

HEALTH BEAT

A health and wellness newsletter published by the VA Medical Center Huntington

February 2009

Dedicated Employees Go The Extra Mile to Make VAMC Huntington One of the Best Facilities in Country

After a recent bout of snow, ice, bad road conditions and the loss of electricity throughout communities in the area, we are reminded that Huntington VAMC is one of the best medical centers around because of our dedicated employees. During this period of bad weather when many employees and patients had to



John W. "J.B." Finlay, Associate Director

endure some very severe conditions, there were countless examples of employees going the extra mile to help one another. Employees checked on homebound patients to make sure they had support while their electricity was out. We also had employees who stayed over and worked double shifts because others were not able to make it to work. And, we definitely don't want to forget to give our grounds crew a big hooray for working around the clock to keep access open to the hospital.

These are just a few ways that our employees step up on a daily basis to ensure patients and co-workers get the care and support they need. Let's face it -- it's the quality of employees that makes or breaks an organization, and at our medical center we are blessed with an excellent staff. Patients often tell us that they appreciate the compassionate care at the VA. Whether care is provided at Huntington or at our clinics in Charleston and Prestonsburg, VA employees are recognized for doing an outstanding job in a caring and compassionate manner. To do anything less would not be our style.

VA employees are privileged to be able to serve America's Veterans, and we're reminded of their sacrifices

everyday. Our "Wall of Honor" located on the ground floor of the medical center is a daily reminder of the thousands of local Veterans that have served to protect the freedoms we enjoy today.

The medical center is growing and doing well, but we must continue to ask -- are we where we need to be? The answer is no, not yet. There are always things to be done and improvements to be made. There are Veterans needing our services whom we are not reaching. There are additional demands for services created by the newest generation of Veterans. Here at Huntington, we must address an aging infrastructure system. Recruiting professional employees with the needed skills remains a challenge. Customer satisfaction has room for improvement. Behind all these challenges are people working together to bring us along in a planned approach. Rest assured that "Putting Veterans First" will continue to guide us in our decision making process.

Next month, I will share with you plans for improving services for our patients. In the meantime, stay warm and safe during these last weeks of winter.

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Important Numbers

If you have an emergency please dial **911** or your local emergency number.

If you are feeling unsafe or having thoughts of hurting yourself please call **1-800-273-8255**.

Huntington VA Medical Center (HVAMC)

Toll Free	800-827-8244
Local	304-429-6755
Charleston Outpatient Clinic	304-926-6001
Prestonsburg Outpatient Clinic	606-886-1970
Logan Outpatient Clinic	304-752-8355
Williamson Outpatient Clinic	304-235-2187
Huntington Vet Center	304-523-8387
Charleston Vet Center	304-343-3825
VA Regional Office	800-827-1000

Important Extensions for VA Medical Center Huntington

Appointments - Cancel or Check	2311
Audiology	2768
Billing	2440
Care Coordination	3262
DAV	2212
Dental	7117
Eligibility	2540
Fee Basis	2556
Help Desk/Enrollment	3451
Medical Specialty	3580 or 7121
Mental Health	2722
MICU	2190
MOVE! Program	2531
Nutrition & Food Service	2531
Optometry (eye)	7115
Pharmacy	7120
Phone Unit	3580 or 7121
Physical Therapy/Rehab Medicine	7118
Prescriptions - Order or Check	2311
Primary Care (Blue/Green Team)	3580 or 7121
Prosthetics	2709
Radiology	2749
Release of Information	3150
Same Day Surgery	2862
Social Work	2837
Surgery	3580 or 7121
Volunteer Services	2952
4-South	2130
5-South	2170

Could I be Having a Heart Attack?

by *Deborah Neal, RN and Karen Bailey, FNP*

The number one cause of death in women is heart disease. Knowing the warning signs and symptoms can help you in the event that you, or someone you know, may be experiencing the pain of a heart attack.

Time is muscle, and it has been found that most people will wait at least 6 hours before calling for help, or going to the emergency room. Heart damage can begin within the first 30 minutes when the blood flow to the heart is diminished or obstructed.

Common signs of a heart attack include crushing pressure, and fullness or squeezing in the center of the chest. Many may have the associated symptoms of shortness of breath or difficulty breathing, nausea and/or vomiting, severe indigestion, sweating, and radiation of the discomfort to the jaw, neck, shoulders, arms or back.

Women often experience the discomfort of a heart attack differently than men. Common symptoms for women include:

- shortness of breath;
- extreme fatigue;
- pain in the jaw, neck, and arm; and/or,
- pain between the shoulder blades in the back.

Often women will have nausea, feel anxious, weak, clammy, sweat profusely and may feel light-headed or dizzy. Women are more likely to experience palpitations (pounding heart beats) or feel extra heart beats. A sensation of panic or impending doom may be felt.

Recognizing the signs and acting swiftly can save your life, or the life of someone you know. Getting treatment quickly can save the heart's muscle from permanent damage.

Call 911 and go to the nearest emergency room. Chew an uncoated aspirin (325mg) if you are not allergic to aspirin.

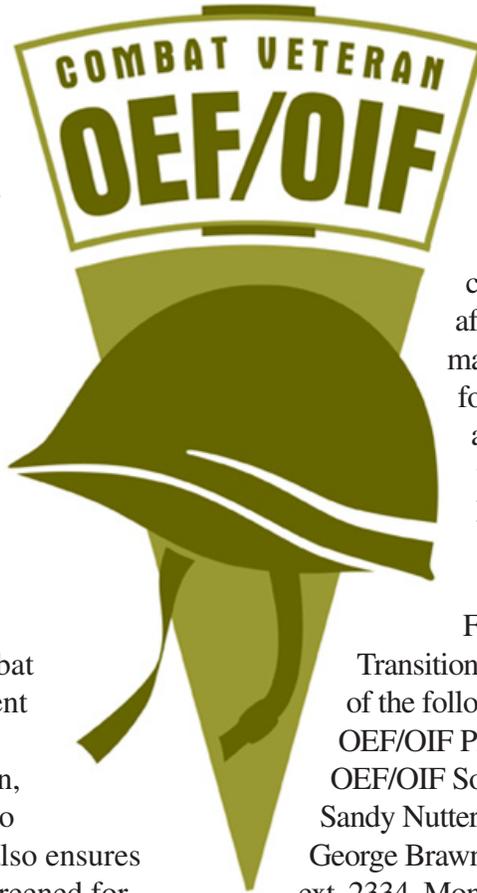
Don't delay. Every minute counts to protect the heart from permanent damage.

Seamless Transition Team Assists Combat Veterans returning from Operation Enduring Freedom and Operation Iraqi Freedom

The Seamless Transition Team (STT) provides care for our newest combat veterans to ensure a smooth and seamless transition from the Department of Defense (DoD) system of care to the Veterans Affairs system of care.

The STT includes a Program Manager, Social Work Case Manager, Nurse Case Manager and a Transition Patient Advocate. The STT connects with veterans at enrollment, clinic appointments, from other VA Medical Centers, through military treatment facilities, and during outreach briefings.

The team ensures that all returning combat veterans are screened for post-deployment health and mental health issues such as post traumatic stress disorder, depression, substance use and health issues related to combat in a foreign country. The STT also ensures that all returning combat veterans are screened for



possible traumatic brain injury as a result of a motor vehicle accident, fall, blast/explosion, blow to the head, fragment/bullet wound to the head or any other head injury.

Case Management is available to any combat veteran returning from OEF/OIF after September 11, 2001. Case Management may include but is not limited to referrals for care to VA and Non-VA resources, assistance with access to care, assistance with information regarding VA benefits, housing, employment and education.

For more information on how the Seamless Transition Team may assist you, please contact any of the following STT members: Michele Michael, OEF/OIF Program Manager at ext. 3845, Billi Crank, OEF/OIF Social Work Case Manager at ext. 3848, Sandy Nutter, OEF/OIF Nurse Case Manager, or George Brawn, OEF/OIF Transition Patient Advocate at ext. 2334, Monday-Friday 8 a.m. to 4:30 p.m.

Enhanced Eligibility for Veterans Serving After Nov. 11, 1998

Veterans, including activated Reservists and members of the National Guard, are eligible for enhanced eligibility if they served on active duty in a theater of combat operations after November 11, 1998, and have been discharged under other than dishonorable conditions.

Combat eligibility is determined by the veteran's service documentation that reflects service in a combat theater, receipt of combat service medals and/or receipt of imminent danger or hostile fire pay.

Currently enrolled veterans and new enrollees, who were discharged from active duty on or after January 28, 2003, are eligible for the enhanced benefits for 5 years post discharge. Veterans who discharged before January 28, 2003, who apply for enrollment on or after January 28, 2008, are eligible for enhanced benefits until January 27, 2011.

During the enhanced period, veterans seeking care for conditions potentially related to their combat service will have health benefits, including medicines free of cost. After this time expires, your co-pay status will be determined by providing your financial information for the prior year.

Eligibility for dental benefits is different than medical care. The combat veteran may be authorized dental treatment for the one-time correction of dental conditions if the veteran served on active duty and was discharged under conditions other than dishonorable for a period of service not less than 90 days. The discharge documents must show that the veteran was not provided a complete dental examination prior to discharge from active duty. The application for dental treatment must be made within 180 days of discharge or release.

Heart Disease is The No. 1 Cause of Death in Women!

By Deborah Neal, RN and Karen Bailey, FNP

The American Heart Association (AHA) recognizes February as American Heart Month. The AHA has a program called “Go Red for Women” designed to improve awareness of heart disease in women.

Did you know that heart disease is the number one cause of death in women? Females account for more than 50% of the deaths from heart disease in the United States. Heart disease kills one in every three American women.

Just the Facts:

- 8 million women are currently living with heart disease (10% of women aged 45-64 and 25% of

women age 65 and over).

- 13% of women age 45 and over have HAD a heart attack.
- 4 million women suffer from angina.
- One in four women dies of heart disease, regardless of race or ethnicity according to the CDC “The Heart Truth” 2005.
- 329,000 American women die annually from heart attacks which kills six times as many women as breast cancer.

Know your risk factors for heart disease. Those at greatest risk are:

- Smokers
- Diabetics
- High blood pressure
- High cholesterol
- Physical inactivity
- Overweight
- Family history

Take an active role.

- Ask your doctor about your risk of heart disease.
- Get your blood checked for cholesterol.
- Stop smoking.
- Control your diabetes and high blood pressure.
- Get moving!
- Get control of your weight!

The VAMC has a program called “MOVE” that works with the patient on diet and exercise that will assist in weight loss and improving one’s overall health. Ask your doctor about the “MOVE” program if you are interested.

Take control of your heart health. Get in step and start working towards making 2009 your heart healthy year.

WOMEN VETERANS HEALTH CARE

Heart disease is the #1 killer of
women veterans

take heart
Call your VA
provider today.

Department of
Veterans Affairs

★ You served, you deserve the best care anywhere. ★

Women Veterans Health Strategic Health Care Group, VACO 02/2009





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Veterans Affairs**

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Learning Resources by phone
at 304.429.6755 ext. 3206, toll-
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Colorectal Cancer Effects 145,000 Each Year

By Rhonda Freeman, RN

Colorectal cancer is the third most common cancer among both men and women, not including skin cancers, and is expected to strike more than 145,000 people and kill more than 56,000 this year.

Early detection and prevention is the key. Regular colon cancer screening should begin at age 50 for people at average risk of colon cancer.

Several screening options do exist, such as fecal occult (hidden) blood test, Flexible Sigmoidoscopy, Barium Enema, and Colonoscopy.

Early detection and prevention is the key. Regular colon cancer screening should begin at age 50 for people at average risk of colon cancer.

However, higher screening rates have helped reduce the incidence rate by nearly 3% each year.

Colon cancer is cancer of the large intestine (colon), the lower part of your digestive system. Rectal cancer is cancer of the last 6 inches of the colon. Together, they're often referred to as colorectal cancers.

Most cases of colon cancer begin as small, noncancerous (benign) clumps of cells called polyps. Over time some of these polyps can become colon cancers.

Many people have no symptoms in the early stages of the disease. When symptoms appear, they'll likely vary, depending on the cancer's size and location in your large intestine. These symptoms can include but are not limited to:

- a change in bowel habits;
- change in consistency of stool for more than a couple of weeks;
- rectal bleeding;
- persistent abdominal pain;
- weakness and/or fatigue; and,
- unexplained weight loss.

Earlier screening may be recommended for patients with a family history of colon cancer, or if the patient has symptoms that require testing.

Colonoscopy is the current gold standard to check for any early signs of colon cancer. A Colonoscope, a long, flexible and slender tube attached to a video camera, allows your doctor to view your entire colon and rectum. If any polyps are found during the exam, your doctor may remove them immediately or take tissue samples (biopsies) for analysis.

You can take steps to reduce your risk of colon cancer by making changes in your everyday life. These include:

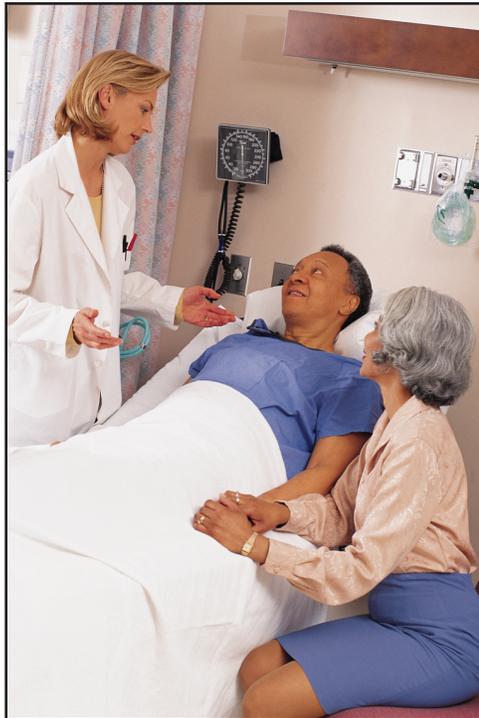
- a diet high in fruits, vegetables, and whole grains;
- limit fat especially saturated fat;
- limit alcohol;
- stop smoking;
- maintain a healthy weight; and,
- stay active.

If you are over the age of 50 or have any symptoms, ask your primary care physician if a colonoscopy is right for you.

Effective Communication Is One Key to Better Health Care

By Belen P. Bushman, MSN, APRN, BC

In health care settings, the relationship between a physician and patient is important; however, both face significant challenge and obstacles to building strong and positive relationships.



One barrier is communication. Not all patients are assertive. Some may be timid and feel embarrassed discussing their symptoms.

Another issue is time. Some providers may have limited time to address all of his or her patients' needs during a visit.

Another challenge is behavior; patients who do not trust their providers may pose a problem with treatment. They are more likely to be noncompliant and may consistently miss appointments. These barriers can create confusion and frustration on both ends.

How can patients and health care providers improve their relationship? Here are a few tips for relationship wellness.

For health care providers:

1. Establish good rapport.
2. Show respect to promote trust.
3. Listen and allow the patient to talk.
4. Assess the patient's knowledge and comfort level.
5. Show concerns and discuss plan of care and treatment options.
6. Summarize the treatment plan and clarify.
7. End the session with re-assurance that patients are welcome to call the office should a problem arise.

For patients:

1. Be prepared for your visit. Jot down your symptoms, complaints problems or questions, and bring this list to your visit.
2. Show that you are a partner and motivated for treatment.
3. Be open and be honest.
4. Have an agenda and focus on your needs.
5. Know your medications, allergies and your medical history.
6. Share your values and lifestyle preferences that could affect your treatment.
7. Ask for clarification on decisions to be made.

Using a style of communication that suits the patients is essential to have relationship wellness.

Many patients prefer the patient-oriented communication styles which incorporate the patient's expectations, feelings and illness beliefs. Some patients prefer a more straightforward physician communication style that emphasizes just providing medical information and guiding the patient in making a treatment choice.

When patients and medical providers communicate, the provider is more likely to understand and respond to the patient's needs and expectations. Patients who trust their providers have better clinical outcomes, and feel more satisfied with their care and are more likely to follow their medical advice.

Want to receive the latest edition of Health Beat and other VA newsletters by e-mail?

Go to the Medical Center's Web site at www.huntington.va.gov, and click on the News by Email link to sign up.

Polytrauma Support Clinic Now at Huntington VAMC

The VAMC Huntington now has a Polytrauma Support Clinic (PSC), consisting of team of providers with rehabilitation expertise who deliver follow up services in consultation with regional and network specialists. They assist in the management of stable Polytrauma patients through direct care and consultation, as needed.

It is the role of this clinic to provide specialized, post-acute care, polytrauma rehabilitation in the appropriate setting that meets the needs of veterans, service members and families; to develop and manage interdisciplinary rehabilitation treatment plans; to provide proactive case management for existing and emerging conditions; and, to identify VA and non-VA resources necessary for patient care.

Veterans or military service members who should be considered for Polytrauma Support Clinic are those who have experienced severe or multiple injuries, one or more of which could be considered life threatening, as a result of trauma.

One of the most common injuries is traumatic brain injury (TBI), which is injury to the brain that can occur when the head is injured by an external force or by a non-traumatic event such as a tumor, stroke, aneurysm, or infection. Any brain injury can cause a wide range of functional changes that may affect thinking, sensation, language, memory and/or emotions. TBI affects not only the individual but the family as a whole. TBI can affect a person's cognition (thinking) and behavior (acting). Other common injuries include:

- Fractures;
- Burns;
- Skin or soft tissue injuries;
- Hearing loss or damage;
- Visual impairments or blindness;
- Traumatic amputations; and,
- Post-traumatic stress disorder (PTSD)

Such injuries may be the result of combat from such sources as blasts or explosions, gunshot wounds, motor

vehicle accidents and blunt force traumas.

Veterans and health care professionals are encouraged to contact the Polytrauma Team to discuss potential referrals of any combat or non-combat injured veterans who may meet criteria for the program.

Victims of stateside traumatic accidents, such as a motor vehicle accident, may also be considered for eligibility for the program. Feel free to contact us with questions or to discuss any veteran or service member that you believe is in need of our services. Our team will be happy to review and discuss all potential patients on a case-by-case basis.

You and your family are vital members of this team and your active involvement is instrumental in your success. Lifetime case management is an integral part of this team.

For more information about Polytrauma or the Polytrauma Team, call 1-800-827-8244, then dial extension 2772 to speak with Polytrauma Nurse Case Manager Cheryl Hill, RN, BSN, or extension 2774 to speak with Polytrauma Social Work Case Manager Suzanne Jenkins, MSW, LGSW.



Diet Can Help Reduce Risk for Certain Types of Cancer

By *Steve Ferguson, MS RD LD, Nutrition & Food Service*

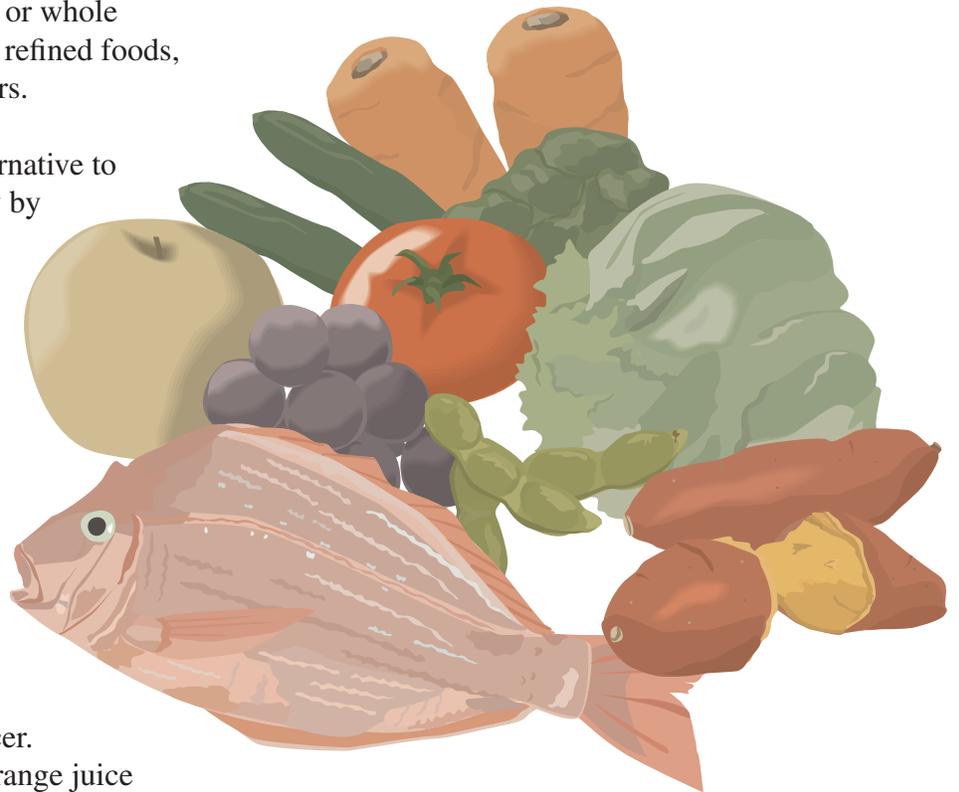
You can reduce your risk of cancer by 30% to 40% and even help protect against certain cancers by making these healthier food choices:

- Eat 5 to 9 servings of fruits and vegetables daily. Fruits and vegetables are low-fat, cholesterol-free, and contain many health promoting substances. Choose two or more colorful fruits and vegetables with each meal and snack.
- Eat more whole-grains and high fiber foods. Look for foods that list whole grains as the first ingredient – such as whole-wheat flour, rolled oats or whole meal rye. Limit intake of processed and refined foods, including cakes, pastries and other sugars.
- Choose fish, poultry, or beans as an alternative to red meat. Prepare meat, fish and poultry by baking, broiling or poaching rather than frying or charbroiling. If you eat meat, do so in moderation and eat small portions of only low-fat meats.
- Eat a low-fat diet. High-fat diets are linked to colon, prostate and other cancers.
- Eat two to three servings of low-fat or non-fat dairy products for calcium every day.
- Calcium may protect against colon cancer. Skim or one percent milk, yogurt and orange juice with added calcium are good sources of calcium.

- If you drink alcoholic beverages, do so in moderation. Drinking has been linked to colon, breast and liver cancers and when combined with smoking, greatly increases the risk of head and neck cancer.

You can further reduce your risk of cancer by maintaining a healthy weight and being physically active.

Please contact a Registered Dietitian if you have any questions at 1-800-827-8244 or 304-429-6741, Ext. 2328(Blue Team) or Ext. 3356(Green Team).



Did you Know?

Because our first priority is our Veterans, the Huntington VA medical Center recently started an Ambassador Service. Ambassadors are employees who volunteer to greet Veterans, families, and visitors in the outpatient lobby and offer assistance. These Ambassadors will assist in getting wheelchairs, giving directions, escorting patients to areas in the Medical Center, as well as assisting with other needs. The Ambassador desk is supplied with a variety of maps and brochures and is located in the main lobby and will have an employee volunteer serving Veteran's Monday through Friday. Stop by and allow us to serve you!