Elizabeth “Betty” Goolsby, Director of the Fayetteville VA Medical Center (FVAMC) retired Dec. 9 after more than four decades of federal service. She was appointed FVAMC Director in July 2010.

“It has been my pleasure to serve our Veterans — America’s Heroes — for many years, and to have spent the last 7 years with you in the Fayetteville Enterprise,” Goolsby said. “Each of us finds joy in our lives and use the joy to make a difference. Part of my joy has been to serve our Veterans.”
VISN Leaders Gather to Address Change

delivery model, and patient experience to further enhance the service.

“Bringing our leaders together for a week and dedicating our time to ask the hardest and most complex questions – what do we have to do to provide exceptional service to our Veterans,” said DeAnne Seekins, VISN 6 Network Director. “How do we take a step outside normal business operations and try new ideas, with new focus, where the Veterans will benefit the most.”

A great example is in optometry, committee members are looking at ways to offer Veterans a voucher to receive routine eye exams and glasses at any community optical shop closer to their home.

“This is not privatization,” said Seekins. “This is simply saying we have more Veterans who need eye exams and glasses then we at VA can provide in a timely fashion. And it would be better for our Veterans to go to our community partners, who are closer to their home for a routine service.”

Committee members also presented ideas that included urgent care departments in forthcoming health care centers at Raleigh, Fredericksburg and in Chesapeake; and adding urgent care to the health care centers already in place at Charlotte and Fayetteville.

Another popular plan seemed to be the creation of geriatric patient care teams (Geri-PACT). These focused teams would provide continuity and consistency to a specialized group of patients. The committee believe that the new teams would allow Veterans to feel more confident about their care based on the skill-level of the clinicians.

“Our goal is to shift more of our resources to services that matter most to Veterans and has the most impact their health,” says Seekins. “We can’t do that without thinking big and taking massive action.

Ideas to improve internal efficiencies were also a part of the discussion, such as moving to a VISN central purchasing model for high volume products, instead of facility-based purchasing. They also considered a variety of staffing models and employee incentives that could help productivity and improve job satisfaction.

The strategic planning session was complemented by training in change management, where leaders were asked think about new ways of doing business, employee engagement and internal communication. One thing was for sure after the week-long meeting concluded - change is happening and the move to modernize in VISN 6 is well underway.

Network Director Comments

I get the question all the time, from employees, staff and people outside the VA - what is VA modernization? And what will be different with the VA now, than what has been done in the past? The answer is simple, but the tasks to keep the VA at the head of the health care game will be complex and transformative.

Modernization of the VA is looking at everything we do and all the different types of health care we provide and asking ourselves this one question – how can we do it better for our Veterans?

Let me give you an example. If a patient needs to see a physical therapist twice a week for six weeks isn’t it better for that Veteran to see a provider that is closer to their home instead of driving 40 or 50 miles to a main VA? We would all say yes.

Continuing with that example, VA modernization is looking at things differently. Instead of building more physical therapy departments or spaces, we are looking at every program to see what we need to expand and what programs we can work with our community partners with – always returning to the main question: what is right for our patients.

Modernization is about providing more efficient options for our patients. It’s about being innovative and transformative. Modernization is about finding the ‘yes, we can’ instead of listing off all the reasons why we can’t or shouldn’t. Modernization is a new way of thinking – it’s a culture shift.

We’ve had to dig deep and look at how we do things and see if we can do it differently. Change is never easy, especially if it has been a way of business for a long time. Our leadership teams are taking stock of everything we do. Asking questions like, can doctors use more telemedicine in their clinics, can we provide health care to newer Veterans in colleges and in the community, can we conduct mental health sessions via video calls, can we text reminder appointments – nothing is off the table.

We are evaluating how those things; whether they are equipment, operations, or programs can be done differently and more effectively. In some case, we are even asking ourselves whether VA should be doing those things at all, and if the Veteran is better served in the community.

The question isn’t about whether VA should exist, it is how VA might best serve Veterans, assuring them the best care everywhere, perpetually. Modernization is about how VA isn’t just a provider of Veteran Health Care, but a concept of VA as steward of Veteran health.

That concept is monumental because it shifts the story line from Veterans only receiving their high-quality care at VA, to VA making sure Veterans receive high quality care wherever is best for them – VA or private sector.

That enables VA to concentrate efforts on the things it does best – our foundational service core – and coordinate care for Veterans with community partners who are best in specialty care outside VAs core services. So, modernization is VA transforming into an integrated web of services offering Veterans the best care possible where and when they need it.

Sincerely,
DeAnne Seekins
VISN 6 Network Director
SALISBURY, N.C. — Salisbury VA Veterans took home three 1st Place, one 2nd Place and two 3rd Place awards from the 2017 National Veterans Creative Arts Festival, which took place in Buffalo, New York, in October.

Terri Gilbeau, Recreation Therapist, said it is “awe-inspiring” to have so many national winners. “Over 5,630 entries were submitted into local competitions at 138 VA facilities, so six national winners is a great honor,” Gilbeau explained. Salisbury VA Health Care System received 77 entries from 49 talented area Veterans.

The National Veterans Creative Arts Festival provides Veterans the opportunity to express themselves through the arts and to gain recognition for their creative talents and skills in both visual and performing arts. Visual arts categories range from oil painting and leatherwork to paint-by-number kits, while the performing arts category includes all aspects of music, dance, drama and creative writing. First-place winners at local VA creative art shows are entered in the national festival for competition.

According to James Taylor, U.S. Navy Veteran and one of six national winners from the Salisbury VA Health Care System, “It’s very rewarding to record the world the way it is, or was [through art].”

Taylor took a first-place prize with an oil painting titled “After Snowstorm, Sun on a January Morning.”

Gilbeau said the creative arts have both a healing and therapeutic benefit. “We witness remarkable things when Veterans immerse themselves in the arts,” Gilbeau said. “For some, it is the opportunity to collaborate with others who are creatively minded, socially engage and recognize that there are others out there who ‘get it.’”

All Veterans enrolled in VA healthcare are encouraged to enter the competition. Applications for the 2018 Salisbury VA creative arts festival are currently available through the Recreation Therapy office located in Building 6. Entries are due by 8:00pm, Friday, Jan. 26.

Salisbury VA Health Care System has held a local Veterans Creative Arts Festival as part of the national program since 2008, making 2018 its decennial competition.

In addition to the annual Veterans Creative Arts Festival, Salisbury VA Health Care System now offers Creative Arts Workshops on the second Tuesday of the month from 7:00-8:00pm. Previous workshops included vocal coaching, Zumba and acrylic painting. The next workshop, scheduled for Jan. 9, will feature line dancing in the Building 6 Social Room on the Salisbury VA Campus at 1601 Brenner Avenue.

Veterans who would like more information on the competition or monthly workshops can contact the Salisbury VA Recreational Therapy team at (704) 638-9000, extension 13575, 13065 or 13143. More information about the National Veterans Creative Arts Festival is also available at www.va.gov/opa/speceven/caf/index.asp.
On Monday, Dec. 4, staff at the Richmond VA Medical Center celebrated accreditation of the new Clinical Pastoral Education (CPE) center.

Richmond’s CPE center originally launched in 2015 as a satellite of Virginia Commonwealth University and is now independently accredited by the Association for Clinical Pastoral Education (ACPE).

Led by Chaplain Ken Linder, McGuire staff trains the next generation of VA Chaplains through the CPE center, one of more than 300 ACPE accredited centers across the United States.

“The accreditation means that we can now train new VA chaplains so they will be able to provide compassionate and effective spiritual care to our Veterans, families and staff,” said Linder.

Chaplain Residents in the CPE center participate in an inter-professional training program, which was recently granted to Richmond VAMC by the Office of Academic Affiliations. This inter-professional program is co-taught by social worker Lynn Anderson, psychologist Thomas Campbell, and Linder.

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Across the United States, oral care is missed 70 percent of the time during inpatient admissions. Poor oral hygiene is associated with an increased chance of developing hospital-acquired pneumonia. Germs in the mouth multiply rapidly and are frequently swallowed (aspirated) into the lungs during sleep. Mechanical removal of these germs through regular tooth brushing aids in preventing pneumonia. As a result of this, a pilot program, Project HAPPEN, (Hospital-Acquired Pneumonia Prevention by Engaging Nurses to provide oral care) was started in October 2016 at Salem VA Medical Center’s Community Living Center (CLC) by Shannon Munro, Ph.D., Nurse Researcher, Dr. Owais Farooqi, Chief of Dentistry, Dr. Shikha Vasudeva, Infectious Disease Physician and Mike Racynski, RN, Infection Control Nurse, and Georgine Kamide and Leslie Woodie, Nurse Managers. The pilot program’s goal is to reduce hospital-acquired pneumonia by providing oral hygiene care to our Nation’s Heroes during their stay in the hospital.

Project HAPPEN has saved an estimated 9 lives and reduced the incidence of hospital-acquired pneumonia by 92 percent since it began. Considered a best practice and with the support of the Undersecretary for Health’s Diffusion of Excellence team, the program expanded to Houston VA Medical Center’s Coronary Care Unit and 3D Step Down as well as the rest of the medical center’s inpatient units.

“It is an exciting time to be a part of VA. As of October 31, 2017, Project HAPPEN has saved over $1.92 million dollars and 48 cases were prevented at the Salem VA medical Center in one year,” according to Munro.

Salem VA Medical Center has now expanded its efforts to its medical surgical units in addition to each of the CLC units in the seven hospitals in VISN6 in October 2017. Staff representatives from each unit have been trained and are embracing the rollout of this project.

“Patient and staff education alone is not sufficient,” explained Munro. “Staff members need to be supported and engaged to improve the provision and documentation of basic nursing care, and they need readily available high-quality oral care supplies. Cases of hospital-acquired pneumonia need to be tracked, and the success of each team needs to be celebrated.”

Project HAPPEN, in partnership with Sutter and Kaiser health systems, has engaged hospital representatives from all 50 states, 6 provinces in Canada, as well as Australia, Brazil, Greenland and the UK. The project was also nominated for the National Quality Forum and Joint Commission John M. Eisenberg Patient Safety and Quality Award.

“The shortest task, tooth brushing, was considered a low priority by many before we started this journey,” Munro said. “Now we are seeing Veterans and staff paying more attention to this life saving 2-minute-per-shift intervention. Veterans have been open to assistance with their oral hygiene and feel better with clean teeth. Most just need a gentle reminder to complete oral care after meals.”

Salem VA Medical Center continues to improve the way high quality health care is delivered to our Nation’s Heroes. Watch the video for a special message for Veterans and their family members about prevention of pneumonia: www.youtube.com/watch?v=9wT-jx3E1wU

By Brett Robbins | SALEM VAMC PUBLIC AFFAIRS

Healthy Teeth, Healthy You!

Did you know?

That brushing your teeth reduces your risk of developing pneumonia?

New Video Released on VA Community Care Claims Process

The VHA Office of Community Care (OCC) is pleased to announce the release of a new video titled “Community Care Claims Process” that explains the community care claims submission process. The video walks through how authorizations are issued by VA, discusses the differences between individual community care programs and how claims should be submitted, depending on which program was used to authorize the care. Please share the link to the video if you know providers who are new or interested in offering care to Veterans: www.youtu.be/cDB6jy4rpUg

The VHA Office of Community Care has issued a new video that explains the community care claims submission process. www.youtu.be/cDB6jy4rpUg
Tradition Memorializes Veterans

ASHEVILLE, N.C. — Just inside the front entrance of the Charles George VA Medical Center Community Living Center, to the right side of the vestibule, stands a Christmas tree. It’s a small tree with a small sign on the wall with a list of names. It could be mistaken for a regular old Christmas tree, but it’s actually a 10-year-old tradition that honors Veterans who have passed away in the last year. Employees and Veterans at the CLC call it simply “The Memory Tree.” A sign beneath the tree reads, “Each ornament represents a memory that will shine in someone’s heart forever.”

There is a focus at the CLC to make it feel as much like home as possible for Veterans, and maybe what makes a home most personal to each of us, are our traditions. Wherever you go in the world, each place has it’s own unique traditions that celebrate their culture. The military is structured around them; it’s part of what defines who you are. The Memory Tree has become such a tradition at the CLC. The holidays can be especially tough to be away from home and that’s why Kelly Knapp, a Doctor of Pharmacy at the CLC, has kept the tradition alive to foster that sense of home. The Memory Tree is decorated with decorations that honor everyone who has passed away at the facility in the last year. The names of Veterans who have passed away are written on the wall behind the tree. Family members are encouraged to take an ornament from the tree and write their deceased loved one’s name on it, and hang it back on the tree or take it with them to help them remember their family members during the holidays.

“When you care for people at the end of their lives, there is so much more than just the clinical side of our jobs,” said Knapp. “I think that often they touch you much more deeply than you touch them.”

The tree is about making where the staff work feel like home as much as it is for the Veterans. As Veterans come and go, everyone really gets to know them and they touch caregivers in a very deep way. The tree helps them remember all of those who have passed away in the last year, and how deeply they touched the staff’s lives.

“Some of the most moving times I’ve had are when Veterans want to help me with the tree,” said Knapp. “We had a hospice patient put the lights on one year, and it shows the camaraderie those gentlemen feel for each other.”

Each year they try to go with a different theme and make ornaments that reflect that theme. Some past tree themes have included crochet, origami, and a 3D paper tree. Anything that’s unique or maybe incorporates one of the staff’s hidden talents. One of Knapp’s personal passions is pottery, so she thought this year she would make the ornaments at home and fire them in her kiln.

“I throw some mud,” Knapp says with a laugh.

Unfortunately, Knapp had an accident this year that made it hard for her to get around in her workshop, so her baby sister, Catherine LLoyd, a professional potter, stepped in to save the day. Knapp and LLoyd personally designed the ornaments and each one has a word imprinted on it that is inspired by the feelings the staff have when they think of the Veterans they serve. Words like “respect,” “honor” and “love.”

Knapp says that she is proud of the people she works with. They are great clinicians and professionals, but it’s only half of what makes the CLC team so effective and special.

“People don’t care how much you know,” said Knapp referring to the CLC residents. “They care how much you care!”

More than ever, suicide — more specifically, Veteran suicide — is a continuing community problem. VA recognizes that to reduce Veteran suicide, community providers must be part of the effort, and has created a toolkit that supports the behavioral health and wellness of Veterans receiving services outside the VA health care system. Resources available in this toolkit include information on screening for military service, handouts and trainings to increase knowledge about military culture and mini-clinics focused on relevant aspects of behavioral health and wellness.

Sign up for the Community Provider Toolkit’s email list and you’ll be the first to know about new resources and topics for mini-clinics, important content updates, relevant VA news and announcements, and more. www.starttheconversation.veteranscrisisline.net/toolkit3

VA Offers Community Provider Suicide Prevention Toolkit

VA has made ending Veteran suicide the top clinical priority. However, we cannot do it alone. By providing Veterans’ families, friends and community members with useful resources — such as Coaching Into Care, and the #BeThere initiative — and working with other leading suicide prevention organizations, we are more equipped to give Veterans the resources they need when they need them the most. Communities are the key to making sure that all Veterans, regardless of where they get care, receive the support they need and deserve. Follow this link to the Be There video, that helps to explain.

Kelly Knapp stands near the Memory Tree at the Charles George VA Medical Center Community Living Center in Asheville, N.C.
In addressing staff, Goolsby suggested that, “Together we have established 17 sites of care and service — we started with 4. We have increased our specialty and primary care for Veterans closer to where they live, and increased overall access to care and services. We have been a leader in providing tele-care, especially for mental health. Seven years ago, we cared for about 42,000 Veterans with 375,000 outpatient visits; this last year it was 74,000 Veterans and 875,000 outpatient encounters/visits. We have grown as a staff from 732 to 2,100. We have become a vital part of our communities.

Thank you for your professionalism and support over these years, as we, together, cared for America’s Heroes.”

Goolsby’s tenure at the helm of what she likes to call “the Fayetteville Enterprise,” a string of VA sites and services reaching from the Sandhills to the southeastern North Carolina seashore, has been marked by one of the highest growth rates in all of VA. A native of Binghamton, N. Y., she earned a Bachelor of Science degree in Nursing from Niagara University, and shortly after graduating, attended the Army Basic Officer Course for the Army Nurse Corps, earning a commission as a second lieutenant. She served six years as an active duty Army Nurse, including the first of several assignments at Womack Army Medical Center.

Her long and distinguished VA career began in 1975 at Durham VAMC, where she served in a variety of positions of increasing responsibility over 33-plus years there until 2008, when she was selected to become the Associate Medical Center Director at the VA Medical Center in Indianapolis.

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After a short stay at Indianapolis VAMC, she returned to North Carolina to head the Fayetteville VAMC.

Fayetteville VAMC Director Retired Dec. 9

Concurrent with her many years of service at Durham VAMC, Goolsby served as a Nurse in the Army Reserve, retiring in 2000 at the rank of colonel. She also earned a Master’s of Science Degree in Nursing from the University of Carolina, subsequently serving as a Consulting Associate Professor at the Duke University School of Nursing, a Faculty Associate at the University of North Carolina — Chapel Hill School of Public Health, and as a Clinical Instructor at the UNC-CH School of Nursing.

Reflecting on her years of service, she said she is most proud that "I was able to take care of my fellow brothers and sisters who are Veterans — that’s why I’m here. It’s the only reason I’m here, and to be able to do that and have that kind of impact is special.”

She added that being able to do that with some of the best staff she’s ever worked with is also incredible — staff, she said, that is “committed; staff that view this as a mission and not just a job.”

She also said she is proud of and appreciative of the support VA receives from the community, without which many of the successes of the past seven years would not have been possible.

VISN 6 Chief Medical Officer Dr. Mark Shelhorse will serve as interim director at the facility, overseeing the operation of the main facility and its subordinates until a new director is in place there. Serving VA since 1981, Shelhorse has been Chief of Staff at VAs in Knoxville, Iowa; Beckley VAMC, West Virginia; Hampton, Virginia VAMC; and Tuscaloosa VAMC in Alabama. In 1998, he moved to the position of Executive Medical Director of Mental Health for VISN 7, where he maintained a collateral duty at Tuscaloosa. He was appointed Chief Medical Officer for the VA Mid-Atlantic Health Care Network (VISN 6) in 2000. Earlier this year, Shelhorse served as Acting VISN 6 Network Director from February to mid-July.
Program Helps Survivors of Suicide Loss

DECEMBER 8, 2017 — Having lost her 32-year-old brother to suicide in 2013, Vanessa Bassett knows how healing it can be to connect survivors of suicide loss with others who’ve experienced the same type of loss. The American Foundation for Suicide Prevention (AFSP)’s Survivor Outreach Program (SOP) does just that, connecting trained volunteers — the survivors of suicide loss themselves — to those who are grieving, with an in-person visit, or by phone or video chat.

The program is available throughout the U.S., but under Bassett’s leadership, North Carolina’s SOP team (surviving-suicide-loss@afsp.org) is one of the most vibrant and full-fledged, with the largest group of volunteers. There were 1,406 deaths by suicide in North Carolina in 2016. As Bassett puts it, “With North Carolina being such a large state, the challenge isn’t just to supply need, but to spread the word that the program exists.”

Providing SafeTALK training to enhance the normal required training of all SOP volunteers, Bassett and her team have also worked tirelessly to promote the program to those most likely to be involved when a suicide death occurs, such as police officers, firefighters, and funeral home associates.

“Many times, one of these professionals is the first person the family sees after the loss of their loved one,” Bassett explains. “Making sure these frontline professionals know about the program ensures that the people most in need of this resource will find out it’s available to them.”

The Survivor Outreach Program is now offered in 50 chapters across the United States, making visits from a trained volunteer who has lost someone to suicide available to anyone in the country via an in-person visit, by phone, or video chat.

More than 400 outreach visit requests were responded to in 2016, making this one of AFSP’s most rapidly expanding programs.

If you are, or know, a Veteran in crisis, call the Veterans Crisis Line at 1-800-273-8255, press 1.

By Katherine Stewart
VISN 6 PUBLIC AFFAIRS

In the fall, Buncombe County Veterans Treatment Court (BCVTC) honored three treatment court graduates in BCVTC’s second graduation ceremony. Patrick Tolman, Navy Veteran, was among these honored three. Tolman shared that Veterans Treatment Court was “an opportunity to prove to myself and my community that I’m worthy.”

Veterans Treatment Courts first began in 2008 in Buffalo, NY, spearheaded by Judge Robert Russel. Prior to 2008, Judge Russel had been presiding over drug treatment courts and mental health courts in his jurisdiction; in 2008, he realized that Veterans have special strengths and needs that would be optimally utilized and cared for among fellow Veterans. Since his initial court, 333 additional Veterans Treatment Courts have been created to meet this special need for structure and camaraderie among justice-involved Veterans across the country.

Buncombe County’s Veterans Treatment Court is one of that 333 — an alternative sentencing model, allowing Veterans who have committed non-violent crimes to remain in the community to receive treatment and rebuild their lives, restoring their abilities to further contribute to society. BCVTC team is made up of an interdisciplinary group of professionals using non-adversarial strategies to support the success of our Veterans. This team consists of Honorable Judge Marvin Pope, a Public Defender, an Assistant District Attorney, Probation, Veterans Service Officer, community mental health representatives, an external evaluator, mentor coordinator, and a Veterans Justice Outreach Specialist from Asheville VA Medical Center.

Tolman found himself in Veterans Treatment Court after self-medicating with alcohol and drugs led to his involvement with the criminal justice system. He describes himself as a “once very high-functioning alcoholic,” who worked as a senior vice president of a banking conglomerate. His life fell apart after over-using alcohol in attempts to mend the wounds of war. Tolman shared that BCVTC gave him the opportunity to earn self-respect and credibility in his community.

Tolman successfully completed the very rigorous requirements of the program, including participating in all recommended treatment, attending Veterans Treatment Court sessions every two weeks, and meeting with probation weekly, in a year and a half, with no setbacks or sanctions.

“Veterans don’t come back from combat the same as they left, and it is our society’s obligation to help these Veterans who have borne the battle on behalf of our county, Veteran’s Treatment Court bridges that gap,” states Tolman. “Veterans Treatment Court restores honor that can get lost after a Veteran comes home. Veterans together (in Veterans Treatment Court) — win and fail together, call each other brothers; we really believe that. It gives us an opportunity to shed our masks, move beyond survival mode, and learn that we are not defined by our poorest choices,” he said.

As Tolman moves forward, he shares, “I have some sad chapters in my story, but it can end any way I want it when I still have that choice. I would lose that choice if I pick up a drink again.” He is now in long-term recovery, stably, gainfully employed and a fully contributing member of our community.

Tolman hopes to later join the Veterans Treatment Court team, as a volunteer mentor, supporting and guiding other Veterans as they begin their journeys of recovery.
Members of the VHA’s Office of Patient Experience recently took action on their interest in hearing from voices of the fastest growing segment of our Veteran population — women Veterans!

They conducted a two-hour workshop Nov. 29-30, 2017 at the VA Mid-Atlantic Healthcare Network (VISN 6) Office and Fayetteville VA Healthcare Center (HCC), respectively. They used the workshop as an opportunity to engage women Veterans, to share their stories, compare their experiences and to help VHA understand where to focus its improvement efforts.

The workshop identified some factors about what matters most to women Veterans as they interact with VA for healthcare. It also helps VA to home in on women Veterans’ unique needs, and to better understand how women Veterans may have an improved healthcare experience. Findings from the workshop will contribute to advancing a journey map of women Veteran’s experiences with VA healthcare.

The workshop and is looking forward to learning the group’s recommendations that should help improve the interactions our women Veterans experience when they choose VA and entrust us with their care.

“Moments That Matter: Understanding Our Women Veterans’ Perspective”

The Veterans Experience Office is planning to create a patient experience journey map of women Veterans based on what they learned in Durham and Fayetteville. They will also create a storybook that describes their findings and recommendations to improve care, which will be shared with the Center for Women Veterans, Women’s Health Services, VISN6 and the facilities that participated in the workshops.

BOTTOM-LEFT PHOTO // Women Veterans in Fayetteville and Durham attended a workshop in late November, allowing them to share their VA experiences in the hope that their input will help improve the overall health care experience for women who receive their care through VA.