

SITE VISIT REPORT

I. VISN 5 Martinsburg

II. Dates of Visit: July 2, 2003

III. Sites Visited During Trip

a. Martinsburg, WV

IV. Commissioners/Staff in Attendance

Commissioner Charles Battaglia

Commissioner Jo Ann Webb

Commission Staff: Nicheole Amundsen, Rebecca Wiley

V. Summary of Meeting with VISN/Medical Center Leadership

a. Names and titles of Attendees

VISN 5:

Ken Baker, Capital Asset Manager

Martinsburg VAMC

Steve Boykin, Associate Director/CARES Coordinator

Linda Morris, M.D., Chief of Staff

Geraldine Coyle, R.N., Ed.D, Associate Medical Center Director for Nursing and Education

John Morgan, M.D., Medical Director, Primary Care Service

Jeanie Henderson, AA to Chief of Staff

Ruth Grubb, AA to Associate Director

Dave Talbot, Chief FMS

b. Summary of Meeting with VISN and Health Care System Leadership ~ Martinsburg:

i. Meeting Forum:

The meeting was informal with VISN and facility leadership in attendance.

ii. What did we learn about Martinsburg:

The largest growth area in the Martinsburg Market is in Frederick County. Overall the market is projected to grow until 2012 and to decrease after that. The market entails about 70% of the geographic space in the Network but has about 30% of the patients.

Martinsburg's market is projected to grow in primary care and in specialty care outpatient needs. To address the need in specialty care, they plan to build new

ambulatory care space off of the existing patient care building and to renovate existing space, which is projected to cost about 5.3 million dollars.

Administrative offices will be moved to other buildings. Currently, space that was once inpatient wards is being used to provide outpatient services, however the space is inefficient for outpatient care. Currently, there are not enough clinic rooms to see existing patients. It was indicated that currently most physicians have only one exam room, which is inadequate to maximize the ability to see patients in an efficient manner.

Primary care will continue to be provided on the main campus though much will be moved to new CBOCs and some existing CBOCs will be expanded. The market plan calls for increased use of telemedicine and to provide mental health services in CBOCs through providers and/or telemedicine.

In collaboration with DOD, the plan calls for locating a CBOC that provides primary and specialty care on the grounds of Fort Detrick. Medical center leadership indicated that they don't believe that veterans having access to the base in times on increased security alerts will be a problem. Other possible collaborations/sharing include Ft. Detrick using VA's MRI and Laboratory. Currently, there is only enough room at Fort Detrick to provide space for one provider.

The Network plan calls for closing 77 Domiciliary beds and transferring those beds to Washington DC. Leadership indicated that about 30% of patients currently staying in Martinsburg are from Washington. Currently, the domiciliary houses homeless, substance abuse, PTSD, and Traumatic Brain Injury and other programs.

Leadership indicated that there is no excess space in the main hospital building and that many of the outer buildings, where the domiciliary is located, were built after World War II and are not adequate given current day standards. Privacy concerns exist and communal bathrooms are common.

A number of Central Office programs, including Cyber Security, VANTs Communications and the Emergency Medical Strategic Healthcare Group (EMSHG), etc., are located on the Martinsburg VAMC campus in some of the outer buildings. Only one out building has been renovated and it was to accommodate the needs of one of these national programs.

Questions were asked about the facility's ability to recruit specialists and nursing staff. The Chief of Staff indicated that they have not had a great deal of difficulty in recruiting specialists and have been successful in hiring a cardiologist, a gastroenterologist and a GU physician. Recruitment of nurses has been more problematic and they currently use agency staff. Recently, they have been able to hire some staff. In response to a question about the cost of using agency staff, the Chief Nurse indicated that they have been able to stay within budget because of vacancies, though it is more expensive.

Questions were raised about the inpatient surgical program and the low number of inpatients. The Chief of Staff indicated that she did not see the low volume of

inpatients as a problem as there is a large volume of outpatient surgery. She indicated that the surgical workload volume is 11-14 cases a day.

Martinsburg does have affiliations. They are affiliated with George Washington University for Ophthalmology and with the University of West Virginia for other services. It was indicated that some of the old quarters buildings are utilized to house various students and residents.

iii. Commissioner/Staff Impressions of Tour of Martinsburg:

Commissioners and staff toured the main hospital building, visiting an inpatient unit, surgery and outpatient clinics. They validated with staff that clinic space is currently inadequate and that there are not enough exam rooms given the number of providers. Tours of exam rooms in what had been inpatient ward validated that space is not well utilized and the clinic flow is difficult. VAMC staff in the surgical area indicated that there is a large volume of surgeries every day (10-15).

Commissioners toured out buildings where the Domiciliary patients are located, visiting the substance abuse unit and the PTSD unit. They toured the space that is to be vacated when patients are moved to Washington DC. In general, space in the outbuildings is adequate though not good. Most rooms do not have doors and privacy is provided through curtains at doors. Communal bathrooms were the norm. Medical center staff for these programs are aware of the plans to move patients to Washington DC and are generally supportive as long as it doesn't compromise their programs.

Commissioners also toured the remodeled space at the EMSHG.

iv. Briefing on VA's Fourth Mission

The Director of the Emergency Medical Strategic Healthcare Group provided a briefing on the roles and responsibilities of her office in the accomplishment of VA's fourth mission.

Questions were raised about the current adequacy of the space if there was a need to implement the Continuity of Government (COG) or Continuity of Operations (COOP) requirements in an emergency. It was indicated that currently space is not adequate to assume the role for any length of time and that there is little ability to obtain such space in the community as other federal agencies are also trying to find space in Martinsburg. A Commissioner asked if the need for space for VA's Fourth Mission had been included in the CARES Plan and the answer was No. The question was asked, if space needs were not included in CARES, what is the plan to identify and address these space needs. Emergency Preparedness staff in attendance from the Department indicated that they would investigate how best to address this need.

v. **Findings/Outstanding Questions/Follow-up Items**

1. There is little or no vacant space in the main hospital building that could be used to provide outpatient services.
2. Space in the outbuilding is adequate but not good and barely meets privacy requirements.
3. There is no current space in the community to support VA's COG or expander Fourth Mission operations and space in the medical center is inadequate without renovation.
4. There are a number of buildings that could be renovated for office space at a reasonable price to support the Department's fourth mission or to provide administrative office space for the medical center.
5. All three markets indicate there is a need to build new ambulatory care space. What are the priorities for VISN 5?
6. There needs to be further discussions and explorations of DOD collaborative efforts and plans and access to bases.
7. More information is needed about the specifics of the plan for moving Domiciliary beds to Washington DC.
8. Stakeholders and staff are aware of the plans for the Martinsburg Market and appear to have been involved in the process.

b. **Summary of Stakeholder Meeting(s)**

i. **Describe Meeting Forum**

Met over an informal lunch at the Baltimore VAMC.

ii. **Stakeholders Represented**

Susan Anderson, NAGE
Sandy McMeans NVAC
Bill Shifflett, VFW~ Van Driver

iii. **Topics of Discussion**

The three stakeholders in attendance were aware of the CARES process and had been involved in the planning. They questioned if they would also be involved in the hearing.

Stakeholders had general questions of Commissioners and wondered if CARES and the various market plans would be implemented given the increasing Congressional interest, possible closures and looming elections. A stakeholder wondered who would be responsible for oversight to ensure that what was planned was actually what occurred.

Some concerns were raised about staffing and the need for more nurses. One stakeholder indicated that nurses were going elsewhere because of salaries. A stakeholder wanted to know if the CARES Commission was going to make recommendations about what buildings to close or to RIF employees. A Commissioner indicated that the role of the Commission is to focus on the reasonableness of the plan and would not be making specific recommendations, such as RIFs, etc.

The VSO indicated his concern that VA has cut off Category 7 and 8's and is talking about a \$250 co-pay and that he is hearing that VA is cutting in a number of other areas. He wondered if some of this cutting is to provide for CARES. A Commissioner indicated that the goal of CARES is to increase the amount of services provided, not to retain buildings.

iv. Findings/What did we learn?

1. Stakeholders were involved in the process and are aware of what is in the market plans.
2. Stakeholders are generally supportive of the plan and there are few stakeholder concerns in the Network.

v. Outstanding Questions/Follow-up Items

None

Submitted by Nicheole Amundsen, Commission Staff

Approved by: Charles Battaglia, Commissioner
Jo Ann Webb, Commissioner