THIS IS myVA

2016 Annual Report

"The Price of Freedom is Visible Here"

Corporal Michael J. Crescenz VA Medical Center Annual Report

THIS IS myVA PHILADELPHIA

Greetings from the Director

There are so many accomplishments to highlight for fiscal year 2016. It was truly a breakout year at the Corporal Michael J. Crescenz VA Medical Center. We improved access, streamlined many processes, recruited many key staff, engaged many staff in process improvement, and worked together as a team to be better and provide the best possible care to our Veterans.

We could build this annual report around any number of successes including the improvements in our call center and centralized scheduling line, or the construction improvements to our facility, or the technology and equipment improvements and purchases that are used every day to provide the most state-of-the-art care to our Veterans.

This annual report does something a little more personal. It tells the story of four of our accomplishments through the eyes of four individual Veterans whose lives have been directly impacted for the better by these accomplishments. This report tells these four stories as part of "MyVA" to remind us that the annual accomplishments are not just statistics on a page. They are real changes that have impacted Veterans in ways that cannot necessarily be measured.

Metrics are important and an agency like the VA looks at them every day to ensure that we are providing care effectively, and with a careful eye on the tax-payer dollars that fund most of what we do. But the real impact of our accomplishments is measured in the eyes and in the lives of our Veterans.

At the end of the day, at the end of fiscal year, the question we have to answer is have we enhanced the lives of our patients and the Veterans that we are privileged to care for. Improving the health and lives of our Veterans is the reason we are here. I hope that as you read the stories on these pages, the accomplishments come to life, and the story is told of how these accomplishments directly benefit our Veterans, so that each of the 56,511 unique Veterans enrolled through this VA can stand up and say "This is MY VA."

Thank you for the opportunity to provide the best possible care to our Veterans. It is one of the highest callings in government and we look forward to continuing the momentum and touching and improving lives on a daily basis.

Daniel D. Hendee, FACHE
Medical Center Director

Daniel D. Hendee, FACHE
Director

Erik J. Glover, FACHE
Associate Director of Operations

Patricia O'Kane, MSN
Associate Director for Clinical Operations

Enrique Guttin, M.D.
Interim Chief of Staff

Coy Smith, ND, RN, MSN, NEA-BC, FACHE, NAHQ
Associate Director for Nursing/
Patient Care Services

Cover photo features members of the Veterans Advisory Board who meet regularly with CMCVAMC leadership to provide the Veteran's perspective on constructive ideas to improve care at the medical center.

End to Veteran Homelessness

Camille Townsend never imagined that she would be homeless. Born in Kingston, Jamaica, she grew up in New York, and joined the Marine Corps, like her brother and cousin before her, full of hope and to create something of, and for, herself. She served in the Marines from 1989-1992, and during that time married and started a family. In the Corps she found family and community.

She was medically discharged from the Marines following a diagnosis of fibromyalgia that left her unable to run and in chronic pain. But she did not let it get her down. She was raising three beautiful daughters and moving around the world with her husband who was still in the Marines. She never dealt with the building depression, but it was there, below the surface of an outwardly perfect life. For Camille, "being a weak person was not an option." For all appearances, she had a perfect life, living in a beautiful home, in school for her B.A. and then a Masters in International Relations, doing community work, and raising her children.

The pieces started to crumble with her father's diagnosis of cancer. He passed in 2013 and by that time Camille had hit bottom. She was drinking heavily, her marriage had deteriorated, and the unresolved depression was taking her down. She ended up on the streets in 2014 where she felt invisible and worthless. After 18 months on the streets of Philadelphia, she attempted suicide when it all became too much to handle. Fortunately a friend found her and contacted the Veterans Crisis Line.

She was brought into VA care where she was offered counseling and was approved for a HUD-VASH voucher for housing. She did not end up using the voucher as her VA disability was approved and she had money for rent. She was able to find a beautiful apartment that feels safe and says that "the space reminds me of my power and perseverance. It's my cocoon where I can sit and heal."

Camille's story echoes the stories of many Veterans who were housed as part of the Mayor's Challenge to End Veteran Homelessness. In December 2015, Medical Center Director Dan Hendee stood in City Hall with then Mayor Michael Nutter and HUD Secretary Julian Castro to declare the end of Veteran Homelessness in Philadelphia. Philadelphia had reached functional zero, meaning all homeless Veterans who wanted housing had been housed, and that support and services were available for any Veteran that wanted to be housed.

In all, a tremendous and unprecedented partnership between the City, federal agencies, and local non-profits, worked tirelessly to create a highly developed and coordinated system to quickly meet the needs of Veterans who were at risk of becoming homeless or were experiencing homelessness. Working together, housing was found for 1390 Veterans.

The Veteran Outreach and Navigation Team, which maintained a list of homeless Veterans by name, met weekly to assign newly identified homeless Veterans to an outreach worker and monitor progress toward housing. Emergency housing and rapid housing options kept newly-homeless off the streets, and the number of days towards permanent housing declined as the efforts continued.

The VA team includes 40 staff in the VA homeless program that works every day to offer the resources and support needed to prevent and end homeless for Veterans. When a homeless Veteran presents for services at the Crescenz VAMC, he or she is immediately engaged in a process to develop a housing plan. All outreach workers and navigators actively offer permanent housing to each homeless Veteran they engage in every encounter. Their work is a true testament to the dedication and commitment to Veterans that was needed to end Veteran homelessness.

But the work has not stopped. The Team continues every day to ensure that all Veterans have access to the support and services they need to sustain permanent housing.

To this day Camille says "The VA saved my life." She found the support she needed to rebuild her life from the ground up. She is working with a VA counselor and although she will tell you without hesitation that she is still struggling, she feels "reborn. This is not where my journey stops. I'm ready to tell my story in a different way. I'm learning how to create community again."

To her fellow Veterans Camille says "do not give up on yourself or the VA." She hopes her story can empower other Veterans to feel that help is out there.

myVA PHILADELPHIA

Tele-medicine

Morgan Cush did not have any easy life. When he joined the Army at age 19, he was ready for a new beginning. But deployment to Iraq was dangerous, stressful and he returned homeless, jobless and with what he describes as "a bad mental state" and Post Traumatic Stress Disorder (PTSD). After a short time in prison, following a drug arrest, he turned to the Department of Veterans Affairs (VA) for help. He started seeing a psychiatrist, which helped, but coming to the VA for appointments was too hard for him. He stopped coming and stopped taking his medications.

He tried to rebuild his life, was working labor jobs and making some money, but could not handle his anger. He felt he was being harassed or disrespected by his co-workers and was feeling he would hurt someone. He turned again to the VA for help, but his anxiety level was so high and he was experiencing panic attacks at the thought of coming to the VA for care. He would drive to the VA and sit in his car in the garage, unable to get out, hyperventilating for hours.

That was when his provider suggested Tele-medicine, an opportunity to speak with his therapist through technology he could use from his home. Clinical Video Telehealth (CVT) uses video conferencing technology to conveniently, securely, and quickly provide Veterans with access to health care services from remote facilities. CVT instantly connects a Veteran in one location with a healthcare provider in a different location. This connection allows for real-time interaction between patient and provider. CVT can be used for both mental health and some physical medicine modalities.

Morgan started regular sessions with his provider over two years ago and he says without hesitation that "it has helped me significantly. Now I have more of a life. I still have problems, but my life has improved. I can do more." Every Thursday morning he looks forward to his remote appointments that come through his I-Pad. He downloaded an application and the VA sends him an e-mail with a link before each appointment. He enters a private chat room and waits for his provider to enter as well. The chat is secure and feels just like a regular face-to-face appointment.

The use of CVT with a therapist has made it possible for Morgan to come to the VA for some of his other appointments that are not practical to conduct remotely. He still has bad days, but even his wife has seen a difference in him. Use of tele-medicine has changed his life. As Morgan says, "I wish I could do more [of my appointments] through Telehealth. I would never miss an appointment."

Encounters completed via Telehealth (Home Telehealth, Store and Forward and Clinical Video Telehealth): **1057**

Telemental health care encounters: **257**

Unique Veterans useing secure messaging: **29,387**

Unique patients served via e-consult: **150**

Pie Face!
CONNECT 4
Jenga
SCRABBLE
MONOPOLY
PAPER NAPKINS
Smart Simple

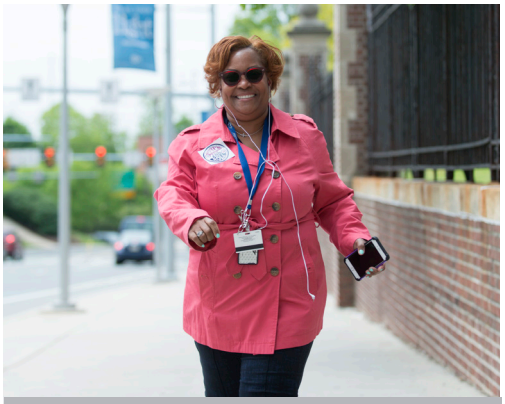
Celebrating Highlights from the Year

Hospice Unit

Patient Flow Collaborative

National Salute

AFGE Walks to Support VA2K



VA2K

Nutrisystem Donation

Unveiling the WOW! Cards

Sterile Processing Service Week

Respiratory Care Week

PALS for Life Visit

Canteen Store Ribbon Cutting

LEAD Graduation

Mascots Visit During National Salute

Temple Field Hockey Team at CLC

Bio-Med Week

VA Police on Duty

Salsa Dancing for Veterans

Job Fair

Pastoral Care Week

Philadelphia Veterans Parade

Philadelphia Veterans Parade

Employee Recognition Celebration

Safe Patient Handling Demo

Signing the Union Agreement

Opening Burlington CBOC

Martin Nicholas had been going to the community based outpatient clinic located on the base at Ft. Dix since back when it was the Dental clinic for Ft. Dix personnel. As a career reservist in the Army Guard, he served for 40 years on the base in artillery maintenance. Upon his retirement in 2003, he was directed to the VA for his health care.

He was very satisfied with the care he received from the VA at the Ft. Dix clinic but says "the building was old and rundown. The lab area was in a closet."

Leadership at the Crescenz VA Medical Center recognized that the Ft. Dix clinic needed to move in order to upgrade space, accessibility and services available. Heightened security on the Joint Base frequently hampered the ability of Veterans to enter the base for their appointments at the clinic. The building, which was over 80 years old, was experiencing increasing maintenance issues, including a leaking roof and windows, poor heat/air circulation and a lack of hot water in part of the building. Also, the clinic had outgrown the space provided, and there was no room to expand, add additional services, and provide improved patient care.

Search for a new location actually took a few years, but in March 2016, the new clinic opened in Marlton, NJ. An official ribbon cutting was held in July. The new clinic added 1795 square feet of modern clinical space which allowed for the addition of Optometry, Audiology, and Radiology services as well as expanded Telehealth services including: MOVE! Nutrition, Parkinson's care, Insomnia, Dermatology, and Teleretinal. All the services offered at Ft. Dix continued to be available in the new clinic including primary care, Behavioral Health, Social Work, Podiatry, Women's Health, Cardiology, Laboratory and Sleep Medicine

The transition was seamless for Veterans. Martin learned the clinic would relocate about six months before it opened. He received a letter from the VA and was happy with the news. Veterans with appointments scheduled at Ft. Dix simply came to the new location to be seen by the same providers. For him the change was welcome; the clinic at Ft. Dix was 35 minutes from his house. The new clinic is only ten minutes away. Martin described the process as "very smooth."

At his first visit to the new clinic his initial reaction sitting in the waiting area was that the new clinic was ok, maybe on the small side. He was surprised when he went beyond the waiting area to see how much space there was. He said, "The new clinic is actually very large. There are a lot of patient rooms. The new lab space is outstanding—almost the size of a conference room." He described the new clinic as "outstanding and clean. And the parking is excellent."

Martin has always been very happy with the care he receives from the VA. "Veterans are treated very well when they come here. I am very happy with the good experiences I have had. The doctors are terrific, going out of their way [for Veterans] and the administrative staff are very responsive to my needs." He was very glad to learn that eye care is among the additional services offered at the new clinic. He comes to the medical center in Philadelphia for some specialty care, but is glad to access the majority of his VA care so close to home: "I feel good coming here."

VA | U.S. Department of Veterans Affairs
Corporal Michael J. Crescenz VA Medical Center
Burlington County VA Clinic
VA
No Smoking
For the sake of your health & comfort others, smoking is prohibited in this Medical Center. If you must smoke, please do so only in designated areas

Measurement Based Care

Veteran DD (he asked not to use his real name), a Navy Veteran, knew he had mental health issues and had sought help for them over the years. But the care never stuck and he never really felt he was improving. He was discouraged and his anger, mood swings, nightmares, OCD, and paranoia were not getting better. But a non-VA provider suggested he come to the VA and DD began seeing Dr. Christina DiChiara in the summer of 2016.

Dr. DiChiara introduced DD to a brand-new tool that the Behavioral Health unit was introducing to patient care: measurement-based care. Use of measurements to monitor outcomes, like blood pressure, blood levels, etc., is nothing new in physical medicine, but this kind of objective measurement has not ever been systematically administered across mental health. Now however, mental health providers at the CMCVAMC are starting to use measurement-based care as a way to inform clinical care, individualize ongoing treatment, and improve results.

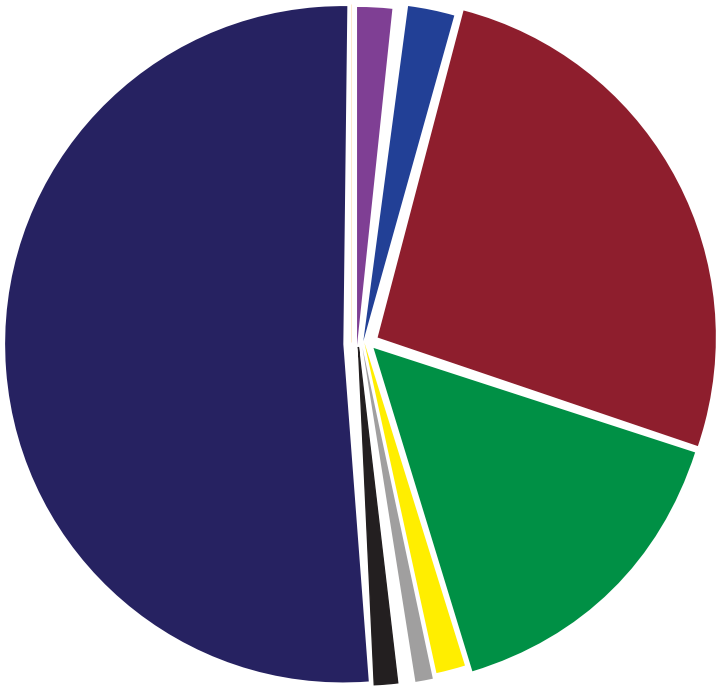
With measurement-based care, Veterans assess their wellness through a standardized set of questions, with the resulting data then used to individualize and enhance their mental health care. The evidence-based approach centers on three core principles: collect, share, and act.

Through the use of a set of questions answered by a patient at regular intervals as a part of routine care, the provider looks for improvements in the scored answers as an indication that the counseling is helping. The results are built into a graph where positive and negative changes are easily visible. Carefully written questions point up issues that need focus during the counseling sessions and point to issues that need further attention.

At first DD did not understand how answering these questions on a tablet at weekly counseling sessions would help him control his anger and moods, but at Dr. DiChiara's urging, he continued to answer the questions at each of his sessions. He began to see improvements in his scores and was encouraged by the results. She also gave him homework assignments in order to get a better understanding of his specific thought processes so the therapy could focus on specific areas. DD says "the homework gave the sessions direction. I knew where to start." He learned to handle his anger and what triggered it. More importantly, he learned that he could walk away and not react immediately.

DD says the use of measurement based care is "making me committed to the process. The data is right there in front of me." He is starting to see improvement, not just on the graph, but in himself. He sees what he is doing and feels he "has the tools now to analyze why I do what I do." He acknowledges he still has a lot of work to do, and is for the first time, starting to address things that he has never addressed before. He is optimistic and committed to continuing this process. Measurement-based care has shown him that progress is possible in a way that nothing did before. DD said "I feel like I am at the bottom of a hill, but at least it is the right hill."

Over the last two weeks how often have you been bothered by any of the following problems?
Little interest or pleasure in doing things
Not at all
Several Days
More than half the days
Nearly every day
Quit
Next Question



- Personnel and Services: $283,314,000
- Travel and Transportation: $8,730,000
- Land and Structures: $2,183,000
- Equipment and Interior Design: $18,249,000
- Supplies and Materials: $84,295,000
- Contractual Services: $150,424,000
- Rent and utilities: $7,287,000
- Grants, Subsidies, Contributions: $10,241,000
- Other: $180,000

2016 Annual Budget: $564,903,000

Voluntary Service

Total Number of Volunteers	530
Total Hours of Service	43,023
Total Donations (Monetary & Gift-in-Kind)	$245,705.80
New Volunteers in FY16	198

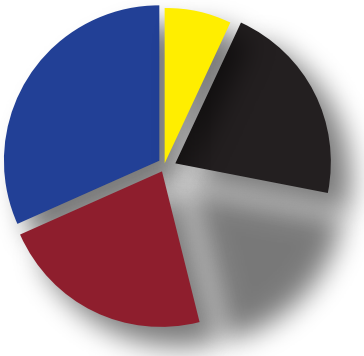
Medical Care Collection Fund

$25,091,000

Number of Employees: 2570

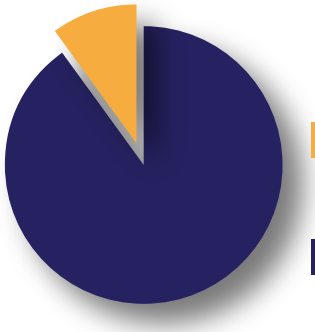
The number of employees who are Veterans: 443 -17% of total.

Number out-patient visits at CMCVAMC and at each of the CBOCs: 599,869



- Philadelphia 512,268
- Gloucester 30,749
- Saracini 26,858
- Burlington 19,860
- Camden 10,134

Number of unique patients treated: 55,566



- Number Female Veterans 5,341
- Number Male Veterans 50,225

Number in-patient admissions: 5026

Total Number Veterans Enrolled at end of FY16: 69,310

CVAMC Accreditation and Recognition for FY 2016

Accreditations and Recognition
In an effort to continuously improve the health care provided to our Veterans, Corporal Michael Crescenz VAMC (CMCVAMC) seeks evaluation from external review program agencies such as: The Joint Commission, (TJC), Commission on Accreditation of Rehabilitation Facilities (CARF), Food and Drug Administration (FDA), College of American Pathologists (CAP), Long Term Care Institute (LTCI) and Office of Inspector General (OIG) and etc. These agencies evaluate the care processes of CMCVAMC and inspire the facility to provide excellent, safe, and effective care of the highest quality and value. CMCVAMC has received and sustained number of accreditations and awards.

Some of our notable accomplishments include:

The Joint Commission (TJC) conducted an unannounced triennial visit in July 2014 (to survey the Hospital, Home Care, Long Term Care, and Behavioral Health Programs such as Mental Health Intensive Case Management (MHICM), Residential Rehabilitation Treatment Program (RRTP), Psychosocial Rehabilitation Recovery Center (PRRC), and Compensated Work Therapy (CWT) with CMVAMC receiving a three year accreditation through July 2017.

Commission on Accreditation of Rehabilitation Facilities (CARF): For Medical Rehabilitation-Comprehensive Integrated Inpatient Rehab Program (CIIRP) and Amputee Program- Polytrauma /Amputation Network Site (PANS) accredited through August 2017. For Employment and Community Services-Health Care for Homeless Veterans (HCHV), HUD-VASH, and Grant & Per Diem, accredited through October 2017. For Behavioral Health-Residential Recovery Treatment Program (RRTP)/Snyder House, accredited through October 2018. For Behavioral Health-Psychosocial Rehabilitation and Recovery Center (PRRC)-BH Community Integration Standards VEC (Veterans Empowerment Center) accredited through October 2019. For Behavioral Health-Compensated Work Therapy (CWT), accredited through October 2019.

The Joint Commission/VHA Focused Reviews related to Access and Coordination of Care: The Joint Commission surveyed the organization October 7-8, 2015.

Opioid Treatment Center (OTP): TJC conducted an unannounced survey in August 2014; OTP received a 3 year accreditation through August 2019.
Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA Certification for OTP accredited through August 2019.

Association for Assessment and Accreditation of Laboratory Animal Care: The Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) was onsite July 2015 and awarded accreditation for three years. The Office of Laboratory Animal Welfare accreditation is effective through July 2018.

Pathology and Laboratory Service received the College of American Pathologists' accreditation into November 2017.
Commission on Dental Accreditation: Commission on Dental Accreditation (CODA) surveyed CMCVAMC Post –Doctoral General Residency Practice Dentistry Program in June 2015 and awarded accreditation through June 2022.

American Association of Blood Banks: accredited PVAMC's Blood Bank through August 2019.

Radiation Oncology: Accredited by the American College of Radiation Oncology. Surveyed in October 2014 and accredited through October 2017.

Mammography Program: Accredited by the American College of Radiology through January 2018.

Sleep Program: The VISN 4 Eastern Region Sleep Center was surveyed in August 2014 by the American Academy of Sleep Medicine and was re-accredited through August 2020.

Behavioral Health: The American Psychological Association accredited Behavioral Health through 2020.

Community Living Center: The Community Living Center (CLC) was surveyed by the Long Term Care Institute in August 2016 and is inspected annually.

American Society of Health System Pharmacist (ASHP): The ASHP Commission on Credentialing accredited through 2017.

VHA National Health Physics (NHPP): Received accreditation through August 2017.

VA

U.S. Department of Veterans Aff ı

lth Administration

Corporal Michael J. Crescenz VA Medical Center

3900 Woodland Avenue
Philadelphia PA 19104
(215) 823-5800
(800) 949-1001

Burlington County VA Outpatient Clinic
3000 Lincoln Drive East
Marlton, NJ 08053
(844) 441-5499

Gloucester County VA Outpatient Clinic
211 County House Road
Sewell, NJ 08080-2525
(877) 823-5230

VA Outpatient Clinic Annex
300 Broadway, Suite 103
Camden, NJ 08104
(877) 232-5240

Victor J. Saracini VA Outpatient Clinic
433 Caredean Dr.
Horsham, PA 19044
(215) 823-6050

www.philadelphia.va.gov
www.facebook.com/PhiladelphiaVAMC
twitter.com/PhiladelphiaVAMC