

Veterans Administration Health Care Services and Facilities

A Nationwide Overview and Highlighting the Veterans Administration Palo Alto Health Care System

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The Veterans Administration (VA) became a cabinet level agency, the Department of Veterans Affairs (DVA), on March 15, 1989. It is responsible for providing federal benefits to veterans and their dependents. Headed by the Secretary of Veterans Affairs, the DVA is the second largest of the 15 Cabinet departments and operates nationwide programs for health care, financial assistance and burial benefits.

Of the 26 million current veterans, nearly three-quarters served during a war or an official period of conflict. About a quarter of the nation's population, approximately 70 million people, are potentially eligible for VA benefits and services because they are veterans, family members or survivors of veterans.

Perhaps the most visible of all VA benefits and services are its health care services. From 54 hospitals in 1930, the VA's health care system has grown to 163 hospitals, with at least one in each of the 48 contiguous states, Puerto Rico and the District of Columbia. VA health care facilities provide a broad spectrum of medical, surgical and rehabilitative care.

In 2002, more than 4.5 million people received care in VA health care facilities, which are used annually by approximately 75 percent of all disabled and low-income veterans. In fact, the VA treated 564,700 patients in its VA hospitals and contract hospitals, 50,267 in nursing homes, and 22,541 in domiciliaries. VA's outpatient clinics registered approximately 46.5 million visits.

VA manages the largest medical education and health professions training program in the United States. Its facilities are affiliated with 107 medical schools, 55 dental schools and more than 1,200 other schools across the country. Each year, about 81,000 health professionals receive training in VA medical centers. Indeed, more than half of the physicians practicing in the United States have had part of their professional education in the VA health care system.

The VA health care system is one of the most effective and successful health care systems in the United States. Its performance now surpasses many government targets for health care quality as well as measured private sector performance. VA leads the nation in eighteen of eighteen directly comparable clinical performance indicators of quality in prevention and disease treatment. This includes use

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of beta-blockers after a heart attack, breast and cervical cancer screening, cholesterol screening, immunizations, tobacco screening and counseling, and multiple aspects of diabetes care. These improvements don't just look good on paper: they save lives, reduce hospitalizations, preserve function, lower costs, and satisfy patients. VA also achieved average Joint Commission for Accreditation of Healthcare Organizations (JCAHO) quality survey scores that exceed the national average (93 to 91), and the VA set the benchmark for patient satisfaction in the American Customer Satisfaction Index for Inpatient, Outpatient and Pharmacy Care.

The VA's performance measurement program creates a framework for accountability by specifying the improvement it will achieve, not simply recording where it has been. The recent Institute of Medicine study entitled "Leadership By Example," lauded the VA's approach to translating the best scientific evidence of research into increasingly effective patient care. Quoting from the study, "VA's integrated health care information system, including its framework for using performance measures to improve quality, is considered one of the best in the nation."

The VA Palo Alto Health Care System (VAPAHCS) is a tertiary care facility and teaching hospital that provides a full range of patient care services, with state-of-the-art technology as well as education and research. VAPAHCS has 903 operating beds including three nursing homes and a 100-bed homeless domiciliary on its Menlo Park campus. VAPAHCS has active affiliations with Stanford University School of Medicine, with over 1,300 University residents, interns, and students training in its facilities each year. VAPAHCS maintains 80 affiliation agreements to train health care professionals in various disciplines, including anesthesiology.

The Anesthesiology Service at VAPAHCS covers five major areas: the operating room suite, the intensive care units (Medical Surgical Intensive Care Unit, Intermediate Intensive Care Unit, and the Telemetry Unit), the Respiratory Therapy Department, the pain clinic, and the outpatient surgery services section.

Approximately 300 anesthetics are administered each month by the Anesthesiology Service in the main OR suite. Anesthesia also is provided for a number of out-of-the-OR locations. The majority of anesthetics administered are general anesthetics, but approximately 750 regional anesthetics are administered annually. Through an affiliation with Stanford University School of Medicine, eight anesthesiology residents are assigned to the Service each month. An anesthesiology resident remains in-house 24 hours a day and is part of the hospital's cardiac arrest resuscitation team.

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The Anesthesiology Service offers consultations in the Pain Clinic for cancer pain as well as all forms of chronic pain, both inpatient and outpatient. It also provides the medical direction and administrative support for the Respiratory Therapy Department.

VAPAHCS serves as “home” to the Patient Simulation Center of Innovation. The modern hands-on mannequin-based patient simulator was invented at the VA Palo Alto Health Care System and Stanford University in 1986 by a group led by David M. Gaba, M.D., Professor of Anesthesiology. The field of patient simulation, and the availability of commercial patient simulators, was spurred by two generations of patient simulators designed and built here and known as C.A.S.E. (Comprehensive Anesthesia Simulation Environment). A core faculty of anesthesiologists and intensivists runs the Simulation Center. The patient simulator is used for training students, interns, residents and experienced practitioners in a wide variety of health care domains including anesthesiology, intensive care (including internal medicine, surgery, nursing, respiratory therapy, and pharmacy), and emergency medicine. The Simulation Center is also used for research by the Laboratory of Human Performance in Health Care.

Faculty members at the Simulation Center developed a special intensive curriculum on Crisis Resource Management (CRM) adapted from training in commercial aviation. These CRM courses in anesthesia, ICU, or emergency medicine are intense half-day or full-day courses that teach participants to become better crisis managers in their clinical domain. The course relies most heavily on highly realistic simulation sessions, each followed by a detailed debriefing session. During debriefing, faculty and participants critique the simulation session using videotaped recordings of the simulations.

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