

Vinson Vine

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***Honoring Those Who
Served
Veteran's Day 2012***





National Pharmacy Technicians Day, and National Physician Assistants Month. Accomplishments such as C&P's phenomenal reduction of Veterans wait times for exams. As many of you know, VA gets a lot of negative attention about wait times for benefits, a situation that our teammates at the Veterans Benefits Administration (VBA) are working hard to deal with, so anywhere we have successes reducing any wait is a wonderful achievement for us a healthcare professionals, and, most important, benefits our Veterans, which is why we are here. Additionally, we are taking Veterans at our newest clinic in Milledgeville and will have a grand opening Nov. 16th. If you've never experienced a new clinic opening, it is a labor of love and takes a long time, so my sincere thanks to Dorothy Perry, Clinics Program Manager, for the tremendous effort that she committed to driving this project home, and to all our CVVAMC folks who worked so hard to make it happen. Finally, during the coming holiday season, enjoy family and friends, but please be careful in your travels and other activities. Traffic accidents during the holiday period each year result in increased injuries and deaths. I want you to enjoy yourselves but I also want you back safe and sound.

Enjoy the magazine, and remember that all of our success at the CVVAMC must start and end with superior customer service. By honoring our Veterans and their dedication to our country, we demonstrate every day that we are here to provide them the "best care anywhere" and that we strive to be the best in VA!

John S. Goldman
 John S. Goldman
 Director

Welcome to the November, 2012, edition of The Vinson Vine! This issue is special since it includes items about the most significant holiday of the year for us, Veterans Day. Once again, we have a stellar Veterans Day program planned and hope to see everyone come out for it on Sunday, November 11th. The program will include a variety of speakers, presentations, and musical interludes and intended to honor our Veterans' sacrifices for our great nation. We look forward to seeing everyone there to help us honor America's heroes!

Also in this edition, you will see items about Volunteer Services annual Fall Carnival, an evening when our in-patients get a chance to come out and enjoy socializing and meeting staff from 15 different Veterans Services Organizations. It's always great to see our Veterans interacting and a big "Thank you!" goes out to our staff for assisting with that event. We also acknowledge various recognition events that were observed in October, such as National Pharmacy Month, National Respiratory Therapists Week,

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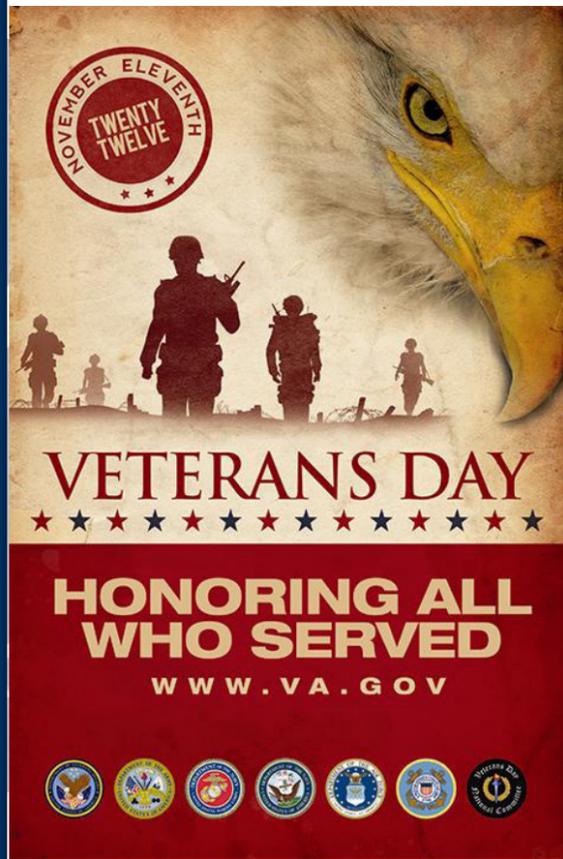
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Carl Vinson VA Medical Center
Mission
 To improve the health status of Veterans...
Vision
 To be the provider of choice for Veterans...



knowns. Thousands of people came to watch the elaborate ceremonies that took place. Similar ceremonies had taken place the previous year in England and France: an unknown English soldier was buried in Westminster Abbey in London, and an unknown French soldier was buried at the Arc de Triomphe in Paris.

In 1926, Congress passed a resolution calling for the observance of Armistice Day in schools, churches, and other suitable places. Twelve years later the day was designated as a national holiday. In 1939, a year after Armistice Day became a national holiday; World War II broke out in Europe. The start of this war ended the idealistic hopes that World War I was "the war to end all wars." Over four hundred thousand American troops died in World War II.

After the Korean War (1950–1953), during which over 36,000 Americans died, Congress considered making Armistice Day a day to commemorate veterans of all wars, not only those who served in World War I. In 1954, President Eisenhower signed a bill proclaiming the holiday a remembrance of all wars and changing its name to Veterans Day.

A law passed in 1968 moved the Veterans Day celebration to the fourth Monday in October. However, the original date, November 11,

As VA employees, do we really understand the significance of Veterans Day? Well, here is a brief history of this momentous day in which we celebrate the service of all who served in our Armed Forces.

In 1919, President Woodrow Wilson proclaimed November 11 as Armistice Day to remind Americans of the tragedies of war. The fighting in World War I had ended a year earlier, at 11 A.M., November 11, 1918 (the eleventh hour of the eleventh day of the eleventh month).

Two years later on Armistice Day, an unknown American World War I soldier was buried at Arlington National Cemetery in Washington, D.C., in the Tomb of the Un-



was historically significant to many Americans, and ten years later the observation of Veterans Day returned to its original date.

In 1958, two more unidentified American soldiers were laid to rest next to the unknown soldier of World War I. One of the soldiers was killed in World War II, and the other in the Korean War. In 1984, a fourth unknown serviceman was added to the tomb. He had died in the Vietnam War. However, in 1998, the identity of the Vietnam War soldier was discovered through DNA testing, and his remains were returned to his family. The crypt reserved for the Unknown Soldier from the Vietnam War is now empty.

Veterans Day celebrations include parades and speeches held in towns and cities throughout the United States. The focal point for national ceremonies, however, continues to be the Tomb of the Unknowns in Arlington National Cemetery and the amphitheater surrounding it. Every year, special services begin at 11 A.M. with two minutes of silence. After the playing of "Taps," the president places a wreath at the tomb. A color guard procession and several speeches, one of them usually by the president, follow it. Approximately 5,000 people attend the ceremony annually.



EDUCATION & TRAINING

ADVANCE Career Technical Training Courses

What face-to-face courses are available?

11/27/2012 Effective Written Communication 1 Day

So much of today's business interactions are not in person, but in writing via e-mail, fax, or through text messaging. This makes writing skills more crucial than ever before, not just for formal documents, but in every day communications. In this course you will learn guidelines and tips for crafting effective written communications using methods appropriate to the message you want to convey. You'll learn techniques that will allow you to spend less time writing and create better written communications that improve the quality of your interactions with coworkers and customers.

12/12 – 13/2012 Writing Journey: Writing and Editing for Accuracy 2 Days

As individuals build their writing skills, they work to ensure word choice and tone are accurate and effective for their intended audience and purpose. This course provides a brief refresher on the mechanics of writing while spending the majority of time practicing the construction of messages and increasing the quality of writing through self and peer editing. Using tools, checklists and in-class writing assignments, participants practice applying writing techniques to their particular writing situations, and practice editing documents they and others have drafted.

What do you need to do?

1. Get permission from your supervisor to attend.
2. Log onto www.tms.va.gov.
3. On your TMS Home page, see "Catalog" on the upper right hand side. In the adjacent box type in the title of the course to search for the class.
4. Find the listing for your course and click the arrow in front of the course title and select your preferred date and time (note: time zones are indicated by city – Los Angeles, Denver, Chicago or New York).
5. Click "Register," found under the Action column.
6. Show up ready to learn!

EVAL Class of 2013

Employees in grades **GS-5 through GS-11 (or equivalent)** to include **Registered Nurse I,II,or III** have an opportunity for growth through this exciting leadership program offered by the Dublin VA Medical Center

Application period: October 31, 2012 - November 28, 2012

Interviews will be held in December 10 - 14, 2012

Applications are located on the Education Sharepoint

<https://sharepoint.visn7.med.va.gov/sites/DUB/Edu/EMPLOYEE%20DEVELOPMENT%20PROGRAMS/Forms/AllItems.aspx>

Contact Education Support for assistance @ 2433, 2435, or 5547

IT CORNER

Windows 7 is rolling out! Be prepared by taking these recommended TMS courses.

We recommend you take these three TMS courses to prepare for the Windows 7 rollout.

These classes

have been assigned to you in TMS and should show at the bottom of your "To Do" List under

No Due Date.

Course 1: 1324002 - Getting Started with Windows 7

Course 2: 1324004 - Customizing Windows 7

Course 3: 1328257 - Office 2010 New Core Features



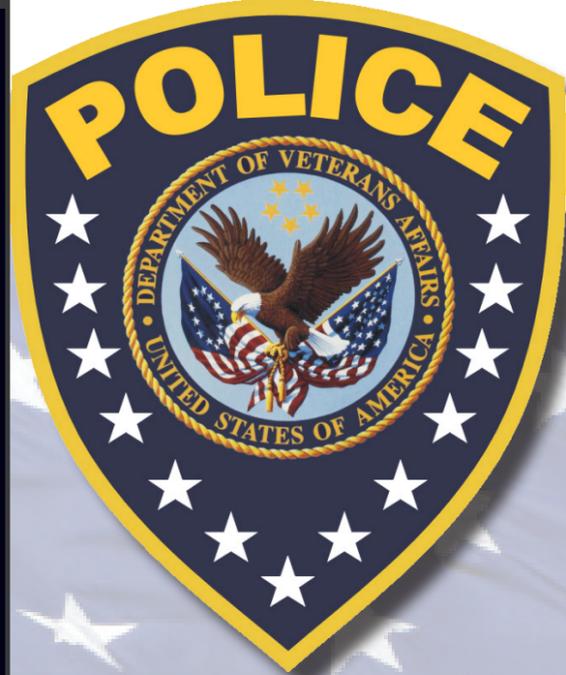
ON PATROL

Security, Safety and EOC (Environment of Care) is all of our responsibility. One part of this is our smoking policy which we all need to make sure we are compliant with. We know there is no smoking inside the facility but most of us don't realize or know how far from the building we need to be. No smoking with-in 35 feet of any entrance/exit is the rule. The en-

forcement of this policy does not solely belong to the Police Service or upward management. It is the responsibility of all employees to educate folks when they see violations our safety rules. Of course if you are not comfortable approaching people or get resistance please don't hesitate to call the Police Service (277-2766).



“To Protect Those Who Served...”
VA POLICE
 A History of Service



Frank G. Jordan, Jr., *Public Affairs Officer*

The CVVAMC Police Daily Operations Journal reads, “Opened car, keys inside,” “Found owner of dog left in hot vehicle,” “Boosted car battery for disabled Veteran,” “Responded to Code Green in the ED,” “Arrested intoxicated person, possession of narcotics,” “Pushed Veteran in wheelchair to retail store.” A review of one day’s activities of the CVVAMC Police shows that they deal with the gamut of calls-for-service that other police departments deal with, and they do it all well, but service is always foremost in their minds, a fact confirmed by interim Chief of Police Rod McNeil. “We are prepared to handle whatever the situation requires. Our officers receive some of the finest firearms and weapons training, so we can protect our customers no matter what is needed, but our focus is always on serving our customers’ needs as an integral part of the healthcare team. Getting Veterans the care they need,

after all, is why we are all here.” Chief McNeil also underscored the need for teamwork, saying “Regardless of position, everyone in our police department is critical to our success. From our admin staff to our police officers on patrol, everyone is important to our success.”

Interim Police Captain Torrance Jones affirmed his chief’s comments, noting that it takes everyone to keep the CVVAMC safe. He also emphasized how much the CVVAMC Police depend upon their co-workers to be alert and offer information. “Our fellow VA folks are our ‘eyes and ears’ in the hallways. By assisting us with information, they really work to keep themselves safe, and our team members here have been excellent in assisting us.” CVVAMC police detective Sgt. Kirk Hartwell agreed with Jones. “A lot goes into solving a case, but it virtually always starts with information we receive from concerned citizens, co-workers, and others who provide us with the initial information that we follow up on. We always appreciate the tips we receive from others. We couldn’t do our job without them.”

A fully functional federal police agency on patrol 24 hours a day, seven days a week, the CVVAMC Police, as a contingent of the US Department of Veterans Affairs Police Service, is responsible for ensuring the security of the medical center and enforcing federal laws and VA regulations, but Chief McNeil again promotes the service function of what his officers and staff do. “The easy way out for our officers would be to immediately arrest



disorderly persons and write hundreds of traffic and parking tickets, but that’s not good police work. Real police work, professional police work, means using our legal authority and discretion to make sound decisions based on the circumstances as we find them. ‘Cuffing and stuffing’ is not what we are interested in. Getting our Veterans the care they need, and making our other customers feel safe and valued, is the name of the game for us.”

Cheryl King, Surgery Clinic, validates the CVVAMC Police Service’s efforts. “Knowing that our VA police are around has always made me feel safer doing my job. We all know that some

of our Veterans come home with problems that we can’t see that may cause them to behave differently than they might otherwise. Watching how expertly our police officers deal with these Veterans makes me proud of them and what we do here.”

Asked to express his police department’s mission, Chief McNeil responded without hesitation. “The LAPD is famous for their motto ‘to serve and to protect.’ Our mission is similar, but emphasizes the debt our nation owes to Veterans, we protect those who served.”



EMPLOYEE SPOTLIGHT

BY GREG SWARS



Travis Anderson
Travis has been with the CVVAMC Police for just over 4 years. Travis is an 8 year Army Veteran. He is also an OEF/OIF Veteran with a combat tour in Iraq. He currently serves as a Ground Defense Instructor for the Police Service. He is very well known for his friendly smile and customer service. When asked what brings him to work everyday he said “I enjoy being able to help Veterans and employees and having the satisfaction at the end of the day knowing I made a difference.”

BEHIND THE SCENES

BY GREG SWARS



Jordan White
Jordan has been with the CVVAMC for 4 years. He works in the IT Department as an IT Specialist. He graduated from Georgia College with a BS in Management Information Systems. He’s one of the guys that provides great technical and customer service that our IT Department is so well known for. When asked what he likes most about working here he replied “I enjoy working with my team so that we can provide the best care we can for our Veterans.”

WELCOME TO OUR FAMILY

BY GREG SWARS



Front row left to right: **April Ryals**, LPN (12A-CLC); **Julie N. Waterman**, RN (ICU); **Jinan M. Ghali**, Physician (Primary Care) & **Troy Dickerson**, LPN (Milledgeville – CBOC)



Pictured left to right: **David S. Severance**, Licensed Practical Nurse; **Regenia G. Mutcherson**, Licensed Practical Nurse (Milledgeville CBOC); **Anthony F. Wiggins**, Registered Nurse – Associate Chief of Geriatrics; and **James L. Brown, Sr.**, Physician

AROUND THE MEDICAL CENTER

GREG SWARS



Fall Festival 2012



VOLUNTEER SERVICE

Volunteer opportunities are found in the Medical Center, community and outpatient clinics. Our goal is to meet the needs of our Veterans while meeting your interests, skills, and talents as a volunteer. Opportunities are categorized in the following areas:

Clerical

Volunteers provide administrative support such as data entry, answering phones, running errands, filing and assisting with department-specific projects.

Clinical

Volunteers interact with Veteran patients doing such things as reading, listening, visiting and much more!

Community

Volunteers serve as a liaison for the incoming community (patients, visitors) and assist them with finding their way throughout

the Medical Center. Volunteers can visit Veterans through the Good Neighbor Program within their community.

HOW TO GET STARTED:

The following are required to be completed before you will be scheduled for an interview.

- Volunteer Application
- Background check

THEN WHAT?

- Orientation
- Assignment specific training

FOLLOW UP:

If a volunteer does not feel fulfilled after a few days work, we want to hear about it. We'll do what we can to find a new assignment.

ETHICS CORNER

PRINCIPLES OF ETHICAL CONDUCT

1. Public Service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.
2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
3. Employees shall not engage in financial transactions using nonpublic Government information or allow the improper use of such information to further any private interest.
4. An employee shall not, except as [provided for by regulation], solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.
5. Employees shall put forth honest effort in the performance of their duties.
6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
7. Employees shall not use public office for private gain.
8. Employees shall act impartially and not give preferential treatment to any private organization or individual.

9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

11. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

12. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those-- such as Federal, State, or local taxes-- that are imposed by law.

13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

14. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or ethical standards. Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.



(Pictured above: Tony Mullis, USMC Veteran is a recipient of 2 "C-Legs") Photo By Greg Swars

One of VA's four strategic goals is to restore the capabilities of disabled veterans to the greatest extent possible.

VA has an integrated delivery system designed to provide medically prescribed prosthetic and sensory aids, devices, assistive aids, repairs and services to disabled individuals to facilitate treatment of their medical conditions. The goal is seamless service from prescription through procurement, delivery, training, replacement and repair.

VA currently has 58 orthotic-prosthetic labs staffed by 185 employees called prosthetists and orthotists. The majority of these specialists are certified by the American Board for Certification in Orthotics and Prosthetics or the Board of Orthotist and

Prosthetist Certification. They provide devices prescribed by examining physicians, and consult in clinics, custom fabricate, fit and repair artificial limbs and braces or order them from commercial vendors.

VA specialists in prosthetics and orthotics evaluate a veteran's lifestyle and medical condition to determine and recommend which type of prosthetic limb or brace to provide. An orthotist designs and fabricates custom braces, and fits these to a patient's extremities or spine. A prosthetist designs custom prostheses and fabricates custom sockets, orders components, assembles the prosthesis and fits it to the veteran's residual limb. The prosthetist and orthotist fabricate, repair and adjust appliances in a laboratory that is equipped with specialized machines and CAD/CAM equipment. Prosthetists and medical specialists in various disciplines form amputee clinic teams who see the veteran regularly after fitting to ensure the artificial limb functions well.

These VA specialists have access to the latest technologies, such as microprocessor knees. Last year, they provided 155 veterans with a "C-Leg," a computerized leg that allows people who have had amputations above the knee to approximate a normal gait. The total cost was \$5.7 million.

The C-Leg uses a computer-controlled hydraulic system regulated by internal feedback. Sensors in the pylon (shank section) of the artificial limb send information such as toe load, knee angle and other information to an onboard microprocessor. This information is then interpreted by the microprocessor to adjust to the patient's need.

In the past, most VA prosthetic patients lost limbs in combat. Today's typical patient is a middle-aged male who suffered an amputation due to vascular disease, but in the future VA expects to provide prosthetics to many veterans of the wars in Iraq and Afghanistan who have lost limbs in the war.

The trend in prosthetics is to integrate body, mind and machine. VA's Center for Restorative and Regenerative Medicine at the VA medical center and Brown University in Providence, R.I., are at the leading edge of a movement to create artificial limbs that function almost like natural ones.

Some assistive devices are not replacements for parts of the body but are adaptations of mainstream technology to compensate for lost physical functioning. At Walter Reed Army Medical Center in Washington, D.C., VA's vocational rehabilitation and employment program has provided voice-recognition computers so Iraq war soldiers who have lost a hand can learn computer skills even without having full typing capability.

Making sure that new devices and technology work in the real world and are prescribed at VA amputee clinics is the ultimate challenge.



In addition to the C-Leg, there are now numerous other prosthetic components that use microprocessor technology, such as the RHEO knee, adaptive knee, self-learning knee and power knee. The iBOT wheelchair was tested in 2003-04 before VA authorized prescribing it.

Finally, no less important than new prosthetic component technology is the overall care an amputee must receive during rehabilitation. The model for that care has changed over the years to improve services to VA patients. The goal is not only to teach amputees to walk or use an artificial arm and hand. Continuing care and long-term support from VA multi-disciplinary teams have shown that patients often can improve their functioning months or years after their injuries or amputation.

Brave soldiers like Tony Mullis are able to lead "normal" lives again because the VA truly cares about "Those Who Served."

So come celebrate Prosthetics Day with Gary Coates and his Prosthetics team in the Auditorium on November 6, 2012 beginning at 8a.m.

TOP 10

Customer Service Tips Appearance

First impressions last a long time, so dress to impress!

Attitude

A learned behavior, so choose to make it positive!

Friendliness

Be generous with your smile. It should be the first thing anyone sees!

Impression

What's left in the room after you leave!

Response-ability

Take action! Be creative in exceeding our customers' expectations.

Commitment

This is your personal pledge to public service and teamwork.

Team Thinking

Your actions and attitude affect everyone in your organization, so set a positive and cooperative tone!

Communication

Use active listening skills and give positive responses.

Service

This is your personal commitment to make a difference. You can be the person who ensures that someone has a great day!

Personal Excellence

"I believe in my ability to make a difference!" You will only get one chance to make a good first impression. So take advantage of it!

Amy Williams, HAS
Angela Edwards, SPS
Anna Robinson, Medical Clerk
Ashley Grubbs, LPN
Bonnie Latch, Social Worker
Brandi Ashley, RN
Brenda Pringle, CBOC Brunswick
Carl Fountain, Engineering
CBOC Brunswick
Charles Bell, Engineering
Cheryl King, Surgery Clinic
Christina Mimbs
Cindy Douglas, Pharmacy
Cindy Patton, LPN
Police
Pharmacy
Daniel Knight, Engineering
Dave Petrasek, HR
David Killingsworth, RN, Mental Health
Debra Bethel, HAS
Donald Darsey, EMS
Dorothy Childers, Dental Clinic
Dr. Adhikari Reddy
Dr. Kathleen McGowan, C&P
Education Services
Gail Phillips, HE&P Chief
Ginger Akers-Hannah, Audiology
Greg Swars, Medical Media
Harvey Padgett, Engineering
Henry Thomas, EMS
Jamie Brock, Respiratory
Jessica Bowen, HE&P
JoBett Veal, Pharmacy
Jodi Pittman, Dental Clinic
Johnny Marsh, EMS
Johnny Taylor, Logistics
June Faulkner, Dental Clinic
Kathy Cook, PSA
Lathesha Ferrette-Holt, Brunswick
CBOC Manager
Latrice Baker, EMS
Lawana Martin, Primary Care
Marcus Johnson, Police
Melissa Felton, Surgery
Mia Wilcox, Primary Care
Michael Geeter, Mailroom
Michael Snelgrove, BioMed
Michele Austin, Respiratory
Michelle Lord, Dental Clinic
Officer Donovan Kight, Police Service
Officer José Soto, Police
Pam Horton, Patient Advocate's Office
Pat Fuqua, Health Tech
Ralph Wilkerson, Mailroom
Regina Coley, Pharmacy
Restorative Nursing
Rhonda Benson, Fee Supervisor
Rhonda Hambrick, Fee
Robert Moore, EMS
Rogers Allen, RN
Ron Mcrae, Police

Officer José Soto, Police
Pam Horton, Patient Advocate's Office
Pat Fuqua, Health Tech
Ralph Wilkerson, Mailroom
Regina Coley, Pharmacy
Restorative Nursing
Rhonda Benson, Fee Supervisor
Rhonda Hambrick, Fee
Robert Moore, EMS
Rogers Allen, RN
Ron Mcrae, Police
Sam Dean, LPN
Stephanie Mimbs, Pharmacy
Ted Bland, Engineering
Teen Clemons, RN,
Teresa Willis, LPN
Terry Bell, EMS
Surgery
Thomas Highsmith, EMS
Tommy Kern, EMS
Venus Scott, PSA
Violet Freeman, Telephone Triage
Willie Grayer, Logistics
Willie Reed, EMS
Surgery
Thomas Highsmith, EMS
Tommy Kern, EMS
Venus Scott, PSA
Violet Freeman, Telephone Triage
Willie Grayer, Logistics
Willie Reed, EMS
Kathleen Amos, NP, C&P
Kathy Cook, PSA
Lathesha Ferrette-Holt, Brunswick
CBOC Manager
Latrice Baker, EMS
Lawana Martin, Primary Care
Marcus Johnson, Police
Melissa Felton, Surgery
Mia Wilcox, Primary Care
Michael Geeter, Mailroom
Michael Snelgrove, BioMed
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Ralph Wilkerson, Mailroom
Regina Coley, Pharmacy
Restorative Nursing
Rhonda Benson, Fee Supervisor
Rhonda Hambrick, Fee
Robert Moore, EMS
Rogers Allen, RN
Ron Mcrae, Police

Sam Dean, LPN
Stephanie Mimbs, Pharmacy
Ted Bland, Engineering
Teen Clemons, RN,
Teresa Willis, LPN
Terry Bell, EMS
Surgery
Thomas Highsmith, EMS
Tommy Kern, EMS
Venus Scott, PSA
Violet Freeman, Telephone Triage
Willie Grayer, Logistics
Willie Reed, EMS

WHAT IS PFCC?

FRANK G. JORDAN, JR.



You hear a lot about patient & family centered care, or PFCC, these days, but what, exactly, is it? Understanding patient and family centered care requires, as much as anything, that we appreciate what it is not. PFCC is not simply being nice or showing small kindnesses to our patients, their families, and other customers, and it is not allowing free reign to people coming into our medical center, or just changing how our environment looks, or the food we serve, or putting out new signage. It's not only about having pets in the medical center, or conducting bedside discussions between patients and healthcare providers. It also is not just doing away with visiting hours or empowering patients and their families to ask questions about

care and related activities. And it is much more than recognizing that modern families assume a variety of types and that we need to accept the patient's perspective of what "family" actually means. PFCC is all of these things, but much, much more. Meeting the spiritual needs of patients, honoring their opinions and those of their families, jealously guarding their dignity and consistently demonstrating respect, educating all stakeholders about healthcare and related processes, collaborating for the best health outcomes, providing information, and encouraging active participation of patients and families in care are all aspects of PFCC, very important aspects. But they are only the tools, beliefs, processes, and techniques that we use to provide America's heroes with the care that they deserve.

What PFCC really means is that healthcare organizations completely flip the traditional paradigm of healthcare from hospital- and process-focused activities to become dedicated to the needs of the patients and their families. In essence, PFCC is a cultural and philosophical shift that allows healthcare professionals, regardless of position—doctor, nurse, housekeeper, therapist, police officer, clerk—or assignment, to do the work that they initially committed to—providing the finest healthcare possible to Veterans. Our Veterans went into harm's way to defend our nation and our way of life, and when they come to the VA, they come based on a promise that we, as a nation, made to them, the



promise that their injuries, visible and otherwise, would be treated, and done so with respect and compassion. It takes all of us, working diligently and lovingly each day, with our every action concentrated on our Veterans and their needs, to keep that promise. Any one person in the chain of interactions may keep the promise real, or make us betrayers of the faith placed in us. As we work hard every day, let each of us make an individual commitment to making the VA promise to our Veterans real. Let us not assume

that what we do makes no difference, or that another team member will carry our load or cover our failure. What each of us does on a daily basis is critical to honoring VA's, and America's, promise to Veterans, and each new day offers a chance to live that commitment. In the end, PFCC is simply us doing what we have devoted ourselves to do for America's heroes—honoring their service to our country, and doing so with every small act of kindness, consideration, and care.



A WORD FROM QM

Joint Commission

You may have heard that we are expecting a survey by The Joint Commission (formerly JCAHO) and may have asked:

Who is the Joint Commission?

Since its founding in 1951, The Joint Commission has been acknowledged as the leader in developing the highest standards for quality and safety in the delivery of health care and evaluating organization performance based on these standards. More than 17,000 health care providers use Joint Commission standards to guide how they administer care and continuously improve performance.

Why is the VA surveyed by The Joint Commission?

It's required. VA Headquarters requires all VA Medical Centers to be Joint Commission accredited.

It improves the quality of care. Though the actual Joint Commission survey does not directly improve patient care, the continuous assessment of our process to meet The Joint Commission standards does improve the care that our veterans receive.

It is an accepted standard that allows VAs to compare them-selves with non-VA facilities; many public and private hospitals are Joint Commission accredited, and it helps public image.

When will we be surveyed?

Joint Commission surveys are unannounced for all VA Medical Centers. These unannounced surveys can take place 18 – 36 months after the medical center's previous survey. Our last survey was August 2010; therefore we anticipate our survey very soon.

For more information on Joint Commission, please contact Phyllis Taylor at extension 2917

Critical Value Reporting

Protocols for Reporting Critical Values

Laboratory

Critical values are reported by the laboratory directly to the physician within 1 hr of receiving the critical result. If the ordering physician cannot be reached, lab staff will notify the Chief Resident and continue up the chain of providers until a provider is reached. In Primary Care, if the ordering physician cannot be reached, the charge nurse will ensure the critical lab value will reach the provider or surrogate.

Radiology

Critical radiology results (radiology has a list of results that are considered severe or life threatening) are reported by the radiology department directly to the ordering physician within one hour. If the ordering physician cannot be reached, radiology staff will notify the Medical Officer of the Day and continue up the chain of providers until a provider is reached. Radiology STAT Request Results: The target for reporting these results has been established by the Radiology Service at <2 hours, ECG: A list of significant abnormal ECG readings has been determined by the Cardiology Service. The ECG technician will notify the Cardiologist within 1 hr, for review of the ECG, if any of these findings are on the ECG reading.

ICU and ER Patient Values

Lab may call critical value reports called to the ICU nurse assigned to the patient. Critical lab values may also be called to the ER. The process for write down and read back will be in effect when this occurs.

HUMAN RESOURCES

This year's Federal Benefits Open Season will run from Monday, November 12 through Monday, December 10, 2012. The Open Season participants includes programs covered by FSAFEDS, FEDVIP, and FEHB. Updated information regarding individual plans will be available and distributed in late October.

As a reminder, the Federal Employees' Group Life Insurance (FEGLI) Program and the Federal Long Term Care Insurance Program (FLTCIP) do not participate in the annual Federal Benefits Open Season.

- Program information may be found on our website at www.opm.gov/insure
- Go to www.opm.gov/insure/fastfacts to read FastFact highlights on each of these benefit Programs
- Health insurance plan brochures are at www.opm.gov/FEHBbrochures
- Dental insurance plan brochures are at www.opm.gov/insure/dental/planinfo
- Vision insurance plan brochures are at www.opm.gov/insure/vision/planinfo
- For information on FSAFEDS, please visit the FSAFEDS website at www.fsafeds.com

EDITOR'S NOTE

Would you like to see a particular feature or topic covered in The Vinson Vine? Just submit requests for content to the editor at Frank.Jordan@va.gov.



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DEPARTMENT OF VETERANS AFFAIRS

*"I try to treat people like
I want to be treated."*

Carla Youngblood
Pharmacist