



Proud of our Veterans,
Proud of America!

THE epicenter

Newsletter of the VA Palo Alto Health Care System (VAPAHCS) • May 2003

Better Hearing & Speech Month

What's better hearing? This was answered by a patient who returned to the Palo Alto Audiology clinic an hour after he was issued his first hearing aid. Through tears he said, "I heard a bird."

What's better speech? This was answered by the smile on a little girl's face at the Livermore Speech clinic when her grandfather said "I love you" for the first time in 3 months after his laryngectomy.

Hearing loss is the second most frequent health problem, and it occurs in 66% of people over the age of 65. About 28 million people of all ages in the U.S. have some loss of hearing and 80% of those

losses are irreversible. Take the simple test on page 10 to see if you might have a hearing problem.

Noise is a major cause of hearing loss and tinnitus or ringing in the ears. Ten million people in the U.S. already have permanent damage from noise and thirty million more are exposed to dangerous levels of noise each day. How loud is *too* loud? See "NOISE" on page 10.

"WISE EARS" is a campaign to prevent noise-induced hearing loss sponsored by the National Institute on Deafness & Other Communication Disorders (NIDCD). If you have to raise your voice to be heard, the noise level is loud enough to damage hearing with prolonged exposure. WISE EARS says USE EARPLUGS and get a pair from any VAPAHCS Audiology/Speech Pathology clinic during May.



According to the NIDCD, one of every 6 persons has a communication problem. Marilyn Monroe and Tom Curise stuttered, and over 3 million Americans are currently identified as stutterers (see "Is Your Child at Risk," page 7). Estimates indicate 25% of the population have jobs requiring voice use including occupations necessary for public safety. But, 3-9% of the population has a voice disorder.

Trouble communicating such as difficulty understanding, slurred speech or difficulty thinking of words is often the first sign of a stroke. Over 700,000 Americans have a stroke each year and one million

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Staff Speech/Language Pathologists Karen Kapolnek and Janet Hargadon (above) review a swallowing video.

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A Word From Our Director



**Elizabeth Joyce Freeman, Director
VA Palo Alto Health Care System**

CARES

On April 15, 2003, we completed our final versions of our CARES (Capital Asset Realignment for Enhanced Services) submissions. Our market area within VISN 21, the South Coast Market, is projected to experience tremendous growth in primary and specialty care. The CARES review process has begun in VA Central Office. We will be receiving feedback very soon regarding our submission.

As a member of an ad-hoc CARES review team, from my review of other market plans, I am able to confirm that our CARES plan is in comparison extremely comprehensive and responsive to the questions posed through the CARES process. I want to thank Jason Nietupski, our facility planner, for his Herculean efforts to enter CARES data into the IBM template and for his expert leadership and guidance throughout this process. I also want to thank Bill Ball, our Communications Officer, for making sure our stakeholders were well informed throughout this process. I also want to thank Dr. Sheikh, our Chief of Staff, and Dr. Ezeji-Okoye, our Acting Chief, medical Service and ACOS for Ambulatory Care, for their assistance with proximity issues. Our final VAPAHCS CARES briefing will be held in late May or early June. The VA CARES Commission may hold hearings at VAPAHCS as part of their review process. More information on that process will be available in the next few weeks.

Volunteer Recognition

On April 21 and 22 we had the opportunity to thank our many volunteers for their terrific work in serving our veterans. We have

over 1500 volunteers who contributed almost \$1.1 million last year; almost half that amount was in the form of cash contributions. We recognized several individual volunteers who have each served as VA volunteers for over 40 years. I want to again express my sincere appreciation for the work of our volunteers. There is no clearer expression of gratitude for the commitment of the men and women who are now serving to defend this country than devoting one's time and treasures in service of veterans.

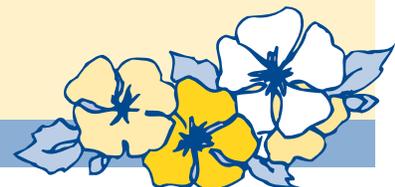
Research Stand Down

Dr. Nelda Wray, the new Chief, Research and Development Officer in VA Central Office, has introduced a number of measures to proactively review our human studies programs to ensure we are doing everything possible to ensure the protection of human subjects and the ethical conduct of research. These measures will focus on three areas: Guidance for Oversight, Training and Credentialing. While all three areas will require significant attention, the process of gathering verification of education credentials will be especially challenging. I want to thank Donna McCartney, Acting Administrative Officer in Research and Executive Director of PAIRE, and Dr. Rick Kraemer, ACOS for Research, for their leadership in managing this formidable challenge.

Combined Federal Campaign (CFC)

I want to recognize Lori Russo, Administrative Officer of the GRECC, for agreeing to chair our 2003 CFC efforts. Lea Namba, Program Analyst, Engineering Service, will serve as vice-chair and will chair the 2004 campaign. In addition, Michele Gaouette, Administrative Officer, Mental Health Services, will serve as a Loaned Executive for the Santa Clara County CFC. I know we will have an outstanding year in this year's campaign due to their efforts. Please make every effort to support them in their coordinating activities.

Elizabeth Joyce Freeman
Director



Distinguished Group Selected for CARES Commission

Secretary Anthony J. Principi announced the appointment of a chairman and 14 members to the independent CARES (Capital Asset Realignment for Enhanced Services) Commission. The commission will play a critical objective role in assessing proposed CARES initiatives that address the future health care needs of veterans, and how and where the Department of Veterans Affairs (VA) can best provide those services.

“The independent commission will review VA’s capital asset needs and ensure that the concerns of veterans and other stakeholders are fully addressed,” said Secretary Principi. “The commission will receive recommendations prepared by VA’s under secretary for health, and will consider comments from veterans service organizations, individual veterans, Congress, health care service providers and related affiliates, VA employees, local government entities, community groups and others.”

The commission held its first public meeting Feb. 19-20 and will continue to hold public hearings both in Washington and across the country. The commission is expected to present its findings and recommendations to the Secretary in the fall of 2003.

The Honorable Everett Alvarez, Jr., selected to chair the commission, is best known as the first American aviator shot down over North Vietnam. He was taken prisoner of war in 1964 and held in North Vietnam for more than eight years. He was the deputy director of the Peace Corps from 1981 to 1982, the deputy administrator of the Veterans Administration from 1982 to 1986 and has held numerous posts in the civilian sector.

Alvarez and the CARES Commission will operate as a federal advisory committee, composed of people with expertise in various aspects of health care and particular interest in the efficient delivery of benefits and services to the nation’s veterans. All of the administra-

tive actions to officially establish the commission, as required by the Federal Advisory Committee Act, have been taken.

The members of the commission are Charles Battaglia, former staff director of the Senate Committee on Veterans Affairs; Dr. Joseph Binard, former VA physician and specialist in spinal cord injury treatment; Raymond Boland, Wisconsin secretary of Veterans Affairs and president of the National Association of State Directors of Veterans Affairs; Chad Colley, former national commander of the Disabled American Veterans and a triple amputee from the Vietnam War; Vernice Ferguson, former executive in the VA nursing program; and Dr. John Kendall, dean emeritus and professor of medicine emeritus at Oregon Health and Sciences University.

Also serving are Dr. Richard McCormick, former director of mental health care, VA Health Care System of Ohio; Richard Pell, Jr., former VA chief of staff; Robert A. “Bob” Ray, former American Legion Commander in Ohio; Sister Patricia Vandenberg, former president and chief executive officer, Holy Cross Health System, South Bend, Ind.; Raymond John Vogel, former VA under secretary for benefits; Jo Ann K. Webb, director of federal relations for the American Organization of Nurse Executives; Maj. Gen. Michael Wyrick, former deputy surgeon general, U.S. Air Force; and Al Zamberlan, former VA health care regional director. Mr. Vogel will also serve as the vice chairman of the commission.

Principi also announced the appointment of the executive director of the commission, Richard E. Larson. A 29-year federal executive, Larson most recently served as a staff assistant to the secretary.

“Each of these people brings special qualifications to the commission, as well as sensitivity to the commission’s unique mission,” said Principi. “I am confident that the independent commission’s external assessment of VA’s capital asset needs will ensure that veterans’ and other stakeholders’ concerns are fully addressed.”

James Hallenbeck receives the David M. Worthen Award for Academic Excellence



James Hallenbeck, M.D., receives the 2002 David M. Worthen Award for Academic Excellence from Dr. Pincus, Chief, Office of Academic Affiliations.

Office of Academic Affiliations was pleased to announce dual recipients of the 2002 David M. Worthen Award for Academic Excellence: James Hallenbeck, M.D., (Chief, Palliative Care Services) from the VA Palo Alto Health Care System. Pangiotia V. Caralis, M.D., J.D. (Associate Chief Medical Service, Chief General Medicine) and Colleen M. West, PH.D. (Clinical Psychologist) nominated together from the Miami VA Medical Center.

This is the highest award given by the Department of Veterans Affairs to recognize outstanding achievements of national significance in health professions education. This year's award is unique in several aspects. It is the first time that the award has been shared. Additionally, it is the first time that a "team" has been recognized for this honor. The recipients of this award also shared the education mission of interprofessional palliative care.

Dr. Hallenbeck has also been passionately involved and instrumental in the development of palliative care education in the United States. He has made substantial efforts to improve physician education in this important field and is responsible for the establishment of medical student rotations, medical resident rotations, fellowships, and faculty development in palliative care. Dr. Hallenbeck has also been instrumental in writing educational materials and resources that are widely used by trainees and clinicians throughout the United States. His comprehensive approach and leadership for both clinical care and training physicians and other health professionals is a national model.

Thalia Falcon Selected for FEB Program!



Thalia Falcon, Social Work Service has been selected by the San Francisco Bay Area Federal Executive Board to participate in the Federal Executive Board (FEB) Executive Development Program Associate for the Class of 2005 (March 1, 2003 - February 28, 2005).

The San Francisco FEB Executive Development Program exists to develop a diverse pool of future leaders among FEB participating agencies who, dedicated to public service and equipped with management/leadership skills and philosophy, will proceed to ethically, competently, and pro-actively guide the federal sector through the challenges it faces in changing to meet public expectations of government service in the 21st century.

To achieve this end the Program requires the nominee to participate in multiple assignments designed to develop such management leadership competencies as critical thinking, informed decision-making, leadership, managing diversity, team building, planning and evaluating, effective written and oral communication, flexibility and vision.

Rogers New Staff Assistant to the Director

Lisa Rogers has been selected as the Staff Assistant to the Director for the VA Palo Alto Health Care System. Lisa transferred to us from the VA Central California Health Care System in Fresno, where she served as the Chief of Human Resources Management Service since 1999.

Lisa is the daughter of a career Army officer, was born in Alaska, and moved six times before attending high schools in St. Louis, Missouri and Hampton, Virginia. She is also a veteran herself, serving as an Army air traffic controller from 1982 to 1986, and then later as a battalion personnel sergeant from 1988-1990. She joined the VA in 1991 and has held several different positions during her tenure: HR assistant, budget analyst, program specialist for the ACOS/Education, and EEO manager. Lisa holds a B.A in Human Resources and an M.A. in Organizational Management.

Lisa lives in Sunnyvale, and loves going to major league baseball games. She is receptive to being converted into a San Francisco Giants fan and enjoys mountain biking and climbing hills on her road bike. She is currently training for her first century, a one hundred mile bicycle ride. Lisa is very excited about her relocation to the Bay Area and her assignment to the VA Palo Alto Health Care System.



NOVA Member a Finalist for Nursing Excellence Award



Joycelyn King, RNC, clinical specialist in the Livermore Nursing Home Care Unit, was one of 5 finalists for Nurse Week's Nursing Excellence Award. Her entry in the category of "Advancing the Nursing Profession," was submitted by NOVA president, David Renfro on behalf of our local NOVA Chapter 129 and all of its members. Nurse Week announced the winners at a gala at the Hollywood Universal Hilton on Friday, April 25th. Billed as

the Nursing Oscars, this black tie event was Nurse Week's annual celebration of nurses who, nominated by peers, excel in various areas of the nursing profession.

In her nomination letter, Joycelyn was noted to be a global thinker and a promoter of nursing professionalism nationwide. As a

previous NOVA president, she went to Washington DC to lobby for changes in the nursing sick leave policy so that nurses could use accrued sick leave toward their retirement. This change has been signed into law and should help put more nurses into the patient care setting by promoting a more conservative use of sick leave. Currently, she is working on a position paper to encourage Congress to formalize disability insurance for federally employed nurses. Her diligence to promote a healthy working environment for nursing, at a local and national level speaks to her promotion of the professional nurse.

When asked about her success, Joycelyn quips, "Well it's a long way from Brunswick 9," the name of the one room schoolhouse she attended in upstate New York some years ago! She adds that this nomination was a real honor for her, our Chief Nurse Alice Naqvi, and our local VA. Joycelyn's belief in the importance of being a professional nurse goes back to her first nursing instructor, Marlene Lander. She stressed the importance of belonging to and being active in one's professional organization to her students, and Joycelyn has lived that mantra throughout her career as a VA nurse. Congratulations Joycelyn!

EMPLOYEE NEWS

New Employees

Anesthesiology Svc.
Robert Nehls

Dental Svc.
Gilbert Natividad

Director's Office
J. Parsons
Lisa J. Rogers

Domiciliary Svc.
Keith W. Harris

Environmental Mgmt. Svc.
Pete B. Calibo
Lawrence McKinney

Human Resources Mgmt. Svc.
Ceferino Perez

Nursing Svc.
Cesario Carino
Nelly Y. Domingo
Maria M. Duenas
Vanessa Farinas
Carissa Gascon
B. Gunderson
Nardito Manaois
Niesha McKnight
Doris Moran
Matthew Raboca
Shahina Zindani

Nutrition & Food Svc.
Alison Acerra
Rizaldo Almacen
Latis Armstrong
Mycha Boudreaux
Cyntheil L. Neal
Juanita Price
Bobby Simmons

Pathology & Laboratory Svc.
Kathern Trujillo

Pharmacy Svc.
Michelle Junge
Sonja Kaubisch

Physical Med & Rehab Svc.
Richard Gastillo

Psychiatry Svc.
Charles Filanosky
Fred Lombardo
Dan Odneal

Research Svc.
Nelson Andrade
Aaron Friedrikson
Lisa M. Lejeune
Kelvin W. Li
Jessica H. Shah
Beverly Ventura
Lan Zhao

Social Work Svc.
Stephen Roberts
John Sutherland

Retirees

Medical Information Svc.
Gordon Meininger (19)

Nutrition & Food Svc.
Velma Davis (33)

Research Svc.
John Ford (25)

(Years of service are indicated in parentheses.)

Employee Service Awards

10 Years

Patricia Chuo
Psychology Svc.

Allen Covington
Physical Medicine & Rehab
Svc.

Wilfredo Salindong
Acquisition & Materiel Mgmt.

15 Years

Margret Bridges
Nursing Svc.

Dora Clark
Human Resources

Evelyn O'Hara
Nursing Svc.

20 Years

Denise Albert
Director's Office

Lorna Gant
Nutrition & Food Svc.

Mary Kwan
Nursing Svc.

Jamie Lawrence
Nursing Svc.

Lupe Morales
Nursing Svc.

Odila Reilly
Nursing Svc.

Carolina Taruc-Castillo
Fiscal Svc.

30 Years

James D'Antona
Pathology & Laboratory Svc.

Dee Sommer
Fiscal Svc.

35 Years

John Coulter
Environmental Mgmt. Svc.

Thomas Mazurczak
Nutrition & Food Svc.

(continued from page 1)

Better Hearing & Speech Month

have “aphasia” or language problems resulting from stroke. A million more are estimated to have “aprosodia” or problems understanding or producing the emotional aspects of speech resulting from stroke or damage to the right side of the brain. This is particularly devastating because it is not obvious.

Many of these patients are never referred to Speech Pathology and the problem is often undiagnosed and untreated.

Millions more have surgeries resulting in speech problems (laryngectomy), have diseases (MS, ALS, Parkinson’s) or take medications that result in motor speech problems. In all, over 14 million Americans have speech, voice or language disorders.

Conditions resulting in disorders of speech or language can also result in swallowing problems (dys-

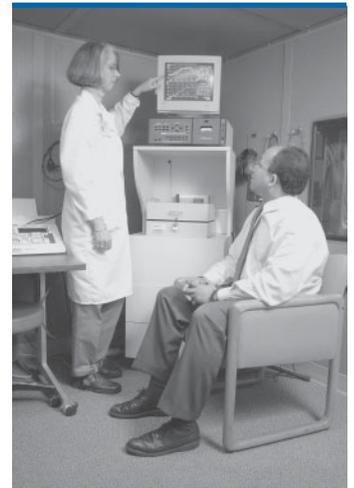
phagia) for millions of these patients. At any given time, up to 50% of hospitalized patients can have some problem with swallowing. Diagnosis of these problems is often done with video-fluoroscopy (moving X-ray) jointly by a speech/ language pathologist and radiologist.

Swallowing problems are common in all age groups, particularly in the elderly. Many causes of swallowing problems are temporary but complications from untreated problems can significantly increase hospital stays and costs. Signs of possible problems include choking, coughing, a gurgly voice or the feeling something is stuck in the throat.

How are swallowing problems treated? Many techniques are used to treat swallowing disorders such as muscle strengthening exercises, stimulation of the swal-

low “reflex” with thermal-tactile techniques, etc. Because problems result from so many conditions including complications from medications, treatment must be specifically designed for each patient. Any given technique (including thickening liquids which is a common recommendation) can be good for one problem but bad for another. That’s why qualified Speech/Language Pathologists should be consulted on every patient where a problem is suspected. But there is one technique that is good for all swallowing problems. In order to protect the airway, you should take a breath, hold it, and swallow. If anything remains in the throat, cough and swallow again.

During “May is Better Hearing and Speech Month,” the VAPAHCS Audiology/Speech Pathology staff wants to remind everyone to “Treasure Your Hearing and Speech.” Clip the coupon on the back page and present it at any ASP clinic during May for a chance to hunt for treasure!



Many permanent losses are helped by hearing aids like the digital aids being programmed by Dottie Kelley and Martin Donaldson above.

Is Your Child at Risk for Stuttering?

Over 1% of all Americans stutter. Most children go through a stage of “normal dysfluency” when developing speech/language between the ages of 2 and 5. When are they at risk to develop stuttering?

Child with Normal Dysfluency

- Repeats whole words or phrases (“I-I-I want to go out and play.”)
- When they repeat parts of words, typically repeats the part no more than 1-2 times (“ta-table”)
- During repetitions, uses the vowel sound normally found in the word (“ta-table”)
- Has rhythmic repetitions (“b..b..boy”)
- Has 9 or less dysfluencies every 100 words
- Starts speech easily; keeps speech going even though may repeat a phrase or word

Child at Risk for Stuttering

- Repeats parts of words, either sounds or syllables (“t-t-table” or “ta-ta-ta-table”); prolongs a sound (“sssun”) or breaks up words (“cowboy”)
- Often repeats parts of the word at least 3 times (ta-ta-ta-table)
- During repetitions substitutes an “uh” vowel for the vowel in the word (“tuh-tuh-tuh-table”)
- Has broken rhythms (b.b.....b..boy”)
- Has 10 or more dysfluencies every 100 words
- Opens the mouth to speak but no sound comes out; or turns off the voice between sound repetitions

For additional information or to talk to a health care specialist toll free, contact the American Speech-Language-Hearing Association (actioncenter@asha.org) or the National Institute on Deafness and other Communication Disorders NIDCD at:

**NIDCD (800) 241-1044 or TTY (800) 241-1055
ASHA (800) 638-8255 or TTY (301) 897-8682**

Basic Information about SARS

A New Disease Called SARS

The Centers for Disease Control and Prevention (CDC) is investigating a new disease called severe acute respiratory syndrome (SARS) that has recently been reported in Asia, North America, and Europe. As of April 13, about 190 cases of SARS had been reported in the United States. This fact sheet provides basic information about the disease and what is being done to combat its spread.

Symptoms of SARS

In general, SARS begins with a fever greater than 100.4°F [$>38.0^{\circ}\text{C}$]. Other symptoms may include headache, an overall feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms. After 2 to 7 days, SARS patients may develop a dry cough and have trouble breathing.

How SARS spreads

The primary way that SARS appears to spread is by close person-to-person contact. Most cases of SARS have involved people who cared for or lived with someone with SARS, or had direct contact with infectious material (for example, respiratory secretions) from a person who has SARS. Potential ways in which SARS can be spread include touching the skin of other people or objects that are contaminated with infectious droplets and then touching your eye(s), nose, or mouth. This can happen when someone who is sick with SARS coughs or sneezes droplets onto themselves, other people, or nearby surfaces. It also is possible that SARS can be spread more broadly through the air or by other ways that are currently not known.

Who is at risk for SARS

Cases of SARS continue to be reported mainly among people who have had direct close contact with an infected person, such as those sharing a household with a SARS patient and health-care workers who did not use infection control procedures while taking care of a SARS patient. In the United States, there is no indication of community spread at this time. CDC continues to monitor this situation very closely.

Possible Cause of SARS

Scientists at CDC and other laboratories have detected a previously unrecognized coronavirus in patients with SARS. The new coronavirus is the leading hypothesis for the cause of SARS, however, other viruses are still under investigation as potential causes.

CDC Recommendations

CDC has issued recommendations and guidelines for people who may be affected by this outbreak.

For individuals considering travel to affected parts of Asia:

CDC advises that people planning elective or nonessential travel to mainland China and Hong Kong, Singapore, and Hanoi, Vietnam may wish to postpone their trips until further notice.

For individuals who think they might have SARS:

People with symptoms of SARS (fever greater than 100.4°F [$>38.0^{\circ}\text{C}$] accompanied by a cough and/or difficulty breathing) should consult a health-care provider. To help the health-care provider make a diagnosis, tell them about any recent travel to places where SARS has been reported or whether there was contact with someone who had these symptoms.

For family members caring for someone with SARS:

CDC has developed interim infection control recommendations for patients with suspected SARS in the household. These basic precautions should be followed for 10 days after respiratory symptoms and fever are gone. During that time, SARS patients are asked to limit interactions outside the home (not go to work, school, or other public areas).

For health-care workers:

Transmission of SARS to health-care workers appears to have occurred after close contact with sick people before recommended infection control precautions were put into use. CDC has issued interim infection control recommendations for health-care settings as well as for the management of exposures to SARS in health-care and other institutional settings.



You Make a Difference!

Submitted by our veterans and their families. We welcome more contributions from LVD, Stockton, Modesto, San Jose, and Monterey.

I would like to draw attention to the fine work of one of your staff nurses, **Joan McFadden** (LVD), Nursing Service. Joan is very aware of patient needs, quite eager to please, and a hard worker. She is also very committed to the American Veteran. Thanks to her and those like her.

I am one of the beneficiaries of the **VA Healthcare System**, sometimes using the **Palo Alto, San Jose, and Monterey** facilities. More than the fine facilities is the quality of care I see and personally experience. God bless you all.

I am writing for my husband and myself concerning Nurse **Barbara Zschaler** (Nursing Service) in the **Eye Clinic at the VA San Jose Clinic**. Barbara is the best. She is very efficient, compassionate, kind, and caring. She is always so pleasant and has a happy smile. She gave my husband excellent care.

I recently had a traumatic health experience, which was taken care of at the **Livermore VA Hospital** that I feel needs to be brought to your attention. I am a diabetic, disabled veteran. I started having serious vision problems. I contacted urgent eye care at the Livermore

Hospital and was most fortunate to be seen by **Dr. Denise Graessley** (Surgical Service). Her patient, compassionate, and sincere concern for my vision problems provided the support I needed at that time. When I arrived at the hospital I was an angry, upset, depressed individual. I could not understand what happened to me. My vision was so bad that I was seeing double and was very scared. It did not take long for Dr. Graessley to get me back on track. Her kindness and understanding of what I was going through, it was something to behold.

I am a volunteer at the **Menlo Park VA Hospital**. I wanted the Director of the VAPAHCS to know what a wonderful program the **Homeless Veterans Program** is under the direction of **Greg Barnes**. The results are marvelous and should get some recognition by the press. Lives are really turned around. The benefits to society are countless.

I thank the **Oncology staff** for their dedication and compassionate efforts to ease the side effects of chemotherapy. I won't forget your kindness to my husband.

Best Practice - Provider of Choice

Pharmacy Telephone Care Program

Pharmacy completed a program to improve efficiency and customer satisfaction with the pharmacy Telephone Care Program.

Problems Identified with telephone care program were: Long wait times to talk to pharmacy personnel; Poor communication to technical downtime; Inconsistency in handling phone calls among TCP staff; Inappropriate calls transferred to pharmacy (i.e., patients getting bounced around); Misconceptions about the level of service pharmacy TCP can provide; Confusing information being relayed to patient on the MUMPS AUDIOFAX phone system recordings; Providers not reading e-mail/no knowledge of e-mail program; High number of abandoned calls.

To improve the Pharmacy Telephone Care Program, several actions were taken: Shift staffing to the phones, especially during peak hours; The group prepared additional educational materials for patients that defines what types of calls can be handled by pharmacy service. The group developed an "Important Phone Numbers" handout for patients that lists the patient need and appropriate phone extensions for that service. This information will be available in the clinics and pharmacies and will be presented to new patients at the new Patient Orientation Program; Procedural flow charts for the most common scenarios were established. In addition, a handout to improve telephone etiquette/customer service skills were developed for pharmacy staff answering phones; The MUMPS Audiofax automated phone messages were rerecorded to correct information, decrease confusion

and provide educational information for patients; The group worked with attending providers to communicate the need for providers to read pharmacy e-mail messages. Pharmacy uses e-mail for patient refill requests and to relay other medication related questions/needs.

The results were: Decrease number of calls: The number of calls answered has actually increased by 40% since February 2002. The focus of the pharmacy shifted to increase the number of calls answered, decrease patient wait time and number of abandoned calls. After evaluating the data, pharmacy service shifted an extra person onto the phones in July, increasing staff from 2 to 3 when staffing levels permitted. As a result, the number of calls answered has increased 25% (from 157 to 196.5), while the number of abandoned calls decreased by 78% (from 173 to 92.5); Since collecting wait time data in July, the average wait times have decreased as follows: 1) Average patient wait before pharmacy answers decreased 11% (from 6.6 to 5.9 minutes) and 2) Longest patient wait before pharmacy answers decreased 23% (from 22.8 minutes to 18.5 minutes); Data collected regarding the types of calls answered, suggests that a pharmacy technician can answer 49% of calls. As a result, pharmacy service requested to convert one FTEE vacant outpatient pharmacist position at Palo Alto into two FTEE pharmacy technician positions. This would allow pharmacy to staff even more people on the phones, which should increase the number of calls answered and decrease patient wait times.

NOISE: How loud is too loud?

Decibels (dB)

140

Rock Concerts
Fire Crackers

120

Boom cars
Snowmobile

110

Chainsaw

90

Lawn Mower
Motorcycle

80

City Traffic

60

Normal Conversation

40

Refrigerator Humming

20

Whispered Voice

0

Threshold of
Normal Hearing

TOO LOUD!

110dB

regular exposure of more than 1 min risks permanent hearing loss

100dB

no more than 15 min of unprotected exposure is recommend

90dB

prolonged exposure to any noise above 90dB can cause gradual hearing loss

Get Sound Advice

National Institute on Deafness and
Other Communication Disorders
1 Communication Avenue
Bethesda, MD 20892-3456
1-800-241-1044 or 1-800-241-1055 (TTY)
www.nih.gov/nidcd

Hearing Self-Test

Do you have trouble hearing over the phone or hear better in one ear than the other when on the phone?

Do you have trouble following conversation when two or more people are talking?

Do people complain that you turn the TV volume up too high?

Do you have to strain to understand conversation?

Do you have trouble hearing in a noisy background or in a restaurant?

Do you have dizziness, pain, or ringing in your ears?

Do you find yourself asking people to repeat themselves?

Do family members or co-workers remark about your missing what has been said?

Do many people you talk to seem to mumble (or not speak clearly)?

Do you misunderstand what others are saying and respond inappropriately?

Do you have trouble understanding the speech of women and children?

Do people get annoyed because you misunderstand what they say?

If you answered yes to more than two questions, have your hearing tested by an ASHA certified audiologist.

Get Sound Advice

The American Speech-Language-Hearing Association
10801 Rockville Pike
Rockville, MD 20852
Phone: 800-638-8255 or 301-897-8682
(Voice or TTY)
actioncenter@asha.org



Your Right to Representation

In accordance with Title VII, Section 7114 of the Civil Service Reform Act of 1978, employees represented by the exclusive bargaining unit are informed that:

“An exclusive representative if an appropriate unit in an agency shall be given the opportunity to be represented at any examination of an employee in the unit by a representative of the agency in connection with an investigation if the employee reasonably believes that the examination may result in disciplinary action against the employee; and the employee requests representation.”

If you have any questions, please contact the Employee/Labor Relations Section in Human Resources Management Service at extension 65668.

Bike Month / Bike to Work Day

The year 2003 will mark the 47th consecutive year the League of American Bicyclists has declared May to be National Bike Month. The League is promoting Bike-to-Work Week from May 12 - 16 and Bike-to-Work Day on Friday, May 16. Contrary to popular belief, it is possible to lose weight and have fun at the same time. The proven method: ride your bike.

Bicycling is one of the most popular activities in the United States, and National Bike Month provides an opportunity for friends of bicycling and the League to sponsor educational programs, bicycle commuting events, trail work days, bicycle helmet promotions, and even bicycle film festivals to draw positive attention to bicycling

Lose Weight and Get Fit During National Bike Month

Contrary to popular belief, it is possible to lose weight and have fun at the same time. The proven method: ride your bike.

Recreational bike riding is a safe, low-impact, aerobic activity for Americans of all ages; not only that, it's fun and gets you where you

need to go. A 150-pound cyclist burns 410 calories while pedaling 12 miles in an hour-almost the equivalent calories of a McDonald's Quarter Pounder(r). A 200-pound cyclist burns 546 calories while going 12 miles per hour-almost the equivalent of a Big Mac(r).

Increasing the number of trips Americans make by bike could be a serious antidote in the fight against overweight and obesity. According to the 1995 Nationwide Personal Transportation Survey, 25% of all trips are made within a mile of the home, 40% of all trips are within two miles of the home, and 50% of the working population commutes five miles or less to work. Yet more than 82% of trips five miles or less are made by personal motor vehicle.

The President, the Centers for Disease Control and Prevention (CDC), the Surgeon General, and the Secretary of Health and Human Services have all recently expressed concern over America's overweight problem. According to the CDC, 61% of adults in the U.S. are overweight or obese; 13% of kids aged 6 to 11 and 14% of kids 12 to 19 are overweight. Obesity is second behind tobacco in U.S. health risk factors, contributing to 300,000 deaths a year.

May Word Search

C	H	I	L	D	O	Y	R	R	E	B	L	U	M	H	I
O	C	R	L	A	S	L	A	U	G	H	T	E	A	I	W
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E	S	O	B	N	W	E	H	O	R	S	E	N	O	P	E
R	R	B	E	C	W	O	R	W	S	Y	I	M	O	M	S
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I	P	G	A	L	F	N	E	W	S	P	S	L	E	T	T
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M	E	M	O	T	H	E	R	S	D	A	Y	R	I	A	L
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R	O	D	N	M	U	L	B	E	E	R	Y	T	E	A	C

Find the following words in the letters above:

Children
Cinco De Mayo
Flag
Flowers
May Day

Maypole
Memorial Day
Mom
Mothers Day
Mulberry

Prayer
Ribbon
Showers
Teacher
Tulip



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We welcome any comments,
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Did you know?

Did you know that Bing Crosby recorded White Christmas in May of 1942? Bob Dylan had his bar mitzvah (1954), Buddy Holly got contact lenses but he couldn't get used to them (1956), Keith Richards wrote Satisfaction (1965), Elvis Presley got married (1967), and Michael Jackson introduced the Moonwalk (1983) — all in May.