


**Proud of our Veterans,  
Proud of America!**

# THE epicenter

Newsletter of the VA Palo Alto Health Care System (VAPAHCS) • October 2002

## White Cane Day



*Veteran Richard Lopez learning to use the white cane.*

White Cane Day will be observed on October 10, 2002. The white cane is both a symbol identifying that a person is blind, and a travel tool that can enable a blind person to move about safely and independently. In the 1930's various individuals and groups throughout the world advocated that blind individuals carry a white cane to identify themselves as being blind. In 1944, while WWII raged, President Roosevelt issued an order that "no blinded servicemen from WWII would be returned to their homes without adequate training to meet the problems of necessity imposed upon them by their blindness." Staff at the Valley Forge General Hospital, where many blinded servicemen were being treated, responded by developing a rudimentary system of travel utilizing long white canes. This system of cane travel, known as Orientation and Mobility, was extensively refined and perfected at the Hines VA Blind Rehabilitation Center in the late 1940s. Today many universities throughout the world have Orientation and Mobility training programs to prepare instructors to teach blind individuals the skill of traveling with a long white cane. In the United States approximately 750,000 are blind and an additional 50,000 more will become blind each year with glaucoma and diabetes being the leading causes. Often vision loss and blindness can be prevented and it is recommended that if you are over 45 that you have an annual eye check-up or if you experience sudden visual changes, blurriness, distortions or pain that you consult your eye care professional immediately. There are some eye conditions that don't have any symptoms until significant damage to vision has occurred. White Cane Day is a time to remind and educate people that a white cane identifies the user as being legally blind. It is also a good time to ask yourself, have I had my eyes checked recently?

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# A Word From Our Director



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

I am very happy to report our Goal Sharing program for FY 2002 has reached a successful conclusion. Approximately 100 plans were submitted, approved and implemented, involving almost 500 employees. A few plans were combined, modified or withdrawn during this process. I am tremendously pleased with and proud of the participants in this process. While a small financial reward at the end of the process was the “carrot” we were able

to offer, it was clear the participants were far more focused on our VAPAHCS goals of improving quality, increasing access and reducing costs. Plans also focused on improving employee morale and becoming an employer of choice.

I want to commend several services for their outstanding participation in this program. Pharmacy Service alone submitted and completed thirteen separate plans with broad participation across the service. Some of the problem areas they strived to improve were:

- Outpatient Refill Process
- Telephone Care Program
- Pharmacy Waiting Times
- Pharmacy Staff Satisfaction
- Unit Dose Medication Process
- Pharmacy Discharge Process
- Processes with Multi-Use Items
- Inappropriate Use of High Cost Medications
- Increasing 90 Day Refill Use
- Backorder Process
- Use of One-time Non-Formulary Drugs
- Use of Frozen Antibiotics
- ROBOT Unit Dose Packaging

Congratulations to Kay Thomas and Kelly Robertson and all the pharmacy staff for their terrific work.

I also want to acknowledge the widespread participation from Nursing staff in goal sharing. The plans covered many, varied topics including:

- Clinic Efficiency
- Case Management
- OR Training and Orientation
- Retention of Nursing Assistants
- Competency Training

This is a small sample of the many areas nursing staff addressed and thoughtfully studied through these plans.

I hope to broadly publicize these and other goal sharing accomplishments in the near future. A recognition ceremony for all participants will be held in October or early November. My sincere thanks to all participants!

As we begin a new fiscal year (and await an accompanying budget), we will be presented with many new challenges. While I will defer my review on this fiscal year’s VAPAHCS overall performance until the “final” results arrive from VA Central Office, I want to thank all of you for what I know to have been another fantastic year as far as your contributions. This is borne out in so many ways. It is often demonstrated following any time of external visit to our health care system.

Representatives from a task force appointed by President Bush spent time with us on September 19, 2002. They had requested to visit VAPAHCS due to our excellent practices in implementing clinical practice guidelines and to understand our large TRICARE operation. In addition, they spent several hours touring the Palo Alto and Menlo Park Divisions talking to dozens of staff throughout the day. Although they had visited over 30 other VA and DoD facilities, they were literally in awe of what takes place here.

While I am always pleased at such a reaction, I have stopped being surprised. Thank you for continuing to demonstrate our commitment to excellence. I look forward to another outstanding year.

A handwritten signature in cursive script that reads "Elizabeth J. Freeman".

Elizabeth Joyce Freeman  
Director



## CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES

**MARKET AREAS DEFINED:**  
**VAPAHCS is in the South Coast Market Area. This market area is identical to our catchment area.**

### QUESTIONS AND ANSWERS ON MARKET AREAS

**Q: What are the data sources VA is using in CARES?**

- A: For CARES Phase II, VA is using a variety of data sources, including:
1. Projections from the adjusted 1990 Census data;
  2. Military separations and projected separations (using the Defense Department's actuarial model);
  3. VA's Compensation and Pension file. This file identifies veterans with disabilities and can help determine migration patterns (studies show that veterans are twice as mobile compared with the general population as a whole); and
  4. Enrollee projections (prepared by an outside contractor). Current and projected enrollee data will be analyzed by county (or zip code for urban areas, for example), age group and enrollment categories.

**Q: Is VA using any data from Census 2000?**

A: Currently, the veteran-related Census 2000 data provided (in June 2002) are not available in sufficient detail to use for CARES-related planning purposes. For example, no information is yet available by age, sex or period of service - data VA needs for health care planning. The 1990 data will be modified or adjusted to take into account changes identified in the Census 2000 data. Census 2000 data will be incorporated when it becomes available in 2003.

**Q: How will VA project data on veteran enrollment for VA health care?**

A: Enrollment projections are based on trends in the number of veterans enrolling for care in the VA health care system over the past three years. The enrollment projections are compared with veteran population projections, and adjustments are made based on the number of new veterans (Department of Defense separation projections) and mortality experience. It should be noted that not all veterans enrolled for VA health care actually use VA for their health care needs.



*The map shows the VA Palo Alto Health Care System in the South Coast Market Area.*

**Q: Which Market Areas were defined by zip code?**

A: In general, any county with a projected enrollee population for FY 2010 of more than 30,000 required a zip code analysis to determine the demand for care. In addition, Markets that require dividing a county boundary used a zip code analysis.

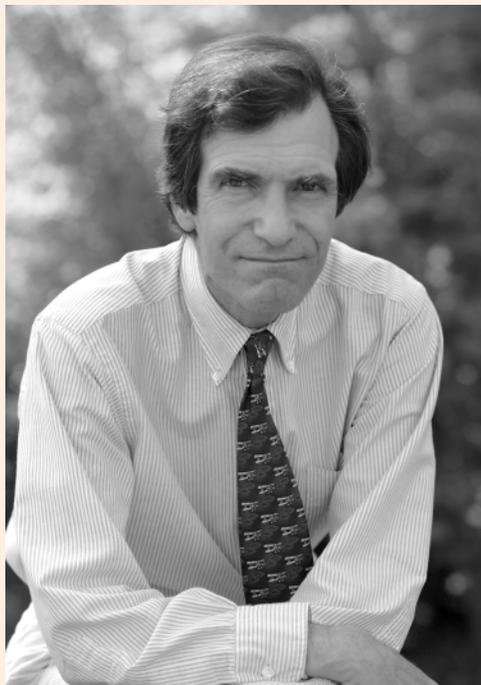
**Q: In defining Market Areas, did VA include veterans enrolled in all categories for VA health care or only the top priority categories?**

A: No distinctions were made among the priority categories.

**Q: What are the possible alternative uses for buildings that are determined to be excess or unsuitable for the delivery of modern health care?**

A: One possibility is an enhanced-use lease. An enhanced-use lease is a VA-private sector joint business venture that benefits both parties. These leases provide VA with an economical way to acquire goods, services and facilities at reduced cost. In such an arrangement, typically underused or excess VA property is leased to the private sector for a nominal rent. The private sector then finances and develops the property for a profitable non-VA venture. In return, VA receives substantial discounts, facilities, services and/or revenue.

# Dr. Yesavage Appointed ACOS for Mental Health



Dr. Yesavage was born in Kearny, New Jersey, where he graduated from the local high school and ran on the track team. He attended Yale University in New Haven, Connecticut, where he majored in philosophy. At Yale, he was a member of the Mountaineering Club and traveled to California to take some pre-med courses at Stanford. He started rock climbing in Yosemite Valley that summer and when he returned to Stanford for medical school he began climbing seriously in Yosemite. He climbed the Dihedral Wall (the left face) of El Capitan in 1972 and also did ascents on Half Dome and Higher Cathedral Spire. While in medical school he graduated with the class prize in psychiatry.

Dr. Yesavage did his internship in internal medicine at the University of California in Irvine in 1974 and then returned to Stanford for a residency in psychiatry. He did a fellowship in pharmacology with Leo Hollister at the then Palo Alto VAMC and later joined the faculty. For seventeen years he was the chief of the acute inpatient unit at Palo Alto VAMC. He then became co-chief of inpatient psychiatry and is now Associate Chief of Staff for Mental Health and directs the Mental Illness Research Educational and Clinical Center (MIRECC) at VAPAHCS. Dr. Yesavage is past Chair, American Psychiatric Association Council on Aging, and winner of the Weinberg Award for Excellence in Geriatric Psychiatry, American Psychiatric Association. He has over 400 publications on cognition and aging and is currently the Director of a National Institute of Aging Alzheimer's Disease Center at VAPAHCS, specializing in longitudinal clinical assessments of dementia patients. He no longer rock climbs but spends his vacation in the Sierra fishing. He has written a book called "Desolation Wilderness Fishing Guide" and is currently a Governor of the conservation group "California Trout".

## Combined Federal Campaign (CFC)

What is the CFC? The CFC has its roots in the many charitable campaigns of the early 1960's. Seeing a need to bring the diversity of fundraising efforts under one umbrella, CFC was created, one campaign, once a year. By allowing employees to select the organization of their choice from a single brochure and to make their contributions through payroll deductions, the CFC opened wide the door to more opportunities for generous giving to literally hundreds of worthy causes.

Did you know that at least 75 cents of every dollar you donate to the CFC goes back into the community? In 2001, at least 85 cents of every dollar received went directly to the agencies. A maximum of 25 cents of each dollar donated may be used for administrative costs, which include printing, award items, space and utilities, and personnel costs. When you look at the contribution booklet you will note a percentage number listed at the end of each agency's description, this refers to the administrative costs of each agency. This percentage cannot exceed 25%.

Did you also know that if each VA Palo Alto Health Care System employee gave just \$2.00 per pay period, \$52.00 per year, we would donate in excess of \$150,000 to the CFC??

Your donation goes a long way, a donation of just \$3.00 per month helps provide meals for two weeks for a senior citizen. \$10.00 per month provides 5 treatment sessions for a teen alcohol/drug abuser.

The VAPAHCS is in the midst of not one but four CFC campaigns, guaranteeing that your donation goes to either the area where you work

or where you live depending upon the campaign to which you choose to donate. These campaigns are the Santa Clara County Campaign, which also includes San Benito County, The San Francisco campaign covering San Francisco, Contra Costa, Marin, Alameda, Lake, Mendocino, Sonoma and San Mateo counties. The Monterey campaign, includes Monterey and Santa Cruz counties, and the Central Valley campaign, which includes Livermore, Stockton, Modesto and Sonora.

Each of us has or knows someone who has used the services of at least one of the agencies listed in the campaign booklet. From swimming lessons at the "Y" to Red Cross CPR training to cheering on the US Olympic team to smoking cessation classes offered by the American Lung Association.

CFC offers donor recognition awards for contributions totaling \$78.00 or more.

Our Campaigns got off to somewhat of a slow start, in the planning department, this year but with your generous contributions we hope to make up for lost time. Even if you do not feel you are able to contribute using payroll deduction, remember you may give a one-time donation and that no donation is too small.

If you have any questions about the Campaign, call your Service's Key Worker or Marilyn Colson, CFC Chairperson, Peggy Wegner or Pam Mondrey.

# EMPLOYEE NEWS

## New Employees

Anesthesiology Svc.  
**Lawrence Siegel**

Environmental Mgmt. Svc.  
**Jason A. Borges**

Nursing Svc.  
**Trellis Anderson**  
**Betty Bennett-Morse**  
**Bernell Bolding**  
**Lordeliza S. Cereno**  
**Rawni Clement**  
**Rodolfo J. Cruz IV**  
**Deborah Grizzard**  
**Thomas D. Mills**  
**Bisrat Tesfai**  
**Silvia Vasquez**

Pathology & Laboratory Svc.  
**Lori Alexander**

Physical Medicine & Rehab.  
**Megan E. McLaughlin**

Psychiatry Svc.  
**K. Quinn**

Research Svc.  
**Steven G. Cavella**  
**Caryn I. Di Landro**  
**Phillip G. Post**  
**Kimberly N. Weigand**

Surgical Svc.  
**Jamali Amir**

## Retirees

Dental Svc.  
**Margaret McKinzie (17)**

Engineering Svc.  
**Terry Jackson (26)**

Nutrition & Food Svc.  
**Mary Oliver (29)**

Social Work Svc.  
**Lawrence Barbano (24)**

*Years in service are  
indicated in parentheses.*

## Employee Service Awards

### 10 Years

**Edward Bertaccini**  
Anesthesiology Svc.

**Thanh Bui**  
Nursing Svc.

**Ofelia Gaerlan**  
Nursing Svc.

**Vic Josue**  
Psychiatry Svc.

**Steve Kautz**  
Research Svc.

**Joan Knips**  
Nursing Svc.

**Helen Shaw**  
Medical Svc.

**Raymond Sobel**  
Pathology & Laboratory Svc.

**Julie Weiss**  
Medical Svc.

### 15 Years

**Evelyn Bayaua**  
Nursing Svc.

**Martha Losch**  
Psychiatry Svc.

**Leonard Mills**  
Psychiatry Svc.

**Emma Newton**  
Nursing Svc.

### 20 Years

**Charles Bugar**  
Physical Medicine & Rehab.

**Eugene Butcher**  
Pathology & Laboratory Svc.

**Judith Chapman**  
Psychology Svc.

**Michael Hart**  
Acquisition & Materiel Mgmt.

### Robert Homer

Acquisition & Materiel Mgmt.

**David Lee**  
Nutrition & Food Svc.

**Betty O'Harrow**  
Nursing Svc.

**Robert Rouse**  
Pathology & Laboratory Svc.

**Karena Sanford**  
Pharmacy Svc.

### 25 Years

**Violeta Ballesteros**  
Nursing Svc.

**Annie Britten**  
Nursing Svc.

**Andrew McKinzie**  
Engineering Svc.

### 30 Years

**Linda Love**  
Nursing Svc.

**Dennis Ochs**  
Engineering Svc.

**Donald Ownbey**  
Chaplain Svc.

### 35 Years

**Leo Pasco**  
Environmental Mgmt. Svc.

### 40 Years

**Judith Cornez**  
Nursing Svc.



# October is National Domestic Violence Awareness Month

President Bush urges all Americans to learn more about this problem and to take positive action in protecting families and communities from its devastating effects. In October of 2001 he signed the proclamation making October Domestic Violence Awareness Month. Though abuse may occur in the seclusion of a private residence, its effects scar the face of our nation; domestic violence spills over into schools and places of work and affects people from every walk of life. National Domestic Violence Awareness Month provides us with a special opportunity to emphasize that domestic violence is a crime, to warn abusers that they will be prosecuted, and to offer victims more aid and support.

Did you know that an act of domestic violence takes place once every 6 minutes across our nation? 95% of the victims are women, and almost one-third of American women murdered each year are killed by their current or former partners, usually a husband. Approximately one million women annually report being stalked, and many children suffer or witness abuse in their homes, which can sadly spawn legacies of violence in families across America. 63% of the young men between the ages of 11 and 20 who are serving time for homicide have killed their mother's abuser.

To respond to the President's challenge to learn more about it and take positive action, you may ask what exactly is domestic violence and what can we do about it. Domestic violence is the physical, sexual or emotional violence occurring between partners in an ongoing relationship. This includes heterosexual and gay and lesbian relationships. There is no typical victim and it can happen to anyone, male or female, at any time. Domestic violence knows no racial, socioeconomic or age bounds. There are three types of abuse; physical, emotional and sexual.

## You are being physically abused if someone:

- Pushes or shoves you, slaps or hits you
- Pulls your hair
- Kicks or punches you or restrains you with force
- Chokes you or throws objects at you
- Abandons you in a dangerous place

## You are being emotionally abused if someone:

- Ignores your feeling or continually criticizes you or calls you names
- Withholds approval, appreciation, or affection as punishment
- Makes all decisions for you and wants to control all your actions
- Humiliates you in public or ridicules your most valued beliefs, religion, race or heritage
- Manipulates you with lies and contradictions

## You are being sexually abused if someone:

- Makes demeaning remarks about your gender or calls you sexual names
- Forces you to take off your clothing or touches you in ways that make you feel uncomfortable
- Forces you to have sex against your will or minimizes the importance of your feelings about sex
- Accuses you of sexual activity with others

Why would someone stay in a violent relationship? Domestic violence intervention services say that women undergo gradual steps of reasoning to reconcile the violence in their minds. At first she stays because she loves her spouse/partner and believes he will grow up or change. She believes she can control the beatings by doing as he says, that it is her duty to make the relationship work, or that when he says he is sorry he won't do it again. Later she stays because she loves him-but less, she's afraid to be alone or that she can't support herself, or that his promises to change will bring her the life she dreams of. Finally she stays because of fear, or because of threats to kill her or her child, or that no one can love her. She often feels hopeless and helpless and believes she has no other options.

## What can you do if you suspect your co-worker is experiencing domestic violence?

- Don't directly confront him/her, but do express concern and willingness to listen, be supportive
- Appropriate things you can say are; I am afraid for your safety or for the safety of your children; It will only get worse; I am here for you when you are ready to leave; You deserve better than this
- If you are confided in encourage communication to his/her supervisor and to the Employee Assistance Program (EAP)
- If you witness an incident call the police immediately and make sure the incident is documented
- Take action, don't think someone else will



**THE RIGHT TO PEACE AND DIGNITY  
EXISTS FOR ALL.**

# Best Practice: Provider of Choice Patient Orientation Clinic

Learning from San Francisco VA that a new patient orientation clinic was a success, the Ambulatory Care clinics at Livermore decided to start such a clinic for all new patients in February 2001. The purpose of the orientation, designed by an interdisciplinary group of staff from Nursing, Medicine, the Business office, Patient Advocate Office and Pharmacy, was to inform patients about the services offered. In addition, patients attending the clinic completed medical and billing information, learned about telephone care, making and canceling appointments, received a Healthwise for Life book and toured the facility. Of the 111 patients who attended this clinic without a previously scheduled appointment, 103 came to their first appointment, for a no show rate of 7%. The rate for those new patients not in the patient orientation clinic was 27%. Patients who attended were positive about the clinic, noting: “all information was helpful” and “all questions were answered”

A Medical, Nursing, Clerical, Business Office and Pharmacy team at Palo Alto Division, building on the success at Livermore, is starting a new patient orientation clinic at Palo Alto Division. Voluntary Service and the Veterans Service Officers are also involved. The impetus for starting the clinic was comments from patients that the process of getting appointments is not “user friendly.” Physicians and providers also felt they spend too much time on information gathering and less time on the problem for which the patient wanted to be seen. So weekly, starting October 8, 2002 from 10-12 Noon, new patients will be seen in the orientation clinic. They will get immunizations, complete medical history information, receive a health journal and Healthwise for Life book as well as information about services and how to access services. Since there are over 250 new patients monthly at Palo Alto division, we hope this clinic will result in patients’ continuing to make VA Palo Alto Health Care System their provider of choice!



## Breast Cancer... An Epidemic Among Women

Breast Cancer is the most common malignancy in women and the second leading cause of cancer death. It is three times more common than all gynecologic malignancies put together. The incidence has been increasing steadily from 1:20 in 1960 to 1:8 women today. However, breast cancer is no longer exclusively a disease of women as was once believed.

### Risk factors include the following:

- Early onset of menses and late menopause: if the onset of the menstrual cycle is prior to the age of 12 and menopause begins after 50 there is an increased risk in developing breast cancer.
- A positive family history of breast cancer.
- Later life or no pregnancies: pregnancies prior to the age of 26 are somewhat protective. Nuns have a higher incidence of breast cancer.
- Moderate alcohol intakes: greater than two alcoholic beverages per day may increase risk.
- Estrogen replacement therapy: taking estrogen longer than 10 years may lead to slight increase in risk for developing breast cancer.

- History of prior breast cancer: history of breast cancer in one breast increases the risk for developing breast cancer in the other breast.
- Therapeutic irradiation to the chest wall: for example, those who have had treatment for cancer of the lymph nodes.
- Moderate obesity.

### Early warning signs:

- Detection of a lump – usually single, firm, and most often painless
- A portion of the skin on the breast or underarm swells and has an unusual appearance
- Veins on the skin surface become more prominent on one breast
- The breast nipple becomes inverted, develops a rash, changes in skin texture, or has a discharge other than breast milk
- A depression is found in an area of the breast surface

### So what can we do?

A monthly self breast-exam is the best way to detect any breast changes then make sure to discuss them with your medical provider.

# October Word Search



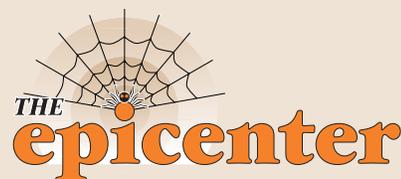
H A L L W E E C O L U D E G D U  
 C K W A Y R R O B E R O S H E Y  
 S C A R R R Y S U B M U L O C S  
 K I A P S C A R T I C K T S A R  
 T C R E A W E E N W H I H T N T  
 S G N I V A S T H G I L Y A D I  
 C N E E W O L L A H S A C C Y V  
 S A V E W I W N T O C T C H L L  
 C H I L D P I P U U M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

Find the following words in the letters above:

Candy  
 Children  
 Columbus  
 Day light savings  
 Fall

Ghost  
 Ghouls  
 Halloween  
 Pumpkin  
 Safety

Scary  
 Spooky  
 Treat  
 Trick  
 Witch



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Submissions should be received by  
 the 1st working day of the month to  
 be included in upcoming issues.  
 Due to space limitations, it is not  
 possible to publish all submissions.

We welcome any comments,  
 suggestions or story ideas  
 you may have; please contact the  
 Communications Officer (00A) at  
 ext. 64888 or directly at  
 650-858-3925.

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**Elba Soto**



Bob was actually talking about it  
 being the season for baseball playoffs,  
 football, and basketball training camp!

## NOVA Members Mark Your Calendars!

Fall Quarterly Meeting  
 Tuesday, October 22nd  
 5-7 p.m.  
 Core Building,  
 Menlo Park Division

Guest Speaker is  
**Geri Rosales**  
 addressing the issue of  
 "What Nurses Need to Know  
 About Their Retirement"

*Light refreshments will be served*