

VA Eastern Kansas FAQ Sheet – as of 1 January 2019

1) What is the role of the VA regarding the delivery of health care to Veterans in the VA Eastern Kansas area?

To provide the best care anywhere by providing accessible, courteous, comprehensive, and quality health care to Veterans in an environment of excellence, with the vision of:

Promote the health and wellness of the veteran population we serve.

Achieve distinction as a quality patient-driven health care system that provides the full range of medical, behavioral, rehabilitative, and preventive services to veterans and others.

Improve our clinical care through research, education, and creative administration to become a model for the future.

Our organization's motto is "**Honoring Our Veterans... Healing Our Heroes**" we own it and we take this very seriously.

2) What are some of the facilities that are operated by the VA -- Topeka, Leavenworth and Fort Riley area?

*The VA Eastern Kansas Health Care System (VAEKHCS) is a two-division Joint Commission accredited, health care system serving Veterans throughout 20,000 square miles and 37 counties in eastern Kansas and northwestern Missouri. In addition to the two main campuses located in Topeka and Leavenworth, VAEKHCS operates seven (7) Rural Health Clinics in Kansas located in Chanute, Emporia, Fort Scott, Garnett, Junction City, Kansas City, and Lawrence. EKHCS also operates two (2) clinics in Missouri located in Platte City and St. Joseph. VAEKHCS has a \$330M annual operating budget and nearly 1900 full time employees providing care to approximately 41,500 veteran patients.

3) Can you tell me a little about each of the facilities including Colmery-O'Neil, Dwight D. Eisenhower and others in the area?

The Dwight D. Eisenhower Veterans Affairs Medical Center had its beginning in 1884. The City of Leavenworth was notified that the Board of Managers for the National Home accepted its offer of 640 acres of land and \$50,000 for use in developing the site for Disabled Volunteer Soldiers. The first member to be admitted to the Western Branch of the National Home for Disabled Volunteer Soldiers was a Union Army soldier in July 1885. By 1886, 17 buildings had been completed by Mr. James McGonigle, a Leavenworth contractor. The 13-barracks housed over 1,000 men and the mess hall could feed them all at one sitting. The VA began placing more emphasis on hospital facilities, so construction of a new hospital was started in 1930 and completed in 1933. The VA hospital in Kansas City, Missouri was officially closed and all veterans in the area were to be treated at the Leavenworth VA Hospital.

Immediately following WWII, the medical center had an excess of 1,000 beds in general medical and psychiatry with an average of 814 in the Domiciliary care. In 1985, the Leavenworth VA operated a 447-bed hospital, a 45-bed nursing home, and a 650-bed domiciliary. All but the most complicated medical and surgical specialties were covered

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in-house, with the rest of the specialties within easy reach of Kansas City. On March 15, 1989, the Veterans Administration was elevated to cabinet status, becoming the Department of Veterans Affairs.

The Colmery-O'Neil VA hospital was once known as the Winter VA hospital. The Winter VA hospital, along with the Menninger Clinic, set up the largest psychiatric training center in the country after World War II. Karl A. Menninger was the Director of the Topeka VA Medical Center from 1945 to 1948. Harry W. Colmery is credited with writing the draft of what became the Serviceman's Readjustment Act of 1944, more popularly known as the G. I. Bill of Rights. Dr. Robert O'Neil was born June 25, 1920 in Topeka, Kansas. He attended Topeka High School and The University of Kansas prior to attending The University of Kansas Medical School. Dr. O'Neil graduated from the University of Kansas in 1942. He then attended the University of Kansas School of Medicine where he earned his medical degree in 1945. Dr. O'Neil interned at the U.S. Naval Hospital in Corpus Christi, TX, followed by residency training at the VA Hospital in Excelsior Springs, MO and the Winter General VA Hospital in here in Topeka.

Dwight D. Eisenhower VAMC and the Colmery-O'Neil VAMC were integrated in 1998 forming the VA Eastern Kansas Health Care System.

4) How many beds does each hospital have?

Leavenworth – a total of 202 beds; Currently have 12 medical beds with one unit under construction; after construction, there will be 17 total beds. We have a 6 bed ICU/PCU; a 22 bed Community Living Center (CLC); 150 bed DOM and the ED currently has 7 beds, but will expand after construction.

Topeka – a total of 160 beds; General Medical/Surgical unit with 17 beds; 4 bed ICU/PCU; 17 acute psychiatry unit; 22 bed Stress Disorder Treatment Program (SDTP); 17 bed Psychiatric Rehabilitation and Wellness Program (PRWP); 12 beds on Sunflower Memory Care unit (Dementia unit); 15 beds on Geriatric Care unit; ED currently has 8 beds, will expand after construction; Will have 17 beds on the Fresh Start unit once we reopen it in 2019 and a 17 bed Community Living Center unit with an anticipated opening in summer of 2019.

5) Where do patients typically come from -- are they from certain geographic areas or do they go to the various facilities based on their needs and the specialties offered by the hospitals?

Generally, our patients come from Northwestern Missouri and Eastern Kansas. However, with several of our specialty units, we have referrals from around the country. **(See attached an image of our catchment area)**

6) What types of services, both inpatient and outpatient, are provided at each -- in other words, what are the specialties?

VA Eastern Kansas Health Care System offers a variety of health services to meet the needs of our nation's Veterans. Many of our services are listed on the website's A-Z list

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of services links within our VA Eastern Kansas Websites: <https://www.topeka.va.gov/> & <https://www.leavenworth.va.gov/> . Click “Health Care Services” and then click the [A to Z list of services Link](#).

You may also view our [phone directory](#) or [contact us](#) for additional information. For Telecommunications Device for the Deaf (TDD) services, Dial 711.

7) How many veterans are served on an annual basis at each of the facilities each year?

Total Veterans served for FY2108 were 40,494

This link helps in sharing this information: [Click here for outpatient encounter numbers for each location grouped by types of service.](#)

Also see the following table:



	FY10	FY11	FY12	FY13	FY14	FY15	FY16	FY17	FY18
All Sources	36,459	36,479	36,175	35,365	34,992	35,857	35,975	36,555	40,494

8) How have the various hospitals changed their way of delivering services through the years?

Historically, VA Eastern Kansas operated under the auspice of 2 inpatient medical facilities, supported by long-term inpatient stays. Only rudimentary primary care and outpatient services existed. Due to our desire to reduce the length of our inpatient stays, primary care and outpatient enrollment grew as we adopted team structures and increased the assignment of patients to individual teams that includes medical providers, supported by Psychiatrists, Psychologists, Pharmacists, Dietitians, Social Workers and the scheduling team.

VA Eastern Kansas now sees over 460,000 outpatient visits a year, and operates two parent campuses and 9 community based outpatient clinics. The successful transition of care from inpatient to outpatient services is credited to new technology, more effective outpatient therapies, better medications and medication management, and the expansion of outpatient services that support the Veteran’s progress outside the hospital. The shift from inpatient to outpatient care was the start towards an integrated healthcare model that reaches patient in the home and within the communities they live.

VA Eastern Health Care System has always and continues to provide a wide range of health care services that includes Primary Care, Surgery, Occupational and Physical Therapies, Radiology, Diagnostic Care, Oncology, Pulmonary, Pharmacy, and a wide range of behavioral Health services, and long-term care. These services still exist and have expanded to the nine community outpatient clinics.

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An assessment of demographic trends for VA Eastern Kansas Health Care System find that while the number of living veterans has been declining, the number of veterans using VA health care has increased substantially over the past two decades. This has resulted from expanded eligibility and higher reliance on VA health services by newer Veterans.

Projections show that demand will continue to increase, however, it will level off or even decline over the subsequent decade. The decline is due to the passing of our WWII Veterans, the end of the wars in Iraq and Afghanistan, and the continuing decline in the size of the veteran population. Changes in eligibility, newly diagnosed military diseases or another protracted military conflict will influence our future health care needs.

Future demands project our nation's Veterans on average have elevated rates of many health conditions, when compared to nonveterans. Veterans who rely on the VA for health care have higher rates of chronic conditions and mental illness, than veterans who do not use the VA health system. All of these issues contribute to the Veteran population for which we serve.

To meet demands of the future, VA Eastern Kansas Health Care System will continue to substantially increase its capacity outside the two parent hospitals at Leavenworth and Topeka and into the communities. A mixed strategy will be needed that includes hiring more providers, granting VA advanced practice nurses full practice authority, expanding use of virtual care and making strategic use of purchased care.

9) *What are some new developments at the various facilities?*

VA Eastern Kansas uses the Strategic Capital Improvement Planning and Integrated Master Planning process to identify current and future capital needs. The overarching goal is to establish an improved corporate approach to prioritizing all VA capital investments and to ensure capital investments are targeted to reduce existing gaps based on projected utilization/workload and other data-driven infrastructure needs.

Future demands indicate a significant expansion in the capabilities offered in the Manhattan, Kansas area and several new services at the Topeka campus including: Positron Emission Tomography (PET) scan capability, consolidating and expanding Ophthalmology/Optomety services into an Eye Center, and growing the new Community Care (CC) program.

Future capital improvements include modernizing and expanding the Behavioral Health Outpatient clinic, consolidating and expanding inpatient geriatric services, modifying Surgical Services and Gastroenterology to better meet the patient's need, and the construction of a new Day Treatment Center.

At the Leavenworth Campus, we will be strengthening the specialty care service capabilities to better meet the Veteran's needs. Projects include building and expanding a new Behavioral Health Outpatient Clinic, modernizing and expanding optometry and ophthalmology, and modernizing the entire Operative and Perioperative

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areas. A new pain clinic is currently in development that will include services such as Yoga, Tai Chi, Meditation, Acupuncture (Choice), Chiropractic, Biofeedback, Guided Imagery/Mindfulness and Pain School.

Both medical center campuses will receive new, 'State of Art' Emergency Departments that will provide 24/7 access to care for Veterans.

All full-time Community Based Outpatient Clinics will expand or create services that include acupuncture and chiropractic services, tele-audiology, tele-health, physical therapy, and expanding complimentary and whole health services. Primary Care and Mental health services will grow at all points of care.

Current renovation and construction projects of interest to the community are:

Topeka:

1. Renovation of CLC Wing C to accommodate private rooms and hospice
2. Renovation and expansion of Emergency Department
3. Construction of Central Chiller Plant
4. Completed initial work to accommodate the get the new Veterans Crisis Line and will be conducting a complete renovation so they can be fully operational in FY19.
5. Began construction converting old, nonfunctional Bowling Alley for the new Eye & Ophthalmology Clinic
6. FY19 Construct Day Treatment Center
7. FY19 Construct addition and remodel existing Outpatient Mental Health Clinic (Bldg 2)
8. Completing design for renovation of remaining space (Wings A & B) in Bldg 6 for more geriatric clinics/CLC with a "town square" type atmosphere.
9. Finishing state-of-the-art Sterile Processing Service
10. Designing Space for new PET/CT (Positron Emission Topography/Computed Tomography) which is new to EKHCS
11. FY19 new roof on Main Hospital
12. Putting in new MRI equipment and building

Leavenworth:

1. Renovation of Emergency Dept with the addition of a MRI Suite.
2. Renovating inpatient Med/Surgery wings of main hospital
3. Renovating wing of Dom for Outpatient Mental Health
4. Upgrade Pharmacy so they can prepare Oncology/Chemo meds
5. FY19 Modernizing Eye Clinic

10) How difficult is it to find staff members, including doctors and nurses? Are there shortages in these areas at this time? If so, what is being done to address them?

The United States could **see a shortage of up to 120,000 physicians by 2030, impacting patient care across the nation**, according to new data published this week by the AAMC (Association of American Medical Colleges). The report, [The Complexities](#)

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[of Physician Supply and Demand: Projections from 2016-2030](#), updates and aligns with estimates conducted in [2015](#), [2016](#), and [2017](#), and shows a projected shortage of between 42,600 and 121,300 physicians by the end of the next decade. By 2030, the study estimates **a shortfall of between 14,800 and 49,300 primary care physicians.**

As in prior projections, much of the increased demand comes from a growing, aging population. The U.S. population is estimated to grow by nearly 11%, with those over age 65 increasing by 50% by 2030. Additionally, the aging population will affect physician supply, **since one-third of all currently active doctors will be older than 65 in the next decade.**

EKHCS is competing for highly qualified positions in a labor market that includes several large, private sector hospitals. Physician recruitment is a particular challenge at our Topeka campus, as many of our Physician candidates gravitate towards the Kansas City Metropolitan area. Our facility has a dedicated Physician Recruiter, who works in partnership with our National Healthcare Recruitment Consultants to place direct patient care providers in our facility. EKHCS utilizes pay flexibilities, monetary incentives, and the Education Debt Reduction Program to attract candidates to our most critical vacancies. Positions are advertised through USAjobs and PracticeLink. PracticeLink also gives the ability to send emails straight to physicians that are actively searching for employment. We have also utilized direct marketing campaigns for both Psychiatrists and Primary Care Providers in Topeka through Katon Direct.

On a National level, the following changes have been made to help facilities recruit and retain highly qualified direct patient care providers:

- National Recruiters have access to centrally funded physician candidate search platforms and function like private sector headhunters.
- Recently, VA's Transitioning Military Program pilot began working with DoD to gain access to transitioning military members contact information to approach them about continuing a career at VA.
- The Mission Act has approved Education Debt Reduction funding from 120K per individual hired to 200K.
- VA recently redesigned the VA Careers homepage to create a more user-friendly site for potential applicants
- Health Professional Scholarship Program through VA offers scholarship opportunities with service agreements to multiple occupations (currently nurses and expanding to physicians)

At the local level, EKHCS Human Resources utilizes several applicant-friendly recruiting methods to target key patient care positions for the hospital:

- EKHCS has a robust allied health training program, and we encourage the hiring of medical and allied health trainees into staff vacancies once they have completed their training and met qualification requirements.
- EKHCS Human Resources team hosts on-site recruitment fairs, with some of these events featuring on the spot job interviews, enrollment in credentialing

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and background investigation systems, and fingerprint collection. EKHCS hosted 5 job fairs in FY18, and has hosted 2 job fairs in FY19.

- Staffing team members attend several off-site job fairs throughout the year and provide interested applicants with information related to the recruitment process and non-competitive and direct hire authority flexibilities. EKHCS attended 7 community job fairs in FY18, and we have attended 2 community job fairs in FY19 (and are registered for 2 more)
- Social media campaigns, including the use of a virtual job boards, are utilized to reach a wide applicant pool. Virtual job boards allow candidates to send resumes direct to our staffing team instead of directing them to apply via USAjobs, which is not an applicant-friendly platform.
- Radio campaigns, TV interviews, direct marketing campaigns, and participation in community events have also been utilized for recruitment and outreach efforts.

There are challenges locally, to find providers which is partly due to the size of Topeka compared to the surrounding areas, such as Lawrence, Kansas City and Manhattan where more opportunities and attractions may exist. Remaining competitive in salaries compared to the private sector is also a challenge. We are constantly monitoring the salaries of the private sector and attempting to be as competitive as possible. Another challenge is specialty physician recruitment and retention (i.e. Dermatology, Pulmonology, Endocrinology, Emergency Medicine, Acute Medicine, Hematology/Oncology). Currently, we have physician openings in the emergency room, primary care, gastroenterology, pulmonary, dermatology, and as hospitalists. In our Medicine Department, we've modified some positions to attract applicants who might be interested in part-time status as this would give them the opportunity to start working towards earning federal benefits including health insurance and retirement.

11) Is the emergency department at both VA's fully functional now? Topeka was closed for a while, correct? Do you have the dates and a reason for that closure and how long it lasted?

The emergency department is functional while also being currently under construction to update and modernize our delivery of emergency care to our Veterans. On January 27, 2014, VA Eastern Kansas Health Care System (VAEKHCS) Leadership elected to temporarily change the status of the Topeka Emergency Department (ED) to a 24/7 Urgent Care (UC) which took effect January 31, 2014 due to challenges in staffing. The Veterans Health Administration (VHA) determined that the Topeka Emergency Room met all policy, procedures, and staffing levels in June of 2015 and the Topeka VA resumed 24 hour/7 day-a-week emergency department operations shortly after.

12) How does the VA get the word to veterans about its services?

We share services through a wide variety of resources including our website, social media sites, stakeholder communication, Veteran Service Offices, community leaders and others. One great resource for our Veterans is the [VA WELCOME KIT](#) link, which can be used to understand and navigate the VA health care system.

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13) How can a Veteran learn more about enrollment and receiving care at VA?

If you are a Veteran and interested in VA Healthcare Services and benefits, we encourage you to quickly reach out to our eligibility department at 785 3504511 or click the [Become a Patient Link](#) on our website to begin the process of enrolling in VA healthcare because You Have Earned it. We also provide the [VA WELCOME KIT](#) link which is a great resource for our Veterans and their family members which can be used to understand and navigate the VA healthcare system.

14) What is your plan to help the crisis of Veteran suicide?

Suicide prevention is VA's highest clinical priority and we at VA Eastern Kansas take this nationwide problem seriously and personally. One life lost to suicide is one too many.

In conjunction with VA, we are implementing a wide range of prevention activities to address many different risk factors. We are working alongside dozens of partners, including DoD, to deploy suicide prevention programming that supports all current and former Service members – even those who do not come to VA for care. Examples of joint efforts to prevent Veteran suicide include the Mayor's Challenge and Executive Order 13822.

VA's approach is summarized in the National Strategy for Preventing Veteran Suicide, which provides a framework for identifying priorities, organizing efforts, and contributing to a national focus on Veteran suicide prevention.

If any Veteran is in crisis, we encourage him or her to visit the closest VA health care facility, where they can receive same-day urgent primary and mental health care services. Additionally, Veterans can call the Veterans crisis line 24-hours a day, 365-days a year at 1-800-273-8255 and Press 1.