

December 2007

Synergy



The National VA Social Work Newsletter

VHA System Redesign

National VA Social Work System Redesign Steering Committee

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In early 2007, under the leadership of Mr. William F. Feeley, MSW, Deputy Under Secretary for Health for Operations and Management, the VHA Advanced Clinical Access Initiative that began in 1999 "graduated" into the new VHA Systems Redesign Initiative.

Systems Redesign (formerly known as Advanced Clinic Access or ACA) is defined as a patient centered set of principles and tools for identifying and managing supply and demand and reducing system delays (both administrative and clinical).

The aim of Systems Redesign is to improve veterans' access to care by redesigning our delivery systems to reduce/eliminate delays and enhance patient flow. Simultaneously, Systems Redesign aims to maintain or improve technical quality, clinical outcomes and/or veteran and staff satisfaction.

Responding proactively to the launch of VHA's Systems Redesign initiative, the Office of Social Work Service in VACO, in February '07 chartered the VA National Social Work ACA/ FLOW Steering Committee (re-named Social Work Systems Redesign Steering Committee) to develop strategies to engage social work leaders and staff as participants in system redesign and FIX/ Flow Initiatives at their local facilities. Specifically the charge to the VA National Social Work Systems Redesign Steering Committee is to:

- Develop strategies to engage social work leaders as well as social work staff to step up to critical leadership roles and be active contributing participants in systems redesign.
- Find creative answers to the question: how can we get buy-in from social workers at all levels of the organization regarding the importance of FLOW/Systems Redesign and engage their active partici-

pation?

- Develop training programs to teach interested social workers the knowledge and skills of systems theory, organizational change and systems redesign they need to be successful and share "best practices" whereby social workers demonstrate their initiatives with systems redesign.
- Make recommendations to the Chief Consultant, Office of Care Management & Social Work as to mechanisms for integrating this knowledge into VHA social work practice. These recommendations will then be shared with the appropriate VHA offices.

To support these objectives the National VA SW System Redesign Steering Committee established monthly VANTS education & training calls on the 4th Monday at 1pm EST, beginning February 28, 2007. Several excellent and informative conference calls were initiated covering a range of FIX/FLOW System Redesign topics to include:

An overview of FLOW:

- How Patient FLOW got started and its importance
- What is being done about FLOW

Inpatient FLOW Collaboratives:

- Positive impact on patient care, customer, and provider satisfaction and resource utilization.

Beginning July 2007, the National SW System Redesign Committee launched monthly VANTS "Round Table" sessions focused on specific issues and activities that social workers have identified and/or taken the lead in their facilities FIX/FLOW initiatives and System

Inside this issue:

National FIX/FLOW	1
FIX/FLOW Committee Members	2
Commission on the Care of America's Returning Wounded Warriors	3
OIF/OEF Program Managers Training: It Takes A Team!	5
Social Work Leadership Council Annual Meeting	6
VISN 20 Social Work Conference	6
Wide World of Social Work: Russian Delegates in Louisville	7
Collage: A Valuable Resource	8

SW System Redesign Steering Committee Continued from Page 1

Redesign in general.

The Round Tables are designed to provide an educational and mentoring venue for social work staff and an opportunity for social workers to engage in informal discussions and share experiences with FLOW activities, initiatives and issues that are emerging which have an impact on patient FLOW. There is sufficient time on these monthly calls to accommodate up to 3 20 minute presentations, leaving adequate time for discussion.

The National Social Work System Redesign Steering Committee is open to any topics that social work staff are addressing regarding FLOW/System Redesign. For example, these could be transportation issues and initiatives, challenges with homeless veterans who need skilled care upon discharge, case management with OIF/OEFveterans, or FLOW/System Redesign Best Practices. These Round Table sessions are also designed to hear from the field about what topics of System Redesign/FLOW social work staff are interested in learning more about.

To date there have been several excellent and informative conference calls and presentations by social workers around the country covering a range of FIX/FLOW System Redesign topics to include:

- Community to VA Transfer Management and Impact on LOS/Access to appropriate levels of care.
- The Social Worker's role in Systems Redesign
- Role and function of SW Patient FLOW Coordinator

- Transfer Initiative and Role of SW & Transfer Psychosocial Assessment
- Improving hand-off to community service providers
- Discharge Planning Appointments in Mental Health
- Improving Patient Flow through the Mental Health Continuum of Care
- The Integration of Technology & Gerontology: VA "Telehealth" for Frail Elderly Veterans

In all of these presentations, the significant contributions social workers can make with their interdisciplinary teams in improving FLOW processes have been underscored.

SW Chiefs/Executives are asked to identify social workers who would be interested in sharing their FLOW/System Redesign activities on upcoming Round Table sessions.

If you are participating in a FIX/FLOW or other Systems Redesign initiative at your facility and would be interested in presenting your work or have any questions about the "Round Table" sessions, feel free to contact any of the VHA SW System Redesign Steering Committee members.

The SW System Redesign "Round Table" VANTS Conference calls are held the 4th Monday each month at 1pm EST (1-800-757-1750 Access # 35678)

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Commission on the Care of America's Returning Wounded Warriors

Submitted By: John O'Brien, Social Work Executive Baltimore VAMC



I have had the opportunity for four months to be assigned to the Commission on the Care of America's Returning Wounded Warriors. This opportunity allowed me to view the impact the Global War On Terror has on the lives of our service members and their families. This assignment has given me greater sensitivity to the issues related to the war beyond what I received by watching the news and reading about it in the papers. In April, **Mr. Dennis Smith, VAMHCS Director**, approached me about serving on the VA Central Office (VACO) detail. Central Office was looking for someone familiar with the Seamless Transition Program to work with the Commission. The assignment was not in VA Central Office, but at the Commission's headquarters in Roslyn, Virginia. This was a unique assignment and I did not know what to expect, but I learned a great deal.

I did not know at the time of invitation that the detail would actually involve me not only representing the Veteran Health Administration, but also serving as part of the research staff on the Commission. The Commission, also referred to as the Dole/Shalala Commission, was charged by President Bush on March 8, 2007, to investigate the care of America's returning wounded warriors. The Commission was established in part due to concerns that were raised in *The Washington Post* over conditions at the Walter Reed Military Treatment Facility.

The Commission consisted of the **Honorable Senator Robert Dole**, former **Secretary Donna Shalala**, seven Commissioners and thirty six research staff. Two of the Commissioners were service members wounded in the Global War on Terror, and another was the wife of a severely wounded service member. Many of the research staff were service members from the Department of Defense (DoD) who served in Iraq/Afghanistan; some also sustained injuries from their deployments. The Commission had an interdisciplinary group of staff including two physicians, four social workers, a neuro-psychologist, and two nurses. Also, the staff included legislative and public affairs

specialists, information technology (IT) experts, and a host of other administrative staff from the DoD. The VA had five staff assigned representing VHA, VBA, VA Compensation and Pension, IT, and Legislative Affairs.

In addition to my detail as the VHA representative from VA Social Work, other Commission social workers were from the Army, Air Force, and DoD Civilian Service. The Navy and Marines were represented on the Commission, but did not have social workers assigned. When I traveled with the Commission to Camp Pendleton, I met one of the few active duty Marine social workers who was preparing to be part of the Marines' mental health outreach team in Iraq. One of the most impressive insights for me was the commitment and sacrifices that DoD social workers and service members make in serving our country. Some have had multiple deployments overseas, and others have moved to military bases across the country on very short notice.

The Commission visited 23 DoD, VA, and private sector facilities; interviewed service members and their families; and talked with health care professionals and people who manage military veterans' programs. The Commission also received and responded to more than 1,250 letters and emails from service members, veterans, family members, and health care professionals. As a Commission staff member and VHA representative, I responded to many emails, phone calls and letters from veterans sent to the Commission concerning health care issues. I worked closely with the Chief of Staff (COS) office and other VHA officials in VACO in resolving the concerns from the correspondence. When visiting a VA facility, my role included collaborating on the agenda, establishing patient and family interviews with Commissioners, and following up with VHA related-concerns with specific care or national policy.

I learned a great deal about VHA and how national issues are addressed. When visiting a DoD facility, I was assigned

Commission on Wounded Warriors, Continued from Page 3

to a Commissioner to record the interviews with injured service members and their families. While sharing space with DoD staff at the Commission's headquarters I also learned about the service branches and culture; differences in vocabulary, and, most importantly, the value placed on service. For me, the interviews with wounded warriors and their families were where the important information was gathered.

The service member certainly suffered the injuries, but the family was deeply affected as well. I met wives, significant others, and children whose lives were dramatically uprooted. Significant others left jobs and communities in order to care for service members and be near them while they recovered. Some service members were participating in long term rehabilitation plans, and the spouse/significant other questioned how they would manage taking care of the service member. They wondered how they would, at the same time, send the children to school and raise a family. I learned that the support they received from knowledgeable professionals and case managers was critical in easing their burdens.

Some facilities had social work or nurse case managers, and others had service members who were assigned the temporary duty of ensuring the wounded warriors attended appointments and received benefits. The military pride themselves in taking care of their own, and this was especially evident when I visited the wounded in residential programs such as the Marine Wounded Warrior Barracks. In the residential setting, they would recover from injuries with other wounded warriors and attend outpatient services on the post and in the community. I was able to visit both Camp Pendleton and Camp Lejeune and assist Commissioners during interviews with service members and families.

When the wounded warrior gets to the VA, social workers will need to provide the same level of support for the service member/family as if they were still in the service in order to assist with the transition. I learned from my contact with these families that their greatest fear was that they will lose benefits and

services when they transition to the VA. They are accustomed to being part of the military culture which is abruptly removed when they are discharged from the service. At times it seemed to me, that the fear of being abandoned was expressed in the frustration with systemic issues. When our VA liaisons were present and communicating with the service member and family, it seemed to alleviate some of their concerns. Our case management at the VA will be critical in helping ease the fears and transition the care.

Serving on the Commission has been a profoundly rewarding professional experience, and it has highlighted for me the importance of ensuring that our veterans obtain seamless and well managed care coordination. It also has impressed upon me how critical it is for social workers to provide high quality, comprehensive assessments and state-of-the-art mental health care to these returning service men and women. They are our nation's best citizens and we need to care for them as if they were our own family.



Attending Commission Hearing in Washington, DC
 Louann Engle, Army Social Work, John O'Brien, VHA Social Work, Barbara Hardy, DoD Social Worker

Synergy Articles

SYNERGY welcomes best practice/articles and innovative ideas on any topic that relates to social work within the Department of Veterans Affairs. While social workers are our primary target group, contributors can be from any discipline that works with social work. **SYNERGY** is an excellent tool for communicating information and ideas with hundreds of your peers.

DEADLINES article submission for future SYNERGYs:

January 11, 2008

April 4, 2008

Erica.Taylor@va.gov - Editor

Susan.Reusser@va.gov - Assistant Editor

“It Takes a Team”: OIF/OEF Program Manager/VA Liaison Conference

Submitted by: **Debra A. Volkmer, LCSW OEF/OIF Program Manager W. G. (Bill) Hefner VAMC, Salisbury, NC**

At the September 2007 Operation Enduring and Iraqi Freedom (OEF/OIF) case management conference, program managers and VA Liaisons from across the nation were introduced to the concept of “it takes a team” - the motif used to build a program of excellence for the returning OEF/OIF veterans and their families. This was the second training in a four part series prepared by the Department of Veterans Affairs Employee Education System and the Office of Social Work Services. A total of 153 participants attended the meeting including Social Workers, Nurses, and VA Liaisons from across the nation.

During the Program Manager/VA Liaison conference, participants were introduced to tools geared toward provision of exceptional service to the returning combat veteran and his/her family members. Many of the presenters were known as experts on a national and international level. Attendees were employees of the VHA that have been hired as either program managers, or VHA DOD Liaisons to coordinate the treatment of our newest veterans who have been designated as seriously ill. Conference attendees had varied backgrounds including nursing, social work and past/present active duty personnel. Continuing education units were available through the American Nursing Credentialing Center (ANCC), California Board of Registered Nurses (CA BRN), the Association of Social Work Boards (ASWB), and California Board of Behavioral Sciences. The program was intended to train nurses and social workers because VA handbook 1010.01 states that an OEF/OIF program manager must be either a nurse or a social worker. It was clear that participants were very happy with the quality of information presented in sessions, as demonstrated by the impressive amount of audience participation during open questions at the end of each session. Each presenter took the time necessary to answer questions demonstrating a team concept. Some of the specific feedback from participant evaluations included:

“Well organized very informative in providing tools/knowledge to enhance development of our OEF/OIF program and the roles we play. Thank you.”

After attending the conference, **Roland Cabiad, RN**, the OIF/OEF Program Manager in Anchorage, Alaska stated, “I returned from Baghdad, Iraq, 20 months ago. I saw and cared for these wounded soldiers on the battlefield. The Soldiers, Airmen, Marines and Sailors deserve to have a complete continuum of care from the VA back on the home front. This conference showed me, and I hope others, what momentous steps we are striving for in the VA - to provide each and every Veteran the superior physical and mental health care they earned. The conference is a giant step in the right direction and with the support of the American People, VACO, the VISN and Regional Directors; we will provide the best quality care to our Veterans.”



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“The program was an excellent source of comprehensive OEF/OIF information.”

The planning committee managed to pull the “team concept” together throughout the conference with break-out sessions allowing program managers to share ideas and techniques with others within their VISN. Best practice and success stories were highlighted with each VISN supplying specific scenarios in a panel discussion. Conference presenters were diverse in their titles and techniques. They were well-versed in their ability to supply the tools needed for a program-management toolbox.

Program specific guidance was provided by experts in the following areas:

- Veterans Benefits Administration (VBA)
- Primary Care Management Module (PCMM)
- Data management through VHA Support Service Center (VSSC).
- Stories specific to providers and techniques
- Welcome home events and focus group events.
- Clinical issues including TBI, PTSD, and Family Adjustment issues.
- The Chief Consultant of Care Management and Social Work who introduced the concept of Courage Accountability Respect Empowerment (CARE) vs. case management.

More information about many of these informative resources can be found at the VA Learning Management System (VALMS) web site <https://www.lms.va.gov/>.

Teams throughout the country have come together since the conference and the mandates set forth are being accomplished on a daily basis. Many of the Welcome Home events have been held and were hailed as successful. The PCMM has been implemented throughout the country and the numbers will be shared with the VISN shortly, allowing program managers to begin tracking workload data. Focus groups are being developed and held throughout the country to identify ways to better meet the demands of the OEF/OIF veteran. Many of the teams throughout the country have been developed following the guidance provided in VA handbook 1010.01. These teams are working together toward addressing the needs of seriously ill service members. Additionally, the third training program, aimed at providing training for the case managers of seriously ill veterans, is scheduled for January, 2008.

The OEF/OIF Case Management Program Managers/VA Liaisons Conference was highly successful and was able to provide the guidance needed by each program manager to help him/her build an effective team. The most important part of the conference, however, was the collaboration formed by program managers and VHA Liaisons which will span years of program development, uniting program managers across the country in the common goal of making the transition of veterans to VA care “seamless.”

Social Work Leadership Council Annual Meeting

Submitted By: Douglas Mitchell, LCSW, Chief SW Service Phoenix VAMC

The Social Work Leadership Council (SWLC) met August 29 and 30 in Minneapolis, MN for a strategic planning session. In the past, the SWLC and all of the members of the National Social Work Committees have been able to meet in person annually to develop a Strategic Plan for social work for the upcoming fiscal year. Due to budget constraints this year, the SWLC members were the only staff able to attend a face to face meeting.

Given the changes in the Office of Care Management and Social Work, the Social Work Leadership Council's task was to look at the challenges facing social work in the next year. The charge given to the SWLC by **Kristin Day, Chief Consultant of Care Management and Social Work** was to reevaluate all aspects of the SWLC including its composition, functioning, membership, and roles of the committees. Ms. Day further indicated that it is time for the National Social Work Committees to become more action/service-oriented rather than product oriented. The Social Work National Committees had been doing a great job in assisting both the past Social Work Director, Jill Manske and **Kristin Day** in developing products to help guide the practice of staff social workers. During this transition of Social Work in Central Office, Ms. Day felt it would be more beneficial for the National Social Work Committees to become best practice resources for the staff social workers. The committees would be called upon as content experts to the social work staff. The Data management committee has performed this function for years.

One area that needed to be incorporated into the existing committees was the multiple work groups that were working on projects for social work. These groups are providing a valuable service for social work and needed to be coordinated with the National committees to enhance the delivery of these social work services. These multiple work groups were in various stages of completing

major projects and needed to partner with existing social work committees.

The council was focused on the tasks at hand but felt that succession planning was a critical issue for the coming year. There have been a number of Social Work Chiefs and Executives who have retired or who are planning to retire within the near future which was a concern to the council. Incorporating the various task forces into the committees will help in championing the effort in this area.

The next task was to develop a Strategic Plan for Social Work in 2008. This was going to be a major undertaking due to the changes in Social Work Service in Central Office. Having a new configuration of the Office of Care Management and Social Work and Ms. Day's role had an impact of the direction of Social Work and the Strategic Plans. The Leadership council needed to have further discussion of the Strategic Objects and their impact of social work functions. The Chair of the leadership Council agreed that each committee would develop Strategic Objectives designed to enhance social work in the areas of succession planning and social work functioning during this time of transition.

During the meeting, **Kristin Day** discussed potential organizational changes for VACO Social Work. As the office of Social Work evolves into the Office of Care Management and Social Work it becomes increasingly important for social work to be relied upon as the subject matter experts for Seamless Transition, Fisher Houses, and Caregiver Support, the discipline will be called upon to demonstrate its excellence with increasing frequency. The meeting was a great success in it started the process of shaping a more interactive and effective Social Work leadership Council and a dynamic Social Work Service.

VISN 20 Social Work Conference

Submitted By: Erica Taylor, VA Puget Sound Healthcare System

On September 26th, 27th, and 28th VISN 20 held a VISN wide social work conference in Portland, Oregon. The formal objectives of the conference were to identify the fields of importance to veterans and families receiving care within VHA facilities in VISN 20, to describe educational opportunities for wide ranging representation of social work staff from each VA Medical Center, CBOC, Domiciliary, and Vet Center, and to identify community agency settings providing care to veterans and their families. The conference agenda included content experts located in VISN 20 from both VA and non VA settings. Some of the topics included Polytrauma Care, Treatment of New Returning Veterans, Seamless Transition, PTSD and

Resilience, Military Sexual Trauma treatment, Family Treatment for OIF/OEF veterans, Homeless Programs in VISN 20, Homelessness and Dying, VISN 20 Domiciliary Care, Dementia Care, Self Care, Social Work Networking, and an update from Social Work at VACO provided by Kristin Day. The conference was attended by approximately 120 social workers in VISN 20. The conference was a tremendous success. It provided excellent content to assist VISN 20 social workers with their daily practice and an opportunity to network with other social workers within the VISN.



Wide World of Social Work: Russian Delegates in Louisville

Submitted By: Charles Clancy, LCSW Chief Social Work Service Louisville VAMC

Every day of work at the VA presents new and different challenges. VA social workers in Louisville recently participated in discussions with a Russian delegation visiting Kentucky as part of the Library of Congress' Open World program. The delegation included eight delegates, two facilitators and a translator. The visitors requested a meeting with Louisville VAMC staff with the goals of learning about the VAMC, the social services they provide to war veterans, and how the VA collaborates with outside social service agencies to ensure that war veterans receive the care they need.

Several social workers were involved in presentations, discussions and tours. **Chuck Clancy, LCSW, Chief, Social Work Service**, presented an overview of VA Social Work Services nationally and locally. **Vickie Zaborowski, LCSW, OIF/OEF Program Manager**, presented a case study of a severely injured OIF/OEF veteran. She took the initiative of working with a translator to translate her presentation into Russian and distributed the document before her presentation. **Connie Paynter, LCSW, Acting Chief, Mental Health & Behavioral Sciences Service**, gave a comprehensive overview of Louisville VAMC's many mental health programs. Other speakers included representatives from the Fort Knox Sharing Agreement program, Women Veterans program, VA Regional Office and Vet Center.

The Russian delegation consisted of a diverse group represent-

ing a variety of social service agencies and different geographic areas throughout Russia. Many of the questions and comments compared social services and health care for veterans between the USA and Russia. Specific questions included care for children in combat areas suffering from PTSD, employment opportunities for veterans immediately following military service and spiritual counseling.

The Russian social service workers toured the Emergency Medicine area and the Substance Abuse Residential Rehabilitation Treatment Program. The guests had the opportunity to meet **Gil Stubbs**, the new Transition Patient Advocate. The visit concluded with presentation of small gifts to the Russian delegation. Everyone involved thoroughly enjoyed this truly cross cultural dialogue.



VHA Social Work Career Development Conference Call

Brought to you by the Social Work Career Development Task Force

Moderator: Taylene Watson, Director of Social Work at VA Puget Sound Health Care System. Guest speakers are arranged for the monthly calls.

The goal of the calls is to help identify resources for social workers in the field regarding career development, encourage mentorship from social work leaders, assist social workers in the field increase their opportunities for professional development in the field, and identify subject matter experts in the field.

Calls occur on the 4th Tuesday of the month at 2:30 EST, 11:30 PST

The next call will occur on 1/22/08

Call 1-800-767-1750 Code: 30485

A focus group recently provided input on future topics to be addressed on the conference calls. Future topics will include:

- Information on how to measure your workload
- How to use the Collage website
- Title Hybrid 38
- How to work with Human Resources
- How to work with various budgeting issues
- How to start mail groups to help social work executives pass information on to their social work staff in an efficient and timely manner
- The Association of VA Social Workers

VHA SW Monthly Conference Call

The VHA SW conference call is a chance for every social worker to listen, learn and ask questions on issues related to social work. The purpose of the calls will be to share new information, highlight best practices, discuss clinical and administrative challenges and provide support. Topics of discussion are based in part, on social workers suggestions. CEU's will be offered for quarterly conference calls.

FY 08 Schedule

1/11 1:00 EST

2/8 1:00 EST

As you can see this is the 2nd Friday of the month. The call in number is 1-800-767-1750 and our access code will be 16389. This will be the access code for all future calls. Please make calls as a group as there are only a limited amount of lines.

Social Work Community of Practice on Collage Website

Submitted By: Susan Reusser, LCSW Northern Indiana Healthcare System

“**COLLAGE** is an interactive website for VHA employees and communities of practice. Its focus is the facilitation of quality of care improvement through the sharing of grass root knowledge, best practices, and job expertise.”

To access the Social Work Community of Practice on Collage, access the following web page: http://vaww.collage.research.med.va.gov/collage/E_socialwork/

Once on the web site, you will need to click on the “Registration” link on the left hand side of the computer screen. Once you register, you will be able to access resources on the Social Work Community of Practice page. In the tool bar across the top of the Social Work Community of Practice page,

you will be able to find files from other social workers, including position descriptions, best practices, brochures, directives, and other helpful information. There are many documents posted on this site which can give insight into the national trends in VA social work. Past issues of SYNERGY are also posted. There is also a calendar tool that allows you to find the dates, times, and call-in numbers for national VA Social Work calls.

Please consider “**COLLAGE**” as a starting place when you’re asked to do a project or begin the process of writing a position description. If you have best practices you would like posted on the Social Work Community of Practice, please contact Carol Sheets at Carol.Sheets@va.gov

Social Work Community of Practice



http://vaww.collage.research.med.va.gov/collage/E_socialwork/

Promotions

Nancy Whitney is Chief of Social Work Service at the Loma Linda, VAMC

Scott Martin is Chief at the Tuscaloosa VAMC

Theresa Pavish-Paradiso is Social Work Executive at the Walla Walla VAMC

Ellen Oliver-Moffitt is Social Work Executive at VA Central Iowa HCS

Christopher Hoffman is Social Work Executive at the Lebanon VAMC

Michael Twiss is Social Work Chief in White City, OR

Gall Beauchamp is Social Work Executive at Iron Mountain VAMC

John Petek is Social Work Chief at the Long Beach VAMC

Retirements—SW Chiefs/SW Execs

Doug Cadiz of the Northampton VAMC is retiring on January 3, 2008

Jimmy R. Moore of the Salem VAMC is retiring on January 3, 2008

Dr. Edith L Althelmer of the Little Rock VAMC is retiring on December 31, 2007

Troleta Moody of the Martinsburg VAMC is retiring on January 3, 2008

Recognition

Richard Sellg of the Topeka VAMC received an award of appreciation for his "exemplary work in helping to reintegrate Soldiers and Airmen into their homes and communities following long-term deployments." Congratulations Richard!

Data Bytes: Identity Crisis Solved!!

The VHA Social Work Data Management Committee hosts a monthly Question & Answer session for the field. Dial in number is 1-800-767-1750 Access Code # 17386 on the 3rd Wednesday of every month. It would be helpful to send questions to VHA SW Data Management prior to the call in so that we can be as helpful as possible. Send questions to Sandra.Dunn@va.gov. We look forward to hearing from you.



Synergy Newsletter

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