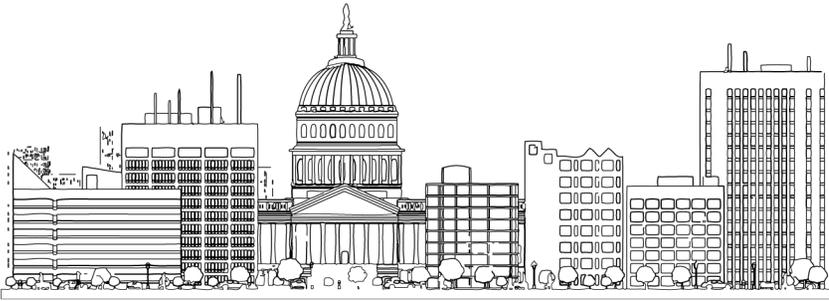




The  February 2018

# BOISE FRONT

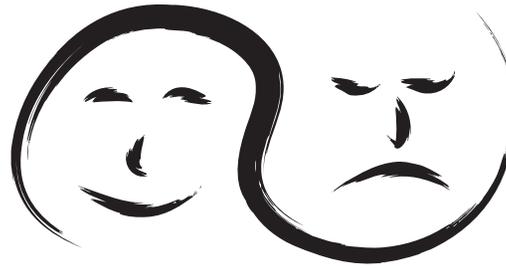
★ *The official newsletter of the Boise VA Medical Center* ★



Boise VAMC staff showing their support for Women's Heart Health during 'Go Red' month.



*Hello's*



*Goodbye's*

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

**John Robinson, EMS**  
**Megan Garner, HAS**  
**Fletcher Harris, HAS**  
**Majesta Shown-Mount, HAS**  
**Thomas Snell, Logistics**  
**Amy Glass, MIS**  
**Mary Walters, MSO**  
**Bryson Nalder, Nursing**  
**Mary Brown, Nursing**  
**Andrea Axtell, TeleHealth**  
**Rebekah Lee, TeleHealth**  
**John Robinson, EMS**

**Eve Lopez, HAS**  
**Haley Estrada, HAS**  
**Jess Patteson, HRMS**  
**Richard Christensen, MSO**  
**Joy Teats, MSO**  
**Tamara Hazen, Nursing**  
**Angela Williams, Nursing**  
**Stacey Christopher, Nursing**  
**Carri Collins, Nursing**  
**Terra Cameron, Nursing**  
**Timothy Cook, OQPI**  
**Nicholas Hawkins, ITOS**

*Hello's*



*Goodbye's*

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

**Chad Rohr, HRMS**  
**Corrie Cox, Nursing**  
**Timmaree Hymas, VCS**  
**Daniel Elmore, Nursing**  
**Ernest Huber, HAS**  
**Clifford Boxer, HAS**  
**Darlene Biar, MSO**



# VA

Boise VA  
Medical Center

# Kevin Sligar

Behavioral Health  
*'Employee of the Month'*  
February - 2018



It is my pleasure to nominate Kevin Sligar for employee of the month. Since starting on MHICM almost 3 years ago, he has been an incredible asset. His input and participation on our interdisciplinary team and more specifically, as a case manager, has allowed him to demonstrate some of his most admired qualities including but not limited to ingenuity, professionalism, organization, flexibility, and interpersonal effectiveness. His enthusiasm for being a team player and partnering with a complex Veteran population has been demonstrated in his consistent desire to take on additional responsibilities and ability to produce positive outcomes. His sense of dedication and ability to respond to challenging situations as well as high workload requirements is greatly appreciated.

He without fail, brings a sense of passion and responsibility to his role that is a result of both his intellectual abilities and his practical experiences. His willingness to help, wherever and whenever help is needed is respected and valued. Kevin doesn't blink an eye when he is asked to take on more and often volunteers to do complete tasks that are not always the most enjoyable. We are incredibly fortunate to have Kevin in BH and more specifically on the MHICM team.

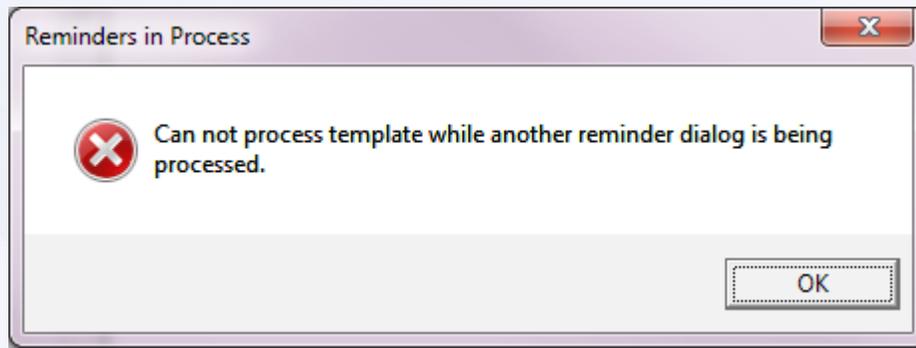
Please join me in congratulating him on his continued hard work and dedication to our Veterans. Please continue to let us know when you see co-workers going above and beyond in the work they do.

# CPRS *Cool Tip*

Moving reminder dialog templates (from multi-monitor use)

It's time to republish this article with the increase in multi-monitor usage and new employees.

Have you ever encountered the following error message when trying to open a template and you cannot see the template?



This means that there is already a template that is open, but if you cannot see the template, it may be due to the template being open on another monitor (even if you're currently on a system with only one monitor).

There's a couple of ways to access the template; one way is to try the super-secret key combo of grabbing it and pulling it back onto your main monitor: Alt + spacebar (at the same time then release), M (release), left arrow key (repeatedly until you see your template appear). Sometimes the template is difficult to "grab." Once the above error window opens, the CPRS window (not your template) is the window you'll be grabbing so I've found that the best chance of grabbing the template is by selecting a new patient, selecting any reminder dialog template as designated by the alarm clock icon to the left of the name from the "Shared Templates" or "My Templates" folders (and selecting location, appointment, and/or progress note title, if applicable) and then using the super-secret key combo (Alt + spacebar, M, left arrow key) as described above. The 2nd way is

to log into a multi-monitor system and drag your reminder dialog template back onto your main monitor before logging out of CPRS. The best way to prevent this is by always pulling your reminder dialog template over to your main monitor before logging out of CPRS when using a multi-monitor system.

Having the templates stay on the monitor you pull them to is nice when you're always on a multi-monitor system, but it can be something to get used to when you switch between multi-monitor systems and single-monitor systems.

Extraneous learning opportunity:

"Alt + spacebar" opens the menu of the window (in this example, the window = template). "M" commands it to move and the arrow key tells it which way to move. I have found that just after one or 2 arrow key hits, your mouse can move it.

When you see or hear "reminder dialog" (as shown in the error message), it is the format of the template you are trying to open. If you're accessing the template from "My Templates" or "Shared Templates" folder, you can differentiate a "reminder dialog" template from a "xml" template by the icon that is to the left of the template name. If the icon is a little alarm clock, that template is a reminder dialog template. Any other icon designates a xml template. There are many differences between the 2 formats, but one big difference is that xml templates are built in CPRS and reminder dialog templates are built in Vista. Interestingly, xml templates will always open to the monitor that your CPRS is up on no matter if you move the xml template over to the other screen. If only the reminder dialog templates would behave like the xml templates, we wouldn't have to share this tip.

If you ever have a question on reminder dialog templates or clinical reminders, please feel free to contact me.

~Colette Manning, RN, BSN  
Clinical Applications Coordinator, ext. 7971

# GET TO KNOW YOUR BVAMC *Endoscopy Clinic*

The BVAMC Endoscopy Dept. is a 2 procedure room unit that offers GI and pulmonary services. On average our unit sees 70+ patients a week for procedures. We have 8 nurses and 2 technicians who assist in procedures and 2 advanced clerks. Additionally, we have 4 volunteers as well.

We currently have eight Gastroenterologists who rotate through our dept. from IGA (Idaho Gastroenterology Associates). We also have 4 pulmonologists that perform procedures in Endoscopy.

Our dept. performs Colonoscopy, Flexible Sigmoidoscopy, EGD (Esophagogastroduodenoscopy), ERCP (Endoscopic Retrograde Cholangiopancreatography), Feeding Tube Placements w/new ENFIT products, Bronchoscopy, EBUS (Ultrasound Guided Bronchoscopy). We also have a weekly GI Clinic on the Purple Team.

In 2017, the Boise VA Endoscopy Dept. has performed a total of 1,985 Colonoscopy procedures alone. Way to go Team!

Our long-time beloved & renowned Gastroenterologist Dr. Paul Baehr retired at the end of Feb 2018 (VA & IGA). He has been at the VA for over 24 years and has positively impacted the VA and

our veterans in such a way that he will have made a lasting impression on all our lives. We wish him well in his retirement. We will miss him greatly!

We also welcome our new full-time GI PA-C Danielle "Dani" Burke! Dani has a wealth in knowledge in GI and Internal Medicine. Her energy & enthusiasm is contagious to both our Veterans and staff. We are ecstatic that she is here!

In addition, we have hired a new full-time Gastroenterologist! Dr. Elsbeth Jensen-Otsu. She is from the University of Washington; and we anticipate her arrival in September 2018. We are so very excited to have her on board!

The Endoscopy Dept. plans to move to Bldg. 27 1st floor w/in the next 2 years. This is a long-anticipated move. The new unit provide our veterans & staff w/improved space for privacy & access.



**Boise VAMC Endo Staff**

# Do You Have A Traveling Veteran?

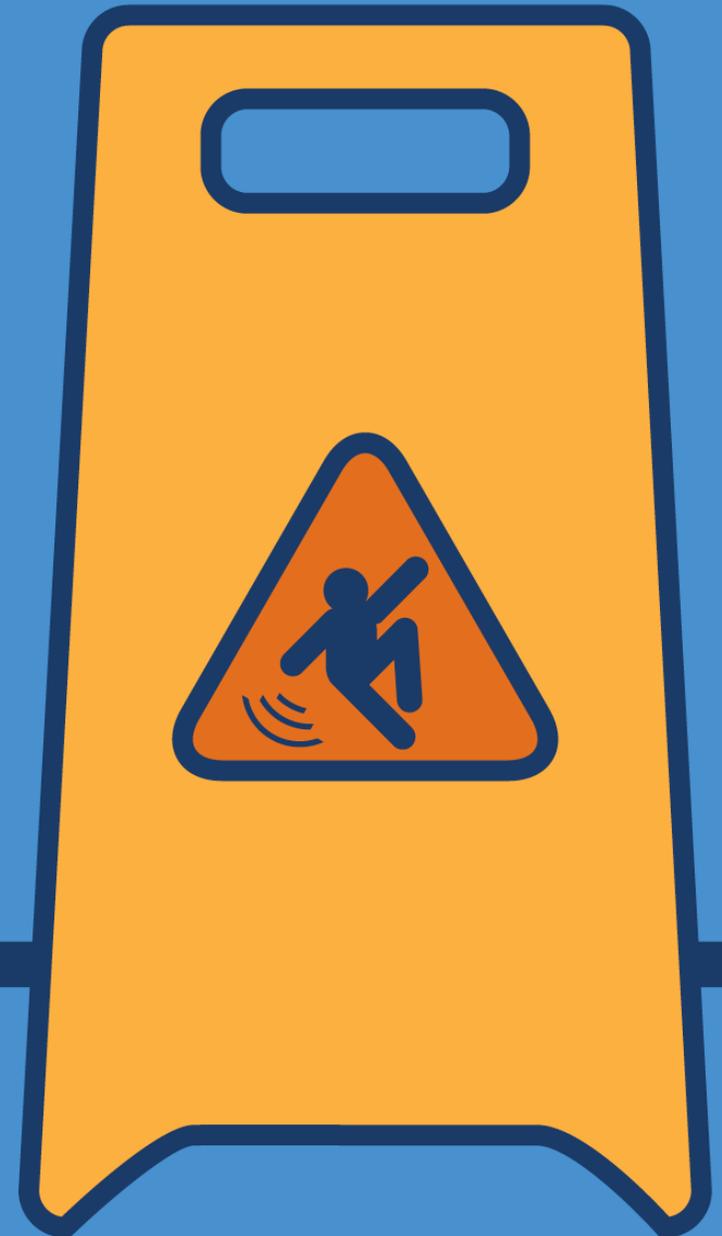
This may be any veteran traveling outside the Boise VA catchment area needing care while they are away from home. May include labs, PT/OT, urgent care or specialty care and some medications.

**The Boise VIRS/Traveling Veteran Coordinators are here to help.** Simply place a Traveling Veteran Coordinator Consult and we will forward it to the correct facility



Please join me in congratulating Michael Deschene from the Blue Team-Out Patient Department on becoming the latest SPHM SLIP of the Quarter. Mike has taken the lead on numerous patient falls, injuries and safe vehicle transfers at hospital front entrance area and parking lot. He follows up these incidents with necessary incident reports, AAR's and other detailed documentation to support the business case for a greatly needed Transport/Safe Lift Team. Mike ensures and conducts required annual staff SPHM training and represents the SLIP team by attending SPHM Committee meeting when possible.

Thank you Mike for your outstanding efforts and continuing dedication to our SPHM program promoting safety for Staff and our Veterans!



Volunteer Hospital work became the second National Program adopted by the Veterans of Foreign Wars Auxiliary in 1928. Over the years we have seen many of our men and women return from foreign battles, seeking treatment in our VA Hospitals. Our volunteers continue to be steadfast and strong in serving these individuals. We have one member that has volunteered at the Hospital for over 50 years.

As times are changing, we have expanded from just doing a monthly ward cart to reaching out to the VA clinic in Caldwell to furnish snacks, coffee and water as well as the women's clinic in Boise. We have made sure that any comfort item a Veteran wanted was available for them with the ward cart. We have 5 local Auxiliaries that participate in the many activities at the VA Medical Center in Boise. We have many volunteers that donate items, volunteer at special events, bingo, patient carnival and ward cart. Auxiliary's in the other parts of the State donate monies for Christmas Cheer and for the items needed to purchase.

Our Department President Marilyn Neal and Department Hospital/VAVS Representative Susan Moore have made it clear the importance of our VA Hospital. From a fund raiser we were able to reach out to Home Based patients and donate needed Fire Alarms and various types of socks. We also were able to sponsor snacks and coffee at the Caldwell clinic. We were also able to donate water and gift cards to the Women's clinic.

Visiting with Veterans is a great privilege and each Auxiliary should be very proud of what they have done for Hospitalized Veterans. As our Department President Marilyn Neal states, "Stand Up for Veterans". Volunteering is rewarding and makes you feel good!

Susan Moore, VFWA



L – R: VFWA Marilyn Neal, Dep of ID President; Cynthia Jones, VAVS Rep for VFW, Sharon Clark, Chf, Vol Svc, and Susan Moore, VAVS VFWA Rep. & Hosp. Chairman



Susan Moore with staff from the Womens Clinic while donating several items for the patients.

# Boise Veterans Affairs Medical Center Office of Alternative Dispute Resolution Sponsors Mediation Training

When job demands, miscommunication and seemingly unsolvable problems result in increased tension and ongoing conflict, Boise VA employees turn to the Office of Alternative Dispute Resolution (ADR) for help. The Boise ADR program, managed by VA Health Systems Specialist Jim Winget, uses trained mediators to work with employees from all hospital service levels and departments to achieve peaceful settlements and reduce stress in the workplace.

Mediation is a process used to resolve problems between individuals or groups. The Department of Veterans Affairs uses the co-mediation model in which two mediators help facilitate communication between parties. In this process, mediators help the parties discuss the problem, identify possible differences in perspectives, communication or work styles, and explore options to create a voluntary, mutually acceptable solution.

Mediators are impartial with no personal interest in the dispute, nor do they act as judges or assess blame. A mediator is expected to guide the negotiations and communications between the parties, or in cases where the issues are clearly defined, a mediator may simply facilitate discussions in a safe and neutral environment. Because mediators are specially trained and experienced in conflict resolution techniques, they are able to help the parties work through strained or emotional interactions, distrust, and long standing conflict. Mediation sessions are confidential, and mediators do not disclose information to individuals not involved in the dispute resolution proceeding.

Any employee may request mediation, either by contacting Jim Winget directly at [James.Winget@va.gov](mailto:James.Winget@va.gov) or 208-422-1493, or by speaking to a supervisor, service chief, human resources or Union representative. Jim Winget ensures the appropriate parties are willing to mediate, advises everyone on who will participate in the process, assists in scheduling the mediation, and oversees compliance with any agreement reached.

# First Responders and the Florida High School Shooting

On February 14th, 2018, another tragic active shooter incident occurred, this time at the Marjory Stoneman Douglas High School in Broward County, Florida. Seventeen students and staff were killed and a dozen injured by a shooter whose name doesn't even deserve to be mentioned.

One frustrating aspect to this story is that there was an armed Broward County Sheriff's Office SRO Deputy who was at the school at the time of the shooting. Rather than respond to the active shooter like you would expect a law enforcement officer to do, the deputy stood-by outside of the school and waited for other first responders to arrive. He never did enter the school to confront the shooter.

The VA Police train on Active Threat (active shooter) response on a quarterly basis. Our officers are trained to respond to active shooters immediately with the intent to save lives and stop the violence. This includes scenario based training which challenges our officers to respond as a single officer or as a 2 officer team. These scenarios are not easy and require the officer to make good use of force decisions in rapidly evolving situations. We also conduct live fire training with decision based use of force targets.

Even though we live in Idaho, we are not immune to active threat or active shooter incidents. It's better to be mentally prepared in advance so if the unthinkable happens, you will be ready to respond. I always encourage people to be aware of their surroundings. Know your exits or where the best escape routes are if you need to quickly remove yourself from a situation. If you are unable to exit, determine where you can go to find adequate cover or concealment and if your area can be barricaded. Finally, if you are faced with an assaultive person, what items are available for you to defend yourself with? Don't panic, think through the situation and make a plan to survive!

If you have any questions about VA Police response to active shooter or advice on what to do in the event of an active threat incident, feel free to contact me!

Lt. Gregory Drake  
Gregory.drake@va.gov  
VA Police- x1122

# SUCCESSFUL COMPLETION of First of Three Women's Health Provider Musculoskeletal Evaluation SIM Course for 2018

Back problems, musculoskeletal conditions and joint disorders commonly impact the health of our Female Veteran population. An intensive simulated continuing education program, now available at the Boise VA, was developed by an inter professional team from SLC VA in 2016. The course offers an intensive three day mentored musculoskeletal course that emphasizes physical examination skills and medical decision-making for the primary care provider.

A small learner to instructor ratio and structured repetition is credited with allowing enough supervision to perfect the manual skills and exam sequence. Learners report improved confidence in their ability to improve diagnosis based on history and physical, reduce unnecessary imaging and improve patient care.

This course was funded by a program grant through the Veterans Affairs Comprehensive Women's Health Office of Women's Health Services obtained by Dr. Ann Hansen and Dr. Paula Carvalho. This program complements Dr. Hansen's ongoing work to improve muscular back pain for our Veterans.

Two upcoming classes are scheduled in 2018 for providers; June 6-8, and August 22-24, If you are interested in attending, or for more information, please contact Dr. Ann Hansen ([ann.hansen2@va.gov](mailto:ann.hansen2@va.gov)).





# March is National Nutrition Month

National Nutrition Month® is a nutrition education and information campaign that was created in 1973 by the Academy of Nutrition and Dietetics to focus on the importance of making informed food choices and developing sound eating and physical activity habits.

For information on nutrition and healthy eating, visit the information table in the Boise VAMC Outpatient Clinic each Wednesday in March. Also look for weekly emails to introduce our staff of 7 registered dietitian nutritionists (RDNs) and 1 diet technician.

Is your favorite recipe high in fat? Sugar? Salt? Submit the recipe for a makeover to: [barbara.perry2@va.gov](mailto:barbara.perry2@va.gov) during the month of March.

# Month

# 2018 PATIENT SAFETY GOALS

## IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

- ★ Use at least two identifiers when providing care, treatment and services. *(All)*
- ★ Eliminate transfusion errors related to patient misidentification. *(Amb. Care & Hospital)*

## IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

- ★ Report critical results of tests and diagnostic procedures on a timely basis. *(Hospital & Laboratory)*

## IMPROVE THE SAFETY OF USING MEDICATIONS

- ★ Label all medications, medication containers and other solutions on and off the sterile field in perioperative and other procedural settings. *(Amb. Care & Hospital)*
- ★ Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. *(Amb. Care & Hospital)*
- ★ Maintain and communicate accurate patient/resident medication information. *(Amb. Care, Behavioral Health Care, Home Care & Hospital)*

## REDUCE THE HARM ASSOCIATED WITH CLINICAL ALARM SYSTEMS

- ★ Improve the safety of clinical alarm systems. *(Hospital)*

## REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS

- ★ Comply with current CDC/WHO hand hygiene guidelines. *(All)*
- ★ Implement evidence-based practices to prevent health care-associated infections due to multidrug-resistant organisms in acute care hospitals. *(Hospital)*
- ★ Implement evidence-based practices to prevent central line-associated bloodstream infections. *(Hospital)*
- ★ Implement evidence-based practices for preventing surgical site infections. *(Amb. Care & Hospital)*
- ★ Implement evidence-based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI). *(Hospital)*

## REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS

- ★ Reduce the risk of falls. *(Home Care)*

## THE HOSPITAL IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION

- ★ Identify patients/individuals at risk for suicide. *(Behavioral Health & Hospital)*
- ★ Identify risks associated with home oxygen therapy such as home fires. *(Home Care)*

## UNIVERSAL PROTOCOL FOR PREVENTING WRONG SITE, WRONG PROCEDURE, WRONG PERSON SURGERY

- ★ Conduct a pre-procedure verification process. *(Amb. Care & Hospital)*
- ★ Mark the procedure site. *(Amb. Care & Hospital)*
- ★ A time out is performed before the procedure. *(Amb. Care & Hospital)*

Media/Quality/Pt Safety/Pt Safety Goals 2017/Pt Safety Goals Pstr 2017



U.S. Department of Veterans Affairs

Veterans Health Administration:  
Nebraska-Western Iowa Health Care System

