

**CARES Commission  
Site Visit Report**

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**VISN 20 VA Northwest Health Network  
Walla Walla, Washington  
(Includes courtesy visit to Spokane VA Medical Center)**

**Date of Visit: July 18, 2003**

**Sites Visited:**

Jonathan M. Wainwright Memorial VA Medical Center, Walla Walla, Washington  
VA Medical Center, Spokane, WA

**CARES Commissioners/Staff in Attendance:**

Commissioner Al Zamberlan  
Commissioner Vernice Ferguson  
Commission Staff Member Ron Bednarz  
Commission Staff Member Jean Renaker

**Overview of Visit:**

Spokane

Spokane VAMC is a 36-bed general medical and surgical facility with a 38-bed rehabilitation-orientated NHCU that also provides hospice and respite care. Approximately 550 employees deliver primary and secondary care to veterans in eastern Washington, northern Idaho and western Montana. A mobile clinic outfitted with two exam rooms provides selected primary care services to veterans residing in remote areas outside of the metropolitan Spokane area. Tertiary care is referred to university-affiliated VAMCs in Seattle or Portland.

The main building is an eight story high-rise typical of those constructed by the Army Corps of Engineers in the early 1950s. All inpatient and outpatient functions are located in this building. The 36-bed nursing home was constructed in the mid-1980s and is connected by corridor to the main building.

Walla Walla

The VAMC in Walla Walla is a primary and secondary care facility. Services include primary care, long-term care, and specialty care in the areas of medicine, psychiatry, dentistry, and optometry. Subspecialty care is provided through the referral process to other VISN tertiary care facilities or through referral within the community.

The facility is located on the grounds of what was once Fort Walla Walla. Buildings from the original fort date from the period between 1877 and 1906. General Wainwright, facility namesake, was born on the fort in 1895. The U. S. Veterans Bureau took over the property in 1921. Fifteen of the original buildings are still in use on the grounds. The compound, together with the remaining original fort buildings, was placed on the National Register of Historic Sites on April 16, 1974.

### **Summary of Meeting with VISN Leadership:**

#### **Names and Titles of Attendees:**

(See Attached)

#### **Meeting and Tour of Facilities:**

At Walla Walla, Bruce Stewart, Deputy Director, led the tour, accompanied by Dr. Les Burger, Network Director, and Tim Williams, Director of the Puget Sound and Walla Walla facilities. The tour took the commissioners through the clinical outpatient area, the six-bed inpatient unit, the mental health unit, and the rehabilitation area. The tour also passed several buildings that were not currently in use.

In Spokane, Joe Manley, Director led the tour. (The Network staff did not accompany the commissioners on the Spokane tour).

#### **What did we learn?**

##### Walla Walla

Walla Walla serves a large Native American veteran population. The Yakima, Umatilla, and Nez Perz tribes prefer to use the VA Walla Walla substance abuse programs over other providers in the region.

The small inpatient unit contains mostly acute Myocardial Infarction and ventilator patients. It has an average daily census of 2.5. The Nursing Home has 30 operating beds, and a 22 average daily census.

Increased the number of veterans served by 50% over the past 5 years.

Technician staff for radiology are difficult to recruit. Radiology services provided at the facility consist of basic plane films. CT and MRI is purchased in the local community by providers located only eight blocks away.

The Corps of Engineers is very interested in entering into an agreement with VA to take over the quarters. The quarters are designated historic and in need of repairs. The Corps has need of housing for employees and would willing to repair the buildings under the construction requirements of the historical designation.

The CBOC at Lewiston is open only 2 days a month Clinic at Lewiston. It serves about 100 unique patients. The VISN stated there is not enough money to run it fulltime.

### Spokane

Spokane was not a scheduled site visit, but the Commissioners visited the facility since they were in the area.

Spokane has no CBOCs, but operates a mobile clinic. The mobile clinic stops at nine sites in the region. A nurse practitioner and an RN staff it.

Spokane does not have significant space related issues. Parking is adequate. They have 36 operating beds and 60 Nursing home beds. Spokane operates the only hospice within 300 miles.

### **Significant Issues to Consider:**

#### Walla Walla

There was discussion regarding whether there is a need for an inpatient presence based on the number and types of patients treated and whether realignment to primary care would seem reasonable.

The Nursing Home Care unit also has a relatively low census. The facility is out of date and would need significant upgrading. These issues are exacerbated by the fact that community physicians don't like to practice at the facility given its present physical condition. A contract solution may be appropriate and should be explored.

The primary focus of mental health is aligned with primary care. CBOCs are an alternative that may be utilized to meet this need.

Operating a full-scale laundry and a complete dietetics service may not be cost effective. A contract solution may be appropriate.

There appears to be a problem of excess space. The plan to turn over the quarters buildings to the Corps of Engineers seems to be a practical solution. There may be other enhanced use opportunities with other portions of the Walla Walla campus.

The commission needs to be aware of Public Law 100-71, regarding the retention of the Walla Walla mission.

### **Summary of Stakeholder Meeting:**

In addition to VISN and facility staff, only two stakeholders attended the meeting. Mrs. Debbie Bernasconi, NFFE, represented the professional employees and Mr. Jim Bernasconi, AFGE, represented the non-professional employees.

#### NFFE Comments:

NFFE's major concern was attrition and career change planning for professional staff affected by proposed realignments. Nurses are concerned about loss of professional positions. The professional staff feels that the buildings are embarrassment in terms of size and condition. The space in specialty clinics is inadequate. Contract community specialists are reluctant to come to facility due to condition of buildings. Some rooms don't have private bathrooms.

Relationships with management have been good. No grievances have been filed.

#### AFGE Comments:

The AFGE representative stated that Walla Walla has had a long history of attempted closings. He felt that funds are distributed based on workload and not the need for maintaining buildings.

He also stated that the population of Walla Walla has not changed in 25 years. VA is the major employer in town.

Relationships between union and management are getting better. While concerned about jobs, the staff is getting the information they need to understand what is happening. One third of the facility staff are veterans.

Congressional involvement seems to be building with respect to Walla Walla. Senator Murray has apparently stated to stakeholders that "there is no way beds will close in Walla Walla".

## Spokane

There was not a Spokane specific stakeholder meeting since the Spokane visit was not scheduled in advance.

### **Exit Briefing with VISN Leadership:**

Dr. Burger reviewed key take home points with the commissioners as follows:

#### Alaska Market

- Current leased building for Alaska VA Regional Healthcare System and Regional Office is too small.
- Alternative option to purchase care locally is prohibitively expensive.
- Proposal to build \$62.5 million clinic next to Joint Venture facility in Anchorage is essential.

#### Inland North Market

- VAMC Spokane
  - Increase Primary/Specialty Care Capacity
  - Address access with CBOCs
- VAMC Walla Walla
  - Build new nursing home and construction for specialty and ancillary services in Walla Walla
  - Close inpatient medical and psychiatry beds and contract services in community.

#### Inland South Market

VAMC Boise is the only VA Medical Center in the State of Idaho

- New construction and contracting will address the increasing demand for specialty and tertiary care
- VBA collocation will consolidate VHA, VBA, and the Idaho State Veterans home on one extended campus.

#### South Cascades Market

- VAMC Portland – Move most Primary Care to new CBOCs to meet specialty care demand at Medical Center.
- VAMC Roseburg – Meeting increased Specialty Care demand at Eugene and Roseburg requires addressing space and seismic issues.
- VA Rehab Facility White City – Increased specialty care demand with high cost of community purchase compels clinic expansion.

#### Western Washington Market

- Tertiary and Primary care need expansion.
- Seismic Issues need to be addressed.
- There are significant DoD sharing opportunities.

- Research space issues need to be addressed.

**Open Items/Question/Follow-up:** None

**Attendees for the Portland Site Stakeholder Meeting:**

<b>VISN 20 Office</b>
Diane Somers, V20 staff
Sandi Jones, V20 staff
Tracy Dekelboun, V20 staff
Barb Snethen, V20 staff
AJ (Jean) Allen, V20 staff
Les Burger, V20 Network Director
<b>Anchorage</b>
Bill Bishop, Reg. Liason
David Stockwell Associate Director Alaska VA Healthcare System and Regional Office
Leon Bertram Department Service Officer, American Legion
Lorenzo Jordan Disabled American Veterans, Department Commander
Brian Wilson Department Service Officer, Disabled American Veterans
Roger J. Wortman, Sr Department Service Officer, Veterans of Foreign Wars
John R. Kelly Assistant Department Service Officer, Veterans of Foreign Wars
Charlie Huggins State of Alaska Veterans Affairs Coordinator
Alex Spector Director Alaska VA Healthcare System and Regional Office
<b>Boise</b>
Wayne Tippetts, VAMC Director
Grant Ragsdale, VA Staff
Jim Adams, Rep. Of Congressman Otter's office
Barbara Meyers, from Senator Craig's office
<b>Portland</b>
Michael Carlson, VA staff
Jim Tuchs Schmidt, PVAMC Director
Pat Forsyth, VA Staff
<b>Puget Sound</b>
Tim Williams, PSHCS Director
KC Chronister, VA Staff

Col Karl Kerchief, Dep. Commander for Clinical Svc., Madigan Army Medical Center( MAMC)
Col Frederick Johnstone, Chief Dept of Surgery, (MAMC)
LTC Val Martin, Chief Resource Management Div. (MAMC)
<b>Roseburg</b>
Paul Brunner, VA Staff
Kermit Reich, VA Staff
<b>Spokane</b>
Joe Manley, VAMC Director
Jane Schilke, Associate Dir VA
Sue Larosn (NFFE) MAC member
Phil Cleveland, MD (Un of WA Sch. Of Medicine) (MAC member)
<b>Walla Walla</b>
Bruce Stewart, Deputy Director
Roxanne Sisemore, VA staff
<b>White City</b>
Max McIntosh, Deputy Director
<b>Others</b>
Kris Arnold, Dir. VA Reg. Ofc.
Jerry Ryan, PVA
Patrick Rogers, PVA
Kevin Reilly, PVA
Don Fowler, Union
Doug Dusenberry, OR DVA
Alphie Alvarado, WA St. Vets Home
Phil Cleveland, University of Washington
Fred Liddell, Ex-POWs
<b>CARES Commission</b>
Commissioner Al Zamberlan
Commissioner Vernice Ferguson
Ron Bednarz
Jean Renaker

Approved By Commissioner Zamberlan: 8-4-03  
Approved By Commissioner Ferguson: 8-4-03

**Attendees for the Walla Wall Stakeholder Meeting:**

<b>VISN 20 Office</b>
AJ (Jean) Allen, V20 staff
Les Burger, V20 Network Director
<b>Puget Sound</b>
Tim Williams, PSHCS Director
<b>Walla Walla</b>
Bruce Stewart, Deputy Director
Roxanne Sisemore, VA staff
<b>CARES Commission</b>
Commissioner Al Zamberlan
Commissioner Vernice Ferguson
Ron Bednarz
Jean Renaker