

# Bonne Santé



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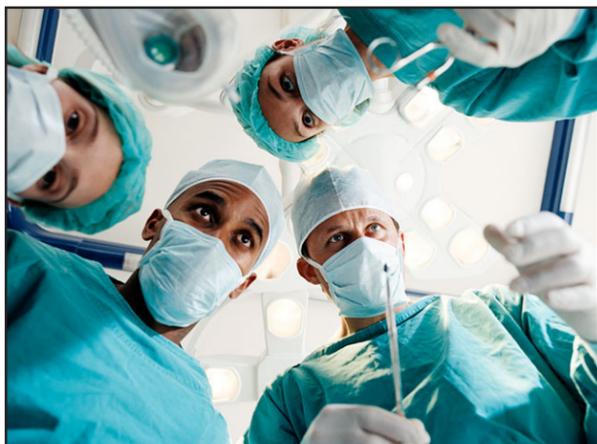
## Providers use patient identifiers for patient safety

Story by Kimberly Gearhart

How many times will you, the patient, have to verify your full name and social security number during your clinic visit? As many times as there are points of contact.

Each and every employee who accesses your record or provides care is required to verify this information in order to comply with National Patient Safety Goals. These goals are in place to insure patients receive the appropriate, correct, highest-quality care.

“Patients should expect that at each visit their check-in clerk, nurse and provider will take the appropriate steps to actively and positively verify



Do you want to be in this position and NOT be sure your doctor has the correct paperwork?

patient identity. Some patients get frustrated, but I’d like them to understand that this repetition can – and has – saved lives,” said Southeast Louisiana Veterans Health Care System (SLVHCS) Patient Safety Manager Monica Mason.

“If your provider doesn’t ask you for your name and social security number, speak up. Ask him or her to take that step. I encourage it,” Mason added, noting that patients are often reluctant to correct their providers, even if that provider is calling the Veteran the wrong name.

Sometimes, the doctor may be using that incorrect name as a diagnostic tool.

“I knew a neurosurgeon who would intentionally call patients by the wrong name to check their orientation after a procedure. One patient let the doctor call her ‘Sylvia’ instead of ‘Joan’ three days in a row,” Mason said.

On the fourth day, the provider broke the news. “He said, ‘I’m sorry Joan, but it looks like you still have some problems, and we’re going to have to go back in to fix them.’ When he left, the patient said, ‘Ms. Monica, I don’t want that crazy man working on me. This is the first day he’s called me the right name!’” Mason said. By not correcting the doctor, the patient became a barrier to her own care.

Patients must, Mason said, be actively involved in their care, even if it’s just making sure their information is verified prior to receiving care.

Some Veterans have questioned the need for verifying name and social security number, since the VA issues identification cards. Those cards are used at check-in to establish and maintain a continuous patient record.

“I could hand you my sister’s card, and you’d never know the difference. We look that much alike,” Mason said. Often the opposite is true, with older photos no longer representing the Veteran’s current appearance. The more detailed “two identifier” requirement is the provider’s best way to positively identifying patients and avoiding dangerous missteps in care.

The patient identification goal is further reinforced by a process known as “time outs.” Prior to any invasive procedure, such as a surgery, providers are required to stop and verify one final time the patient’s identity.

“Recently, at another VA Medical Center, providers conducting a time out verification discovered that the name on the patient’s consent for surgery did not match the patient on the table,” Mason said.

Although likely just a paperwork issue, had the providers actually had the wrong patient and failed to conduct a time out, they could have performed an unnecessary surgery.

“It’s all about protecting the Veteran and offering the best health care in the safest environment,” Mason said.

## VA Volunteer earns President’s Call to Service Award

Story and photo by Kimberly Gearhart

Jules “Pat” Massarini has given over 4,400 certified hours of volunteer service during his 14 years as a volunteer with the Department of Veterans Affairs, earning the President’s Call to Service Award.

Massarini’s volunteerism began 17 years ago when he joined the Benevolent and Protective Order of the Elks. One day he joined the Volunteer Veterans Chairman making rounds to the local Veterans homes.

“Two years later, I took over as Chairman and I’ve been doing it ever since,” he said.

During that time, Massarini has organized visits to several Veterans homes, held multiple fund raisers, and initiated Veterans Day programs at nursing homes in and around Slidell and Jackson, Louisiana.

Another project had Massarini designing, building and delivering special wheelchair-accessible garden boxes to area nursing homes. He even started a dancing group and travels around teaching line dancing or just entertaining Veterans.

“They appreciate it so much when we go there,” he said.

“If ever a Veterans needs anything, they call the lodge and Pat does everything he can to help,” said Carol Massarini, Pat’s wife and fellow volunteer.

Massarini is not a Veteran, though he tried to join the Armed Forces at the age of 17.

“They wouldn’t take me. I’ve got two bad knees,” he lamented. “I always wanted to give back to my country, but I couldn’t go.” Instead, he volunteers with Veterans and Veteran organizations.

“Veterans do so much for us, I just wanted to help,” Massarini added, noting that the Elk’s have a saying: So long as there are Veterans, the Elks will never forget them.



Carol Massarini, left, pins her husband Pat, right, with the President’s Call to Service Award Pin for accumulating over 4,000 hours of volunteer service in his lifetime.

“He is a dedicated volunteer,” said Debra Ceaser-Winbush, Southeast Louisiana Veterans Health Care System Voluntary Service Officer. “His energy, knowledge and will to honor and lend a hand to all Veterans have made a significant contribution to the Voluntary Service Program here.”

The President’s Call to Service award came with a letter from President Barack Obama which read, in part: “Your volunteer service demonstrates the kind of commitment to your community that moves America one step closer to its great promise.”

“This is a special award, and it means the world to me,” Massarini said.

For more information about volunteering, contact the Voluntary Service Office at 504-565-4857.

June 27 through July 3 is VA HIV testing week. Know your status. Early diagnosis saves lives.

## VA proposes change to aid Vets exposed to Agent Orange

WASHINGTON – Veterans exposed to herbicides in Vietnam and other areas will have an easier path to qualify for disability pay under a proposed regulation published by the Department of Veterans Affairs (VA) that adds three new illnesses to the list of health problems found to be related to Agent Orange and other herbicide exposures: B cell leukemias, such as hairy cell leukemia; Parkinson's disease; and ischemic heart disease.

Even though this is a proposed rule, VA encourages Vietnam Veterans with any of these three diseases to submit their applications for compensation now so they can receive benefits from the date of their applications once the rule becomes final.

Over 80,000 Veterans will have their past claims reviewed and may be eligible for retroactive payment.

The new rule will bring the number of illnesses presumed to be associated with herbicide exposure to 14.

In practical terms, Veterans who served in Vietnam during the war and who have a "presumed" illness don't have to prove an association between their illnesses and their military service. This "presumption" simplifies and speeds up the application process for benefits.

Additional information about Agent Orange and VA's services for Veterans exposed to the chemical are available at [www.publichealth.va.gov/exposures/agentorange](http://www.publichealth.va.gov/exposures/agentorange).

## Health Care Reform Info

Many Veterans have questions about the health care reform law. The most important thing Veterans need to know is this: **Nothing in the new law changes anything about VA health care.**

The law contains many complex provisions, but does not affect the Veterans' health care program. Enrolled Veterans may still rely on VHA for their care.

The law requires that every individual must have some form of health care coverage by 2014, and that coverage must meet a minimum standard. Congress wrote a provision into the law that says the Veterans' health care program, administered by VHA, meets the standard for health care coverage.

This means that **enrolled Veterans do not have to purchase additional coverage.** Veterans may purchase additional coverage if they wish, but it is not required.

## VAMC Groundbreaking set for June 25

Southeast Louisiana Veterans Health Care System (SLVHCS) will hold a Groundbreaking Ceremony beginning at 10 a.m. June 25 for Project Legacy at 2400 Canal Street, the future site of the Veterans Affairs Medical Center, New Orleans.

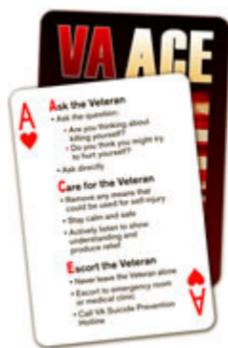
Veteran patients are invited to attend this historic event. Details regarding parking and transportation will be finalized in the coming days.

Check the clinic for signs or visit [www.neworleans.va.gov](http://www.neworleans.va.gov) for information updates as details become available.



Artist's rendering of the Replacement Medical Center, New Orleans in an aerial view from above the intersection of Galvez and Canal Street.

## Ask, Care, Escort: Suicide prevention tools



Suicide and suicide prevention can be difficult and emotional. The Department of Veterans Affairs and Southeast Louisiana Veterans Health Care System take the issue of suicide very seriously and provide 24/7 telephone and online counseling to Veterans in crisis.

Suicidality is treatable, and most suicidal crises are acute episodes of a more chronic problem. Family members and close friends often notice the warning signs in Veterans, but may not know how to approach their loved one.

In order to help, just remember that you have an ACE in the hole. ACE stands for Ask, Care and Escort, and represents the first step in helping someone get the mental health support they need.

### Ask the Veteran

The first and most difficult step is to simply ask the question: Are you thinking of hurting yourself? Many people are afraid to ask, fearing they may "put the idea into" the Veteran's head. However, mental health

professionals agree this is a myth. Asking actually gives the Veteran permission to talk about his or her feelings.

### Care for the Veteran

It is critical that you remain non-judgmental and understanding if the Veteran expresses suicidal thoughts. Accept that the situation is serious and listen supportively.

### Escort the Veteran

Do everything you can to assist the Veteran in getting assistance. Let them know they're not alone and that help is available. If the Veteran has already physically injured him- or herself or is acting in a threatening manner, it may become appropriate to call 911.

If you or someone you know is experiencing suicidal thoughts, help is available at 1-800-273-TALK (8255), and option 1 is specifically for Veterans. Caring professionals are available to help you through your crisis and direct you to local care.

Locally, Veterans may contact Dr. William Hill, Southeast Louisiana Veterans Health Care System's Suicide Prevention Coordinator Monday through Friday from 7:30 a.m. to 4 p.m. at 504-571-8265.

## DASH your way to lower blood pressure numbers

Story by Kimberly Gearhart

The National Heart, Lung and Blood Institute (NHBLI) estimates that one in four American adults has hypertension, or high blood pressure. That number jumps to three in four for Americans 65 and older.

Hypertension is defined as consistently high blood pressure measuring 140/90 mmHG or higher, and once you've been diagnosed, chances are you will continue to be hypertensive for the rest of your life. And if you don't get it under control, that may not be as long as you'd like.

"Hypertension is related to heart disease and stroke. Directly related," said Dr. Vecihi Batuman, Medicine Service Chief for Southeast Louisiana Veterans Health Care System.

However, hypertension can be controlled once it's discovered.

"We in the VA do a better job than private practitioners in helping our patients control their hypertension," Dr. Batuman said,

noting that nationally only one in three hypertension patients are considered to have "controlled" blood pressure (less than 140/90). In the VA, that number is three in four.

"Hypertension is determined or checked at every encounter," he added. By checking regularly, VA providers are able to head off problems early, possibly contributing to the high success rate of VA patients in controlling their hypertension.

Generally control measures begin with lifestyle changes. Exercise is important, but so is diet. The VA uses the Dietary Approach to Stop Hypertension, or DASH, diet.

"DASH is based on a clinical study that found that high blood pressure can be reduced with an eating plan rich in fruit, vegetables and low fat dairy products," said Registered Dietitian Trionne Burrell from the Hammond Clinic.

Also critical is reducing cholesterol, fats and salt intake.

"Salt and fat intake tends to be higher in Louisiana," Batuman said,

noting that Louisiana, Mississippi, Alabama, Georgia and Florida are known as the 'stroke belt' due to their high levels of obesity and high blood pressure.

"Shopping the outer perimeter of the grocery store for fresh produce, lean meat and low fat dairy sets the stage for good nutrition. Processed foods are often high in sodium," Burrell said.

She also cautioned avoiding pickled, smoked and cured items.

"These words indicate foods with added sodium."

By following the DASH diet, limiting alcohol intake and becoming more physically active, patients with mild to moderate hypertension can get their blood pressure under control without necessarily needing medication.

"Start small and make gradual changes you will be able to continue for a lifetime," Burrell said.

For more information DASH, see your clinic dietitian. If you're already using DASH, visit the NHBLI web page, [www.nhlbi.nih.gov](http://www.nhlbi.nih.gov) and search for DASH recipes.