



On The Beat

Minneapolis VA Health Care System
March 2011

Mission:

Honor America's Veterans by providing exceptional healthcare that improves their health and well being.

Vision:

To be a patient-centered, integrated health care organization for Veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner and a back up for national emergencies.

Values:

- Trust
- Respect
- Excellence
- Compassion
- Commitment
- Empowerment
- Continuous Improvement
- Collaboration

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Spinal Cord Injury/Disorder Center Assistant Nurse Manager Gail McMiller

'If they could do it, so could I' Nursing grad found inspiration in returning students

EDITOR'S NOTE: Reprinted with permission of Inver Hills Community College. Ms. McMiller was profiled in the annual report as one of the Outstanding Alumni of 2010.

Gail McMiller watched time and time again as the light bulb went on and a student realized what was to be his or her second or third career. For 21 years, she guided Inver Hills students through the admissions, registration and career planning processes as a college employee. And at age 39, she made the decision to become one of them.

"When I assisted students that were my age or older, I felt that if they could do it, so could I," Gail said. "It was during this time that I realized how common it was to be a non-traditional student." With two decades of experience under her belt, Gail recognized her calling to help others — something that eventually drew her to the medical field as her parents became ill and required care from nurses.

"During their illnesses, I was impressed with the care they received, and I felt compelled to give back," Gail said. "The community college offers many opportunities for adults who may be seeking education for a career change or enrolling in college for the first time." So she took the step and began to pursue her dream — one that would require

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RESEARCHERS IN THE NEWS

Redefining normal blood pressure

As many as 100 million Americans may currently be misclassified as having abnormal blood pressure, according to **Dr. Brent Taylor** of the Minneapolis Veterans Affairs Health Care System (VAHCS) and his colleagues. Their findings show that these people are not actually more likely to die prematurely than those with “normal” blood pressure, or below 120/80.



Taylor of the Center for Chronic Disease Outcomes Research and colleagues' article in the March 2011 issue of the *Journal of General Internal Medicine*, also shows that in those under 50, diastolic blood pressure is the more important predictor of mortality, whereas in those over 50, systolic blood pressure is the stronger predictor.



Diastolic blood pressure is the lowest pressure within the bloodstream, occurring between heart beats (when the heart relaxes). Systolic blood pressure is the highest pressure within the bloodstream, occurring during each heart beat (when the heart contracts).

The authors argue it is time to consider a new definition of 'normal' blood pressure.

Taylor and colleagues **Dr. Timothy Wilt** of the Minneapolis VAHCS and **Dr. H. Gilbert Welch** of White River Junction VA in Vermont, examined the independent contribution of diastolic blood pressure (DBP) and systolic blood pressure (SBP) on mortality, as well as how these relationships might affect the number of Americans currently labeled as having abnormal blood pressure.

The authors looked at data for 13,792 people from the National Health and Nutrition Examination Survey, which enrolled participants in 1971-76 and followed them up for two decades. They studied DBP, SBP and long-term survival data specifically. In order to assess the underlying distribution of untreated blood pressure in American adults by age, Taylor and team also looked at data for 6,672 adults from the first National Health Examination Survey (NHES) carried out between 1959 and 1962.

They found that in people aged over 50, those with SBPs above 140, independent of DBP, were significantly more likely to die prematurely. In those aged 50 or less, DBPs above 100 were linked to significant increases in premature death. The authors' analysis offers alternative cut-off points for the definition of 'normal'.

The authors conclude: "Our findings highlight that the choice of approach used to define normal blood pressure will impact literally millions of Americans. If we cannot reliably see an effect on mortality in a large group of individuals followed for nearly 20 years, should we define the condition as abnormal? We believe considering this kind of approach represents a critical step in ensuring that diagnoses are given only to those with a meaningful elevation in risk, and targeted towards individuals most likely to benefit."

Drs. Taylor and **Wilt** also hold academic appointments at the University of Minnesota, and Dr. Welch is on the staff of Dartmouth Medical School.

NOTES FROM THE EMPLOYEE FORUMS

Medical center director **Steven Kleinglass** thanked staff for their service to Veterans. He acknowledged employees' uncertainty regarding federal budget issues and potential impact on the medical center. "We know no more and no less than you do," he said, adding: "We need to do our jobs to the best of our ability. As soon as we know something, you will, too." He outlined several major VHA initiatives, including access, rural health, women's health and the elimination of veterans' homelessness.

Patient Safety Manager **Linda Kraemer** narrated a video of an incident that occurred in the patient smoking shelter in December. A patient's oxygen tank was ignited, causing minor injury to the patient. The video was designed to inform staff on the need to be continually conscious of safety issues. Kraemer encouraged staff to report "near miss" incidents, which could trigger a root cause analysis (RCA) that may result in improved processes. "The intent of an RCA is not to assign blame," she emphasized but "rather to improve the systems."

Dr. Marci Mylan, Associate Director, outlined plans for an enclosed parking ramp that is currently under design. The favored concept involves solar panels to power the lights and elevators in the ramp. She said, "We are very optimistic" about funding during FY 2012. In other remarks, Dr. Mylan detailed the work of the homeless outreach team. She also reported that a drop-in center for homeless veterans, offering primary medical care and practical services (i.e. showers, washers), was in the contracting process. It will be located near the central core of Minneapolis. She also reviewed the current budget situation and staffing targets.

Nurse executive **Helen Pearlman** provided an update of nursing initiatives that included: creation of an Executive Committee of the Nursing Staff, succession planning, rewards, alternative staffing modalities, and continuing education. She said efforts are underway to identify tasks currently performed by nurses that could be done by non-nurses. She also said SPD was doing an excellent job in assessing vulnerabilities in the system.

Questions and Answers

Q. How many parking spaces in the new garage? Net gain of at least 300 after loss of some surface lot spaces. **Q. Will there be a covered walkway to the hospital?** Yes. And it will likely be heated. **Q. Is the ramp for patients only?** Yes, except on weekends and evenings. **Q. Are more CBOCs planned after Ramsey?** Yes. New CBOCs opening in St. James and Mankato in April. Planning is underway for another in the south central border area, and possibly one in the SW Metro area. **Q. What do we do about drippy faucets in the restrooms?** Submit a work order. **Q. Thank you to the police directing traffic at the Light Rail station!** Your thought is shared by many in the medical center. **Q. The revolving doors are frustrating to patients, especially those in wheelchairs.** Sensors are designed to automatically stop the doors for patient safety. There were no falls (in the revolving doors) last year. **Q. The new elevator doors don't seem to be working properly.** Adjustments have already been made since their installation. We will talk to the elevator contractor. **Q. Can we do more to prevent slips and falls on icy pavement?** We've added extra grounds crews. Staff members are encouraged to report to employee health if they experience a fall. **Q. Who do you contact if you see an icy and dangerous area on the grounds?** Police or the security desk who, in turn, contact engineering. **Q. Thank you for the new furniture in the surgery waiting area.** New furniture was also added to 2nd floor flag atrium. **Q. Are there plans to redesign the eye clinic?** Yes. But retrofitting the facility requires time and planning. **Q. When will we be finished issuing new PIV badges?** October 31. **Q. What can be done about employees parking in patient lot?** Police are now issuing courtesy tickets. **Q. How many employees use public transportation vouchers?** About 20%. **Q. What is the impact of ambulances coming to the Emergency Dept?** It has gone smoothly. **Q. Where will handicapped patients park during parking ramp construction?** A staged-plan will be developed; there will be impact on all of us. **Q: Are we considering extending hours to increase capacity?** Yes. Younger Veterans prefer evening and weekend appointments.

Last Known U.S. Doughboy Dies



Frank Woodruff Buckles, who lied about his age to enlist in the Army in 1917 and became the last known U.S. veteran of World War I, died on February 27, 2011 at the age of 110. Burial with full military honors was held at Arlington National Cemetery. “We have lost a living link to an important era in our nation’s history,” said Secretary of Veterans Affairs Eric K. Shinseki. “But we have also lost a man of quiet dignity, who dedicated his final years to ensuring the sacrifices of his fellow ‘Doughboys’ are appropriately commemorated.”

A long-time resident of Charles Town, West Virginia, where he had a farm, Buckles was born in Bethany, Missouri. He enlisted shortly after his 16th birthday and served in France and Germany. At the start of World War II, he was a civilian working with a steamship company in the Philippines. He was imprisoned in a Japanese prisoner of war camp for three and a half years. In his later years, Buckles became an advocate for the expansion of a little-known memorial to World War I Veterans from the District of Columbia into a national memorial. More than 4,700,000 Americans served in the military during World War I.

VA Studies Impact of Exposures on Veterans; Test Results Due in 2014

During the 1960s and early 1970s, the Department of Defense (DOD) conducted tests known as Project 112 and Project SHAD. SHAD is an acronym for Shipboard Hazard and Defense. The tests were conducted to determine potential risks to American forces exposed to chemical and biological warfare. U.S. service members were not test subjects; rather, they participated in conducting the tests.



Decades after the testing, some Veterans began seeking VA health care for health problems they believed were caused by their exposure to warfare agents in these tests. At VA’s request, the Department of Defense began declassifying and sharing with VA information related to possible exposure to warfare agents during the tests, including personnel rosters.

Research has shown no clear evidence of specific long-term health problems associated with participation in Project SHAD. VA asked the Institute of Medicine (IOM) of the National Academy of Sciences, a non-governmental organization, to conduct a study on potential health effects of participation in Project SHAD. The IOM found no clear evidence that specific long-term health effects are associated with participation in Project SHAD.

VA continues to study the possibility of long-term health effects. Results of the new study should be available in summer 2014. Veterans may be eligible for VA health care benefits and disability compensation benefits for health problems associated with participation in Project 112/Project SHAD. Website for providers: www.publichealth.va.gov/exposures/shad/healthcare_providers.asp

VA 2K June 2; Donations to Aid Homeless



The Minneapolis VA will participate in a national event on June 2. It's the "VA 2K" walk & roll, to be held on the grounds in support of employee wellness month. All staff will be encouraged to participate during their lunch hour. More details will follow. Participants will receive a visor. While there is no registration fee, employees and volunteers participating in the event are asked to donate an item for a homeless Veteran. Participation is open to the community; donations are optional for this group. Pre-registration is not required.

Metro Transit Profiles Minneapolis VAMC

THE FOLLOWING ARTICLE APPEARED IN "INSIDE LANE," A PUBLICATION OF METRO TRANSIT

For many employees at VA Medical Center in Minneapolis, taking transit or sharing the ride in a carpool or vanpool is a popular way to get to work. More than 20 percent of its 2,700 employees take the bus or train to work. In addition, employees have formed 29 carpools and three Van-GO! vanpools. Light rail service, which is within steps of the campus, has also benefited employees and patients.



"We have employees who live in St. Cloud and, after accepting a position here, take the bus to Big Lake, ride a Northstar train to downtown Minneapolis and then take light rail to the hospital," said **Sammi Hollinger**, a human resources specialist at VA Medical Center.

Employees enjoy several commuter benefits options, including bike racks and lockers, close-in parking for car- and vanpoolers and a transit subsidy. Promoting these options is good for the environment and helps cut down on parking pressures at the VA, **Hollinger** said. "When fewer employees drive alone to work, more parking spots are available to our veterans," she said.

Finalists for 2010 Customer Service Award

In the February issue of *On the Beat*, we reported that **Capt. Charles Luedtke** was winner of the Customer Service Award. The finalists were: **Daise Ashwood-Ames, Justin Baker, Beth Banaszewski, Tracy Crist, Mike Dixon, Ken Eshom, Dale Hanson, Kelly Humpal, Christine Jennings, Wendy Johnson-Wolf, Sara Lassig, Thomas Moore, Aaron Porter and Maria Sturgell.**

VA Suicide Prevention Now a ‘Crisis Line’ for Early Intervention

VA is strategically rebranding the national Veterans Suicide Prevention Hotline (1-800-273-8255)



The rebranding is an integrated national outreach effort to: increase awareness and use of the Veterans Crisis Line and confidential online chat service; support and promote broader VA suicide prevention efforts; and promote help-seeking behaviors among Veterans at risk of suicide and other mental health problems

“We believe that call volume will increase because more people will be accepting of the term crisis and need help,” said **Lindy Fortin**, the Minneapolis VA’s suicide prevention coordinator.

So far, more than 379,000 people have called the hotline, and more than 200,000 of these callers have identified themselves as Veterans, family members or friends of Veterans. The hotline has led to more than 13,000 rescues of actively suicidal Veterans.

The hotline also operates an online Veterans Chat program, which provides Veterans, their families and friends with the ability to communicate anonymously online in real-time with a trained VA mental health professional. Veterans Chat can be accessed through the National Suicide Prevention Lifeline's web page at <http://suicidepreventionlifeline.org/Veterans/Default.aspx>.

New CBOCs Ready to Open in April



The Minneapolis VA Health Care System and Sterling Medical Group will open the new St. James VA Clinic effective April 1, and the new clinic in Mankato on April 11.

St. James Clinic (pictured left) will be open Mondays, Wednesdays, and Fridays from 8 a.m. to 4:30 p.m., at 1212 Heckman Ct. St. James,. This clinic is across the street from the current Medical Center/Clinic’s location.

In order to expand services for veterans in the South Central Minnesota area, another VA clinic is opening in Mankato at 1961 Premier Drive Suite 330 Mankato, Minnesota 56001-6492. The Mankato VA Clinic will be open Monday through Friday, starting April 11, 8 a.m. to 4:30 p.m.

Both the Mankato and the St. James VA Clinics will provide enrolled veterans with Primary and Preventive Health Care Medicine and Mental Health Care Services.

A public dedication event is planned on Saturday, April 30, at both clinic sites.

T'Wolves Honor VA Research Non-Profit

The Minnesota Veterans Medical Research & Education Foundation (MVMREF) was recognized during the Timberwolves basketball game March 11. A 30-second Public Service Announcement aired on the Jumbotron, while a presentation took place at center court (pictured below left, L to R: Timberwolves President Chris Wright; Clay Tenquist, MVMREF executive director; VA medical center director Steven Kleinglass and T'wolves mascot Crunch).



‘If they could do it, so could I’ –CONTINUED FROM PAGE 1

her to work full-time at Inver Hills while taking classes and working part-time as a nursing assistant on the weekends.

“I called it my five-year plan,” Gail said. “I started taking prerequisites for the RN program, and five years later I received my degree from Inver Hills.” Then, in August of 2009, Gail completed her goal and graduated from Metropolitan State University with a Bachelor of Science in Nursing. She now works as assistant nurse manager on the inpatient unit of the Spinal Cord Injury and Disorder Center at the Minneapolis Veterans Affairs Medical Center.

“I am responsible for managing the day-to-day clinical operation and flow on the SCI/D unit,” Gail said, adding that she handles first-line supervision of LPN and nursing assistant staff, policy and procedure development, compliance monitoring, and collaboration with others to improve care and service. “I feel very fortunate to be in this role.”

Looking back, she has no doubt that Inver Hills was the right fit for her as she embarked on her journey into higher education. “To attend college at my place of employment — an institution that I promoted — was great,” Gail said. “I felt very comfortable at Inver Hills as a non-traditional student. There would be times when I was in class, and I would notice many of the students were adult learners.

Gail continues to promote Inver Hills as a member of the nursing program advisory board. She has served as the program’s diversity mentor, providing outreach and support to students, offering referrals and resources as needed, meeting individually with students, and coordinating study and support groups. Gail deepened her connection to Inver Hills in 2007, when her youngest daughter followed in her footsteps and graduated from the college’s nursing program.