



**VA**

**U.S. Department of Veterans Affairs**

Veterans Health Administration

*Corporal Michael J. Crescenzo VA Medical Center*

# Continuing the Mission

## In the Midst of the 2020 Pandemic



# 2020 ANNUAL REPORT

# A Message from the Director



"This year, COVID-19 impacted most every aspect of our operational model in one form or another, but never our resolve and commitment to Veterans and our Mission."

Karen Flaherty-Oxler, MSN, RN  
*Medical Center Director*

The onset of SARS-CoV-2 the virus that causes the disease COVID-19, required that we enact immediate protocols and changes across every service line to protect our Veterans and our team. We quickly stood up an Incident Command team which took over the management, coordination, allocation of resources, and the communication of our response to the pandemic. Throughout this Annual Report, you will be able to read more about the outstanding work done in all areas of the hospital in support of VA's mission. As you can imagine, the pandemic compelled us to change the way we deliver services to Veterans. From prioritizing medical procedures, to reconfiguring interior spaces in order to increase bed capacity, installing new airflow systems to prevent airborne spread, redesigning square footage to promote physical distancing, and increasing staffing levels within clinical and environmental service lines to both care for and increase daily sanitation cycles. We expanded telehealth capacity and outreach to Veterans, Veteran Service Organizations and community stakeholders. We learned from science every day and to limit exposure, we assessed our internal footprint moving some appointments to virtual visits, reducing in-person appointments and transitioning some team members to telework. We utilized virtual and online platforms like Microsoft Teams, Zoom, and WebEx to reach and communicate with Veterans and their families, as well as boosting our use of GovDelivery, VEText, personal telephone calls and social media. We promoted the use of home delivery of medications to Veterans, and virtual medical appointments. But we didn't stop there.

Our Patient Advocate office led a team of social workers and volunteers in making direct contact with Veterans through the initiation of a new program called "Happy Birthday Calls." This direct outreach to Veterans on their birthdays, identified that several Veterans were struggling and at times worried about food. The Patient Advocate office, Social Work Service, Voluntary Service, Nutrition and Food Service and Homeless programs partnered to deliver groceries from our newly launched Food Pantry. This was further buttressed and supported by the greater Philadelphia community with very generous donations of food that poured in to help keep the food pantry stocked as the need continued to grow with the continuation of the pandemic. Now, as new vaccine products to prevent COVID-19 come into our healthcare system, we know that we will begin to see an end to this unanticipated enemy and a return to normalcy in the months to come. Until then, many of the changes implemented and communication tools used during the pandemic will continue into 2021. These new protocols and tools have proven effective and reliable. As with other aspects of life during the pandemic, we look forward to the day when we can meet again in person and conduct in-person meetings and events. Please continue to follow the 3W's until public health officials say otherwise – Wear Your Mask, Wash Your Hands and Watch Your Distance!

Better days are on the horizon! Stay safe and take care.

Warmest Regards,

*Karen*

# Medical Center Leadership



**Patricia O'Kane, MSS**  
*Associate Director for  
Finance/Operations*



**Dr. John Kelly, M.D.**  
*Chief of Staff*



**Robert Askey MBA, AAS, CA**  
*Associate Director for  
Support Services*



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

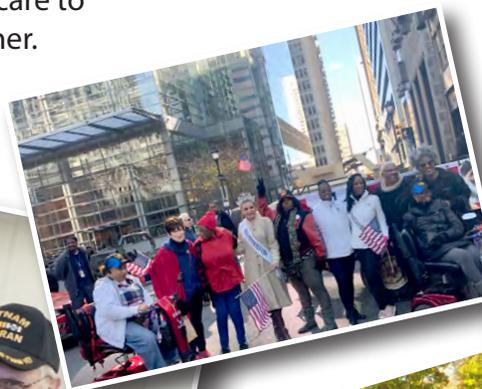
# 2020

**“It was the best of times,  
it was the worst of times.”**

-- Charles Dickens

When FY20 began, it started out with high hopes and expectations. We were extending our reach into the Veteran population through numerous events including: our Veterans Month program; the expansion of services for Women Veterans in our clinic; the renovation of many clinical spaces; engaging with more community partners; increases in donations for our Veterans; programs for Veteran caregivers; our packed Black History Month program; Congressional visits; launching our new Food Pantry; and the transitioning of more Veterans from homelessness to permanent housing. Then...COVID-19 hit our shores.

The global outbreak of the SARS-CoV-2 pandemic caught the world by surprise as it ravaged across nations. An invisible killer destroying lives and families in its wake. No nation was spared. Here at the Crescenz VA Medical Center the challenge was to meet our mandate to keep our Veterans and, our team that cares for them, safe. The following are the stories of how we reinvented care to Veterans and care towards one another.





# COVID-19 2020 Response



## Incident Command

Incident Command (IC) structure was established on March 9th to facilitate coordination and communication during COVID response. Meeting cadences were determined by urgency of current situations ranging from twice daily during IC mobilization to weekly as states began to reopen. These meetings promoted clear objectives, timely reaction, decision-making to issues/areas of concern, and rapid assessment of resources, including staffing, personal protective equipment, supplies, and other vital equipment. IC identified and adapted clinical practices necessary for the care of acutely ill patients as well as infection control strategies to protect patients and our team. Primary and secondary screening of all employees and patients was implemented early in the response and adapted as required by CDC and VISN guidance.

CMCVAMC deployed a best practice in addressing COVID-19 in the Community Living Center (CLC) by quickly cohorting positive patients on one unit and limiting access to that unit. The CLC closed to visitors early in the pandemic and, later, employees were also assigned to work only at the CLC and not moved between locations. An Environmental Management Services (EMS) contract was established to augment staffing capacity and provide more intensified, frequent cleaning services.

Active PPE management included ensuring all employees had easy access to hospital-provided scrubs and the institutional innovation and investment in establishing a disposable gown program to support the utilization requirements as the supply for disposable gowns became limited. Philadelphia fore-casted challenges with resupply of disposable gowns due to vendor allocation and competitive demand. EMS researched a reusable gown lease contract as a mitigation to the supply chain system's inability to meet disposable gown quantities needed by the facility. This contract process was adopted by the VISN and led to a VISN-wide contract being established. To safeguard Veterans and employees, IC maximized telehealth services across clinical care lines, and Veterans responded well as we saw a 73% increase in telemedicine since the onset of the pandemic.



## Pathology and Laboratory Medicine

Pathology and Laboratory medicine at CMCVAMC played, and continues to play, a pivotal role in our ability to meet VA's Mission during the COVID-19 pandemic here at the hospital, across all VISN4, for the State of Pennsylvania and for some of the VAMCs nationally. Having a Pathology and Laboratory medicine onsite, has enabled our facility to serve as a referral lab for COVID-19, as well as non-COVID-19 testing. Path and Lab medicine utilized both the Abbott Realtime SARS-CoV-2 Assay and the Cepheid Xpert Xpress SARS-CoV-2 Assay. Path and Lab runs tens of thousands of test assays with the mission and vision of providing timely, safe, and accurate diagnostic results as part of the continuum of care. Because of this, Path and Lab is both an essential and central service in our ability to diagnose COVID-19 in both Veterans and staff within a 24-hour window or less, thus enabling our clinical team to better manage the pandemic locally, save lives and reduce spread. The quick turnaround of testing results from our Pathology and Laboratory team provides critical diagnoses for our facilities as well as other VAMCs.



For their outstanding work in meeting VA's Mission, U.S. Secretary for Veterans Affairs Robert L. Wilkie recognized our Pathology and Laboratory Medicine service, led by Darshana Jhala, M.D., Chief, for their outstanding dedication, commitment, passion and for work during the Pandemic at the local, regional and national level in leading COVID-19 efforts.



## First Line of Defense: The ED

As the COVID-19 virus first began to spread throughout the tri-state area, the first stop for many of our Veterans is the Emergency Department (ED). In the early days of what would become a global pandemic, information regarding symptoms, treatment and risk was slow to trickle forth. Our ED professionals helped manage potential spread by quickly recognizing and isolating suspected cases. How they delivered care quickly changed – staff had to now don and doff PPE before entering patient rooms, clean equipment both in and outside of rooms, spend less time talking with Veterans at the bedside, update Veterans through partially open exam doors, and learn to bundle care so ED staff reduced use of PPE.

The continually evolving guidelines and the increasing awareness of many symptoms our Veterans might experience were a daily challenge. Fortunately, early on, our facility looked to mitigate risk by screening upon entry as well as mandating masking by both patients and employees. Canceling many outpatient clinics and non-emergency surgical procedures, in addition to strong recommendations to avoid the hospital, led to lower ED volume in the first few months. The summer months were also slower than usual; however, Veterans with potential COVID infections were still presenting. As states opened and restrictions lessened, the ED saw an uptick in COVID cases and a rise in volume as more than half the Veterans being evaluated are suspected of having COVID. While many other services were able to switch to telehealth virtual visits, the Emergency Department continues to provide face-to-face care for our Veterans 365 days/year, 7 days/week, 24 hours/day. Despite the highly infectious nature of the virus, each day staff come prepared for a challenging shift, but remain steadfast in their commitment to our Veterans.

# COVID-19 RESPONSE



## Patient Care Services: COVID-19 Warriors

The past year was challenging for Patient Care Services (PCS) as nurses were stretched to meet the needs of Veterans and their families during the COVID-19 pandemic. Nurses adapted their care to rapidly shifting priorities and frequently updated information about COVID-19. Despite these challenges, nurses remained strong, resilient and supported and guided by three strategic frameworks: Relationship-Based Care (RBC), Whole Health and High Reliability.

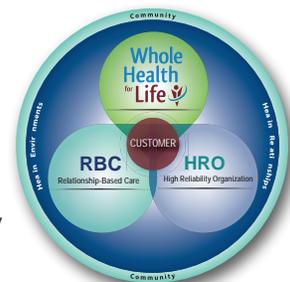
At the start of the pandemic nurses faced the difficult and uncertainty of caring for Veterans with a highly contagious virus. Guided by daily support and direction from Incident Command, PCS leadership planned and implemented the redeployment of resources where they were most needed. Caring for COVID-19 positive Veterans was challenging and required innovation. On the COVID-19 positive units (medical-surgical unit, ICUs, ED and CLC) new roles of

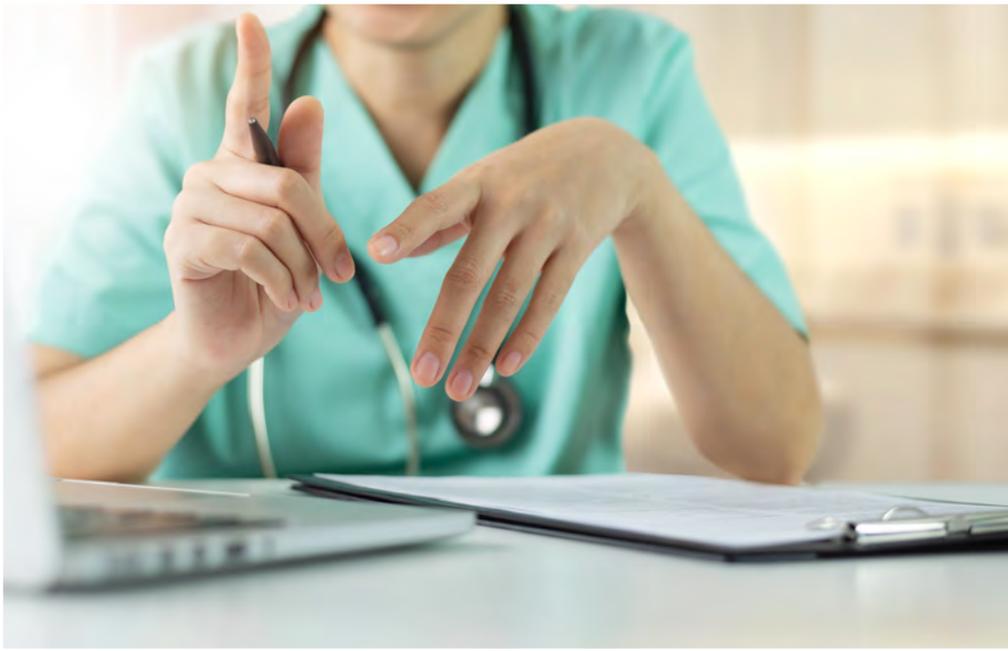
"Observer" and "Runner" were identified to support care. "Observers reinforced PPE guidelines to reduce transmission and frequently wiped down high touch surfaces. Quality Management staff were reassigned to this role given their expertise in infection control and quality standards. The "Runner" role was assigned to a clinician who ensured staff had the supplies needed for care without compromising infection prevention protocols. The swift actions and direction of

leadership and diligence of frontline staff ensured that the virus was not widespread among Veteran residents and employees in the CLC, resulting in a relatively swift return to baseline (no COVID-19 positive residents). One of the most difficult aspects was maintaining a sense of connection between COVID-19 Veterans and their families. In one instance, a MICU nurse facilitated having a Veteran's son visit with his father who was at the end of his life, as visitation was restricted to reduce COVID-19 transmission. Leadership made an exception so that the Veteran's son could say goodbye to his father. In other instances, iPads were provided for families to stay in touch with their loved one. Finally, a key RBC principle, care of colleagues, was exemplified by the nursing volunteers who came from a variety of areas in order to support and relieve their colleagues dealing with physical, emotional and mental exhaustion so that VA's Mission continued. These nurses trained in the proper way to put on and take off PPE, providing respiratory care, emergency management, medical equipment use, and nasal swabbing. Their learning was reinforced by simulated emergency management exercises.

## Whole Health Model Adjusts in Face of Pandemic

Whole Health continued to fully operate during the pandemic. Previously in-person services for Veterans immediately moved to virtual offerings including telephonic and Virtual Video Connect (VVC) for Pathway and Well-Being Programs. All services will continue to be offered virtually until this public health crisis ends. The pandemic forced our team to think outside the box and we were able to get the core Pathway program, Taking Charge of My Life and Health, off the ground. This group has thrived and we now offer it more than once a week. In addition, we were able to offer new services to assist with coping (guided imagery & mindful eating) as well as additional healthy living groups. Whole Health created Camp Resilience, a twice weekly, 15-minute "break" for employees to recharge and this group is now offered to VISN 4 too. Several Whole Health staff also pitched in to assist various services including Behavioral Health in making calls to Veterans daily regarding their appointments; and Palliative care in providing support to caretakers and Veterans. Clinical Care consultation continued seamlessly to our pilot PACT teams, and we began offering education on Whole Health to behavioral health teams and on how we can partner, and recently did the same education to oncology staff. Further, we focused efforts on crafting and rolling out whole health education virtually.



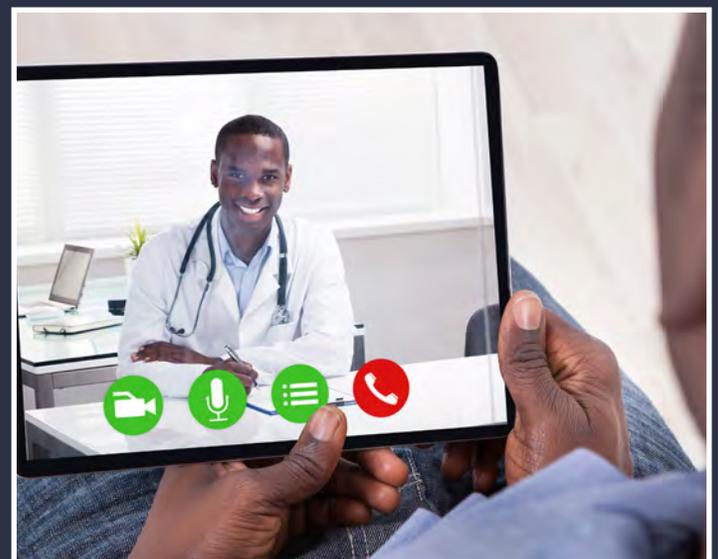


**VA** **COMMUNITY**  
**CARE**

## **Office of Community Care Transitions to Virtual Care to Meet Mission**

The Office of Community Care (OCC) continued the VA mission during the COVID-19 pandemic by enhancing communication methods between Veterans and community providers. During the pandemic the team came together to evaluate the number of Veterans who may have been directly or indirectly impacted by limited scheduling options within the VA medical center and the community. Community care showed special focus on the most vulnerable population living within community nursing homes, attending adult daycare services and those dependent upon receiving in-home services. Team members were required to follow CDC guidance which removed the ability to visit community nursing homes and adult daycare centers. These now restricted visits were critical components that allowed the team to assess each Veterans' specific needs in order to ensure the best quality care was being delivered. The team decided to implement telephonic/virtual visits in lieu of face-to face visits because they were no longer allowed to enter nursing homes. The OCC team notified each Veteran of the visitation limits and decided each Veteran would be assessed weekly or more, considering the Veteran's needs and or limitations. Another impactful barrier that OCC experienced was the closing of adult daycare centers. Not only were Veterans impacted, but caregivers also experienced the stress of caring for Veterans without any respite. The team called each Veteran and caregiver and offered increased home health aide support based on the need and limitations for each Veteran who could no longer

attend adult daycare services. For Veterans who could not attend outpatient appointments due to the limited or closing of operations within community medical offices, the team assessed them and communicated their needs to VA providers to determine if virtual visits would be appropriate for each level of care. Many Veterans were able to receive virtual visits to continue care. The clinical team members also continued to assess Veterans on a routine bases to ensure Veterans were not experiencing increasing issues. While consults decreased during the initial pandemic, the monitoring and management of Veterans were increased to maintain care coordination and continuity of care for Veterans receiving care in the community.



# COVID-19 RESPONSE



## **Facilities Management Service (FMS): Tasked with Creating Safe Spaces**

Facilities Management Service (FMS) was an active participant in Corporal Michael J. Crescenz Medical Center's Incident Command, by providing directed efforts on operations and support. Through the work of FMS, the facility was able to expand the number of isolation rooms in the MICU and SICU in order to support the increased demand of critically-ill COVID positive Veterans. Modifications to the HVAC system supported the increase of air exchanges to meet air flow requirements of isolation rooms.

FMS participated in the expansion of beds in the medical center by converting administrative space into a lower acuity inpatient unit. The increase of twelve low acuity beds supported efforts for improved management and bed flow for COVID and non-COVID Veterans.

To promote social distancing, FMS walked through the entire facility making assessments of how best to execute it and began installing protective plexiglass walls, placing floor decals six feet apart to help Veterans, staff and visitors maintain a safe social distance from one another.

Additionally, BioMed and all remaining FMS staff were placed on different work schedules to promote social distancing and to provide expanded coverage in order to be able to respond on a moment's notice to clinical needs. FMS worked additional hours to provide continual coverage for all requests to make adjustments to the facility in real time.

FMS also played a critical role in our response to the Pandemic, not only within the confines of the hospital, but at our Community Living Center (CLC), Community Based Outpatient Clinics (CBOCs), Dialysis Center, Residential Drug and Alcohol Treatment Center Snyder House, and other locations. FMS created our screening stations, reconfigured the Pharmacy area and clinical areas to protect Veterans, staff and visitors. They built a Meditation Room for staff to distress, relax and regroup, and converted a parking area to provide a safe, socially distanced area for staff to congregate, exercise, get fresh air and enjoy meals together socially distanced and masked.

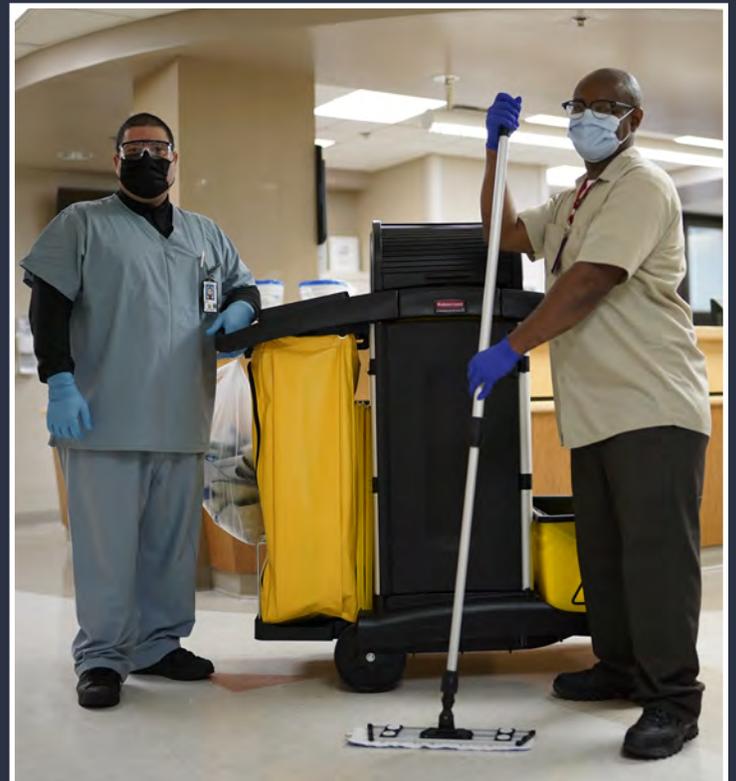




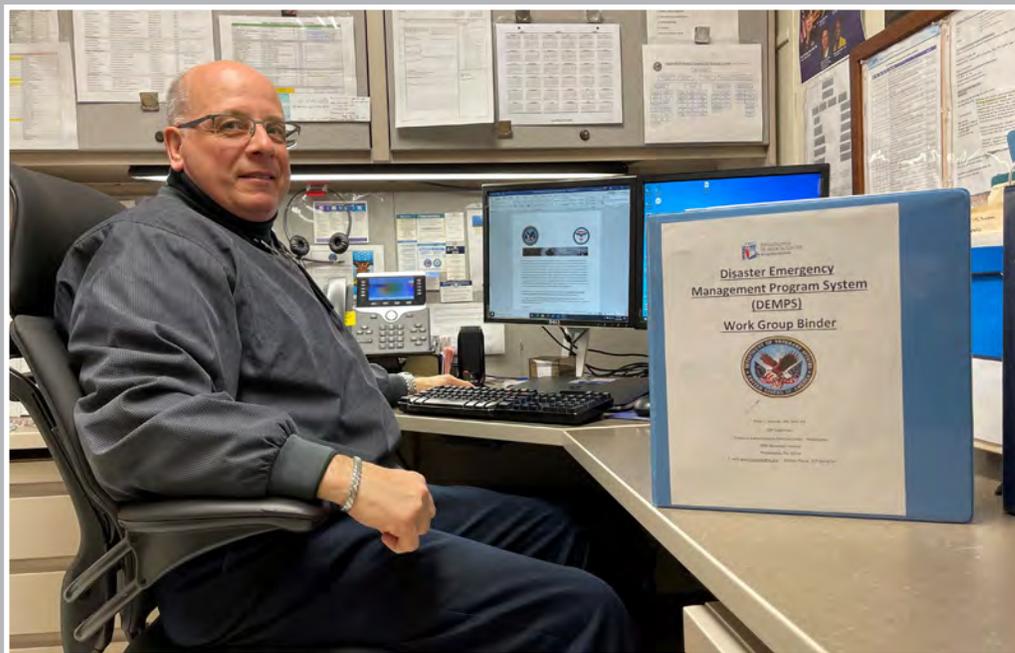
## **Environmental Management Service: Fighting the Invisible Enemy**

Since the start of the COVID-19 pandemic, Environmental Management Service implemented many new operational procedures in order to minimize the transmission of the virus through both a robust and increased frequency of cleaning and sanitizing all facilities including the hospital, Community Living Center (CLC), Dialysis center, all five Community Based Outpatient Clinics (CBOC) and Snyder House. We continually improve and revise best industry practices in response to the pandemic and both increase and replenish staffing levels in order to meet the mission.

To reduce disease transmission and spread, an assessment of staffing levels, protocols, and supply levels to support increased levels of sanitization of all locations was conducted. To facilitate this, EMS hired contractors to supplement the EMS existing workforce. These contractors work in the Medical Center and CLC providing 24-hour cleaning services. Additionally, one contractor has been deployed to each of our five CBOC locations. These additional employees help us increase the frequency of cleaning in the common areas, restrooms, waiting areas, corridors, and exam rooms, cleaning between each Veteran appointment.



# COVID-19 RESPONSE



## DEMPS: Deploying Staff to Areas of Need

The Disaster Emergency Medical Personnel System (DEMPS) Program is used for internal VA missions, as well as supporting a mission after a Presidential Disaster Declaration under the National Response Framework (NRF) Emergency Support Function #8 (Public Health and Medical Services) is declared. When disasters such as hurricanes, earthquakes, floods, etc., occur and the state and local resources to handle the response/recovery process are overwhelmed, the state in which the disaster occurs may request federal assistance. Once the damage to the area and needs have been assessed, and it is determined that medical resources are required, the Federal Emergency Management Agency (FEMA) or the Department of Health and Human Services (HHS) may task the VHA to provide these resources. Since the beginning of the COVID-19 pandemic, CMCVAMC's DEMPS was called upon to support other VA hospitals as well as other health institutions. Our highly skilled and trained medical personnel responded to save lives and relieve their peers. To date, we have deployed 12 team members. Our DEMPS corps consists of nurses, physicians, physician assistants, social workers, respiratory therapists, lab technicians, logisticians, chaplains and administrative support personnel.

Thus far, personnel have been deployed in both Wave 1 of the pandemic and are on deployment now during Wave 2. In total, personnel worked in support of seven locations -- Fort Harrison in Montana, Southeastern Pennsylvania State Veterans Home, Butler VAMC in Pennsylvania, White River Junction VAMC in Vermont, the Hopi Indian Reservation in Arizona, Jack C. Montgomery VAMC in Oklahoma, Thompson Hood South Eastern Veterans Home in Kentucky and were on standby for Hurricanes Laura and Delta. With the introduction of the first vaccines to help begin to abate the pandemic, we remain resolute that our highly skilled and trained DEMPS personnel will continue to be at the ready to answer the call to serve.





The Health Administration Service (HAS) is an integral part of VA's Mission to care for Veterans and their families. The COVID-19 pandemic created a lot of stress and struggles for the facility over the past year, but it also made us realize how much our Veteran population needed us. Our HAS Inpatient Operations Medical Support Assistants (MSAs) were at the front lines in the Emergency Department and in the inpatient units administratively helping our clinical teams to coordinate care. HAS helped set up the COVID-19 inpatient units and worked tirelessly on day, evening, and night shifts to make sure all the units were covered.

Our Beneficiary Travel department continued to help Veterans by providing Beneficiary Travel benefits to Veterans such as Special Mode Transportation via ambulance and wheelchair van. The Beneficiary Travel Transportation Assistant coordinates about 200-300 requests per month from clinical to provide transportation for our Veterans. The Beneficiary Travel department also set up emergent COVID-19 funds to provide ambulance transportation for Veterans directly affected by COVID-19.

The HAS Outpatient Clinic Section is the first point of contact, via our clinic MSAs and Centralized Scheduling Unit MSAs, for most of our Veterans. The COVID-19 pandemic changed our methods of providing care to our Veterans. Many of the in-person appointments were rescheduled to either telephonic or video appointments. This coordination required modification of the clinics in our scheduling software. The HAS Outpatient Clinic Section worked past business hours and even into weekends to reschedule the large number of patients that already had appointments.

## HAS: Navigating the Pandemic to Ensure Continuity of Care

In just a few months during the spring and summer of this year, at the height of the pandemic, the MSAs accomplished an unprecedented amount of workload

- More than **1,500** clinics were created/modified
- More than **173,000** return to clinic orders were processed
- More than **316,000** appointment were scheduled/rescheduled
- More than **79,000** appointments were cancelled in the scheduling system
- More than **10,000** consults were reviewed/scheduled
- More than **31,000** calls were received
- More than **13,000** administrative notes were entered

*HAS worked collaboratively with various departments in the hospital to make sure that we embodied the I CARE values for the Veterans.*

# Community Response 2020

## Community Relationships Help Keep Mission Going



The power of community was never more evident than during the COVID-19 Pandemic.

So many institutions, community groups, high school students, corporations and our neighbors stepped forward to donate food for our food insecure Veterans, face shields, masks, hand sanitizers and hot meals for staff. Handmade cards from children, letters of support for our Veterans and staff poured in. From Subaru, to COMCAST, to anonymous donors, and so many, many more, our gratitude to each and every one of them that helped us can never be put into mere words.

“Never believe that a few caring people can’t change the world. For indeed, that’s all who ever have.”

--Margaret Mead



## **VOLUNTARY SERVICE:** **Working With the Community to Support Veterans**

Voluntary Service played a critical role in helping continue VA's Mission during the pandemic. From partnering with community donors, to assisting Veterans at the hospital, Community Living Center or other off-site locations, Voluntary Service's impact was widely felt. When COVID-19 hit, Voluntary Service was quick to act as it worked with departments that would benefit from virtual volunteers. We virtually onboarded and trained volunteers to keep them and staff safe. Volunteers were then assigned to Social Work, Blind Rehabilitation Services, Patient Advocate Office, and Home-Based Primary Care. Volunteers were indispensable in helping us make wellness check calls and in extending birthday wishes through Project Happy Birthday Calls. College

students, adults, professors, medical students, among others, were connected to the medical center to help in this effort. It was during these interactions that we learned hundreds of Veterans were facing food insecurity. In filling that desperate need, the community played a huge role in our ability to address food insecurity within our Veteran population donating over \$100,000 in food and cash donations to keep our shelves stocked.

But Voluntary Service didn't stop with volunteer engagement. Donor engagement is another layer to our work. Throughout COVID-19, Voluntary Service worked with local donors and restaurants to uplift staff morale through their generous donation of meals and snacks totaling nearly \$70,000. The community (individuals, corporations, businesses, schools) dug deeper still as they learned of our need to connect with our Veterans through telemedicine. To ensure seniors and other Veterans without access to electronic devices were able to continue their care safely from home, groups donated refurbished tablets, iPads and

cellphones to keep Veterans connected to providers. Other donors sent in caring cards and letters. We also received large supplies of critical personal protective equipment (hand sanitizer, face shields and face masks), as well as items for our homeless Veterans participating in HUD-VASH.

We launched our food pantry in January 2020 as a collaboration between Social Work, Food & Nutrition Service and the Patient Advocate just before the pandemic started. Team members acted quickly to meet Veteran's needs by securing food donations and our social workers made weekly deliveries to Veterans' homes. As the pantry ran low, we received an anonymous \$50,000 monetary donation to fill our shelves along with a huge truckload of food valued at over \$25,000. All-in-all, Voluntary Service recorded close to 25,000 volunteer hours, 263 volunteers, and roughly \$385,000 in donations, both monetary and in-kind.

# Care of Veterans 2020



## A Show of Support from the Skies

At the height of the Pandemic, a flyover by the historic Thunderbirds and Blue Angels lifted staff and Veteran's spirits.



# Homeless Program Services

# 2020



VA and its federal and community partners strive to meet the needs of Veterans by providing services that help them secure permanent housing and achieve their full potential. This comprehensive continuum of housing solutions, supportive services, community employment, and health care has an enormous impact on the lives of Veterans and their families. This was of particular importance during the COVID-19 pandemic.

The Corporal Michael J. Crescenz VA Medical Center (CMCVAMC) Homeless Program provides a range of supportive services to provide adequate, timely permanent housing opportunities to homeless Veterans and their families as well as prevention and diversion for those who are at risk of becoming homeless. FY20 saw the program making significant strides and accomplishments in continuing VA's mission even in the midst of the pandemic. Our objective is to ensure that every Veteran has access to permanent, sustainable housing with access to high-quality health care and other supportive services and that Veteran homelessness in the future is prevented whenever possible or is otherwise rare, brief, and nonrecurring. The three main goals are:

1. Conducting coordinated outreach to proactively seek out Veterans in need of assistance;
2. Connecting homeless and at-risk Veterans with housing solutions, health care, community employment services and other supports; and
3. Collaborating with federal, state and local agencies; employers; housing providers, faith-based and community nonprofits; and others to expand employment and affordable housing options for Veterans exiting homelessness.

Some of our accomplishments include:

- Assisted 329 new permanent housing placements for Veterans enrolled in Homeless Programs;
- Provided permanent, supportive housing to 935 Veterans through HUD VASH program;
- Engaged, assessed, and offered services to 437 unsheltered Veterans;
- Provided transitional housing to 461 Veterans through Grant Per Diem (GPD) programs;
- Provided emergency shelter to 162 Veterans through Low Demand Safe Haven/Contracted Emergency Residential (LDSH/CERS) program;
- Responded to 893 National Homeless Hotline calls through Homeless Outreach;
- Assisted 2,367 in-person walk-ins/appointments through Community Resource and Referral Center (CRRC);
- Added 55 additional HUD VASH vouchers (FY19 starting total 1,015 increased to 1,070).

Success stories include Veteran Derrick Paige who was able to move his family into a safer neighborhood with CMCVAMC help and the Philadelphia Housing Authority. Another is US Army Veteran El Toro Datts. After leaving the Army, Datts, a long hauler, suffered a career ending accident which led to loss of income and homelessness. The CMCVAMC program helped him move into permanent housing. His name was also submitted to Progressive Insurance's 'Keys to Progress' program. Datts was selected out of 1,000's of applicants to receive a 2019 Ford Fusion including one year of paid insurance so he can work as an Uber and Lyft driver.



# CARE OF VETERANS



## Meeting the Mental Health Needs of Veterans During COVID-19 Isolation

A key achievement in Behavioral Health near the start of the pandemic was a rapid, comprehensive shift to virtual health care to limit contact and protect the safety of both Veterans and employees. This change was enacted broadly across the entire service and required an extraordinary group effort in technology implementation, training, communication, and flexibility. As part of this massive shift, the team organized office hours and virtual meetings for 'LIVE' clinician support for video platforms and other new technologies. On-demand resources were compiled to respond to frequent tech questions as they arose. Veterans were ensured access to telehealth as electronic devices such as cellphones and Chromebooks that had been purchased or donated by the greater Philadelphia community in support of our Veterans. Access for Telehealth for Seniors and Comcast played pivotal roles in supporting this effort. Access for Telehealth donated refurbished and new cellphones and Chromebooks and Comcast provided low-cost internet access. Veterans were both trained and provided necessary orientation and instructions on accessing virtual services and using their supplied devices.





## Women Veterans Enrollment Increases During Pandemic

The number of women Veterans receiving care at the Corporal Michael J. Crescenz VA Medical Center (CMCVAMC) grew throughout FY 2020 despite the challenges faced by the COVID-19 pandemic. Over 6,500 women Veterans were served, an increase of five percent from FY19 and we have projected this upward trend to continue over the next five years to be about eight percent. Women Veterans represented 11.9% of the total Veterans served by the Medical Center in FY20. Most women Veterans received care at the Women's Health clinic at CMCVAMC in Philadelphia or in one of the five community-based outpatient clinics, outpatient Behavioral Health, and specialty Gynecology. Our Mental Health coordinator and treatment team provide military sexual trauma (MST) treatment and other women-centered mental health care. Onsite breast care is also available, including screening, diagnostic mammography and breast biopsy.

Like VA's across the nation, CMCVAMC faced unprecedented challenges due to COVID-19. Through it all the Women's Health team found ways to adapt and change in order to continue providing the excellent care our women Veterans have come to expect. For safety reasons, outpatient visits were primarily conducted using VA Video Connect (VVC)/telehealth, with in-person visits available as needed. Our women Veterans responded well to this, reporting that VVC/telehealth appointments worked well with their busy lives. Women's Health PACT RN's were able to significantly reduce the A1C scores of

women Veterans with diabetes by creative use of VVC to provide increased care management. Overall, the response to VVC/telehealth has been so positive it will likely become a feature of our practice model in Women's Health post pandemic. Other pandemic-related responses to the needs of women Veterans included increased provider education regarding domestic violence and availability of COVID relief services specific to women and children available in the community. Collaboration has begun with women Veteran leaders in the community to develop virtual outreach to women Veterans not currently receiving VA care. We look forward to finding even better ways to serve our women Veterans in FY21.



# CARE OF VETERANS



## Chaplain Services Provides Comfort and Reassurance in Uncertain Times

The Corporal Michael J. Crescenz VAMC's Chaplain Service was present on site throughout the COVID19 pandemic. The mission to serve Veterans and their families was maintained using a variety of methods. In-person visits on the units continued, with safety protocols in place. Veterans in COVID units were communicated with primarily by phone, and family members of those patients and other Veteran patients, who were not able to visit their loved ones, were contacted by Chplain Services in an effort to provide reassurance and comfort. Chaplains also increased their virtual skills and utilized current technology to connect with large numbers of outpatients, many of whom, during "normal" times, would have been onsite for individual and group appointments.

Coalitions with internal partners (Social Work, Voluntary Service, Recreation Service, and Behavioral Health), and external partners (Community Clergy, Interfaith organizations), were strengthened, primarily through virtual technology. Relationships with the National Chaplain Service and colleagues across the country were deepened in the same way as mutual support was shared to the benefit of those providing spiritual care on the local level, including at CMCVAMC.

Chaplains found that employee encounters rose during this period, with many team members seeking out chaplains for personal and confidential conversations. As well, chaplains teamed up with Behavioral Health to co-lead virtual drop-in sessions in order to address increased stress among team members. Finally, with religious services suspended since the end of March, Chaplain Services was able to broadcast to the bedside of Veterans.





## Research Delves into COVID-19 Disease; Expands Cancer Work

The outbreak of COVID-19 did not stop the ongoing work of VA scientists and researchers, rather more research was conducted including participating as a Vanguard site for VA COVID-19 research.

### COVID-19 Research

CMCVAMC's Research Service is actively engaged in two important funded studies in the battle against COVID-19:

- CMCVAMC was selected as a Vanguard site for a multi-center VA COVID-19 observational study to examine Veterans with COVID-19 and to better understand their natural history, immune response and viral outcomes. The study, entitled "Epidemiology, Immunology and Clinical Characteristics of COVID-19 (EPIC3)" is based within the Veterans Health Administration. This study is led by the Local Site Investigator (LSI) Dr. Stuart Isaacs, an Infectious Disease physician, along with Co-LSI's Drs. Joshua Baker and Kyong-Mi Chang, with clinical champions from inpatient Dr. Katherine Gardner, outpatient--Dr. David Stern, pathology/laboratory medicine--Dr. Darshana Jhala and the Community Living Center's Drs. Mary Hofmann and Jeffrey Doyon. Critical support is provided by clinical research coordinators Lizbeth Novelo, Marianna Olave and Mary Valiga, RN. Enrollment has already begun in Philadelphia, as well as Palo Alto, CA, Durham, NC and West Haven, CT, with additional VA centers joining in this critical study.
- Drs. Kyle Robinson and Yu-Ning Wong received approval for a COVID-19 clinical trial entitled "Hormonal Intervention for the Treatment in Veterans with COVID-19 Requiring Hospitalization" (HITCH). This multi-center, phase 2, randomized controlled trial of best supportive care (BSC) vs BSC plus Degarelix". This work is supported by the VA/ Prostate Cancer Foundation Center of Excellence.

### Cancer Research

CMCVAMC has been growing in cancer research that can ultimately benefit our Veterans through scientific knowledge and precision oncology:

- CMCVAMC was named a VA Prostate Cancer Foundation Precision Oncology Center of Excellence. Drs. Kyle Robinson and Yu-Ning Wong, will lead the Center, along with additional VA members and Penn oncologists.
- Not just one, but two VA staff Kara N. Maxwell, MD/PhD and Ravi B. Parikh, MD/MPP in Hematology/Oncology were named 2020 Prostate Cancer Foundation Young Investigator Awardees! This award recognizes rising stars in the field, and also provides 3-year funding support for their work relevant to prostate cancer research.
- Dr. Maxwell, an expert in cancer genetics, is launching a Cancer Genetics clinic at the CMCVAMC. She was also awarded funding from VA-PCF Nursing Initiative and is an active investigator in the VA Million Veteran Program (MVP) Prostate Cancer Return of Result Project.
- Dr. Parikh, an expert in health services research, will be examining racial disparities across the prostate cancer care continuum, and the impact of high-quality survivorship care on patient outcomes. He has already developed and leads highly fruitful collaborations in a recently funded VA Merit Award with Dr. Amol Navathe.
- Dr. Wong received notification that she has been awarded the Southwest Oncology Group (SWOG) VA Integration grant to help CMCVAMC join the SWOG and help our VA enroll in the National Cancer Institute's Central IRB to enable access to cancer clinical trials for our Veterans.

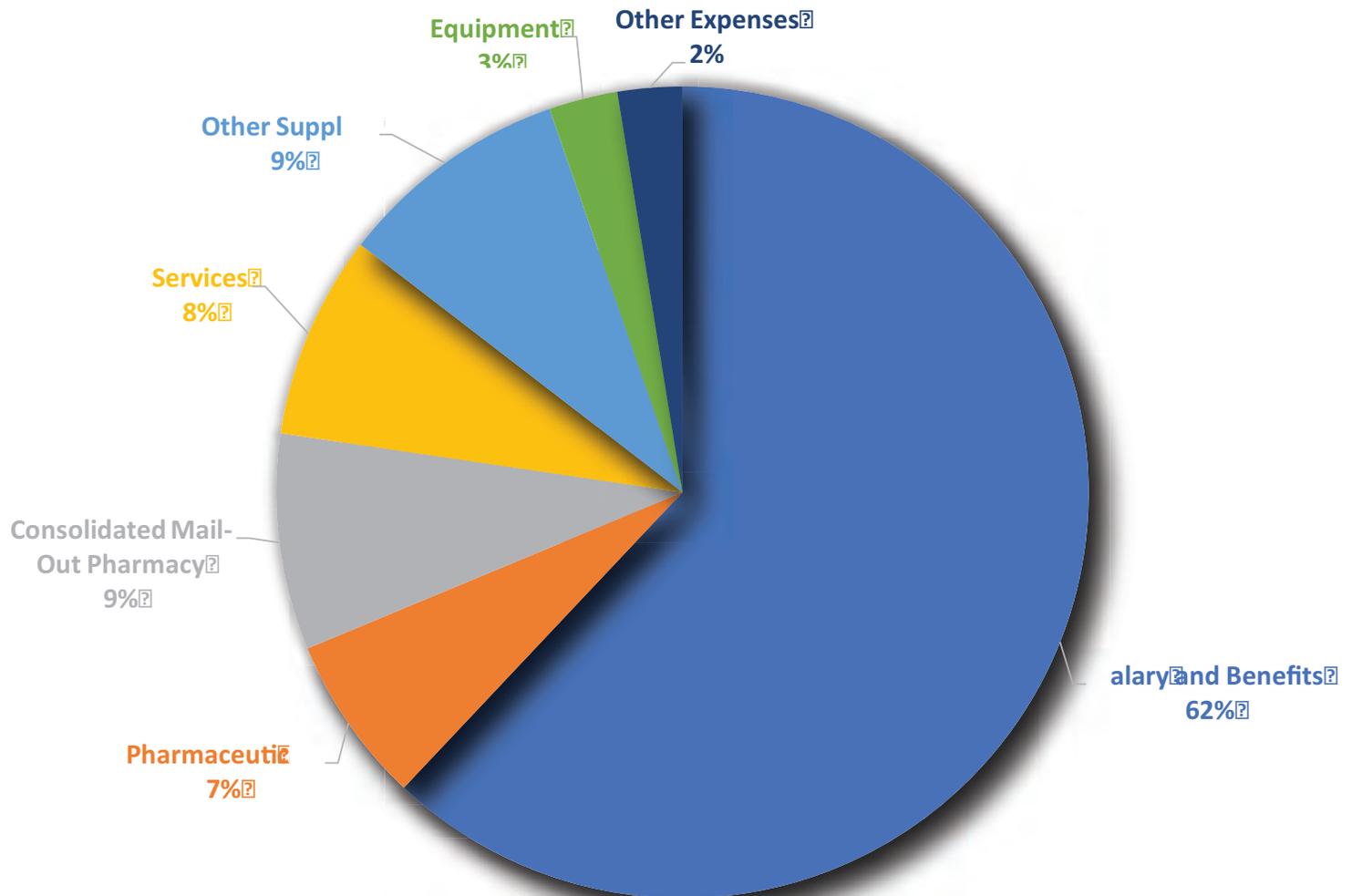
# FINANCIAL REPORT

**Total Medical Appropriation**  
(Includes MCCF collections)

## \$502,608,000

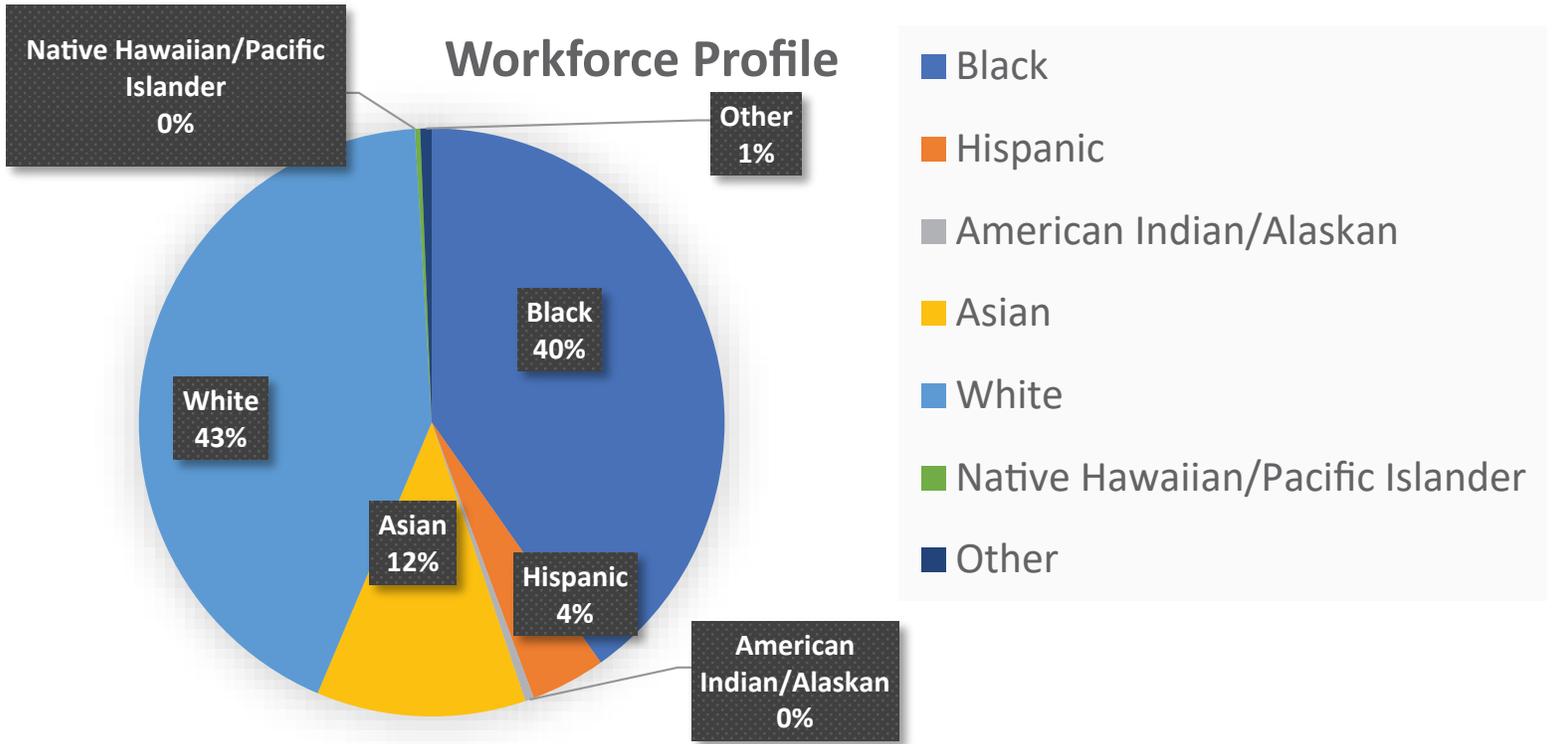
### Operating Expenses

<span style="color: #336699;">■</span> Salary and Benefits	\$311,743,000	<span style="color: #6699CC;">■</span> Other Supplies	\$46,477,000
<span style="color: #FF9933;">■</span> Pharmaceuticals	\$33,621,000	<span style="color: #66AA33;">■</span> Equipment	\$13,769,000
<span style="color: #999999;">■</span> Consolidated Mail-out Pharmacy	\$43,295,000	<span style="color: #003366;">■</span> Other Expenses	\$12,909,000
<span style="color: #FFCC00;">■</span> Services	\$40,794,000		



# Workforce

## WORKFORCE STATISTICS & HOSPITAL DATA



### Total Employees (actual # — not FTEE): 2,840

Employees who are Veterans:	554
Nurses:	624
Physicians:	379

### Discharges

Surgery	1,265
Medicine	2,805
CLC	292
Rehabilitation	123
Behavioral Health	852
<b>Total</b>	<b>5,337</b>

### Outpatient Visits

### Unique Visits

Philadelphia:	496,406	50,510
Burlington	28,435	5,875
Camden	8,455	1,721
Gloucester	28,765	5,424
VJS	36,694	8,755
West Phila	5,614	1,443
<b>Total</b>	<b>604,369</b>	<b>73,718</b>

### Total Unique Patients

Male:	57,309
Female	4,847

# AWARDS AND RECOGNITION



CMCVAMC's Behavioral Health Lab team was named VHA's Diffusion of Excellence Shark Tank national competition winner for their Virtual Integrated Primary Care Mental Health Integration (PCMHI) Hub. The PCMHI Hub, developed here is now being implemented in VISNs 6 and 8 with oversight from our staff. The PCMHI Hub helps to improve access and promote health care equity for all Veterans.



**Tim Kelly and Bridget Briscella** were named one of VHA's first national HeRO award recipients for their work as patient advocates with Veterans during the pandemic.

**Dr. Noam Cohen** was awarded the Perelman School of Medicine's *Excellence in Basis Science Teaching* by the school's Dean.

The following surgeons were named to the National Surgery Office's Surgery Advisory Board: **Dr. Aron Wahrman** (Plastic Surgery); **Dr.**

**Stephen Fulop** (Neurosurgery); and **Dr. Angela Koenig** (Surgery Virtual Care Workgroup).

**Dr. Lewis Kaplan** was named President of the Society of Critical Care Medicine.

**Dr. Robert Krause** was appointed VISN 4 Surgical Care Integrated Clinical Community Co-Lead.

*2020 Barnwell Award from CSR&D:* **Dr. David Oslin**, Chief of Behavioral Health and MIRECC received the national 2020 Barnwell Award, the highest honor for scientific achievement from the VA Clinical Sciences R&D.

*BLR&D Senior Clinical Scientist Award:* **Dr. Michael Beers** (Pulmonary) and **Dr. John Duda** (Neurology) were awardees from the VA Biomedical Laboratory R&D.

*Health Services R&D QUERI Center:* **Drs. Robert Burke, Judith Long and Rachel Werner** at the CMCVAMC and **Dr. Dan Hall** at VAPHS received \$5.1 million through the Quality Enhancement Research Initiative (QUERI) Center for **Safer Aging** through **Geriatrics-informed Evidence-Based Practice (SAGE)**.

*VA Career Development Award (CDA):* **Drs. John O'Donnell and Jason Brant** (both mentored by Dr. D. Kacy Cullen) are recipients of VA CDA awards from Rehab R&D and Biomedical Lab R&D, respectively.

**Dr. Scott Damrauer** was awarded the *Jacobson Promising Investigator Award for 2020*, by the American College of Surgeons. His genetics-based research in vascular disease was listed as one of

the top achievements in Heart and Stroke Research by the American Heart Association.

**Dr. Victoria Werth** was awarded the *Lifetime Career Educator Award*, by the Dermatology Foundation; The Naomi Kanof Clinical Investigator Award, from the Society of Investigative Dermatology; and the *Dean's Award for Excellence in Clinical Teaching* by the University of Pennsylvania.

The U.S. Department of Defense awarded **CMCVAMC's Physical Therapy** service line its "*Patriotic Employer*" citation for its support of National Guard & Reserve members deployed to the Middle East in FY20.

*National Lead in VA multi-center clinical studies:* Several national VA studies are led by our clinician investigators in Neurology -- **Drs. Daniel Weintraub and John Duda** for treatment of Parkinson's psychosis, GI/Hepatology -- **Dr. David Kaplan** on the effect of simvastatin on cirrhosis.

*Research in Oncology:* **Dr. Kara Maxwell** in Oncology was awarded a nursing education award that is jump starting the first-ever CMCVAMC Cancer Genetics Clinic.

**Dr. Yu-Ning Wong** received a funding award from the SWOG Hope Foundation VA Integration Support Program.

# AWARDS AND RECOGNITION

Our Hematology-Oncology service line had numerous staff who distinguished themselves amongst their colleagues. *VA Merit Award* was given to **Dr. Martin Carroll**.

*Continuation of Prostate Cancer Foundation (PCF) Center of Excellence (COE)* was awarded to **Dr. Kyle Robinson**.

VA-PCF Project: "Expanding Access to Genetic Services for Veterans: A Pilot Program to Train VA Nurses in Genetic Medicine" to **Dr. Kara Maxwell**.

*2020 PCF Young Investigator Awards* went to **Drs. Kara Maxwell and Ravi Parikh**.

*IRBnet*: CMCVAMC transitioned to electronic regulatory review supported by VA Office of R&D in 2020.

**Mary Moore**, our Radiation Safety Officer and Medical Physicist, was elected to become a Fellow of the American College of Radiology (ACR) an outstanding achievement for a non-physician.

**Yvette D. Roberts**, was recognized nationally by the Veterans Health Administration (VHA) as a *Champion of Change – Service to the Citizen* awardee for being a leader amongst her colleagues as a My HealtheVet Coordinator.



## PUBLICATIONS:

**Escobar, DJ, Lanzi, M, Saberi, P, Love, R, Linkin, DR, Kelly, JJ, Jhala, D, Amorosa, V, Hofmann, M, Doyon, JB**: Mitigation of a Coronavirus Disease 2019 Outbreak in a Nursing Home through Serial Testing of Residents and Staff. *Clinical Infectious Diseases*. <https://doi.org/10.1093/cid/cia1021>.

**Hofmann, MT, Love, R, Francis, MA, Corkery, EA, Ogunnubi, O**: A Multidisciplinary Process to Improve Quality Indicators in a VA Community Living Center (CLC), *2020 Journal of the American Medical Directors Association (JAMDA) 2020 Annual Scientific Meeting Chicago Illinois 21(3) B15*. Notes: Poster presentation.

**Gonzalez M, Hofmann M, Louis J**: Catatonia as an Unusual Cause of Change in Mental Status in a Veteran in a Long-Term Care Facility. *2020 Journal of the American Medical Directors Association (JAMDA); 2020 Annual Scientific meet Chicago Illinois 21(3) B15*. Notes: Poster presentation.

**Hofmann MT, Love R, Way D, Ersek M, Smith C, Adrian D, Louis J, McGee J, Marenberg M, Dale H**: Improving End-Of-Life Care Using the Life-Sustaining Treatment Decision Initiative in a Veterans Affairs Community Living Center. *2020 Journal of the American Medical Directors Association (JAMDA); 2020 Annual Scientific meet Chicago Illinois 21(3) B21*. Notes: Poster presentation.

**Fessler E, Hofmann MT, Ogunnubi O, Francis MA, Way D, Adrian D, Haley E**: The Use of Antipsychotics in Veterans in a Veterans Affairs (VA) Community Living Center (CLC) Based Hospice Unit. *2020 Journal of the American Medical Directors Association (JAMDA) 2020 Annual Scientific meet Chicago Illinois 21(3) B21*. Notes: Poster presentation.

Our MDS TEAM received, and now enjoys, a "5-STAR" Rating; our CLC presented our MDS techniques to other CLC's to imitate.



# Research & Development and Grants

**Dr. Noam Cohen's** research was awarded a \$330,000 grant by the Veterans Affairs Merit Review for *"BX005432 COVID-19: Elucidating the Role of the Nasal Epithelium in SARS-CoV-2 Infection, Transmission, and Prevention."* In addition to VA funding, this project received the University of Pennsylvania Center of Excellence in Environmental Toxicology Pilot Grant (through NIEHS P30 ES013508). Dr. Cohen's work on *"The Impact of Smoke Exposure on SARS-Cov-2 Infectivity in Nasal Epithelial Cells,"* was also awarded a \$50,000 grant.

**Dr. David Steinberg's** research project *"Knee Joint Resurfacing with Anatomic Tissue Engineered Osteochondral Implants,"* was awarded a grant in the amount of \$299,845.

**Dr. Victoria Werth** received funding for several research projects: *"Immunologic Mechanisms for Heterogeneity of Cutaneous Lupus Erythematosus (DLE),"* from the Department of Defense, the National Institutes of Health (NIH) and the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS); and she was also awarded funding to conduct research into *"Nonpsychoactive Cannabinoid Receptor-2 Agonist to Treat Itch and Inflammation in Dermatomyositis."*

**Dr. Jason Brant** will be investigating *"Living Electrodes for Auditory Rehabilitation."*



# CMCVAMC Accreditation and Recognition for FY2020

## Accreditations and Recognition

To continually improve the health care provided to our Veterans, Corporal Michael Crescenz VA Medical Center (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). These agencies evaluate the care processes of CMCVAMC and inspire the staff to provide excellent, safe, and effective care of the highest quality and value. CMCVAMC has received and sustained several accreditations and awards. Some of our notable accomplishments include:

**The Joint Commission (TJC)** conducted a planned virtual triennial visit in September 2020 to survey the Opioid Treatment Program which has now received a three year accreditation through September 2023. TJC also surveyed our Hospital, Home Care, and Behavioral Health Programs in September 2020 in which we received a three year accreditation.

**Commission on Accreditation of Rehabilitation Facilities (CARF):** 2020 CARF re-accreditations have been postponed due to COVID-19. Medical Rehabilitation-Comprehensive Integrated Inpatient Rehab Program (CIIRP) and Amputee Program-Polytrauma/Amputation Network Site (PANS) accredited through August 2020, re-accreditation survey postponed to December 2020. Employment and Community Services-Health Care for Homeless Veterans (HCHV), Homeless Outreach, HUD VASH, and Grant & Per Diem, accredited through October 2020, re-accreditation survey postponed to March/April 2021. Behavioral Health-Mental Health Intensive Case Management Program (MHICM), accredited through October 2020 re-accreditation survey postponed to March/April 2021. Behavioral Health-Residential Recovery Treatment Program (RRTP)/Snyder House, accredited through October 2021. Behavioral Health-Psychosocial Rehabilitation and Recovery Center (PRRC)/Veterans Empowerment Center (VEC) accredited through October 2022. Behavioral Health-Vocational Rehabilitation Services (VRS), accredited through October 2022.

**Substance Abuse and Mental Health Services Administration (SAMHSA):** SAMHSA Certification for OTP accredited through October 2020.

**Association for Assessment and Accreditation of Laboratory Animal Care:** The Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC) was onsite July 2018 and awarded accreditation for three years. The Office of Laboratory Animal Welfare accreditation is effective through July 2021.

**College of American Pathologists: CAP Pathology and Laboratory Services** Accredited CMCVAMC's Pathology Lab through January 16, 2021.

**American Association of Blood Banks:** Accredited CMCVAMC's Blood Bank through June 30, 2021.

**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.

**Radiation Oncology:** Accredited by the American College of Radiation Oncology. Surveyed in October 2017 and accredited through October 2020. Survey pending due to COVID. Virtual survey is being considered.

**Mammography Program:** This program was re-accredited by the American College of Radiology from April 2020 through July 2023 for both standard 2D imaging and 3D Tomosynthesis imaging.

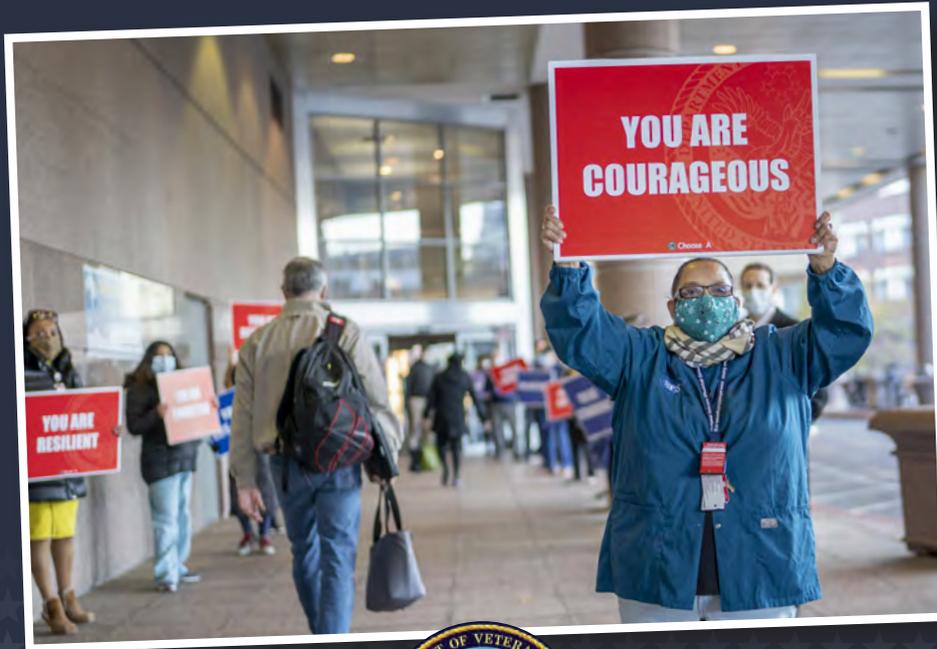
**Sleep Program:** The VISN 4 Eastern Region Sleep Center was surveyed in August 2014 by the American Academy of Sleep Medicine and was re-accredited through August 2024.

**Behavioral Health:** The American Psychological Association (APA) accredited the Behavioral Health program through 2020.

**Community Living Center:** The Community Living Center (CLC) was surveyed by the Long-Term Care Institute in February 2020 for accreditation and is inspected annually.



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