



Perspective / Opinion

Caring for Veterans Means Hearing Their Stories

By Sarah Nickoloff, MD

I grew up listening to the stories of my grandfather's time in the Army during WWII. He was an engineer and, as the story goes, his regiment would build bridges (often while under enemy fire), fall back to fight with the rest of the troops as they crossed, and then stay behind to destroy the bridge so it could not be used by the Germans. I don't know how much truth there is to these stories (I never knew my grandfather; he died when my mother was young), but I was enthralled by them. During holidays and vacations, the grandchildren would gather in the basement of my grandmother's house to look through boxes of photographs and mementos. We always treated my grandfather's medals and purple heart with reverence, but I never gave much thought to what it really meant to be a Veteran.



My clinical training at MCW was bookended by VA rotations. I started on the inpatient psychiatry unit as a third-year medical student and ended my last night of residency on call for Med Team 2. I always felt comfortable at the VA and enjoyed having the Veterans as patients. As I transitioned to my Palliative Care fellowship, I started to appreciate how privileged I was to be able to hear the Veterans' stories and to get to know them and their loved ones. The history of service adds another dimension to the care of a Veteran, whether it's physical sequelae, mental health complications, or social impact. They are men and women who have seen and experienced things we can't even imagine, and in many ways that makes them vulnerable. But even in their most vulnerable state, they are willing to share their stories, and are grateful to those who will listen.

The vulnerability of this population is why I choose to work at the VA, and it is why I continue to advocate for changes that will enhance the care of our Veterans.

Whether it is improving clinical practice or changing workflow to better accommodate the Veteran's needs, we have made meaningful changes that result in better care. One change I am most proud of is our improvement in Community Living Centers (CLC) COMPARE quality metrics. CLC COMPARE is a way to compare quality of care within the VA subacute rehab and nursing home cohort with quality of care in community facilities. When I was appointed Medical Director of the CLC, we were a one-star facility for quality. Over the last fifteen months, through hours of hard work, interdisciplinary collaboration, brainstorming, and education, I have helped lead our CLC to a three-star quality rating, and we are hopeful for four stars on the next report. But these changes have not only resulted in better numbers. We have improved the monitoring and safety of our Veterans who take antipsychotic medications, decreased the use of indwelling urinary catheters, and have a dedicated workgroup focused on decreasing falls, among other process improvements. The care we provide has always been excellent, but now we can objectively show the quality and benefit to our Veterans.

The last twenty months have been some of the most trying and heartbreaking of my career.

I had hoped we would be closer to the endemic phase of the pandemic by this point, but in many ways, these trying times have brought out the best in myself and my colleagues. I have the incredible honor to work with an amazing team of health care professionals who are as dedicated as I am to the mission of the VA. I am truly proud to serve our Veterans, and I will never tire of advocating for their exceptional, safe, dignified, and timely care. I like to think that if my grandfather was still alive, he would be receiving his care at the VA, and that he would be proud of the work we do here.

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