Illiana News
"Proudly Serving Those Who Served"
Department of Veterans Affairs
Illiana Health Care System
April 2015

Veteran Huddle Board

Pictured left to right: William Cole (Veteran), Dennis Paul Bowen (Veteran), Ryan Lane (Veteran and Library Manager), Zane Greene (Co-Op student in library), and Randy Stav (Veteran).

The Voice of the Veteran has taken on a new shape in the Illiana Library - The Veteran Huddle Board. The mission of the Veteran Huddle Board is to "Have the voice of the Veteran be heard and acted up". This was started by Ryan Lane, our Library Manager, after Veterans brought issues and concerns to the table with no resolution. The team, which consists of Veterans, Veteran-employees and non-Veteran employees, meet every Thursday to talk about new and existing issues. Concerns that deal with the Library are handled by the Library staff, but issues that can't be addressed there are taken to the Veteran/Family Advisory Council or the Veterans Experience Board. We've had many successful resolutions to issues including: the cleanliness of the library, confusion of kiosks in hallways, donuts and snacks in the Library and Wi-Fi connectivity for the Veteran computers.

Diane Buss, MS, RN, VHA-CM
Designated Learning Officer
Supervisor, Education and Training Service

Executive Corner

There are two things I'm proud of here at VAIHCS. One thing I'm proud of is our staff and their understanding of the mission we serve by providing high quality, timely and appropriate patient care to our Veterans. The second thing that I am proud of is that our commitment to that mission and how it has helped us develop a strategic direction for the betterment of our Veterans. I've seen teams partner and embrace the Patient Aligned Care Teams (PACT) tools while construction of clinics made the space align with that PACT philosophy. I've witnessed the transition from traditional nursing home standard to the Green House Project model, leading the way in how we provide care in the short and long term geriatric care through this new model of care. I have also appreciated that our psychiatry program has transitioned to advanced outpatient services to address multiple elements of mental health and social service needs. I'm proud that we had a vision and that we reached that goal.

Once again, we have become a leader in healthcare by providing social service improvements to end homelessness, which was our previous Secretary's number one goal. Our vision to end homelessness became a reality through the Building Utilization Review and Repurposing (BURR) initiative. Back in late 2010, we received approval through the enhanced use lease authority to enter into a public-private partnership with the Mercy Housing Lakefront out of Chicago, IL. This collaboration through the BURR initiative will provide 65 units of housing for our homeless population. We were one of 34 facilities VA-wide to receive this endorsement. The value of this initiative is that it will provide housing for our homeless Veterans, their spouse and family members. This is unprecedented as most VA benefits only support the Veteran, but not the family. Homeless through the "housing first" concept will allow our Veterans to establish a stable housing environment before they can address other clinical needs through our VA services. That vision to provide one, two, and three bedroom units on 15 acres on our Danville property went through many local and national hurdles. This required working with the Danville Public Housing and the Department of Housing and Urban Development (HUD) to reallocate our HUD/VA Supportive Housing (VASH) vouchers to Mercy Housing to fund many of the residents that will occupy the BURR building. We also collaborated with local city and county officials as well as other stakeholders to vet all concerns for this homeless program expansion. I recently attended Danville's City Council to pave the way for the

(continued on page 3)

Calendar of Events

Alcohol Awareness Month

National Occupational Therapy Month

Battle of Okinawa Begins (1945)
April 1

Good Friday
April 3

Easter Sunday
April 5

U.S. Entered WWI (1917)
April 6

National Former POW Recognition Day
April 9

National Alcohol Screening Day
April 9

Bataan Death March (1942)
April 10

Paralyzed Veterans of America Established (1946)
April 14

Holocaust Remembrance Day
April 16

Oklahoma City Bombing (1995)
April 19

Earth Day
April 22

Administrative Professional Day
April 22

Arbor Day
April 24

Fall of Saigon (1975) 40th Anniversary
April 30

Cambodia Invaded by U.S. (1970)
April 30

Executive Corner (continued)

final signature need to receive VA approval on March 31, 2015. We are proud to see this initiative a success and look forward to seeing construction start for the new BURR building.

I am proud of many things that we do here at VAIHCS. But I am especially proud of the journey that we have traveled to make our BURR initiative possible, that we are a leader in providing the best care anywhere, and that we have great staff to provide that care. Thank you for what you have done and what you do every day for our Veterans.

Diana Carranza, FACHE
Associate Director

VAIHCS Participates in National Patient Safety Awareness Week Activities!

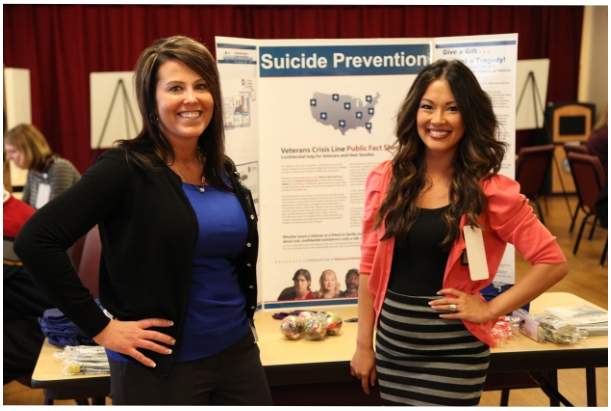
The theme for Patient Safety Awareness Week 2015 was UNITED in Safety. This was a week to recognize the advancements that have been made in the patient safety arena, while acknowledging the challenges that remain and committing to work on them, every day.

In celebration of Patient Safety Awareness Week, employees had the opportunity to participate in a Patient Safety Fair, a series of webcasts presented by the National Center for Patient Safety and Department of Defense, as well as the Daily Double question. Please see the Patient Safety SharePoint site for available copies of the material presented. Veterans were provided with Patient Safety Tips on the daily meal trays, through the outpatient Pharmacy in Danville and Peoria, and in all outpatient waiting rooms.

A big thank you to all staff that walked through the Patient Safety Fair! A random drawing was held of those who submitted a completed map, signifying that they had stopped at every booth. In addition, we randomly selected a winner from several staff members who identified more than 18 issues in the "Room of Errors" at the fair. Lastly, all correct responses to the Daily Double question were collected with a random winner selected for each day. Congratulations to Lisa Hillary, Stella Emerick, Christina Myers, Michael Brown, Steven Henson, Jessica Biava, and Donna Hedge.

Thank you for your continual dedication to ensure safe care for the Veterans we serve!

Kendra Kinney
Patient Safety Program Assistant



Medical Foster Home Program Receives Level 4 Recognition

The VA Illiana Health Care System (VAIHCS) Medical Foster Home (MFH) Program recently achieved Level 4 Recognition through VA Central Office (VACO). Recognition by VACO as a Level 4 MFH Program is the highest level that a MFH program can attain.

In order to request consideration for Level 4, a MFH Program must have completed numerous steps. These include developing MCMs and SOPs related to the program, a site specific Caregiver Guide, an action plan, requesting permission to place and having an operational MFH with Veteran(s) placed. A formal request for Level 4 is then submitted to VACO and reviewed. The VAIHCS MFH Program officially became a Level 4 Recognized MFH Program on March 18, 2015.

The VAIHCS MFH Program currently has two Medical Foster Homes and has placed three Veterans since the inception of the program. All Veterans in the program receive community based services from either Home Based Primary (HBPC) or Mental Health Intensive Case Management (MHICM). The ability to coordinate with both of these programs and their support has been invaluable to the success of MFH.

The VAIHCS MFH Program is currently recruiting MFH Caregivers and Veterans who would be interested in participating in the MFH Program. For more information, please contact Kelly Belinger-Sahr, MFH Coordinator, at (800) 320-8387, ext. 47375.

Kelly Belinger-Sahr, LCSW
Medical Foster Home Coordinator

Amber Clark

Social Worker of the Month!

Congratulations to Amber Clark, Mattoon Social Worker for being selected Social Work Employee of the Month for February 2015. The VA has influenced Amber to listen more intently when hearing Veteran's outside the VA speak about their time in the service or issues they may be having. "I honestly didn't give the VA much thought until I started working for the VA. I try to educate Veterans around me to what the VA can offer and how to access the different branches of the VA. (VBS vs VHA)".

Food Safety for the Summer!

Warm weather is here at last, which means it is time to kick back, enjoy the sun and uncover the grill! This season, don't let the happy and relaxing times be marred by foodborne illnesses. Keep the following tips in mind to ensure the safety of yourself, your family and your friends!

From the Store to Your Door

- Put meat in separate grocery bags to keep juices from leaking
- Meat should be the last item you grab; make sure the bag is not torn and that it feels cold
- Plan to drive directly home from the store

From Your Door to the Meat Drawer

- Keep refrigerated items below 40°F
- Never leave raw meat or other perishable foods at room temperature for more than 2 hours
- Use ground meat and poultry within one or two days
- Use beef, veal, pork and lamb chops and steaks within five days

From the Chiller to Your Griller

- Use a food thermometer to make sure your meat is a safe temperature (see the chart below)
- Keep hot food at 140°F or warmer until served
- Have a clean plate ready for the cooked meat; never put it back on the plate that held raw meat

Today's Lunch to Tomorrow's Munch

- Refrigerate cooked meat and poultry within two hours
- Properly refrigerated meats and poultry can be stored for three to four days
- Frozen meats and poultry can be kept for about four months
- Heat leftovers to 165°F

Safe Cooking Temperatures:

Ground Beef, Pork, Veal, Lamb, Turkey, Chicken	**160°F**
Beef, Veal, Lamb, Pork (Steaks, Roasts, Chops)	**145°F**
Poultry	**165°F**
Fish	**145°F (or until flesh is opaque and separates with fork**

Emily Davis
Dietetic Intern

Carbapenem-Resistant Enterobacteriaceae (CRE)

CRE, which stands for carbapenem-resistant Enterobacteriaceae, are a family of germs that are difficult to treat because they have high levels of resistance to antibiotics. *Klebsiella* species and *Escherichia coli (E. coli)* are examples of Enterobacteriaceae, a normal part of the human gut bacteria, that can become carbapenem-resistant.

Healthy people usually do not get CRE infections – they usually happen to people in hospitals, nursing homes, and other healthcare settings. Veterans whose care requires devices like ventilators (breathing machines), urinary (bladder) catheters, or intravenous (vein) catheters, and Veterans who are taking long courses of certain antibiotics are most at risk for CRE infections. Infections with these germs are very difficult to treat, and can be deadly.

Carbapenem-resistant Enterobacteriaceae (CRE) appear to have been uncommon in the United States before 1992. However, carbapenemase-producing Enterobacteriaceae, most commonly producing *Klebsiella pneumoniae* carbapenemase (KPC), have disseminated widely throughout the United States. The first reported case was in North Carolina in 2001, followed by nine cases in 2002-2003 being in New York City. In addition to KPC-producing Enterobacteriaceae, several different metallo-â-lactamase-producing strains have been identified in the United States since 2009. These enzymes are more common in other areas of the world and in the United States have generally been found among patients who received medical care in countries where these organisms are known to be present.

What is VA Illiana doing to prevent the spread of CRE?

- Developing a screening algorithm for possible high risk candidates, this will be part of the admission note in Acute, Long Term and Mental Health inpatient units.
- Updating the inter-facility transfer note to include information regarding Multi- Drug Resistant Organisms (MDROs).
- Implementing Contact precautions for Veterans who screen positive as high risk candidates.

What can you do to prevent the spread of MDROs?

- Proper hand hygiene
- Identify colonized and infected patients in the facility and ensure precautions are implemented.
- Follow isolation policies and other infection control policies and encourage others to due the same.
- When transferring a patient, notify the other facility about infections, including CRE.

If you have any questions please contact Infection Control at extension 44804 or 43243.

Stephanie Green, BSN, RN
MDRO Coordinator

References

Center for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases. (2015). Carbapenem-resistant enterobacteriaceae in healthcare settings. Retrieved from website: http://www.cdc.gov/HAI/organisms/cre/

Gupta, N., Limbago, B., Patel, J., & Kallen, A. (2011). Carbapenem-resistant enterobacteriaceae:epidemiology and prevention. Clinical Infectious Disease , 53(1), 60-67. doi: 10.1093/cid/cir202

Just Culture

WHAT IS A "CULTURE OF SAFETY"? A Culture of Safety refers to an ongoing effort by ALL employees to:

- Report, report, report!
- Identify and repair weaknesses in system design with new practices, policies, procedures, and guidelines that streamline and strengthen the system to prevent recurrence.
- There is no room for blame, name-calling, finger pointing or other negative behaviors. It's not about 'who did it' or 'who reported it.'
- A Just Culture is one that is always mindful of the things that can go wrong.
- A "culture" is expressed in the beliefs, attitudes, and values of employees.

Based on the Patient Safety Culture Survey from 2014, the culture at VAIHCS was rated to be healthier than the average VHA facility. Does that mean our work is done? Of course not!

There is ALWAYS room for improvement. Creating a culture of safety involves looking from a different perspective in search of a creative solution. Have you ever heard the saying "If you keep doing what you've always done, you'll keep getting what you always got?"

What creates a culture of safety and how do we get there? Stay tuned for the topic next month- Just Culture and Teamwork.

Kendra Kinney
Patient Safety Program

2nd Quarter Unit Peer Leader Winner!

I would like to congratulate Alice Sollars on being a fantastic co-worker and champion of the Safe Patient Handling Program. She is wonderful to work with and always has our Veterans and employee's backs. She assists with training new and seasoned staff on CLC 1-2. She demonstrates proper use of the equipment and is there to assist with the correct selection of equipment that best fits the Veterans' needs.

She consistently evaluates the slings for tears, frayed edges and promptly places them out of service. She is an advocate for using the equipment, explaining and encouraging all staff to take a few minutes to retrieve the equipment and sling prior to recovering Veterans from the floor. Although some Veterans may be somewhat reluctant to utilize the equipment, she always takes the time to explain the process and helps alleviate their fears and concerns.

Alice, your hard work and dedication does not go unnoticed. Thank you so much for all that you do! You are AWESOME!

Amanda Stevens, MSN, BSN, RN
Safe Patient Handling Coordinator & Falls Prevention Coordinator

Illiana Safety News

APRIL 2015, NUMBER 16

Illiana Safety News will be distributed on a quarterly basis to share safety information with VA Illiana Health Care System staff. Questions or comments should be directed to the Safety Office at 45149.

Make it your mission, not to live with an unsafe condition

It is better to lose one minute in life... than to lose life in a minute

Think smart before you start.

VA ILLIANA INSTRUCTIONS IN THE EVENT OF FIRE

1. Any employee discovering a fire or smoke condition at the VAIHCS Medical Center will immediately take the following actions (RACE plan) for the preservation of life and property:

a. **Rescue.** Remove any person in the immediate danger of the fire to the nearest area of refuge (i.e., the nearest unaffected room).

b. **Alert.** Tell other staff members in the area of the fire situation and activate the fire alarm system by pulling the nearest fire alarm pull box. When the alarm is pulled, a signal is automatically activated at the Public Safety Building which notifies the Fire Department. Notify the Telephone Operator/AOD by dialing "45000". Identify yourself and give the exact location and type of fire.

c. **Confine.** Close all doors and windows in the fire area. All corridor doors and all zone protection doors will be closed immediately and all patients and visitors cleared from the corridors.

d. **Extinguish/Evacuate.** If in immediate danger from fire or smoke, evacuate all patients, employees, and visitors in the immediate fire area to a safe point beyond the next smoke barrier partition. Search all fire zone areas to make sure they are vacated. Do not attempt to use a fire extinguisher unless you have had fire extinguisher training. Be aware of the locations of fire extinguishers in your area of work.

2. **Danville VAMC Health Care Occupancies:** (Buildings 58, 101, 103, 128,129) Patients and staff **will not be evacuated to the outside**, but will defend in place. Staff will move patients/guests to the next compartment horizontally beyond the smoke/fire doors where the fire is located. If on a ward where there is no fire or smoke, reassure patients and visitors and keep them in their rooms with their doors closed.

3. **Danville VAMC Business Occupancies:** (14, 102, 98 and CBOC's). Employees, patients and visitors will evacuate the building during a fire alarm. Non-Ambulatory persons in multistory buildings who are located on floors above the ground floor during a fire alarm will be escorted to a safe stairway exits furthest away from the fire by responsible staff. Other staff will be sent to notify the emergency responders that assistance is needed on the upper floors along with the location and number of persons who need assistance. If the fire location is the center zone, wheelchair individuals will be escorted to either end of the building. Staff will wait with these individuals until the "all clear" is given or the order to evacuate is made by persons of authority (police, fire department, QUAD, etc). After evacuation, staff will congregate in the pre-designated safe area according to their Service Specific Disaster Plan allowing emergency response persons clear access to the building. Command Authority will notify staff when it is safe to return to the area/building.

BRAVO Award Recipients

Associate Director Patient Care Services
Cindy Liffick

Director's Office
Kendra Crawley

Engineering Service
Michael Byers
Greg Heberling
Buddy King
David Simonton

Environmental Management Service
Vanessa Edgar
Christopher Haughn (6)
Joann Pope (2)

Geriatrics & Extended Care Service
Lynnette Bratton
Yvonne Brigham

Human Resources Service
Valli Haines

IRM
Rick Castle
Tod McClure

Medical Administration Service
Sandra Calhoun
Kasie Coon
Gina Dixon
Corena Goldey
Jennifer Ross
Beth Smothers

Mental Health Service
Brittany Auter
Andrew Gruman
Marcy Kujawski
Carli Plunkett
Alice Lynn Railey

Nursing Service
Jamie Manuel

Nutrition & Food Services
Nancy Allen (3)
Hanna Bustos
Valerie Leek
Vicki Westley

Pharmacy Service
Andy Schaefer
Jason Tipton

Police Service
Angela Chapman

Quality Management
Jami Dove

Social Work Service
Ruth Hays
Lindsey Millikin (3)

Gains

Haley Allen - Certified Nursing Assistant - Nursing Service
Kathryn Austin - Nurse - Social Work Service
Cassandra Batchelor - Certified Nursing Assistant - Nursing Service
Anian Blankenship - Social Worker - Social Work Service
Jessica Burton - Staff Nurse - Nursing Service
Susan Brandt - Psychologist - Mental Health Service
James Buol - Student Trainee - PM & RS
Sylvia Clark - Hospital Housekeeping Officer - Environmental Management Service
Sandra Crabtree - Medical Records Technician - Medical Administration Service
Matthew Custer - IT Specialist - IRM
Michael Darden - Advance Medical Support Assistant - MAS
Bryan Deutsch - Social Worker - Social Work Service
Jerry Fox - Safety & Occupational Health Manager - Associate Director
Katherine Georgeoff-Mohr - Social Worker - Social Work Service
Caltrina Graham - Vocational Rehabilitation Counselor - Mental Health Service
Marjorie Gregory - Student Trainee - Fiscal Service
Patricia Hale - Student Trainee - MAS
Haleigh Harwood - Certified Nursing Assistant - Nursing Service
Maci LaMar - Student Trainee - PM & RS
Jamie Lawler - Optometrist - Surgical Service
Melissa Makowski - Student Trainee - MAS
Daniel Martin - Supervisory General Engineer - Engineering Service
Richard Martin - Social Worker - Vet Center
Sarah Mason - LPN - Nursing Service
Gabriel Massey - IT Specialist - IRM
Elizabeth Riddle - Staff Nurse (NOD) - Nursing Service
Michelle Smart - Nurse Practitioner - Ambulatory Care Service
Marcie Wright - Medical Records Technician - Medical Administration Service

Losses

Lisa Barcenilla - Physician - Mental Health Service
Kristopher Bell - Social Services Assistant - Mental Health Service
Elizabeth Green - Secretary - Fiscal Service
Brandy Moulton - Nursing Assistant - Nursing Service
Nathan Patel - Physician - Ambulatory Care Service
Kelsey Ritter - Food Service Worker - VCS
Megan Wilson - Nurse - Nursing Service

Service Pins

30 Years

Nancy K. Goodner
Education and Training Service

Pamela S. Head
Ambulatory Care Service

Patricia J. Maul
Ambulatory Care Service

20 Years

Calvin H. Carter
Ambulatory Care Service

Patricia L. Povelones
Pathology & Laboratory Service

15 Years

Vanessa Y. Morria
Mental Health Service

10 Years

Justin J. Anweiler
Readjustment Counseling Service

Dean A. Dombroskie
Nutrition and Food Services

Teresa J. Miles
Fiscal Services

Dorothy M. Morris
Nursing Service

Rusti L. Stahl
Social Work Service