

**Department of Veteran Affairs
Advisory Committee on Women Veterans
Site Visit Minutes - Carl T. Hayden VAMC
Phoenix, Arizona
June 16-20, 2003**

VA WVAC Members Present:

Marsha Four, Chair	Mitzi Manning, Vice Chair	
Gwen Diehl	Cynthia Falzone	Luc Shoals
Bertha Cruz-Hall	Ed Hartman	Sheryl Schmidt
Kathy LaSauce	Joy Mann	Lewis Schulz
Lory Manning	Joan O'Connor	

Center for Women Veterans

Dr. Irene Trowell-Harris, Director
Harriett Heywood
Desiree Long
Pam Balsley

VA Central Office

Carole Turner, Director, Women's Health
Program Office
Ex-Officio
Col. Denise Dailey, DACOWITS

The entire site visit package, with attachments and addendum, is located in a three-ring binder in the Center for Women Veterans' (CWV) Office.

Monday, June 16

John Fears, Director, Carl T. Hayden VAMC (*Attachment #1*)

- 34% increase in Category 7 enrollees; 12-13% increase in Categories 1 - 6
- 60,000 veterans estimated for FY03
- 30 day waiting time for new enrollees
- Saturday and evening clinics set up to decrease waiting times
- Would like to be able to bring contracted mammography back in house
- Approximately 3000 women enrolled
- Pharmacy budget is \$26 million per year
- Comp & Pen exams doubled the year. Done by fee basis.
- Fee basis traditional healing for Native American veterans is available
 - Native American healers will refer any medical problems back to the VA
 - Spend approximately \$100,000 per year on traditional healing (56 requests last year)
- Operation Desert Foot (attend to Diabetes and Peripheral Vascular Disease)
- Clinic goes to Reservation (1/3 of AZ is reservation land)
 - Clinic will be run in conjunction with Indian Health Service

Key Leadership Group Introduced

- Eugene Ross, MD, Chief of Staff
- Cynthia McCormack, RN, Associate Chief of Staff (ACOS), Inpatient Services

Kay Pardy, RN, VISN 18 QMO (*Attachment #2*)

- 6 health care systems; 1 medical center; 6 VA nursing home units; 1 domiciliary; 1 mobile clinic; 36 Community Based Outpatient Clinics
- 221,000 patients received care last year

- 7,100 employees

Maureen Harris, RN, MN, VISN 18 Safety Officer

- Every facility has their own Patient Safety Officer
- Pro-active on incident evaluations and prevention
- Corrective action stresses an evaluation process not punitive action
- Link patient safety with environmental safety

Irene Trowell-Harris, RN, EdD, Director, VA Center for Women Veterans

- Introduction of Staff Members / Overview of the Center (*Attachment #3*)
- Carole L. Turner, RN, MN, CNA, Director, Women Veterans Health Program (*Attachment #4*)
 - Sherri Bauch, MSW, Deputy Field Director, West, Women Veterans Health Program

Marsha Four, Chair, Advisory Committee on Women Veterans

- Introduction of Committee and Ex-Officio Members (*Attachment #5*)
- Overview of Advisory Committee on Women Veterans (*Attachment #5*)

VISN 18 Women Veterans Program Managers

- **VISN 18 Lead Women Veterans Program Manager, Jean Cooper RN, MSN** (*Attachment #6*)
 - 6.6% Women Veterans population; 7 facilities
 - No VISN level Committee membership
 - No formal VISN Women Veteran Advisory Committee
- **Albuquerque: Melisse Barlow, MSW** (*Attachment #7*)
 - Women's Health Program under change. Lost staff. Re-assigned to Primary Care. GYN clinic only.
 - Women veterans quadrupled in number over 8 years (400 – 1650)
 - Gynecological services

Fee-based to the private sector

- Women Veterans Advisory Committee
- 13 members; 1 non-VA employee and 3 males
 - Facility Planning & Construction Committee; Military Sexual Trauma Coordinator; Persian Gulf War Families & Children's Exam Coordinator
 - FTEE under the Chief of Medicine. 45% of time spent as WVPM
 - Women Veterans PTSD Cognitive Behavior Study

- **Amarillo: Linda Harris, RN** (*Attachment #8*)
 - 4,864 unique women veterans
 - Women's Health Clinic patient population: 650
 - All mammography and Bone Density testing fee-based out.
 - Part time WVPM; no designated hours; available at all times

- **Big Springs: Sharon Settles, RN** (*Attachment #9*)
 - 745 seen in FY02
 - 6 CBOCs
 - Mammography is fee-based out
 - Women Veterans Advisory Committee is reorganizing
 - Part time WVPM (4 hours)

- No in-patient psychiatry for women veterans
- **El Paso: Irene Lewis, RN** (*Attachment #10*)
 - 1,162 women veterans enrolled in VA
 - 457 enrollees in Women's Health clinic. No Primary Care in clinic
 - Gynecology
 OB/GYN fee-based out
 - Mammography
 262 mammographies done in FY02
 - 34 women in MST Treatment
 - Active Women Veterans Advisory Committee
 - Part time WVPM (4hours)
 - States need for additional CBOC and multi-disciplinary outreach team
- **Phoenix, Jean Cooper, RN** (*Attachment #11*)
 - 7,000 women enrolled in VA
 - 3,772 are regular users of Carl T. Hayden VA Medical Center
 - Gynecology (four half days per week)
 Urology, oncology, obstetrics and infertility are fee-based out
 - Mammography
 Fee based out
 900 mammographies done in FY02
 - Homeless Women
 25 seen FY02
 11 received inpatient treatment
 - 11 transgender veterans served
 - Active Women Veterans Advisory Committee
 - States full time designation as WVPM. Actual is approximately 40%)
- **Prescott: Carole Wagner, NP** (*Attachment #12*)
 - 4 CBOCs
 - Mammography contracted out
 - Infertility/Obstetrics/Gyn
 Pregnancy care contracted out
 Infertility referred to Tucson
 Gender specific care followed in Women's Health Clinic
 10-12 transgender patients seen
 - Active Women Veterans Advisory Committee
 - Part time WVPM
- **Tucson: Barbara Palmer, NP** (*Attachment #13*)
 - All female staff
 - 4,521 unique female veterans & non-veterans (CHAMPVA and Tri-care) seen FY02 at clinic and CBOC's.
 - Primary Care
 1,100 seen through Women's Health Clinic
 Open 5 days/week. Evening and weekend call coverage
 - Gynecology
 Fetal Maternal Medicine, Delivery and Gynecological Oncology fee-based out
 - Mammography: Temporarily outsourced pending new technicians

- Active Women Veterans Advisory Committee
 - 2 consumer, non-VA employees
 - Designated full time WVPM but states half time due to collateral duties.
 - Requested clarification on transgender treatment, policy and regulation
- Carole Turner made comment to this. The Women Veterans Advisory Committee will request the regulations.

Committee Debriefing

Review presentations and briefings of the day in preparation for committee's site visit exit interview and subsequent report to the Secretary.

Tuesday, June 17

VA Regional Office: Al Sinclair, Acting Director; Carolyn Flowers, Women Veterans Coordinator and other key personnel (*Attachment #14*)

- Compensation and Pension
 - Processing of sexual trauma claims
 - Quality of claims processing
 - Average 114 days to process claim
- Military Sexual Trauma training for staff
- Vocational Rehabilitation & Employment program in place
 - 18% of enrollees are women and day care is available
- Home Loan Guaranty

Vet Center: Ken Benkowitz, Team Leader; Patsy Ferrell, MSW, Sexual Trauma Counselor (*Attachment #15*)

- Approximately 50 women on current caseload
- State a need for more comprehensive sexual trauma training

Tour of the Carl T. Hayden VAMC (small groups)

- Inpatient areas - Mental Health, Surgical, Medical, Nursing Home Care Unit
- Outpatient areas – Ambulatory Care Clinic, GYN, Mental Health

Voluntary Department: Michael Achey, Chair (not present)

- Inpatient hospital visits to women veterans once a week
- Controls for donations earmarked for women's programs
- Provide patient travel and transport, including Youth Program

Social Work Department: Douglas Mitchell, MSW, Chair

- 35 Social Workers; 8 in Primary Care; 5 in Inpatient Care; 11 in Mental Health; 11 in Geriatrics and Extended Care
- 4 Mental Health Social Workers assigned to Homeless Program
- Oversee a 4-bed transitional house

Mental Health & Behavioral Sciences Service: David Leicken, MD, Chair

- 7 outpatient teams, each with physician and nurse
- 3 female psychiatrists
- Consolidated drug and alcohol Substance Abuse out-patient Program (24 women in FY 02)
- Homeless Domiciliary admissions very restrictive

- Women's Mental Health
 - Military Sexual Trauma
 - Assessment done on all new patients

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Wednesday, June 18

VISN 18: Kay Pardy, RN, VISN 18 QMO; Greg Kischuck, VISN Planner; Jim Moule, VISN Engineer (Attachment #16)

VISN Director, Patricia A. McKlem, out of town (Indianapolis, IN)

1. CARES Process did not include women at this point
2. Women needs are considered in design of facilities
3. The Lead VISN Women Veterans Program Manager does not sit on VISN level committees

Southeast CBOC Tour

1. 9,000 enrollees; approximately 200 women; 7 – 10 providers
2. Privacy issues noted: no exam room curtains; exam tables inappropriately placed
3. Unknown ownership of MST assessments, questionable policy on who addresses this

Minority Veterans Coordinator: Cari James, LPN (Attachment #17)

1. American Indian Veteran issues
 - Access to care, transportation, etc.
 1. 21 different tribal affiliations in AZ
 2. 2 tribes (Hopi and Navaho) have mental health care for women veterans
 3. 500 women warriors at present
 4. Recent organizing of 21 tribes into Arizona Tribal Veterans Association
 - 9 member board; 3 are women

Gynecology Clinic: Patricia Habak, MD

1. 4 half days per week; 2,000 women veterans per year
2. Poor location for clinic area
3. No separate waiting room
4. Need more space: Computer administrative work must be done in exam rooms
5. State need for an OR GYN nurse, designated ultrasound would expedite care
6. Request expanded formulary

Prosthetics and Sensory Aids: Michelle Elquest, Chair

Fabricate items in-house

Some women specific items require special ordered

FY02:19 mastectomy bras, 7 breast prostheses, 4 breast implants

FY03:10 mastectomy bras; 3 breast prostheses; 24 breast implants

A female staff member is present for all women veteran fittings

Carl T. Hayden VAMC Women Veterans Advisory Committee

No in-house mammography. Complaints that contractor is in unsafe area of town
1/3 of 3,000 women enrolled have indicated some sort of MST

3 women veterans on the committee

Privacy issue relative to employees having access to veteran fellow staff medical records

Hospital very poor in promotions

States a bathroom privacy issue

Radiology Department: Danny Kilpatrick, Staff

Mammography is contracted out since 2002

- 988 total exams; 575 mammography screens; 348 diagnostic mammograms; 68 biopsies

- In-house machine did not meet guidelines

Ultrasound

- Obstetrical ultrasound contracted out

- Gynecological ultrasounds done in-house

- Wait time is currently approximately 2 - 3 weeks

Bone Density

- Wait time is approximately 1 week

- Radiology performs testing

- Results are forwarded to endocrinology

Quality Management: Josephine LaLonde, RN, MPA (Attachment #18)

Monitors Performance Improvements

Assess quality of services in each department

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Thursday, June 19

National Memorial Cemetery: Mark Maynard, Director (Attachment #19)

Maintained in natural desert environment; formerly a state cemetery

12 burials per day; 2,703 burials in FY02

Discussed resource for increased outreach to women veterans and an increased association with the Phoenix Medical Center Women Veterans Advisory Committee

Veterans State Home: John Tucker, Administrator (Attachment #20)

200 total beds; current census is 192

14 current female residents; 7 are veterans; 7 are spouses

Need additional funding

AZ State Veterans Commission: Pat Chorpenning, Director; Joan Sisco, Commissioner; Lee Borgen, State Women Veterans Coordinator

Estimated 564,000 veterans in Arizona; 27,000 women veterans

Arizona does very little for veterans

Reorganization of veterans is afoot

Education and Research: William Finch, MD, Chair

Fellowships in cardiology, pulmonary, endocrinology and geriatrics
No plans to expand to Women's Health Fellowships
All staff must attend 40 hours of training per year
Sharing of research and projects
Current research involves PTSD linked insomnia
Medical staff receive no specific Military Sexual Trauma training or information on the experiences of military women.

Chaplain Department: Michael West, Chair

Provide pastoral care to both male and female patients
Need to add PTSD and Military Sexual Trauma training to chaplaincy

Pharmacy: Michael Gump, Chair

\$1million per year; half filled by mail out process
Changes to formulary are evidence based
Any medication is available based on need
Pre-natal vitamins are available as a non-formulary medication
30 minute turn around time on non-formulary requests

Hematology/Oncology: Tom Kummet, MD

10-15 breast cancer patients currently
1 ovarian cancer patient in 16 years; 3 so far this year
Biggest issue is post-menopausal breast cancer
All breast cancer cases are presented to Tumor Board for treatment evaluation
Exposure related cancers; unclear if full military history is considered or discussed with the patient as it might relate to location and service duty

Committee Debriefing

Review presentations and briefings of the day in preparation for committee's site visit exit interview and subsequent report to the Secretary.

Exit Interview

Friday, June 20

Thanked the Director and Medical Center staff.
Reviewed the process of daily Committee debriefings.

The following is a reflection by the Advisory Committee incorporating and merging the information received through all briefings and tours. The report generated from this site visit will be sent to The Secretary.

Your staff that we had the pleasure to meet, are clearly committed to the mission of their work. Their enthusiasm and commitment was evident. Attitude and empathy were visibly reflected in their delivery of care and assistance to the thousands of veterans who enter thru your doors. It is also evident they take great pride in the performance of their duties. This was noted throughout all the facilities we visited to include the Regional Office and the Vet Center. This must give you great satisfaction... for they are the VA. It is into their hands, and yours, that the lives of our veterans are placed.

VISN:

We wish much success to the new VISN Director, Miss McKlem with all her endeavors and to the VISN in its' CARES process.

As CARES moves forward to the implementation phase, we feel consideration should be made to include the VISN WVPM and women veteran stakeholders in this process.

Oversight for the delivery of services throughout the large territory that a VISN encompasses is a massive undertaking, drawing its' strength, direction and successes from the full utilization of its' valued staff resources.

In the VHA Handbook 1330.1 Guide to the WV Health Services, there is reference to the involvement of the VISN WVPM at the VISN level on the Strategic Planning, Space, Environment of Care and Pharmacy Committees. We suggest that great advantage to the women veterans programs of the VISN would be accomplished with this action. At the local level the presence of program managers on hospital committees was inconsistent and varied widely. We suggest that their input on the previously mentioned committees would bring advantage at the medical centers also.

We observed the lack of a formally structured VISN Women Veterans Program Managers Advisory Committee which we believe would foster an increased continuity and serve as a resource at the VISN level to enhance VISN wide women veteran programs and service delivery. Through this coordinated working group, a Women Veterans Strategic Plan could move forward and be considered for incorporation into the VISN strategic planning process.

Women Veterans Program Managers:

These Program Managers are truly vested in the job they do.

They have worked endless hours, many beyond the limits of their official FTEE. It is the belief of the Committee that the task before any WVPM is such that their positions should realistically reflect the time necessary for them to accomplish the tasks of the WVPM duties for which they are responsible. Collectively, their innovative approach to duty has driven the efforts of the VA women veteran program across this country.

During our briefings, although a large number of managers stated they were full time in that capacity, in actuality at least half of their time was spent as that of a clinician. As noted here in Phoenix in light of the program manager's clinical case load and the heavy reliance the hospital has upon her in the capacity of WVPM it seemed evident that an administrative staff support person would be extremely helpful.

The Committee understands the need for fee basis and contract care in certain arenas. Utilizing these services in conjunction with the integrated primary care model for women veteran health services, augmented by a separate GYN clinic setting, we feel greater consideration will be needed for increased case management in order to ensure the coordination of care. Without this we fear a fragmentation of service delivery.

We feel there would be great advantage to the hospital's WV Advisory Committee if the WVC from the VA Regional Office was incorporated into its' membership. The newly initiated coordination with the National Cemetery Director will further advance outreach in regard to the burial benefits available to women veterans.

The statistics contained in briefing sheets provided to us by several program managers did not coincide with the numbers presented by them during our conversations. There seemed to be a disparity in these numbers. Numbers drive the system; outcomes provide the necessary ammunition to maintain programs and defend

budget spending. As you well know, attention to data entry is of vital importance in order to substantiate need. The Committee suggests an evaluation of this process in tracking women veterans within this program.

Albuquerque

The Committee understands that Albuquerque has lost staffing and is working hard to restore the program. We wish them much success with this endeavor as we are aware of the fine program they had for women veterans.

Big Springs

We extend wishes for success to the new Women Veterans Program Manager, Sharon Settles. The Committee feels that she would benefit from the new WVPM training that is provided at Bay Pines during the first 6 months of her appointment to this position, per established guidelines. This training would be of great service to Sharon and also to the women veterans at the West Texas Health Care System.

El Paso

It is our hope that the WVPM at El Paso is successful in her attempt to add staffing due to the 220% increase in women veterans seeking service.

Gynecology

With the growing use of ultra sound as a diagnostic tool, in consideration for the advantage and convenience of same day service and with the reality that the women veteran program utilization is expanding, the committee feels an evaluation should be made for future inclusion of this equipment in this clinic area.

After hearing many reasons why mammography is no longer performed "in house" at Phoenix, and based on the high number of mammograms being performed (900) thru fee basis, the Committee felt a quantitative analysis should be considered to determine the advantage to both hospital and patient by re-establishing an "in house" mammography program. This should include both men and women along with the additional ultrasounds performed in conjunction with those mammograms. It would appear that the numbers referred out for testing in FY02 would support performing such an analysis.

It was mentioned in one of the briefs that there is a shortage of urologists on staff, causing additional fee base services. If this is the case, we would suggest that during the search and hiring process of a future urology candidate, that the physician's experience in women's urology be considered.

A process improvement opportunity may exist relative to the procurement of gender-specific medications. Several commonly and frequently prescribed medications (pre-natal vitamins, HRT preparations, Diflucan) are non-formulary. Although the process is available to add medications to the local formulary, women's health experts are not included or routinely consulted as part of this process. Women's health providers should be considered for membership on the Pharmacy Committee or at a minimum consulted regularly on an ad hoc basis.

Tour of the Facility

In regard to the location of the gynecology clinic, the Committee feels that consideration should be given to relocating the clinic, increasing the space, and providing a private waiting room and restroom. Additional space for computer/data

entry would free up examination rooms for more efficient patient flow and more timely utilization of professional services.

The CBOC at Mesa cares for over 9000 patients and provides great convenience and opportunity for care to the veterans of that outlying area and great relief to the medical center at Phoenix. The CBOCs services are greatly enhanced by the presence of vocational rehabilitation, Vet Center and VBA personnel. Our concern at this facility rests in the area of privacy. No curtains were found in any exam rooms, and inappropriate exam table placement was noted.

Mental Health

A safer and more secure environment for the women veterans on the in-patient Psyche unit would be obtained if their rooms were located within immediate proximity to the nurse's station. We were given to understand that a four-bed suite with shared bathroom facilities existed in the past, but it was unclear to us why this arrangement was changed.

The new outpatient mental health area under construction is a beautiful addition to your program. Its spacious and serene atmosphere will lend itself well to the overall treatment of the patient. It certainly will be one to be envied.

The Committee applauds the expansion of the Mental Health program with the goals of same day services. Realizing there was a concern about the waiting time in the C-STAT area for the MST patients, we were encouraged to understand that Dr. Liecken was working to alleviate the issue.

Residential placement and services to the homeless veteran are always difficult without community collaboration. This is especially true for women veterans and those women veterans with children. Fostering non-profit relationships and encouraging attempts to access grants thru the VA Homeless Grant and Per Diem Program will foster increased residential community programs specifically for homeless veterans. Within the next fiscal year special needs population grants will become available and may be a resource in this area.

Military Sexual Trauma

During the course of our various briefings and visits, we received several indications that staff training on military sexual trauma (MST) needs to be improved. During a briefing by the Chaplain, he indicated he had no training in MST, although he exhibited great empathy and had spoken with several patients suffering from MST. The Committee was encouraged at the same time to learn that he had taken it upon himself to make arrangements with the WVPM to attend that training.

We discovered that medical staff receive no specific Military Sexual Trauma training or information on the experiences of military women. Due to the heavy reliance on contract support, the Committee also believes that these components would be advantageous to the contractors and suggests that they also be included in this training. The Committee felt that there was room for improved training opportunities in this area and recommends that ways to enhance this training be explored and pursued.

It was also noted that many of the items we reference here, along with several others, regarding training in MST were noted in a briefing presentation on Women Veterans Health Program Goals and Objectives given by Josephine Lalonde, Quality Manager at Carl T. Hayden.

In that light, we believe perhaps opportunities may exist by sharing ideas on MST program development with other VISN hospitals to include the VA Albuquerque hospital. Albuquerque provides extensive training on MST to care providers, including town hall

meetings, video taped training for CBOC staff, and annual retreats for members of the staff.

Also, while visiting the Vet Center on Tuesday, counselors expressed a desire for more MST training. Perhaps they could be incorporated into training developed and presented at Carl T. Hayden. Within the total VA health system, there are many resources and experts available to also lend enhancement to future local training. This training can be arranged by contacting the Women Veterans Health Program office in Washington, D.C.

The Town Hall Forum:

Items brought forward included:

- Lack of access and continuity of mental health services at the Medical Center and late day/night mental health assistance

- Location of GYN clinic gave sense of being a “second class” citizen

- Never see the same doctor

- Lack of coordination between times of diagnostic testing and appointment times – sometimes require repeat testing

- Praise for PTSD treatment at the Vet Center

- Lack of coordination of medical services

- Request “child friendly” waiting areas

In conclusion, and on behalf of the entire Committee I want to thank the Director, the leadership staff and the entire staff employees of the medical center, to include our van drivers, for opening their doors to The Committee and for the presentations given to us. All of the Department Chiefs and Managers must be very proud of individual areas, programs and staff.

We would like to thank Sherri Bauch, the Deputy Field Director for Women Veterans Health and especially Jean Cooper, WVPM in Phoenix. She worked very hard to coordinate our visit and made it enjoyable and comfortable. The coordination of the entire site visit allowed us to experience the diverse, comprehensive and exceptional programs represented within the VA system here in Arizona.