



THE AMERICAN LEGION



SYSTEM WORTH SAVING

PAST, PRESENT, AND FUTURE OF VA HEALTHCARE

Daniel M. Dellinger, *National Commander*

The American Legion



OFFICE OF NATIONAL COMMANDER

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Dear Fellow Legionnaires,

This is our 10th year conducting the program, and as such, we want to focus on the Department of Veterans Affairs' (VA) accomplishments and progress over the past 10 years, current issues and concerns, and VA's five-year strategic plan for several program areas. During that time, The American Legion's System Worth Saving Task Force has conducted site visits across the nation at VA medical facilities to assess the quality and timeliness of veterans' health care, and to provide feedback from veterans on their level of care.

The American Legion's primary health-care evaluation tool is the "System Worth Saving" program. The program was designed and implemented in 2003 by then-American Legion National Commander Ron Conley. The System Worth Saving Task Force conducts site visits to 15-20 VA medical facilities every year and focuses on one or more quality-of-care and/or health-care issues affecting veterans.



Many of the visits over the past year have also made a specific effort to focus on the sites where areas of VA mismanagement have recently been highlighted by news events or by whistleblowers. Because The American Legion believes in the importance of eyes-on fact finding, having boots on the ground is critical to our responsibility in the role of third-party oversight. The American Legion has 2.4 million members, many of whom utilize VA medical facilities across the country on a regular basis. It is vital to them and, to all veterans we serve, that they have trust in their health-care system through transparency, timely care, and honest reporting.

From November 2013 to May 2014, the System Worth Saving Task Force conducted 16 VA medical center (VAMC) site visits in order to evaluate the quality of care provided for veterans and assess the evolution of care for veterans since the establishment of the program. During these site visits, the System Worth Saving Task Force met with each facility's executive leadership and department managers. Additionally, town hall meetings were conducted at American Legion posts near the VAMCs to hear firsthand from veterans on their level of health care.

The American Legion remains committed to assuring that the VA health-care delivery system continues to perform as the role model for the health-care industry in both the public and private sector. I encourage you to review our findings and recommendations from the 16 VA medical center sites visited. We hope that our findings in this report will help the administration, Congress and VA better understand what challenges our nation's veterans face with accessing quality and timely VA health care. The reports from these site visits will be made available on The American Legion's website at www.legion.org.

Respectfully,

A handwritten signature in black ink that reads "Daniel M. Dellinger".

Daniel M. Dellinger
National Commander

TASK FORCE MEMBERS

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SITE VISITS

VA Pittsburgh Healthcare System-University Drive Campus (Pittsburgh, PA)

Tennessee Valley Healthcare System-Nashville Campus (Nashville, TN)

El Paso VA Healthcare System (El Paso, TX)

Huntington VA Medical Center (Huntington, WV)

Dwight D. Eisenhower VA Medical Center (Leavenworth, KS)

VA Roseburg Healthcare System (Roseburg, OR)

G.V. (Sonny) Montgomery VA Medical Center (Jackson, MS)

VA Butler Healthcare (Butler, PA)

Atlanta VA Medical Center (Decatur, GA)

VA North Texas Health Care System (Dallas, TX)

Orlando VA Medical Center (Orlando, FL)

Louis Stokes Cleveland VA Medical Center (Cleveland, OH)

William Jennings Bryan Dorn VA Medical Center (Columbia, SC)

VA Ann Arbor Healthcare System (Ann Arbor, MI)

VA Eastern Colorado Health Care System (Denver, CO)

Richard L. Roudebush VA Medical Center (Indianapolis, IN)

Reports from the site visits can be found by visiting www.legion.org/systemworthsaving.



EXECUTIVE SUMMARY | A SYSTEM WORTH SAVING: 2014

By **Ralph P. Bozella**

Chairman, The American Legion Veterans Affairs & Rehabilitation Commission

Background

In 2003, The American Legion's National Executive Committee created the System Worth Saving (SWS) program to conduct site visits to Department of Veterans Affairs (VA) medical facilities on behalf of The American Legion's national commander. The purpose of the program was to assess the quality and timeliness of VA health care and to provide feedback from veterans on their level of care. Once a year, the System Worth Saving Task Force selects a different health-care topic of focus; currently, the focus is a comprehensive review of VA health care since the creation of the System Worth Saving program, and the site visits explored the past, present and future of VA health care. The findings and recommendations are compiled and presented to the President of the United States, members of Congress, senior VA officials and fellow Legionnaires.

History of System Worth Saving

During his tenure as American Legion national commander, Ronald F. Conley criss-crossed the country in order to see firsthand the challenges VA medical centers were facing. He talked to thousands of patients and hundreds of VA health-care professionals in order to discuss and seek solutions to the crisis faced by the VA health-care system, and developed the first System Worth Saving Report, which was released in 2003.

Following Conley's report, The American Legion adopted a resolution¹ that required the national commander's System Worth Saving Task Force Members and the staff of The American Legion's Veterans Affairs and Rehabilitation Division to continue the yearly publication of the "State of VA Medical Facilities Report." From 2004 to the present, the task force has continued to visit VA facilities nationwide and interview VA facility administrators and staff, tour facilities, and receive responses to questionnaires from VA personnel. Past focuses include nursing home care units, transition from active duty, quality of care and patient satisfaction, rural health-care and women veterans health-care.

1) Resolution 206: "Annual State of VA Medical Facilities Report"

The focus of this year's report is a comprehensive review of VA health care since the creation of the System Worth Saving program in 2003. The focus reviews the past, present and future of VA health care.

Methodology

The purpose of the report was to review VA's progress achieved over the past 10 years, current issues and concerns, and VA's five-year strategic plan for several programs.

The goals and objectives of this report were to understand what improvements had been made in each medical center's budget, staffing, enrollment, outreach, mental health, intensive care unit, long-term care, homeless programs, information technology and construction programs. We also wanted to assess the primary challenges and gaps of quality of care and patient satisfaction, and make recommendations to Congress and VA on how to improve quality-of-care and patient satisfaction programs and initiatives.

From November 2013 to May 2014, the System Worth Saving Task Force conducted site visits at 16 VA medical center (VAMC) facilities and town hall meetings in American Legion posts near VAMCs that were visited. The purpose of the town hall meetings were to gain veterans' perspectives of their VA health care, which was communicated to the leadership of the VAMCs.

During the site visits the task force conducted interviews with staff responsible for the budget, human resources, enrollment, outreach, mental health, the intensive care unit, long-term care, homeless programs, information technology, patient advocate and construction. For each of the program areas, we wanted to understand what progress has been made over the last 10 years, the current situation, and five-year plan and goals.

Key Findings/Challenges

1. Several VAMCs continues to struggles to fill critical leadership positions across multiple departments. These gaps have caused communication breakdowns between medical

center leadership and staff that work within these departments. Veterans Health Administration (VHA) conducts a rural analysis for hard to recruit areas and look into different options to support the VAMC in getting the talent they need to better serve veterans. Flexibility is a must in these scenarios to ensure that veteran health care is consistent across each Veterans Integrated Support Network (VISN).

2. Most facilities see the Strategic Capital Investment Plan (SCIP) as being an excellent planning tool for the near future; however, it creates major issues in the short term when this medical center is forced to put priority construction projects into it. Each facility needs to flexibility to adjust the priority level of projects within the SCIP program to ensure that long-awaited construction needs are being met.
3. Broken communication between the medical centers and the veterans in the medical centers' catchment area is an issue. Several VAMCs needs to increase transparency, provide crisis information immediately and provide general health care information on a regular basis. They also need improved communications with the local community, including media representatives, potential hires, current employees, veterans service organizations, family members and patients
4. There is an increasing risk of closure for several intensive care units (ICU). VHA should consider the following alternatives: fully reinstating intensive care units at facilities that have closed them, standing down all surgical procedures that could cause a need for an ICU, or strengthening their memorandum of understanding (MOU) with the civilian medical center to ensure that an intensive care unit bed will be available in case of emergency. This includes remaining without an ICU but continuing to perform ambulatory procedures that meet the strict criteria established by the VA as appropriate for facilities without an ICU.
5. Fully implement and using the Primary Aligned Care Team (PACT) model as it was designed. Several VAMCs have had a slow roll out with the introduction of the PACT model to their veterans. By not fully implementing the model, several VAMCs are missing the mark when it comes to delivering patient-centered care, a fairly new practice that allows veterans to have say in the decisions that are being made about their health.



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