

# ONLY ONE GOAL HELPING OUR HEROES



Dear Fellow Employees, Volunteers, Veterans and Friends of VISN 4,

VA Healthcare – VISN 4 is committed to helping our heroes of all ages and generations. Our network consists of more than 13,000 employees who have an unwavering dedication to ensuring that our Veterans receive the best care possible.

## DIRECTOR'S MESSAGE

The publication of our 2008 Annual Report features the most significant accomplishments of each hospital within our network to include construction, renovations and improvements at all of our facilities.

The most significant initiative for VISN 4 in 2008 was the undertaking of an aggressive effort to outreach to OEF/OIF Veterans to include increasing outreach events and creating a 16-page special publication and an 18-minute DVD entitled "Helping Our Heroes", which highlights the services and benefits available to OEF/OIF veterans throughout VISN 4. We have also organized several special events for OEF/OIF veterans to encourage interaction between veterans, VISN 4 staff and our local communities.

As Director of VISN 4, I find it to be incredibly important and necessary to foster personal relationships with Veterans, VISN 4 staff and our local communities. I visited all 10 VA medical centers within our network this year and had the honor of standing next to U.S. Senator Arlen Specter for the ribbon-cutting and dedication ceremony for VA Pittsburgh Healthcare Systems' new Veterans Recovery Center (residential living villas) and Administration Building. I also had the privilege of traveling to Lebanon VA Medical Center to make the exciting announcement that Lebanon was chosen as the host location for a new North East Consolidated Patient Account Center as part of an initiative underway within the Department of Veterans Affairs. The addition of this CPAC will bring approximately 450 new jobs to the area.

VISN 4 is constantly expanding and updating our facilities in order to meet the growing needs of our Veteran population. I was able to attend several ribbon-cutting and dedication ceremonies for Community Based Outpatient Clinics throughout our network to include CBOCs in Wood County, West Virginia, Lawrence County, Pennsylvania and Dover, Delaware.



VISN 4 strives to be the best at providing our Nation's Heroes with the best care possible and I believe that in 2009 we will continue to surpass our Veterans expectations through innovative approaches, procedures and techniques. Thank you for taking an interest in VA Healthcare – VISN 4!

Sincerely,

Michael E. Moreland, FACHE  
Network Director, VISN 4

Medical Centers

**10**

Outpatient Clinics

**44**

Total Employees

**13,158**

Surgeries

**4,246**

Unique Patients

**306,129**

Outpatient Visits

**2,849,241**

Total Budget

**\$1,906,299,000**

Research Projects

**569**

Research Funding

**\$40,566,404**

Volunteers

**4,742**

Donations Accepted

**\$4,461,841**

Prosthetics Costs

**\$69,396,831**

Medical Care Cost Recovery

**\$114,988,453**

Medication Costs

**\$214,969,000**



VAPHS Administration Building



New Domiciliary and Residential Rehabilitation Program Building at Butler VAMC



Nursing Home Care Unit Replacement Building at Butler VAMC



2 BUILDING A ELEVATION  
1.4

New Domiciliary and Residential Rehabilitation Program Building at Butler VAMC



VAPHS Residential Living Villas

VA Healthcare – VISN 4 funded several construction projects to improve and enhance the facilities located in the Western portion of the areas that we serve. These projects continue to enhance the quality of world-class healthcare that Veterans have come to expect and deserve from VISN 4.

# WEST CONSTRUCTION

The West construction projects included the completion of a new administration building and residential living villas for \$34 million at VA Pittsburgh Healthcare System. Other projects featured on this page include a \$6,798,000 new domiciliary and residential rehabilitation program building and a \$7 million nursing home care unit replacement building at Butler VAMC; Expansion and Renovation of the Specialty Care Clinics at Erie VAMC for \$3,489,000; and installation of a new, state-of-the-art CT Scanner at Clarksburg VAMC for \$483,000.



New CT Scanner at Clarksburg VAMC



Expansion of the Specialty Care Clinics at Erie VAMC

University Drive  
Pittsburgh, PA 15240  
www.pittsburgh.va.gov  
866-4VA-PITT (866-482-7488)  
Director: Terry Gerigk Wolf, FACHE

# VA PITTSBURGH HEALTHCARE SYSTEM

4

V I S I N 4 | T O T A L E M P L O Y E E S | 1 1 , 2 7 9 . 5

**A** centralized Consult Management Office was opened in April 2008 at the University Drive division of VA Pittsburgh Healthcare System. Consult management was initially piloted with Butler, but has since expanded to all of the sites in the western market, including Altoona, Clarksburg and Erie. The purpose of the Consult Management Office is to improve the flow of consults from the spoke hospitals; improve communication between the primary care provider and consulting practitioner; review and eliminate unnecessary consults utilizing a standardized review process based on national criteria; and facilitate scheduling of consult appointments.

Researchers at VAPHS completed and published the results of a study that found that more intensive treatment—for example, dialysis six times instead of three times per week—failed to pro-

duce any added benefit for patients with acute kidney injury in a large clinical trial sponsored by the Department of Veterans Affairs and the National Institutes of Health. The VA/NIH Acute Renal Failure Trial Network (ATN) Study was a multicenter, randomized and controlled trial comparing a strategy of intensive renal replacement therapy to a more conventional strategy of less-intensive renal replacement therapy in critically ill patients with acute kidney injury. 1,124 patients were enrolled in the trial at 27 VA and university-affiliated medical centers between November 2003 and July 2007. The results of the study were presented at the annual meeting of the American Thoracic Society on May 20, 2008 with simultaneous on-line publication of the primary study manuscript by the *New England Journal of Medicine*.

VAPHS renovated three inpatient behavioral health units and added a brand new outdoor psychiatry patient area to meet the enhanced requirements for patient safety and suicide prevention. The co-location of the units into one building allows for cross coverage by psychiatric staff and increases patient safety. The newly constructed outdoor area allows Veterans on the psychiatric units to have fresh air in a secure and pleasant environment. In conjunction with the physical changes, there is continual programming development and revision resulting in a dynamic shift in unit organizational culture enhancing focus on recovery.



Paul Palevsky, MD, lead author of VA/NIH Study



The Palliative Care Hospice Unit's renovated kitchen

The Palliative Care Hospice Unit at VAPHS was renovated, which included removal of the traditional nurses' station, to add a full living room with fireplace and bookshelves on one wall and a large mural on another wall. A full kitchen with a comfortable, adjoining seating area was designed in the old patient lounge and is now referred to as the Great Room where residents, families, staff and volunteers can cook, serve and enjoy a variety of items requested and preferred by the residents.



The Palliative Care Hospice Unit's Great Room

1 Medical Center Drive  
Clarksburg, WV 26301  
www1.va.gov/clarksburg  
800-733-0512  
Director: William E. Cox

# LOUIS A. JOHNSON VA MEDICAL CENTER

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**L**ouis A. Johnson (Clarksburg) VAMC's Braxton County and Wood County Community Based Outpatient Clinics were relocated to newly constructed clinic spaces. The new clinics provide expanded capacity for primary care and mental health services to the Veterans in the southern and western counties of the Clarksburg VAMC primary service area. In addition, point of care laboratory testing and initial pharmacy services are offered. Partnerships to encourage a "One-stop Shopping" approach were established at both clinics to further increase accessibility to other VA services. Office space at the Braxton County clinic is maintained for the Specialty Adaptive Housing Agent from the Roanoke, Virginia VA Regional Office who visits with Veterans in West Virginia needing assistance with housing and adaptive provisions for their homes. The new clinic in Wood County offers the Vet Center space including a group treatment room to further improve outreach and readjustment counseling to Veterans in the area. Both new clinics are staffed with VA providers and support staff, offer ample parking, easy access from major traffic patterns and expanded clinical treatment areas.

A new CBOC was opened in Monongalia County, WV in October 2008. The new clinic offers primary care, tele-mental health, lab testing, prescriptions, immunizations, preventive health and x-ray services.



Monongalia County CBOC



New 64-slice CT Scanner

Clarksburg VAMC's new Compensated Work Therapy (CWT) Program was enhanced through referrals and consults with more than 150 Veterans. During the year, more than 100 of the Veterans referred to the CWT Program were either placed in a contracted employment opportunity or participated in the Supported Employment part of the program. The Veterans worked an estimated total of 45,000 hours, earning more than \$350,000 in wages. Approximately 20 of these Veterans achieved regular employment after the successful completion of their CWT assignment. Program leaders at Clarksburg VAMC have supported the mission of the CWT Program by offering internal placement of participating Veterans. In addition, effective working relationships with external partners, such as Veterans Upward Bound, Department of Labor and West Virginia Workforce were also established to create additional employment opportunities throughout the community.

More than \$7.5 million was invested in fiscal year 2008 toward clinical improvements and updates in medical technology at the Clarksburg VAMC, including a 64-slice CT scanner, new angiography suite, fluoroscopy rooms, laser technology in Urology, operating room enhancements and purchase of a mammography unit. The on-site availability of this diagnostic technology and services will prevent the transfer or travel of many Veterans to other VAMCs or community healthcare facilities.

4, 2 4 6 | S U R G E R I E S | V I S N 4

135 East 38th Street Boulevard  
Erie, PA 16504

www1.va.gov/erie

800-274-8387

Director: Michael D. Adelman, MD

# ERIE VA MEDICAL CENTER

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V I S I O N 4 | U N I Q U E P A T I E N T S | 3 0 6 , 1 2 9

**E**rie VAMC entered into a new teleradiology services contract provided by a physician group located in Lebanon, Pa. that has improved services in the following areas: improved communication with physicians resulting in increased staff satisfaction, improved turnaround times of reads, cost savings from previous group and total utilization of Powerscribe and digital imaging processes. This group has improved turnaround time for after hour STAT interpretations, availability of radiologist for physician to physician communication and continuity of care has improved by having a smaller, consistent group of radiologists on-call who are experienced and who have embraced the total utilization of Powerscribe and CPRS. The medical center has experienced a cost savings of \$368,747 by utilizing the tele-radiology group.

Erie VAMC Nutrition and Food Services implemented the Burlodge RTS Meal Delivery System in April 2008 due to overall low Veteran meal satisfaction scores. The low satisfaction scores were a direct result of the Cook-Chill Advanced Food Prep System. The Cook-Chill system involved serving food that was prepared 2-3 days in advance and reheated. This

system was limited to certain foods that could be reheated successfully. The Burlodge RTS System allows for freshly prepared foods. The facility was able to increase variety and reintroduce old favorites that were previously removed from the menu, which resulted in increased overall Veteran meal satisfaction scores from 3.5 to 3.9 in just one quarter.

Erie VAMC's Compensated Work Therapy program began in October 2007 and has been extremely successful. With the cooperation of the medical center and numerous community partners, many Veterans have enhanced their recovery by making meaningful contributions to themselves, their families and their job sites.

- **Supported Employment (SE):** To date the SE program has served 34 Veterans having a 79% successful employment rate.
- **Transitional Work Experience:** The CWT/TWE program has obtained five Memorandums of Understanding with the following outside employers to provide additional CWT/TWE placement

opportunities: YMCA of Greater Erie, Vantage Healthcare Linen Services, R. H. Watkins Motors, Mitchell Builders, and the Disabled American Veterans (DAV) of Erie.



Andrew, a former CWT participant, now works for Nutrition and Food Services at Erie VAMC.

Erie VAMC entered into a new teleradiology services contract to improve services for Veterans.



A Veteran enjoys a freshly prepared meal.

325 New Castle Road  
Butler, PA 16001  
www.butler.va.gov  
800-362-8262

Director: Patricia A. Nealon

# VA BUTLER HEALTHCARE

7

2, 8 4 9, 2 4 1 | O U T P A T I E N T V I S I T S | V I S N 4

In Fiscal Year 2008, VA Butler Healthcare had a record number of Federal Executive Board (FEB) nominations and awardees. There were 38 nominations submitted for FEB awards and at least two nominees submitted in every category. As a result, there were three gold awards, eight silver awards, 13 individual bronze awards and two team bronze awards presented to Butler staff. 44 staff members were recognized either individually or as part of a team. VA Butler Healthcare staff received significant recognition for their dedication to caring for our Nation's heroes.



VA Butler Healthcare's Pharmacy



VA Butler Healthcare's Primary Care Waiting Area

VA Butler Healthcare's commitment to Veteran's satisfaction was demonstrated through an improvement in access to Primary Care. As of September 1, 2008, VA Butler Healthcare ranks first nationally in providing appointments as soon as wanted for established patients, is tied in ranking nationally for first place in providing appointments as soon as wanted for new patients and has met or exceeded all Veteran satisfaction (SHEP) performance benchmarks for wait times. VA Butler Healthcare also remains and is consistently number one in VISN 4 with regard to pharmacy prescription processing wait times.

VA Butler Healthcare, in partnership with the Housing Authority of Butler County, attained Central Office approval for an Enhanced Use Lease to expand a 10-bed transitional housing program run by the Housing Authority on VA Butler's campus. The construction will consist of a 10-bed addition to the existing building at Deshon Place expanding the program to 20 beds.

2907 Pleasant Valley Boulevard  
Altoona, PA 16602

www.altoona.va.gov

877-626-2500

Director: Tony L. Bennett, FACHE

# JAMES E. VAN ZANDT VA MEDICAL CENTER

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299,000  
\$1,906,299  
| BUDGET  
| VISN 4

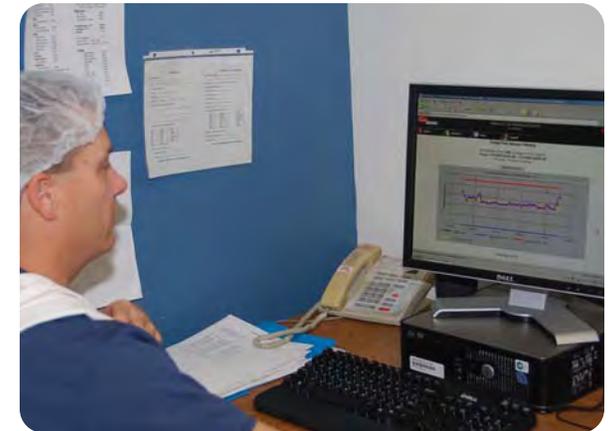
The James E. Van Zandt (Altoona) VAMC installed *Temp Trak*, a wireless temperature and humidity monitoring system, on patient food and medication refrigerators, specimen refrigerators, areas containing sterile supplies, the computer room and the telephone building. *Temp Trak* uses battery powered wireless sensors to record data and transmit it through repeaters which, in turn, transmit the information to a database. All temperatures, alerts, time of alerts and corrective actions are automatically recorded into the system. *Temp Trak* then sets alerts to notify staff who log into the system of any temperatures that may have fallen out of acceptable range during off tours, weekends, holidays, etc., ensuring that patients and employees are not placed at risk.

Altoona VAMC also installed an on site alternative fueling station that is comprised of four above ground fuel tanks for E85 and Bio-diesel that is utilized for Alternative Fuel Vehicles. The onsite alternative fueling station was installed to comply with The Energy Act (EPA Act), Public Law 102-486, which covers such energy management topics as energy efficiency, alternative fuels and renewable energy. The purpose of using the alternative transportation fuels is to reduce dependence on imported petroleum products. In addition, by installing the alternative fueling station, Altoona VAMC is in compliance with Executive Order 13149 (EO 13149), entitled Greening the Government through Federal Fleet and Transportation Efficiency. The purpose of this order is to reduce petroleum consumption in

the federal fleet. Currently 77% of newly acquired vehicles in the Altoona VAMC fleet are using alternative fuel and they have 24 alternative fuel vehicles.



An alternative fuel vehicle stops for a fill up at Altoona VAMC's on site alternative fueling station.



A VA employee checks data recorded by *Temp Trak*.

1601 Kirkwood Highway  
Wilmington, DE 19805  
www.va.gov/wilmington  
800-461-8262

Director: Charles M. Dorman, FACHE

# WILMINGTON VA MEDICAL CENTER

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VISN 4 | MEDICATION COSTS | \$ 2 1 4 , 9 6 9 , 0 0 0

**W**ilmington VAMC established a number of new employee development programs in 2008 including:

- **School at Work Program** - It was determined that development programs for entry level staff were not available at Wilmington. The ERC purchased and implemented the School at Work program with 10 selected participants. The SAW program began in September 2007 and graduated nine participants in June 2008. The course was designed to develop and improve computer skills, build math and reading skills, develop a career and learning plan, increase skills needed in healthcare and prepare for college prep and advancement in current careers by providing interviewing skills and resume writing. The program increased employee confidence and satisfaction; interviews for this year's SAW program have already begun.

- **Coaching and Mentoring Program** - Wilmington implemented their first Coaching and Mentoring program which ran from July 2007-January 2008, graduating a class of six. This leadership development program was offered to Grades 5-8 and included both self and leadership development. Partici-

pants worked with their mentors in the development of individual projects. As their group project, they had a vision to formulate the Wilmington Toastmaster's International Chapter.

- **Nurse Manager Succession Planning** - With the retirement of a large number of nurses on the horizon, Wilmington Nursing Services developed and implemented a Nurse Manager Succession Planning program. Two highly qualified nurses with the potential for administrative advancement were selected to participate in this one-year program. They rotate under the direct mentorship and supervision of current nurse managers throughout this year. In addition, they participate in monthly learning activities based on the VA Nurse Manager curriculum. Four newly appointed nurse managers are included in these learning activities as well as part of their administrative development.

Wilmington VAMC expanded and improved services to Veterans in lower Delaware in 2008. A new Community Based Outpatient Clinic (CBOC) opened in Dover (Kent County) in May 2008. The facility also consolidated the contracted Sussex County CBOCs (Millsboro and Seaford) and moved the consolidated clinic to a more central part of the county and converted it to a VA staffed model. The Georgetown CBOC was opened in two phases with phase I completed in January 2008 and phase II completed in April 2008. Both facilities are equipped to handle 4,000 Veterans each and offer primary care, behavioral health (including telemental health), eye care and podiatry care. Wilmington VAMC's OEF/OIF coordinator will provide a part time presence at both Delaware CBOCs. The Dover Clinic is situated in an ideal location, in close proximity to Dover Air Force Base to provide convenient services to returning troops from Iraq and Afghanistan.

Wilmington VAMC has collaborated with Dover Air Force Base to increase the number of clinical opportunities for active military personnel. Though Dover AFB was only able to accommodate a handful this summer, they are planning a more comprehensive affiliation program with DOD in the near future. The facility is hopeful that the program will grow with the opening of Wilmington's two new CBOCs in Dover and Georgetown.



School at Work Program participants



Coaching and Mentoring Program participants

The new Dover CBOC opened in May 2008.



1400 Black Horse Hill Road  
Coatesville, PA 19320  
www.coatesville.va.gov  
800-290-6172  
Director: Gary W. Devansky

# COATESVILLE VA MEDICAL CENTER

The goal of cultural transformation in long term care is to create a homelike environment honoring individual resident preferences. During 2008, Coatesville VAMC's Nutrition and Food Service, in collaboration with the Culture Change Committee, worked to transform the dining experience for residents in our community living centers (CLCs) through four new initiatives:

- Initiated a new snack program which provides CLC residents with access to personal-sized snacks 24-hours a day including popular snack items such as mozzarella sticks, baked potato chips, ice cream products, yogurt and specialty beverages.
- Revised the existing 21-day menu cycle with the goal of improving resident satisfaction by offering a larger variety of food items to meet the needs and requests of our diverse patient population.
- Developed and piloted a selective menu process, in which residents utilize a menu to select what they would like to eat at each meal. Opportunities for improvement resulting from the pilot were identified and the program is expected to be fully implemented this fall.
- Assembled an interdisciplinary team to plan for a comprehensive project to transform our food delivery system from a

quick chill service to a more home kitchen style, serving fresh cooked meals in our largest CLC. The project is expected to be completed in 2009.

In an effort to improve Veteran's timely access to care, increase the quality of health care services provided and increase overall customer satisfaction, Mental Health Services at Coatesville VAMC took a proactive response to their "no show rate" and "missed opportunity rate". The following procedures were implemented and have resulted in a direct impact on improving the no show rate (from 12.2% to 7.7%) and missed opportunity rate (from 15% to 11%):

- Inclusion of the following statement in on all pre-appointment letters: "If you cannot keep this appointment, please call the clinic at least 72 hours in advance to cancel. When you fail to keep your scheduled appointments, you are denying other deserving Veterans the opportunity to receive medical care."
- Providing pre-appointment phone calls to Veterans reminding them of their appointment.
- Identified chronic no-show patients and case managed them on an open access basis.
- Distribution of magnets to all outpatients seen at Coatesville VAMC and Coatesville's Community Based Outpatient Clinics, which serves as a reminder to the Veteran about the importance of calling to cancel an appointment.

Staff are reminded and encouraged to always thank Veterans for keeping their scheduled appointments.

- Staff are trained that all clinic cancellations and patient cancellations must be entered in VistA before the scheduled date and time of the appointment, not after.



Veterans take advantage of the new snack program at Coatesville VAMC

In April 2008, a new Grant Per Diem 60-bed program opened on the grounds of the Coatesville VAMC. With the opening of the Fresh Start program, 60 men who have been chronically homeless with severe substance abuse issues and chronic serious mental health issues have access to a safe, structured living environment. The program is a four-phase treatment program that promotes recovery-oriented programming in addition to learning and stressing personal responsibility. Within 90 days, the program was successfully filled to capacity and currently has a waiting list of more than 16 Veterans. 25% of the program participants are employed to date in CWT and outside employment. Five Veterans are now living independently, fully employed in the community while maintaining outpatient treatment at CVAMC. The retention rate is 98% keeping Veterans engaged in the program since opening in April. Five GWOT Veterans are currently served by this program. Three Veterans are pursuing additional education, one of which is a GWOT Veteran who is now returning to college. The average length of stay is six to nine months with a maximum length of stay of two years (which is the exception).



Coatesville VAMC's Fresh Start Program opened in April 2008

1111 East End Boulevard  
Wilkes-Barre, PA 18711  
www.wilkes-barre.va.gov  
570-824-3521 or 877-928-2621  
Director: Janice M. Boss, M.S., CHE

# WILKES-BARRE VA MEDICAL CENTER

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V I S N 4 | P R O S T H E T I C S C O S T S | \$ 6 9 , 3 9 6 , 8 3 1

In response to multiple losses of specialty clinic providers, Wilkes-Barre VAMC implemented a non-VA Fee program. This program establishes multiple community providers who are willing to support the VA needs by seeing and treating our Veterans requiring services within specialties such as: gastroenterology, endocrinology, diabetes, cardiology, dermatology, allergy, oncology and nephrology. In an effort to ensure continuity and coordination of care between the primary care providers and community providers the facility established a case management service. As a result of this patient management and tracking, risk management issues are being identified and resolved. Case managers monitor patients receiving healthcare services in the community from beginning to end. An effective communication process has been implemented with direct linkage between community providers and the case managers working as the intermediary for the primary care providers. This ensures complete care, reports received and follow-ups as indicated in a timely manner.



Wilkes-Barre VAMC Suicide Prevention Coordinators

WBVAMC developed a suicide screening tool for assigning risk levels for all Veterans enrolled at WBVAMC as well as a risk reduction protocol. WBVAMC Mental Health services developed a weighted scale with descriptive anchor points for each well-established risk factor for suicide. The screening is a two-stage process with an initial screen by the primary care providers and a more rigorous assessment by mental health services. The initial stage is focused on achieving high sensitivity whereas the second stage emphasizes specificity. The process ultimately yields an assigned risk on a continuum of imminent, high, moderate and low. This tool can also be used for ongoing clinical assessment and reassignment of risk levels. Using this tool, 44 patients were identified as at imminent risk for suicide and 123 patients were assigned as high risk. The scale achieved an anticipated effect of capturing 95 previously unknown acutely suicidal patients. WBVAMC Mental Health services immediately engaged the 167 patients identified as high and imminent risks to initiate appropriate risk reduction management. These patients are also flagged on the electronic medical charts and an alert message will pop-up at each clinical encounter. A deflagging process was also developed to review all flagged patients every 3 months. This process involves clinicians' recommendations that are forwarded to a suicide management committee, who will systematically review progress using a third tool for deflagging. The development of an effective mechanism to identify and monitor suicide risks allow resources to be appropriately focused on urgent management of truly high risk patients.

The overall results from the 2008 All Employee Survey (AES) for WBVAMC reflected improvement in all elements in each of the three factors surveyed; i.e. Job Satisfaction Index (JSI) - 13 factors, Organizational Assessment Inventory (OAI) - 20 factors and Culture - 4 factors.



Non-VA fee program case managers and program support assistants



All Employee Survey Advocacy Committee

# LEBANON VA MEDICAL CENTER

**T**he Infection Control Risk Assessment (ICRA) at Lebanon VA Medical Center was recognized as a best practice by the Joint Commission at the time of their tri-annual review. The ICRA is a performance improvement plan that evaluates infection risks and prioritizes those risks specific to the patient population served by the medical center. Program components are evaluated and scored dependent on probability, associated risks and how well the current system addresses the specific risk. The annual plan then focuses on the higher scored items with strategies directed at resolution.

This year Lebanon VAMC was the first facility in VISN 4 to deploy a multi-patient telehealth unit. Their home-based primary care program was recognized by the Joint Commission on Accreditation of Health Care Organizations (JCAHO) as having a best practice for the process of medication reconciliation.

Lebanon VAMC noted overcrowding and congestion in the phlebotomy clinic between the hours of 7:30 a.m. and 9 a.m. The waiting room and hallways were frequently overflowing with Veterans waiting for laboratory draws. The issue was directed to the Customer Service Committee for review and recommendation for improvement. The following are the improvements that were implemented over the past 12 months resulting in improved quality of care and less complaints to clinic staff:

- Use of the Q-matic ticketing system in the phlebotomy clinic issues a ticket at the time of registration. Veterans have two

visible displays in the waiting area to watch for their numbers, along with an audible message to tell them which station to report to.

- The addition of four full-time phlebotomists has improved supply of services. The hours of the clinic have also expanded opening 30 minutes earlier at 7:00 a.m.
- Volunteers are utilized on a daily basis to transport blood from the phlebotomy clinic to the main lab improving the process time for results.



A patient has his blood drawn at the Lebanon VAMC phlebotomy clinic.



3900 Woodland Avenue  
Philadelphia, PA 19104  
www.philadelphia.va.gov  
800-949-1001

Director: Richard S. Citron, FACHE

# PHILADELPHIA VA MEDICAL CENTER

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V I S N 4 | V O L U N T E E R S | 4 , 7 4 2

**T**he Veterans Blood Establishment Computer Software (VBECS) award was presented to Philadelphia VAMC Blood bank. This was the first Blood Bank in the entire Nation to validate and go live on VBECS. VBECS software enables the physician to utilize electronic ordering for transfusion medicine. This process expedites transfusion ordering and increases efficiencies in the delivery of blood products and services. Additionally, the electronic process eliminates paper-based ordering which further enhances the patient safety aspect of transfusion services. It is a graphical user environment which offers point and click technology, bringing Blood Bank transfusion processes in alignment with current CPRS applica-

tions. The validation process took 15 months. During this period, all systems were tested and executed to verify that the application performed as designed.

Construction and activation of a new \$4.3 million pedestrian bridge was completed at the Philadelphia VAMC in 2008. The new bridge provides safe, climate controlled access from the Community Living Center over the heavily-traveled University Avenue to the main Medical Center campus for Veterans and staff. The bridge activation has enhanced Philadelphia VAMC's ability to move patients more safely and easily between the two facilities.

At Philadelphia VAMC, all telemetry patients were admitted to the Medical Intensive Care Unit, regardless of the level of acuity. Consequently, plans were developed to expand our Cardiology capacity. In order to achieve this initiative, we planned, developed and integrated telemetry beds on 6 East, a 16-bed acute medical unit. The goal was to achieve a capacity of 12 telemetry beds on Medicine Service. Doing so required an increase in nursing resources as well as education of existing nursing staff. These challenges were overcome through a concentrated, collaborative effort with Medical Center Education and the use of external training resources. The first four beds were activated in March 2008. To date, acute/critical care bed capacity in the Medical Intensive Care Unit has increased by 50% over pre-telemetry levels.



Philadelphia VAMC's newly constructed pedestrian bridge



A telemetry patient receives care at Philadelphia VAMC.



VA Healthcare – VISN 4 funded several construction projects to improve and enhance the facilities located in the Eastern portion of the areas that we serve. These projects continue to enhance the quality of world-class healthcare that Veterans have come to expect and deserve from VISN 4.

# EAST CONSTRUCTION

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\$ 4 0 , 5 6 6 , 4 0 4 | RESEARCH FUNDING | VISN 4



Renovated inpatient wards at Philadelphia VAMC

The East construction projects included the completion of a \$4.3 million pedestrian bridge at Philadelphia VAMC; expansion of a specialty care clinic for OEF/OIF Veterans at Wilmington VAMC for \$600,000; and \$4.6 million in renovations to two inpatient wards at Philadelphia VAMC.



Newly expanded specialty care clinic for OEF/OIF Veterans at Wilmington VAMC



New pedestrian bridge at Philadelphia VAMC



323 North Shore Drive, Suite 400  
Pittsburgh, PA 15212  
www.visn4.va.gov  
412-822-3316

# VISN 4 LEADERSHIP

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VISN 4 | RESEARCH PROJECTS | 569



**Michael E. Moreland, FACHE**  
Director and Chief Executive Officer  
Appointment Date: December 24, 2006

Mr. Moreland directs the operations, finances and clinical programs of VA Healthcare – VISN 4, a health care system that serves an estimated 1.5 million veterans throughout Pennsylvania and Delaware, as well as portions of West Virginia, New Jersey, Ohio and New York. The system is comprised of ten medical centers and 44 community based outpatient clinics.

Mr. Moreland began his service with VA in 1980 as a clinical social worker. He has held progressively responsible positions at VAMCs in Butler, Pa., Lebanon, Pa., VISN 2 in Upstate New York, and at VA Pittsburgh Healthcare System.



**Bradley P. Shelton**  
Deputy Network Director  
Appointment Date: February 2, 2001

Mr. Shelton began his VA career in 1975 as an administrative resident at VAMC Ann Arbor, Mich. He has served at VAMCs in Allen Park, Mich., Washington D.C. and Wilkes-Barre, Pa. He has also worked for VA Central Office and the Wilmington VA Medical and Regional Office Center.



**David S. Macpherson, MD, MPH**  
Chief Medical Officer  
Appointment Date: June 25, 2007

Dr. Macpherson, MD, MPH, was appointed Chief Medical Officer for VISN 4 June 2007. Prior to his appointment as Chief Medical Officer, Dr. Macpherson served as Vice President of the Primary Care Service Line and as Section Chief of General Internal Medicine for the three-division VA Pittsburgh Healthcare System since 1996.



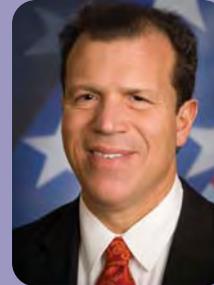
**William E. Boyle**  
Chief Financial Officer  
Appointment Date: February 1, 2003

During his more than 32 years in VA, Mr. Boyle has served in various capacities including Vice President of Business Service at VA Pittsburgh Healthcare System. He also served at the Highland Drive VAMC and University Drive VAMC prior to their consolidation.



**Dot Steele**  
Executive Assistant  
Appointment Date: June 9, 1996

Ms. Steele joined the Department of Veterans Affairs in 1976 and has held various administrative positions in VISN 4 and at VAMCs in the Pittsburgh area.



**David E. Cowgill**  
Public & Community Relations Manager  
Appointment Date: January 7, 2007

Mr. Cowgill's service with the VA began in January 1987 as an administrative resident at the Louis A. Johnson VAMC in Clarksburg, W.Va. He has held progressively more responsible positions in VA there and at VA Pittsburgh Healthcare System. He also currently serves as the Public & Community Relations Manager for VAPHS.



**Barbara Forsha, MSN, RN**  
Quality Management Officer  
Appointment Date: February 4, 2008

Ms. Forsha began her career with VA in 1998 as the Nurse Manager for the VA Pittsburgh Healthcare System's Primary Care Service Line comprised of three outpatient clinics and the Emergency Department. Prior to her appointment as Quality Management Officer for VISN 4, Ms. Forsha served as the Quality Manager for VAPHS.

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