

# VISION

*for Excellence*

SPRING | 2014

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## Shaping the Future of Health Care

Wilkes-Barre VA clinicians forge into the future with less invasive and more precise cutting-edge procedures.

[www.visn4.va.gov](http://www.visn4.va.gov)



During a visit to Lebanon VA Medical Center, Interim Network Director Gary Devansky (center), observed a simulation of an endobronchial ultrasound being performed.



## DIRECTOR'S VISION



## Stay Up To Date With All of VISN 4

Read more about the accomplishments of your local VISN 4 medical center and see how we are advancing health care for Nation's Veterans by visiting [www.visn4.va.gov/VISN4/Annual\\_Reports.asp](http://www.visn4.va.gov/VISN4/Annual_Reports.asp) or by scanning the QR code with a smartphone app.

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

At VA, our most important mission is to care for Veterans and provide them with the high quality care and benefits they have earned and deserve.

VA has made strong progress in recent years to better serve Veterans both now and in the future. However, we know that there is more work to do.

Our recent accomplishments include enrolling two million more Veterans in high-quality VA health care, reducing Veterans' homelessness by 24 percent, providing Post-9/11 GI Bill educational benefits to more than one million students, and decreasing the disability claims backlog by nearly 50 percent.

In VISN 4, we are on a continuous quest to improve and expand the services we offer and the ways we deliver care. This issue of Vision for Excellence will show you how our

clinicians are at the forefront of the latest medical technology to improve Veterans' experience and outcomes.

New high-tech, minimally invasive procedures are reducing Veterans' pain, scars, and time spent in the hospital. We are excited to offer this care to our Nation's heroes.

Veterans deserve to have full faith in their VA care. Thank you for allowing us to continue to serve you.

Sincerely,

**GARY W. DEVANSKY**  
Interim Network Director

# LEADING BY EXAMPLE

## TO SERVE, TO TEACH, TO DISCOVER

### PHILADELPHIA

**Daniel Hendee**

Director since 10.6.13

Previously served as Director of Wilmington VAMC

**28 YEARS OF VA SERVICE**

Daniel Hendee brings a wealth of health care leadership and management experience to Philadelphia VAMC. Hendee previously served in a number of both interim and permanent director roles. In an effort to better serve Veterans, he has forged a reputation for leading people, driving change, and producing desired results at the senior executive level, including turnaround situations. He is a U.S. Air Force Veteran.

*Serving our Veterans is a very special calling, a noble calling, and is the greatest mission in government.*

### WILMINGTON

**Robin Aube-Warren**

Director since 3.24.14

Previously served as Associate Director of Lebanon VAMC

**21 YEARS OF VA SERVICE**

Robin Aube-Warren, a U.S. Army Veteran, now heads a VA facility that is significantly improving and expanding the way in which it delivers care. Last year, Wilmington VA was recognized by The Joint Commission for exceptional surgical care — the second time the hospital has been recognized for this aspect of its care. The facility's staff also recently activated a new mobile clinic to provide enhanced access to primary care for Veterans who live in rural areas.

*I am extremely honored to be serving Veterans at Wilmington VA Medical Center. I am proud to lead a dedicated group of individuals who provide outstanding care. My goal is to ensure we continue to provide Veterans with the quality care they have earned.*

### WILKES-BARRE

**Dr. Joseph Sharon**

Associate Director since 7.14.13

**7 YEARS OF VA SERVICE**

Previously served as Wilkes-Barre VAMC's Chief of Pharmacy

*I love working for VA and serving our Nation's heroes. It's an honor working here, and I hope to make a difference.*

### CLARKSBURG

**Dr. Louise Grant**

Associate Director since 10.6.13

**29 YEARS OF VA SERVICE**

Previously served as a Health Care Executive Fellow at VAPHS

*I hope to facilitate ongoing efforts to create and sustain a welcoming, safe environment for all Veterans, employees, volunteers and guests that allows us to continually affirm our unwavering commitment to America's Veterans.*



# AROUND the NETWORK

## VA Services That Count

This winter nearly 30 VISN 4 employees joined community partners in search of homeless Veterans. The goal was to find and count as many of them as possible in order to get a snapshot – a “point-in-time” count – of the current homeless population.

The yearly outreach effort, conducted by the Departments of Veterans Affairs and Housing and Urban Development, takes place in more than 3,000 communities across the Nation. The 2014 data hasn't been finalized yet, but in 2013, there were an estimated 57,849 homeless Veterans on a single night in January in the United States, an 8 percent decline from 2012 and a 24 percent decline from 2010.

Bill Cress, VISN 4's deputy network homeless coordinator, was stationed in a Pittsburgh emergency shelter during evening hours.

Cress explains that the count is important, because it helps the Network determine the future direction of our homeless program. “Do we have enough staff and funding? Are we putting our emphasis on the right programs? Where do we need to be focusing? Are the numbers up or down, indicating if our programs are being effective or not?”

In Clarksburg, W.Va., Amber Brunetti and Melinda Bibbee, Clarksburg VA homeless program employees, and Shannon Fragmin, mental health nurse, headed into the streets and woods of the city before dawn with the thermometer showing ten degrees below zero.

“We searched the streets, woods, under rickety bridges, in abandoned houses, and in rest stops,” said Brunetti. The teams carried tarps, sleeping bags, and other supplies to distribute. Sadly, many homeless Veterans did not accept the supplies for fear of being robbed.

**Explore [www.va.gov/homeless](http://www.va.gov/homeless)** to learn about VA's programs for Veterans and to find out what you, your neighbors, and your community can do to help Veterans who are homeless or at imminent risk of becoming homeless.

Staff members Shannon Fragmin, Melinda Bibbee, and Amber Brunetti



*The point-in-time count is important because it helps us get the word out about VA and helps us find Veterans we can help.*

**Melinda Bibbee,**  
VA Clarksburg Homeless  
Program Employee

# Cornerstone Recognition Awards

VA uses a tool called Root Cause Analysis to discover the causes of medical errors. We study adverse events and close calls with the goal of finding out what happened; why it happened; and how to prevent a recurrence. VA's National Center for Patient Safety formally recognizes the successful utilization of Root Cause Analysis at the facility level with the annual Cornerstone Recognition Program. In fiscal year 2013, nine VISN 4 facilities received a gold, silver, or bronze Cornerstone Award, with five facilities receiving the gold. (Facilities receiving gold awards included Butler, Clarksburg, Coatesville, Lebanon and Pittsburgh.)



# Award-Winning End-of-Life Care

VA Butler Healthcare ranked first in a recent national survey of end-of-life care administered by the Department of Veterans Affairs. The hospice care program at VA Butler topped its peers in the VA's Bereaved Family Survey. The review asks family members to rate the quality of care received by loved ones who died in VA facilities. Hospice is designed to focus on the quality of life and comfort for a Veteran with an advanced disease that is life-limiting.

Many positive changes have been initiated in the program recently, such as tree and flag ceremonies and frequent interdisciplinary rounds to support Veterans and loved ones.

Army Veteran Thelma Huff with Dawn Jockel, VA Butler hospice and palliative care coordinator



Emergency preparedness class participants set up for a mass casualty exercise.

# Prepping a Network for Emergencies

When disaster strikes close to home, VISN 4 employees are ready to respond. VISN 4 Emergency Coordinator Robert Bernard coordinates the participation of Network staff in emergency response training at the Center for Domestic Preparedness (CDP) in Anniston, Ala.

The CDP is operated by the United States Department of Homeland Security's Federal Emergency Management Agency. The training is conducted at the former Fort McClellan Army hospital, which has been converted into a training site for health and medical education to teach clinicians what to do in the event of disasters and mass casualty events.

Several VISN 4 staff members attended classes at the facility in August 2013 and in January 2014.

Training attendees include both clinical and administrative employees, Bernard said. The course is exercise-based and designed to assist staff in decision making when faced with an emergency. Attendees participate in a full scale exercise on the last day of training.

"This was a very comprehensive program to prepare health care leaders for managing mass casualty incidents that health care facilities may face," said VA Pittsburgh Chief of Staff Dr. Ali Sonel. According to Sonel, the training helped prepare staff to respond to situations ranging from weather-related emergencies and utility failures to terrorist attacks involving chemical or biological agents.

Kathleen Dahl, VA Pittsburgh American Federation of Government Employees (AFGE) president, said the training reminded participants that every employee has a role to play in a crisis.

"It was phenomenal," said Dahl. "The most important aspect was the collaboration of community first responders. We have one universal language we all speak in a crisis – from the hospital firefighters and police officers in the community. We all need to relay the same information."

*Taking the course showed me that every employee I know would be impacted by a disaster, and how the entire hospital needs to be prepared for that disaster.*

**Kathleen Dahl, VA Pittsburgh AFGE President**



*We take care of the Veteran's needs and we also take care of the family's needs – medically, mentally, and spiritually.*

**Mary Henninger,**  
Philadelphia VA Palliative Care Specialist

## A Tribute for Fallen Veterans

When Veterans are at or near the end of their lives, they need more than just medical care.

Nurse Mary Henninger, a palliative care specialist for the Philadelphia VA Medical Center's Medical Intensive Care Unit (MICU), points out that Veterans deserve to die with dignity, respect, and honor. Support for the Veteran's loved ones is also important.

After attending a VA-wide Palliative Care conference, Henninger spearheaded an effort to implement flag ceremonies for Veterans who passed away in the MICU.

With the help of Voluntary Service and a Veteran volunteer, the MICU was equipped with American flags and the nurses were trained to properly fold them.

The very first flag ceremony in the Philadelphia VA MICU occurred on Henninger's watch. Henninger was with a Veteran and his family when he passed. She gently asked if they would like to have their loved one honored with a flag ceremony. When they agreed, Henninger and other MICU nurses gathered around the Veteran, unfolded the flag and placed it over him.

When the family saw their loved one honored in this way, they were proud. "For them, seeing that American Flag was a sign that they could begin their healing process," explains Henninger.

Since then, every family who has been asked has chosen to participate in the flag ceremony. Henninger and her co-workers believe the ceremony touches the lives of these families and ensure honor and dignity to those who so courageously served our country.



## National Sterilization Award

The 3M Corp. recently recognized Lebanon VA Medical Center for a nationwide "best practice" for exceeding industry standards of cleansing surgical instruments and medical equipment in a way that significantly improves patient safety.

## New Hospice Unit

In January, the Coatesville VA held a ribbon-cutting ceremony for a new hospice unit. The \$5 million addition includes eight private suites, a great room, a kitchen, a private meeting area, and private parking. This modern and home-like area will help staff provide the gold standard in hospice care.





# VALENTINES VOLUNTEERS VETERANS

1

In Clarksburg, Veterans help themselves to a keepsake from a continually-replenished display of Valentines penned by area schoolchildren.

2

The Altoona Curve's Diesel Dawg mascot and the Pittsburgh Pirates Parrot visit Altoona VAMC.

3

Professional card dealers from a local casino stop by Wilkes-Barre VA Medical Center, at which volunteers hosted a Casino Day for Community Living Center residents.

4

U.S. Congressman Chaka Fattah (right) with Daniel Hendee, Philadelphia VA director.

5

Jessica Billings, Miss Pennsylvania 2013, visits Lebanon VAMC.



U.S. Congressman John Carney visits Wilmington VAMC.

## Saluting Our Heroes

VA honors the service of Veterans every day.

During the week of Valentine's Day, also known as National Salute to Veteran Patients Week, we open our doors to the community so every citizen has a chance to thank a Veteran and learn more about volunteering at VA medical centers. Volunteering gives people the opportunity to build or practice their unique skills in support of the Veterans who defended their homes and freedoms.

Personal contributions of time and expressions of care are the foundation of VA Voluntary Service. VA volunteers epitomize the one-to-one sharing and caring that is a core value of our Nation. Last year, 5,730 VISN 4 volunteers gave more than 600,000 hours of service to Veterans.

During National Salute Week, VISN 4 offers more than excellent health care. We offer our patients a renewed connection with family, friends and the communities they served.



# SHAPING THE FUTURE

## of Health Care

*VISN 4's chief medical officer compares new medical technology to 'Star Trek'*



*Compared to the recent past...*

Medical technology is surging forward with unprecedented speed. Today's physicians can treat patients and make diagnoses using tools yesterday's doctors could not imagine. VISN 4 is in the vanguard of health care organizations shaping the future of health care.

"Compared to ten or fifteen years ago, our clinicians now can do many surgeries with minimal scarring and minimal discomfort," explains Dr. David Macpherson, VISN 4's chief medical officer.

Macpherson used the example of biopsies, which are pieces of tissue removed from a living body to discover the presence, cause, or extent of a disease. If a piece of human tissue needs to be obtained from a hard-to-reach area in the body, it once required major surgery and scarring and days to weeks of recovery time. Now, the tissue can be recovered much more easily — sometimes without even leaving a scar.

For example, portions of the liver are in a hard-to-reach location behind the heart. Using a technique called endoscopic ultrasound, the patient is sedated, an ultrasound probe is lowered down the esophagus to find the exact area to be biopsied, and a needle precisely extracts the tissue needed for testing.

"In the past, we'd have to almost completely open up the abdomen to get to the back, where the aorta is. Now we can insert a device that protects the aneurysm from rupturing through an incision in the groin, and it works just as well as the previous procedure. Patients are home in a few days, instead of in weeks," Macpherson explains.

Macpherson cites ultrasound as another recent advance (one that was anticipated long ago in the original Star Trek series). "Instead of poking and hoping that a catheter is placed in a vein, we use ultrasound to find the vein more easily."

Leonard "Bones" McCoy, the fictional medical officer on the starship Enterprise, used a bedside ultrasound unit, which he called a tricorder, to check on his patients' vital signs. Today's ultrasound units can check the heart and other organs, and, according to Macpherson, will soon be used by clinicians at bedsides throughout the world. What was once fictional future medical technology is fast becoming today's reality.



*...it's incredible what we can already do.*

**Dr. David Macpherson**  
VISN 4's Chief Medical Officer

"By not cutting through tissue to do what we need to do," says Macpherson, "we reduce pain and recovery times. Less time in the hospital is always better for Veterans, and makes for a much more pleasant experience, thereby improving outcomes."

VISN 4's goal is to ensure that whatever new technology the Network acquires is made available to all Veterans throughout the Network. Macpherson cites the examples of Philadelphia's cardiac catheterization and interventional cardiology program and Wilmington's program to do endovascular surgery (surgery that takes place within blood vessels), both of which serve Veterans who use other hospitals in the VISN.

Before a facility starts to do a new procedure, a "focused professional practice evaluation" takes place. The team doing the procedure must demonstrate it is trained and competent to accomplish it, and the first few times the procedure is done, the team may be observed.

"We start out by doing things slowly, and by doing less complex cases than we might accept later on," Macpherson tells us. "It's a methodical ramp-up, and we are assessing their work at all times."

"We're not experimenting on Veterans," he continues. "What we're doing is taking technology that's already

been developed — some of which VA has helped develop — and applying it in larger numbers to Veterans."

"I think that in the next ten years, many physicians will carry an ultrasound device in the pocket of their white coats. And the old-fashioned stethoscope will be replaced by a more sophisticated hand-held device that will record vital functions: a 'tricorder' of sorts.





# DOWN THE HATCH!

*Endobronchial ultrasounds inspect the lungs through the mouth or nose*

If you've had a chest x-ray, or a CT (Computed Tomography) scan of your chest, and your doctor tells you he or she would like to investigate further, you've got reason to be concerned. Your doctor may be looking for tumors; other masses; enlarged lymph nodes around the heart; fungal infections; or other lung conditions such as tuberculosis and sarcoidosis.





Dr. Ashok Khattri, Lebanon VA Pulmonologist

*People want to do the best for Veterans. That's why I joined VA, to serve the people who have served us with their blood.*

For some patients, these further investigations require a difficult, somewhat risky procedure called a mediastinoscopy. However, patients at the Lebanon and Pittsburgh VA medical centers (and soon at the Wilkes-Barre and Philadelphia VA hospitals) are able to take advantage of a new technique called endobronchial ultrasound, which is simpler, safer, and less invasive.

“Bronchoscopy basically involves putting a flexible fiber optic tube through the mouth or nose into an airway that leads into the lungs,” explains Dr. Ashok Khattri, a pulmonologist at Lebanon. “With this scope, we are able to inspect the airway. If there are any lesions, we remove them for biopsy, and if there is any bleeding, we can stop it.”

“This part of the procedure has been around for a long time,” he continues. “Recently, however, scientists have put an ultrasound chip on the tip of the scope. This allows us to produce images that let us look at areas outside of the airway.”

The new technique allows physicians to determine the stage of a lung cancer through minimally invasive means. It also enables many patients to avoid mediastinoscopies, a surgical procedure to examine the inside of the upper chest between and in front of the lungs.

Mediastinoscopies are higher-risk procedures that require larger incisions, while endobronchial

ultrasounds are lower-risk and enable physicians to take biopsies of suspicious-looking nodes using a needle guided by the ultrasound.

“You can see the needle going in and getting the sample,” says Khattri. “This increases the precision of the procedure. We can also see where the blood is flowing, reducing the risk of an accidental puncture.”

Khattri has been using endobronchial ultrasound at Lebanon for the past five years. He does “about fifteen” such procedures every year. Patients feel no discomfort following the procedure other than a possible slight cough.

Other advantages of the method include reduced recovery time, a lower level of anesthesia, and fewer complications.

Khattri is pleased to be able to offer this valuable technique to Veterans who might benefit from it. “People want to do the best for Veterans,” he concludes. “That’s why I joined VA, to serve the people who have served us with their blood.”





# WATCH THE BIRDIE!

*Capsule endoscopies replace exploratory surgeries with photographs*

In many hospitals, offering patients the opportunity to swallow a camera to take pictures of their insides to diagnose their problems is an unheard-of option. Patients at the Philadelphia VA Medical Center not only have that opportunity, but can also take advantage of an even newer piece of equipment to help gastroenterologists treat abnormalities the camera may find.

“Video capsule endoscopy (VCE) has been around since 2001,” explains Dr. Douglas H. Weinstein, staff physician in the GI section at Philadelphia VA Medical Center, “and our VA has been using the technique since 2005.”

VCE takes pictures of the twenty feet of bowel that cannot be seen by physicians when they use a colonoscope and upper endoscope. A VCE is a 1x3 centimeter cylindrical capsule with a camera and a strobe light on the end. Once activated, the camera takes pictures of the lining of the small bowel. The pictures are sent to a small recording device worn on the body.

The procedure is used on patients who either have occult bleeding (bleeding from a source that cannot be identified) or who have an inflammatory bowel disease called Crohn’s disease. The bleeding can either be overt, in which blood is in the stool or vomit, or obscure, in which blood is not seen.

VCE only identifies abnormalities. But Philadelphia has another new piece of equipment that allows those



abnormalities to be treated in a minimally invasive way. For patients in whom the capsule has identified problems, Philadelphia uses a technique called “deep enteroscopy” or “device-assisted enteroscopy” to reach areas that cannot be reached by traditional endoscopes.

“This type of enteroscopy was developed in Japan in 2001 and came to the U.S. in 2005,” says Weinstein. “It allows us to examine the entire 20 feet of small bowel non-invasively. Previously, to explore that area, patients had to have an open operation.”

The new scope has two balloons attached to it that can be inflated or deflated so that doctors can get much deeper into the small bowel than ever before. It is used in cases of overt and obscure bleeding, and the gastroenterologist can use a special channel in the scope to cauterize, resect and biopsy, depending on what is found.



“

*Some physicians don't know VA has this equipment. We'd like to get the word out to all of VISN 4 and beyond.”*

**Dr. Douglas H. Weinstein**  
Philadelphia VAMC Staff Physician

The procedure is often done using general anesthesia, and takes an average of two hours to complete.

“With deep enteroscopy, we can fix problems and improve the quality of life for most patients who undergo it, reducing hospital admissions and blood transfusions,” Weinstein explains.

The procedure is often done using general anesthesia, and takes an average of two hours to complete. Risks generally involve the low risks involved in anesthesia, but the risk of using the scope itself is no higher than that involved in a standard colonoscopy. In general, no bowel preparation is required, unless the scope is required to be inserted through the colon. (Usually, it is inserted through the mouth.)

The procedure also enables physicians to take biopsies of suspicious growths identified on CT (Computed Tomography) scans to determine whether cancer is present. It can also be used when standard colonoscopes have difficulty reaching the end of the bowel. The facility does approximately 30 deep enteroscopies per year.

Besides Philadelphia VA patients, patients from the Coatesville and Wilmington VA medical centers are referred to the facility for VCEs. Coatesville, Lebanon, and Wilmington patients needing deep enteroscopies come to Philadelphia as well.

“Most patients with significant occult bleeding no longer need to suffer frequent admissions and transfusions,” says Weinstein.



# BRAIN SCANS BY HAND

*A new device checks the brain for bleeding — stat!*

In our interview with Dr. David Macpherson, VISN 4's chief medical officer (see page 8), he made reference to the "tricorder," a fictional hand-held device used by Leonard "Bones" McCoy, the medical officer on "Star Trek," to help him diagnose patients in the spaceship's sick bay.

VA Pittsburgh Healthcare System has several FDA approved futuristic devices now on order that, hundreds of years from now, Dr. McCoy would be proud to own.

Called an "Infrascanner," these hand-held screening devices use near-infrared technology to screen patients for intracranial bleeding (bleeding within the skull), and to identify those who would benefit from immediate referral for a more detailed CT (Computed Tomography) scan.

"Pittsburgh will be the first facility in the entire VA system to use the Infrascanner," says Dr. John H. Oldershaw, a retired Naval medical officer who is chief of Pittsburgh's imaging service. Others, however, are already using the device, including the Navy, the Marine Corps, and the Pittsburgh Steelers.

Initially, the Infrascanner will be used to support VA Pittsburgh's fall management program which is designed to improve patient safety.

When patients fall, but do not appear to be significantly hurt, the device will be used to check if there is any bleeding in the brain.

 **To watch a video demonstration of the Infrascanner, visit [https://www.youtube.com/watch?v=sGpH9\\_80vfA](https://www.youtube.com/watch?v=sGpH9_80vfA)**



If there is an apparent significant head injury, however, the patient will receive a CT scan immediately.

Once clinicians are trained and become accustomed to using the Infrascanner, the devices will be made available in Pittsburgh's emergency room. The scanner will also be used to evaluate patients whose mental status changes significantly to see if a brain injury might have contributed to those changes.

"The Infrascanner will basically be used for 'low suspicion' patients: those who are clinically stable and don't appear to have a significant head injury," explains Oldershaw. "It can detect very small hematomas in about two to three minutes."

"The beauty of this device is that it doesn't use ionizing radiation, but infrared energy instead," he continues.

"In patients with low suspicion brain injuries, anything we can do to minimize radiation exposure and maximize our ability to detect significant bleeding in the brain has great value," he concludes. "I'm grateful to our chief of staff, Dr. Ali Sonel, for his vision and support in helping us to obtain these devices."

Oldershaw expects the scanners to be available to benefit patients in the late summer or early fall of 2014.

“

*Patients will no longer have to undergo multiple CT scans, and be exposed to potentially unnecessary high doses of ionizing radiation.*”

**Dr. John H. Oldershaw**, VA Pittsburgh Chief of Imaging





# THIS TOO SHALL PASS!

*Laser lithotripsy ensures even smallest fragments of kidney stones are removed*



Kidney stones are small, hard deposits that form inside of the kidneys. The stones are made of mineral and acid salts, and can be quite painful to pass. Small kidney stones usually pass through the system if they are less than 6 to 8 millimeters in size. However, help is needed if the stone is too large to pass on its own, is growing or blocking urine flow, or if the pain and nausea produced cannot be controlled.

## Today, most treatments for kidney stones are much less invasive than in the past.

VA Pittsburgh Healthcare System, which also accepts referrals in this area from the Clarksburg, Erie and Altoona VA medical centers, uses a technique called laser lithotripsy when stones need to be removed.

The availability of laser lithotripsy has reduced the use of the previous form of lithotripsy, called Extracorporeal Shock Wave Lithotripsy (ESWL). While ESWL is able to break up kidney stones using high-energy shock waves, fragments of the stones tended to remain at the bottom of the kidney, and were difficult to pass.

“The flexible scopes we have now, called ureteroscopes, can get all the way up into the kidney, and then we use the laser to break up the stone directly and take all of the fragments out,” says Gingrich.

Pittsburgh has twelve ureteroscopes, which are fully reprocessed before every use, and recently purchased its own laser specifically for the procedure. Before this, the hospital rented a laser from other health care providers.

ESWL equipment was previously available only on demand, as opposed to the smaller, more easily stored laser equipment — meaning that kidney stones can now be removed at Pittsburgh at any time, as opposed to only a few days per month.

ESWL is still available for occasional selected circumstances. Laser lithotripsy usually requires general anesthesia, however, as opposed to ESWL, in which patients generally only need to be sedated.

“Owning our new laser is more cost-effective for VA, and it’s available 24 hours a day, seven days a week,” Gingrich concludes.



“

*This is a technology that’s been around for probably ten to fifteen years. We perform probably half a dozen cases a week.*”

**Dr. Jeffrey R. Gingrich,**  
VA Pittsburgh Chief of Urology

**Shown here:** Dr. Brian Kadow



# LAPAROSCOPIC SURGERY CONTINUES TO ADVANCE

*New surgical technique cuts hospital stays, gets patients on their feet faster*

Laparoscopic surgery is a surgical procedure performed with the assistance of a video camera and several thin instruments. During these procedures, small incisions are made, and plastic tubes called ports are placed through the incisions. The camera and the instruments are then introduced through the ports, allowing access to the patients' insides.

Wilkes-Barre VA Medical Center has been performing laparoscopic surgeries for fifteen years, according to Dr. Ghazali A. Chaudry, the medical center's chief of surgery. Approximately 60 percent of its surgeries now use laparoscopic equipment. Chaudry himself is specially trained in laparoscopic techniques, having completed a fellowship in minimally invasive surgery following his surgical training.

Among the types of laparoscopic surgeries being done at Wilkes-Barre VA medical center are colorectal surgeries, including bowel resections to remove cancers or for other reasons. "Instead of making a deep cut, we can make smaller incisions," says Chaudry.

Among the other areas in which Wilkes-Barre surgeons will use laparoscopic procedures whenever possible are: appendix and gall bladder removals and repairs; hernia repairs; hysterectomies; and video-assisted throscopies, which remove pieces of the lung.

"This field of surgery continues to advance," explains Chaudry. "We now have to make even fewer incisions than we used to."

The next level of advancement, he believes, will be in robotic surgery. He cites the da Vinci surgical system, a robotic surgical system using interactive robot arms operated by a surgeon to perform complex operations in a minimally invasive manner. While Wilkes-Barre does not have this system, VA Pittsburgh Healthcare System does.

"This is not experimental surgery," he concludes. "We have a proven track record, and multiple studies, and demonstrated benefits for Veterans. It's here to stay!"

In laparoscopic bowel resections, the pain associated with surgery is much less, and recovery time is much quicker.

"People are often able to get up and walk around the same day as the surgery. This decreases their risk of wound infection, reduces the likelihood of blood clots or pneumonia, and makes the healing process much faster."

Other advantages of laparoscopic procedures include shorter hospital stays, quicker recovery times, earlier return to full activities, and much smaller scars. Patients with multiple previous surgeries and some other issues, however, may not be eligible for laparoscopic surgery. In those cases, surgeons will use the traditional "open cut" method instead.



“

*Dr. Chaudry sat me down and explained everything that was going on. I can't say anything bad about the hospital.* ”

**Charles Bartlesbaugh**, Vietnam Veteran



# IT'S IN THE BLOOD!

*A pioneer in endovascular surgery creates a new program in Wilmington*

Vascular surgery manages diseases of the arteries and veins through medical therapy, catheter procedures, and surgical reconstruction. Endovascular surgery is a less invasive approach to treat vascular disease such as aneurysm (a swelling or ballooning of the blood vessels) and arterial blockages.

Both types of surgeries have evolved significantly in recent years. Since July 2012, Wilmington VA Medical Center and its patients have been fortunate to have a very experienced surgeon to perform both vascular and endovascular surgery. He is Dr. Krish Soundararajan, the hospital's chief of surgical services and director of the endovascular program.

Soundararajan, who is nationally and internationally known and has previously established endovascular programs in academic facilities, was involved in the early trailblazing and pioneering times of endovascular therapies during his tenure at Albert Einstein University

and Mount Sinai-NYU Medical Centers in New York.

"Before 2000, abdominal aortic aneurysms were treated by cutting open a patient from the upper to the lower part of the abdomen," says Soundararajan. "Then part of the aorta would be removed and replaced with a plastic tube."

"In 2000," he continues, "the FDA approved a procedure in which two small sheaths were inserted through the groin and a sleeve was placed in the area to re-line the aortic vessel." Soundararajan himself has been doing the procedure since 1993, as he was involved in several initial clinical trials in the U.S. and in the U.K. prior to 2000.

Advantages of endovascular aneurysm repair to patients include little or no scarring; small incisions (less than two inches); less stress on the heart because there is no need for aortic artery clamping; minimal blood loss; and rapid recovery time.

“Because of this, we are able to offer the procedure to many more frail and elderly Veterans, who could not tolerate open surgery,” he tells us. “It’s not for everyone, though. The surgery requires minimal access to the body, but it is not minimally invasive.”

Soundararajan emphasizes that the success of the program at Wilmington is a team effort. “We have a great team here, including nurses, anesthesiologists, ICU staff, biomedical engineers, prosthetics and logistics representatives, and many others. We also have standard operating protocols for every contingency. I couldn’t have done this alone.”

Wilmington did not offer on-site endovascular surgery for its patients before Soundararajan arrived at the facility. Now, the facility receives patients from Lebanon and Coatesville VAMCs and their associated outpatient clinics, and is working to partner with the Philadelphia VAMC to handle some of their cases as well, when needed.

Soundararajan also brought with him to Wilmington the ability to conduct minimally invasive peripheral vascular surgery — treating blockages in the arteries to heal wounds and save limbs from having to be amputated, as well as to improve circulation in the extremities.

“Instead of a bypass operation, as used to be done, we now require just a small needle hole to remove these blockages,” he explains. This is done under local anesthesia and causes minimal to no blood loss.

Since his arrival at the facility, the hospital has done more than 200 vascular surgeries and more than 125 endovascular procedures in the state-of-the-art interventional suite.

“

*Not only have we improved care and outcomes for patients, but we’ve also provided fiscal benefits to taxpayers, by not having to send our patients elsewhere for surgery, as was done before.*”

**Dr. Krish Soundararajan**, *Wilmington VA Chief of Surgical Services*

Ninety percent of patients undergoing endovascular interventions go home the next day and quickly return to full activities and work.

“I’ve been very blessed at VA with leadership support,” he concludes. “Dr. Macpherson, the Wilmington leadership team, and the entire VISN have been supportive. To me, this reflects that our vision and actions are in alignment. VA employees have the special privilege to serve our Veterans who served our country. We should be motivated to perform for purpose, not for profit. That’s my philosophy in everything I do.”



# MISSION: REDEFINED

Disabled Veterans report better health, new friendships and a better quality of life when participating in adaptive sports.

Adaptive sports provide great opportunities for disabled Veterans to get out and get fit. Above-the-knee amputee and Army Veteran Melissa Stockwell swims, bikes, and runs six to twelve hours a week, which she says helps her “feel more alive than I ever did with two legs.”

“I feel more confident that I can do anything I put my mind to,” she says, “with one leg or two.” To support Stockwell and other disabled Veterans in their recovery process, VA hosts and sponsors numerous sporting and recreational events for them throughout the country.

In VISN 4, Adventure on the River offered disabled Veterans an opportunity to learn rowing (both sculling and sweep rowing), kayaking, and dragon boating. The free event, held in Pittsburgh on June 8, was hosted by the city’s Three Rivers Rowing Association Adaptive Rowing and Paddling Program. All Veterans with physical, visual, and intellectual disabilities were invited. The Rowing Association provided equipment and coaching.

The National Veterans Wheelchair Games is the largest annual wheelchair sporting event in the world. Veterans of all ages and ability levels compete in events including archery, air guns, basketball, bowling, field events such as shot put and javelin, handcycling, a motorized wheelchair rally, nine-ball, power soccer, quad rugby, softball, swimming, table tennis, trapshooting, and weightlifting.

In 2011, VA Pittsburgh Healthcare System proudly hosted nearly 600 wheelchair athletes from the United States, Puerto Rico, and Great Britain. In 2014, VISN 4 again has the honor

of hosting the Games, which will be held in Philadelphia on August 12-17.

The Philadelphia VA Medical Center is this year’s Wheelchair Games coordinator. Local chapters of the Paralyzed Veterans of America (PVA) Veterans service organization, including the Keystone PVA Chapter, will provide funding to help Veterans travel to the Games, as they do each year. Admission to the Games is free.

Paralyzed Navy Veteran Robbie Green has attended the Games each year since 2011. He has participated in the 800 meter dash, the 100 meter dash, the javelin throw, the air rifle shooting competition, and other competitions. He’ll be there again this year.



## “I WOULDN’T MISS IT



## FOR MORE INFORMATION:

### Adventure on the River

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### First Swing and Next Step

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### National Veterans Wheelchair Games

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**Above:** Robbie Green, a paralyzed Navy Veteran, has competed in National Veterans Wheelchair Games held in Pittsburgh, Richmond, Va., and Tampa, Fla. Participating in adaptive sports "improves my health" and "helps me to meet new people."

## FOR THE WORLD?

**Robbie Green**, Navy Veteran and Wheelchair Games competitor

First Swing is an opportunity for amputee Veterans who are either first-time or experienced golfers to learn the game or to improve their golf skills with the help of PGA professionals. First Swing is free and open to any amputee Veteran who receives care from VA.

Veterans who have completed a First Swing clinic may be selected for Next Step, a nine-hole scramble best ball tournament. The free tournament will include nine teams. Each team will include two amputee Veterans, a professional golf instructor, and a VIP guest. Both golf clinics are coordinated by the Philadelphia VA Medical Center.

A First Swing clinic was held in Marlton, N.J., on April 24. A Next Step tournament will be held in Sewell, N.J., on September 18.

Disabled Veterans enrolled in VA health care who have shown a commitment to consistent exercise or have consistently participated in adaptive sports may be eligible to receive specialized adaptive sports equipment free from VA. Interested Veterans should contact Doug Hilliard, VISN 4 Prosthetics Manager, at **724-477-5079** or **Douglas.Hilliard@va.gov**.



**Above:** Melissa Stockwell, an Army Veteran, world-class athlete, and above-the-knee amputee, has competed in the Nautica NYC National Championships Triathlon and the Paratriathlon World Championships in Beijing.



Clinical Video Telehealth uses video conferencing technology to **conveniently, securely, and quickly** provide Veterans with access to health care services from remote facilities. Specialty equipment such as high-resolution portable cameras provides a **safe, reliable, and accurate** way for providers to assess a patient and manage their treatment without physically being in the same location.

**1. LAURIE K. CONTI (BUTLER) | MOVE! PROGRAM MANAGER**

*"As staff, we need to embrace video telehealth to make the experience positive for Veterans and continue to open the doors to new and improved options for care through this modality."*

**2. ELIZABETH DEFEQ (COATESVILLE) | PRIMARY CARE NURSE**

*"Telehealth has allowed us to provide services at the community-based outpatient clinics that were not available there before. It has also allowed us to offer specialties that are not physically at our facility and has increased access to care."*

**3. TAMMY WESSNER (LEBANON) | PRIMARY CARE COORDINATOR**

*"We are able to take our care to a place of the Veteran's choosing, whether it's the nearest outpatient clinic or the comfort of home. Our Veterans are appreciative and highly satisfied."*

**4. JEANNE MAHONEY (WILMINGTON) | TELEHEALTH COORDINATOR**

*"We are able to reach out to Veterans right in their own environment. It is such an exciting time to work in VA and to offer cutting-edge technology that makes such a personal impact on our Veterans' lives."*

**5. PAULA BAUDA (ERIE) | NURSE PRACTITIONER**

*"Veterans are feeling that they have more one-on-one time with providers truly focused on their needs. That is patient-centered care."*

**6. TONDRA HARRIS (PHILADELPHIA) | CLINICAL PHARMACIST**

*"Veterans are able to receive better direct care and I am able to determine through body language and communication that they understand their medication management. This has been a great addition to our patient care!"*

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**WE'D LIKE TO HEAR FROM YOU**

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