

VISION

for Excellence

SPRING | 2012



STORY ON
PAGE 6

New liver. **NEW LIFE.**

ARMY VETERAN BILL GAST HAS A NEW LEASE ON LIFE THANKS TO A SUCCESSFUL TRANSPLANT AT VA PITTSBURGH HEALTHCARE SYSTEM.

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Director Moreland (right) guest stars on VA Butler Healthcare's Armstrong Cable television show, *Veteran Connection*. Butler Director John Gennaro has a regular segment on the show.

Director's Vision

Dear Veterans, fellow employees, volunteers and friends of VISN 4:

Technology has been changing lives since the beginning of humankind. From the invention of the wheel to the creation of the telephone to the development of the Internet, technology has continually changed the way we live, work, and think.

The health care field is a prime example of how emerging technology is improving people's lives. VISN 4, and VA in general, has always worked to provide our patients with the latest advancements in health care and rehabilitation. We constantly seek ways to improve our services to help Veterans live longer and healthier lives.

Last year VISN 4 spent nearly \$11 million on the latest in high-technology health care equipment. We purchased items including CT scanners, angiography units, fluoroscopy machines, and telemetry equipment. You may not know what these items are, or what they do, and that's fine. Here's something you do need to know: each of these machines allow us to provide better care for Veterans, closer to their homes. Our patients will tell you, however, that new equipment isn't what makes VISN 4 "better than the best." I firmly believe that what sets us apart as a health care system is the ability of our doctors, nurses, and health care professionals to communicate well with our patients. When communication goes well, healing goes better.

There's always room for improvement, though, and we are making use of new technologies like the Internet to enhance our ability to communicate with our patients. Today, all VISN 4 primary care providers now securely communicate with their patients through My HealthVet, VA's electronic gateway to health care. By this fall, all VISN 4 specialty care providers will use MyHealthVet to communicate as well, including providers at community-based outpatient clinics.

If you're a Veteran and haven't yet done so, take a moment to register at www.myhealth.va.gov so that you can exchange secure messages with your health care team at any time, from anywhere!

Once you've done that, come back to this issue of "Vision for Excellence," and learn more about how technological advancements are improving care and communication here in VISN 4.

Sincerely,

**MICHAEL E. MORELAND, FACHE
NETWORK DIRECTOR**

AROUND the NETWORK

COMING SOON TO A VA NEAR YOU!

VISN 4 recently broke ground on two construction projects to improve Veterans' health care experiences:



VISN 4 FACILITY	PROJECT	CONSTRUCTION COST	MOVE-IN DATE
COATESVILLE	Hospice Unit	\$4.4 million	Fall 2012
LEBANON	Residential Rehab. & Recovery Facility	\$9.05 million	Spring 2013

For more information on other modernistic construction projects at Lebanon VA, turn to page 18.

COMPLETING NEW VISN 4 FACILITIES

VISN 4 has begun treating Veterans in these four newly-constructed, state-of-the-art buildings and units below:

CLARKSBURG	General Medical/Surgical Ward	\$4.6 million	March 5, 2011
WILMINGTON	Northfield Community Based Outpatient Clinic	\$1.4 million	Dec. 5, 2011
WILKES-BARRE	Cardiac Catheterization/Hemodialysis Unit	\$3.8 million	Jan. 30 2011
ALTOONA	Physical Medicine & Rehab. Building	\$3.6 million	Feb. 14 2012

SHOWN ABOVE:

The official groundbreaking ceremony for Lebanon's Residential Rehab and Recovery Facility on Oct. 21, 2011. Left to right: Kenneth A. Funk P.E., project manager, Arthur Funk & Sons Inc.; Doug Coonan, project manager, Cedar Electric, Inc.; Dr. Piro Rjepaj, Lebanon VA Associate Chief of Staff for Behavioral Health; Luther Brice, Lebanon VA rehabilitation services coordinator; Robert W. Callahan, Jr., Lebanon VA director; Mary Ann Swanger, state representative; Chris Hoffman, Lebanon VA chief of social work services; Thad Kocuba, Lebanon VA facilities manager; Richard McAlevy, Lebanon VA engineer



Dr. Timothy Burke, VA Butler's chief of staff, and host Cynthia Closkey film a recent episode of Veteran Connection.

CONNECTING WITH VA

On Your Home TV

This winter, VA Butler Healthcare partnered with Armstrong Cable to bring Veterans a television show: Veteran Connection. Once a month, the 30-minute program provides information to Veterans and the Butler community about VA programs and services. Each episode features Veteran guests, VA employees, a health and wellness section, and a question and answer segment with John Gennaro, facility director.

TOP PERFORMERS

Best in the Nation

The Joint Commission is an independent organization that accredits and certifies more than 19,000 health care organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of health care quality. The organization recently recognized two VISN 4 facilities as top nationwide performers in key quality measures: Erie VA for its surgical care program and Altoona VA for its pneumonia prevention program.

In addition, VA Butler Healthcare was the number one ranked VA dental program in the Nation, according to the 2011 National VA Dentistry Survey of Dental Care Experiences. The survey was conducted by Synoxia, an internationally recognized market research company.



The VA Butler Healthcare Dental Team

LEADERS OF THE FUTURE

Wisdom. Experience. Commitment.

In the past several months, four VISN 4 facilities welcomed new members to their senior leadership teams. These talented professionals are enthusiastic, dedicated, and ready to lead their fellow employees in providing Veterans with world-class health care tailored to their unique needs.

Progress occurs when courageous, skillful leaders seize the opportunity to change things for the better.

Harry S Truman

33rd President of the United States of America

Erie

Dorene Sommers
Associate Director of Patient Care Services since May 22, 2011
Previously served as Erie VA's Associate Nurse Executive

5 YEARS OF VA SERVICE

My focus is to consistently provide high-quality, cost-effective service to improve the lives of our Veterans. I look forward to leveraging my team's strengths across the continuum of care.

Philadelphia

Dr. Ralph M. Schapira
Chief of Staff since June 20, 2011
Previously served as Milwaukee VA's Service Chief of Medicine

21 YEARS OF VA SERVICE

The opportunities for the Philadelphia VAMC are enormous. I am impressed with the commitment of the medical center's employees and with their desire to improve and move towards a new level of excellence and prominence.

Philadelphia

Jeffrey A. Beiler II
Associate Director since Aug. 28, 2011
Previously served as Clarksburg VA's Associate Director

16 YEARS OF VA SERVICE

I have had the opportunity to work 16 years in VA, all within VISN 4, and I am very excited about now being part of the management team here in Philadelphia. Philadelphia has many dedicated, hard-working employees, and tremendous potential and opportunity to be a world-class health care provider.



Butler

Dr. Timothy Burke
Chief of Staff since April 24, 2011
Previously served as VA
Pittsburgh's Vice President of
Primary Care

13 YEARS OF VA SERVICE

I believe in the Patient-Aligned Care Teams model of care and we are excited to fully implement it at VA Butler. We want our Veterans to understand that we offer the best primary care in the world, right in their backyard. A collateral benefit of being part of a team that is at the top of its game is that you view your work positively and you greet each day with enthusiasm and purpose. We want our staff to view VA Butler as the only place they ever want to work.

Dr. Burke's Patient-Aligned Care Team

Amanda McHenry, health tech; Dr. Burke; Danielle Weisenstein, care manager, MRSA coordinator. PACT provides accessible, coordinated, comprehensive, patient-centered care, and allows patients to take a more active role in their health care.

Butler

John A. Gennaro
Director since Feb. 26, 2012
Previously served as VA Pittsburgh's
Deputy Director

11 YEARS OF VA SERVICE

"At VA Butler, we have a great privilege and responsibility to care for the men and women who have served our country, and their families," according to John Gennaro, the new director of VA Butler Healthcare. "Our focus is on health care that is patient centric, data-driven, continuously improving, and team-based."

"Building a new Community Living Center, Domiciliary, and a Health Care Center for Veterans, as we currently are, makes this an extraordinary time to join the Butler team," says Gennaro. "These infrastructure improvements allow us to care for our Veterans in a state-of-the-art environment that defines health care excellence in the 21st century."

Gennaro began his VA career in the Research Foundation at the Cincinnati VA Medical Center, and over the past 11 years has had the opportunity to serve Veterans in Cleveland, Erie, and Pittsburgh. "I look forward to sharing my experiences and learning from the talented staff here. Together we will build upon the rich tradition and success of VA Butler Healthcare."

Wilkes-Barre

Margaret B. Caplan
Director since Dec. 4, 2011
Previously served as Philadelphia
VA's Associate Director

29 YEARS OF VA SERVICE

Margaret B. Caplan has set her sights on improving and expanding services for Wilkes-Barre Veterans. "Being appointed as Director at the Wilkes-Barre VA Medical Center offers me an exciting new opportunity to carry out the Veterans Health Administration's important mission: providing outstanding quality care to our Veterans," she says.

"Since the day I arrived at this facility (in December 2011), I've seen that this facility provides outstanding quality care, and that our employees and volunteers exemplify the values critical to giving the best care anywhere," Caplan tells us.

"I look forward to working with our staff and dedicated volunteers to provide compassionate service that improves the health and well-being of our Nation's heroes," she continues.

Caplan began her VA career in 1982, working in various positions in VA headquarters before entering the health care management field in 1992 at the Washington, D.C. VA Medical Center.





A JOURNEY *of* A LIFETIME

LIFE-SAVING GIFT NOT THE FINAL DESTINATION

Bill Gast was watching a Steelers game when he got the phone call he'd been waiting for. His new liver was waiting for him.

Gast, a 59-year-old U.S. Army Veteran, lives only 30 minutes from VA Pittsburgh Healthcare System (VAPHS). Three weeks later, he returned home a happier, healthier, and far more energetic man.

It was fortunate for Gast that he lives near VAPHS and its remarkable transplant center. The facility is one of only five VA hospitals to offer liver transplants, and one of only four that provides kidney transplants. Patients from throughout the Nation are referred to the facility for transplants of these organs.

The results of these surgeries are often dramatic.

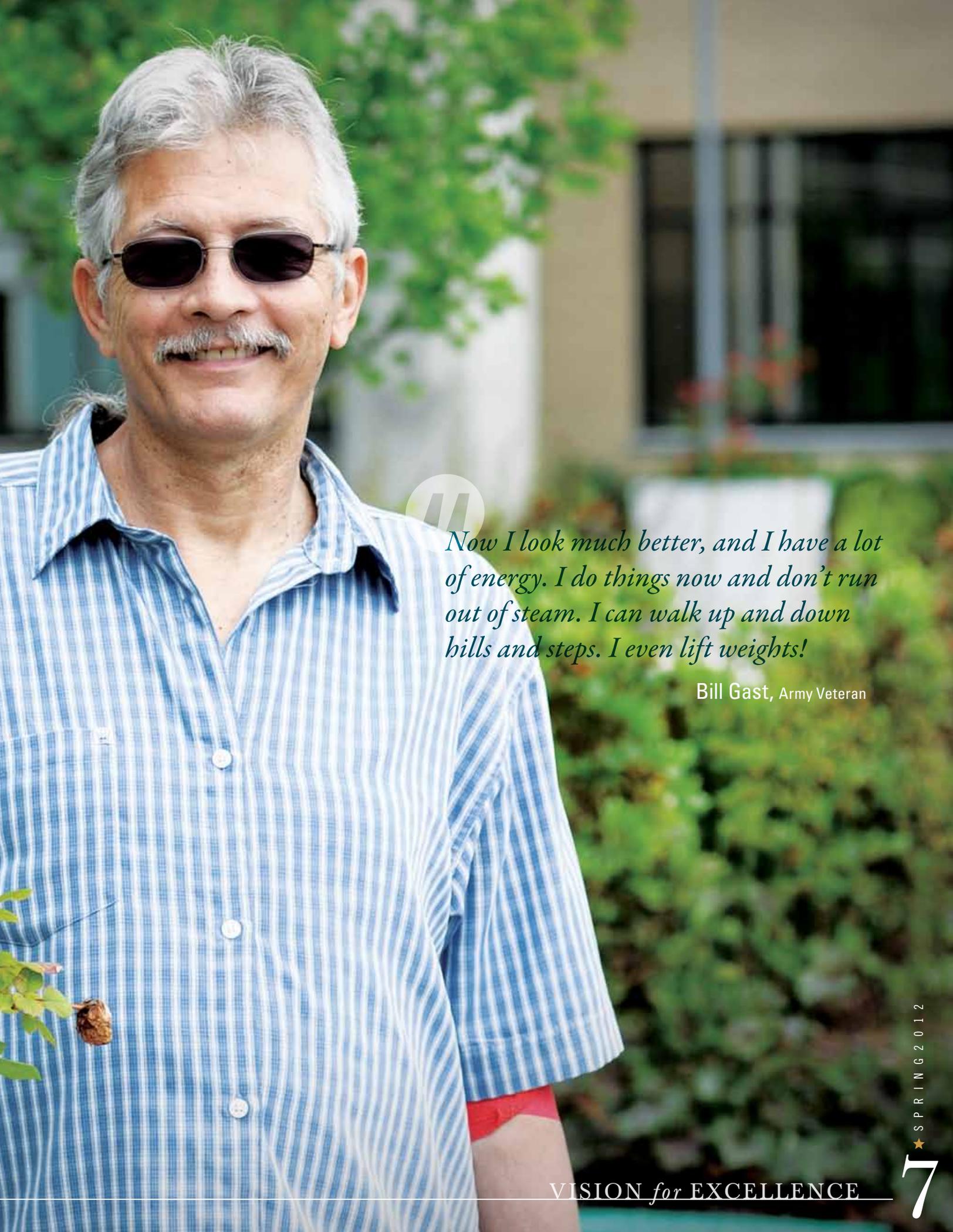
"My friend took a photo of me on New Year's Eve, a few weeks before my transplant," Gast explains. "I was yellow like Bart Simpson. I really stuck out. Now I look much better, and I have a lot of energy. I do things now and don't run out of steam. I can walk up and down hills and steps. I even lift weights!"

VAPHS has been transplanting organs like the one Gast received since 1989. The facility's transplant program was established with the assistance of Dr. Thomas E. Starzl, a former VA physician and University of Pittsburgh School of Medicine professor. Starzl has been called the "father of transplantation" for his many innovations that have made organ transplantation safer and more frequently successful.

The facility's transplant center is unique in VA because it was the first facility to have an independent agreement for liver and kidney transplants with the United Network on Organ Sharing, the non-profit organization that runs the Nation's organ procurement network and transplant waiting list.

Most other VA transplant centers are closely affiliated with neighboring private sector medical facilities. VA Pittsburgh's independent charter allows the facility to focus on Veterans' unique needs, and on quality and access to care for the Veterans it serves.





Now I look much better, and I have a lot of energy. I do things now and don't run out of steam. I can walk up and down hills and steps. I even lift weights!

Bill Gast, Army Veteran

A staff of nearly 20 handles kidney and liver transplants for all of the center's patients. They include a group of transplant coordinators who work closely together to carefully monitor transplant candidates and recipients.

While VA is in the process of establishing two new transplant centers for both liver and kidney transplants, many Veterans will still travel long distances to Pittsburgh for specialized transplant care even after the new centers are completed.

"The majority of our patients are not from the Pittsburgh area," explains transplant coordinator Cheryl Wannstedt. "It's a challenge for us to provide follow-up with the referring VA. Computerized patient records allow us to look up lab reports and progress notes – but the telephone is still a necessary tool."

For patients like Gast who live in the area, it's easy to receive the frequent check-ups, lab tests and other procedures required for transplant patients both before and after surgery.

"Right now, I come in once a week to give blood – and once a month for clinic follow ups," Gast tells us, four months after he received his new liver. "And if I have any problems, I go down there right away."

VISN 4 is working on improving patient care for Veterans who receive their transplants at VAPHS but get the remainder of their care elsewhere by developing the first transplant care neighborhood in VA. The neighborhood will provide training and support for front-line providers at referring facilities.

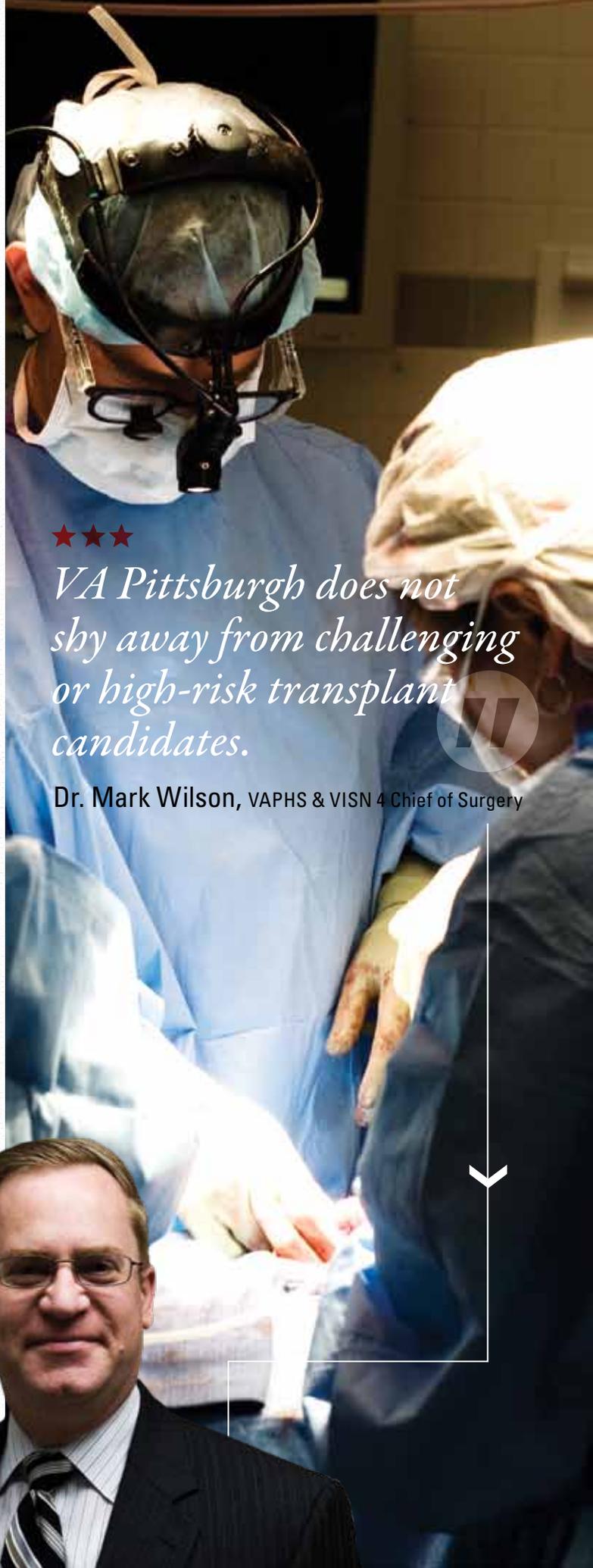
This new neighborhood will allow VAPHS transplant staff to provide more intense support of pre- and post-transplant care at other VA hospitals – and a closely-collaborating network will better support a continuum of care for patients.

Dr. Mark Wilson, VISN 4 and VAPHS Chief of Surgery, stresses that vital elements of kidney and liver care include stronger emphases on end-stage disease management, as well as early diagnosis of and rapid intervention for common kidney and liver diseases. Within VA, he champions additional education for providers on those organs, and increased familiarity with the entire transplant referral process.

For all patients treated at VAPHS, success is a team effort. Lois Keyes is Gast's primary transplant coordinator. "Everyone had a part to play," she explains, referring to the coordinators, surgeons, nurses, the physicians who referred Gast, and even the patient himself.

"They were all wonderful," Gast tells us. "I listened to everything they said – and I take good care of myself as well. When it comes to my life, I don't mess around."

by Shelley Nulph



VA Pittsburgh does not shy away from challenging or high-risk transplant candidates.

Dr. Mark Wilson, VAPHS & VISN 4 Chief of Surgery

2008-2010

SURVIVAL RATES



This table shows the number of adults who received liver and kidney transplants at Pennsylvania hospitals between July 2008 and December 2010 and their survival rate.

*Median survival rate for patients registered on the waiting list between July 2005 and June 30, 2011. Source: Scientific Registry of Transplant Recipients, www.srtr.org

LIVER TRANSPLANTS	Number of Candidates	*Median Wait Time (months)	Survival Rate - One Year	
			Survival Rate	Comparison
Albert Einstein Medical Center (Philadelphia)	116	>72	79%	Lower than Expected
Allegheny General Hospital (Pittsburgh)	51	>72	93%	As Expected
Geisinger Medical Center (Danville)	52	>72	77%	Lower than Expected
Penn State Milton S. Hershey Medical Center	133	>72	92%	As Expected
Hahnemann University Hospital (Philadelphia)	56	>72	82%	As Expected
University of Pittsburgh Medical Center	232	6	83%	Lower than Expected
Thomas Jefferson University Hospital (Philadelphia)	72	23	96%	As Expected
Temple University Hospital (Philadelphia)	68	>72	81%	As Expected
Hospital of the University of Pennsylvania (Philadelphia)	469	47	89%	As Expected
VA Pittsburgh Healthcare System	158	35	85%	As Expected

KIDNEY TRANSPLANTS	Number of Candidates	*Median Wait Time (months)	Survival Rate - One Year	
			Survival Rate	Comparison
Albert Einstein Medical Center (Philadelphia)	1107	>72	93%	As Expected
Allegheny General Hospital (Pittsburgh)	285	28	95%	As Expected
Geisinger Medical Center (Danville)	153	>72	99%	As Expected
Penn State Milton S. Hershey Medical Center	141	39	95%	As Expected
Hahnemann University Hospital (Philadelphia)	367	61	93%	As Expected
University of Pittsburgh Medical Center	647	22	96%	As Expected
Thomas Jefferson University Hospital (Philadelphia)	509	44	98%	As Expected
Temple University Hospital (Philadelphia)	272	>72	95%	As Expected
Hospital of the University of Pennsylvania (Philadelphia)	1283	>72	98%	As Expected
VA Pittsburgh Healthcare System	305	36	91%	As Expected



OPERATING WITH PRECISION

Robot improves surgical care for our Veterans

Leonardo da Vinci is best known as the artist who painted the “Mona Lisa” and the “Last Supper.” But da Vinci was much more than a painter: he was also a sculptor, an architect, a scientist, a mathematician, an engineer, an inventor, a writer – and more!

One of da Vinci’s notebooks, in which he jotted down his ideas and sketches, contains a number of detailed drawings of a mechanical knight who would have been able to sit up, wave its arms, and move its head and jaw. So when Internal Surgical Inc., created a remarkable new robotic surgical system, they named it “da Vinci,” in honor of Leonardo and his “first robot.”

Since 2005, VA Pittsburgh Healthcare System has owned the da Vinci Surgical System, which provides surgeons with increased vision, dexterity and control, and allows them to perform delicate and complex operations through a few tiny incisions.

Here’s how the da Vinci System works: the surgeon uses a master control console to operate four interactive robotic arms, each of which can hold surgical instruments, and a high-definition 3D vision system. The instrument’s jointed-wrist design exceeds the natural range of motion of the human hand.

Because the robot’s appendages are smaller than a human hand, and its arms can move in ways human arms cannot, da Vinci System surgeries are less invasive and more precise. Patients who undergo surgery that use the system have a decreased risk of complications and the average length of their hospital stays are reduced.

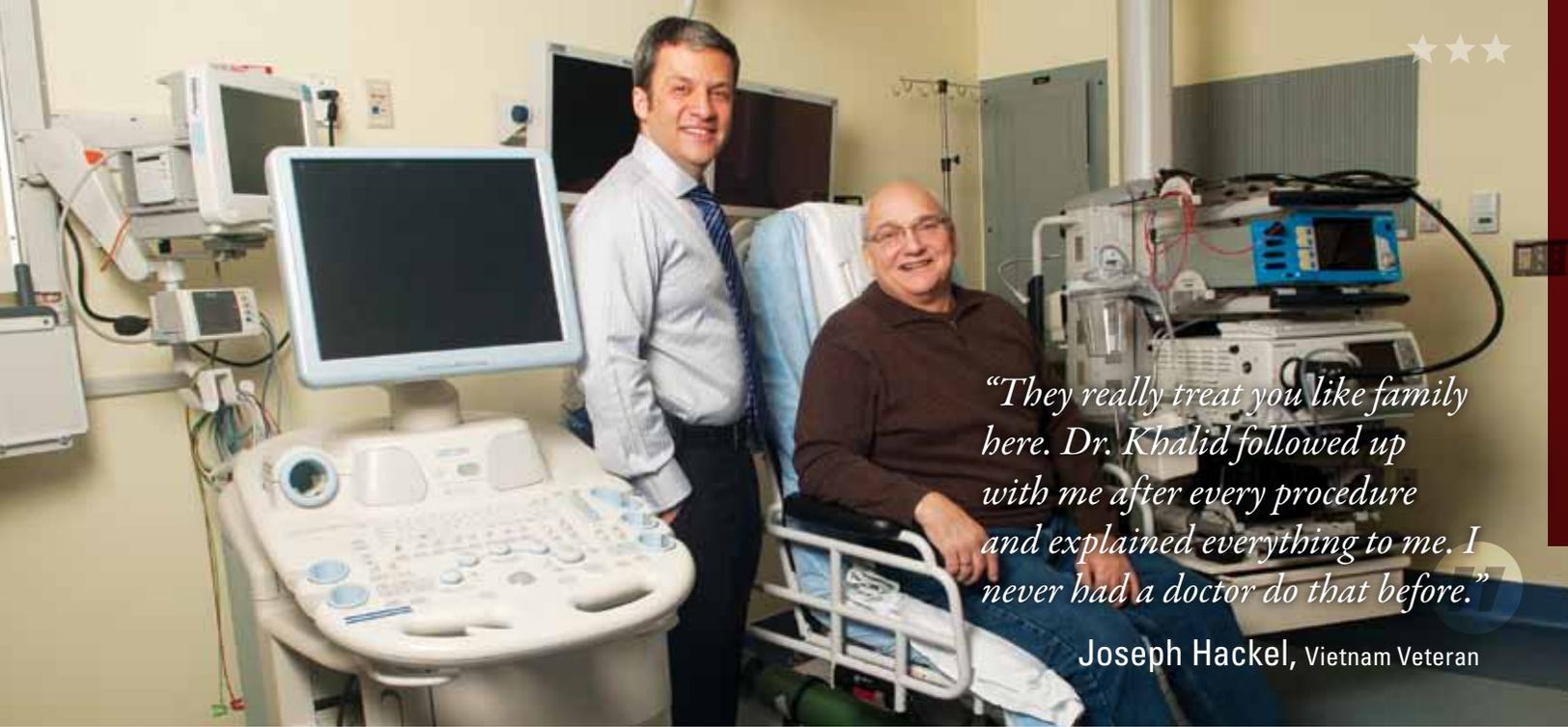
At VA Pittsburgh, the da Vinci robot is used in a variety of surgical procedures, including treatment of head and neck, lung and prostate cancer. The da Vinci robotic surgical system is also used in cardiac surgery and most recently in gynecologic procedures and innovative general surgery procedures.

In addition, VA Pittsburgh surgeons are now teaching VA surgeons across the country how to use da Vinci to achieve the best possible outcomes for Veterans. Da Vinci himself, who taught many students and apprentices in his lifetime and contributed enormously to our knowledge of the human body, would surely have approved!

Eric K. Shinseki
Secretary of Veterans Affairs



Secretary of Veterans Affairs Eric K. Shinseki checks out the da Vinci Surgical System at VA Pittsburgh Healthcare System during a surgical tour.



“They really treat you like family here. Dr. Khalid followed up with me after every procedure and explained everything to me. I never had a doctor do that before.”

Joseph Hackel, Vietnam Veteran

BETTER TREATMENTS FOR BETTER LIVES

Hard-to-reach areas not an obstacle

Three years ago, Joseph Hackel faced a difficult decision. The 64-year-old Pittsburgh native and Vietnam-era Veteran had just undergone an endoscopy (a procedure that uses a flexible tube with a light and camera to allow a doctor to look inside the digestive tract). The procedure uncovered a cancerous lump in his esophagus.

“I was lucky,” Hackel says. “I had had no pain there or any acid reflux at all and they caught it.”

Once the results were confirmed, Hackel met with Dr. Asif Khalid, chief of the gastrointestinal (GI) section at VA Pittsburgh Healthcare System (VAPHS). Khalid explained that the Army Veteran had two treatment options. Khalid could remove Hackel’s esophagus to eliminate the cancer. By doing so, however, the surgeon would have to literally attach the patient’s esophagus to his throat – and Hackel would have constant heartburn and acid reflux as a result. He would also rarely be able to lie down on his back and would not be able to eat certain foods for the rest of his life.

A new technology, however, offered an alternative to that grim prognosis: Hackel could undergo a series of endoscopic ultrasounds that would enable Khalid to determine the precise location of the tumor and might allow the physician to eliminate the affected areas without removing the entire esophagus. Since the cancer was caught early, this new technology could also potentially prevent its spread – and allow the Veteran to maintain his quality of life.

“It sounded better than losing my esophagus,” Hackel says. “But Dr. Khalid said this was not going to be a one-shot deal. He went down my throat seven or eight times with four to six week periods between treatments.”

“I told Mr. Hackel it was like we were going to be married for awhile,” Khalid jokes.

Endoscopic ultrasound is performed by a GI physician who passes a flexible scope with a miniature ultrasound (a device that uses sound waves to create images physicians can see) on its tip into the gastrointestinal tract. During the 30-60 minute procedure, the patient is sedated.

The procedure, which was initially developed to catch tumors in the wall of the stomach not visible to the eye, is now used to spot tumors in the pancreas, esophagus, stomach, bile ducts and rectum. It also gathers samples of lesions (such as those found in the chest of patients with lung cancer) and liver tumors.

Forceps and needles can be passed through the scope to obtain samples or inject medications, even to very small tumors not usually visible on other tests such as CAT scans.

In Hackel’s case, the new technology determined that the tumor was only found on the surface of his stomach, not inside of it. Because of this, Khalid was able to remove the tumor by using a combination of rubber bands, which strangled the tumor areas; snares, which cut off the tumors once they had been strangled; and lasers, which burned off any cancerous particles that remained.

Khalid started the endoscopic ultrasound program at VAPHS in 2002. He and his colleague Dr. Georgios Papachristou perform hundreds of these procedures each year on Veterans from throughout the region. Before the program began, Veterans were sent to non-VA facilities for this procedure.

Khalid continues to follow Hackel’s progress to help prevent a reoccurrence of the Veteran’s cancer.

“Mr. Hackel is an example of why this technology is so important,” says Khalid.

HEALTH CARE WITH HEART

Slow, steady and exceptional

Everyone knows the old adage, “slow and steady wins the race.” The fast pace of 21st century medicine may make it difficult to apply that wisdom to modern health care, but the Philadelphia VA Medical Center’s (VAMC) new Interventional Cardiology program was conceived, developed and built by following that age-old principle.

Interventional Cardiology is a branch of cardiology that deals specifically with the catheter-based treatment of structural heart diseases. (A catheter is simply a hollow tube that can be inserted into a body cavity, duct, or blood vessel to allow for drainage, the administration of fluids or gases, or access by surgical instruments.) Most interventional cardiology procedures are considered to be minimally invasive because they do not require an instrument to enter the body, or a large surgical incision.

There are many advantages to Interventional Cardiology. Among them are decreased pain, less risk of infection, avoidance of large scars, and shorter postoperative recovery time. Many procedures are performed on an outpatient basis, allowing patients to go home within hours of the intervention.

On January 5, 2011, the Philadelphia VAMC’s new Interventional Coronary and Catheterization unit successfully completed its first procedure after years of planning and preparation.

“We deliberately started slowly,” says Jill Neill, RN, the medical center’s cardiology manager. “We wanted to be sure our patients were safe while we determined what we will do in the program – and what we will not do. We’re up and running now!”

In its first year of operation, the program handled 30 cases. In the first month and a half of 2012, the staff completed 15 procedures. “If we do 75 this year, I’ll be thrilled!” Neill exclaims.

Even before the unit opened for business, the hospital had proceeded along a slow and steady course to ensure patient

safety. Neill and her staff began planning the new program in 2008. Dr. Amr Bannan, an interventional cardiologist, was hired to direct the new unit in 2009.

Before the program began, Veterans from the Philadelphia, Lebanon, Wilmington, and Coatesville VA hospitals, and some from the Wilkes-Barre VA, who required Interventional Cardiology procedures were referred to the Hospital of the University of Pennsylvania or to other care providers. Now, more and more Veterans are able to remain “home.”

“Our Veterans like it here,” Neill explains. “They don’t want to have to go somewhere else.”

In 2011, 23 percent of Philadelphia’s Interventional Cardiology procedures were done at VA; in 2012, about half will be done at the medical center; and in 2013, Neill estimates that about 70 percent of percutaneous coronary interventional procedures will be done in-house.

The staff has received a number of thank-you notes from patients, but one in particular stands out. It came from a Veteran who writes, edits and publishes a monthly newspaper called the South Jersey DEVILer.

The paper’s editor describes his publication as “South Jersey’s #1 Funny Paper: free, because who’d pay for it?” but he was quite serious when he wrote a brief article for his paper following his procedure. “To all the doctors, nurses and staff at the Philadelphia VA Medical Center, especially the Interventional Coronary and Catheterization Unit,” the article began. “Thank you for the very friendly and special care that you afforded me. I’m sure that I speak for the thousands of Veterans to whom you provide care.”

The article concluded, “Thank you from the bottom of my heart! The DEVILer.”

Our outcomes so far have been very good and our entire cardiology staff works really hard to provide great service to Veterans.

Jill Neill, RN

Philadelphia VAMC Cardiology Manager



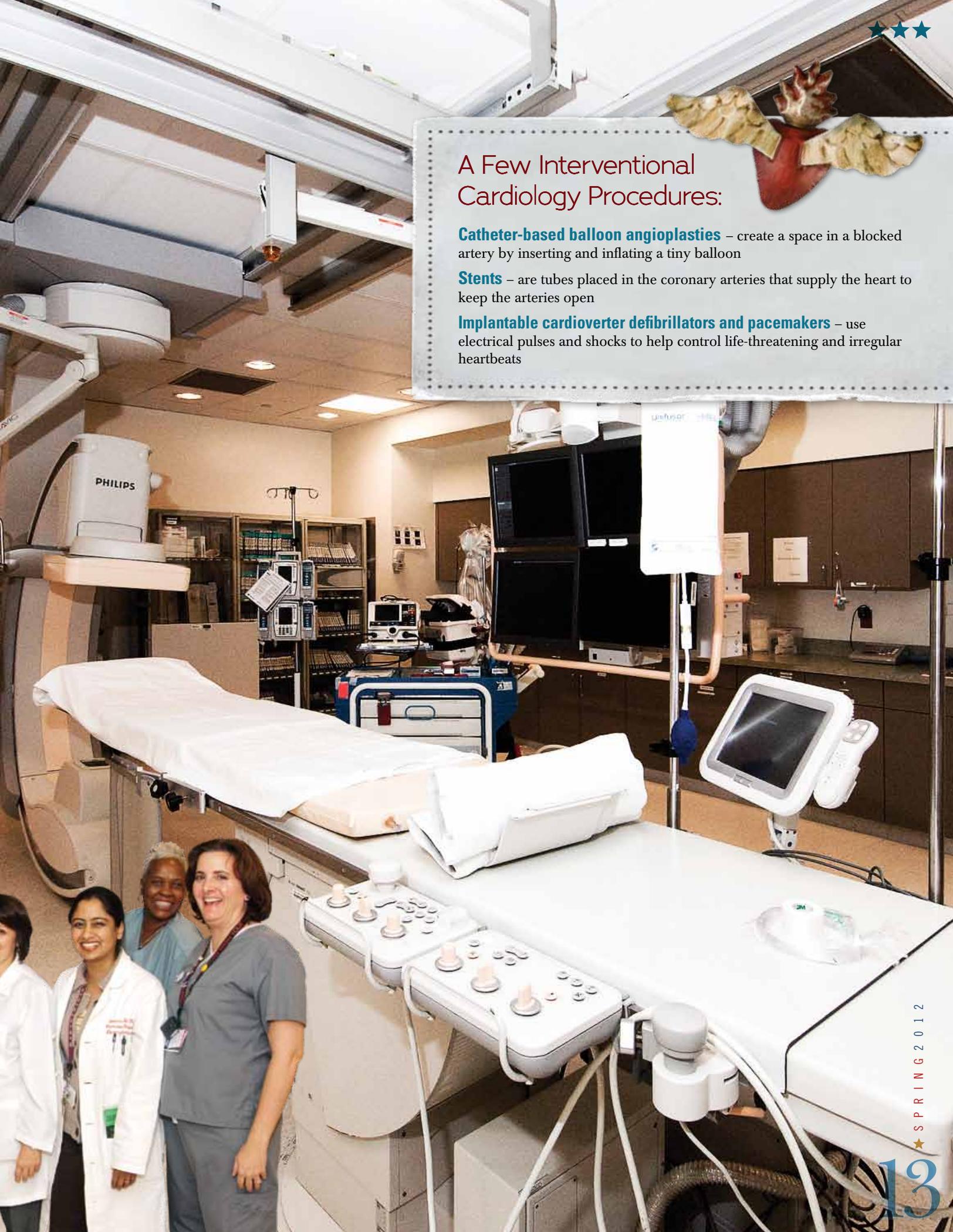


A Few Interventional Cardiology Procedures:

Catheter-based balloon angioplasties – create a space in a blocked artery by inserting and inflating a tiny balloon

Stents – are tubes placed in the coronary arteries that supply the heart to keep the arteries open

Implantable cardioverter defibrillators and pacemakers – use electrical pulses and shocks to help control life-threatening and irregular heartbeats



PADRECC team members:
Heidi Watson, nurse coordinator, and Dr. John Duda, director



Our center offers Veterans with PD an opportunity to get expert-level, specialty care that can make a difference in their experience of the disease.

Dr. John Duda, MD, Philadelphia VAMC PADRECC Director

DISTINCTION IN MOTION

Expert care for movement disorders

Parkinson’s Disease (PD) is a chronic neurological disease, which affects approximately 80,000 Veterans. People with PD, a movement disorder, can have tremor, stiffness, slow movement and difficulty with walking, as well as non-motor issues such as sleep disturbances, swallowing problems, dementia, and mood disorders.

In 2001, VA created six specialized centers known as the Parkinson’s Disease Research, Education and Clinical Centers, or PADRECCs. The centers provide state-of-the-art clinical care, education, research, and outreach and advocacy services. One of the centers is at the Philadelphia VA Medical Center. “We also provide comprehensive diagnosis and treatment services for all movement disorders, not only PD,” says Dr. John Duda, director of the Philadelphia PADRECC.

Staff at the PADRECC includes three neurologists who specialize in movement disorders, and three specialty-trained nurse coordinators. Their multi-disciplinary team also includes a geriatric psychiatrist, a speech therapist, a pharmacist, a social worker and a neuropsychologist to provide exceptional care for almost 1,000 Veterans. They support patients with movement disorders throughout the entire northeastern United States on a consultative basis.

“Care for patients with PD is much more complicated than it was 10 years ago. There are new drugs and new treatments available that require considerable knowledge to administer. It’s hard for a general practitioner, or even a general neurologist, to keep up with the state-of-the-art,” Duda explains.

Among the new treatments available to patients with PD is Deep Brain Stimulation (DBS) surgery, a procedure in which electrodes are implanted into the brain, with thin wires running under the skin to a small pacemaker-like device placed under the skin near the collarbone. Electronic stimulation from the battery-operated device aims to jam the brain signals causing some of the symptoms of the illness.

While about 50 of the center’s patients have undergone DBS surgery, some with “near miraculous” results, Duda cautions the procedure is “not for everybody.” “Our center can make the assessment of whether the potential benefits outweigh the risks for a given patient,” he says.

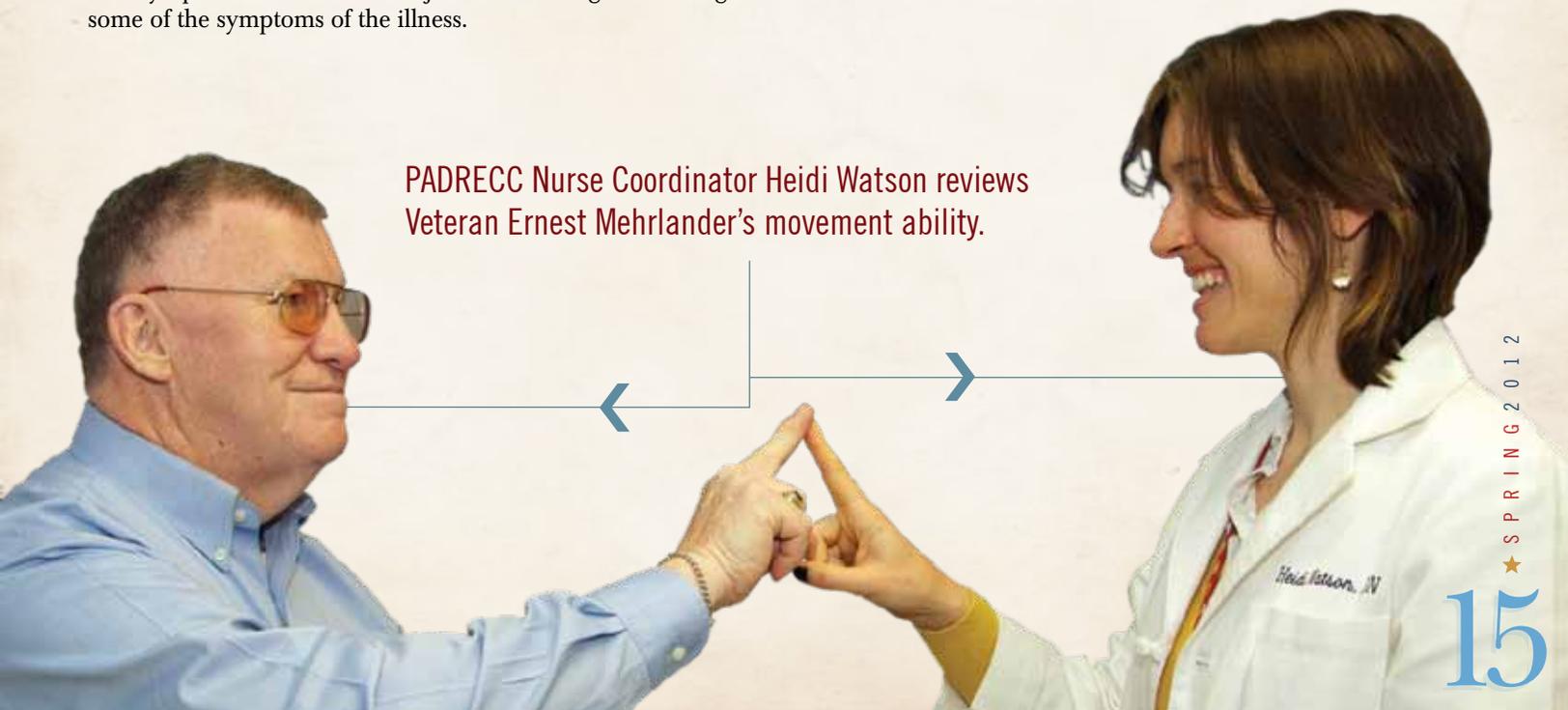
In 2010, the Department of Veterans Affairs added PD to the list of conditions for which service connection for Vietnam Veterans is presumed as a result of their exposure to Agent Orange and other herbicide exposures. This has resulted in a new influx in Vietnam-era Veterans at the PADRECC, but Duda suspects there are many other VISN 4 Veterans who are not getting the care and benefits they deserve.

The center is also increasing its ability to serve Veterans through Telehealth. PD Telehealth sites have been established at three of Philadelphia’s community-based outpatient clinics. Additional Telehealth sites are in the process of being established in Coatesville and at VA’s White River Junction, Vt., Medical Center.

While many people think of the PADRECC as a research organization, more than 95 percent of the center’s Veteran encounters are not research based and are simply to provide state-of-the-art care to Veterans. Veterans may be asked to participate in research studies to better understand how to diagnose and treat PD and related disorders, but such participation is completely voluntary.

“If you have PD, or think you might, you should come in for evaluation,” Duda concludes. “Similarly, patients with other movement disorders will benefit from the multi-disciplinary, comprehensive approach to management that we provide at the PADRECC. This approach has been shown to provide better outcomes for patients with PD. We are committed to doing what we can to improve the quality of life for all Veterans with PD and related disorders.”

PADRECC Nurse Coordinator Heidi Watson reviews Veteran Ernest Mehrlander’s movement ability.





Wilkes-Barre VA's new PET-CT scanner



PRECISE DIAGNOSES ASSURED

Multi-dimensional images now standard

By combining two state-of-the-art technologies, VISN 4 clinicians are more accurately diagnosing, localizing, and monitoring cancer, heart disease, and certain brain disorders. A remarkable innovation called the PET-CT scanner makes that possible.

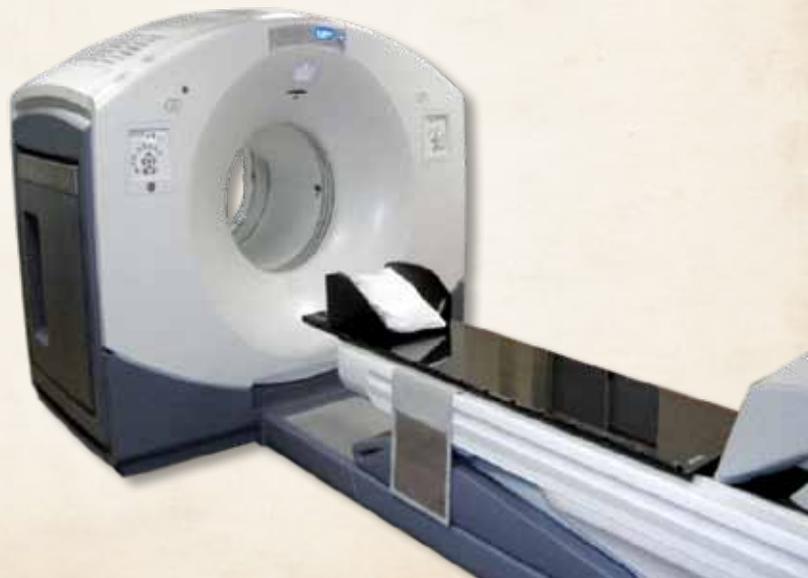
PET-CT scanners serve as two scanners in one. They combine a PET (Positron Emission Tomography) scan and a CT (Computed Tomography) scan into one set of multi-dimensional images of selected portions of a patient's body for clinicians to analyze.

While some VISN 4 facilities work with community partners to provide PET-CT scans to Veterans who need them, others are obtaining their own equipment. Wilkes-Barre acquired its new PET-CT scanner recently, and began performing exams at the facility using the scanner early in 2012. Before this, Veterans who would benefit from this type of exam were sent to community hospitals.

Clarksburg acquired its scanner as part of a new cancer collaborative with the United Hospital Center (UHC) in Bridgeport, W.Va. UHC constructed a new building on their campus in Bridgeport to house the scanner, and will provide cancer diagnostic services and selected treatments, including radiation therapy, for Clarksburg's Veteran patients beginning this fall.



Before the collaborative was formed, many Clarksburg-area Veterans received complex diagnostic services and cancer treatment through non-VA providers that required them to travel outside of the area. The new collaborative will allow Veterans to be treated locally at UHC, gives them priority for the services UHC provides, and will allow them to be seen more quickly whenever they require assistance.





This is a thousand times better than our old televisions.

John Nosko, Air Force Veteran



KNOWLEDGE FOR GETTING WELL

Network of resources at Erie Veterans' fingertips

Looking for something good on television? At the Erie VA Medical Center, that's never a problem.

Erie's new GetWellNetwork provides patients and residents with easy access to health information and online entertainment through television screens at their bedsides. Launched in March, the interactive patient care system features a touch-screen interface that's easy for patients to use and enjoy.

The interface gives patients and residents access to health education programs; My HealthVet; hospital services and medication information; and entertainment options including access to the Internet, television programming, movies, video games, and music directly at the patient's bedside.

"This is a thousand times better than our old TVs," says 61-year-old John Nosko, an Air Force Veteran and Erie VA

resident. "I love the movie part. I've watched almost all the movies including Dolphin Tale, which highlights one of our VAs. I also can find my TV shows much faster, I go online to look for books, and I keep finding new things every day."

This system also provides educational resources for inpatients, allowing them to learn more about their condition, treatment plan and care team as well as services available at the hospital, and discharge information. Through the system, patients are even able to provide feedback to the hospital on their care and the staff with which they interact.

In the near future, Erie will be adding new features to the GetWellNetwork, including an interactive program that will improve the discharge planning process, and another that will automatically educate patients on new medications prescribed to them during their hospital stay.

LEBANON VA'S **CUTTING-EDGE** CONSTRUCTION

New facilities for state-of-the-art health care modalities



MAKING IT GREEN

ENERGY-EFFICIENT LIGHTING SYSTEMS AND FINISHES USING RECYCLED MATERIAL



HIGHLIGHTS

- four full-size operating rooms
- private entry to each pre-op room
- expanded emergency department entrance

SURGERY EXPANSION



CONSTRUCTION START

September 2011



MOVE-IN DATE

Summer 2013



CONSTRUCTION COST

\$7.7 Million



SQUARE FOOTAGE

20,000

ARCHITECT: HDR of Cincinnati
CONTRACTOR: RLS Construction of Doylestown, Pa.





HIGHLIGHTS

- increased nuclear medicine and radiology capability
- easier access to radiology

RADIOLOGY/NUCLEAR MEDICINE EXPANSION

 **CONSTRUCTION START**
April 2011

 **MOVE-IN DATE**
Nuclear Medicine - 2013
Radiology - 2014

 **CONSTRUCTION COST**
\$4.3 Million

 **SQUARE FOOTAGE**
13,000

ARCHITECT: Astorino of Pittsburgh
CONTRACTOR: Seawolf Construction of Jersey City, N.J.



MAKING IT GREEN

FULL GEOTHERMAL WELL SYSTEM, SOLAR POWERED WATER FAUCETS AND AIMING FOR LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN GOLD RATING



BEHAVIORAL HEALTH COMPLEX

 **CONSTRUCTION START**
Late 2012

 **MOVE-IN DATE**
2014

 **CONSTRUCTION COST**
\$6.5 Million

 **SQUARE FOOTAGE**
21,000

ARCHITECT: Array of King of Prussia, Pa.

HIGHLIGHTS

- full-size training kitchen
- cyber café for computer training
- state-of-the-art classroom space
- homelike with many natural lighting features

ASK THE STAFF!

What service offered at your VA are you the most proud of?

FARAH P. RAMSAMMY | Wilmington
SECRETARY TO THE CHIEF OF STAFF

"I am very proud and excited for the new additions like the returning Servicemembers clinics, women Veterans department and the countless other projects and programs that are being developed to meet the ever-evolving needs of our Veterans."

REBECCA HICKS, LCSW | Philadelphia
VETERANS JUSTICE OUTREACH SPECIALIST

"I am most proud of the spectrum of homeless services we offer. Our staff is committed to accessing resources available to get Veterans into the stable housing they deserve."

KARA D. GILREATH, RD, LD | Clarksburg
TELEMOVE DIETITIAN

"TeleMOVE! For the motivated Veteran who is ready to make lifestyle changes, TeleMOVE! technology can be the means to weight loss success. The wellness and nutrition knowledge one acquires combined with the services of a registered dietitian over the phone provides accountability, builds rapport and supports the Veteran on an outpatient basis without even stepping inside the VA doors."

DR. JOSEPH D. KALOWSKI | Wilkes-Barre
CHIEF, IMAGING SERVICE

"The Wilkes-Barre Imaging Service continually looks to advance our clinical applications. We are excited to offer PET/CT as a new imaging tool for our radiologists and oncologists. Veterans of our facility who previously needed to travel off station for this exam will benefit from its effectiveness in yielding early disease diagnosis, staging and treatment planning."

DAVID JONES | Erie
WEBMASTER & GRAPHIC DESIGNER

"The GetWell Network. It enables the Erie VA to provide enhanced educational and entertainment options for our patients and residents. Before our patients had old 9-inch televisions with poor picture quality and color; now they have state-of-the-art, interactive touch screen televisions that allow them to not only watch TV, but learn more about their conditions and medications, access the Internet and My HealthVet, or watch a selection of new release movies right at their bed."

VISION

for Excellence

SPRING 2012

VISN 4

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WE'D LIKE TO HEAR FROM YOU

VISION 4's Vision for Excellence is published for the employees, volunteers, patients and friends of VA Healthcare-VISN 4. To submit story ideas for possible inclusion, contact David Cowgill at 412-822-3578 or david.cowgill@va.gov.

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