



**VA Ann Arbor Healthcare System**



**ANNUAL REPORT 2021**







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# DIRECTOR'S MESSAGE

As we ended 2021, we were in the middle of another COVID-19 surge signifying two straight years of non-stop fighting on the front lines by health care professionals for Veterans. While it seems like that's all we've been able to talk about these past months, there have been many other significant accomplishments this year as we have continued to supply exceptional care for our Veterans and grow our healthcare system.

In April 2020, as part of our 4th Mission response to the COVID-19 pandemic, VAAHS opened 35 beds to non-Veteran, critical, and non-critical COVID-19 patients to help aid the southeast Michigan region's broader response efforts.

Throughout the course of our 4th Mission response, we accepted 36 non-Veteran patients. Speaking for myself, and the entire Executive

Leadership Team, we couldn't be prouder of the work carried out by our teams during our response to the pandemic. This was a superhuman effort by everyone in the healthcare system. While our worlds of work changed at an astonishing pace, our teams didn't flinch. They stepped up, rolled up their sleeves and asked, "How can I help?"

**"We entered 2021 with new vaccines and new hope for the future."**

We began supplying vaccinations in earnest and just a few weeks into the new year we had already vaccinated more than 10,000 people. By any measure, this was an extraordinary feat involving all-hands on deck.

Then, as part of the Save Lives Act, we once





**Ginny L. Creasman,**  
**Pharm.D., FACHE**  
Medical Center Director



**Zana Bouda, MHA, FACHE**  
Associate Medical Center Director



**Mark Hausman, Jr., M.D.**  
Chief of Staff



**Rhonda Berndt,**  
**MSN, RN, NEA-BC**  
Associate Director of Patient Care Services



**Jeffery Bernhard**  
Assistant Medical Center Director

again called upon our dedicated staff for our 4th mission and opened our vaccination clinics to Veterans' spouses and caregivers. I want to congratulate the teams who have made this possible. Their efforts are the reason we lead the charge in VA's vaccination efforts.

Our teams have done the work of creating three new Community Based Outpatient Clinics (CBOC) in Adrian, Canton, and Howell, Michigan. Our first months in Adrian have been marvelous. Things are running efficiently and we're getting great reviews from the Veterans who have received care. We expect Canton to open this spring and Howell later in the summer.

Positioning new clinics in these areas, along with existing clinics in Toledo, Jackson, and Flint, will give us the ability to reach more Veterans in underserved areas and bring our health care services closer to them.

Last June, our medical center in Ann Arbor became known as the LTC Charles S. Kettles VA Medical Center in a renaming ceremony, commemorating the life of the Ypsilanti native and Army Veteran. Kettles, a UH-1D "Huey" helicopter pilot in the Vietnam War, flew his helicopter to evacuate soldiers engaged in an intense firefight with the North Vietnamese Army on May 15, 1967.





For his actions that day, LTC Kettles received the Congressional Medal of Honor in 2016. If you get the chance to visit our medical center, please take a moment to see our Legacy of Honor Wall in tribute to our medical center's namesake.

The VAAHS Research Service supports approximately 400 projects with more than 150 investigators and a budget of \$17 million. Beginning this year, the Research Service joined a handful of VA health care centers nationwide as a Cooperative Studies Program Network of Dedicated Enrollment Site.

This allows the research department to hire more employees and grants access to advance funding for many more research projects going into the future and hastening the research process. With hundreds of research projects

underway at any given time, there are so many marvelous accomplishments.

A few from this year include our lung cancer precision oncology program, which was one of only 15 sites awarded the large program and will increase the numbers of Veterans who receive cancer screening and will improve availability of care for rural Veterans facing travel difficulties due to proximity to VA hospitals and clinics. Additionally, the National Institute on Aging presented the prestigious R35 Award to our research.

The award is a 5-year Alzheimer's Disease and Related Dementias (ADRD) Leadership Award that totals over \$4.4 million and focuses on non-medication types of interventions for dementia. And finally, our hearing/vestibular research is





examining the prevention of noise-induced acceleration of age-related hearing loss, and restorative agents in the vestibular periphery. Research is a cornerstone of VA's mission. These programs and many more could improve the wellbeing of Veterans and non-Veterans for generations to come.

VAAHS continues to be a leader in healthcare education with affiliations at 112 colleges and universities, it's no wonder more than 1,400 students receive training here each year. Moreover, most of our physicians hold joint teaching appointments at the University of Michigan. What's more, our dedicated nursing staff is the heart of our world-class health care delivery system. Our nurse training programs are ready to train the next generation of nurses with RN, BSN, and MSN programs to support the diverse training needs of nursing professionals.

In other developments, we also began preparations for the implementation of our Cerner Electronic Health Record (EHR). This is a multifaceted undertaking which requires contributions from every corner of the healthcare system. Once the deployment is complete at the end of 2022, the new EHRM will help transform health care for Veterans.

Early in fiscal year 2021, we opened our brand new Intensive Care Unit on the 5th floor, together with the ultramodern Tele-ICU Hub. These additions to our capabilities increased

our ability to care for seriously ill patients here and bring our medical capability to patients throughout our healthcare network.

Last fall, we brought our 8th Operating Suite into operation. This was a colossal undertaking and has been a long time in the making. The new OR is a tremendous addition to the medical center and will further grow our ability to service our Veterans' surgery needs in the Michigan Market.

On top of all that, our Veterans trust in VA is at a historical high. When asked, do you trust VA to provide your healthcare; 91% of Veterans said, yes. When the time comes for medical attention, our Veterans know they can always come to VA for exceptional health care.

As we continue to ensure the health and well-being of our Veterans is at the center of everything we do. It is our privilege to serve those who have served us and continue to do everything to always serve our Veterans beyond their expectations.



# INTRODUCTION

For nearly 70 years, VA Ann Arbor Healthcare System has been driven to provide the highest quality, full service, integrated, and dependable healthcare with Veterans at the center. As a major tertiary care national and regional referral center, VAAHS provides state-of-the-art healthcare services to Veterans throughout Eastern Michigan and Northwest Ohio.

By way of eight locations of care, VAAHS is well positioned to support the 70,000 men and women who receive their healthcare here each year. With 142 inpatient beds, including acute care, inpatient mental health, and the community living center, VAAHS completes over 5,000 hospital admissions and more than 600,000 outpatient appointments each year.

Community-based Outpatient Clinics in Adrian, Flint, Jackson and Toledo extend our reach to be closer to our Veteran population, reducing travel and wait times. And this year we're opening new clinics in Canton and Howell, Michigan.

The Medical Center campus includes the LTC Charles S. Kettles VA Medical Center, Fisher House, community living center, a radiation therapy facility, two research buildings, five administrative outbuildings, and an energy center, providing the power needed to keep our hospital complex always ready.

The facility also includes state-of-the-art ambulatory care and mental health clinics, operating rooms, cardiac catheterization suite, intensive care units, acute inpatient mental health, laboratory, and diagnostic facilities.

VAAHS has a large, well-known research and development program. Our current research studies enhance the medical center's ability to provide advanced medical techniques and treatments to veterans.

More than 400 active research projects are currently underway in such diverse areas as post-traumatic stress disorders (PTSD), autoimmune disorders, pulmonary diseases, oncology, and aging.

ADRIAN CBOC



FLINT CBOC



HOWELL CBOC



JACKSON CBOC



TOLEDO CBOC





# CANTON CBOC



VAAHS is among the leaders in healthcare innovation. We were the first VA in America with high-powered Stone Dusting, an advanced kidney stone removal procedure. And, we are one of the few VA's in the nation to offer Deep Brain Stimulation, a breakthrough treatment for symptoms of Parkinson's Disease.

We were among the first VA medical centers to implement Veteran Centered Care initiatives, where Whole Health is VA's cutting-edge approach

to care that supports the health and well-being of the whole person. And when it comes to Patient Safety, VA Ann Arbor has been recognized with 7 National Center for Patient Safety "Cornerstone Gold Awards."

From simple checkups to complex surgeries, VAAHS is positioned to manage nearly every healthcare situation while supporting our Veterans and their families through the entire healing process.





## The LTC Charles S. Kettles VA Medical Center *New Name, Same Great Care*

On June 18, 2021, the Ann Arbor VA Medical Center was renamed as the LTC Charles S. Kettles VA Medical Center, commemorating the life of Ypsilanti native and Army Veteran Charles Kettles. Kettles, a UH-1D "Huey" helicopter pilot in the Vietnam War, flew his helicopter to evacuate soldiers engaged in an intense firefight with the North Vietnamese Army on May 15, 1967.

His helicopter sustained major damage from mortar and small arms fire making the daring rescue. Kettles was then able to guide the damaged Huey back to safety with the soldiers on board. For his actions that day, Lieutenant Colonel Kettles was awarded the Congressional Medal of Honor in 2016. Legislation passed in December 2020 officially renamed the hospital.

"We're honored to rename this hospital after someone who defined themselves by their selfless sacrifice to others," said Dr. Ginny Creasman, director of the VA Ann Arbor Healthcare System. "LTC Kettles said he was giving it his best that day in Vietnam. That's what we strive for everyday serving our Veterans in southeast Michigan and northwest Ohio."

"While serving in Vietnam, Lieutenant Colonel Kettles heroically put his own life on the line to ensure that his fellow servicemembers made it back home. This unwavering patriotism exemplifies the values of honor and service that makes our country's military the finest in the world," said Senator Gary Peters, a former Lieutenant Commander in the U.S. Navy Reserve.



and a member of the Senate Armed Services Committee.

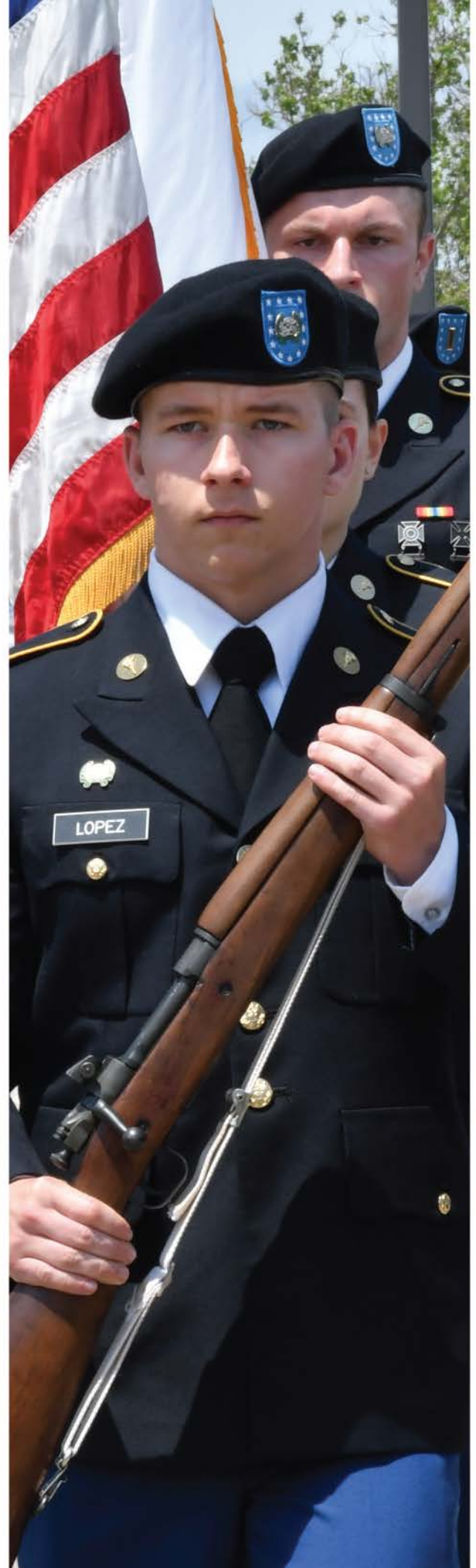
"I'm proud to have helped enact legislation that recognizes Lieutenant Colonel Kettles' bravery and formally renames the Ann Arbor VA hospital in his honor."

**"LTC Kettles went above and beyond the call of duty, flying into enemy fire to save 44 fellow servicemembers during the Vietnam War."**

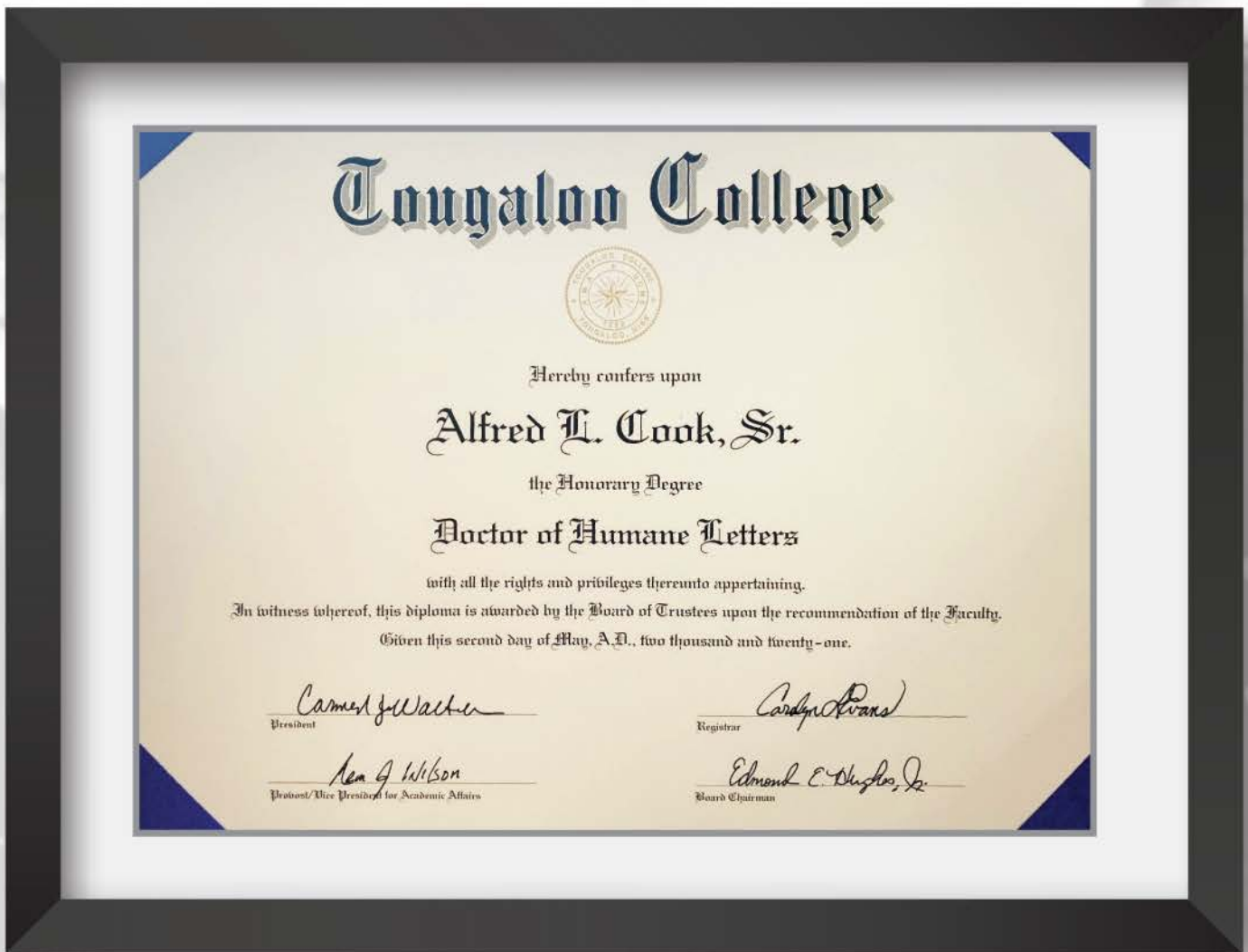
- Rep. Debbie Dingell.

She continued, "After we led Congressional legislation to waive time limitations for a Medal of Honor for LTC Kettles, President Obama awarded him the Medal of Honor in 2016. I was proud to again honor LTC Kettles by renaming the VA Ann Arbor Medical Center for Ypsi's very own hometown hero. LTC Kettles once said to me, 'Forty-four names are not listed on the memorial in Washington, DC and that's what means something to me – not a medal.' LTC Kettles' story and the VAMC bearing his name will educate generations to come about the importance of courage, valor, compassion, selflessness, and public service," Dingell said.

Kettles remained deeply involved with Veterans at the VA Ann Arbor Medical Center and Veteran Service Organizations in southeastern Michigan until his death in January, 2019.







## Flint, Michigan Air Force Veteran Earns Honorary Doctorate From Tougaloo College

Alfred Cook was recognized with eight other colleagues for their life-long commitment to racial equality in the United States. Cook was born and raised in Vicksburg, Mississippi during the Jim Crow era of the segregated Deep South, segregation that Cook considered to be the worst in the country at the time. "Blacks had to go in back doors, could not drink from fountains, could not share libraries. I was raised under those conditions," Cook said.

After Cook's military service in the United States Air Force, he attended Tougaloo college in Tougaloo, Mississippi. Cook and eight others became known as the "Tougaloo Nine" after a staged read-in at the Jackson Public Library to

protest its segregation policy.

Weeks prior the read-in, his civil rights were violated while riding in the front seat of a public bus. "Everything was smooth, chatting with the driver. The next stop, a white female got on the bus. I was told 'Boy, get up and go to the back.' I refused to move."

After Cook refused, the driver threatened Cook with physical violence if he continued to occupy his front seat. Cook got up, exited the back door of the bus, and walked the rest of the way to his destination.

"That was the first run in with a serious situation with civil rights," Cook explained. "The next



few weeks, I tried to organize students to do a sit in. We were targeting a bus system," Cook continued. "Then, we later changed to a local library, which we thought would be easier to do a sit-in on. We worked with the director of the NAACP in Jackson, Mississippi to help us organize and publicize what we were going to do".

In March of 1961, with help from the NAACP in Jackson, the "Tougaloo Nine" planned a peaceful read-in at the Jackson Public Library, which at the time, was designated for whites only. "None of us were nervous, as I recall. We knew we had back-up with the national news media, and we knew it was something that had to be done," Cook said.

The NAACP advised the nine to enlist the help of the national media. Not so much for publicity, however, and more for their own protection. While the protest seemed harmless, it was a life or death situation for Cook and the others.

"It was a very risky situation because Blacks who stepped across the line were usually lynched," Cook said. "We walked in, we were treated like animals and the police were called, threatened us with their dogs, but because news media was so prevalent, they had to be gentle with us."

After refusing to leave the library, the Tougaloo Nine were arrested by police. They were released a few days later after Tougaloo College paid their bail. "The college advised all 9 of us to leave the state for the summer for our protection," Cook said. "There was so much violence threatening the

college and us that it was necessary for us to leave."

Just 10 months after the read-in, a judge court-ordered the Jackson Public Library to desegregate. "I think what we did was the beginning of breaking the barrier of civil rights in Mississippi," Cook explained.

On the advice of the administrators from Tougaloo College, Cook left Mississippi and

moved to Flint, Michigan in 1961. The move became permanent and Cook earned a bachelor's degree from the University of Michigan and a master's degree from Wayne State University.

He opened Michigan Biomedical Laboratory in Flint and retired after 39 years of operating the business.

Cook then spent the next 15 years as a high school science teacher and coached the school's golf and robotics team.

Cook says he's very honored to be given the Honorary Doctorate from Tougaloo College. It's a reminder of the changes the Tougaloo Nine brought to the state of Mississippi. "It says it had a very positive impact on the community at the time and changes have occurred since then," Cook said.



*\*Background image from Tougaloo College Archives*





## Ashlie Haeussler

“It was very much a surprise, appreciated and very humbling because it has been a team effort to get to where we are today with the vaccines. I am very honored to be the employee of the year.” Ashlie has worked at VA Ann Arbor since 2004. She started serving our veterans as a student nurse tech in the community living center and is now the Nurse Manager for the COVID vaccination clinic. “You not focused on how many hours you are working but on changing peoples lives.”



# EMPLOYEES OF THE MONTH

## JANUARY



**Andrew Siler**

USMC Veteran,  
Clinical Pharmacy Specialist,  
Pharmacy Service,  
Emergency Department

## FEBRUARY



**Paul Glaza**

Registered Nurse,  
ICU, Patient Care Services

## MARCH



**Ashlie Haeussler**

Nurse Manager, Pharmacy Care,  
Ambulatory Care Services

## APRIL



**Kimberly Boucher**

Licensed Practical Nurse,  
Toledo CBOC, Ambulatory Care,  
Service-Specialty Care Clinic

## MAY



**Thomas Keene**

Army Veteran,  
Biomedical Management Service,  
Biomedical Engineering

## JUNE



**Justo Hernandez**

USMC Veteran,  
Voluntary Service specialist,  
Voluntary Service

## JULY



**Nicholas Kazaluckas**

Food Service Worker,  
Nutrition and Food Service,

## AUGUST



**Ron Rivera**

Advanced MSA, Clinical Access,  
Management Services

## SEPTEMBER



**Kimbrell Curtis**

LPN, Clinical Nurse  
for Orthopaedics, Surgery Services

## OCTOBER



**Mohammed Baker**

Army Veteran,  
Supervisory Medical ,  
Supply technician,  
Sterile processing services

## NOVEMBER



**Andrea Zolciak**

Advanced MSA,  
Toledo CBOC,  
Physical Medicine & Rehabilitation

## DECEMBER



**Ephram Starkey**

Army Veteran,  
Housekeeping Aid,  
Environmental Management Services



# 2021

## BY THE NUMBERS

### \$731M

**MEDICAL SERVICES**

**\$519M**

**MEDICAL FACILITIES**

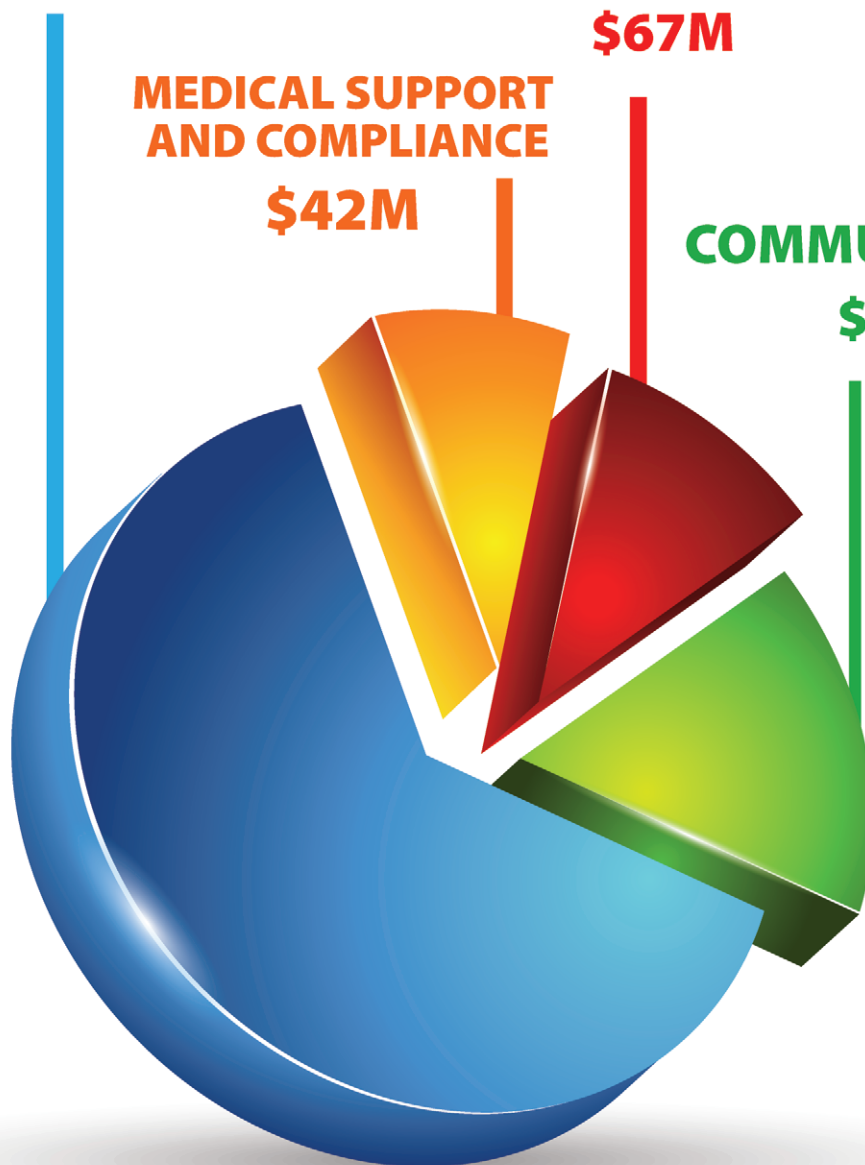
**\$67M**

**MEDICAL SUPPORT  
AND COMPLIANCE**

**\$42M**

**COMMUNITY CARE**

**\$104M**







- **Community care :**  
\$103,896,446
- **Acute care beds:** 102
- **CLC beds:** 40
- **Unique veterans:**  
72,674
- **Acute hospital admissions:** 5,188
- **Average length of stay:** 6.2 Days
- **Outpatient visits:**  
675,824
- **Telehealth encounters:** 115,759

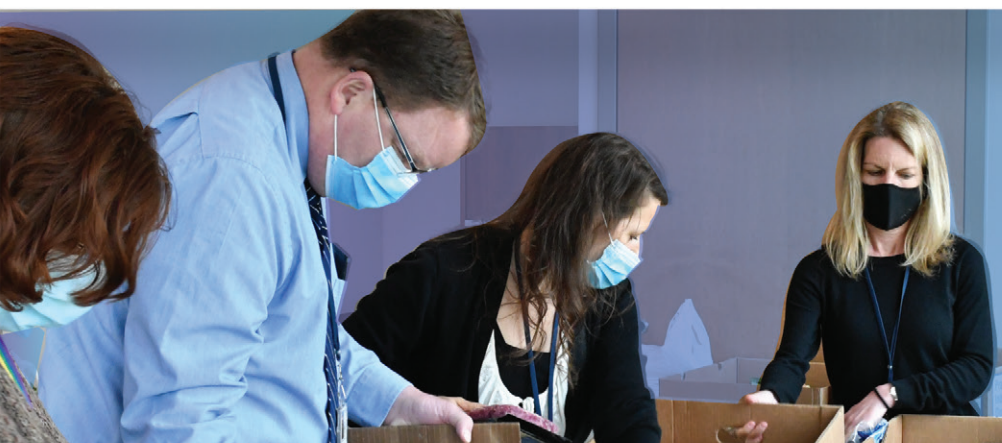


**COVID-19**

**VETERAN  
VACCINATIONS:**  
64,859

**COVID-19**

**FEDERAL  
EMPLOYEE  
VACCINATIONS:**  
5,253



### The Center for Development and Civic Engagement

- **Donations & gifts:** \$446,835.63 In support of veterans
- **Volunteers:** 248
- **Volunteer hours:** 15,000



### Fisher House guests

- **Families accommodated at Fisher House during FY21:** 1,473
- **Individual guests accommodated at Fisher House during FY21:** 2,833





## Mother and Daughter Team Save a Life

It was a fairly typical evening for Linda Longshaw and her daughter Heather Longshaw. The two nurses from the LTC Charles S. Kettles VA Medical Center were on their way to dinner. As they turned a corner in the road, they were suddenly flagged down by a group of frantic people in the street.

"We could see there was somebody lying on the ground," said Linda Longshaw, Primary Care nurse manager. "The person was unresponsive, had no pulse, and was not breathing."

Unbeknownst to the panicked group, they had just enlisted the aid of two nurses with more than 30 years' experience between them. The pair immediately exited the car and began rendering aid to the individual.

"We've never done this before in the community outside of a hospital setting," Linda said. "My daughter and I have extensive history of working in the ER and trauma ER."

Although they weren't in their typical





hospital setting, the mother and daughter quickly began working as a team to get the person breathing and restore a pulse. Police showed up shortly after the two nurses started working and provided them with an Automated External Defibrillator (AED) to aid their efforts.

"The police officer showed up and gave us the AED," Linda added. "Heather and I worked together rolling the person, putting the AED on, working the machine, and continuing CPR. Finally, the individual started breathing a little bit. Right

around that time is when the fire department showed up."

Once EMS and the fire department showed up, the mother-daughter team turned control of the situation over to them. Thanks to their quick thinking, teamwork and extensive training, the individual survived.

"We know that we would want somebody to help our family," Linda said. "That's what we thought when we pulled over and parked the car."

# Reducing Benzodiazepine Prescriptions From Community Providers

VA wants to reduce the number of benzodiazepine (BZD) prescriptions from community providers to Veterans, especially seniors aged 65 and older. Benzodiazepines are a class of drug used to treat certain conditions, such as anxiety, with medications like Xanax and Ativan. Risk of these medications for older adults include falls, confusion, or contributing to lethal overdoses.

This reduction is part of the Psychotropic Drug Safety Initiative, which began in 2013. "It would be wrong to say, 'No one should be on benzodiazepines.' However, you want to minimize use as much as possible, in particular for older adults because of the risks," said Dr. Donovan Maust. From 2013 to 2017, one study noted that BZD prescribing in VA to older Veterans was cut in half.

However, Veterans who are at least 65 years in age also qualify for Medicare Part D and can use this program to have prescriptions filled outside of VA sources. These Veterans are considered to be dually enrolled – in VA and Part D.

Researchers began to consider if there was a true decline in the BZD prescriptions to older Veterans or if these Veterans were using their Part D prescription plan to acquire BZDs from outside sources, making up for the difference in VA's decline. A recently published study examined this exact issue. The study is called "Benzodiazepine Prescribing from VA and Medicare to Dually Enrolled Older Veterans: A Retrospective Cohort Study."

The study was led by Dr. Maust of the Center for Clinical Management Research at the VA Ann Arbor Healthcare System. The study examined nearly two million Veterans aged 65 or older who were enrolled in VA and Medicare Part D from 2013 to 2017. Overall, the study results showed positive improvements.

Looking at just prescriptions from VA, BZD prescriptions dropped from about 5% of the age-65+ population to just 3%. When Medicare Part D prescriptions were also included, Veterans receiving BZD prescriptions declined from 10% of age-65+ population to just under 8%.

"This is good news. The drop that seemed to be happening based on VA prescribing alone really did happen," Maust said. "Community prescribers didn't just replace them." The study also examined the source of BZD at each individual VA facility.

The study determined whether the medications were prescribed by VA, by Part D community providers, or both. At most VA facilities, older Veterans were more likely to receive their BZDs through Part D than from VA.

For example, from July 2016 to June 2017, 37% of Veterans acquired their medications from VA only. Almost 11% received prescriptions from VA and Part D, and the remaining 52% used Part D only.



**“If you really want to address prescribing these medications to Veterans, you have to start thinking about what’s happening in the community,” Maust added. “It appears that the primary sources of BZDs are community providers.”**

These findings are especially critical after the implementation of the VA MISSION Act of 2018. That act expanded criteria that allowed Veterans to access community health care providers outside VA.

The study notes that, “While the ability to access non-VA care ideally would improve the quality of care Veterans receive, dual-system use increases the potential for poorly coordinated care and has been associated with potentially inappropriate prescribing.”

There’s positive news that BZD prescriptions are on a true decline between VA and community sources. Still, it’s vitally important that clinicians seeing Veteran patients continue to check state prescription drug monitoring program databases and complete a thorough medication review.

“This effort VA has done to improve prescribing to older Veterans and minimize use of these medications looks like it has worked,” Maust said. “They’re not just driving people out into the community. Overall, the goal was to reduce prescribing to Veterans and that has succeeded.

But it is also true that a lot of Veterans are receiving benzodiazepine prescriptions through community sources. As VA continues to promote high-quality prescribing, it will be important to think about how to engage community providers in that effort.”



An abstract graphic in the background consisting of a complex network of blue lines and dots, resembling a molecular structure or a data network, set against a dark blue gradient background.

# LUNG PRECISION ON

The VA Ann Arbor Healthcare System has been providing cancer care to Veterans in Michigan, Ohio, and Indiana for over 30 years. It was one of the first comprehensive cancer programs to be set up in the region. Lung cancer is the second most common cancer among our nation's Veterans. This cancer often goes unnoticed until its advanced stages, leading to just a 15% 5-year survival rate.

Veterans face unique challenges when it comes to lung cancer. For example, low screening rates, disparities between urban and rural healthcare, and specific exposures to chemicals during wars.

"Eighteen-percent of Veterans with cancer present with lung cancer. The problem is many of them are advanced, over 60%, so one of the goals is how can we identify earlier stage lung cancers," said Dr. Nithya Ramnath.

Dr. Nithya Ramnath is the Section Chief of Oncology and the Director of the Precision

Oncology Program at the VA Ann Arbor Healthcare System. For the last 20 years of her career, she's been focused on lung cancer. Under her charge, VAAHS was one of 15 sites awarded a large Lung Precision Oncology Program.

"One of the impetus for the Lung Precision Oncology Program is how can we increase the number of Veterans screened for lung cancer," said Dr. Ramnath. "And the second question was just like in prostate cancer, can we identify new molecular targets and or even existing molecular targets for which Veterans are eligible to either participate in clinical trials or improve their standard of care."

Simply identifying and screening Veterans at increased risk for lung cancer is a challenge. Dr. Ramnath said there's more than 1,000,000 Veterans at elevated risk of lung cancer, but less than 1% are being screened. In December 2020, VAAHS's Lung Precision Oncology program received a huge boost to





# ICOLOGY PROGRAM

addressing these issues in the form of a \$4 million grant.

"One of the big things, especially with this LPOP grant that we got, and what we want to do, is to be able to have these Veterans stay closer to home but still be able to join a clinical trial if they want," said Brittany Pannecouk, Oncology Research Program Manager.

Rural Veterans face more challenges receiving healthcare compared to their urban counterparts, mainly due to travel times and proximity to VA hospitals and clinics. Part of the \$4 million grant directly addresses this issue, primarily through the VA Video Connect (VVC).

"The goal to do that is through our VVC telehealth to be able to talk to the patient on screen and discuss the trial with them. What would be involved, how many times, if, they would have to come to the VA of Ann Arbor be able to receive the care from the clinical trial," Pannecouk continued.

While the current survival rate is much lower than Dr. Ramnath and her team would like to see, it's a significant step forward from years' past. The research the LPOP team is performing coupled with the funding they've recently received hopes to move that forward. "Fifteen-percent at 5 years is what we have, but 20 years back it was 5% at 5 years. So, we might not realize, but it's like small drops of water make a mighty ocean," Dr. Ramnath said.

The grant the LPOP received aims to address five main issues, including developing partnerships with Federal agencies, improving VA specific lung cancer related research, and above all, improving the survivability rate of lung cancer. "As a physician, for me, it matters a lot to try and do my best, not only provide the best clinical care, but also encourage research, not only my research, but everyone whose working in this field because we all have a common goal of improving mortality from this cancer," said Dr. Ramnath.



# VAAHS Psychologist Awarded Prestigious R35 Award

Dr. Benjamin Hampstead, the Stanley Berent, PHD., Collegiate Professor of Psychology at the University of Michigan, and a Staff Psychologist at the LTC Charles S. Kettles VA Medical Center, was recently awarded the prestigious R35 Award from the National Institute on Aging.

The award is a 5-year Alzheimer's Disease and Related Dementias (ADRD) Leadership Award that totals over \$4.4 million. Dr. Hampstead is one of just 9 funded investigators nationwide with this research mechanism. It will further allow Hampstead and his team to focus on national milestones for detection and treatment of ADRD.

Hampstead said the R35 award will have three main goals: Infrastructure that will help provide resources to aid rapid dissemination and replication of non-pharmacological treatments, train clinicians how to use different

non-pharmacological treatments, create consensus statements that provide clinical tools and explain how these tools should be used, as well as addressing research gaps in the current knowledge base.

Dr. Hampstead's overall research program focuses on early detection and non-pharmacologic methods to improve cognitive, emotional, and functional deficits that occur following injuries and diseases that affect the brain. He uses techniques such as cognition-oriented treatments and non-invasive brain stimulation to maximize cognitive function in older adults.

"We are now realizing that non-medication types of interventions can be effective," Hampstead said. Notably, Dr. Hampstead and his team are currently researching treatments that focus small amounts of energy into specific areas of the brain that may





**"I think this is a really promising area of study that is overall far more cost-effective and has a greater likelihood of reaching a larger number of people than a lot of existing medications."**

alter the brain's neurotransmitters. Hampstead says this technique may help reengage specific areas of the brain that are affected by disease.

"When we had people perform tasks that are often challenging, in this case, navigating through environments, we had them do that in the MRI scanner and what we found is that the brain stimulation actually restored a 'normal pattern of communication' in the patients with memory deficits, and it brought that communication back up to where healthy, cognitively-intact older adults were."

While the early results are promising, there's still a considerable amount of work to do. Specifically, the researchers are still addressing "dosing" parameters, or how much energy is needed and how long that energy needs to be applied to specific patients. Different dosages could be based on the severity of symptoms and memory deficits each patient is experiencing. "Once we have parameters, let's do a formal trial, like you would with any medication, and really see if it does improve clinical symptoms," - Hampstead explained.

As the team of researchers from the University of Michigan's Research Program on Cognition and

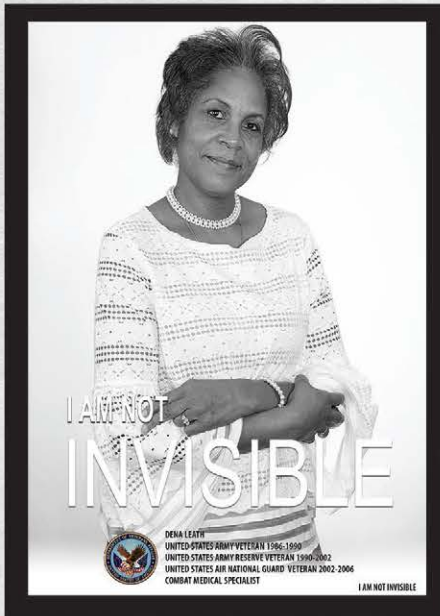
Neuromodulation Based Interventions and the VA Ann Arbor Healthcare System begin to open new doors into understanding diseases of the brain and effective treatments, Dr. Hampstead believes there will be a much greater appreciation and utilization of non-pharmacological interventions for ADRD.

"The field has really shifted from not thinking about these things (non-pharmacological interventions), to now we're recognizing a whole range of non-pharmacological treatments can be beneficial," Hampstead said.

"I think this is a really promising area of study that is overall far more cost-effective and has a greater likelihood of reaching a larger number of people than a lot of existing medications."

These techniques also hold considerable promise in combination with emerging medications that appear to stop the disease process. In essence, the medications may 'stop' the disease while the non-pharmacologic treatments specifically improve areas of weakness in thinking or everyday life."

# I AM NOT INVISIBLE



**Dena Leath**  
United States Army



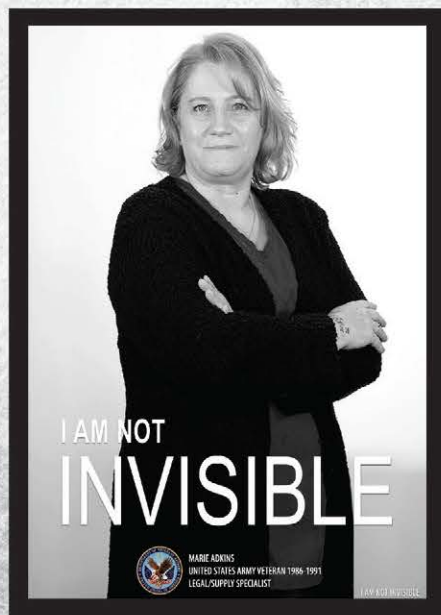
**Terry Amstutz**  
United States Air Force



**Tabetha Barton**  
United States Air Force



**Michelle Moore**  
United States Army

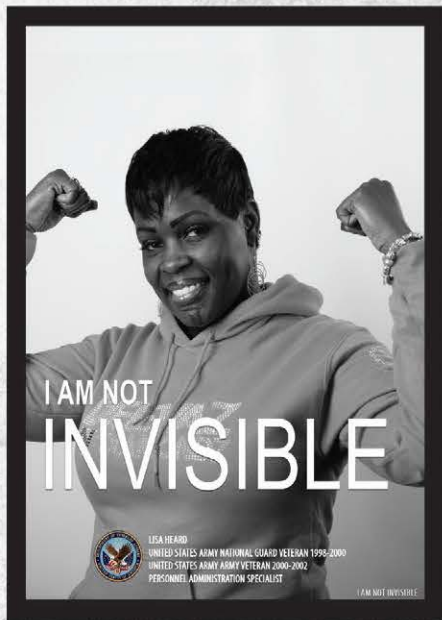


**Marie Adkins**  
United States Army



**Marcie Lemke**  
United States Army





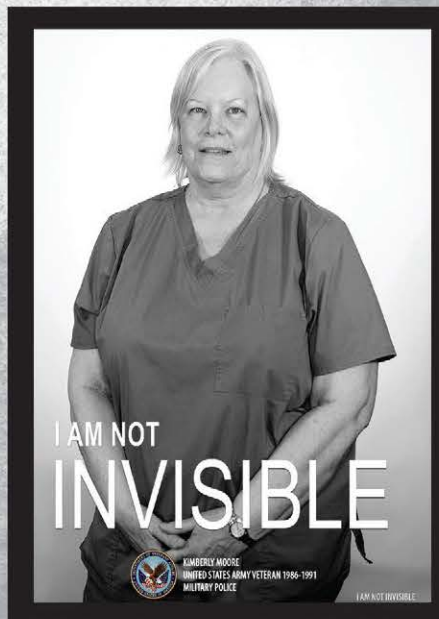
**Lisa Heard**  
United States Army



**Jennifer Pemp**  
United States Air Force



**Denise Melancon**  
United States Air Force



**Kimberly Moore**  
United States Army



**Korissa Entringer**  
United States Navy

There are over two million women-Veterans, who make up over 10% of the Veteran population. They are the fastest growing demographic of Veterans in the country. The I Am Not Invisible (IANI) project aims to increase awareness and dialogue about women Veterans, as well as open viewers' eyes to the contributions, needs and experiences of women who have served in the military. The IANI exhibits throughout the healthcare system celebrate and honor these Veterans who continue to serve their country and communities.



# Fueling Leadership In Yourself

When considering the challenges in modern healthcare, many people think of the cost of healthcare, health care quality, appointment wait times – issues centered around the patient. The COVID-19 pandemic has brought to light the heavy workload and potential burnout that doctors and nurses face daily.

Prior studies suggest that nearly half of healthcare workers experience at least one symptom of burnout such as depersonalization and decreased motivation. This often leads to higher cost of care, lower safety, and lower satisfaction for the patient.

With these obstacles in mind, a team of researchers led by Nathan Houchens, MD, Associate Chief of Medicine for Inpatient Care at the VA Ann Arbor Healthcare System, examined the role of leadership in healthcare in a recent study “Fueling Leadership In Yourself (FLY): A Novel Faculty and Staff Development Program,” published in *Leadership in Health Services*.

One study describes leadership as “the most influential factor in shaping organizational culture.” However, instead of finding new ways to educate the “traditional” leaders of a healthcare organization, Dr. Houchens’ new approach attempts to spread the wealth of leadership education to all healthcare workers, using a new series known as Fueling Leadership in Yourself, or FLY.

“Because there’s been an enhanced focus on patient safety and quality in the last few decades, as well as the patient experience, we turned to leadership as a potential way to improve burnout, improve patient safety, and the patient experience,” Dr. Houchens explained.

The FLY series promotes collectivistic leadership, which involves sharing the roles and responsibilities across more than a single

individual in a group over time, through informal or formal methods. Simply put, the series opened leadership training to all workers in a health system, regardless of whether they were occupying a traditional leadership role, or if they were providing direct clinical care to Veterans.

“All types of healthcare workers, including and especially those providing direct care to Veterans, may benefit from team-based leadership development,” said Dr. Houchens. “The novelty of our program stems from the fact that we invited all types of healthcare workers. Historically, leadership development was targeted toward those individuals who were groomed to be leaders”.

The novelty of FLY went beyond extending leadership courses to all healthcare workers. Rather than droning through slide after slide, Houchens and his team developed more interactive exercises and discussion centered around 4 main topics:

## The Art and Science of Leadership

- Mindfulness: Supporting Your Own and Others’ Potential at Work
- Discovering, Co-Envisioning, and Experimenting with Tests of Change”
- Effective Communication in Healthcare Environments

“Everyone in the entire institution can benefit from these types of leadership concepts. Our goal was really to translate that leadership development program into enhanced employee satisfaction and engagement and hopefully, down the line, reduce burnout, and deliver a higher quality of care.”



Between April 2017 and June 2018, two series of leadership development sessions were facilitated by VA Ann Arbor leaders including series creators and content expert guest speakers. Thirty-eight healthcare workers from eight distinct services, sections, or work units participated in the series, with only three of those participants having a formal leadership or managerial role.

Prior to their participation in the series, these healthcare workers were asked about prior leadership courses in which they had participated. Participants generally agreed that they were satisfied with their prior leadership training and understood leadership traits.

After their participation in the FLY series, these individuals were surveyed yet again about these same questions, and results showed a statistically significant increase in scores relating to leadership training and understanding

leadership traits. There was general agreement that participants were highly satisfied with the FLY series training.

The knowledge gained from the series also showed signs of having positive effects further down the road. Workers were again contacted two years after the study, with participants continuing to reflect on the importance of relationship-based techniques, including respect, kindness, and active listening.

"We think that embarking on collectivistic leadership development is a worthy endeavor to equip all types of healthcare workers with the skills that they need to form meaningful connections, build their problem-solving, quality improvement, and safety skills, and have a fulfilling time at work."









**VA**



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Veterans Health Administration  
*VA Ann Arbor Healthcare System*