

# the link

March  
2012



VA Nebraska-Western Iowa Health Care System



## 5 VA's Commitment to Patient Safety



**Employees across the VA Nebraska-Western Iowa Health Care System are committed to quality and take pride in providing the best care for Veterans.**

This edition of The Link focuses on some of the ways Veterans Health Administration has changed over the years to provide quality care for Veterans, and how we share that knowledge with future care providers. In honor of Doctors' Day, we've talked to several

of our physicians – from one just beginning her practice to one having practiced for decades– to get their perspectives on providing care.

Also highlighted in this edition are some of our award-winning staff and the work they do each day to provide better, safer care for Veterans.

Health care is best provided by a team – a team focused on the Veteran.

For our Veterans, get involved in your care. Ask questions and talk to a patient advocate or other staff member if you are having problems with your care. We're here for you.

For our staff, if you see an area for improvement, let your supervisor know. Through the NWI Way, we encourage staff to lead from all levels, feel ownership for their work and always seek value improvement.

All employees at NWIHCS are focused on one mission – providing exceptional health care that improves the health and well-being of Veterans.

*Marci Mylan*

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FACT: 125 RESIDENTS PRACTICE MEDICINE EACH DAY AT THE OMAHA VA MEDICAL CENTER.

Cover: A team of residents and medical students practice reviving HAIL, NWHCS' SimMan 3G mannequin. Photo by Anna Morelock.

“The VA is a wonderful place for Veterans and young physicians. Our medical students and resident physicians benefit from having the privilege of treating and working with the wonderful VA patients. The Veterans benefit from being treated by a health care team under the guidance of a university faculty physician. The faculty physicians from the medical schools bring the most evidence-based approach that is continuously on the forefront of health care innovation.”

Dr. JoAnn Porter  
Associate Chief of Staff  
for Education | Omaha VAMC



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### VISIT US ONLINE

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# meet

## tony lowis

Supervisor, Environmental Management Service | Omaha VAMC  
U.S. Air Force Veteran

**Q: What does your job entail?**

**A:** "I ensure all of the patient areas are cleaned to standards of infection control and public areas are kept clean. I also do quality control checks of the EMS staff work."

**Q: How long have you been with the VA?**

**A:** "About two years."

**Q: What's your favorite part of your job?**

**A:** "Making sure that the Veterans and staff have the cleanest facility possible."

**Q: What is something interesting that people may not know about you?**

**A:** "I've been to 13 countries during my prior career in the U.S. Air Force." 



**VA NWIHCS is now engaging Veterans through Twitter and Facebook**



[www.twitter.com/VANWIHCS](http://www.twitter.com/VANWIHCS)



[www.facebook.com/NebraskalowaVA](http://www.facebook.com/NebraskalowaVA)

Watch for news, patient information and upcoming events.

# Unit Peer Leader Awards

**n**urse Executive Eileen Kingston presents a certificate to Mary Belt, a certified nursing assistant on 5 East. Belt was recognized for being a key Safe Patient Handling unit peer leader (UPL) since the program's inception. She has been a Star Performer Award winner for the past two years. Since Oct. 1, 2011, Belt has provided SPH training to 45 new employees, checked competencies on 120 patient handlers and provided just-in-time training to 65 employees. Staff in her unit describe her as "a motivator, problem solver and team player."



Eileen Kingston, nurse executive (right), recognizes Mary Belt, CNA, for being a key Safe Patient Handling unit peer leader.



Eileen Kingston, nurse executive (right), recognizes Trisha Jergenson, sonographer (left), and Laci Krzwicki, radiology technician (middle), as Safe Patient Handling Unit Peer Leaders.

Trisha Jergenson, sonographer, and Laci Krzwicki, radiology technician, receive certificates recognizing them as Safe Patient Handling unit peer leader of the quarter.

Jergenson has been a UPL since 2009 and a Star Performer Award winner for the

past two years. Krzwicki became a UPL in 2010 and won a Star Performer Award last year. Together, Jergenson and Krzwicki completed 75 percent of radiology's SPH competencies in one month, provided lift training to their unit and were crucial in creating a culture of safety for patient handling. 

# Commitment to Patient Safety

Anna Morelock | Public Affairs

**I**n 1999, the Committee on Quality of Health Care in America released "To Err is Human," which highlighted startling numbers related to preventable adverse events in health care.

According to the report, "at least 44,000 and perhaps as many as 98,000 Americans die in hospitals each year as a result of medical errors."

In 2000, all Department of Veterans Affairs medical centers were required to hire patient safety managers to help track and prevent adverse events including falls, medication errors, wrong-site surgeries and other preventable errors. At VA Nebraska-Western Iowa Health Care System, more than one person works to keep patients safe. The patient safety team includes the program manager, an associate chief of staff for



Photo By Anna Morelock

Christine Ellett, RN, harm prevention nurse, looks on as residents and medical students are introduced to HAIL, NWIHCS' simulation mannequin. The residents and students used their stethoscopes to listen to the realistic sounds produced by the mannequin, one of its many abilities.

▶ patient safety, a patient safety resident, a harm-prevention nurse and a patient safety contractor.

The four added staff members are unique designations within VA for patient safety, said Dr. Ann Polich, associate chief of staff for patient safety. "I think that speaks to NWI's commitment to patient safety."

The patient safety team encourages staff to report adverse events—and those didn't happen, but could have—tracks adverse events and trains clinical staff on how to prevent errors.

**"We look at the system and the process, not the person involved. We don't come to work to hurt people. That's not why we went into health care. We came to work to try to save people."**

Christine Ellett, RN, harm-prevention nurse

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## What does Veteran involvement in patient safety mean to Veterans and their families?

It means health care staff needs Veterans to provide detailed information about their conditions.

It means Veterans should clearly understand their diagnoses and treatment plans and know what to expect.

It means keeping health care providers informed of any changes in their conditions, good or bad, such as allergic reactions to drugs.

It means health care providers want Veterans to speak up when they have questions about any aspect of their care.

Health care providers want Veterans to become partners in the development of a safe care plans. Active involvement helps health care providers consistently do the right thing at the right time for the right person.

Source: VA National Center for Patient Safety

the ever-changing world

# of VA health care delivery

Anna Morelock | Public Affairs

**W**hen Dr. Christine Emler was starting her career, she said the perception was Department of Veterans Affairs' hospitals were the place physicians who couldn't get jobs went to practice.

"I honestly never would have dreamed of working at the VA," Emler said.

Today, Emler is the associate chief of medicine at the Lincoln Community-Based Outpatient Clinic and said she couldn't imagine practicing anywhere else.

**"There isn't a day that I don't really feel incredibly fortunate to have the job that I have."**

Dr. Christine Emler, Associate Chief of Medicine | Lincoln CBOC

Dr. Frederick Echternacht, associate chief of medicine at the Grand Island CBOC, first started with VA in 1989. In the old days, he said, Veterans either got 100 percent of their care at VA, or they got care in the community.

"It was the VA way or the highway," he said.

Since then, across VA Nebraska-Western Iowa Health Care System, physicians have seen changes in the way they practice medicine.



Photo By Anna Morelock

Dr. Ann Polich, along with her team of residents and students, go over a patient's case with registered nurse Nancy Long before entering a room to speak with a patient on 6 East.

Over the past 10 to 15 years, Dr. Thomas Lynch said, VA has been a very challenging and innovative place to work and has seen a lot of change. Lynch's first experience with VA was as a medical student in the 1970s. Since then, he's also experienced VA as a resident, a fellow in vascular surgery, a staff physician and now as the NWHCS chief of staff.

"I think we've gotten away from some of the earlier perceptions that we did things at the VA because it was the VA way," Lynch said. ▶



Photo By Anna Morelock

Dr. Ann Polich, Dr. Nachiket Patel and Dylan Greene, a medical student, examine Veteran Gerald Stovie's foot. After asking questions and updating the Stovie family on their husband and father's care, the physician team discussed long-term care and rehabilitation options with the Veteran and his family.

► "I think we're really beginning to see lately that the VA way is taking the lead in health care delivery in this country."

VA was very institution-based in its collective thought process, said Dr. Gary Gorby, NWHCS chief of Primary Care and Specialty Medicine. Over the past couple of decades, Gorby said, he thinks VA has reinvented itself.

**"I really think the VA has passed up the private sector in so many aspects of health care delivery."**

Dr. Gary Gorby, Chief of Primary Care and Specialty Medicine

Veterans have always appreciated VA and really valued the VA health care system, Gorby said.

"I think there used to be a lot more bureaucracy that would slow processes down, and I think Veterans, because

they valued the VA so much, kind of put up with it. I think we've changed that tremendously," Gorby said. "I hear more and more Veterans telling me how pleased they've been with the care they've been getting here."

One change to that care each physician noted was the implementation of Patient Aligned Care Teams.

The PACT model was designed to increase Veterans' involvement in their care. Each Veteran is assigned to a team of clinical and non-clinical staff to coordinate their care.

"Modern delivery of health care is really a team sport," Gorby said. "It used to be driven by the provider. Everything came to the provider and they coordinated everything. Medical care is really complicated nowadays, and I think our ability to kind of give everybody in the health care team the opportunity to practice at the top of their scope of practice has allowed this team concept to go forward."

With the PACT concept, a nurse care manager can identify who among a Veteran's health care team would be most suited to take care of a patient's particular problem, whether it be a pharmacist, a dietician, a mental health care provider or social worker.

The move to PACTs is an adjustment, not only for the physicians, but also the Veterans.

*(continued on page 15)* ►

## BECOMING A DOCTOR

# a rewarding career choice

Will Ackerman | Public Affairs

“I love knowing that I made a patient’s day better than yesterday.”

**b**ecoming an independent, practicing doctor is a long road. On average, there are four years of pre-medical school, four years of medical school and then three years or more of training for a medical specialty.

Then there are long hours, and few days off.

“We get about four days off a month,” said Dr. Annie Packard, a first-year Creighton University School of Medicine resident. However, Packard said, it is worth the effort.

“A career in medicine is unique. I get to change people’s lives.”

Dr. Annie Packard, a first-year Creighton University School of Medicine resident

Residents like Packard have completed a medical degree and are doctors. However, they spend several years in residence seeing patients under the supervision of a senior resident and an attending physician.

Packard, who is eight months into her first-year of residency, is specializing in radiology. After one year of residency at the Omaha VAMC and Creighton, she will complete the remaining four years at the Mayo Clinic. She then plans to complete a fellowship at the Mayo Clinic, specializing in mammography.

Things she has seen and experienced through her residency at VA are different than at Creighton, she said. Patients tend to



Photo By Will Ackerman

Dr. Annie Packard, a resident at the Omaha VAMC, talks to Veteran Ronnie Coates about his care.

be older, and they are predominantly male. In addition, with VA, all of the medical records are electronic.

Patients at VA also frequently have more complex and multiple health problems than what she has seen at Creighton.

“Diagnosing a patient here with multiple problems is sometimes overwhelming. However, it’s a great opportunity to learn how to troubleshoot and to manage complex problems,” Packard said.

The biggest surprise to her as a new doctor was the overwhelming volume of information they have to learn, Packard said.

“I’m always researching. It’s a continuous learning process,” Packard said.

The most gratifying part of being a doctor for Packard is helping people. 1

# VA Patients Get

## fresh eyes, experienced care

**va** is the largest single provider of clinical training in the United States, educating more than 100,000 health profession trainees annually including doctors, nurses and pharmacists.

Almost 28,000 medical residents and 16,000 medical students receive some of their training at VA facilities every year. Studies show hospitals affiliated with major medical schools provide better care for their patients.

VA physician faculty members have joint appointments at medical schools and VA facilities. Not only do VA physicians see patients, they also have the responsibility of training future doctors. The Omaha VA Medical Center has affiliations with Creighton University School of Medicine and the University of Nebraska Medical Center.

### Students

After four years of college, medical students study for four more years in medical school. The first two years are spent mostly in the classroom. The last two years are the apprenticeship years where students work with teams in a clinical setting. Students evaluate patients and discuss with their teachers what they would do if they were in charge. Medical students observe and learn from the residents and attendings on a daily basis. One or two students are placed on a team. They often are identified by their short white lab coats.

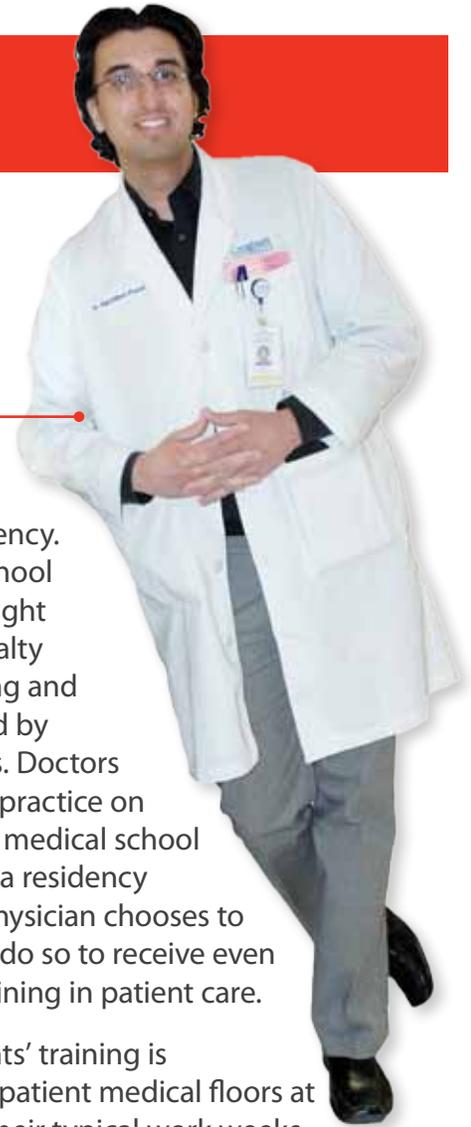


### Residents

Once medical school is complete, students enter residency. This post-medical school training is three to eight more years for specialty training with teaching and supervision provided by attending physicians. Doctors can be licensed and practice on their own even after medical school without completing a residency program. When a physician chooses to do a residency, they do so to receive even more specialized training in patient care.

A majority of residents' training is conducted on the inpatient medical floors at the Omaha VAMC. Their typical work weeks range from 60 to 80 hours. A day is usually 10 to 12 hours with fewer hours on the weekends. They also spend one or two nights at the hospital to care for the patients, and can work up to 28 hours caring for patients overnight.

The Omaha VAMC sees a rotation of 125 residents monthly, drawing from a pool of 500 UNMC and CUMC residents. Resident rotations change every month to quarter, depending on the service they are assigned to. Residents are often identified by their long white lab coats. ⓘ



Top: Dr. Nachiket Patel, a Creighton University School of Medicine resident at the Omaha VAMC.

Bottom – Megan Stinar, a medical student at Creighton University School of Medicine.

Photos by Anna Morelock.

# From WWII Corpsman

## TO VA PHYSICIAN

Will Ackerman | Public Affairs

“As long as I can feel useful, I will not retire.”

**a**t 90, many people are relaxing after a lifetime of hard work. Dr. J. Dan Egan has no such plans. Anyone who has worked at the Omaha VA Medical Center has probably seen Egan walking through its corridors. He started at the VA in 1954 as a general internal medicine specialist, four years after the medical center opened. Although he retired from the VA about 10 years ago, he is here every day teaching and evaluating Creighton University School of Medicine students under an academic appointment.

“I’ve been here almost from the beginning,” he said.

Egan’s career in medicine was not something he planned early in life. He served in World War II as a medical corpsman. He then used the GI Bill to attend college at the University of Rochester in New York, earning a bachelor’s degree in general science.

“I was originally interested in becoming an English or history teacher.”

Dr. J. Dan Egan

He did well in pre-medical classes required as part of his bachelor’s degree.



Dr. J. Dan Egan began practicing medicine at the Omaha VAMC in 1954 – four years after it opened.

One of his instructors told him, “Egan, why not go to medical school?” So, he went to medical school at the University at Buffalo in New York and worked part-time on the railroad.

Egan served in the U.S. Navy during the Korean War for 13 months from late 1951 to early 1953 at a mobile Army support hospital. He finished his two-year stint at the Great Lakes Naval Hospital in Illinois.

After finishing his residency in 1953, he saw a job opening at the Omaha VAMC through its affiliation with Creighton. And the rest, he said, is history.

Egan established his legacy at the Omaha VAMC in many ways. He started the dialysis unit in 1967. He also has been a teacher and mentor for medical students trained through the Omaha VAMC from Creighton. ►

► During “professor rounds,” medical students present a specific patient case to Egan. For about one hour on a recent Wednesday, four Creighton medical students discussed their evaluations and treatment of a patient. They described everything from the signs and symptoms of the patient’s suspected ailments, to tests they administered, treatments and outcomes. After discussing the patient’s case, Egan often visits the patient with the students.

Dylan Greene, a third-year Creighton medical student, said Egan’s insight and common-sense questions are invaluable to learning how to evaluate a patient more effectively than what he might learn in class. But Greene said Egan also encourages medical students to focus on the personal side of patient care.

“Dr. Egan emphasizes a lot more personal approach so we can get to know the patient.”

Dylan Greene, a third-year Creighton medical student

For example, Egan asked the four students, “What does the Veteran do for a living?”

“He is a farmer and a bartender,” Greene said.

Egan also emphasized the importance of medical students learning about Veterans’ military service.

“I encourage you to find out what service they were in,” Egan told the students. “Veterans are very proud of being in the service.”

Egan said one of the biggest changes he has seen in medicine over his lifetime are that there are more medical subspecialties now than when he first started. In addition, the competition to get into medical school is tough; he said there are typically more applicants than openings.

“There is so much more that doctors going into various specializations need to know now than before,” Egan said.

Egan celebrates 64 years of practicing medicine and being married this year. He said both have been “very humbling” for him.

When he looks back on his life, he said besides his wife, “my greatest satisfaction has been taking care of sick people.”

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Dr. J. Dan Egan meets with students and residents about patient cases before seeing patients in the Medical Evaluation Unit at the Omaha VAMC. Although he retired almost 10 years ago, Egan still teaches through Creighton University School of Medicine.



## VA LAUNCHES PERSONALIZED Health Benefits Handbook

**V**eterans enrolled in the health care system of the Department of Veterans Affairs have begun to receive personalized booklets that explain their health care benefits and contain other useful information.

“VA is committed to providing our nation’s Veterans with consistent, clear information about the services available to them.”

Secretary of Veterans Affairs Eric K. Shinseki.

The new booklet, called a Health Benefits Handbook, will provide a personalized listing of health benefits based on each Veteran’s specific eligibility. The handbook also will have contact information for their local VA medical facilities, appointment scheduling information, guidelines for communicating with their clinical team and, as applicable, information about copays.

Distribution of the handbooks began in February, with all 8.5 million Veterans enrolled in VA’s health care system scheduled to receive their handbooks by 2013. Veterans will receive updates to their handbook to reflect changes to their benefits or eligibility.

VA operates 152 medical centers and more than 800 community-based outpatient clinics. Last year, inpatient facilities treated more than 690,000 patients, while outpatient clinics registered more than 79 million visits. 

For more information about the Health Benefits Handbook, visit [www.va.gov/healthbenefits/vhbh](http://www.va.gov/healthbenefits/vhbh) or call VA’s toll-free number at 1-877-222-VETS (8387).



## March 30th is Doctors' Day

**The first Doctors' Day was observed March 30, 1933, in Winder, Ga.**

The idea came from Eudora Brown Almond, wife of Dr. Cha Almond, who decided to set a day to honor physicians and celebrate their contributions and caring for the citizens of the United States. The March 30 date was selected in honor of the anniversary of the first use of general anesthetic in surgery in 1842 when Dr. Crawford Long of Barrow County, Ga., used ether to remove a tumor from a patient’s neck. The first “Doctors’ Day” was celebrated by mailing cards to physicians and their wives, and placing flowers on the graves of deceased doctors, including Long.

On March 30, 1958, the United States House of Representatives adopted a resolution commemorating Doctors’ Day. In 1990, legislation was introduced into the U.S. House of Representatives and U.S. Senate to establish a National Doctors' Day. Following overwhelming approval by the House and Senate, then-President George H.W. Bush signed a resolution designating March 30 as National Doctors’ Day. The first National Doctors’ Day was celebrated in 1991. Today, the red carnation is commonly used as the symbolic flower for National Doctors' Day. 



MARCH IS

## National Nutrition Month

**Get your plate in shape:**

- Make half your plate fruits and vegetables
- Make at least half your grains whole
- Cut back on sodium and empty calories from solid fats and added sugars
- Enjoy your food, but eat less
- Be physically active
- Vary your protein choices
- Switch to fat-free or low-fat milk

March 14 is  
Registered Dietitian Day

# What are you

## MOST LOOKING FORWARD TO

# this Spring?



"Gardening and taking a road trip with my kid."

**Shaunie Mosley**

Logistics | Omaha  
U.S. Army Veteran



"Turkey hunting."

**Glen Cook**

Engineering | Omaha  
U.S. Navy Veteran



"Taking a cross-country trip with my friends on our Harleys."

**Matt Parsons**

Human Resources | Omaha  
U.S. Army Veteran



"I have five girls and seven grandkids. My life is good; my job is great. So, probably just not having to put on coats."

**Don Sandman**

Veterans' Service  
Officer | York County  
U.S. Air Force Veteran



"No snow or ice."

**James Powers**

Commander,  
Chapter 200, | Military Order  
of the Purple Heart  
U.S. Army Veteran

## The Preventive Ethics

## COMMITTEE

Anna Morelock | Public Affairs

**t**he Preventive Ethics Committee – one arm of the IntegratedEthics Council – kicked off the new year by asking employees what they knew about resource allocation.

The focus groups, held at all VA Nebraska-Western Iowa Health Care System's sites, were designed to solicit opinions from employees, find out what they knew about how resource decisions are made and what they wanted to know.

"Turnout for the focus groups was good and the comments provided were thoughtful," said Preventive Ethics co-chair Char Thiessen.

Participants had a desire to have a better understanding of resource allocation so it will help them with their daily jobs and help them understand how decisions are made so they can communicate that, too, Thiessen said.

One of the underlying themes from the focus groups was communication, said Bonnie Farkas, co-chair for Preventive Ethics. People wanted to know how decisions are made, what our priorities

are and how systems work alone or within each other. A report and a recommendation from the focus groups were presented to the NWHCS executive team.

"They were very excited and responsive to the focus groups and what people had to say," Farkas said. "We've given some recommendations on how to communicate and ideas of what people want to hear to every level."

The IntegratedEthics Council seeks to improve ethics on three levels – decisions and actions, systems and processes, and environment and culture. ⓘ

Employees can learn more about the Integrated Ethics Council and read the full report from the focus groups on the Intranet at [vawww.nebraska.va.gov/IntegratedEthics.asp](http://vawww.nebraska.va.gov/IntegratedEthics.asp).

## EVENTS what's going on?

- March 4-10** Patient Safety Awareness Week
- March 8** World Kidney Day
- March 9** Registered Dietitian Day
- March 9** Free Tax Assistance, Lincoln
- March 11** Daylight Saving Time begins
- March 12-18** International Brain Awareness Week
- March 16-17** Veterans of Armed Forces Outreach, York, NE
- March 18-24** National Poison Prevention Week
- March 20** Spring begins
- March 23-24** Veterans of Armed Forces Outreach, Avoca, Iowa
- March 24** World Tuberculosis Day
- March 25-30** National Disabled Veterans Winter Sports Clinic, Snowmass, Colo.
- March 27** Diabetes Alert Day
- March 30** Doctors' Day

For more information about VA NWHCS events, visit [www.nebraska.va.gov](http://www.nebraska.va.gov).



## Outstanding Service



**Ted Wzorek, program support assistant for VA Nebraska-Western Iowa Health Care System's Police Service, received the 2012 VA Police Annual Award for Administrative Support Staff for large facilities.** Other facilities in this category include Los Angeles, Detroit and New Orleans.

Wzorek has worked at NWHCS since 2001. Before starting with Police Service, he worked in Contracting and Learning Resource Service.

Wzorek's nomination included accolades for streamlining processes within Police Service, initiating events in conjunction with the Combined Federal Campaign, creating course files and saving Police Service money on travel.

"Due to Ted's outstanding customer service, Police Service averages at least two compliments a week about his dedication to helping staff, Veterans and their families," said NWHCS Police Chief Mark Kula, who nominated Wzorek for the award. "Such acts, by just one employee, have helped Police Service be recognized as an integral part of our health care system."

Wzorek will receive his award March 22 at the annual VA Police Chiefs' Conference in San Antonio. 📍

**Hope happens** every day at America's medical schools and teaching hospitals. 🌻 Every time a life-saving procedure is performed for the first time. 🏥 Every time a patient who thought he would never walk again does. 👣 Every time a health care team discovers a treatment that will save mothers, best friends, sons and grandfathers. 🍷 Every time a person who can't afford medical care receives the best care possible. 🩺 Every time a talented doctor teaches students and residents everything she knows. 🌳

Hope happens **at medical schools and teaching hospitals.**

To learn more about how America's medical schools and teaching hospitals are advancing health, go to [aamc.org/hope](http://aamc.org/hope).



► *Patient Safety continued from page 5*

VA medical centers also are supported by VA's National Center for Patient Safety, which compiles data from VA's nationwide – and it shares data many private sector medical centers do not. Besides looking at national data, Polich said, it's important to include patients in providing safe care.

"They are our partners in care," she said, sharing an example of a patient who reported having a recent procedure at another hospital. "Had he not said that, we could have easily started him on a drug he shouldn't have. So, if you don't include the patient, you're missing a very important component of providing good care."

To help promote safe practice throughout NWHCS, the patient safety team simulates events with staff, hosts regular multidisciplinary meetings for process improvement, and educates residents and front-line clinical staff. Because of the patient safety team, new crash carts soon will be rolling out at the Omaha facility. 

For more information on how VA works to keep patients safe, visit [www.patientsafety.gov](http://www.patientsafety.gov).



► *Changing the Face of VA Health Care continued from page 7*

Through PACT, Echternacht said, he's seen patients be able to acknowledge and grasp onto becoming advocates for themselves and partnering with their providers to be responsible for improving their health.

**"They seem much happier. I'm certain they're getting much better health care, and they understand better what they're getting, too. It's nice to see someone be able to grasp it and do something with it."**

Dr. Frederick Echternacht,  
Associate Chief of Medicine | Grand Island CBOC

"It's going to be as much of a change for the patient as it is for the physician who came into health care with one model and is kind of seeing things change as we move forward," Lynch said. "I think everybody's learning."

While VA has led the way in how health care is delivered, because of its relationships with medical schools, it is also well positioned to influence how medical education and training are delivered in the future, Lynch said.

"I think that's a real opportunity for the VA," Lynch said. "I think that's a real opportunity for the physicians that work in the VA, and who are involved in the teaching of medical students and the training of residents, to really have an impact or a role in how we deliver health care education." 



Dr. Thomas Lynch  
Chief of Staff  
VA NWHCS



Dr. Gary Gorby  
Chief of Primary Care and  
Specialty Medicine  
VA NWHCS



Dr. Frederick Echternacht  
Associate Chief of Medicine  
Grand Island CBOC



Dr. Christine Emler  
Associate Chief of Medicine  
Lincoln CBOC

employees | NEW | LEAVING

## HELLO

Jan. 14 to 29

Andrea Bader, *Prosthetics*

Dave Blanton, *Engineering*

Jeffrey Boyle, *Veterans Canteen Service*

Holly Brezina, *Pharmacy*

Michelen Hearth-Holmes,  
*Primary Care and Specialty Medicine*

Laura Neal, *Director's Office*

Shannon Nelson, *Police*

Natalie Vankat, *Nutrition*

Kirk Vonderlage,  
*Veterans Canteen Service*

Debra Warner, *Quality Management*

## GOODBYE

Richard Smith, *Environmental  
Management Service*



## ACCESS:

**Community-Based Outpatient Clinics**  
VA Nebraska-Western Iowa Health Care System has eight community-based outpatient clinics to increase access to services for Veterans in rural areas.

Since their openings, opportunities for care at the CBOCs have only grown. More than 161,000 Veterans in a 104-county area of Nebraska, western Iowa and portions of Kansas and Missouri now have a choice to receive primary care and preventive services closer to home. The two larger clinics are in Lincoln and Grand Island. Smaller CBOCs are located in Norfolk, North Platte, Holdrege, O'Neill, Bellevue and Shenandoah, Iowa.

**ex·cel·lence** [ek-suh-luh'ns], *n.*, **1.** the fact or state of excelling; superiority; eminence. **2.** an excellent quality or feature. **3. VA Nebraska-Western Iowa Health Care System** —Syn. **1.** preeminence. **2.** merit, virtue.



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