Winter 2013

HORIZONS

BACK COVER STORY

From War *To Home.*

issue three

HORIZONS | issue three

Overcoming Life's Challenges

Moving Forward program teaches Veterans important life skills

Many Veterans struggle with relationships and finances, have difficulties finding work, are confused about their future; deal with loneliness, or have problems adjusting to the challenges of civilian life after serving in the military. Last November, Wilkes-Barre began an evidence-based program called "Moving Forward," a problem-solving approach to teach Veterans the skills they need to help overcome these and other life challenges.

They came to the program with different issues and perspectives, and worked together in learning creative problem solving skills.

"Moving Forward uses classes in problem solving therapy in a step-by-step strategy to help people not only to deal with their problems, but also to deal with the stress that interferes with them reaching their life goals," says Marc Kovalchik, the Clinical Nurse Specialist who directs Wilkes-Barre's program. "We deal with everyday problems, and also special problems participants may have."

The first group of four Veterans (three men and one woman) to take classes in the program met for one hour per week for four weeks.

Discussions are organized around a standard format, developed by experts in problem-solving therapy. Topics include how to become an effective problem solver; clearly identifying problems, goals, and obstacles; slowing down and thinking before taking action; reducing stress; managing emotions; and finding strategies that will work best and have the most rewarding outcomes for participants.

After the program is completed, participants can still receive additional help from Kovalchik and other Wilkes-Barre employees. In the future, Kovalchik hopes to offer graduates "refresher" courses—monthly meetings to reinforce skills already learned, and to discuss new skills.

> *"I think the program is going to be very helpful. I'm hoping to get more young people involved, especially those returning from Iraq and Afghanistan. They can have a difficult time when they return home, and we can help."*

Marc Kovalchik
Clinical Nurse Specialist and Moving Forward Program Facilitator

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Visit any one of our sites of care:

Allentown Outpatient Clinic
3110 Hamilton Blvd.
Allentown, PA 18103
(610) 776-4304
Toll Free: 1-866-249-6472

Sayre Outpatient Clinic
1537 Elmira St.
Sayre, PA 18840
(570) 888-6803
Toll Free: 1-877-470-0920

Northampton Outpatient Clinic
Phoebe Slate Belt Nursing Home & Rehabilitation Center
701 Slate Belt Blvd.
Bangor, PA 18013-9341
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Tobyhanna Outpatient Clinic
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Tobyhanna, PA 18466
(570) 615-8341

Columbia County Outpatient Clinic
Alley Medical Center
301 West Third St.
Berwick, PA 18603
(570) 759-0351

Williamsport Outpatient Clinic
Campus of Divine Providence Hospital
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"We have Veterans of every age, and both sexes, participating. They can all learn from each other!"

Nabeela Mian, M.D., **Chief of Medical Service**

Wilkes-Barre VA Introduces Shared Medical Appointments

Veterans learn from staff and each other in open forum

Many Veterans have had the experience of bringing a loved one to a medical appointment with them, to ask questions, take notes, and provide other support. Few, however, have shared their medical appointments and health information with other Veterans—but that's exactly what six Wilkes-Barre Veterans with diabetes are doing now, and more will do so in the future.

"Shared medical appointments provide an opportunity for our diabetic patients to learn from each other," says Nabeela Mian, MD, Chief of Wilkes-Barre's Medical Service. "In the room with them are endocrinologists, psychologists, nutritionists, and others. Patients can bring their spouses with them if they'd like, as well."

Dr. Mian says that the two-hour long meetings are basically open forums—there are no lectures or other talks. Instead participants sit at a table and converse with each other about diabetes. The psychologist usually opens the discussion, and everyone participates.

"Our group contains a mixture of patients," Mian says. "We have some who have good control of their diabetes, some who are having mixed success, and some who have poor control." Those who have learned to control their diabetes share the lifestyle changes they have made with those who are struggling to do so—and motivate them to believe, "if they can do it, I can do it too!"

Above: Veterans and staff gather for a shared medical appointment to ask questions and share information about managing diabetes.

All participants are encouraged to ask questions of the clinicians in attendance, and if health questions of a personal nature need to be discussed, clinicians are available before and after the session for one-on-one consultations. Hypertension and cholesterol levels, both important in diabetics, are closely monitored.

Mian hopes that as more people learn about the program, additional groups will be formed, and eventually groups will meet at the medical center every week.

"The shared medical appointment is a new model that is being tried in other VA's as well," Mian explains. Natia Potter, MD, an endocrinologist at Wilkes-Barre, participated in a similar program at VA's Brooklyn hospital, and was interested in implementing the program here. After a preparation process of several months, the program got underway in October of 2013.

CONTINUOUS IMPROV

Progress Through Teamwork

Wilkes-Barre uses teams to implement strategic plans

The Department of Veterans Affairs regularly prepares five-year strategic plans to articulate VA's long-term vision, and both the Veterans Health Administration and VISN 4 augment VA's overall strategic plan with plans of their own.

Wilkes-Barre demonstrates its commitment to VA's goals and objectives by aligning its own strategic plan with other VA plans. "We've taken the major areas of emphasis in those plans, and created teams to implement them," explains Felissa Koernig, Executive Assistant to the Director. The teams are charged with developing new and innovative ways to deliver effective, efficient, high-quality care to Veterans.

For Fiscal Year 2014, Wilkes-Barre has chartered twenty teams, each looking at a different aspect of facility operations. Among these are:

Improving emergency care. A team is looking at adding a "fast track" to the emergency department now under construction for Veterans requiring emergency attention for minor issues. "This will enable us to use our resources a little bit better and be more patient focused," says Koernig.

Increasing access. This team is tackling the issue of "no-shows," patients who make appointments and then do not attend them. The team will look at scheduling processes at each Wilkes-Barre clinic, and will recommend improvements. They will also develop a program to remind Veterans to let VA know in advance if they cannot make a scheduled appointment–so that their appointment time can be offered to another Veteran.

Reducing homelessness. VA Secretary Eric Shinseki's priority is to eliminate homelessness among Veterans by 2015. Social Work Service will be challenged to develop new plans to help homeless Veterans, especially those who have been homeless more than once or for an extended period of time. This team will recommend new ways to get homeless Veterans into permanent housing, including those currently enrolled in inpatient programs.

Increasing the use of Telehealth. Last year, Wilkes-Barre began a teledermatology program with the Wilmington VA Medical Center. This year, telemental health will be emphasized. The facility has already hired a half-time psychiatrist, located at the Manhattan VA hospital, who will be available for Telehealth consultations at each community-based outpatient clinic. The team will also look at ways to make employees and Veterans better aware of the value of Telehealth and its ability to improve care.

Each of these task forces will provide quarterly reports to the director on its work, and will not only make proposals but will supervise implementation of those proposals by the close of Fiscal Year 2014.

"Strategic planning allows us to se
striving to be better. We are alwa
21st century medical center offer

Felissa Koernig, **Executive Assistant to**

VEMENT

t goals, so that we can always be ys working to make our facility a ing the best care anywhere!

the Director

Don't Be Alarmed!

New procedures reduce alarm fatigue

In April 2013, The Joint Commission warned hospitals throughout the United States that the constant beeping of alarms on patient monitors could cause health care professionals to ignore or even disable sounds that signal patients may be in danger.

The Joint Commission, which is the national organization that accredits hospitals, called the problem "alarm fatigue," and urged all hospitals to "take a focused look at this serious patient safety issue."

The Commission recommended that hospitals identify alarm-equipped medical devices used in high-risk areas and for high-risk conditions and determining how they should be set; identify situations when alarm signals are not clinically necessary; establish guidelines for tailoring alarm settings and limits for individual patients; train caregivers on safe alarm management and response in high risk areas; and consider how to reduce alarm signals.

In response, VA's National Center for Patient Safety has set reducing alarm fatigue as a goal for all VA hospitals for 2014. Among the machines that may cause unnecessary alarms are cardiac monitors and ventilators.

According to Elaine Hunter, Wilkes-Barre's Interim Patient Safety Manager, the facility has already taken steps in this area. "We're looking at manufacturers' guidelines and following them, which we were already doing. We're now changing the leads on our cardiac monitors every day, instead of when they start wearing down, which has cut down tremendously on the number of false alarms–so that we're only responding to true alarms.

"We've stopped allowing individual employees to change the parameters of machine alarms," she continued, "so that they can't turn down the volume of alarms. And we've create a committee of employees from throughout the hospital to look at other ways we can reduce patient harm related to alarm systems."

The committee is led by Joe Sharon, Wilkes-Barre's associate director, and by Joe Pellicano of the hospital's biomedical section. Its goal is to keep Wilkes-Barre moving forward in this area and to continue to find ways to improve the hospital's performance.

It helps our patients rest better when alarms aren't going off unnecessarily.

Elaine Hunter
Interim Patient Safety Manager

Introducing New Faces

1 JEFFREY MANZO, DMD

Chief of Clinical Support Services

Dr. Manzo, who has been with Wilkes-Barre for ten years, began his VA career as a staff dentist at the Allentown outpatient clinic. For the past five years, he had been Chief of the facility's Dental Service.

In his new position, Manzo oversees eight services, including social work, rehab and prosthetics, psychology, dental, Wilkes-Barre's clinical application coordinators, and speech pathology and audiology. He reports directly to VA's chief of staff.

"My philosophy is that whatever services Veterans receive from VA, they're not getting for free," he concludes. "They paid for them tenfold by their service to our country, and it's my privilege to give back to them for that reason. They're getting what they deserve, because they've already paid for it."

2 DOREEN LYSIAK, RN, MSN

Associate Chief Nurse for Outpatient Services

Doreen Lysiak is Wilkes-Barre's new Associate Chief Nurse for Outpatient Services. In this position, she works directly under the facility's Nurse Executive, and has oversight over nurses working in primary care; the outpatient clinics; the GI (gastrointestinal) unit; the short procedure (SPU) unit; hemodialysis; chemotherapy; and the mental health outpatient clinic.

"I would like to use my extensive clinical background to help those areas to overcome any of the challenges they have been having, look at their performance measures and keep them on track, help improve the care we provide Veterans and their access to it, and help make our facility a safe and customer-friendly environment for Veterans," she tells us.

"I love serving Veterans," she explains. "Because of my military experience, I understand some of the struggles and stigmas they face. Hopefully, I can help them choose VA as their place for health care!"

4 ANN KWIATKOWSKI, RN, MPH, CHES

Health Promotion and Disease Prevention (HPDP) Program Manager

Ann Kwiatkowski is Wilkes-Barre's new Health Promotion and Disease Prevention (HPDP) Program Manager. In this position, she helps promote healthy living among Veterans in the medical center.

"I have always had an interest in public health, specifically preventing disease through education, but I'm even more excited to work with our Veterans and support them in their efforts to improve their health," she explains.

"I'm looking forward to doing whatever I can to ensure the success of the HPDP Program and hopefully have a positive impact on the lives of our Veterans", she concludes.

3 DANIEL FEATHERSTON, MD

Hospice and Palliative Care Director

'It's Where You're Most Appreciated.'

Palliative care service makes a difference in end-of-life care

"Palliative care service is charged with seeing and evaluating patients with serious health conditions in preparation for, or as a precursor to, end-of-life care," explains Daniel Featherston, MD, Wilkes-Barre's new Hospice and Palliative Care director. We see people for a lot of different reasons."

Palliative care service operates a 10-bed hospice unit, and offers a consultation service for the entire hospital. The service is about to start a clinic for patients who are about to be referred for outpatient palliative care consultation. Dr. Featherston is responsible for managing all three of these programs.

> *"Sometimes, we succeed so well that we help people to return to normal lives."*

"End-of-life care is very gratifying," he concludes. "It's where you're most appreciated. There are very few unnecessary demands, and any difference you can make is usually a big one. And who is more appropriate for receiving this type of care than Veterans?"

CONSTRUCTION UPDATES

STARTING THIS QUARTER:

Expand Surgical Clinics 3rd Floor Center: The 3rd floor center and west will be totally renovated to provide specialty outpatient clinic exam rooms and expanded waiting area. The project will take twelve months to complete.

Upgrade Compensation & Pension: The 1st floor center will be totally renovated to provide for a Comp & Pen suite and a Voluntary Service suite. The project will take twelve months to complete.

Renovate 6 East for Staff Development: The 6th floor east will be totally renovated to provide a Medical Simulation Laboratory and training center. The project will take twelve months to complete.

Renovate Basement: The Ground floor main entrance and atrium area will be upgraded along with newly renovated spaces for Police Service and Business Office. The project is expected to take twelve months to complete.

CURRENTLY UNDERWAY:

Expand Emergency Department: The Emergency Room is being totally renovated and expanded. The construction is being phased so the Emergency Room will be operational throughout construction. The project will take fifteen months to complete.

Expand Oncology: The 4th floor of the CLC building is being renovated to provide for a new Oncology Suite. The project is expected to be completed in twelve months.

Upgrading Patient Rooms in the Community Living Center (CLC): We are in the process of upgrading patient rooms and flooring throughout the CLC's second and third floors. The work will close three or four rooms at a time, and should be completed in February.

Building 5 Renovations: Building 5 (now empty) is being totally renovated to provide additional administrative space for the Medical Center. The project will be completed in February 2014.

Renovation of the 2nd floor Wound Care Clinic: This project will provide offices for prosthetics, orthotics, and rehab—and the wound care clinic itself. The Ultrasound Suite was completed in September, and the remainder of the project will be completed in March.

Renovation of the 3rd center for Phlebotomy: Phlebotomy will be moving into newly renovated space on the third floor. The project will be completed in January.

Replacing Light Fixtures: New, more energy-efficient light fixtures will be placed throughout the main building and the CLC by February.

COMPLETED IN THE LAST QUARTER:

Renovation of the Ultrasound Suite: The ultrasound suite was completed and placed into operation in September. The newly renovated suite includes four ultrasound exam rooms, expanded waiting room, and administrative offices.

Renovation of the 8th Floor for Audiology and Sleep Lab: The audiology department staff moved into the newly renovated audiology suite on 8th floor west in November. The upgrade included an expanded waiting room and an additional audiology testing booth for Veterans with disabilities.

From War To Home

Photographs taken by Veterans help VA to better understand their experiences

From the end of October through the end of December, a remarkable photographic exhibit was on display at Wilkes-Barre.

The exhibit, entitled "From War To Home," featured photographs by more than 30 Iraq and Afghanistan Veterans, with quotes explaining why the photos they took are meaningful to them.

"The idea came from my work with Iraq and Afghanistan Veterans over the past few years," explains Gala True, Ph.D., core investigator for VA's Center for Health Equity Research and Promotion (CHERP). "This work also grows out of VA's commitment to treat Veterans as key stakeholders when it comes to improving access to mental health care for Veterans returning home."

True used a method called PhotoVoice, which involves putting research tools into the hands of research subjects themselves. She gave cameras to forty Philadelphia-area Veterans, and asked them to answer some basic questions: how did military service impact their health and the health of their comrades; what were the challenges they faced in making the transition home after deployment; what barriers and facilitators they found when accessing health care; and where they find the strength and resilience to move forward.

"It looks great at Wilkes-Barre. They have such a beautiful space there."

Among the most powerful pieces in the exhibit was a photo of a hole at a construction site, surrounded by barriers. "(It) symbolizes the after-effects of an IED; the crater is what we call them over there," explains Veteran Kenneth Thompson. "I took a blast from an IED. It was the cause of my traumatic brain injury."

Veteran Philip Lam photographed a long, straight road. "I'm unemployed and I'm having trouble getting work," he said. "I saw that as having still a long road, trying to get back into the workforce. And also, just in life in general, I still have a long way to go."

The exhibit opened at the Philadelphia VA Medical Center, where True's office is located, on Veterans Day 2012, and visited several other facilities before coming here. "I became interested in how people's identity and culture affects how they think about health care," she tells us. "I believe we need to treat people as experts in their own experience, and as having knowledge that can help improve their own health care. It's a very patient-centered approach to care."

The project was funded by VA's Health Services Research and Development Service (HSR&D) and the VISN 4 Center for Evaluation of Patient Care Teams (CEPACT). True hopes to use her research to help get Veterans needing care into VA, and to improve the Department's ability to provide them with the kind of care they expect.

In particular, she would like to improve what she calls "military cultural competency" among VA employees—getting them to better understand the experience of having served in the military, especially in war zones, and how that experience affects Veterans' health and how they perceive care.

"The project has given us lots of insight into the barriers Veterans perceive about accessing VA care," she believes. "Veterans have a lot of great things to say about how care can be improved—and what health care providers can do to improve rapport with them."

True and her fellow researchers are now looking at how attending this powerful exhibit affects the opinions and behaviors of health care providers who visit. "It's really about challenging stereotypes," she concluded. "This group of Veterans is different from any group of Veterans who have come through VA before. I'm really just a witness to all of this."

The exhibit was installed on the first floor of the Medical Center, near the memorabilia display.