



VAMC Anchor

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PVAMC Embraces Patient Aligned Care Team Model

by Ellen Lynch, RN, Health Promotion & Disease Prevention Manager

The Veterans Health Administration is transforming its primary care practice from a disease-based, provider-centered model to one that focuses on wellness and preventive health. This approach places the Veteran patient in an active role, applies a team-based approach to healthcare, and has been coined the Patient Aligned Care Team (PACT) with seven powerful principles that drive patient care:

- **Patient Driven:** The primary care team is focused on the whole person; patient-preferences guide the care received.
- **Team-Based:** Primary care is delivered by an interdisciplinary team led by a primary care provider.
- **Efficient:** Veterans receive the care they need, at the time they need it, from an interdisciplinary team functioning at the highest level of their competency.
- **Comprehensive:** Primary Care serves as a point of first contact for a broad range of medical, behavioral, and psychosocial needs that are fully integrated with other VA health services and community resources.
- **Continuous:** Every patient has an established and continuous relationship with a primary care team.
- **Communication:** Communication between the patient and other team members is honest, respectful, reliable, and culturally sensitive.
- **Coordinated:** The PACT team coordinates care for the patient across and between health care systems, including the private sector.

As an early adopter of the PACT transformation process, the Providence VA Medical Center began reorganizing primary care into clinical teams in 2007. We now have six such teams and expect to add two more in the near future. Each team consists of three medical doctors, one registered nurse, one licensed practical nurse, one social worker, one pharmacist, one nutritionist, and two health technicians. Patients can now play a more active role in their healthcare, which has been shown to increase quality and patient satisfaction as well as reduce the number of hospital visits and readmissions. Rather than focus on providing acute, episodic care in response to an illness or injury, care teams now focus upon life-long health and wellness. They provide comprehensive health education and health behavior change coaching, which helps patients enhance self-management of their health conditions.

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March/April 2011

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Raymond Dutra (Research)
Dezirae Wheaton (Surgery)
Kathryn Hatch (Surgery)
Edward Kent (Surgery)

Setting the Example: Major General Bray Enrolls at PVAMC



Patient Care Assistant Valerie Machado takes RING Commander Major General Bray's vital signs

When the Providence VA Medical Center opened its nationally-recognized OEF/OIF Clinic back in January 2010, the goal was to provide returning Veterans a one-stop shopping model of (continued page 2)



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Director's Spotlight

What's the Point of All These Surveys?

It seems that no matter which way we turn—no matter which month of the year—we have some type of survey or initiative to solicit employee feedback. We just finished the All Employee Survey, and before that were surveys on Systems Redesign, Education, IT, and IntegratedEthics.

It's easy to overlook the benefits of conducting these surveys—all of which are rooted in the simple belief that the front-line knows best how to improve Veterans' health and healthcare. We haven't done a very good job communicating just how we've used your feedback to improve how we do business, so I thought I'd mention a few ways. One of the biggest concerns raised during the most recent IntegratedEthics Staff Survey, for example, is how we communicate resource allocation decisions. As a result of your feedback, we restructured the Executive Resource Management Committee (ERMC) process to invite Service Chief participation on a rotating basis. We now also distribute the results of the ERMC to Service Chiefs and Service Administrative Officers so they can help us ensure resource allocation decisions are communicated to all employees.

The All Employee Survey is part of our ongoing efforts to assess how we're doing as an organization and what we might be able to do better. Based on your feedback in 2010, we have targeted improvements in diversity acceptance, conflict resolution, and employee development. We continue to explore employment opportunities with regard to recruitment, promotion, and retention of employees with disabilities, while our special emphasis coordinators regularly promote diversity acceptance in the workplace. We continue to ensure employees have access to effective and efficient mechanisms for resolving workplace disputes to include the opportunity to use an Alternate Dispute Resolution process to resolve workplace differences or disputes at the lowest level. Finally, we've made resources available for every employee for both professional and academic support through an organized Education Committee. We also offer continuing education opportunities using blended learning methods (online, just-in-time, and classroom) to include the LEAD program and enrollment in the VISN 1 and VHA supervisory and leadership programs.

I would like to again take this opportunity to thank all of you for your support in the 2011 All Employee Survey. Our response rate was 82%, 10 percentage points higher than the goal set by Central Office. I would like to thank all of you who completed the survey for this outstanding response rate. Once we receive the overall results this summer, we will share them with you and ask for your input and involvement in helping us to make the Providence VAMC an even better place to work.

WILLIAM J. BURNEY
Acting Medical Center Director

MG Bray (continued)

integrative primary and behavioral healthcare as well as an opportunity to seek after-hours care. The Clinic became an overnight success and now has nearly 500 newly-established patients receiving both initial and follow-up care.

Recently, the Clinic welcomed one of its newest enrollees. Major General Robert Bray, Commanding General of the Rhode Island National Guard and Adjutant for the State of Rhode Island, joined the long list of newly-established patients who are receiving their healthcare here at PVAMC. Just like every other Veteran who establishes care with the VA, MG Bray underwent a vesting examination which includes a primary care screen as well as mental health and traumatic brain injury (TBI) screens. He also met with representatives from the Providence VA Regional Office, the local Wounded Warrior Project., and Vet Success on Campus. "The Providence VAMC's implementation of the OEF/OIF Clinic has provided a unique one-stop shopping model of care for our Veterans," MG Bray commented after his visit. "The service is fantastic, but it is the VA's employees that make the difference. Especially their smiles."

MG Bray recently tendered his resignation from his position as State Adjutant and Commanding General, Rhode Island National Guard, effective June 30, 2011. He was appointed Adjutant General by former governor Donald Carcieri and assumed command of the 3200 member Rhode Island National Guard on February 17, 2006.

The Providence VAMC's OEF/OIF/OND Clinic is open Mondays and Wednesdays from 3:00 p.m. – 6:00 p.m., excluding Federal holidays. For more information about this Clinic or the OEF/OIF/OND program, please call (401) 273-7100, ext. 6401 or 6137.



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Specialty Clinic Corner

Vascular Laboratory

The Only Vascular Tech in the VISN...

Tucked away inconspicuously on the sixth floor is something you won't find in any other VA medical center in the VISN—not in Connecticut, not even in Boston. It's the Providence VAMC's Vascular Laboratory, managed by Vascular Technologist Sheila Webster. Armed with nothing more than an ultrasound machine and a flow lab machine, Sheila has watched her workload quadruple over the past 9 years—from an average of 4 patient consults per day in 2002 to 12 consults per day today. That's about 1100 diagnostic examinations a year.

"Most facilities have their Ultrasound Techs conduct vascular studies," Sheila explains. "But Vascular Technology is such a highly specialized field; there is so much to be gained by having a specialist."

So what does a Vascular Technologist do? According to Sheila, the bulk of the work—about 80%—is either a carotid artery screen (the carotid artery is an artery that supplies the head and neck with oxygenated blood) or a lower extremity arterial study screen.

A carotid artery screen is used to determine whether a patient has blockage in either of the carotid arteries in the neck. A blocked carotid artery is a serious condition and, left untreated, can lead to a stroke. Symptoms might include numbness, tingling, or weakness on one side of the body, blurry vision (sometimes like a black shade over the eye); or even slurred speech or change in mental status. The process for determining whether a patient has blockage of a carotid artery normally begins with the patient's primary care provider or PCP. The PCP can hear a "bruit" (which is French for noise) while listening with a stethoscope placed on the neck.

Once referred to the Vascular Lab, Sheila uses an ultrasound machine to conduct the carotid artery screen—"it's the same ultrasound machine you would use to monitor a pregnancy or for use in physical therapy," she adds. Using the ultrasound machine, Sheila is able to determine if there's a blockage and, if so, how serious. Surgery is an option, but oftentimes the patient's condition is monitored every 6-12 months. As the Medical Center's only technologist, Sheila is well-suited to monitor and trend the status of her patients.

A lower extremity arterial screen is a study conducted using a flow lab machine to determine whether a patient has ischemia of the legs (when the legs are deprived of oxygen). Symptoms can include leg pain with walking or even at rest and/or muscle cramps. During the screening, blood pressure cuffs are placed on the patient's thighs, calves, ankles, and feet, and a PPG (photoplethysmography) is placed on the toe to monitor the volume/amount of blood flow under the cuffs. If the test results are normal, then the PCP can recommend other exams to identify the cause of the condition. If the test results are abnormal, a consult for the vascular surgeon is made for symptoms management or, if clinically warranted, surgery.

When asked why there's been such a large increase in the number of patients needing vascular screening, Sheila says it's a combination of two things: the aging Veteran population and (more importantly) the level of health awareness in the general population. "Prevention is the key—don't smoke, manage your diabetes, blood pressure, and cholesterol levels. But it's comforting to know that there are other technologies out there that are very accessible to the patients."

"PACT" (Con't from page 1)

Recently, the VA has begun providing information on the most prevalent behaviors that negatively impact Veterans' health status: from being tobacco free, to eating wisely, to being physically active, to managing stress. You may have seen some of these messages on our electronic bulletin boards throughout the Medical Center. By developing and promoting these healthy living messages and linking them to individual and group therapies and workshops, the VA is helping Veterans make meaningful changes in their health behaviors.

Keep your eyes open for more news on activities that support PACT and Healthy Living Messages. If you have any questions, please contact Ellen Lynch at (401) 457-3970.

Sheila also does vein and arterial mapping prior to the placement of an AV fistula creation (a connection or passageway between an artery and a vein) for dialysis patients, venous mapping for arterial bypass surgery, and also conducts studies of people with varicose veins, working closely with the wound care nurse.

The Outpatient Vascular Laboratory at PVAMC serves Veterans every day including Wednesday afternoons under the supervision of the Chief, Surgical Services, and the Vascular Surgeon.



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Staff in the News



Service Awards

Counter-clockwise from top left: **Christine Dyer** of Surgical Service was selected **Employee of the Quarter**, for the period April 1 – June 30; our new cadre of **peer-to-peer coaches: Paul Dwyer, Ron Marshall, George Sardinha, Steve Herbert, Jim Wheeler, Richard Braley, Denise Fragoza (Instructor), and Daniel Green; Nurses Week 2011 Award Recipients Tammy DeSousa, Bradford Knight, Nancy Lancaster, Mary Winn, Elise Chapman, Laurie Wilson, Patricia Brady, Emma St. Germaine, and Deborah Clickner** (not pictured are **Steve Bessette and Pilar Capili**); **Pharmacy staff** celebrates victory in this year's **Combined Federal Campaign Coin Wars**.



...Around the PVAMC...

The following physicians received academic promotions from the Warren Alpert Medical School of Brown University, effective July 1, 2011: **Brian Kimble, MD**, Clinical Associate Professor of Medicine; **Albert Lo, MD, PhD**, Associate Professor of Neurology; **Karen Woolfall-Quinn, MD**, Clinical Associate Professor of Medicine. The following Medical Service staff physicians received Dean's Teaching Excellence Awards from the Warren Alpert Medical School of Brown University: **Jacob Berger, MD; Victoria Chang, MD; Robert Johnston, MD; Melissa Gaitanis, MD; Steven Mernoff, MD; Linda Nici, MD; Aadia Rana, MD; and Hatem Shoukeir, MD**. Researcher **Vincent Mor, MD**, has been selected to receive the Distinguished Investigator award and will be recognized this June at the Academy Health meeting in Seattle, Washington. Researcher/Neuroscientist **John P. Donoghue, PhD**, has been elected to the American Academy of Arts and Sciences for his pioneering work that has led to the development of an interface that links the human brain directly to digital devices such as computers. The following employees received DAV awards: **Andrew Cohen, MD** (Outstanding Physician); **Elise Chapman, RN** (Outstanding Nurse); **James Burrows** (Outstanding Support Person); and **Timothy Gormally** (Outstanding Volunteer). **Jean Taft, RN**, Middletown CBOC, received the VA Health Care Employee Award at the 92nd State Convention of the Veterans of Foreign Affairs; GEC/HBPC would like to welcome **Laura Mercer, NP**, as new Palliative Care Coordinator. Congratulations!

Got Story Ideas?

Please submit your ideas to
Thomas.Antonaccio@va.gov.

PVAMC Website



Need Enrollment Info?

Please call (401) 273-7100, ext. 3300