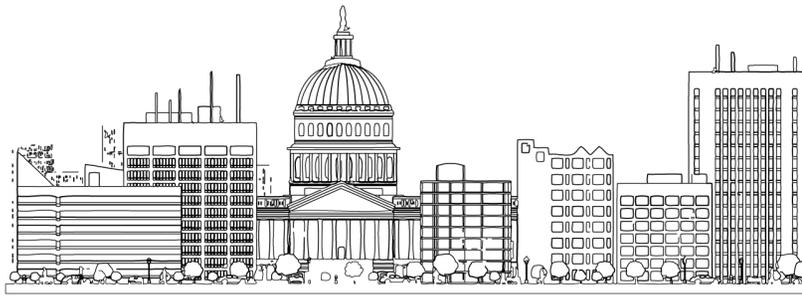


The
BOISE



August 2017

FRONT

The official newsletter of the Boise VA Medical Center

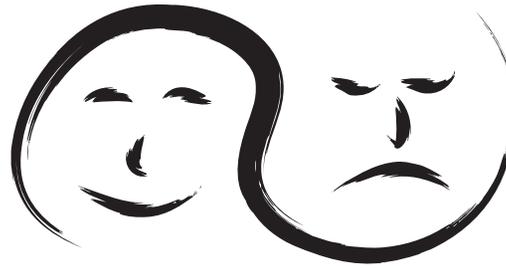


Our new Medical Media Specialist, Erik Astheimer took this photo of the eclipse, but could not explain what is occurring to cause this effect. **Do you know? Email Erik!**



Eclipse 2017 August 21st

Hello's



Goodbye's

The Boise VAMC would like to welcome our
new employees who came aboard:

Martin Specht, Behavioral Health

Angela Wiendahl, FMS

John Dyer, Nursing

Sheilha Hildebrand, Nursing

Jeremy Gardner, Nursing

Dorian Campbell, Nursing

Shirley Larrea, Nursing

Lorenzo Garcia, PALMS

Lindsay Crawford, Telehealth

Chad Magadia, Fiscal

Alberto Oviedo, Fiscal

Julie Tibbetts, Nursing

Dustin Davison, Nursing

Kimberly Fernandez, Nursing

Amy Book, Nursing

Amy Decker, Nursing

Carlos Trejo, Nursing

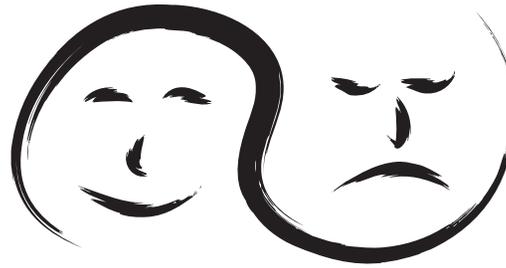
Theresa Fritz, Social Work

Larisa Kogan, Telehealth

Dawn Weiler, Telehealth

Angela Biggs, VCS

Hello's



Goodbye's

The Boise VAMC would like to say goodbye to
the employees who left us:

Kerry Punches, HRMS
Sharon Rosen, Nursing
Christine Elmore, DIS
Christopher Simonsen, HAS
Austin Haro, HRMS
Vanessa Milligin, Pharmacy
Amos Nava, HAS
Brian Maple, Police
Kimberly Poulson, Nursing
Beth Maucere, MSO
Jodi Lewis, Nursing
Sonsuk King, DIS
Donna Findling, HRMS
Annette Buck, PALMS
Rosemary Barfuss, Nursing

VETERANS GET YOUR FREE

FLU VACCINE



VA

Boise VA
Medical Center

Flu vaccines are expected to arrive mid-September and will be provided for free to enrolled veterans.

Get a flu vaccine during your scheduled appointment, walk-into any Outpatient Clinic, or attend one of the flu clinics being offered below.

**Please remember your VA ID card and clothes that help make your shoulder accessible.*

Drive-Thru Flu Clinic

Boise VAMC, Parking Lot 1

September 19 - 21

9:00am - 3:00pm

Walk-In Flu Clinics

Boise VAMC, Bldg. 85A

September 18 - November

Mon-Fri / 8:00am - 3:00pm

Caldwell CBOC

September 25 - October

Mon-Fri / 8:00am - 3:00pm



LEAD Program

The Boise VAMC Education Service has started accepting applications for the 2018 Boise LEAD: Leadership Fundamentals program. The program is designed for those employees looking to improve their leadership skills and prepare themselves for possible positions in leadership. This program supports workforce development and satisfies a VHA Performance Measure.

The LEAD program is open to employees in the following pay grades:

- GS 5 to 12
- Title 38 equivalents
- All WL and WS
- WG 5 to 15

Potential candidates must submit an application that will be reviewed by a selection board and then considered for an interview.

*** Participation in this program does NOT guarantee a promotion. ***

The Boise LEAD: Leadership Fundamentals program comprises five major components:

- Self-Assessment
- Mentor / Mentee Relationship
- Personal Development Plan (PDP)
- Team Projects
- Curriculum

Successful completion of all components is required to graduate from the program.

You must talk to your supervisor about this opportunity as it requires a significant time commitment; both during work hours and after work hours. It wouldn't hurt to discuss it with your family as well as your involvement may affect your time with your loved ones.

Time Commitment Highlights:

- Program Duration January 2018 – July 2018
- The program starts with a two-day kick-off and team building (January 17th and 18th).
- We'll meet again for two days back-to-back on January 31st and February 1st for Lean process improvement training and project



selections.

- Starting on February 14th, the class will meet every other Wednesday for 8 hours a day.
- 17 days total (~113 hours) + project presentation & Graduation
- Outside Classroom Time commitment:
 - Approximately 24 hours of meeting time with mentors
 - Approximately 20+ hours working on projects from January to July
 - Project completion, wrap-up, and final presentation will be completed by August 17, 2018. Expect to be involved with your project until final presentation.

The application process opened on Monday, August 21, 2017 and will close on Friday, September 29th 2017.

This program will only be offered once in FY18 so you will need to consider all of your options if you decide to apply. For more information and to download an application, check out the Education SharePoint site (click on the “LEAD Program” button on the left side of the page). Please contact Donna Grant at extension 7378 or by e-mail at Donna.Grant@va.gov if you have any questions.



**“Leadership and learning are
indispensable to each other.”**

~ John F. Kennedy





VA

Boise VA
Medical Center

Vietnam Veterans of America, Chapter 1025

Boise VA Medical Center

'Volunteers of the Month' - August 2017



The Vietnam Veterans of America (VVA) local Chapter 1025. The photo is of the VVA Board, from Left - Right is Richard Nota, Gordon Souza, Paul Sherman, Gary Spiegel, Tom Gase, and Ron Titus. VVA Chapter 1025 is growing and is dedicated and actively making a positive difference particularly in the lives of the local Veteran community. They are partners with the BVAMC helping to look after the best interest of the Veteran community.

Coming Soon! New Incident Reporting System

The VA is adopting the patient safety reporting system the Army, Navy, and Air Force healthcare facilities use. It's called Joint Patient Safety Reporting (JPSR). The project is expected to be completed by October 1, 2017!

- JPSR is a user-based, web application that standardizes the Department of Defense (DOD) and Veterans Health Administration (VHA) patient safety reporting systems in a shared process to better identify global patient safety issues and to increase collaboration in pursuing interventions through collection of common data points.
- This effort will allow for better insight into safety related incidents for early detection and awareness to prevent patient harm.

What does this mean to you?

- Starting October 1, 2017, patient safety incident reports will be entered into JPSR using a web-application desktop link.
- After JPSR is implemented, VistA will no longer be used to enter patient safety incident reports.
- Training on the new system will be available soon. (This system is much more intuitive to the reporter than the currently used VistA incident reporting system).

Types of Events to Report in JPSR

- Potential event (unsafe condition)
- Near Miss
- Adverse (Harm) event
- Sentinel Event

For any questions, please call or email Tammy Sanchez, Patient Safety Manager at x 7929 or email at tammy.sanchez@va.gov



Homeless Veterans Stand Down

**October 21, 2017
8am to 2pm**



For more info please call (208) 422-1000 ext. 7423

You fought for us - Let us fight for you



**PROOF OF VETERAN REQUIRED
MEDICAL SCREENINGS, HAIRCUTS,
FOOD, SURPLUS GEAR & MUCH MORE!!!**



Boise VA Medical Center - 500 W. Fort Street Boise, Idaho 83702



PRINCIPLES OF RECOVERY



- VA Staff:**
- Believe recovery is real
 - Focus on abilities, not disabilities

- Veteran:**
- Believe recovery can & does happen
 - Learn from your success

- VA Staff:**
- Assist Veterans with their own goals
 - Respond to Veterans' needs & preferences

- Veteran:**
- Be an active participant in your own recovery
 - Explore new possibilities

- VA Staff:**
- Recognize recovery is an individualized process
 - Work with Veterans wherever they are in the change process

- Veteran:**
- Believe growth comes from working through setbacks
 - Learn & practice new ways of coping

- VA Staff:**
- Offer meaningful choices of care
 - Protect Veterans' rights & dignity

- Veteran:**
- Respect the courage it takes for change to happen
 - Accept & commit to change

- VA Staff:**
- Support recovery through unique strengths in each Veteran
 - Advocate for Veterans & their families

- Veteran:**
- Commit to your own wellness
 - Advocate for yourself & fellow Veterans

- VA Staff:**
- Attend to Veterans' basic needs
 - Connect Veterans to community resources

- Veteran:**
- Attend to your physical, spiritual & mental health
 - Include at least one special person in your recovery journey

- VA Staff:**
- Provide a welcoming and safe environment of care
 - Maintain confidentiality

- Veteran:**
- Speak about what works for you & what doesn't
 - Develop your community of trust

Susie Klepacki, LCSW
 Local Recovery Coordinator
 Boise VAMC, Bld 114
 (208) 422-1000 ext. 7047

- VA Staff:**
- Honor Veterans' values, traditions, & beliefs
 - Recognize & challenge your own stigmas

- Veteran:**
- Look into your cultural values & beliefs for guidance
 - Seek support from your communities

RELATIONAL

- VA Staff:**
- Empower Veterans
 - Involve Veterans' loved ones whenever possible

- Veteran:**
- Involve families & friends in your care
 - Give back to your community

- VA Staff:**
- Encourage support among Veterans
 - Develop community partnership

- Veteran:**
- Seek help from your providers
 - Share your experiences with other Veterans in recovery



VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

10 GUIDING PRINCIPLES OF RECOVERY

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds— including trauma experience — that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

A silhouette of a person with their arms raised in a gesture of triumph or joy, set against a vibrant sunset sky with orange and yellow hues. The person is positioned in the center-left of the frame, with their arms extending towards the top right. The background is a gradient of colors from blue at the top to orange and yellow at the bottom, with some white clouds visible.

Recovery is supported through relationship and social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced

Culture and cultural background in all its diverse representations—including values, traditions, and beliefs—are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

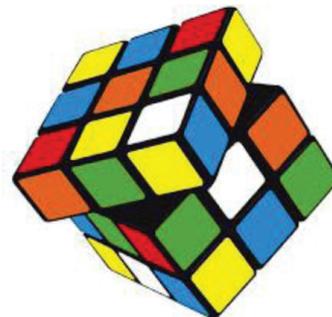
Information prepared and presented by VA Peer Support

Space Optimization – Tetris and the Rubik’s Cube

Recently our facility moved clinics (Gold team, the old Red team, and the new Green team) and is evaluating use of existing space. There are two reasons: (1) preparation for construction of a Cardiac Cath lab on the first floor of Building 67 and reconstruction/renovations of the first floor of Building 27 (including Employee Health, Orange team and other programs); and, (2) an increase in the number of veterans our facility serves, an increase of staff to meet those veteran needs, and expansion of services offered. We have not had an increase in space to meet these demands, and our current space is “full”. Although a proposal to construct additional PACT space has been submitted, we do not know if, or when, it might be approved at the national level. Leasing space requires a minimum of two years prior to securing space and requires funding from our facility operating budget.

With that in mind, the Space Committee has reconfigured to include Tetrad participation. Our executive leadership team is very interested in optimizing use of our current space, while planning for future space demands. In general, the Space Committee is considering moving administrative functions out of the buildings within the core hospital space; where clinics should be located; and, how to optimize scheduling of our clinical spaces (exam and interview rooms). We are looking for the easy answers first – Examples: Can we consolidate storage space? Are there areas that can be better configured? Staff that do not need private space for patient or staff interactions may be required to share office space. Clinical space may be reserved for clinical appointments and not used to complete administrative duties.

Our leadership is sensitive to your concerns about the space you work within. Recently following one of the Space Committee meetings the following phrase was overheard, “This space puzzle is like trying to solve Tetris with a Rubik’s Cube!” Yes, it is not easy and it will take time. If you have any suggestions for how space use in your work area can be improved, please share those ideas with your supervisor.





BOISE VA MEDICAL CENTER

PURPOSEFUL CHANGE

EMPLOYEE ENGAGEMENT

PILOT EXPANSION

Working hard to be the
“BEST PLACE TO WORK”

What is happening with Employee Engagement?

Ideas: The total number of ideas submitted for Wave 1 was 121! Wow! This is terrific. The folks who are helping with this pilot project across the VISN were so excited. They said this is BY FAR the largest number of ideas suggested by any of the sites participating in this pilot program. And, additional ideas are still trickling in!

Wave 1 Projects: 10 projects were selected by the Board Of Champions from the 121 submitted. Wave 1 Sprint Projects were Kicked-Off July 12 and are currently underway. See the attachment for information about the Wave 1 projects and the project team members.

Just-Do-Its: 21 “Just Do It” ideas were identified by the Board of Champions. We will be determining how to move these ideas forward at next BOC meeting.

Wave 2: Wave 2 projects will be considered by the BOC in September. They will consider the ideas that were not selected previously during Wave 1 AND any ideas submitted since that time. If you have additional ideas you would like considered (and are willing to be involved in a Sprint Team) – send your ideas to BOIEmployeeEngagementIdeas@va.gov

Wave 1 Celebration and Wave 2 Kickoff: Plans are being finalized for the event for Wave 1 celebration and Wave 2 Sprint projects kickoff. We are currently looking for a date the week of October 23. Look for a future announcement.

Thanks everyone for your willingness to help us make Boise a better place for our staff and our Veterans!



Congratulations!

A congratulation to our active American Society for Clinical Laboratory Science (ASCLS) Idaho members and to members of PALMS for contributing to the Children's Miracle Network fundraiser. ASCLS Idaho received a National 3rd place award consisting of a beautiful plaque. This is a great achievement recognizing the generosity of Medical Technologists in the State of Idaho.

Photo: Mary Brown and Chris DeAngelo, Chairman: Promotion of the Profession for ASCLS Idaho



VA | Boise VA
Medical Center

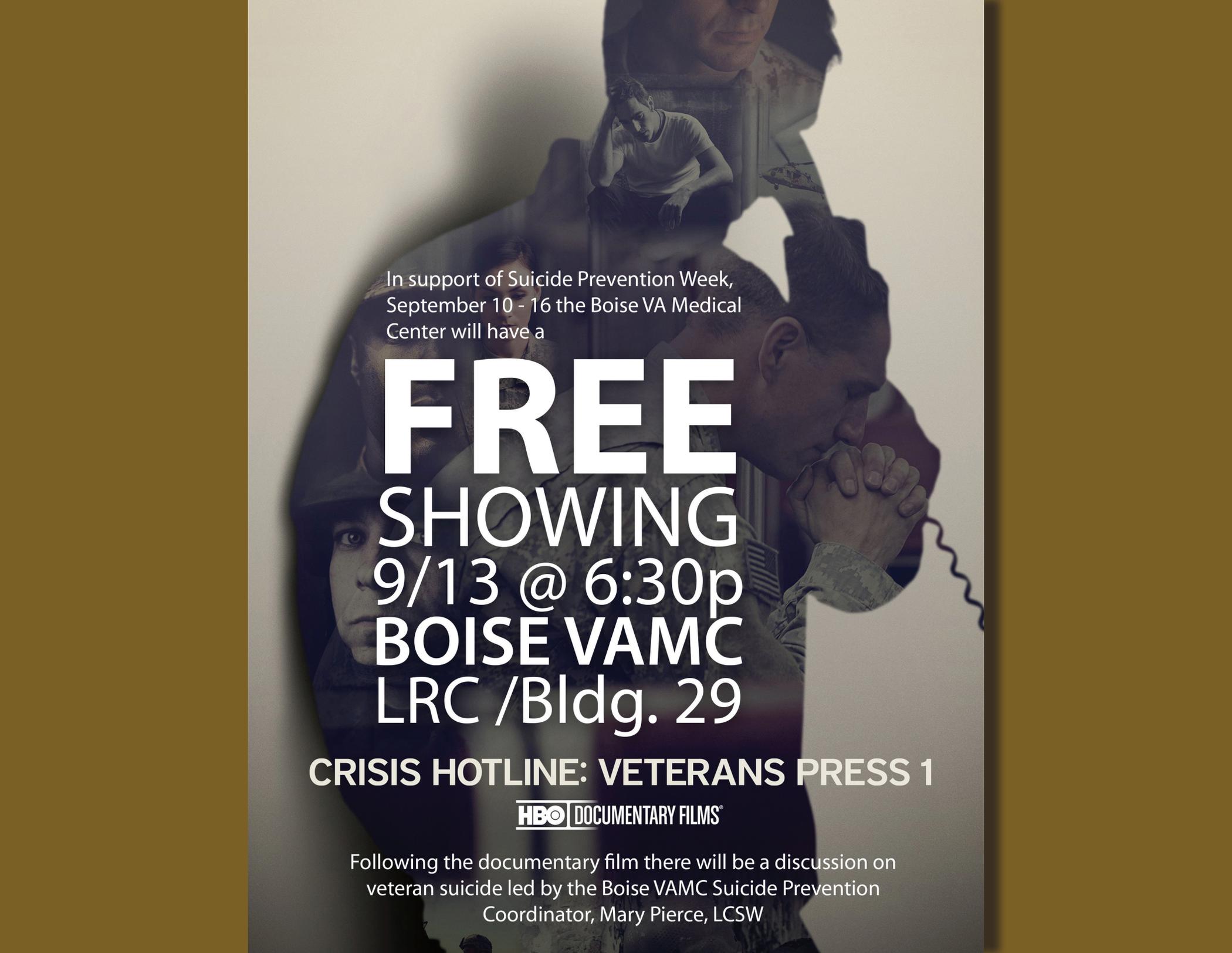
Dr. Jamie Champion

Behavioral Health
'Employee of the Month'
August - 2017



We would like to nominate Jamie Champion for Employee of the Month. Jamie serves as supervisor and mentor to several Behavioral Health staff members and trainees, and we wanted to take this opportunity to thank her for her hard work and dedication in leading our team. Jamie exemplifies traits you want in a leader: patience, thoughtfulness, gentle guidance, and a desire to help those around her grow in their own strengths. She has been presented with some unique supervisory challenges in the past year and she has managed them with kindness and perseverance.

We are lucky to have such a strong leader in Jamie and hope that the EOM committee will select her to honor the work she does with our team.



In support of Suicide Prevention Week,
September 10 - 16 the Boise VA Medical
Center will have a

**FREE
SHOWING
9/13 @ 6:30p
BOISE VAMC
LRC /Bldg. 29**

CRISIS HOTLINE: VETERANS PRESS 1

HBO DOCUMENTARY FILMS®

Following the documentary film there will be a discussion on
veteran suicide led by the Boise VAMC Suicide Prevention
Coordinator, Mary Pierce, LCSW

Intermountain CFC *We make giving easy.*



For Federal employees in Utah, southern Idaho, Wyoming, Western Colorado and eastern Oregon

Combined Federal Campaign- Big Changes

Through the Combined Federal Campaign (CFC), members of the Federal family demonstrate that our commitment to public service extends far beyond the workplace. Last year, Federal employees voluntarily participating in the CFC contributed more than \$167 million to thousands of local, national and international causes. We, and the people we serve, are all better for it.

We are pleased to announce that the Honorable Benjamin Carson, Secretary of the U.S. Department of Housing and Urban Development will serve as Honorary Chairperson of the CFC this year. The 2017 CFC Open Season, will run from October 2, 2017 through January 12, 2018. This start time is about a month later than in previous years as was recommended by the CFC-50 Commission in its report of July 2012. This will allow local campaign zones time to organize their engagement strategies in order to incorporate the beneficial key changes described below.

Key Changes for 2017

The U.S. Office of Personnel Management (OPM) contracted with The Give Back Foundation (the central campaign administrator or CCA) to develop and deploy a new national CFC donor pledging system. This new system replaces electronic CFC modules in Employee Express and myPay, as well as a variety of local systems. Beginning with the fall 2017 CFC period, anyone choosing to make an online pledge through the CFC will be directed to one CFC donor pledging system. New rules also help to streamline the process for Federal shared services and payroll providers -- they will disburse funds to one organization instead of over 120 organizations as required by the prior regulations.

In order to strengthen the CFC, capitalize on technology and address the needs and giving patterns of today's workforce, OPM has expanded the CFC donor pool in two important ways:

- First, Federal employees will now be able to pledge time to volunteer with CFC charities in addition to pledging funds. Guidance

to agencies will be provided.

- Second, OPM is authorized to solicit Federal annuitants and military retirees to continue to use the CFC for charitable giving after they leave Federal service with recurring gifts from their annuity.

What you should know NOW:

Chair: Kennedy Meyer, Administrative Officer/Pharmacy Department

Co- Chair: Michael Digiacomio, VTS Coordinator/HAS

Departmental Champions:

Dr. Flyer (Non-Institutional Care)

Melanie Hoskins- HAS

Pamela Layne- HAS

Linette Hessenthaler- Radiology

Tracy Rhodes- MSO

Alexandra Steadman- Pharmacy

Dr. Brotman- Psychology

Randy Helland- PM&R

Lindsey Abbott- HR

We are still looking for some motivated “CFC Champions” to participate and help with:

Meeting bi-weekly for 30min-1 hour to discuss new information to pass down to departments

Help coordinate events such as chili/cornbread cook-off, bake sales, basket raffles and more

Help keep track of donations and paper pledges

Help with weekly newsletter

Volunteers to help with events

Be a department representative and have knowledge in events and overall process to help fellow employees donate electronically

Help promote CFC and activities that are ongoing

Do YOU have a creative new and innovative idea for CFC? Something you think would generate a lot of excitement and enthusiasm that we could have fun with? Let us know! We want to hear from you.

Ideas & Names for CFC Champions can be e-mailed to: Kennedy.Meyer@va.gov

****Let's have fun this fall, and make a difference in other people's life****



Hot air balloons 'Surprise Landing'
August 31, 2017



National POW/MIA Recognition Day
Friday, September 15, 2017