

VA Rocky Mountain Network • VISN 19

2009 Annual Report

A YEAR IN EXCELLENCE



Letter From The Director



With new changes in VA leadership, new discoveries, new programs and new buildings, in so many places, we could say that 2009 was a year of great change. It would actually be more accurate to say it was a year of great transitions.

In 2009, nearly every good thing that happened to our Veterans, to us, and to our communities was the result of ideas and programs that have been at the center of our beliefs for years. From one end of our VISN to the other, we have been able to reach more Veterans and have helped Veterans make real progress on serious health issues such as obesity, smoking, heart health, and diabetes. We have seen our programs offer high quality care to Veterans and we have seen our organization enjoy the natural growth that comes from doing things the right way.

So with all the different things that happened in 2009, there's only one way to describe the results. We call it Transformation for the 21st century.

This annual report illustrates the many successes we celebrated and the challenges we confronted in pursuit of our mission. We owe our many successes to our people. VA employees are our strength at a time when we need to be the best, now more than ever.

We are here to make lives better. The momentum we gathered in 2009 sets us up to do just that today and in the days ahead.

Our insight into the reality of how individuals choose or can be effectively motivated to pursue health, our deep understanding of the required components for effective solutions and our commitment to respond to increasing demand for comprehensive, integrated healthcare solutions will lead us to achieve many more important milestones in 2010.

We remain committed to our pursuit of excellence and our work to create a healthier world, one Veteran at a time.

Sincerely,

Glen W. Grippen





Mission

To fulfill President Lincoln's promise – "To care for him who shall have borne the battle, and for his widow, and his orphan" – by serving and honoring the men and women who are America's Veterans.



Vision

To provide Veterans the world-class services they have earned.



Values

- Compassion
- Commitment
- Excellence
- Professionalism
- Integrity
- Accountability
- Stewardship



A Commitment to Excellence

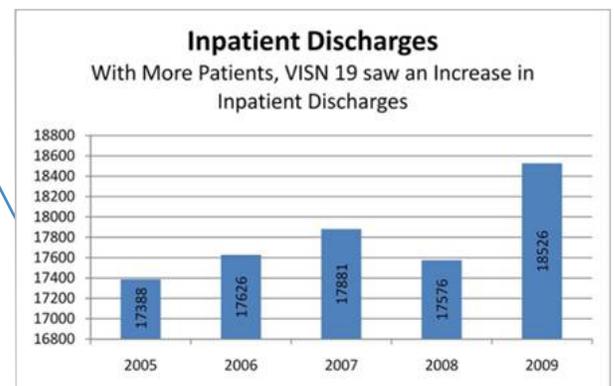
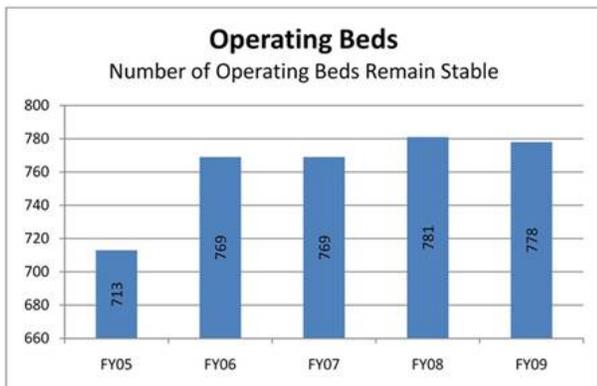
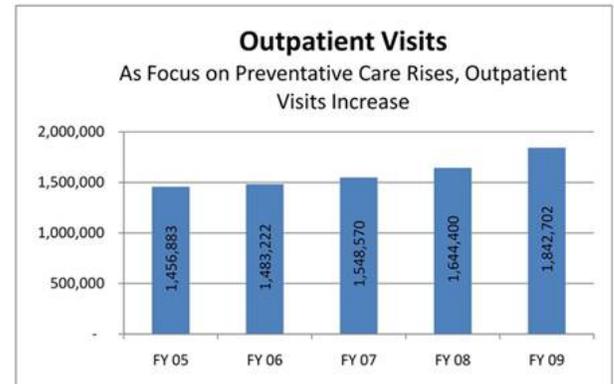
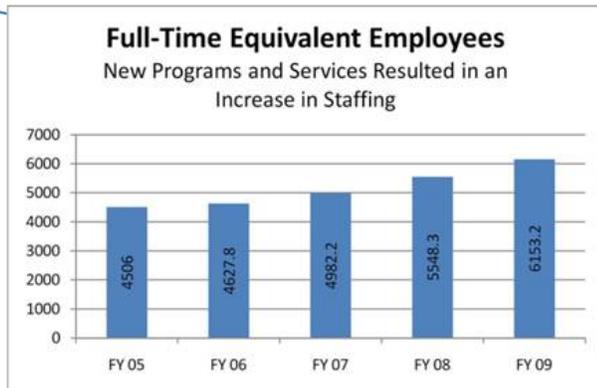
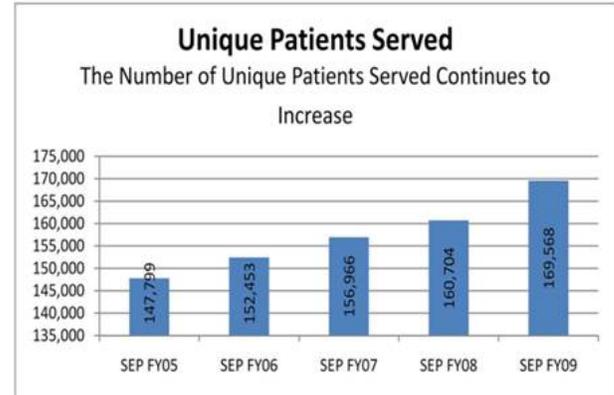
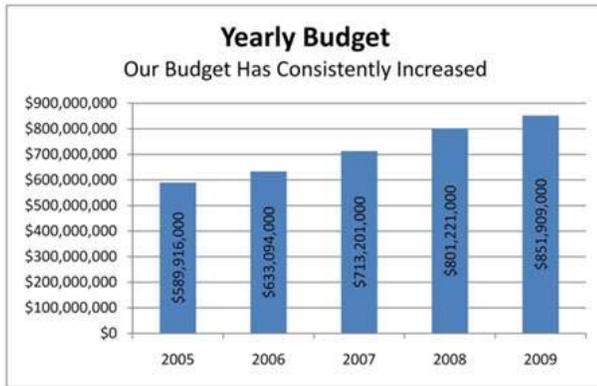
- Year-Over-Year Excellence in Organizational Performance
- Excellence in Growth and Quality
- Excellence in Special Rehabilitation Events
- Excellence in Reaching a Wider Range of Veterans
- Excellence in Service through Special Programs
- Excellence in Medical Care – Facility Highlights



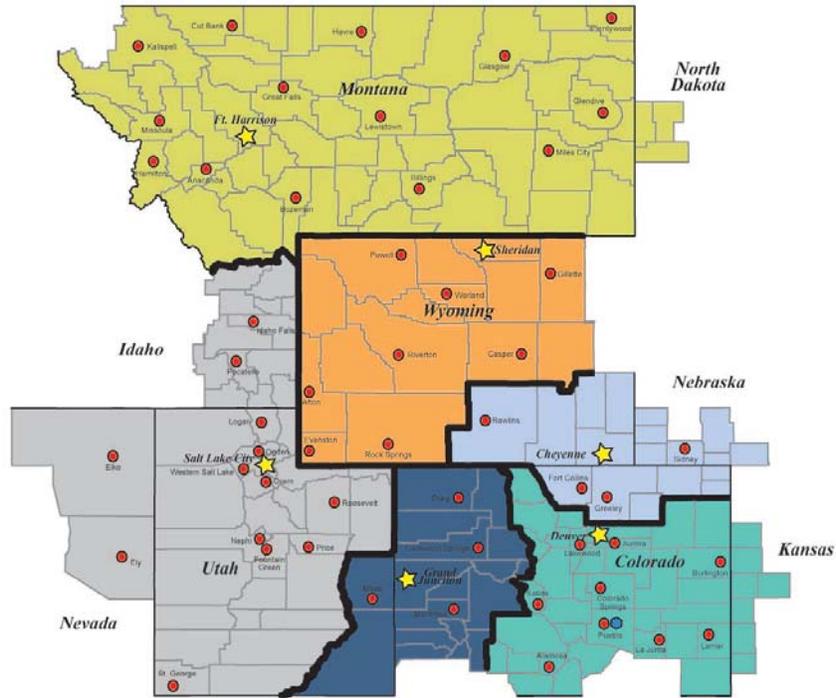
Year-Over-Year Excellence in Organizational Performance

Resource Statistics

Utilization Statistics



VA Rocky Mountain Network - VISN 19



VAMCS/HCS & Sites of Care

- ★ VAMC/HCS (6)
- CBOC Sites (52)
- Free Standing Nursing Home (1)

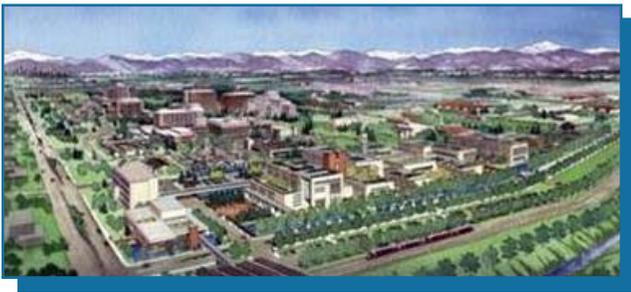
The Rocky Mountain Network is the largest Veterans Integrated Service Network in terms of geographic area in the 48 contiguous states. VISN 19 serves an area covering the state of Utah, most of Montana, Wyoming and Colorado and portions of Idaho, Kansas, Nebraska, Nevada and North Dakota. This large geographic area covers approximately 470,000 square miles of rural or highly rural area. The only true urban centers within VISN 19 are at Denver and Salt Lake City. VISN 19 has a Veteran population estimated at more than 777,000.

Excellence in Growth and Quality

Capital Infrastructure Improvements

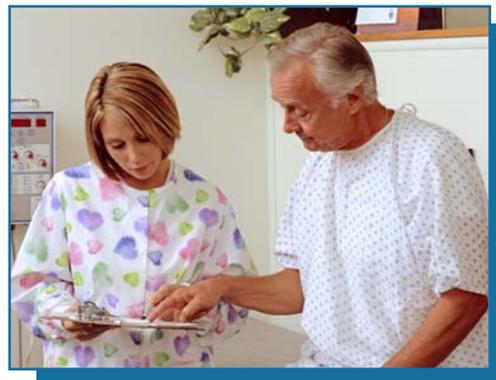
- Designing and planning for the new Denver Replacement Hospital
- Opened new Billings CBOC and Havre Outreach Clinic
- Planning for expansion of Colorado Springs CBOC
- Upgrade of multiple medical units and Community Living Center at the Grand Junction VAMC
- Upgrade of surgical suites at the Cheyenne VAMC
- Planning for construction of a 24 bed inpatient mental health facility at the VA Montana Healthcare System
- Construction started on new Afton, WY Clinic
- Established the Montezuma Creek Primary Care and Telemental Health Care Clinic

FUTURE HOME OF
THE VA MEDICAL CENTER
Serving Those Who Served



Quality, Access and Accreditation

- VA outperforms private sector hospitals in all measures of quality
- Care provided when needed using advanced clinic access techniques
- Appointments offered within 30 days
- Welcome Home outreach events held for new Veterans
- Screened new combat Veterans for depression, suicide, brain injury and PTSD
- Established Suicide Prevention Coordinators at all facilities
- Combined mental health services with primary care to provide improved access to care
- VISN 19 facilities maintain compliance with the following national accreditation organizations:
 - Joint Commission
 - Accreditation Council for Graduate Medical Education
 - Commission on Accreditation of Rehabilitation Facilities
 - Association for the Assessment and Accreditation of Laboratory Animal Care
 - Association for the Accreditation of Human Research Protection Programs
 - College of American Pathologists



Excellence in Special Rehabilitation Events

Winter Sports Clinic

Each year, VISN 19 and the Grand Junction VAMC are proud hosts of the annual National Disabled Veterans Winter Sports Clinic. This special event gives Veterans with disabilities the opportunity and access to test their new-found abilities and develop new lifestyle skills. When utilizing the Clinic's extreme outdoor adventures, Veterans' surpass any perceived limitations and learn to live life to the fullest. At the Clinic, all participants develop winter sports skills and take part in a variety of workshops and educational sessions that positively impact their rehabilitative journey and readjustment in their communities.

Participation is open to U.S. military service veterans with traumatic brain injuries, spinal cord injuries, orthopedic amputations, visual impairments, certain neurological problems and other disabilities. More than 400 Veterans who receive health care at a Department of Veterans Affairs (VA) medical facility participated including a number of active duty military personnel from Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF). More than 200 certified ski instructors for the disabled, and several current and former members of the U.S. Disabled Ski Team, served as ski instructors to meet the unique needs of the participants. For the third year, a race training and development program was held to help veterans develop their skiing abilities to an elite level, with an ultimate goal of qualifying for the U.S. Paralympic Team.



National Veterans Wheelchair Games

More exciting news was announced when VISN 19 learned Denver was selected to host the 2010 National Veterans Wheelchair Games (NVWG). This event is the largest annually occurring wheelchair sports event in the world including 600 disabled Veterans from all over the United States, Great Britain, and Puerto Rico. The NVWG is a joint effort between the Paralyzed Veterans of America (PVA) and the Department of Veterans Affairs. On a local level, the NVWG will be a cooperative endeavor between VA Eastern Colorado Health Care System and the Mountain States Chapter of the Paralyzed Veterans of America.

Staff and volunteers from the Mountain States Chapter PVA, VISN 19, Health Administration Center, VBA, Cheyenne VAMC as well as ECHCS are busy working together raising funds and recruiting upwards of 3,000 volunteers. Working together with the congressional community, Colorado Convention Center, INVESCO at Mile High, the Regional Transportation District, Hyatt Regency, as well as the Denver Convention and Visitors Bureau and Sports Commission has brought not only great awareness and promotion to the Games but has also provided community education on Veterans. The 30th NVWG will be held in Denver from July 4-9, 2010.



Excellence in Reaching a Wider Range of Veterans

VA's Rocky Mountain Network (VISN 19) actively works to enhance the delivery of health care to Veterans in rural and highly rural areas in the Rocky Mountain region. Veterans and others who reside in VISN 19's rural and frontier areas face a number of challenges associated with obtaining health care. In response to these challenges, VISN 19 is pursuing a range of initiatives to share the expertise and experience of the entire VA system with these Veterans.

Rural Telehealth Projects



VISN 19 is supporting four projects made possible by VA's Office of Rural Health (ORH) that harness technology to improve access and quality.

VISN 19 received \$7.3 million from ORH to develop ten Primary Care Telehealth Outreach Clinics that will serve more than 7,000 Veterans in Glenwood Springs and Salida, Colorado; Hamilton and Plentywood, Montana; Idaho Falls, Idaho; Moab and Price, Utah; and Evanston, Rawlins and Worland, Wyoming. All of these telehealth clinics will be established by the end of 2010.

VISN 19 also received \$2.8 million to develop an innovative virtual ICU and Rapid Response Team monitoring system with video conferencing; the virtual ICU is operational and successfully maintaining access to critical care services in Fort Harrison, MT, Grand Junction, CO, and Cheyenne, WY.

VISN 19 received another \$3.8 million to establish a VISN Telehealth Care Shared Resource System to provide expanded specialty care conferencing and consultation for care providers and Veterans in rural areas. Some of the disciplines or conditions included are endocrinology, traumatic brain injury (TBI), cognitive impairment services, pain management, dementia, post-traumatic stress disorder (PTSD), dermatology, rehabilitation and wound care, cardiology, and pre- and post-surgery care. This project is also exploring the feasibility of expanding services to non-VA telehealth networks.

Finally, VISN 19 received \$1.7 million to provide innovative education and wellness strategies to Veterans in rural areas using primarily telehealth modalities. The program will deliver intensive case management and education to Veterans with high-risk conditions, such as TBI, PTSD, depression, obesity, heart failure, diabetes, pulmonary disease, and substance use disorders.



Rural Outreach

VISN 19 also utilizes rural outreach clinics to offer services on a part-time basis, usually a few days a week, in rural and highly rural areas where there is insufficient demand for full-time services or it is otherwise not feasible to establish a full-time CBOC. There are currently six designated outreach clinics in VISN 19: Havre, MT; Burlington, CO; Craig, CO; Elko, NV; Afton, WY, and Logan, UT which was recently approved and funded.

Rural Health Programs

Concerning specialty care, the VA Rocky Mountain Network received four grants totaling \$1.4 million to support non-institutional care for Veterans. These resources have helped us expand the home-based primary care and medical foster home programs to more Veterans in the region. VISN 19 is also home to the Mental Health Care Intensive Care Management-Rural Access Network for Growth Enhancement (MHICM-RANGE) Initiative, which has added mental health staff to CBOCs and increased the use of tele-mental health services. Similarly, VISN 19 has conducted outreach and developed relationships with the Indian Health Service, as well as other agencies and academic institutions committed to serving rural areas.



Native American Outreach

VISN 19 remains committed to the expansion of the Minority Veteran Outreach Program (MVOP) through active outreach efforts to the Native American Veterans in all sovereign nations of Nevada, Idaho, Colorado, Wyoming, Utah and Montana. The MVOP has worked very closely with the VISN 19 Telehealth Program to establish online Tele-psychiatry programs staffed with Tribal Outreach Workers with all Tribal Nations in Wyoming, Montana, and Idaho. Outreach efforts will focus next on Utah. VISN 19 has worked with Tribal Nations as far as Oklahoma to provide surplus DOD shipments to help with benefits fairs and homeless stand-downs aimed at increasing enrollment into the VA system.



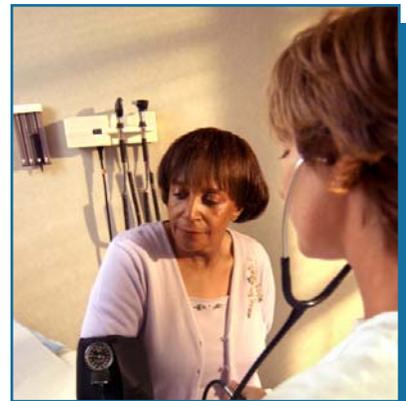
Joint partnerships have resulted in increased cooperation with the Indian Health Service/Community Health Representative (CHR) program to reach out to under-served and non-enrolled Veterans of the Rural and Tribal Nations.

Excellence in Service through Special Programs

Women Veterans

VISN 19 is committed to providing every woman Veteran who walks through its doors with the highest quality comprehensive health care.

- In 2009, Women Veteran Program Managers (WVPMs) were granted full time administrative status to ensure that the Women's Veteran Program receives full attention. This allowed for increased focus on evaluation of services, plan development, outreach, coordination, orientation and mentoring, advocacy, environmental evaluations and collaboration with OEF/OIF and Military Sexual Trauma Coordinators.
- In 2009, all WVPMs submitted plans for implementing comprehensive primary care to women Veterans. An overarching goal is to provide care by competent, interested and skilled providers that can address a women Veteran's health care needs with "one stop shopping" at one appointment.
- Staff education was seen as a major strategy for implementing comprehensive primary care to women. VISN 19 and 18 sponsored a mini residency on women's healthcare for 37 providers from both VISNs in October 2009. Educational sessions included contraception, osteoporosis, abnormal uterine bleeding, sexually transmitted diseases and more, including live GYN models for teaching pap and complete breast exam. The conference was very well received.
- In 2009, all VISN facilities implemented pregnancy and lactation flags for women's charts. This safety feature shows a flag identifying if the patient is pregnant or breast feeding and reminds providers of this when they first enter the chart. This is a safety measure vitally important in prevention of teratogenic medications being ordered for a pregnant patient.
- Since increasing numbers of women are recruited to service and numbers of women Veterans are increasing, outreach events are given more attention by all facilities. In 2009, these included special luncheons, college campus outreaches, radio and newspaper interviews, yellow ribbon events, "Honoring" events; gala and health fairs with booths, presenters and health screenings; Homeless Standowns, and previews of the LIONESS Documentary.
- WVPMs collaborate and coordinate with returning OEF/OIF case managers when women Veterans are transferred from other facilities.
- Women's privacy, safety and dignity in health care are receiving attention. In 2009, it became a requirement for WVPM to participate in environmental rounds of facilities.
- Changes are occurring system wide to ensure that 'family friendly' changes are occurring throughout the VHA healthcare, including infant change tables, unisex or family restrooms, sanitary product availability, privacy curtains and locks in exam rooms, proper configuration of exam rooms (exam table facing away from doors).
- WVPMs remain the advocates to ensure the best care for our women Veterans.



Research



The VA Salt Lake City Geriatric Research Education and Clinical Center (GRECC) program faculty was critical to the success of four recently funded research centers based at VA Salt Lake City Health Care System (VASLCHSC).

The VA Western Region Rural Health Resource Center was funded and created in October 2008. This \$2M per year center focuses on older rural veterans' health and Native American health.

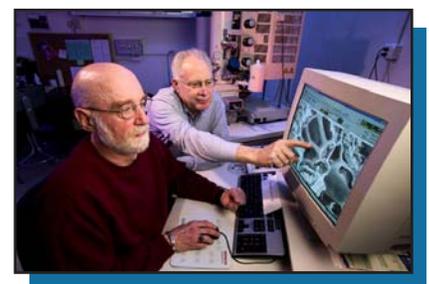
The Informatics, Decision Enhancement, and Surveillance (IDEAS) Center transitioned into a Research Enhancement Award Program (REAP) last year. Its annual operating budget is \$750K.

VASLCHCS staff is involved in two new major VA informatics centers – the Consortium for Healthcare Informatics Research (CHIR; \$2M annual budget) and the Veterans Informatics, Information, and Computing Infrastructure (VINCI; \$3.7 M annual budget).

GRECC investigator research funding resulting in a total of \$6.6 M in research expenditures in FY09 resulted in a 140% increase from the prior year. GRECC faculty are also active in geriatric education providing over 4,000 person hours in education and training in the care of the elderly to VISN clinicians and trainees.

Mental Illness Research, Education, and Clinical Center (MIRECC), located at the Denver VAMC, is one of 23 sites nationwide with the goal of researching the causes and treatments of mental disorders. The focus of the VISN 19 MIRECC is suicide prevention. In 2009, MIRECC investigators published 60 peer-reviewed journal articles, hosted the 2nd Annual Suicide prevention Conference and received three additional multi-year grants from a wide range of sources including the VA, DoD and the State of Colorado.

VA ECHCS and the VASLCHCS Research Programs enhance their respective facilities' ability to provide state-of-the-art medical techniques and treatments to our Veteran patients. Projects are being developed to allow VA researchers to access national patient data and provide a secure computing environment. Future uses of these resources will include real time surveillance for disease clusters and new syndromes.



Excellence in Service through Special Programs (continued)

OEF/OIF

Each facility maintains an Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) Care Management Team fully staffed with a Program Manager, one or more Case Managers, and three VISN Transition Patient Advocates. Each facility is active in outreach, care management, and building their respective OEF/OIF programs. The Denver team is moving into their third year of running an OEF/OIF primary care post deployment clinic; most recently adding the clinic to the Colorado Springs CBOC. They have set the standard for the VISN, with all other facilities following suit in implementing these clinics at their facilities and CBOCs. For the last 7 months of FY09, VISN 19 consistently exceeded the OEF/OIF Post Deployment screening and met the TBI clinical reminder, consistently for the entire FY09. VISN 19 sent representatives from all facilities to the VA sponsored Evolving Paradigms II conference held in Las Vegas in September. A highlight of the conference was the VA Salt Lake City VA Rappers performing the VA rap song composed by the OEF/OIF Program Manager. Quarterly focus groups were held with OEF/OIF Veterans and family members throughout FY09. Changes made as a result of these groups include having more available activities for veterans receiving inpatient services in Sheridan, adding a phone option "press 5" to be directed to the Denver OEF/OIF program, and scheduling C&P and initial primary care appointments on the same day for our Veterans who travel long distances.



Mental Health

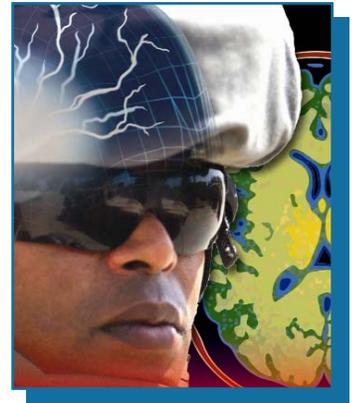
VISN 19 offers a continuum of mental health services ranging across inpatient, outpatient and residential care settings for Veterans living in the Rocky Mountain region. Inpatient services are currently available at four facilities and planned for the remaining two. Outpatient services were expanded in 2009 by increased staffing, advances in technology, development of peer programs, partnering with the Vet Centers and the addition of one mobile clinic. Mental health services include treatment and therapy for many diagnosis and conditions and are delivered utilizing both individual and group treatment options and in many locations: VA Medical Centers and Community Based Outpatient Clinics, non-VA community clinics, the Veteran's home and Federal Reservations.



Four residential rehabilitation programs are located throughout the VISN serving both male and female Veterans. The focus of treatment addresses Post Traumatic Stress Syndrome, Substance Use Disorder and Homelessness. Additional capacity will be available at Helena, Montana in the near future and is being planned for Cheyenne, Wyoming. Eastern Colorado Health Care System offers nationally recognized family programs serving over 800 families in 2009 by offering couples communication, PTSD family education, Family Connections in Life Skill and Partners & Pals. In 2010, they plan to roll out couples treatment and parent-ing and to further expand program into the CBOCs utilizing telecommunications.

Polytrauma

The Eastern Colorado Health Care System (ECHCS) Polytrauma Program is one of 21 Polytrauma Network Sites in the country providing long-term rehabilitative care and case management to Veterans and service members who experienced severe injuries to more than one organ system. ECHCS Polytrauma Program coordinates and communicates with other programs in VISN 19 including Salt Lake City (Polytrauma Support Clinic), Grand Junction (Polytrauma Support Clinic), Cheyenne (Polytrauma Point of Contact), Montana HCS (Polytrauma Point of Contact) and Sheridan (Polytrauma Point of Contact). Each of these facilities is currently completing the 2nd level comprehensive TBI evaluations. They refer to ECHCS for specialty care not available at the local site. ECHCS uses telehealth to meet the needs of the Veterans in more remote areas (telehealth has been used to provide 2nd level comprehensive TBI evaluations, amputee care and wheelchair/seating evaluations).



- VISN 19 Data from National TBI Evaluations Database through 11/13/09 shows:
- 12,800 Veterans screened for TBI
- 2,872 (21.6%) Veterans had an initial positive TBI screen
- 1,978 (77.9%) Comprehensive Evaluations were completed
- 332 (11.5%) declined a 2nd Level (Comprehensive TBI) Evaluation
- 1,045 (52.8%) Confirmed TBI Diagnosis
- 780 (39.4%) TBI ruled out
- 153 (7.7%) diagnosis uncertain
- Comprehensive Average Days From Screen to Evaluation Completion (current): 29.9

Commitment to the Homeless

VISN 19 is dedicated to help Veterans acquire safe housing; needed treatment services; opportunities to return to employment; and benefits assistance. These efforts are intended to end the cycle of homelessness by preventing Veterans and their families from entering homelessness.

Highlights during 2009, VISN 19 has allocated \$1.3M for contract residential care and allocated \$187K for Justice Outreach Homeless Prevention program. The Salt Lake City Health Care System has successfully project-based (one central location) 35 HUD-VASH Vouchers that has improved time from homelessness to housed. Colorado Springs, CO has an operational Veterans Court at the district court level working with combat Veterans with felony charges. The Salt Lake City Health Care System is in discussion to partner at the Federal Court level to create a Veteran Court.



Excellence in Medical Care – Facility Highlights

Denver VAMC (ECHCS)



- Groundbreaking for Denver VAMC replacement facility
- Opened state-of-the-art Prosthetic Jewell Clinic in Aurora
- Opened Virtual ICU program
- Successful Joint Commission Certifications
- Successful Systematic Ongoing Assessment and Review Strategy (SOARS) review
- Expanded homeless program
- Expanded woman's program

Total staff: 2,000
Number of Volunteers: 600
Operating Beds: 228
Outpatient Visits: 644,026
Unique Veterans Enrolled: 60,000
Budget: \$565 million

Director:

Lynette A. Roff
1055 Clermont Street
Denver, CO 80220
www.denver.va.gov

Main phone: (303) 399-8020

Sheridan VAMC



- Relocation of Gillette CBOC and Rock Springs CBOC and construction started on new Afton Outreach Clinic
- Awarded National Patient Safety Award for Suicide Prevention Door
- Implemented equine therapy for PTSD, CHAPS/Horses 4 Heroes
- New adaptive driving program established
- 5% increase in unique patients
- New, successful HUD/VASH program established

Total staff: 518.55
Number of Volunteers: 114
Operating Beds: 208
Outpatient Visits: 106,543
Unique Veterans Enrolled: 12,229
Budget: \$83.5 million

Director:

Debra L. Hirschman
1898 Fort Road
Sheridan, WY 82801
www.sheridan.va.gov

Main phone: 307-672-3473

Salt Lake City HCS



- Construction of New Spaces for Dental, Audio/Speech, West Valley CBOC and the Orem CBOC, remodel of Emergency Department
- Broke Ground on New Mental Health Outpatient building
- Additional beds opened for Inpatient Mental Health
- Almost 9% growth in workload
- Approved for additional resident slots for total of 131.62

Total staff: 1,812
Number of Volunteers: 870
Operating Beds: 121
Outpatient Visits: 496,287
Unique Veterans Enrolled: 45,629
Budget: \$330 million

Director:

Steve Young
500 Foothill Drive
Salt Lake City, UT 84148
www.saltlakecity.va.gov

Main phone: 801-582-1565
1-800-613-4012



Cheyenne VAMC



- Installed permanent MRI at the Cheyenne VAMC campus
- Began American Recovery & Reinvestment Act project to expand surgical suites at the Cheyenne VAMC campus
- Established Mobile Telehealth Clinic which travels to four new sites (Laramie, Wheatland, Torrington, WY and Sterling, CO)
- Started planning to open a Primary Care Telehealth Outreach Clinic (PCTOC) in Rawlins, WY
- Earned “Energy Star” Award from Department of Energy

Total staff: 558.7

Number of Volunteers: 247

Operating Beds: 70

Outpatient Visits: 179,630

Unique Veterans Enrolled: 17,191

Budget: \$82.7 million

Director:

Debra L. Hirschman

(Acting Director)

2360 East Pershing Blvd.

Cheyenne, WY

<http://www.cheyenne.va.gov>

Main phone: (307) 778-7550
(888) 493-9127

Grand Junction VAMC



- Achieved 5.1% increase in unique patients treated
- Activation of six clinical programs: Non-Institutional In Home and Community Based Care, Care Coordinated Telehealth, Community Adult Day Health Care, Purchased Skilled Home Health care, Home Hospice Care and Outpatient Respite Care
- Upgraded clinical areas on medical units and the CLC

Total staff: 540

Number of Volunteers: 225

Operating Beds: 63

Outpatient Visits: 184,128

Unique Veterans Enrolled: 11,700

Budget: \$81 million

Director:

Terry Atienza

2121 North Ave.

Grand Junction, CO 81501

www.grandjunction.va.gov

Main phone: (970) 263-2800
(970) 242-0731

Montana HCS



- Opened new Billings CBOC and Havre Outreach Clinic
- Added ophthalmology, mental health, MOVE exercise classes and physical therapy at Missoula CBOC
- Expansion of Ancillary Care/Laboratory Services approved for construction in FY 09
- Physical Therapy expansion project approved for construction in 2009
- 3.6% growth in unique patients
- Awarded Outpatient Mental Health contracts to four mental health centers to provide services to 56 counties in Montana

Total staff: 1,040

Number of Volunteers: 523

Operating Beds: 45

Outpatient Visits: 282,355

Unique Veterans Enrolled: 41,967

Budget: \$166 million

Director:

Joseph M. Underkofler (FY 09)

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