**

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From the Director: Joint Commission, Congratulations

The Joint Commission has come and gone and I am very proud to say that you have - once again - shown your true colors. The Joint Commission Survey Team provided an in-depth examination of CAVHCS and we are in excellent health.

The Joint Commission Survey Team arrived unannounced early in the morning Monday, January 25. Your response was swift and concise, which undoubtedly set the tone to having the entire process go as well as it did. The survey team dug deeply into the procedures, processes and outcomes of literally the entire system. Your vigor and enthusiasm reflected both our extensive preparation and your pride in professionalism.

The survey team specifically examined Hospital Accreditation; long Term Care Accreditation, Behavioral Health Care Accreditation and Home Care Accreditation. And, while we did commit a great deal of effort in preparing for the survey as we came into periodicity, the largest benefit of undergoing a Joint Commission Survey is the validation that our programs, processes and procedures are not only headed in right direction, but are in keeping with the best practices and standards in health care.

As with any Joint Commission Survey there are opportunities for us to grow and improve. In fact, we are already working on developing plans for implantation of some of the ideas and suggestions made by the survey team. However, to be clear, I am proud to say that we are fully accredited. Congratulations.

CAVHCS All-Stars

Director, CAVHCS: Me and my family would like to thank each and every one of you, especially the staff on the third floor, for making our stay here in room 130 a pleasant experience. Even though I was extremely sick it was comforting to have nurses, social workers and everyone on the wing try so hard to help. They always had smiles on their faces and truly showed that they really cared.

— God bless each and every one of you and thanks again,
Robert E. A., Sr. Greenville, AL

To whom it may concern: My husband Eric L. V. saw Dr. Daniels today. It was our second visit with him and it was wonderful. He speaks loud so my husband can hear him (he is hearing impaired). Dr. Daniels is very professional and cordial. He pays close attention to my husband’s needs and problems. We also saw Dr. Tobin today and she is very professional and also listens to him. After four years of visiting the VA, I finally feel confident in the system.

— Sincerely, Juliet V. Montgomery, AL

Make sure you get two! All VA employees whose payroll records migrated to DFAS in 2009 will receive two W-2s. You will get one W-2 from the VA for payroll paid by VA and the second one from DFAS for the portion of payroll paid by DFAS.

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.

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I have known Ms Hardrick for almost two years. During that period, her perseverance and determination to reach her goals have been inspiring. Additionally, during this stressful period, her positive attitude was contagious within the Dothan Mental Health Clinic.

She has very high standards for customer service. Mrs. Hardwick triages many of the Veterans for my appointments so I witness this first hand. The Veterans will frequently comment on how kind and through she has been. Recently a new patient commented on her stating, “If I had known people there were like her (Ms Hardrick) at the VA I would have come here a long time ago.”

Ms Hardrick is a hard worker, self motivated and academically strong. She has a very caring attitude when dealing with others. She has strong “people skills,” and an ability to deal with difficult situations. For example, she was able to help a suicidal Veteran. She approached him in calm, caring manner and was able to gain his trust. He then took her advice and agreed to hospitalization.

On top of her busy school and work schedule, she gives back to the community. She has made personal sacrifices to volunteer in the community. Ms Hardrick volunteers at her daughter’s school. Additionally she is serving as a Mentor for six young adult church members. Her activities within these communities are a positive reflection for CAVHCS. Mrs. Hardrick is a tremendous asset to the Dothan Mental Health Clinic and CAVHCS.

Mr. Michael Spann
TeleCom Specialist, Tuskegee VAMC

Mr. Spann was a CAVHCS Employee of the Month in July. His CAVHCS success story started as a Temporary Laborer, before becoming a Telephone Operator and then a TeleCom Specialist. Mr. Spann is once again serving the nation forward deployed in Baghdad.

Ms. Jacqueline D. Ross, LPN
Geriatric Primary Care

Ms. Jacqueline D. Ross, LPN is assigned to Geriatric Primary Care. She has over twenty years of service to CAVHCS. Ms. Ross exemplifies dedication and compassion in nursing. Whatever the task, she performs it with a positive attitude.

Ms. Ross acts in several capacities in GPC. When the need arose for someone to take on the responsibility of the SCI (Spinal Cord Injury) clinic nurse, Ms. Ross volunteered.

When the other nurses in the clinic became trained to do SCI, she asked if she could continue to do SCI, and provide continuity of care to this special group of Veterans. When there was a need for a nurse to set-up and work in the new outpatient rehabilitation clinic, I asked Ms. Ross to help. She immediately took on the task, and has the clinic running smoothly and is an asset to the rehab Physicians and Veterans.

When there is a shortage of nurses in the clinics, Ms. Ross doesn’t skip a beat, she falls in wherever needed, GPC East, West, SCI, or Rehab, all with a smile and genuine concern and respect for our veterans and her co-workers. She has even given up her lunch break on occasion to assist with feeding Veterans in the Community Living Center.

Ms. Jacqueline D. Ross is an asset to CAVHCS, and is the deserving of recognition as Employee of the Month for the East Campus.
WASHINGTON – To expand health care to a record-number of Veterans, reduce the number of homeless Veterans and process a dramatically increased number of new disability compensation claims, the White House has announced a proposed $125 billion budget next year for the Department of Veterans Affairs.

“Our budget proposal provides the resources necessary to continue our aggressive pursuit of President Obama’s two over-arching goals for Veterans,” said Secretary of Veterans Affairs Eric K. Shinseki. “First, the requested budget will help transform VA into a 21st century organization. And second, it will ensure that we approach Veterans’ care as a lifetime initiative, from the day they take their oaths until the day they are laid to rest.”

The $125 billion budget request, which has to be approved by Congress, includes $60.3 billion for discretionary spending (mostly health care) and $64.7 billion in mandatory funding (mostly for disability compensation and pensions).

“VA’s 2011 budget request covers many areas but focuses on three central issues that are of critical importance to our Veterans — easier access to benefits and services, faster disability claims decisions, and ending the downward spiral that results in Veterans’ homelessness,” Shinseki said.
VA Shares EHR Capability to Improve Care to Veterans

The U.S. Department of Veterans Affairs and Kaiser Permanente recently launched a pilot medical data exchange program in San Diego using the Nationwide Health Information Network (NHIN). This innovative pilot enables clinicians from VA and Kaiser Permanente to obtain a more comprehensive view of a patient’s health using electronic health record information, including information about health issues, medications, and allergies.

“The Department of Veterans Affairs and the entire administration are encouraged by the opportunities that electronic health record interoperability provides for Veterans, Service Members and their dependents,” said Secretary of Veterans Affairs Eric K. Shinseki. “We are proud to join in this effort with Kaiser Permanente and to achieve the benefits of health data exchange, including improved quality, patient safety, and efficiency.”

The new pilot program connects VA’s VistA (Veterans Affairs Health Information Systems and Technology Architecture) and Kaiser Permanente HealthConnect®. VA beneficiaries and Kaiser Permanente members in the San Diego area were the first to be offered the opportunity to sign up for the pilot, with the understanding that their information would not be shared without their consent. The program’s next phase will add authorized data from the U.S. Department of Defense’s health care system to this exchange in early 2010.

“Instant access to critical health data can greatly improve not only the care and service for individual patients, but also reduce redundancy and waste in health care, saving precious resources for care delivery,” said John Mattison, MD, assistant medical director and chief medical information officer, Kaiser Permanente Southern California. “Enhanced patient safety, efficiency, convenience and doctor-patient communication all can be facilitated by health care information technology, and we have developed a secure and private way to exchange the information caregivers need that we hope will become a model for interoperability in health care.”

‘Leading by Example’

estimated to improve efficiency by 6% per year, and the monthly cost of the electronic medical records is offset by eliminating the cost of even a few unnecessary tests or admissions. The adoption of VistA has allowed the VHA to achieve a pharmacy prescription accuracy rate of 99.997%, and the VA outperforms most public sector hospitals on a variety of criteria, enabled by the implementation of VistA.

By 2003, the VHA was the largest single medical system in the United States, providing care to over 4 million Veterans, employing 180,000 medical personnel and operating 163 hospitals, over 800 clinics, and 135 nursing homes. About a quarter of the nation’s population is potentially eligible for VA benefits and services, because they are Veterans, family members, or survivors of veterans.

In 2009, a project was undertaken to facilitate EHR communication between the VA (using VistA) and Kaiser Permanente (using Epic) using NHIN Connect.

The VistA electronic health record has even been used by the VA in combination with Telemedicine to provide surgical care to rural areas in Nebraska and Western Iowa over a 400,000 sq. mile area.

With the new health data exchange capability, when a Veteran visits a clinician, prior history data will be available instantly to help guide the best possible treatment in any location that participates in this program. Prior to this project, patients frequently consented to sharing this information; however, it regularly took weeks or even months to receive paper health care documents. Now, this information can be transmitted electronically, within seconds.

A national effort is underway to promote the use of EHRs. Similar to financial institutions securely and seamlessly sharing customer information from different locations and systems, EHRs from different systems can safely, securely and privately provide access to health data from multiple sites of care.

The VistA system is public domain software, available through the Freedom Of Information Act directly from the VA website, or through a growing network of distributors. The VistA Software Alliance is a non-profit trade organization that promotes the widespread adoption of versions of VistA for a variety of provider environments. VistA is a collection of about 100 integrated software modules.

The VHA has an ongoing pilot project, known as HealtheVet (HeV) that envisions the next generation of VistA, with further modernization of database capabilities and interfaces. MyHealtheVet is another initiative that allows veterans to access, and create a copy of, their health records online. This allows veterans to port their health records to institutions outside the VA health system or keep a personal copy of their health records, a Personal Health Record (PHR).

The Veterans Administration has also developed VistA Imaging, a coordinated system for communicating with PACS (radiology imaging) systems and for integrating others types of image-based information, such as EKGs, pathology slides, and scanned documents, into the VistA electronic medical records system. This type of integration of information into a medical record is critical to efficient utilization.
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.