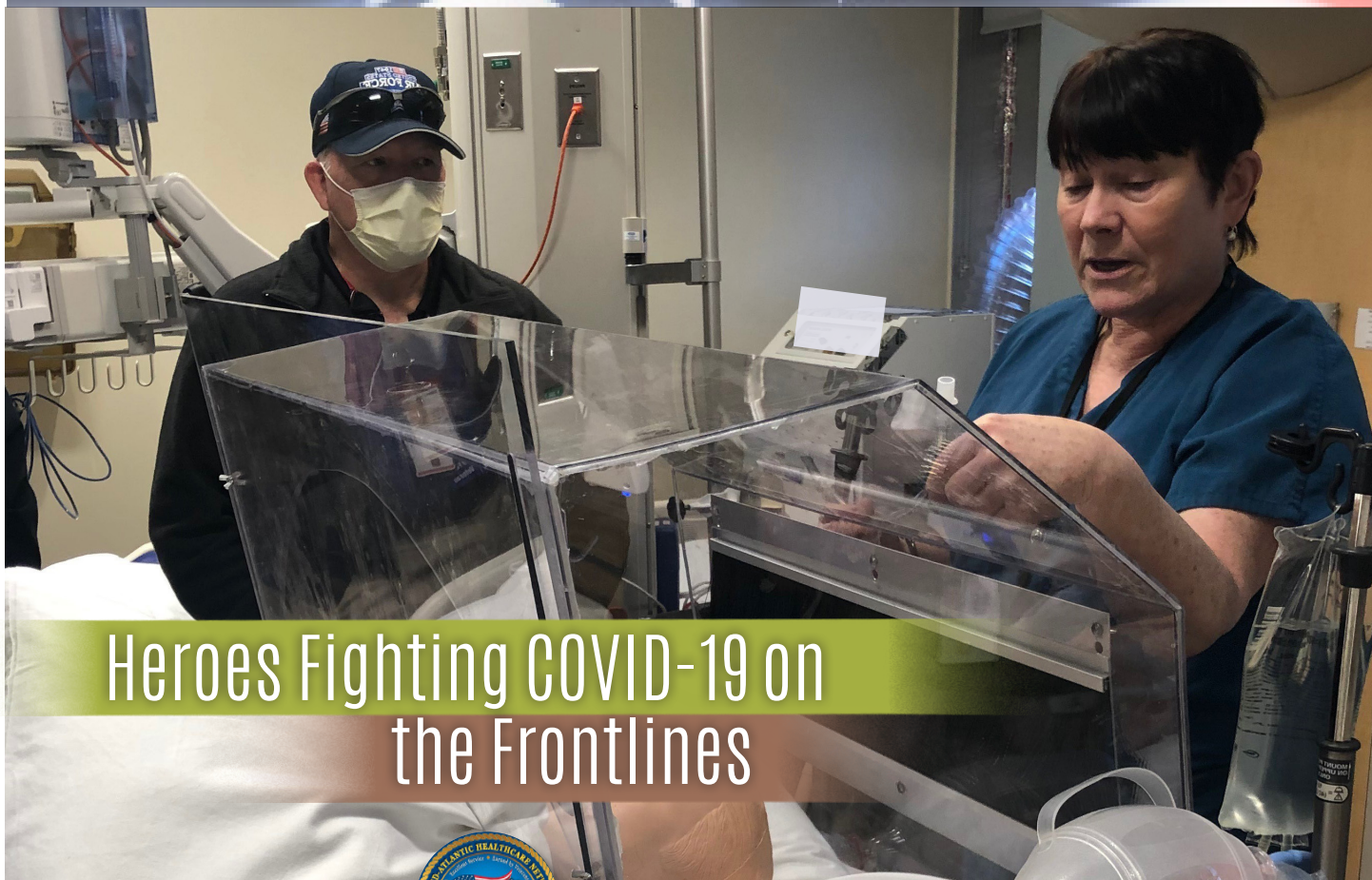


VOICES OF VISN 6

— Excellent Care — Earned by Veterans — Delivered Here —



Heroes Fighting COVID-19 on the Frontlines



Inside This Issue

By Marlou Black | PUBLIC AFFAIRS OFFICER SALISBURY VA HEALTH CARE SYSTEM

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From the very beginning of this COVID-19 journey, staff and leadership at the Salisbury VA Health Care System have gone above and beyond to ensure the safety of not only the Veterans they serve, but also to ensure the safety of each other as well.

It all began with a drawing on a sheet of paper. Dr. Charles de Comarmond, Associate Professor of Medicine and Infectious Diseases at Wake Forest University Baptist Medical School, and Associate Chief of Staff for Medicine, VISN 6 Infection Prevention Consultant designed a portable, over-the-bed negative pressure intubation tent/cage.

Dr. de Comarmond met with Chief of Engineering Joseph Laurer, Assistant Chief of Engineering Steven Parris, and Facility and Operations Supervisor Tim Draper to share his thoughts and to see if a prototype could be built. Engineering put together a team of different disciplines and talents that could help brainstorm Dr. de Comarmond's idea. This team included Steven Parris, Tim Draper, Construction Crew Supervisor Matthew (Shane) Gannon, Machine Shop Supervisor Dale Lawson, and Building Maintenance Supervisor Brian Ritchie.

TOP PHOTO: Caption: Dr. Elizabeth Bell, Chief Anesthesiologist (left) and Brian Ritchie, Building Maintenance Foreman (right) test the D5000 negative pressure unit designed to protect patients and staff while treating patients at the Salisbury VA Medical Center (Photo submitted by Salisbury VA Health Care System).

Message from the Network Director



As a High Reliability Organization, the safety of our Veterans and staff remains the highest priority. When considering how we provide healthcare services during and after COVID-19, it is vital that we ensure a safe infrastructure that allows our Veterans to continue receiving the highest quality of care. Reopening takes an incredible amount of planning, so we are being very thoughtful in our next steps, drilling down as much as possible into the conditions at each medical center to ensure that our reopening processes makes sense in all respective environments. As senior leaders, we are very cognizant that the necessary workflows, patient/staff flow, required equipment, supplies and space

need to support the social distancing measures that will be implemented as we transition back. With that in mind, I can tell you that one of the biggest things we have learned during this time is that VA healthcare will look very different in the future than it did before this experience. As we peel back restrictions in our facilities, we will continue to conduct ourselves in ways that instill and secure trust in what we do and who we are. All of us, Veterans and staff, must continue to practice physical distancing, universal masking, handwashing, and other infection control measures inside and outside of our medical facilities. We share a role in keeping each other safe. I, too, am anxious to return to a sense of normal, to see

family and friends and be able to interact as we did before. However, it is imperative that we recognize that the world we live in is different. While this can be frustrating and scary, it also provides us with a great opportunity — the opportunity to advance care delivery in new and exciting ways. We are on the cutting edge of a new era in healthcare, and we are part of the team who will create a highly reliable, safe and efficient healthcare system for Veterans well into the future.

— DeAnne M. Seekins
VISA 6 Network Director



Charles George VA Medical Center Offering Curbside Pharmacy Service

By Vance Janes | CHARLES GEORGE VA MEDICAL CENTER PUBLIC AFFAIRS OFFICER

ASHEVILLE, N.C. — During the current conditions created by COVID-19, various Charles George VA Medical Center departments are finding innovative ways to safely meet the needs of the Veterans they serve.

Pharmacy employees recently implemented curbside service to make it easier for Veterans to obtain their medications without having to leave their vehicles and

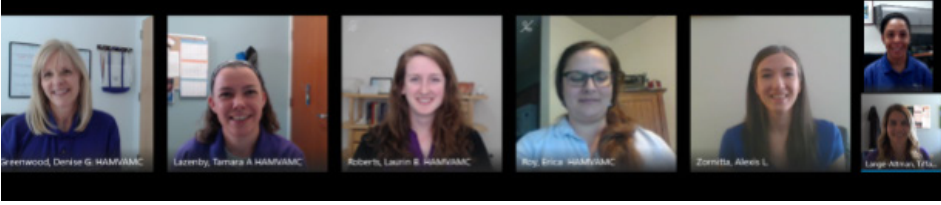
enter the medical center.

Pharmacy personnel first work with Veterans to determine if medications can be sent by overnight mail. If mail delivery is not an option, Veterans can drive to the facility and go to the designated pick-up area, which is the traffic circle between the main medical center and the Community Living Center.

From there, Veterans provide a phar-

macist with their information. They are then directed to a designated Pharmacy Curbside parking spot, where a pharmacist or pharmacy technician delivers the medication.

TOP PHOTO: Charles George VA Medical Center Pharmacy employees recently implemented curbside service to make it easier for Veterans to obtain their medications without having to leave their vehicles and enter the medical center.



Stress Management Response Team (SMaRT): Capturing and Cultivating Employee Resiliency

Tiffany Lange-Altman | PSYD, AND JOHN ROGERS, PUBLIC AFFAIRS OFFICER

The COVID-19 pandemic has led to an abrupt change in society – schedules shifted, new work demands, family time redefined, and self-care adjusted. These changes can understandably lead to an increase in feelings of stress and overwhelm. For many of our health-care workers, they are managing societal stressors while also being repeatedly exposed to the unknown course of the pandemic.

To proactively address the normal reactions to this abnormal event, the Hampton VA Medical Center has prioritized creation and implementation of the Stress Management Response Team (SMaRT), an initiative modeled off the military’s Combat Operational Stress Control (COSC) and utilizes Psychological First Aid (PFA). The purpose of the SMaRT team is to proactively and preemptively address staff reactions to stress in order to support all employees who are part of our greater mission – serving Veterans. The team offers group and individual options while also focusing on enhancing overall wellness for the medical center. The presence of the SMaRT team in high risk areas (e.g., ICU, ED, MHR-RTP, screening tents) has led to reactions, such as “This is so needed, thank you for doing this!” and “I’m glad leadership is prioritizing this!” The immediate programming in the face of this national crisis reinforces the message of unity during national uncertainty.

During the pandemic, leadership and employees across the facility have joined together to encourage one another. From welcoming staff in the morning with motivational

signs to the “Soaring in Solidarity” butterfly, there are bright moments happening every day at the Hampton VA. The emphasis on employee wellness during this time has been met with corresponding improvements in veteran care measures. For example, Veteran trust and satisfaction in trust scores have increased while the facility wait times for Primary Care appointments have decreased. While we may not know many aspects about the future at this time, the staff at the Hampton VA know “we’re all in this together.”

While the bright moments at the Hampton VA are shared by all, there are some key staff members who deserve recognition for leading the charge: Sahani Howie, Jess Graves, Tracey Avery, the SMaRT team (Tamara Lazenby, Denise Greenwood, Alexis Zornitta, Laurin Roberts, Fallon Trent, and Erica Roy), and the Pentad.



Jodi Amit, Tracey Avery, Scott Radke, and Karlene Brown Wave signs to employees as they arrive thanking them for their service



Bahar Cabrera, Dental Assistant, poses with “Angel Wings”



Keith Camper, Logistics, poses with “Angel Wings”

VISN Recognizes Nurses with Annual Awards

VISN leaders use the Secretary of Veterans Affairs Awards for Excellence to recognize individuals for superior performance of their duties over the preceding year. VISN winners are then considered for national recognition. The announcements annually coincide with Nurses Week. Awarded by the VISN 6 Associate Director for Patient Care Services, these individuals are being recognized for superlative performance in any of four categories at their respective facilities. All nominees have each made unique contributions that impact care delivery.

Licensed Practical Nurse (LPN)

Jim Luetkenhaus, LPN Asheville VAMC

Nursing Assistant (NA)

Saretha Cannon, NA Hampton VAMC

Registered Nurse (RN) in an Expanded Role

Carmen Miles-Thannie, RN Hampton VAMC

RN in a Staff Nurse Role

Elise LaCroix, RN Asheville VAMC

Medical Center Director and Nurse Executive:

Medical Center Director

Stephanie Young, Asheville VAMC

Nurse Executive

Dave Przestrzelski, Asheville VAMC

Winners, VHA Office of Nursing Services

The Office of Nursing Services (ONS) is pleased to announce the winners of the 2020 VA Secretary’s Awards for Excellence in Nursing and Advancement of Nursing Programs. CONGRATULATIONS to the selected individuals from VISN 6 for their outstanding leadership and excellence in the provision of healthcare to our Veterans!

Licensed Practical Nurse

Jim Luetkenhaus, LPN, Charles George VA Medical Center

Healthcare Tech/Nursing Assistant role

Saretha Cannon, NA, Hampton VAMC

Nurse Executive-recipient of the Secretary’s Award for the Advancement of Nursing Programs

David Przestrzelski, M.S., R.N., Charles George VA Medical Center

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Heroes Fighting COVID-19 on the Frontlines

By Marlous Black | PUBLIC AFFAIRS OFFICER SALISBURY VA HEALTH CARE SYSTEM

Within days, the team had built a prototype and was ready for testing. Dr. de Comarmond suggested changes, and the team went to work on developing a prototype that would meet Dr. de Comarmond's clinical requirements.

The engineering team, in collaboration with the clinical team, developed a device that would allow for safe performance of aerosol-generating procedures in areas without airborne isolation rooms (negative pressure rooms).

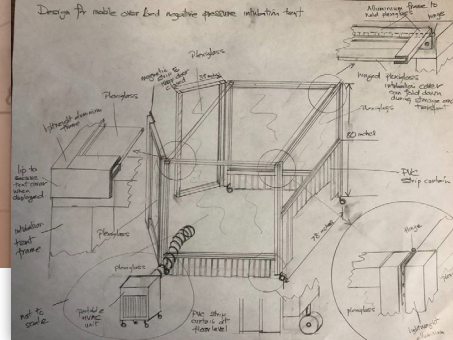
Anesthesiologist and critical specialists along with nursing and respiratory staff input within the ICU setting tested the prototype for intubations. The unit was tested at different tilt angles. The units are able to generate > -0.01 negative pressure and greater than 100 air exchanges per hour in preliminary testing. Going forward, these units will be used for intubations and extubating procedures in the operating rooms and any location in the hos-

pital, nebulizer treatments, and non-invasive, positive pressure interventions.

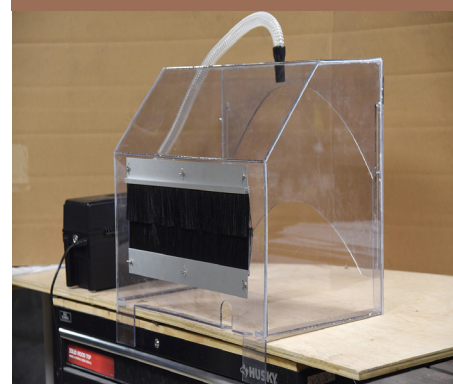
This will ensure that we enhance the safety of all staff during performance of aerosol-generating procedures in areas where there are no airborne isolation rooms and thus reduce risk of hospital-acquired COVID-19 infection.

The Engineering team named the unit the "D5000." The "D" is for Dr. de Comarmond and the "5000" is for the five Engineering staff. As of Friday, April 17, 2020, the Engineering staff was given approval to put four units into production to help combat the COVID-19 virus, while keeping our Veterans and staff safe under these new circumstances called COVID-19.

Dr. Elizabeth Bell, Chief Anesthesiologist (left) and Brian Ritchie, Building Maintenance Foreman (right) test the D5000 negative pressure unit designed by Dr. Charles DeComarmond, to protect patients and staff while treating patients at the Salisbury VA Medical Center (Photo submitted by Salisbury VA Health Care System).



To conduct many medical procedures on patients who have tested COVID-19 positive, patients must be treated in special rooms that inhibit breath exchanges that could harm clinical staff. An over-the-bed negative pressure intubation tent/cage, enables staff to treat patients where they are, without having to move them to special negative pressure rooms. This device was created by Dr. Charles DeComarmond, Joseph Laurer and Salisbury VA staff to reduce the need for full negative pressure rooms in order to treat COVID positive patients. (Photo submitted by Salisbury VA Health Care System).



Western North Carolina VA Health Care System Copes With COVID-19 Restrictions, Continues Great Care

By Vance Janes | CHARLES GEORGE VA MEDICAL CENTER PUBLIC AFFAIRS OFFICER

ASHEVILLE, N.C. — The current environment created by the COVID-19 pandemic has provided unique opportunities for VA healthcare providers to go above and beyond in serving Veterans — even if it means catching up with them while they are turkey hunting.

NEW WAYS TO SEE VETERANS

Dr. David Wells, a Charles George VA Medical Center Primary Care physician, recently completed a phone visit with a 51-year-old Western North Carolina Veteran on Turkey Tuesday.

"He was sitting in a tree stand turkey hunting, and told me to wait a minute," Wells said. "It might have been because he saw a turkey."

Brittany Brannigan, Facility Telehealth Coordinator, said that while it may seem like

a funny little story, it's indicative of how Western North Carolina VA Health Care System employees are adapting to the changes which have taken place because of the COVID-19 situation.

Virtual care and telehealth have become commonplace due to social distancing, and a lot of effort has been focused on ensuring that our Veterans still receive the highest quality of care. In some cases, the additional vigilance that comes with telehealth pays off.

In one example, Occupational Therapist Patrick Meler was performing a Video Connect appointment with a Veteran when he noticed something visibly concerning. Meler notified Dr. Wells, who took immediate action. After talking with the Veteran and coordinating an urgent MRI, the Veteran was discovered to have a serious condition requiring a referral to a neurosurgeon.

In terms of our providers' increased

reliance on the use of telehealth, Melissa Edwards, Chief of Community Based Outpatient Clinic and Telehealth said, "our providers were initially hesitant. But with one-on-one training, providers are now feeling confident with the process. They're requesting to keep VA Video Connect and Virtual care options moving forward after COVID-19."



Everyone at the Western North Carolina VA Medical Center is wearing surgical masks and following social distancing guidelines. (Photo by Rod Doty)

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Families Find Comfort in Bereavement Support After Veteran Death

By Megan Kon

OVID Bereavement Response is a new program at Central Virginia VA Health Care System (CVHCS) that seeks to help families cope with grief and bereavement, or when general support is needed.

The desire to create a support program to help families impacted by COVID-19 came from collaboration between social work service and Elizabeth Murphey, a supervisory social worker with geriatrics and extended care.

“We often focus on the patient,” Murphey said. “However, social distancing guidelines are impacting Veteran families as well, who are used to being present as strong advocates for Veterans. At VA, we treat the whole Veteran, which includes the family.”

The program’s goal is to prevent a chronic and debilitating condition known as complicated grief.

“Veteran families and caregivers represent the main source of support to our Nation’s heroes,” Murphey said. “Removing their ability to physically and emotionally support their



The COVID Bereavement Response Program is managed by social workers operating out of CVHCS’s hospice and palliative care wing. (Photo: Mary Beatty-Brooks)

Veteran family member [at the end of their life] can be a catalyst to complicated grief.”

Social workers remain proactive to ensure that all COVID-19-positive Veterans are referred to the bereavement program. When patient visitation ended in March, the program was a means to address the isolation Veterans and families were experiencing.

Sarah Rohrer, a social worker, provides bereavement and supportive counseling for the program. She has received positive feedback from Veteran families.

“The family members I have spoken to are often living alone and have either suffered the loss of a spouse or family member or are

unable to visit their ill loved one in the hospital or ... nursing home,” Rohrer said.

Since March, Rohrer says that so far 50 families have been offered counseling and support through this program. She says families have expressed how they feel more connected when a VA representative reached out to discuss their loved one.

Rohrer is specially trained in hospice and palliative care social work. She often helps families of hospitalized Veterans face important decisions as they approach end of life.

I support the families when advocating for the Veteran, to ensure treatments and interventions are in alignment with their goals.” Rohrer said. “My hope is that they feel less alone, and they know the VA is standing behind them.

CONTINUED FROM PAGE 4

STOP AND TRUST

Craig Holbert, Chief Supply Chain Officer, said things may have changed, but the staff is supportive.

“The majority of responses from the staff have been appreciative and helpful,” Holbert said. “Most of them understand the need to be teamwork-oriented and in doing so, are supportive of such changes.”

He also said that as time continues to pass, flexibility is key.

“Our ‘business as usual’ has had to become a completely new type of ‘business as usual,’” he said. “The one thing that has remained the same is how much our staff members are always willing to go above and beyond into the new, next best plan for the good of the Veterans we serve.

“I’ve been continually impressed by their willingness to be reassigned to new positions, to work in new places around the hospital, and in helping to collaborate and invent new procedures to maintain the highest level of professionalism and safety in the midst of these uncertain circumstances.”

Holbert said times of crisis can make

things feel uncertain, but for him, the cure for that uncertainty is all around him.

“My advice is to stop and trust,” he said. “The reason I can do that so easily is because I truly believe that everyone walking in this hospital has the best intentions to take care of each other — especially to pay back our heroes for what they’ve already given for us.”

EVERYONE’S COMMITTED

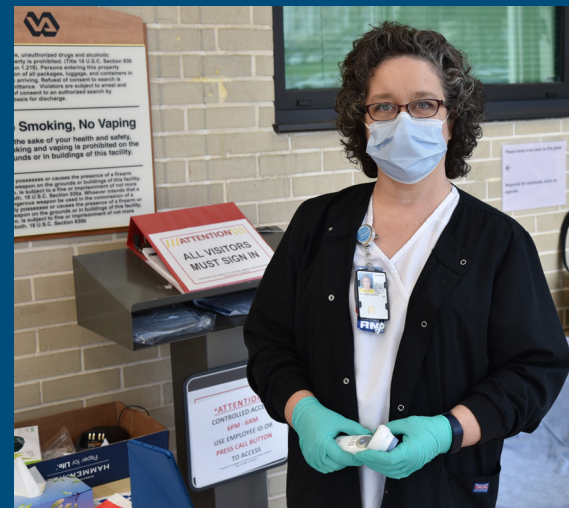
Christine Cooper, CGVAMC Local Recovery Coordinator, echoed others’ sentiments and said changes in mental health services were quick but handled efficiently.

“I’ve been so impressed with the adaptability of my team, the Peer Specialists, and with the Veterans we serve,” she said. “We fully transitioned from in-person group meetings to telephone and videoconference meetings in one day.”

Cooper said that even in these challenging times, Peer Specialists are starting new groups and finding ways to connect inpatient Veterans to telehealth resources. Peer Specialists and Recreational Therapists have also developed comprehensive mailings of

detailed community resources to be available for Veterans.

“We miss seeing the Veterans we serve in person,” Cooper said, “but everyone is committed to continue providing excellent service through any changes we may face.”



Veterans and employees alike have become accustomed to screening processes at all VA facilities. While personal protective equipment has become part of the daily routine, many Veterans are being seen from the comfort of their homes using telehealth modalities. (Photo by Rod Doty)

Virginia Tech Class Presents 3D-Printed Face Shields to Salem VA

By Rosaire Bushey



Phillip Kirkman, assistant chief, supply management chain, Salem VAMC, accepts a delivery of 3D printed face shields from Alexander Leonessa, Professor of Mechanical Engineering at Virginia Tech. (Photo Courtesy Salem VA, Rebecca McDonald)

A unique combination of circumstances allowed the Salem VA Medical Center and Virginia Tech to work together to bring 3D-printed face shields to the men and women of the southwest Virginia Veterans hospital.

A National Institutes of Health grant begun in April 2019 called “Training the Future Biomedical Workforce to Recognize and Resolve Unmet Needs of our Wounded Warriors and their HealthCare Providers” was being used to train biomedical-engineering and industrial

design students in Virginia Tech’s BMES 2984 – Needs Identification in Healthcare class to develop innovative solutions related to Veteran healthcare, and to improve the quality of life of both Veterans and healthcare workers. Doctor Pam VandeVord is a VA-funded merit grant awardee, the Primary Investigator of the project, and an employee at Salem as well as a Virginia Tech scientist.

“The students were here prior to the COVID pandemic to develop items for our wounded warriors,” said Aliza Lee, the Director of Podiatric Medical Education at the Salem VAMC and one of several sub investigators on the NIH grant. “It was a group effort between research here and education there to inspire and create devices. The students shifted their direction mid-stream, looking how the pandemic affected the health care system once the state declared it an emergency.”

Collegiate Assistant Professor Chris Arena from the Virginia Tech Department of Biomedical Engineering and Mechanics gathered five students from Lee’s group via Zoom to discuss the impact of shortages in personal protective equipment (PPE) and its impact to Veterans and the delivery of healthcare during a pandemic. Mechanical Engineering’s Professor Alexander Leonessa in his role as Director of the Terrestrial Robotics, Engineering and Controls Laboratory, led the initiative to design and manufacture PPE with help from his graduate students. The production was conducted on Virginia Tech campus with the assistance of faculty and equipment within the university’s Department of Mechanical Engineering.

On April 20, Dr. Leonessa delivered 50 of the 3D printed face shields to the Salem VA’s Assistant Chief of Supply Chain, Phillip Kirkman. He has also facilitated the delivery of needed items to other local community hospitals.

“We are truly grateful to Virginia Tech for the assistance and support of our front-line responders,” Lee said.

Keeping Rooms Clean Throughout COVID-19

By Salisbury VA Health Care System

PUBLIC AFFAIRS, ENVIRONMENTAL MANAGEMENT, AND INFECTION CONTROL

The Salisbury VA Health Care System keeps its facilities exceptionally clean by using ultraviolet cleaning (UVC) light technology to help combat bacteria and the spread of viruses. The devices used by the Salisbury VA are enhanced performance disinfecting robots from the Xenex Corporation called “LightStrike.” The devices are certified “green” by Practice Greenhealth.

Since the Salisbury VA began utilizing the Xenex robots in 2015, the rate of Healthcare Associated Infections (HAIs) and prevalence of Multiple Drug-Resistant Organisms (MDROs) has dropped dramatically and these benefits have been sustained over the five-year period of use. The rate of reduction in MRSA HAIs in Salisbury’s Acute Care population has dropped by 100%! This has not only prevented harm to the Veteran population served, but also saved the facility thousands of dollars in treatment costs and significantly improved patient care outcomes.

Unlike UVC devices with typical mercury bulbs, the Xenon bulbs used in these robots are not harmful if broken and also provide a more time-efficient cleaning cycle.

During the COVID-19 pandemic, this technology has been an essential part of the terminal cleaning process and is deployed in the clinical areas where our most vulnerable populations are cared for, such as the Community Living Center and Oncology Clinic. This technology is also being utilized in clinical areas with the highest level of environmental contamination and most frequent care delivery of positive COVID-19 Veterans, including the Emergency Department, Medical-Surgical Units, Operating Rooms, COVID-19 Clinic and the Intensive Care Unit.

The process is as follows: After Environmental Management Service (EMS) housekeeping staff manually clean the care environments, the Xenex robot is appropriately stationed

in the room and the staff initiate the cycle. The UVC light provides the Veterans and staff with an extra layer of protection with its abilities to reach all areas in the environment, even those not in direct line of sight. Once the cycle is initiated, the pulsing Xenon UVC light lasts about four minutes. In that time the Xenex is able to kill Multiple Drug-Resistant Organisms (MDROs), such as MRSA, Clostridium difficile (C. diff), and Vancomycin Resistant Enterococcus (VRE). The UVC light’s effectiveness stems from the damage it causes to the DNA of the pathogen so that it cannot replicate.

Chris Carman, Infection Prevention and Control Program Manager speaks highly of the process and its outcomes. “The implementation of the Xenex UVC into our normal terminal cleaning process has proven to be a huge success as evidenced by the significant decrease in our Healthcare Associated Infections (HAIs). This UV Cleaning provides another level of protection to our Veterans, visitors and staff and we are currently using the Xenex within our COVID-19 Infection Control measures. I feel very fortunate to have this resource to provide the highest quality of care to the Veterans,” reports Carman.



The Salisbury VA has employed ultraviolet cleaning (UVC) performance disinfecting robots to fight the spread of bacteria and viral contagion since 2015.

May is Maternal Mental Health Month and VA wants women Veterans to know that many women experience mental health issues at some point during their lives, including the perinatal period (or during and after pregnancy). VA provides women Veterans with the tools, resources and information they need to feel their best mentally and physically.

Perinatal mental health problems can cause confusion, disappointment and stress at a time when women feel pressure to be happy and celebratory. Many women find the transition into parenthood challenging and may even find it difficult to feel happy and connected to children when experiencing mental health symptoms. It is important for women Veterans to know that mental health issues are treatable and not their fault. Experiencing issues with mental health does not mean a woman is weak or a bad parent. Many loving, effective parents have mental health issues and learn to cope with them.

About one in seven women has depression after giving birth. For about half of these women, this is their first time dealing with depression. Anxiety symptoms during and after pregnancy are also common. Rates of perinatal depression may be even higher in

women Veterans.

Anyone can develop a mental health condition during or after pregnancy. Women are more likely to develop one if they have experienced:

- A personal or family history of mental health conditions
- Prior trauma
- Stressful life events
- Limited social support

WOMEN WHO DEVELOP DEPRESSION DURING OR AFTER PREGNANCY MAY:

- Feel sad or numb
- Have difficulty concentrating or completing tasks
- Feel “robotic,” like they are going through the motions
- Have thoughts like, “This is my fault” or “I’m a bad mother”
- Not be as interested in activities they used to enjoy
- Have difficulty having loving feelings towards others
- Notice scary, upsetting thoughts, including thoughts about harming their babies

Within VISN 6, each medical center has a Women’s Health-Mental Health Champion who is an advocate, informs local policy and consults with local providers in areas concerning the mental health of women Veterans. The Women’s Health Mental Health Champions, along with Women’s Behavioral Health Interdisciplinary Teams at Fayetteville and Hampton VAMCs provide behavioral health services to women Veterans with a balanced approach of medications, individual/group therapy and peer support, complemented by a variety of support groups.

During the COVID-19 pandemic, teams are providing telehealth visits to all Veterans, and are outreaching to pregnant, post-partum, and other Veterans to promote social engagement during this period of social distancing. Urgent, same-day, as well as emergency mental health services continue to be available daily.

The Women’s Health Mental Health Champions are aware that just taking the first step can be the hardest thing to do, but know that we have staff who care, who are ready and willing to help! Women Veterans interested in mental health care can request a consult through any provider.

When Can I Expect My Medications?

By Scott Pittillo | CGVAMC MYHEALTHEVET PROGRAM

ASHEVILLE, N.C. — Charles George VA Medical Center recently hosted a multidisciplinary team whose sole purpose was to help Veterans answer one question — “When can I expect my medications?”

A medical center customer satisfaction survey found that Veterans often didn’t know when to expect their medications after they ordered them. The team set out to find ways to improve the process.

Luckily, they were able to meet face to face before the COVID-19 outbreak.

Asheville hosted a Co-Design Workshop with team members from across VISN 6 that were experts in different parts of the medication refill process such as pharmacy representatives, MyhealtheVet and the Hospital Administrative Service.

“At the Co-Design Workshop, we hoped to take what we learned from interviewing Veterans and Staff about medication processes, and move toward designing meaningful and impactful solutions,” said Anne Bailey, Asheville’s Innovation Specialist and Clinical Pharmacy Specialist.

The team set out with a clear process in

mind for reaching solutions. They used the human-centered design thinking process and included tools like the Impact Effort Grid and Creative Matrix. Those tools are sheets on which participants lay out thoughts and ideas to visualize ideas and organize thoughts.

“We came up with at least 10 potential solutions that we will now begin to work toward prototyping,” said Bailey. “Once we have developed prototypes, we will go back to Veterans and staff in order to include end users in the solution development process.”

Of all the prototypes, texting stood out more than the others.

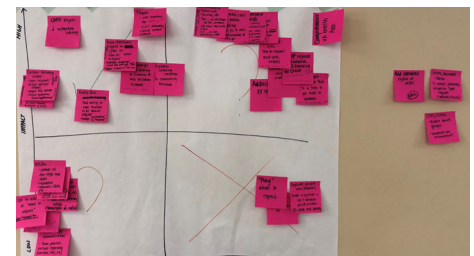
The group identified that in the private sector it’s common to get a reminder for medications via text when it’s time to renew them and a text stating when the med should arrive after they’ve been refilled. The team hopes to encourage the development of a prototype at the VA that resembles that process and allows users to send a text reply to renew.

Bailey said she hopes to use the process for other issues as they appear, and is hopeful that some of the workshop’s recent solutions will eventually come to fruition.

The recent pandemic will likely encourage more use of video conferences using some of the same brainstorming tools.



Workshop attendees brainstorm ideas during a February 2020 workshop to improve how Veterans now when to receive their medications. (Photo by Anne Bailey)



Post-Its cover a board using the Impact Effort Grid. (Photo by Anne Bailey).



FROM LEFT: Margaret Morrison, Joe Wright, Stephanie Morgan, and Mitch Mullens. (Photo by Rosaire Bushey)

Operators Set the Tone for VA Experience

By Rosaire Bushey | SALEM VAMC

Even though they're rarely seen, six contracted switchboard operators make up the first line of support for the entire Salem VA Medical Center.

At the same time patients' appointments were moved out of the hospital and to online, telehealth, and video appointments with the outbreak of COVID-19, the telephone switchboard saw an uptick of more than 10 percent in the number of calls to the facility.

"It started when people heard a gate was closed," said Stephanie Morgan, operator supervisor. "Our calls used to be largely about appointment dates and non-VA billing, but now we get a lot of calls if providers are a few minutes late to a patient's video or telehealth appointments."

To help process all the calls, Morgan manages six operators in staggered shifts to cover the switchboard starting at 6:00am. The operators, who include Jackie Pierce and Beth Smith on night shift, are off the air by 11:00pm, when the admissions section takes over.

Each of the four daytime operators has their own specialty and place within the group, and Morgan is known as the "happy one."

"I tell everyone that people can hear when we smile," Morgan said. "It's a lesson I learned in radio. I always smile when I answer the phone because it helps people feel valued. We are the first, and sometimes the only person a Veteran will talk to, so we want to make them feel valued and make them want to continue choosing the VA."

Morgan introduced smiling exercises to the team. Mitch Mullens, an operator of 14

years and the dry-witted, technically savvy member of the group listened to himself on a recording and then again when he smiled. "It sounds strange, but it absolutely works," he said.

Operators also need to be prepared for a wide variety of contingencies — from enormous on-call rosters to counting alarm bells so they're ready to give community firefighters directions to an alarm activation.

Margaret Morrison, a 16-year veteran of the team, has a special place as the operator whose soothing voice and demeanor calms people. She's also the person who ensures the rest of the team knows and understands the current suicide policy protocols.

"Unfortunately, we'll get a number of calls each year with people who say they are thinking of harming themselves," Morrison said. "I've had to talk to more than a few, and most of us have spoken to someone who's gone through that point in their life."

Margaret is great at talking to people while someone else gets a professional on the line, she has a very calming and soothing way with people that's really important in a healthcare setting. – Morgan said

Many calls the team receives require more than a phone number, and that's where Joe Wright comes in. For 13 years Joe has been the group's detective, ferreting out answers to

get patients where they need to go. Sometimes it takes a little questioning to figure out what the Veteran needs, and other times, it's more obvious.

"A guy called who had cut his leg with an axe chopping wood," Wright said. "He wanted to know if he should go to the emergency room. That was a pretty easy call. But sometimes they want to talk about Medicare or things we don't know, so we have to hunt a bit.

Every day the operators get calls ranging from someone who needs a number, to chatty Veterans who want to engage in wide-ranging conversations. Through it all, the operators' goals are to be calm, efficient, and quick.

"If someone listed as a qualification that they liked to talk to people, I wouldn't hire them," Morgan said. "Our average interaction lasts 15-20 seconds. We ask yes or no questions — not because we don't care, but because our goal is to get the Veteran where they need to go quickly.

"And we've got to be calm because there are some people who get upset and they might take that out on us. We understand it's not personal, but we've got to manage the conversation and be the gentle voice of reason, and get them where they need to be. Hopefully in a better mood than when they called — a mood that will result in a more positive healthcare experience."

For the Veterans who call and for the hospital providers, the operators are a faceless voice providing a first line of support and often setting the tone to a successful health care experience.

Silverine James: Army Retiree a Pioneer for African Americans, Women in the Military

By Rosaire Bushey | SALEM VAMC

Silverine James doesn't move quickly down the hallway, but no one hurries her. She tells stories as she moves, her sharply creased trousers marking her staccato gait. At 91 years old, she's earned the patience of those around her, and she's earned the respect of everyone who has known her.

Born in 1929 in Vinton, Virginia, James grew up in an America that was heavily segregated. "I'm a Depression baby," she says, her voice rough but unmistakably confident. "My father named me, and aside from one obituary I saw 10-15 years ago, I've never seen the name Silverine once in my life."

Through 7th grade, she attended a blacks-only four-room schoolhouse with a potbelly stove. After that, she was bussed to Salem (Virginia) where she graduated third in her class from George Washington Carver High School, and helped her family by taking jobs working the elevator at the Hotel Roanoke, and working for a family washing dishes and cleaning.

The third child of six, including one brother who was drafted into the Navy to serve during World War II, James decided to join the Army in 1949. With her brother's encouragement, her mother signed the papers allowing her to enlist. She arrived at then Camp Lee, Virginia Dec. 10, 1949, in the sole segregated company for black women.

By 1953 James had left the service for a time and come back as an administrative specialist at the New York Point of Embarkation.

"The Army was still segregated in 1953," James recalled. "When I got there, the personnel officer, who was black, asked me if I knew why I was there. He told me I was there so they could see what would happen if they put more blacks in the company. This was

1953 New York, and they found out what would happen. Because the women would cook and leave their pots and pans and dirty dishes and things — we lived in this old, World War II building, and they'd cook on the weekends and leave it all. Monday mornings I would catch the detail and what do you suppose happened to those dirty pots and pans? I put them in the trash! They didn't send me there to be a maid. They sent me there to integrate the company."

Following her military policeman husband to Japan, James was the only African American in the Judge Advocate General section of the Far East Command at Camp Zama.

"I went there as an E-3 and stayed for two and half years and came home an E-6," she said.

James says it didn't bother her that she was the only African American on the camp. "I was accustomed to it because I'd been in New York as the only black in the company."

After her tour in Japan and another in Virginia, and Germany where she was promoted to E7 and made a First Sergeant, James returned to Fort Eustis, Va. "I took leave to visit my mother who had been sick, and when I got home on a Sunday afternoon there were first sergeant E-8 stripes hanging on my door." James would tell the men she served with that she was the only one on post wearing a diamond, but it was on her sleeve, not her finger.

As a first sergeant James had responsibility for an integrated company, and said there were no problems. Her last assignment would take her to Aberdeen Proving Grounds in Maryland.

"I had good working relationships with just about everybody I came in contact with. People respected the rank that I had, and I was the ranking enlisted woman on almost



PHOTO ABOVE:
A painting from a photo of Silverine James
(Photo courtesy of Silverine James)

every post where I was stationed."

By the time she retired in 1973, James had completed 22 years, four months and nine days of active duty service, and it was almost more.

"I gave my country the best part of my life. Service was what you made of it and I did well to get to an E-8," she said. "The Army was going to send me for E-9 but I would have had to go to Alabama; but Alabama wasn't big enough for me and George Wallace!"

Now, James is a well-known part of the Salem VA Medical Center family. "I've been a patient here for 45 years," she said. "People know me by name."

Today, James still maintains a house but has help with yardwork and carrying groceries, and she said she's happy without what she calls the Four-Cs — a car, computer, cell phone, or credit card.

Asked if she'd recommend a military enlistment to a young woman today, James doesn't even stop to think. "Yes. Finish high school and go in the service. You need to have been in the service."

Today, James' legacy is visible in the hallway of Bldg. 2, where her uniform, to include a pair of boots she was issued in 1953, are on display.



Veteran Silverine James stands next to a display of her uniform and boots in Bldg. 2 of the Salem VA Medical Center. James has been coming to the Salem VA for 45 years. (Photos Rosaire Bushey)

VA Conducts Deep-Dive Study Into Effects of COVID-19 on Veterans

WASHINGTON — The U.S. Department of Veterans Affairs (VA) has commenced a national four-year study on the impact of COVID-19 on Veterans to help address critical questions about the disease.

Known as EPIC₃ (Epidemiology, Immunology and Clinical Characteristics of COVID-19), researchers will study data and bio-specimens, such as throat swabs and blood, to learn how the virus that causes COVID-19 has affected Veterans.

“By analyzing data on COVID-19 risk factors, progression, outcomes and immunity, this VA research promises to significantly advance the fight against the disease,” said VA Secretary Robert Wilkie. “The study will complement a similar effort by the Department of Defense (DOD).”

The effort is led by VA’s Cooperative Studies Program (CSP) and coordinated by VA’s [Seattle Epidemiologic Research and Informa-](#)

[tion Center](#). CSP epidemiology centers in Durham, North Carolina; West Haven, Connecticut and Boston are also contributing to the four-year study.

The study involves Veterans infected with COVID-19 and those who have recovered or who may be at risk but have not been infected by the virus. They are volunteers who are inpatients, outpatients and residents in VA’s Community Living Centers. Each cohort consists of hundreds of Veterans.

A similar study is being conducted by the Department of Defense (DOD) involving active-duty service members. At the end of their respective studies, VA and DOD researchers plan to compare findings from the two study groups.

To learn more about VA research, visit research.va.gov.



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