

WINTER 2009

Veterans' Health

*Your key to
better health
in the Midwest*

**Smiling for
a High-Tech
"Camera"**

**Slip & Trip
Safety Tips**

**A Season
for Change**

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Help Themselves**

**Veterans Health
at Home: Your
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 **Department of
Veterans Affairs**

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**FY 2008 Annual Report
INSIDE THIS ISSUE**

ONWARD AND UPWARD—VA FORGES AHEAD IN 2009



Dr. Robert Petzel

Throughout the VA Midwest Healthcare Network, 2008 was a good year. VA accomplished several goals, including improving equipment and updating technology.

Network Director Dr. Robert Petzel is pleased with the progress. “In 2008 we continued technology upgrades that began in 2007,” he says. “Specifically, we placed 64-slice CT scanners at every one of our medical centers and have virtually accomplished digital radiology at all of our medical centers, enabling us to read images remotely.”

“Another major accomplishment,” says Petzel, “was improving access to care in this Network for all of our patients, particularly for Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) Veterans, patients with serious mental illnesses, and new primary care patients.”

Petzel adds that the Network has also started an integrated approach for managing Veterans with chronic diseases. For Veterans with multiple diseases, this means better coordination and communication between providers and improved services.

Details of the Network’s 2008 performance and achievements can also be found in the annual report, located inside this issue. “We saw rather substantial improvement in our performance measures,” mentions Petzel, “particularly in areas where we measure quality of care.”

Many of the efforts from last year will carry on through 2009, with access to care (particularly in rural areas) continuing to be a focal point. “There will be a substantial effort to improve the access to both primary and specialty care for Veterans who live in rural parts of the Network,” says Petzel.

Dr. Petzel also highlights a continued emphasis on returning Veterans’ smooth transition from military life to civilian life, ensuring their seamless move into VA care. VA is also remaining focused on integration. “We intend to expand the numbers of patients that are under the umbrella of our new integrated approach to the treatment of people with multiple, complex chronic diseases,” says Petzel. “This includes chronic obstructive pulmonary disease (COPD), heart failure, hypertension, diabetes, and obesity.”

The care and services offered in the medical centers, hospitals, and clinics continue to improve and change to meet the needs of Veterans. This year will be no exception, tailoring service and care for the Veterans VA is proud to serve.

Shinseki is Confirmed as VA Secretary

Retired U.S. Army General Eric K. Shinseki was sworn in as the seventh Secretary of Veterans Affairs on January 21, 2009. General Shinseki served as Chief of Staff, U.S. Army, from 1999 until June 2003, and retired from active duty in August 2003.



General Eric Shinseki

Following the Sept. 11, 2001 terrorist attacks, he led the Army during Operations Enduring Freedom and Iraqi Freedom and integrated the pursuit of the Global War on Terrorism with Army Transformation.

Prior to becoming the Army’s Chief of Staff, General Shinseki served as the Vice Chief of Staff; and served as Commanding General, United States Army, Europe and Seventh Army; Commanding General, NATO Land Forces, Central Europe, and Commander of the NATO-led Stabilization Force, Bosnia-Herzegovina.

He served two combat tours in Vietnam and was severely wounded in action.

Shinseki holds a Bachelor of Science degree from the U.S. Military Academy at West Point; a Master of Arts degree from Duke University, and is a graduate of the National War College. He has received numerous awards.



Veterans’ Health is published quarterly as a patient education service by VA Midwest Health Care Network, one of the 21 integrated networks of the Department of Veterans Affairs. The publication is intended to provide information to help you stay well, manage your health care and learn about the many health services available through VA. This publication is not intended as a substitute for professional medical advice, which should be obtained from your doctor. All articles may be reproduced for educational purposes.

Smiling for a High-Tech “Camera”

Unless you’re a professional model, you probably don’t like posing for pictures, especially if it means traveling a long distance to meet the photographer. But what if those pictures could save your life and could be taken close to home?

Thanks to an aggressive effort during the last several years, all hospitals throughout the five states in the VA Midwest Health Care Network—from Fort Meade to Fargo to Iowa City—now have a high-tech imaging device called a **64-slice CT scanner** that can quickly take “pictures” of specific areas of your body. This means Veterans in rural areas now have access to the same level of diagnostic services available in Minneapolis without driving three to five hours for the tests.

“The 64-slice CT scanner enables us to look for plaque in your coronary arteries, or look to see how much blood your heart pumps,” says Dr. Quentin Anderson, Director of Imaging for the VA Midwest Health Care Network. “It also gives us a quick, non-invasive way to see abnormalities of the nervous

system, spine, and head and neck such as might occur with a stroke or tumor.”

Recent advancements in technology—even while the equipment was being acquired—mean an even higher level of service for Veterans.

“In the next few months,” explains Dr. Anderson, “we’ll have 2-dimensional and 3-dimensional processing of these images, which provides us better pictures than were previously available. We are also upgrading our communication networks so these images will be available to any of our facilities almost instantly. If you are in Sturgis, South Dakota with chest pain, for example, we can do a coronary CT angiogram, determine that you have coronary disease, and set up an appropriate referral for a stent or surgery or whatever your disease dictates.”

Placement of the 64-slice CT scanner in rural areas is yet another example of how the Network is bringing state-of-the-art technology to all Veterans, reducing travel time in potentially life-threatening situations. That’s enough to make anyone smile!



Employees of the Minneapolis VA Medical Center, Ken Bruentrup, CT Technologist, and Diana Armstrong, X-ray technologist student, demonstrate how to use the 64-slice CT scanner.

Slip & Trip

SAFETY TIPS

It's a sunny spring morning, and you hear the garbage truck approaching. You know you need to get the garbage bin to the curb quickly. You rush outside, slipping across the puddles from early morning rain showers, and suddenly, you're airborne. You know what they say about flying: the hard part is the landing! You can avoid those sudden crash landings inside and outside your home by being careful and planning ahead:

- ▶ Get rid of indoor throw rugs that could cause you to slide.
- ▶ Always use indoor and outdoor lighting to help you to see your way clearly.
- ▶ Install a handrail on your porch and walkways.
- ▶ Keep walkways clear of debris and clutter.
- ▶ Use nonskid floor mats to absorb rainwater brought inside from your footwear and dripping umbrellas.
- ▶ Choose shoes with slip-resistant soles that provide traction, and avoid high heels.
- ▶ Keep your hands free as much as possible for better balance.
- ▶ Don't rush. Take small steps, plant your whole foot gently down, and keep your center of gravity directly over your feet.
- ▶ Make sure you can see where you are walking, even when carrying packages.



A Season for Change

With the cold on its way out and warmer weather ahead, it's a great time to put a little spring in your step! It may be time to expand your horizons by taking up a new hobby or getting involved in your community.

What interests you? Many businesses and technical schools offer free or inexpensive "how to" classes. Classes range from woodworking and stained glass to cooking and cake decorating. Local hospitals may offer classes on diet or sponsor exercise or indoor walking clubs. You can join a gym, gardening club, or even a local theater group. Many communities have formal tours with historic or cultural themes. Check your local newspaper for these and other upcoming community events.

Consider giving back to the community by volunteering your time and expertise. To be a VA volunteer, contact the Voluntary Service Officer at your VA medical center or check out VolunteerMatch.com for non-VA volunteer opportunities. Simply type in your zip code and interests, and it will give you a list of area organizations looking for help.

Opportunities are budding all over this spring to help inspire you to try something new!

VA Midwest Health Care Network FY 2008 ANNUAL REPORT

Dear Friends of the VA Midwest
Health Care Network:

2008 was a good year for VA Midwest Health Care Network. Expansion of the Network in rural areas, improvements and expansion of the Care Coordination/Home Telehealth (CCHT) program, and advances in technology are allowing more Veterans access to VA services than ever before, particularly for Operation Enduring Freedom/ Operation Iraqi Freedom (OEF/OIF) Veterans, patients with serious mental illnesses, and new primary care patients.

Serving our newest generation of Veterans is one of our top priorities. New transition clinics, additional staffing, and new programs all contribute to the effort to make the transition from military to civilian life as easy as possible.

Again this year we have met or exceeded many goals in areas such as flu vaccinations, disease prevention, treatment of chronic health conditions, and prompt access for new patients. Overall patient satisfaction remains high, exceeding National averages.

This success has also brought about the challenges of increased caseloads for our staff. We plan to add more support to our patients through some of our Rural Health Initiatives, as well as rethinking how our staff can better serve Veterans. As we strive to meet Veterans' expectations in 2009, we will continue to develop new ways to enhance our services to even more Veterans.



Robert A. Petzel, M.D.
Network Director

Rural Health

Efforts to improve Veterans' access to VA health care services in rural areas accelerated in 2008. There were two major actions taken by the Veterans Health Administration Office of Rural Health to help our Network expand services in rural areas.

1. VA Midwest Health Care Network was selected as one of eight Networks to receive funding to hire a full-time Rural Health Consultant. This new position will help lead rural health activities and assist with the sharing of information across the Network so that VAMCs can effectively plan future improvements; and
2. Iowa City VAMC was selected as one of three sites across the nation to operate a Veterans Rural Health Resource Center.

With an annual budget of 2 million dollars over the course of five years, the Veterans Rural Health Resource Center will enhance health care delivery to Veterans living in rural areas, by serving as a resource for education and policy analysis. The Network also plans to broaden our comprehensive care management program and increase availability of specialty services in rural areas through the use of care coordination and home telehealth, and advanced technology.

Improving Access

Expanding our primary care services in rural areas remains a priority. By the end of 2010 there will be an additional fifteen CBOCs and two outpatient clinics opened in this Network. The table below shows where these clinics are planned and target opening dates.

New Community Based Outpatient Clinics to Open in 2009 and 2010		
CBOC Location	Parent Station	Target Opening Date
Carroll, IA	Central Iowa HCS	2009
Cedar Rapids, IA	Iowa City VAMC	2009
Marshalltown, IA	Central Iowa HCS	2009
Shenandoah, IA	NWI HCS	Now Open
Bellevue, NE	NWI HCS	Now Open
Wagner, SD	Sioux Falls VAMC	2009
Watertown, SD	Sioux Falls VAMC	2009
Ottumwa, IA	Iowa City VAMC	2009
Alexandria, MN	St. Cloud VAMC	2009
NW Metro, MN	Minneapolis VAMC	2009
O'Neill - Outreach, NE	NWI HCS	2009
Devil's Lake - Outreach, ND	Fargo VAMC	2009
Grand Forks, ND	Fargo VAMC	2009
Decorah, IA	Iowa City VAMC	2010
Sterling, IL	Iowa City VAMC	2010
South Border, MN	Minneapolis VAMC	2010
SW Metro, MN	Minneapolis VAMC	2010

HCS: Health Care System; NWI: Nebraska Western Iowa; VAMC: VA Medical Center

Care Coordination and Home Telehealth Keep Veterans Healthy

Improvements and expansion of the Care Coordination/Home Telehealth (CCHT) program in VA Midwest Health Care Network showed great success in 2008.

Care coordination is about ensuring that Veterans get the right care in the right place at the right time. The goal is to make the home into the preferred place of care, whenever possible. By using home telehealth equipment, we can monitor a Veteran's condition right from the home. Information such as blood pressure and glucose levels can be monitored for Veterans with chronic diseases such as diabetes or depression. Telehealth is becoming increasingly popular with Veterans because it provides greater access to medical care, reduces the amount of travel required, and provides an instant link from the home to medical providers.

Thanks to CCHT, Veterans can now stay at home with loved ones and still receive VA health care services. A recent study found a 25 percent reduction in the average number of days hospitalized, and a 19 percent reduction in hospitalizations for patients using home telehealth services. By the end of 2008 we were serving 1,805 patients in their homes through the use of Care Coordinators and Telehealth, an 80 percent growth in the number of Veterans enrolled in CCHT since 2007. Without the added benefit of Care Coordination and Home Telehealth, nearly half of Veterans served at home would likely face hospitalization or nursing home care.

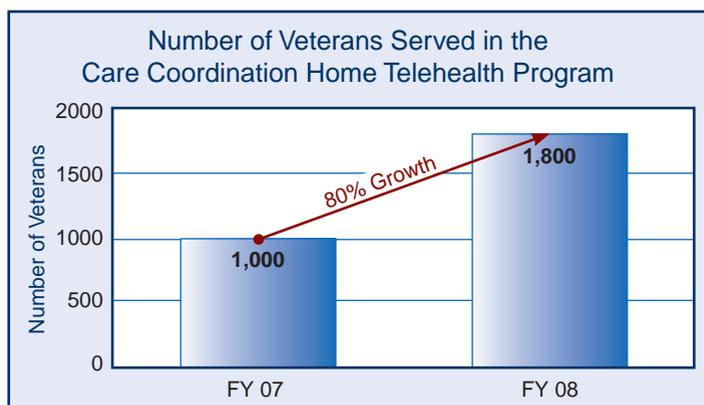
Large strides were made in 2008 by focusing our efforts on incorporating CCHT into the Mental Health Service Line and expanded services to Home Based Primary Care patients. All of our medical centers are now using Care Coordination Home Telehealth services as part of the many services offered for Veterans with mental health illnesses.

The key to our overall success in the field of Home Telehealth is VA's computerized patient medical record system. Data obtained from the home, such as blood pressure and blood glucose, along with other patient information in the electronic system, allows our health care teams to anticipate and prevent avoidable problems

Nationwide, VA's home telehealth program cares for 35,000 patients and is the largest of its kind in the world.

Studies have found that an increasing number of patients in rural areas feel telehealth improves their access to health care and promotes their ongoing relationship with their health care system.

The chart below illustrates an 80% growth in the number of Veterans served in their homes in 2008.



Workload and Financial Report for 2008

VA Midwest Health Care Network serves Veterans residing in a seven state area through a system of community based outpatient and outreach clinics, hospitals, community living centers, and domiciliary residential rehabilitation treatment programs. In 2008, the Network served more than 279,000 Veterans, with an annual budget of \$1.84 billion. The following table shows workload and resources comparisons from 2006 through 2008.

Network Totals	2006	2007	2008
Veteran patients treated	270,273	275,567	279,930
• Priority 1-6	178,237	184,913	191,138
• Priority 7-8	92,036	90,654	88,792
Inpatient discharges	25,016	25,493	26,272
Outpatient visits	2,349,603	2,333,551	2,514,579
Annual budget ¹	\$1.49 B	\$1.62 B	\$1.84 B
Costs/patient	\$4,943	\$4,825	\$5,554
Pharmacy costs	\$221.6 M	\$212.9 M	\$209.8 M
Pharmacy costs/patient	\$809	\$784	\$742
Prosthetic obligations	\$43.4 M	\$57.3	\$66.0 M
MCCR collections ²	\$150 M	\$150 M	\$159.5 M
Staffing FTE ³	9,427	9,707	10,364

¹Annual Budget – Appropriated funds (VERA, Collections, Specific Purpose) used for operations, it excludes Major and Minor Construction.

²Medical Care Cost Recovery (MCCR)– Funds collected are kept by the facilities and used for direct patient care.

³Full time equivalent (FTE)

Performance Achievements for 2008

Our mission, vision and values are centered on a foundation of putting patient care first. We measure our performance so we can build on our successes and focus on continuous improvement. Our 2008 performance measure outcomes demonstrate our commitment to continuous improvement in Veteran satisfaction, rural health access, flu prevention, smoking cessation, and service to those returning from combat. Moving forward, we must never lose sight of our commitment to putting patient care first and to providing Veterans with the best health care possible.

VA Midwest Health Care Network exceeded the VA goal of vaccinating at least 60% of employees, with an overall exceptional employee flu vaccination rate of 77%. This is the second highest rate of all Networks nationally for the second year in a row. Keeping our employees healthy helps keep our Veterans healthy.

In addition, VA Midwest Health Care Network facilities continue to excel in disease prevention with initiatives to prevent infections, including the Methicillin Resistant Staphylococcus Aureus (MRSA) Prevention initiative and facility Hand Hygiene Re-design Teams.

The illustration on the right shows some of our performance achievements for 2008.

Veterans Health Administration MEASURE	VHA Goal Percentage	VA National Average Percentage	VISN 23 Performance Percentage
Patients Screened for Depression	No Target	87	91
Outpatients 50-80 years of age screened for colorectal cancer	79	79	82
New Patient Wait Time to see a provider is 20 minutes or less	79	77	83
Established patients receive a primary care appointment when desired	87	86	92
New patients receive a primary care appointment when desired	87	88	93
Flu vaccine given employees	60	65	77
Immunizations - Outpatients (ages 50-64) receive Influenza vaccination	66	69	70
Tobacco - Patients using tobacco in past year who have been offered medication for smoking cessation	73	83	88
Tobacco - Outpatients using tobacco in past year provided with counseling on how to quit	84	89	90
Satisfaction - Outpatient rated Overall Very Good or Excellent	77	78	83
Satisfaction - Inpatient Overall rated Very Good or Excellent	76	79	84

Serving Those Who Returned Home from Combat

Throughout 2008, the Network continued its efforts in serving our newest generation of Veterans. As we closed out 2008, we began operating transition clinics to assist returnees adjusting to civilian life, and we expanded case managers to assist those with special needs. Our partnership with the Minnesota National Guard at Camp Ripley is allowing returnees easier access to mental health case management services. This program has proven to be very successful.

We successfully recruited 34 new employees in 2008 for the Operation Enduring Freedom/Operation Iraqi Freedom program, which increased staffing dedicated to serving those returning from combat from 38 to 72. This includes hiring an additional 24 case managers, 3 transition patient advocates, and 7 program assistants.



Through the end of December 2008, the Network enrolled a total of 29,674 combat Veterans, including 16,642 National Guard members, 5,272 Reservists, and 7,760 active military. The majority of those enrolled receive outpatient care, with 608 receiving inpatient care. There are a number who choose to enroll only. Those who choose to enroll only are encouraged to come to a VA facility for a baseline medical exam.

The tables on the right show the number of combat Veterans enrolled by facility.

Mental Health

Our mental health services have steadily expanded each year since 2005 and our efforts continued in 2008. Some of our Mental Health initiatives that improved services to Veterans with mental illnesses included placing Depression Case managers at all sites, increasing the number of staff assisting homeless Veterans, and adding a pharmacist dedicated to mental health services.

Construction Update

The Minneapolis VA Medical Center's Spinal Cord Injury/Disorders (SCI/D) Center is now open and caring for both outpatients and inpatients. The outpatient clinics, which have seven exam rooms, opened in January; the first inpatient moved into the SCI on Feb. 23. The inpatient area, which will have 30 beds, will be opening in stages.

A new \$25 million community living center under construction in Des Moines, Iowa, will provide 140 long-term care beds. It is scheduled to open in the fall of 2009.

Combat Veterans Enrolled in VISN 23 Cumulative through December 31, 2008				
Location	National Guard	Reserve	Active Duty	Total
Black Hills	919	31	1,040	1,990
Central Iowa	1,672	231	748	2,651
Fargo	1,956	154	660	2,770
Iowa City	2,285	426	161	2,872
Minneapolis	4,539	3,129	1,238	8,906
Neb/W-Iowa	2,528	906	993	4,427
St. Cloud	1,782	229	943	2,954
Sioux Falls	961	166	1,977	3,104
VISN 23 Total	16,642	5,272	7,760	29,674

Combat Veterans Care in VISN 23 Cumulative through December 31, 2008				
Location	Outpatient Care	Inpatient Care	Enroll Only	Total
Black Hills	1,721	171	98	1,990
Central Iowa	1,583	13	1,055	2,651
Fargo	1,291	21	1,458	2,770
Iowa City	2,168	50	654	2,872
Minneapolis	3,321	173	5,412	8,906
Neb/W-Iowa	2,877	48	1,502	4,427
St. Cloud	2,867	54	33	2,954
Sioux Falls	2,755	78	271	3,104
VISN 23 Total	18,583	608	10,483	29,674



Minneapolis VA Medical Center's Spinal Cord Injury/Disorders (SCI/D) Center



Construction is underway on an extended care facility in central Iowa. It will open in the fall of 2009.

Minneapolis VAMC physical therapists demonstrate how the new therapy pool works in the recently opened Spinal Cord Injury/Disorders Center. Pictured are (L-R): Amanda Simone, Chris Schieffer and Kate Thul (swimmer).



VA Helps Veterans Help Themselves

Shelter is one of our most basic needs. But for more than 150,000 homeless Veterans across the nation, it is a comfort they live without.

According to Jo Weable, Program Coordinator of the Healthcare for Homeless Veterans Program at the Minneapolis VAMC, there are many and varied reasons why a person may become homeless. Often the person has a series of significant life events that occur, or one catastrophic event occurs that overwhelms them. Ellen Mathes, VA Midwest Health Care Network's Homeless Coordinator, says, "Generally speaking, with any given person there are usually several things that have caused or contributed to continued homelessness." These things can be job loss, medical, mental or health problems, substance abuse, post traumatic stress disorder (PTSD), family issues, or any other problems beyond control. Weable believes homelessness isn't unique to a certain category of people. "Every person has the possibility of becoming homeless based upon life events," she says.

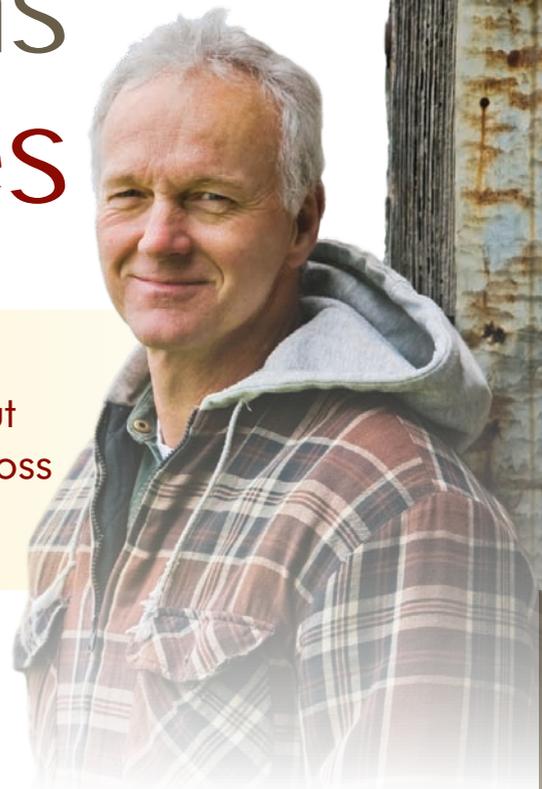
The VA has many services to reach out to these Veterans, providing vital community outreach and housing assistance. The VA homeless staff visits shelters, food kitchens, and any place the homeless gather. They try to build rapport with those at the shelters so they will come to the VA for care. "The people that work with the homeless Veterans on the street and in the shelters are very dedicated people who do wonderful work," says Mathes. The staff, in partnership with their local community partners and the VA medical centers, works with Veterans to end their homelessness.

Network sites also participate in Stand Downs, one to three day events that provide meals, rest, and relief services. Many organizations come together to make the Stand Downs possible. "We could not begin to do the work we do without community partners," says Weable.

Domiciliary programs provide transitional housing for people who are homeless or at-risk to live in for up to 120 days. These provide employment skills training and specialized programs for PTSD, substance abuse, and general mental health issues. The VA also has the Grant & Per Diem Program—funding for non-profit organizations to provide programming and transitional housing for up to 24 months. Permanent housing is available through the VA Supported Housing Program, a joint program with the Department of Housing and Urban Development, providing vouchers for apartments.

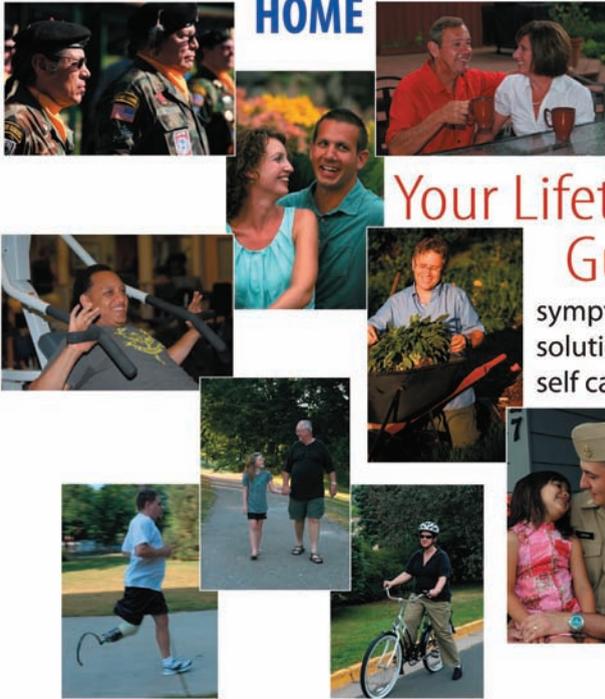
Initial contact is made with all veterans to determine eligibility for VA benefits and service. Through this contact the Homeless Coordinator is able to assist non-enrolled veterans with enrollment and provide information on other VA benefits or services that may result in submission of a claim for compensation. Although getting homeless veterans enrolled in VA health care is important for continued assistance, our goal is to meet with all veterans and to ensure that any homeless person has information on resources available in the community. Weable advises those in need to take the available resources and use them to change their circumstances.

If you are homeless, near homeless, or know someone who needs help, both Mathes and Weable recommend calling your local VA medical center or county Veteran Service Organization for help. Ask to talk to someone in the homeless program, and start the road to recovery with the support of VA.



Veterans Health

at HOME



Your Lifetime Guide

symptoms, solutions and self care



VETERANS HEALTH AT HOME:

Your Lifetime Guide

At 79 years old, Bill went to the hospital one evening complaining of shortness of breath that started months earlier. After running tests, a cardiologist recommended emergency bypass surgery, despite discovering that Bill had COPD and other serious health issues. Bill successfully came off the ventilator 48 hours after surgery, but his condition quickly declined. He spent the last week of his life in a hospital, surrounded by anguished family members who were left guessing what their loved one would have wanted under such circumstances.

Would the outcome be different if Bill had recognized his symptoms and sought treatment earlier? Possibly. Would it be different if he had refused surgery and gone home? Maybe. He may have lived a month, six months, or a year. The difference is that he would have had time to contemplate how he wanted to spend the remainder of his life, and discuss with family members and his physician what treatments he did or did not want as his condition progressed.

Letting you know about this type of advance planning—and teaching you about your role in managing your disease—is part of what VA Midwest Health Care Network hopes to accomplish through the distribution of a new book called *Veterans Health at Home: Your Lifetime Guide*. Caroline Schauer, RN, BSN, CHPN, Advanced Care Planning Coordinator for the Network, is excited about the publication.

“We hope the information in the book will inform Veterans about what is normal for a specific disease and how they can manage their illness at home,” she says. “By covering dozens of topics that range from skin disorders to respiratory problems to gender-specific health issues, Veterans can better recognize when their disease is getting out of hand and when they need to call for help.”

Veterans Health at Home goes further, however. Schauer explains that health care professionals traditionally focused on helping patients stay well, but says there is also a need to focus on what to do if those strategies don’t work. “While helping you stay well is important, the bottom line is that health care providers simply can’t fix every single thing that goes wrong—no matter how hard they try.

“Yes, the book encourages Veterans to maintain wellness, and it covers prevention and treatment of illness and injuries. But it also encourages them to make decisions and set goals for their care. In cases where health care professionals can’t fix a problem, we want the patient and family to think ahead and focus on how much time is left and how the patient would like to spend it. By doing so, the patient has control over what happens as the illness progresses.”

Schauer says the book is a valuable tool for Veterans and fits closely with what Advanced Care Planning staff hope to accomplish. “There has been a national initiative throughout VA for all facilities to offer **palliative care**

(Advanced Care Planning), which involves the care of patients with a chronic illness such as COPD, cancer, heart failure, emphysema, or dementia. Whereas hospice cares for patients at the very end of life, Advanced Care is the type of care provided to patients who are not necessarily imminently terminal, but who suffer from life-limiting advanced illnesses.

“We want to make it as rich and meaningful as possible. We work with chronic disease managers to start goals of care early in the illness so patients can think about how they’d like their end of life to go. By starting early, it becomes a natural part of the patient’s overall health care and can be incorporated into everyday conversations between Veterans, families, and health care professionals at all stages of a Veteran’s life—but especially as the person’s health declines.”

Several chapters in the book mention an **advance directive**, a written document describing a patient’s wishes for care. Ideally, however, Veterans will think beyond just filling out papers.

“That’s important,” says Schauer, “but we’d like to see them focus on planning along the way rather than simply reacting at each turn. The book empowers Veterans to truly take control of their life—to realize they are in charge and can say how they want things to go.”

If you are interested in learning more about Advanced Care Planning, or about the *Veterans Health at Home* publication, speak to your primary care physician or chronic disease manager.



DEFINITIONS

Advance Directive: a legal document for you to declare your wishes for care, including what types of treatments you want or do not want administered to you. This document does not require the involvement of a lawyer and it is relatively easy to complete

Palliative Care: the care provided to patients with advanced, serious and/or life-limiting illnesses. Palliative Care is delivered by a team of physicians, nurses, social workers, chaplains, and other disciplines, whose goal is to provide and coordinate care that focuses on the patient and family and their wishes for care.

TIPS FOR BETTER HEALTH

Healthy Cooking 101

In today’s fast-paced world, it’s just as easy to eat dinner at home as it is to hit the drive-thru window. Did you know that in the time it takes you to pick up dinner and drive back home, you and your family could already be enjoying a healthy, homemade meal? The key is to KISS: keep it simple, sweetie!

Stock your kitchen

Start by stocking your kitchen with the basics. In less than the time it takes for pizza to be delivered, you’ll be able to make a delicious, nutritious meal.

Combine the right tools with the right ingredients

- ✓ a good set of pots and pans, grill, and crock pot
- ✓ vegetable steamer/rice cooker
- ✓ frozen vegetables
- ✓ yogurt, cheese, and eggs
- ✓ low-fat cuts of meat such as chicken breast or pork tenderloin (both fresh and frozen)
- ✓ a variety of rice and beans
- ✓ pasta (preferably whole grain)
- ✓ whole grain bread and/or pita
- ✓ canned chopped tomatoes and salsa
- ✓ vegetable or chicken stock
- ✓ garlic, onion, and your favorite herbs and spices
- ✓ olive oil

Prepare more

Double your recipe or prepare more ingredients; freeze the extra. (Be sure to label and date each item). For example:

- ✓ Clean and chop vegetables. These can be kept in the refrigerator or frozen.
- ✓ Cut meat into strips or bite-sized pieces. It can be used in stir fry, soups, casseroles, etc.
- ✓ Make vegetable or chicken stock to use as a base for soup. It also freezes well!
- ✓ Cut up fruit for quick snacks.

Throw it all together

Using the basic tools and ingredients you’ve stocked in your kitchen, you can quickly put together a great meal!

For more health tips,
visit the *HealthierUs*
Veterans website at:



www.healthierusveterans.va.gov/

VA MIDWEST HEALTH CARE NETWORK – VISN 23

NORTH DAKOTA

Fargo VA Medical Center

2101 N. Elm St.
Fargo, ND 58102
(701) 232-3241
(800) 410-9723

SOUTH DAKOTA

Sioux Falls VA Medical Center

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Sioux Falls, SD 57117
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500 N. 5th Street
Hot Springs, SD 57747
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VA Nebraska Western Iowa Health Care System

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Omaha, NE 68105
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2201 North Broadwell Avenue
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(866) 580-1810

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Minneapolis VA Medical Center

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St. Cloud VA Medical Center

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(320) 252-1670
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IOWA

Iowa City VA Medical Center

601 Hwy 6 West
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Illinois (800) 346-1843
Iowa (800) 637-0128

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