

VISION

for Excellence

SPRING | 2015



PAGE **13** | Meet da Vinci Xi

...and read about more exciting things happening with VISN 4's surgical programs. pages 10-19

plus Wheelchair Games Highlights

pages 7-10

www.visn4.va.gov



DIRECTOR'S VISION

Interim Network Director Carla Sivek and VA Butler Healthcare Director John Gennaro with some of VA Butler's canine volunteers.



WHAT'S INSIDE THIS ISSUE?

<i>Around the Network</i>	3
<i>Surgical Services</i>	7
<i>Ask the Staff</i>	20



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

Those who are familiar with the Veterans Health Administration's *Blueprint for Excellence* know that access and Veteran experience remain VHA's key areas of focus.

Our vision for VISN 4 reinforces that goal. We strive to make certain that all Veterans treated in our network are able to receive world-class health care when and where they need and want it. Each experience Veterans have at any of our facilities or clinics must be characterized by compassion and outstanding care and service.

I count on the network office staff, the directors of our facilities, and all VISN 4 employees to fulfill this vision for the more than 300,000 Veterans we are honored to serve in our network.

I am proud every time I see VISN 4 employees working so diligently to achieve these aims. It happens every day in interactions with Veterans and in the work of those who support caregivers for America's heroes behind the scenes. And sometimes, it happens under unusual circumstances, as we saw during the difficult conditions we faced over the recent winter.

Our employees' response to extreme weather underscored for me their level of commitment to our noble mission. In the face of snow and ice storms and their aftermath, VISN 4 employees came to work undaunted: some even stayed overnight if their help was needed. Others juggled schedules to ensure we had enough staff to care for our patients, worked outdoors to keep our grounds and walkways safe, or went the extra mile to make sure our Veterans received the outstanding care they deserve—whatever the weather.

This newsletter is filled with other examples of how VISN 4 employees serve Veterans in a superior manner—from describing the work our surgical staffs do every day to our ability to host a special, one-of-a-kind event for Veteran athletes who use wheelchairs for mobility. I hope you will take a few minutes to update yourself on our achievements.

I am proud to be part of VISN 4's team of dedicated professionals, working together to provide Veterans in our area with a health care network that offers reliable access and a satisfying care experience each and every time.

On behalf of all VISN 4 employees, I thank the Veterans of our region and their families for entrusting us to fulfill your health care needs. I thank our service partners for your continued support of our network. And I thank all of our network's employees for your skill and dedication in caring for America's heroes.

Sincerely,

Carla Sivek

CARLA SIVEK, *Interim Network Director*



AROUND the NETWORK

AUG 20 – George W. Stilwell, Philadelphia VA Visual Impairment Services Team coordinator, was recognized by the Blinded Veterans Association at their national convention for his dedication and commitment to improving the lives of Veterans with visual impairments in Philadelphia and elsewhere over the past 24 years.

OCT 15 – Coatesville VA celebrated the opening of its Specialty Care, Urgent Care and Diagnostic Service Center with a ribbon-cutting ceremony.

The \$13.4 million project features new equipment and technology, increased space, centralized check-in areas, and improved patient safety features.

OCT 17 – Lebanon VA received the 2014 Physician Assistant Education Association Partnership Faculty Award for their involvement with the Pennsylvania State Hershey Physician Assistant Program. The Program enrolls 30 students each year; Lebanon VA offers training to at least one-third of the class. Students receive multiple opportunities for interprofessional training.

“This partnership will increase the number of health care providers in our community, assist succession planning, and build what will become a new medical care team model with improved quality and access to care in our region,” said Bob Callahan, Lebanon VA director.



SEPT 22 – U.S. Congressman Mike Kelly presented VA Butler Healthcare patients Chester Pokusa and Charles Rock, with medals earned during their service in the U.S. Army.



OCT 22 – James E. Van Zandt VA Medical Center in Altoona hosted a ribbon-cutting ceremony to celebrate the opening of the new Huntingdon County community-based outpatient clinic.



OCT 24 – Altoona hosted a ribbon-cutting ceremony to celebrate the opening of the new Indiana County community-based outpatient clinic.



OCT 27 – Flora Abello, registered nurse, showed Ana Owens, health technician (both Wilmington VA employees), the proper procedures for donning

personal protective equipment to be used in treating patients suspected of being infected with the Ebola Virus.

VISN 4 is part of a strong nationwide public health system which includes federal, state and local medical and health professionals.

In the unlikely event that any individual presents at any VISN 4 facility with Ebola symptoms, VISN 4 is prepared to follow procedures and guidance given by the U.S. Centers for Disease Control and Prevention. VA's primary mission during the Ebola outbreak is to protect the health and safety of Veterans and VA staff. The department has begun training employees and ensuring preparedness so that our medical facilities and staff are afforded and trained to use the necessary personal protective equipment. **To learn more about the spread and prevention of Ebola, visit www.cdc.gov/vhf/Ebola/pdf/what-need-to-know-ebola.pdf.**



OCT 29 – Leslie R. M. Hausmann, Ph.D., research health scientist in the Center for Health Equity Research and Promotion at VA Pittsburgh Healthcare System, received a Diversity and Inclusion Excellence Award from VA Secretary Bob McDonald. Hausmann was recognized for her efforts to increase the representation of less than expected groups in the health sciences by mentoring diverse students in clinical research activities; promoting civility, respect, engagement, and inclusion in the workplace; improving cultural competency through training opportunities; advancing understanding regarding racial and ethnic differences in patient health care experiences within and between VA facilities; improving the quality and equity of blood pressure control among Veterans with hypertension; advancing the science of health equity research; and providing service to the national health equity research community.

This is the third time a VAPHS employee has been recognized since the awards program began four years ago.

AROUND the NETWORK

NOV 3 – Erie VA opened its newly relocated Ashtabula community-based outpatient clinic.



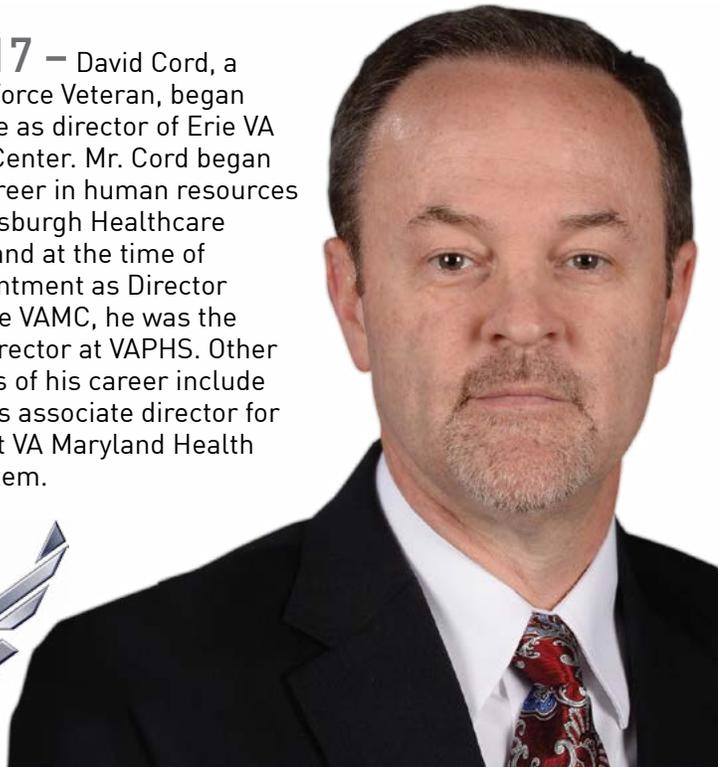
NOV 10 – Lebanon VA celebrated the opening of a new, expanded surgical center.

NOV 17 – Philadelphia VA opened a new space on the 2nd floor for the facility’s mental health clinic CHROME team. Signs with directions to the new clinic have been put up in the hallway.



NOV 12 – The Jewish Healthcare Foundation, in partnership with The Fine Foundation, announced the winning teams for the 2014 Fine Award for Teamwork Excellence in Health Care. VA Pittsburgh Healthcare System took home a platinum award for revamped policies and procedures for anesthesia, surgery, and recovery for joint replacement patients. This is the third Fine award VAPHS has received. The award, open to all western Pennsylvania health care providers, encourages essential teamwork in developing systems, tools, and programs that better serve patients and families by spotlighting those who have made a difference.

NOV 17 – David Cord, a U.S. Air Force Veteran, began his tenure as director of Erie VA Medical Center. Mr. Cord began his VA career in human resources at VA Pittsburgh Healthcare System, and at the time of his appointment as Director of the Erie VAMC, he was the deputy director at VAPHS. Other highlights of his career include serving as associate director for finance at VA Maryland Health Care System.





Google+ Hangouts



NOV 18 – Sandy Beahm, a VA Butler Healthcare social worker, participated in a live national Google Plus Hangout to discuss a public-private partnership that has been very successful in Butler. In this partnership, a non-governmental organization provides homeless Veterans a safe, stable place to live, transportation, and food. Veterans are able to participate in individual and group treatment sessions with a VA facility from the private facility via telehealth equipment. The organization now also partners with Altoona, Lebanon and Pittsburgh VA facilities.

TOWN HALL MEETING

Each VISN 4 facility will now hold quarterly town hall meetings for Veterans and all stakeholders. **The schedule is posted on the VISN 4 website, www.visn4.va.gov.**



OUTSTANDING VAPHS POLICE FORCE

Last year, VA Pittsburgh Healthcare System's police department earned a highly satisfactory rating from the VA Office of Security and Law Enforcement. The 70-officer department is the only one in VA to receive six top ratings in a row.

As part of the annual review process, VA Pittsburgh must open up its offices and operations to a rigorous one-week inspection. "This honor is thanks to my hardworking team of officers and the unflagging support of VAPHS leadership," said Police Chief John Jack Crawford.

VA Pittsburgh's officers train year-round for every safety issue imaginable, including criminal investigations, narcotics, explosives, decontamination scenes, and active shooter situations. Indicative of the department's excellence, VAPHS was approved for two working canine teams. Only three VA police departments nationwide have received that privilege.

Building relationships plays an important role in maintaining an effective police department. "We make it a point to get to know people in our buildings," said Crawford. "Our officers are 95 percent community-oriented policing and 5 percent straight law enforcement."

VA Police Sgt. Hartman and his police dog 'Honz'. See more at: www.pittsburgh.va.gov/features/va-police.asp



Wheelchair Games Roll in to Philadelphia

Heroes made history in the City of Brotherly Love



Thanks to various VISN 4 and other VA staff members for capturing these images.

The National Veterans Wheelchair Games (NVWG) is a sports and rehabilitation program for military service Veterans who use wheelchairs for sports competitions due to spinal cord injuries, amputations, or certain neurological problems. NVWG is the largest annual wheelchair sporting event in the world.

Last August, the Philadelphia VA Medical Center hosted 535 wheelchair athletes from nearly every state, Puerto Rico, and Great Britain. The athletes, who included both national and world-class competitors and those who had never before participated in organized wheelchair sports competitions, competed in a wide array of events.

“Philadelphia is an intense sports town, so naturally our local organizing committee focused on the competitive nature of the event,” said Bethany Purdue, local coordinator for the 34th National Veterans

Wheelchair Games. “We were excited to have so many Veteran athletes in our amazing city and to expose them to some great sporting opportunities.”

“Our goal for adaptive sports is for the athletes to stay healthy and active while focusing on their rehabilitation,” said Purdue. “I’m a recreational therapist by trade, so I saw this as a therapeutic event.”

The Games support rehabilitation by getting disabled Veterans out of their homes and socializing with other Veterans in similar situations. It also introduces them to activities in which they may not have realized they could participate, and in which they can continue to participate in their communities all year round when they return home from the Games.



“We aimed to remind Veterans that there are 51 other weeks in the year,” Purdue said, “and we wanted to provide them the tools to stay healthy and active those other weeks as well.” The theme for last year’s Games was “Where Heroes Make History,” based on the many American heroes who made history in Philadelphia since colonial days. “The Games provided an opportunity for Veterans to make their own history in this historic city,” said Purdue.

Most events were held at the Pennsylvania Convention Center in Philadelphia; however, some events took place at other city venues and across the Schuylkill River in New Jersey. The handcycling event, for example, was held along West River Drive, and the motor rally event was in historic Philadelphia, passing sites including the National Constitution Center, the Liberty Bell Center, and Independence Hall.

The Games are co-presented by the Department of Veterans Affairs and the Paralyzed Veterans of America. National Host Sponsors include UPS, Invacare, and Lundy Law, and Premier Sponsors include Highmark/United Concordia and Comcast.

To learn more, visit:
wheelchairgames.org





VISN 4 Surgical Services

VISN 4 facilities provide a wide array of inpatient and ambulatory surgical procedures.

For each procedure, VA ensures that all surgeries are performed under the safest possible conditions at facilities with the resources to support them.

Here are just a few of the many exciting things going on in VISN 4's surgical programs.



Improving VISN 4 Surgical Care

“While we have given our Veterans high quality care over the years and we’ve kept up with the times, we’re now going to be able to provide that care in a truly state-of-the-art facility that is on par with anything Veterans might see in the area.”

Dr. Carl Reese *Associate Chief of Staff for Surgery, Lebanon VA*

VISN 4's annual face-to-face surgical meeting, bringing together the network's chiefs of surgery, surgical quality nurses, and operating room nurse managers, was held at Lebanon VA Medical Center on August 19 and 20, 2014.

In addition to VISN representatives, Dr. William Gunnar, VA's national director of surgery; Dr. William Nylander, the deputy director; and Nancy Fink, VA's national analyst for surgical programs, also attended.

Among the topics discussed were VA's Advanced Care Initiative, ways to optimize operating room scheduling, and VISN 4's strategic plan for surgical services.

Also discussed were ways to better share surgical services throughout the Network, and how and when to use palliative care, a form of treatment that emphasizes comfort care, but does not require the Veteran to have a terminal condition. (Comfort care is aimed at relieving symptoms, enhancing the quality of remaining life, and easing the dying process for patients.)

“In general, we talked about ways we can improve the surgical care we provide throughout VISN 4,” said Dr. Carl Reese, Lebanon VA's associate chief of staff for surgery. “The national surgery office's quarterly report is very comprehensive, and we discussed it thoroughly.” The report includes information on surgical outcomes, quality, access, safety, productivity, and operating room efficiency.



A dedication ceremony featuring a ribbon cutting was held for the Lebanon VA Medical Center's new surgical center on Nov. 10, 2014.

Results of the report indicated that all of VISN 4's surgical programs delivered good quality care, Reese explained. He added that individual facilities will use the information they gained at the conference to continue to improve their service to Veterans.

Lebanon VA Medical Center opened a state-of-the-art surgical building on its campus. The 21,000-square-foot structure nearly doubled the space available for surgery at Lebanon.

"The former surgical suite was designed to handle about 1200 cases per year," explained Reese. "Last year, we handled about 4400 cases."

The new building includes four operating room suites, each of which is 650 square feet in area. The former area only had three such suites, the largest of which was 350 square feet.

In addition to the four operating rooms, the new building includes two spacious endoscopy suites, in which medical procedures will be performed with cameras used to visualize structures within the body, such as the digestive tract. There is also a new "procedure room" in which pain procedures as well as other procedures that do not need a full operating room are performed.

Finally, the center also has 22 beds for preoperative cases and for postoperative recovery. "All of the equipment in the building was brand new when it opened," Reese said. "We have high-definition monitors mounted on booms to help surgeons perform laparoscopic procedures, and a Zeiss microscope for eye surgeries."

The building is designed so that if demand for surgical services at Lebanon significantly increases in the future, two additional operating rooms can be added.

A dedication ceremony featuring a ribbon cutting was held on November 10, 2014—the day before Veterans Day. The first surgery at the new facility was completed on March 16, 2015.

"This is a fantastic thing for Veterans," Reese concluded. "While we have given our Veterans high quality care over the years and we've kept up with the times, we're now going to be able to provide that care in a truly state-of-the-art facility that is on par with anything Veterans might see in the area."

"Our Veterans are well taken care of here at Lebanon. They'll be receiving the same great care—just in a newer venue that's designed for the future."





Introducing da Vinci Xi

“There is something unique and special about being cared for in a VA facility. There is a certain amount of care and attention that is paid to the fact that a patient is a Veteran.”

Dr. Lewis Kaplan, *Director of Surgical Critical Care | Interim Chief of Surgery, Philadelphia VA*

The da Vinci surgical system is a state-of-the-art option used in many surgeries today.

The system includes a three- or four-armed robot operated by surgeons with hand controls at a computer located several feet away from the patient.

Surgeons see inside the patient’s body through a tiny 3D video camera attached to one of the long robot arms. The other arms are fitted with tiny surgical instruments.

The system allows surgeons to perform a wide range of minimally invasive surgeries, which are surgeries typically performed through small incisions instead of large ones. Minimally invasive surgeries result in potentially shorter recovery times, fewer complications, reduced hospitalization costs, and decreased trauma for patients.

The da Vinci system has been in use in hospitals since 2000. In 2014, the maker of the da Vinci system announced the newest generation of the da Vinci system. The da Vinci Xi has broader capabilities than prior generations of the system—and the

Philadelphia VA Medical Center is among the Nation’s first hospitals to acquire one.

Dr. Lewis Kaplan, director of surgical critical care and interim chief of surgery at the Philadelphia VA, is enthusiastic about the new system.

“It offers the opportunity for surgeons to have more feedback and more control through instrumentation that provides greater dexterity of movement, and enhanced 3-D visualization,” he tells us. “It allows an increase in the number of functions you can control, since it provides dual consoles for surgeon-surgeon collaboration, as well as training for developing surgeons with direct oversight.”

The Xi is the first da Vinci system Philadelphia has deployed. A number of the facility’s clinical staff members have had practice using the da Vinci system, but their experience is on the prior generation. The hospital’s academic affiliate, the University of Pennsylvania Health System, already has one.

“Not only do we expect to increase the number



< Victoria Ebanks, former nurse manager of the operating room and post anesthesia care unit, prepares for training on the use of the da Vinci.

The da Vinci robotic system is a highly technical computer-controlled system to support precise surgery. >

Use of the new system began in November 2014.



of minimally invasive surgeries we provide to Veterans with the new system, we also expect to improve the quality of those surgeries,” Kaplan explains. “The robot allows you to move surgical instruments in multiple planes with ease. It also doesn’t have any shake, or tremor, in it, unlike even the best surgeons. It will enable us to be very precise in our surgeries.”

Kaplan cites other benefits of the new equipment. “We will be able to keep patients here that we previously had to send elsewhere for surgery. Our patients, with their primary care teams and others who know them, won’t have to go anywhere else. It really supports patient-centered care.”

“There is something unique and special about being cared for in a VA facility,” he continued. “There is a certain amount of care and attention that is paid to the fact that a patient is a Veteran. When you outsource a Veteran’s care to someplace else, it’s not quite the same.”

“This is a very clear representation that VA is equal to other hospitals in terms of the equipment we have, and the people we have. And when we have that, because of our focus on Veterans, it makes VA superior in ways that are meaningful to Veterans and their families.”



Shannon Scott, former robotic surgery clinical specialist, and Rasheda Washington, surgical technician, assemble robotic components.

Bionic Ears



Audiologist Lori Pawlowicz helps Veteran Deborah Dilbon achieve the maximum benefit from her cochlear implant.

A cochlear implant is a small, complex electronic device that can help to provide a sense of sound and speech understanding to people who are deaf or hard-of-hearing.

Implants are different from hearing aids, in that hearing aids amplify sounds so damaged ears can detect them, but implants bypass damaged portions of the ear and directly stimulate auditory nerve fibers.

"It takes a little time for the brain to adapt to the signal," explains Maureen L. Wargo, AuD, MBA, audiology supervisor and cochlear implant coordinator at VA Pittsburgh Healthcare System. "But within a few weeks, the majority of patients say that speech sounds pretty good, much like how they remember it!"

VA Pittsburgh began offering cochlear implants to Veterans with "moderate to profound" sensorineural hearing loss in 1999, using guidelines established by the U.S. Food and Drug Administration (FDA).

"The technology has evolved greatly over the years," says Wargo. "In the 1980s, speech couldn't be understood, even with the implant, unless the person

also could lip-read. Advanced implant processing has provided patients with more hearing and clarity, and their quality of life is much better."

In March 2014, the FDA approved a "hybrid" cochlear implant for people with poor hearing in high frequencies, but much better low-frequency hearing. "It's part hearing aid, and part cochlear implant," explains Wargo. "The hearing aid takes care of the low frequencies, and the implant allows people to hear high frequencies."

The vast majority of patients treated at VAPHS are over 60 years of age, with an average age of 70.3 years. The youngest was 46 years old, and the oldest 91. Usually, we do between 12 and 15 procedures a year," Wargo tells us. As of April 10, 2015, the facility had done a total of 142 cochlear implants for Veterans, including three hybrid cochlear implants.

Veterans who have had tumors on their auditory nerves cannot benefit from the surgery, "but that's pretty rare," says Wargo. "Otherwise, it's pretty wide open—at least for Veterans. There's no age limitation, they just need to be medically cleared



for surgery, motivated to hear better, and have sufficient cognitive ability to participate in the process.”

“It’s truly life-changing for some patients,” Wargo concludes. “Because hearing loss comes on so slowly, people find themselves gradually withdrawing from life. So they’re no longer going bowling, or out to dinner, or to meet with their friends, because they’re not going to be able to participate, and hear, and enjoy the experience.”

“Once patients receive the cochlear implant, they can enjoy these things again. They find themselves saying ‘oh my gosh, I didn’t realize how isolated I was becoming.’ For a lot of patients, it really gives them their life back!”

Brad Becker, a U.S. Army and U.S. Navy Vietnam-era Veteran living in Indiana, Pennsylvania, began to have trouble with his hearing in 1967, when he was trained to fire a rifle while having insufficient hearing protection. His hearing kept degrading until four years ago, when he had only six percent of normal hearing in both ears. After receiving cochlear implants, first in one ear and then the other, his hearing is now ninety-eight percent normal.

“It’s all positive,” he tells us. “I can hear music again. I can hear my wife, my kids, and most importantly, my seven grandkids. Before I got my implants, I couldn’t hear anything my oldest grandchildren would say—and most of the people in my life were pretty frustrated by that. Once I got this thing turned on, I could hear everything they said.”

It took Becker about three months after the two procedures to get back to normal hearing—except for listening to music, which took about eighteen months.

Cochlear implants today are significantly smaller and can typically be implanted in an hour instead of three to four. Implants are also more biocompatible, reliable and effective than ever before.

“There’s a lot of clutter in music, a lot of instruments. I practiced by going on iTunes and listening to samples of every kind of music I could find. Now, I can pretty much delineate between different instruments, and pretty much pick up the lyrics of songs. It’s not perfect, but it’s a whole lot better than it was.”

Although he does not generally go to movies, preferring to watch them at home on DVDs, he has been to the theater with his wife, and had little difficulty understanding what was going on.

Becker, who worked for the federal government until he retired in 1999, strongly recommends the procedure to other Veterans. “As long as they have a problem that can be fixed by this procedure, then yes. It can be a life-changing experience if you haven’t been able to hear for awhile.”

He concluded a recent telephone interview by explaining that having the implants done was the “best decision I ever made!”

I can hear music again. I can hear my wife, my kids, and most importantly, my seven grandkids.

Brad Becker

U.S. Army, U.S. Navy Vietnam era Veteran

Smart Lung Care

Chest computed tomography scans, also known as chest CT scans, are painless, noninvasive tests that create precise pictures of the structures in your chest, such as your lungs. The scans are a widely used type of x-ray that show more detail than standard x-rays. They are called non-invasive because no surgery is required, and no instruments are inserted into your body.

Dr. Praseon Jain, a pulmonologist at the Louis A. Johnson VA Medical Center, reviews patient images.



Because of the detail chest CT scans provide, doctors often find small round or oval spots in the lungs, called solitary pulmonary nodules, or SPN. These nodules, also called lesions, can be caused by old scars, infections, exposure to tuberculosis, lung diseases caused by a fungus—or by lung cancer.

When doctors find SPN in a chest CT scan, they face a challenge: how to determine whether any of the small nodules represent early lung cancers. One way to find out is by conducting a lung biopsy, in which a small piece of lung tissue is removed and looked at under a microscope. The most common way this is done is through what is called a bronchoscopic biopsy.

Bronchoscopic biopsies insert a lighted instrument, called a bronchoscope, through the mouth or nose into a patient's airway to remove a lung tissue sample. The instrument is guided by a CT scanner to the nodule, and is less invasive than other methods of obtaining tissue, such as making an incision between the ribs.

Bronchoscopic biopsies are very sensitive and specific—but there are patients, especially those with emphysema, who experience complications as a result of the procedure. In addition, doctors find it difficult to find the small lesions they are searching for in patients whose lungs are not healthy with a bronchoscope, and sometimes don't get the tissue they need.

Louis A. Johnson VA Medical Center in Clarksburg, West Virginia, has obtained new equipment that make it much easier for doctors to find the smaller lesions with bronchoscopes, and to select the right site to remove tissue from. They use a technique called "virtual bronchoscopic navigation" to do so.

The technique uses computerized images to show the doctor conducting the biopsy the best path to direct the bronchoscope within the lungs to reach the specific nodule the clinicians want to investigate—sort of like your car's GPS showing you the best route to reach your destination. It's safe to use, effective in finding lesions, and shortens the time it takes to conduct the biopsy procedure.

To improve their ability to conduct successful lung biopsies even more, Clarksburg uses another sophisticated technique.

This technique is called radial probe endobronchial ultrasound, or radial EBUS. (Ultrasound is a type of imaging that uses high-frequency sound waves to look at organs and structures inside the body.) Radial EBUS is performed by inserting a miniature ultrasound probe on the tip of a standard bronchoscope and inserting it into the lung.

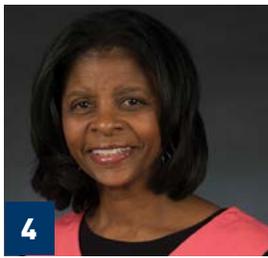
Doctors use the probe to obtain images of the tissue around it, so that they can assess the internal structure of the nodules they are investigating, and determine their size and location exactly. Once they have done so, the ultrasound probe is removed, and the instruments needed to conduct the biopsy are introduced into the bronchoscope.

By combining the use of the navigational tool and the radial EBUS, Clarksburg physicians have significantly increased their ability to conduct successful lung biopsies through bronchoscopes in patients who might otherwise have to have their chest opened. "We've certainly improved our chances of establishing a diagnosis in appropriately selected patients," said Dr. Prasoon Jain, Louis A. Johnson VA Medical Center pulmonologist.





VISN 4 Presents
ASK THE
STAFF
SPRING 2015



**What is your
favorite part of
volunteering at VA?**

VISN 4

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1. JACK DEBUSI | WILMINGTON

A: "Interacting with the Veterans and hearing about their military experiences."

Noteworthy: Jack has volunteered nearly 4,000 hours since joining the VA in February 2008 and was recognized with the Outstanding Senior Service Award.

2. BILL ROBERTS | WILKES-BARRE

A: "The Veterans I meet. I enjoy talking with them and learning about their experiences. Most of them are my best friends now."

Noteworthy: Bill received three major awards from the Sons of American Legion in recognition of his volunteer service at the Wilkes-Barre VAMC: the 2012 national Charles B. Rigsby VA&R Volunteer of the Year; Pennsylvania's 2012 Stephen W. Bogan VAVS Award; and the 2010 Pennsylvania Blue Cap of the Year.

3. JOYCE DUNDORE | LEBANON

A: "I love making out food menus for the Veterans. I enjoy trying to make them laugh and just being part of their lives."

Noteworthy: Joyce has faithfully volunteered more than 2,400 hours in the past five years.

4. JANICE WINSTON | PHILADELPHIA

A: "So many Vets want to share their life experience and it is a pleasure for me to listen and see their faces light up when they talk about family, friends, and service to our country. They are so proud of their military career and the friendships that have endured over time. When I leave VA, I feel the Veterans have given me a wonderful gift of letting me come into their lives for a brief time."

Noteworthy: Janice is an American Red Cross volunteer who has been volunteering for more than four years.

5. CLIFF ANDREWS | COATESVILLE

A: "It's rewarding. It's nice to see how much the people that you have over there working for the Veterans care."

Noteworthy: Cliff, a Marine Corps Veteran, received the 2014 Hazel Harnish Award for Volunteering Excellence.