VA Health: Mobile Application
Remote Veteran Apnea Management Platform (REVAMP)

We are excited to announce the **Remote Veteran Apnea Management Platform (REVAMP)** is now available at the **VA Southern Nevada Healthcare System (VASNHS)** at the Medical Center, Northwest Primary Care Clinic, and the Southwest Primary Care Clinic.

This personalized, interactive web platform and mobile app enables Veterans to be evaluated for obstructive sleep apnea (OSA) without traveling to a VA sleep center.

**REVAMP** was made possible by the VHA Innovation Program, which facilitates results-driven and forward-looking health care innovation within VA. By increasing opportunities for innovation to thrive within VA, VA’s ability to provide the best care anywhere. To use the REVAMP app, Veterans must be enrolled in VA health care and receive treatment from a VA sleep care team. Veterans will be instructed how to obtain a Secure ID such as a DS Logon Premium Account to use the REVAMP app.

**REVAMP** is designed to improve access to care, reduce patient wait times, and equip Veterans to receive care at their home or preferred place of care. To learn more about the REVAMP app for Veterans, visit: [https://mobile.va.gov/app/revamp-veterans](https://mobile.va.gov/app/revamp-veterans)

For more information for VASNHS call: (702) 791 - 9090
Operation S.A.V.E.
A Two-Hour Gatekeeper Training Program
VA suicide prevention coordinators to Veterans and those who serve Veterans

The Department of Veterans Affairs top clinical priority is reducing the suicide rate among Veterans. However, achieving this goal is difficult as 14 of the estimated 20 Veterans who are lost to suicide each day have either never connected to VA care or haven’t recently accessed VA services. As such, the VA relies on public-private partnerships to inform and educate Veterans, family members, caregivers and other stakeholders of the myriad of resources available before and during a crisis.

Since October 2017, the VA Southern Nevada Healthcare System’s Suicide Prevention team has conducted more than 350 outreach events locally in support of this effort, and looks to make more improvements in 2019.

“While Veterans always can reach someone on the National VA 24-hour Veterans Crisis Line, it’s through local efforts where real suicide prevention takes place,” said Paul Frederickson, who has worked as a VASNHS Suicide Prevention Case Manager for the past four years.

“The crisis lines handle the immediate emergencies, but it’s up to us to follow-up, make sure they get hospitalization, medication, mental health treatment or whatever else they need. After we receive notification of a local Veteran in crisis, we have one business day to begin the follow-up, and should be finished within 72 hours. With some of Veterans unable to receive phone calls, the process can be very difficult, but with more people on our team, it’s been more possible to do that.” Up until late 2017, Frederickson was the only individual at VASNHS solely dedicated to suicide prevention, which was a daunting task. Since then, the suicide prevention team has grown to four, and will soon include a fifth person. With the increase in manpower, VASNHS has been able to increase outreach through a number of programs.

One of the first big initiatives is Operation S.A.V.E., a two-hour gatekeeper training program provided by VA suicide prevention coordinators to Veterans and those who serve Veterans, both within the VA and at community hospitals and clinics.

The course consists of education on Veteran-specific issues, identifying risk factors for suicide, and instruction of the S.A.V.E. model (Signs of suicide, Asking about suicide, Validating feelings, Encouraging help and Expediting treatment.)

According to Frederickson, Suicide is statistically more prevalent in rural communities, especially among Veterans. As such, another VASNHS suicide prevention initiative is rural outreach. “Our catchment area is geographically huge,” Frederickson said. “It goes as far north as Ely, Nevada down to parts of southern California, as well as into portions of northwest Arizona and southwest Utah.
“A problem that we’ve found in these rural areas is that Veterans don’t have the money or reliable transportation to drive two or three hours to get to a hospital,” Frederickson continued. “So the S.A.V.E. training we’re offering is helping community members help their fellow citizens in an effort to lower the suicide risk.

Yes, you try to get them seen by a professional, but there isn’t always a professional readily available. Ninety-nine percent of the battle against suicide is building those relationships, so in these smaller communities, if we can teach them to take care of themselves, then we can bring down the suicide rates. That has been our focus now that we have a larger staff.”

VASNHS’ suicide prevention outreach efforts have expanded beyond clinics and hospitals Frederickson said. “We try to visit establishments that Veterans who are having issues may frequent, such as liquor stores, marijuana dispensaries and gun shops,” he said. “We talk with staff, provide education and pass out suicide prevention materials and cards with the Veterans Crisis Line.”

According to a recent VA study of Veterans suicides between 2006 and 2016, the suicide rate among Veterans ages 18–34 has increased substantially in recent years and the rate in 2016 was significantly higher than in 2014. While many of these Veterans have served during the conflicts in Iraq and Afghanistan, Frederickson said they are statistically less likely to seek out VA care. The VASNHS suicide prevention team has tried to bridge that gap by seeking out student-Veterans.

At the University of Nevada-Las Vegas, VASNHS is working with Rebel Vets, a student-led Veteran support group, to reach out to those at-risk on campus. “Getting used to the university life can be overwhelming for some Veterans, and we need a support organization on campus to ensure that if they have issues, they know where they can go to get help,” said Alan Shockley, a VA vocational rehabilitation specialist working on the UNLV campus. “There have been too many suicides nationally, and unfortunately we have seen it locally as well, so we want to do what we can to make sure that number is zero in the future.”

Whether it’s providing training, distributing promotional materials, or conducting rural outreach, Frederickson said the extra manpower has helped the VA expand its local efforts. “The more people and organizations we can make contact with and either educate or distribute materials to, the more likely we are to reach those who are at risk and connect them to resources,” he concluded.

For Veterans in a crisis, the VA Southern Nevada Healthcare System encourage them to visit the closest VA medical facility or nearest Emergency Room. In Southern Nevada, all VA sites of care provide same-day services for Veterans with urgent mental health needs during regular business hours. Additionally, the Emergency Department at the North Las Vegas VA Medical Center is available around the clock. Veterans may also receive help 24/7 via the Veterans Crisis Line by dialing 1-800-273-8255 and pressing option one.

For more information about Suicide Prevention go to:
https://www.lasvegas.va.gov/Behavioral_Health/BHS_Suicide_Prevention_Services.asp
https://www.veteranscrisisline.net/support/be-there

https://www.veteranscrisisline.net
Tele-ICU: Expanding Patient Care with Technology

VASNHS expands critical care capabilities via Tele-ICU partnership

Veterans receiving intensive inpatient care in southern Nevada now have access to expanded critical care capabilities thanks to a new telehealth initiative at the North Las Vegas VA Medical Center. Feb, 26, the VA Southern Nevada Healthcare System went live with a Tele-ICU program in its intensive care unit. Working in partnership with the VA Midwest Health Care Network’s Regional Tele-ICU System in Minneapolis, this new capability provides local medical staff with around-the-clock bedside access to experts who are specially trained in the care of critically ill patients.

“This technology allows us to bring critical care nurses and intensivists (physicians who provide specialty care for critically ill patients) to the bedside all across the country at the press of a button,” said Dr. Matthew Goede, Associate Medical Director for the VA Midwest Health Care Network’s Regional Tele-ICU System, and a general surgeon on staff with the VA Nebraska Western Iowa Health Care System in Omaha, Neb. “It allows us to be a second level of support for the doctors and nurses at the bedside.”

At the North Las Vegas VA Medical Center, 12 rooms are equipped with the Tele-ICU capability. However, as the VA continues to expand telehealth services, the technology could be used in other areas such as emergency departments, step-down units and in acute care rooms in the future. “This really opens up access for our Veterans,” said Shari Kym, VASNHS’ nurse manager for the ICU and Remote Telemetry. “As a specialty, ICU medicine is very limited in the number of intensivists, so this really provides a way for our ICU Veterans to have access to that type of specialty medicine.”

Filling critical care specialty positions is a struggle nationwide, and the VA and State of Nevada are not exceptions as the state currently ranks 47th nationally for physicians per capita and 48th for nurses. “Intensivists and experienced ICU nurses are at a premium across the country,” said Goede. “Studies show that there is a shortage in many of those specialties. What Tele-ICU allows us to do is amplify the care that these intensivists can provide over not having to be physically in every location. It allows for a second opinion, it allows for a second set of eyes, and it provides a good adjunct to the care they are already getting bedside.” Nearly one in five VA ICU beds are equipped with Tele-ICU technology with the capability currently at 28 facilities in 15 states.

In the future, the capability will expand to 40 medical centers in 25 states. The VA also recently launched a partnership to provide Tele-ICU support to the Department of Defense, with Nellis Air Force Base, Nev., becoming the first DoD facility with the technology. “This program started as a critical care collaborative just between VISN 23,” Goede said. “But as more and more sites began to get wind of it, we expanded it from there.”

To meet its expansion goals, Bonello said VISN 23 has opened a new Tele-ICU sub-hub in conjunction with the activation of our virtual support program at the VA Southern Nevada Healthcare System. “This will allow VA intensivists to provide care to 20 additional VA medical centers around the country,” he said.

“I think this is the future of medicine,” Goede concluded. “It’s really popular in critical care, but I think we will see it in other fields. In general, it’s been exceptionally well-received by staff and by Veterans. It’s been a very effective tool when it comes to critical care.” As for Kym, she feels the partnership with VISN 23 Tele-ICU team will pay dividends by increasing the quality of patient care locally. “We now have additional support that is available 24-hours a day, 365- days a year and their presence will help us in improving our acuities so that we can care for more complex patients. I can’t ask for anything better.”

“We’re excited to begin this partnership with the Minneapolis VA and have this added expertise available to our staff and Veteran patients,” said Dr. Ramu Komanduri, VASNHS Chief of Staff. “By expanding our VA capabilities with a semi-virtual presence such as Tele-ICU, we are able to ensure our Veterans have direct access to the same level of care and services, regardless of where they live.”
Mental Health: Recovery Is Possible with ADTP

Behavioral Health Service is providing new and innovative programs

Behavioral Health Service (BHS) provides a wide range of outpatient and inpatient behavioral health treatment to meet the mental and behavioral health needs of eligible Veterans.

Some of the conditions we address include but are not limited to:

- PTSD
- Depression
- Anxiety
- Substance Use
- Anger

A Veteran does not need to have a mental health service-connected disability, nor does the condition need to be related to military service, in order to receive treatment. However, certain programs within BHS may have specific requirements to participate (see program descriptions for additional information).

Those who may be ineligible for medical services, may still be eligible for behavioral health care including those who have experienced a military sexual trauma or limited emergency services for those discharged under “other than honorable” (OTH) conditions.

There are three entry points into behavioral health services:

- **Primary Care Mental Health Integration (PCMHI)**
- **Orientation and Intake**
- **Acute Inpatient Psychiatric Care**

**Primary Care Mental Health Integration (PCMHI):** If you have never used behavioral health services, are new to the area, or has been more than two years since you had contact with a behavioral health provider, a primary care provider can introduce you to a PCMHI provider same-day.

**Orientation and Intake:** Any Veteran can call 702-791-9062 to schedule an orientation appointment where they will receive information about all BHS programs and processes. Following orientation, each Veteran will be presented an opportunity to schedule an intake appointment for assessment and treatment planning.

**Acute Inpatient Psychiatric Care:** If you are hospitalized due to a mental or behavioral health condition, as part of the discharge plan, a follow-up appointment will be made for you with a behavioral health provider. At this appointment, it is important to develop a treatment plan which addresses your continued behavioral health needs and follow up care.

For more information go to the VASNHS website: [https://www.lasvegas.va.gov/services/Behavioral_Health.asp](https://www.lasvegas.va.gov/services/Behavioral_Health.asp)
When Oliver LaRay first arrived in Saigon in 1967, he was only 17 years old. A firefighter in the U.S. Navy, he joined the reserves in high school, and graduated early so he could serve on active duty. But it wasn’t until he arrived in Vietnam that he realized what war was really like. “I cried every day for the first month I was there,” he said.

The tears wouldn’t last long, as LaRay quickly found himself seeing combat daily while manning a twin .50 caliber machine gun aboard a patrol boat, on search and destroy missions in the inland waterways of Vietnam and Cambodia. “We had more interactions with the enemy than anyone I knew,” he said. “As part of the ‘brown navy,’ we were asked to go on missions where it was too dangerous for helicopters to fly.”

LaRay’s closest brush with death came on the night of Jan. 30, 1968, when he and his unit were attacked by the Viet Cong as part of the larger Tet Offensive. LaRay remembers running out of his barracks and coming face-to-face with an enemy soldier. “The first thing I see is this teenager who couldn’t have been any older than me, staring down his sights directly at me. He had me dead to rights. But he never shot. He simply laughed and moved on. To this day, I will always remember his face and that moment.”

That same night, in Quy Nhon, Mike Nole remembers the red alert that announced the Tet attack on his base.

“It was scary, like the whole world was coming to an end,” Nole said. The 20-year-old soldier was nearing the end of his first year in Vietnam, but he, along with the other soldiers in his company, were not prepared for the attack. “I was stuck guarding the generator, and it was so loud, I couldn’t hear anything. I kept wondering, ‘what am I going to do if they come for me? Grab him by the throat? Gouge his eyes out?’”

Unlike LaRay, Nole was drafted into the Army in 1966. Trained as a generator operator, he also found himself doing various odd-jobs after deploying to Quy Nhon in March 1967. For a few months, he worked night shifts refueling generators. Later, he drove a daily truck route between bases. Most of Nole’s memories of the Tet Offensive attack have been buried. He said that he tried to shut most of those experiences away. While LaRay and Nole never met while serving, their shared experiences and struggles, both in country and upon return, are common to many Veterans who served in Vietnam. LaRay experienced prejudicial treatment from Naval officers, and several fights left him with an administrative discharge from the Navy in 1968. Nole was honorably discharged in the same year, after which he returned to southern Nevada and worked on stage construction for shows on the Las Vegas strip. He struggled with alcohol, leaving him at odds with family members.

Both Veterans also struggled to identify with American society in 1968. They were called baby-killers by some, and others had simply forgotten that they had even left for Vietnam in the first place. “In movies, John Wayne depicted the Vietnam battles as glorious, and that the soldiers would return as heroes,” LaRay said. “It wasn’t anything like that. There was no discipline. There were no heroic returns.”
As was the case for many Veterans, both men also faced challenges at home and suffered silently through their PTSD for years. Nole self-medicated with alcohol and tried to forget what he had experienced. LaRay found that the only way he could get a full-night’s sleep was with sleeping pills. Like many Veterans, LaRay and Nole didn’t want to acknowledge their PTSD, and they didn’t want to talk about it with a civilian. “Psychiatry did not work. It was just some guy who had never experienced war who would make you lay down and tell you that you were crazy,” LaRay said.

It wasn’t until they heard about the Pathways to Recovery program through the VA that they decided to share their experiences. “These Veterans come to our groups, and hearing other stories, they know that they are not alone,” said Geri Hunt, a Peer Support Specialist at the VA Southern Nevada Healthcare System’s Northwest Clinic. “I think that’s the main reason so many Veterans have found success, they now know they aren’t the only ones having similar thoughts and feelings.”

The Veterans in Pathways to Recovery represent all branches of service, from Vietnam through the wars in Iraq and Afghanistan. They meet weekly to offer support and share their stories with one another. “This group is designed to help Veterans with mental health issues in their recovery, and to improve their quality of life,” said Hunt. “This is a strengths-based group. It focuses on how Veterans can use their many strengths and resources to set goals and achieve recovery in many areas of their lives. The group does not focus on specific diagnoses, symptoms or treatment.”

For Nole, LaRay, and the many other Veterans who participate in Pathways to Recovery, it has become more than just a weekly meeting. “We socialize outside of the clinic,” said Nole. “A bunch of us go bowling together, and they have always supported me.” And their appreciation extends to the VA peer support team, many of whom, like Hunt, are Veterans themselves. “She’s my hero,” LaRay said of Geri Hunt. “She cares because she’s been there.”

Pathways to Recovery program is open to all Veterans and encourages healing through peer support. Groups meet on Mondays from 10:30 a.m. to 12:00 p.m. at the Northwest Primary Care Clinic. Interested Veterans can contact group facilitator Geri Hunt at 702-701-0602.

If you are a Veteran enrolled in the Department of Veterans Affairs (VA) health care system, the Veteran Appointment Request mobile application (app) allows you to self-schedule or request primary care appointments and request mental health appointments. You can also view appointment details, track the status of requests, send messages about the requested appointments and get notifications about appointments and cancel appointments.

For directions go to: [https://mobile.va.gov/appstore/veterans](https://mobile.va.gov/appstore/veterans)
Changing Behavior for Better Health

The VA Southern Nevada Healthcare System “To The Point Newsletter” was designed to give Veterans, families, caregivers, and stakeholders information on the programs, services and the knowledge to better educate them of whole-health approaches to wellness.

Together, with a Patient Aligned Care Team (PACT), each Veteran works together with health care professionals to plan for whole-person care and life-long health and wellness. The Veteran is the focal point at the center of the health team so he or she can make informed decisions about their health care plan with the provider, nursing, nutrition, mental health, and services in the VA and local community.

For the latest information in the VA Southern Nevada Healthcare System check out the following WEB links:

- VASNHS Website
- Free Email Alerts

Scan Here to Sign-up!

- VASNHS YouTube

Scan Here for videos!