



## Report Shows Medical Errors Decreasing at VA Hospitals

According to a recent article that appeared in the *Archives of Surgery*, the requirement of VA staff to continue to report and investigate medical errors and near misses at all VA medical centers, along with quality improvement efforts, is helping the VA improve its patient safety record.

The findings indicate that the rate of reported actual adverse events (AEs) in the operating room (OR) per month and the severity of those events have significantly decreased. Between mid-2006 and 2009, VA staff reported about 100 surgical AEs and more than 130 surgical close calls in and out of OR settings. The report shows a decrease in reported AEs from 3.21 to 2.4 per month, while reported close calls increased from nearly 2.0 to 3.24 per month.

The findings also indicate that VA staff continue to report and investigate surgical and invasive AEs and close calls, thus allowing problems to be caught before any harm occurs. These findings are positive because the understanding of reporting these close calls is vital to safe care.

The data were derived from the VA's National Center for Patient Safety Database, developed to provide a confidential, nonpunitive reporting system that allows users to electronically document patient safety information so that everyone in the system can benefit from the lessons learned.

The article noted many possible reasons for the decrease in AEs. These included an increased focus on OR safety at VA medical centers and the nationwide implementation of the

Medical Team Training (MTT) programs. MTT was developed to improve patient outcomes through more effective communication and teamwork among providers.

## \$2.2 Billion in New Agent Orange Claims Paid Out

One year after 3 diseases—ischemic heart disease, hairy cell leukemia, and Parkinson disease—were added to the list of health conditions allegedly linked to the toxic defoliant Agent Orange, the VA has paid \$2.2 billion in benefits to 89,000 Vietnam veterans or survivors who filed claims related to the conditions. The VA added that they are still examining thousands of claims.

Current guidelines were amended on August 31, 2010, to include the 3 diseases. Under the law, the VA can authorize up to 1 year of retroactive benefits for new claims related to these conditions. It is reviewing all new claims submitted since the rules change, as well as past claims that might have been denied before the new regulations went into effect.

Veterans or surviving beneficiaries who believe they qualify for benefits or dependents indemnity compensation could be eligible for up to a year of retroactive benefits if they can show that they or their loved one experienced one of these conditions since August 31, 2010.

According to the VA, there is no deadline for filing claims related to the 3 presumptive conditions.

VA Secretary Eric K. Shinseki said recently, "I encourage all potentially eligible veterans to apply as soon as possible to preserve the most favorable effective date for payments."

Potentially eligible veterans include

those who were in Vietnam or on its inland waterways between January 9, 1962, and May 7, 1975; along the Demilitarized Zone in Korea from April 1, 1968, to August 31, 1971; or exposed to Agent Orange tests or storage at military bases.

## Insulin Spray May Help Combat Alzheimer Disease

According to a report that recently appeared in the *Annals of Neurology*, a study spearheaded by a VA researcher found that a nasal insulin spray stabilized or improved memory, thinking skills, and functional ability in people with mild cognitive impairment and Alzheimer disease.

A VA team with the Geriatric Research, Education, and Clinical Center at the VA Puget Sound Health Care System in Seattle, Washington, led the small pilot study that was largely sponsored through the National Institutes of Health and National Institute on Aging.

Earlier studies found that low brain levels of insulin—the primary hormone that turns sugar in the bloodstream into energy for cells—may contribute to Alzheimer disease. Based on these findings, VA researchers led efforts to test the benefits of restoring normal insulin function in the brain.

The new study tested a nasal spray that delivers insulin quickly and directly to the brain without harmful adverse effects, such as increased insulin levels throughout the entire body. The trial consisted of 104 adults with either amnesic mild cognitive impairment—in which people have memory loss that may lead to Alzheimer disease—or mild to moderate Alzheimer disease. Safety profiles and compliance

were reported to be excellent for this short-term trial.

## Study Seeks Predictors of Risk for PTSD

Recent data suggest that certain variants of a gene that helps regulate serotonin (a brain chemical related to mood) may be an indicator of the potential risk for symptoms related to posttraumatic stress disorder (PTSD) following a trauma.

The study, published in the *Archives of General Psychiatry*, examines why some individuals are at a greater risk for developing the disorder following a trauma, whereas others appear to be relatively unaffected. Genetic heritability is one component of the differential risk for PTSD, but the actual mechanisms remain unresolved.

This study, funded by grants from the Joyce Foundation, the Burroughs Wellcome Fund, the National Institute of Child Health and Human Development, and the National Institute of Mental Health, analyzed college students who had been interviewed for a study prior to a 2008 mass shooting on the Northern Illinois University campus in DeKalb. The researchers used the data to examine the association between variants in the serotonin transporter gene promoter region of the brain and PTSD/acute stress disorder symptoms that developed in the aftermath of exposure to the shooting.

The authors concluded that when examined in a relatively homogenous sample with shared trauma, this serotonin transporter genotype may serve as a useful predictor of risk for PTSD-related symptoms following a trauma. This gene is likely one of a number of genes that will ultimately be found to contribute to risk and resilience. As more gene pathways are understood, such findings may contribute to improved treatment and

prevention as well as better prediction of risk for PTSD following traumatic exposure.

## Study Suggests Sleep Habits May Help Prevent Health Risks

Getting a good night's sleep is more important than some may think, especially for soldiers and veterans.

According to research results from a first-ever study by the U.S. Army Medical Department, recently published in the journal *SLEEP*, at least 7 of every 10 soldiers experience short sleep duration (SSD), a chronic condition that increases the risk for a variety of health problems.

Evaluating sleep deprivation and insomnia in service members returning from war indicated that redeployed soldiers commonly experience SSD, defined in the study as fewer than 7 hours per night. SSD is associated with, and may be a contributing factor to, a variety of common medical disorders following deployment, including major depression, posttraumatic stress disorder (PTSD), alcohol and tobacco abuse, and attempted suicide.

With multiple deployments, SSD is common among active duty service members and likely persists between deployments. Numerous medical studies have shown that SSD may contribute to physical and occupational impairments, including chronic pain, fatigue, depression, obesity, concentration or memory impairments, and accidents at work or while driving.

The study evaluated the sleep habits of more than 3,100 soldiers to compare the prevalence of comorbid medical conditions to sleep duration. Study participants included soldiers from a single redeployed brigade combat team who participated in a survey 90 to 180 days after completing a 6- to 15-month deployment to Iraq.

Results showed the average sleep duration was about 5.8 hours. More than 70% of the soldiers reported short or very short sleep duration and getting 6 or fewer hours of sleep each night. Sixteen percent reported symptoms of insufficient sleep.

## TRICARE Increasing Vaccines Coverage at Network Pharmacies

A recently expanded vaccine coverage program through TRICARE will cover immunizations for many preventable diseases, including shingles, mumps, measles, and many others at no co-payment to beneficiaries.

TRICARE covers age-appropriate vaccines as outlined by the Centers for Disease Control and Prevention. For the past 2 years, TRICARE has covered seasonal flu, H1N1 flu, and pneumococcal vaccines at retail pharmacies with approximately 300,000 vaccines administered.

It is strongly recommended that beneficiaries call before going to their pharmacy to ensure that the pharmacy is part of the TRICARE network and is authorized to offer the vaccines. Some vaccines may be in short supply, so it is important to contact the pharmacy ahead to make sure the vaccine is in stock. Also, although every state in the country, including the District of Columbia, allows pharmacists to administer vaccines, specific state laws may restrict which vaccines pharmacists can administer.

Vaccines obtained through the beneficiary's regular physician do not have co-payments for preventive care, such as immunizations and recommended screenings; however, usual cost shares and co-payments for office visits may apply.

The full list of expanded vaccines available from authorized TRICARE retail pharmacies can be viewed by going to [www.tricare.mil/vaccines](http://www.tricare.mil/vaccines). ●