The Aleda E. Lutz VA Medical Center was established in September 1950 and is dedicated in honor of Lt. Aleda E. Lutz, U.S. Army Nurse Corps, a distinguished female veteran. The center consists of 114 beds, of which, 33 are allocated to general medicine and surgery. An additional 81 beds are dedicated to the nursing home care unit, which was opened in July 1993. The medical center operates community based outpatient clinics in Gaylord, Traverse City and Oscoda to serve veterans in Northern Michigan communities. The Aleda E. Lutz VA Medical Center serves 211,000 veterans who live in the central and northern 47 counties of Michigan’s lower peninsula.

2003 CARES Draft Plan Assessment: The VISN 11 Executive Summary for Saginaw VAMC calls for the maintaining of outpatient and nursing home services but transfer of all acute medicine services to Indianapolis, Ann Arbor and Detroit. Specialty Outpatient Care services are expected to increase as well as increases in primary outpatient care services.

Funding: The operating budget for 2002 was $54,502,620 and increased to $59,443,953 in 2003. The operating budget for 2004 has not yet been set by the VISN since the 2004 budget has not been received.

Enrollment and Access: The VAMC is in the top 5 percent for waits and delays and there are no waiting times in excess of the VA standard. Sample wait times are: primary care, 12.27 days; eye care, 2.7 days; cardiology, 18.4 days; and, urology, 29.2 days. There is a high level of patient satisfaction.

Community Based Outpatient Clinics: The Saginaw VAMC operates three CBOCs, – all VA staffed – in Gaylord, Traverse City and Oscoda. The Traverse City CBOC is at capacity due to staffing and space restrictions and patients are diverted to the Gaylord clinic and the medical center. Transportation is an issue when moving patients from the CBOCs to the VAMC and to other VA facilities. It is over 100 miles to Detroit and Ann Arbor.

Affiliations and Staffing: This VA medical center is affiliated with 13 educational programs at eight institutions, including the Michigan State University College of Human Medicine. Sharing agreements exist with U.S. Naval Reserves, Saginaw, Mich.; and St. Mary's Medicine Center, Saginaw, Mich.; and Visiting Nurse Association Hospice Services. Staff positions are frozen by the VISN pending a final budget. The current staff population is 576 with 359 volunteers. Some personnel issues include the problem of finding LPN nurse managers and some specialty care physicians, due to VA imposed salary levels. Retention and hiring bonuses are in place to help recruit and retain personnel. The union president was extremely complimentary of the medical center for its continuity of care.
Physical plant: The Aleda E. Lutz VA Medical Center was established in September 1950. The Medical Center consists of 114 beds. Of these, 33 beds are allocated to general medicine and Surgery; 27 medicine beds, 6 intermediate beds, and 81 nursing home beds.

Long Term Care, Mental Health and Homeless Services: The Saginaw VAMC recently underwent a Joint Commission on Accreditation of Health Care Organizations evaluation. It received a score of 99 percent in the Hospital Accreditation Program, 99 percent in the Long Term Care Program and 97 percent in the Home Care Program. Mental health is done on an outpatient basis and is available at the CBOCs. Psychiatric care is done at the Battle Creek VAC. There is an aggressive PTSD outpatient program and the responsible staff is in contact with other VA programs. The medical center has yet to see an influx of Iraq veterans, though the Chief of Staff noted that about 30% of combat veterans suffer from PTSD.

Patient, Family and Employee Surveys: Four outpatients completed a patient questionnaire. The average patient traveled 64 miles to VAMC Saginaw. Half felt the care they received was great, one suggested the care was good and another characterized the care as slow. The average wait time to see a care provider was 30 minutes. All felt their ability to get an appointment when they needed one was good.

Battle Creek Veteran Affairs Medical Center
Battle Creek, Mich.
Feb. 25, 2004

The Department of Veterans Affairs Medical Center provides comprehensive tertiary psychiatric care, primary and secondary medical care, specialty care, extended and long-term care, preventive medicine, and related social support services for veterans in the western and lower peninsula of Michigan, as well as a variety of outpatient services. As a member of an integrated healthcare delivery system the, 484-bed facility includes nursing home care, a medical care unit, a primary care clinic, physical medicine, and a mental health clinic.

2003 CARES Draft Plan Assessment: The VISN 11 executive summary for Battle Creek VAMC calls for the consolidation of acute medicine beds at Battle Creek; the shifting of appropriate Post Traumatic Stress Disorder and substance abuse services from Battle Creek to Detroit. Moreover the active consolidation of vacant space at all campuses to include Battle Creek, is required to reduce overhead costs. Finally the Draft National CARES Plan describes using the Enhanced Use Lease process for a new mental health building and Vet Center at Battle Creek.

Funding: VAMC Battle Creek’s FY 2002 budget was $105,744,795. In FY 2003 the budget was $113,725,950, an increase of roughly $8 million. The goal for MCCF collections for FY2003 was $6,158,151; actual collections totaled $6,089,032. The MCCF collections goal for FY 2004 is $6,296,521 and the general consensus is they will
reach this set goal. Capital Investment dollars have had to be used on the local level to
supplement the medical budget. Major budgetary challenges are National and VISN
program mandates and salary and benefit increases.

**Enrollment and Access:** Battle Creek has a total of 266 authorized beds and has 218 in
current operation. The 48 remaining are currently out of service. Two psychiatry wards
have been consolidated with a net closure of one ward. There are no reports of any
patients waiting beyond 30 days for their first primary care appointment. The Muskegon,
Michigan CBOC has been closed to primary care patients since July 2002. All veterans
have been offered appointments at the Grand Rapids, Mich., CBOC. Management is
currently investigating options to increase provider availability to increase the number of
patients seen in that clinic. All CBOCs are evaluated monthly for wait times for new and
returning patients. CBOCs are expected to and have successfully met the performance
measure standard of seeing veterans within 30 days of their desired appointments (as
measured by the KLF data measurement from Austin, Texas). Ninety-seven percent of
Battle Creek’s patients are enrolled to receive primary care. In addressing the avoidance
and/or reduction of the waiting list of veterans seeking primary care Battle Creek receives
and logs applications in the enrollment office. Once eligibility is determined eligible
veterans are contracted and offered an appointment within 30 days, unless the veteran
wishes to schedule at a later date. Veterans greater than 50 percent service connected are
scheduled within 30 days. Appointment slots are held specifically for service-connected
veterans and filled with non-service connected appointments if appointments for veterans
who are not service connected are pending. A total of 117 veterans have been determined
ineligible based on income. Their applications are kept on file. Lost revenue is
approximated at $83,000.

**Community Based Outpatient Clinics:** The Battle Creek VAMC operates four CBOCs.
Two VA staffed clinics operate in Grand Rapids and Muskegon and two contract clinics
in Benton Harbor and Lansing. The Muskegon clinic is currently closed to new patients
due to space and staffing with an effort underway to increase space. The Grand Rapids
clinic is approaching its maximum capacity and could close in May 2004 but plans are in
progress to lease additional space to facilitate an increased patient load. Mental Health
service is provided at all CBOCs. *Enrollment and Access* section mentions enrollment
and access data with regard to the CBOCs in the Battle Creek jurisdiction.

**Affiliations and Staffing:** Battle Creek VAMC is primarily affiliated with the Michigan
State University but also has 40 academic affiliations with 18 colleges for a variety of
health occupations. These colleges and universities include: Andrews University, Lansing
Community College, Ohio University, Rochester Institute of Technology, University of
St. Francis, Central Michigan University, Davenport College, Eastern Michigan
University, Ferris State University, Grand Rapids Community College, Grand Valley
State University, Illinois College of Optometry, Kellogg Community College, Kalamazoo
Valley Community College, Toledo University, University of Michigan, and Western
Michigan University. The Battle Creek VAMC’s affiliation with the Michigan State
University Kalamazoo Center for Medical Studies is primarily in psychiatry. Psychiatrists
are difficult to recruit and retain due to salary levels. Fee basis is utilized for the Medical
Officer of the Day, Psychiatrist of the Day and endocrinology and optometry. Contract staff includes radiologists, urologists, pathologists, doctors and psychiatrists. LPN’s present a recruiting challenge. To help offset this, the VA funds students in college at the pre-LPN levels and national funding is available for their continuing education. Battle Creek, as with the other VISN 11 Medical Centers is in the midst of a hiring freeze. There is a major problem with hiring professional staff due to the VA capped salary levels and meeting annual cost of living increases. There are no problems with meeting MCCF goals. Currently there are no J-1 Visa physicians working at Battle Creek VAMC. Fee basis is utilized for medical officer of the day, psychiatrist of the day, endocrinology and optometry. Contract physicians include radiologist, urologists, pathologists, and psychiatrists. We also have contract physicians. In addition, we utilize consultants for dermatology, GYN and rheumatology. Battle Creek VAMC has experienced trouble in recruiting and retaining the following FTEE: psychiatrists, respiratory therapy technicians, certified respiratory therapy technicians, registered nurses, licensed practical nurses, physical therapists, medical technologists, and diagnostic radiologist technologists. In the past Battle Creek VAMC has offered relocation/retention bonuses, special pay for doctors, and special salary rates for hard to fill positions.

**Physical Plant:** The Battle Creek VAMC is a 213-acre campus with 83 older buildings constructed mostly in the 1920’s. It is the classic CARES question of empty building space (approximately 108,000 square feet) being maintained by VA. The power plant is an antiquated steam plant with four main underground pipes, all of which experience frequent failure. This system has a difficult time supporting even current demands particularly the power needs required by computers. A number of buildings are closed to patient service due to safety factors. One large building is leased to the Michigan National Guard for a Youth Challenge program for $1 million annually. A major concern is the cost associated with tearing down the old buildings on the campus, most if not all of which have asbestos concerns. The desire of the center is to tear down old structures approximating over 521,000 square feet and use approximately 70 acres for a commercial industrial park. The center will also close a separate laundry/warehouse and turn it over to the community (a buyer has been located).

**Long Term Care, Mental Health and Homeless Services:** The average number of operating beds in 1998, prior to the Millennium Act was 170 in the nursing home care unit. Today there are 135 beds in the nursing home. There are 10 veterans in contract nursing home beds. Also under extended care is the homemaker home health aide program which through the first quarter 2004 had 4536 visits – the third highest in the VISN, and home based primary care which had 9977 visits – the second highest in the VISN. Fee basis home care had 5260 visits – the second highest in the VISN. There are 135 nursing home care unit beds. Battle Creek VAMC has a dementia unit, which treats all Alzheimer’s patients and dementia patients from the surrounding area. This unit opened in April 2003 and has a 30-bed capacity. Battle Creek VAMC has a palliative care unit (hospice), which has nine beds currently with five more under construction. There will be 14 palliative care beds by May 1, 2004. Mental health enhancements include: implementation of mental health care in all CBOCs, a partnership with extended care/social work service to implement a new dementia treatment unit, developing and
implementing an outpatient substance abuse program and implementing the Veterans Addiction Services and Treatment Program. Program improvements include: implementing the ASAM criteria for the screening admissions for substance abuse program, implementing InerQual for detoxification admissions, and implementation of clinical practice guidelines. Performance enhancements include: implementation of guidelines for the use of atypical anti-psychotic medication. CARES Commission recommendations include support for Battle Creek’s Enhanced Use Lease Project for a new mental health four story building with 200,000 square feet. This new facility would be contractor-constructed on current VA property and leased to the VA for 35 years, then revert to the VA. There is concern whether or not a contractor will be interested in this project. With regards to services for the homeless, there are numerous homeless programs that are administered by extended care/social work service at this medical center. The goal of these programs is to provide outreach services and case management to homeless veterans in underserved community locations. An additional goal is to provide linkages to a full range of services including supported housing, to break the cycle of homelessness. The following are the programs and locations: Jesse Houses, 14 beds, Battle Creek; Shelter + Care, 30 beds, Grand Rapids; Veterans Comprehensive Assistance Program, 3,566 visits FY2003, Grand Rapids; Residential Services of Southwest Michigan, 16 beds, Niles; Volunteers of America, 18 beds, Lansing; and Volunteers of America, 16 beds, Lansing.

**Patient, Family, and Employee Survey:** None available.

**Northern Indiana Health Care System**  
**Fort Wayne VA Medical Center**  
**Marion VA Medical Center**  
**Fort Wayne and Marion, Ind.**  
**February 26, 2004**

The Ft. Wayne campus is a single building with 22 acute beds with an average daily census of 21.3 patients, and four operating ICU beds with an ADC of 2.6 patients. In 2003 it had 18,414 unique patients and 88,935 patient encounters. The out year CARES figures for veterans’ needs for acute beds is 11 in FY 2010 and 10 in FY 2022. The 55-year old facility, constructed as a hospital, has been modified to meet current needs but there is no room for expansion or further internal modification. It is suggested that the VAMC increase primary care space but there is no room for expansion. Two CBOCs, South Bend and Muncie have exceeded their contracted capacities. The CARES Commission report for NIHCS recommends that the Ft. Wayne campus close it’s acute care beds, transferring patients either locally or to the Indianapolis VAMC. There is a tertiary care hospital immediately adjacent to the Ft. Wayne campus and a total of nine Joint Commission on Accreditation of Healthcare Organizations approved community hospitals within 60 miles of Ft. Wayne. The Commission recommends that the acute care beds at the Marion campus also be closed and that patients be transferred locally or to
Indianapolis. A concern is that the Indianapolis VAMC may not be able to take all of the NIHCS acute bed patients due to its own capacity and lack of any plans for expansion. The Marion VAMC campus was established originally as a Civil War Old Soldiers Home in 1888. The facility converted to VA use in 1930. It contains the largest percentage of VISN 11 underutilized or wasted space due to the condition of many of the buildings, many of which cannot be used.

**2003 CARES Draft Plan Assessment:** The VISN 11 Northern Indiana Health Care System executive summary calls for an increase in specialty outpatient care services to include selected CBOCs. Three innovative telemedicine networking systems located at the tertiary level facilities are also proposed. There are significant enhanced use projects planned at NIHCS-Ft. Wayne Division to relocate their outpatient services and dispose of their inpatient building to a community provider.

**Funding:** VAMCs Ft. Wayne and Marion’s 2002 budget was $108 million and for FY 2003 was $124 million. MCCR collections do not present a problem with $11.7 million collected against a FY 2003 goal of $12.5 million. The FY 2004 goal of $12.8 million is expected to be exceeded. No capital assets have been used for operating costs during the past 2 years. The Director stated that the HCS estimates it spends approximately $1600 per day per patient on acute care.

**Enrollment and Access:** Ft Wayne reports a wait time exceeding 30 days at the VAMC primarily due to lack of personnel, as well as limited room to expand. The CBOCs are currently accommodating new patients. The increased patient load is attributed to more veterans seeking reduced pharmacy costs and needing a VA evaluation before a prescription can be written. Sample new appointment wait times as of November 2003 are: primary care, 46 days; cardiology, 44.4 days; eye care, 40 days; podiatry, 100.1 days; and Urology, 41.4 days. The Marion campus has 16 acute medicine beds with an ADC of 5.6 patients. There are 50 operating beds in chronic psychiatry with an ADC of 47 patients. There 25 operating beds in acute psychiatry with an ADC of 17.4 patients. In FY 2003 the Marion campus saw 13,769 uniques and had 84,046 patient encounters. It offers long term nursing care and has a palliative unit. The newest building, and the one housing the majority of the services offered on campus was constructed in 1989.

**Community Based Outpatient Clinics:** There are six CBOCs in the NIHCS: Bloomington, Ind.; West Lafayette, Ind.; Muncie, Ind.; Hagerstown, Ind.; Terre Haute, Ind.; and South Bend, Ind. South Bend and Muncie have exceeded their contracted capacities. Commission report recommends two new CBOCs be developed.

**Affiliations and Staffing:** Ft. Wayne and Marion VAMCs both share affiliations with Ball State University; Butler University; Ferris State University; Indiana University; Indiana University/Fort Wayne Medical Education Program; Indiana Wesleyan University and Purdue University. Neither Ft. Wayne nor Marion employ any J-1 Visa Physicians. Generally, physician recruitment is challenged due to practice limitations and uncertainty with regard to the future scope of care, salary disparities between VA vs. private sector also present staffing challenges. At Fort Wayne there is a 5 percent
turnover rate for RNs, a 7 percent turnover rate for LPNs, and a 22 percent turnover rate for nursing assistants. VA helps to pay for training costs leading up to the LPN for selected applicants. At issue is a VA standard of RNs doing some work the state of Indiana says can be done only by LPNs. This presents a morale problem for the LPNs who feel they are being restricted from doing tasks they are professionally qualified to do. At Fort Wayne, Union concerns include: a lack of available community beds when acute beds are closed since the local hospitals are relocating (the union president commented that the hospital immediately adjacent to the VA campus, and one heavily relied on for contract services, is relocating some of it’s beds to a new facility further away); the CARES Commission vet population figures did not adequately reflect the actual vet community served by Ft Wayne; and there is no contingency plan within the facility to react to short notice or emergency staff absences (their single anesthesiologist broke his shoulder and surgeries had to be cancelled). The director noted that elective surgeries were postponed with patient approval while needed ones were contracted out. At Marion, the union president was very negative about the NIHCS administration and the director. The union president has been with the medical center since before the integration of Marion and Ft. Wayne and says issues with the administration started after the arrival of Dr. Murphy. He claims that funds are returned to the VISN annually, yet there is always a need for money (he did not specify in what areas). He said the administration claims that specialists are hard to find due to salaries and location, yet some people who do seek employment are told there are no vacancies. Again, no specifics were given. Dr. Murphy’s response to these questions particularly the last was oddly detached and unresponsive. The perception is that Dr. Murphy was sent to the HCS to close the medical service acute beds at the Marion campus. There was also an issue of the nursing staff trying to cover for two physicians who called in sick the same day and not getting relief from other resources when trying to keep up with patient appointments rather than just canceling and rescheduling. The loss of acute beds within the NIHCS is not being well-received by providers who do not see the benefits of closing when adequate space may not be available in the local communities nor at the Indianapolis VAMC. A general comment from Dr. Kling, when asked his opinion on the study being initiated within VA on mental health and long term care, was that he did not know when it would start. The problem is that there is no model to use for such a study since one has never been conducted and VA must design one before a study can take place.

Physical Plant: Primary care clinics are available at both campuses and at community based outpatient clinics located in South Bend and Muncie. Although the Marion Campus is well over 110 years old and the Fort Wayne Campus was constructed in 1950, recently completed renovations and construction, and continuous maintenance, ensure an attractive, state-of-the-art healthcare environment

Long Term Care, Mental Health and Homeless Services: Marion has a unique program to help psychiatry patients called Role Recovery. It is geared to helping patients return to the community rather than remaining in long-term care. The program is meeting with success. During the first quarter FY 2004, 58 patients attended treatment groups for five days and the program was conducted for 45 days. During this time 78 of 86 patients had been discharged without a readmission.
Patient, Family and Employee Surveys: None available.

Edward Hines Veterans Affairs Hospital
Hines, Illinois
Feb. 4, 2004

Edward Hines, Jr. VA Hospital, located 12 miles west of downtown Chicago on a large 147 acre campus, offers primary, extended and specialty care and serves as a tertiary care referral center (level 7) for Network 12. While Hines currently operates 489 beds, primary care is the focus of Hines’ community based outpatient clinics in Oak Park, Manteno, Elgin, Oak Lawn, Aurora, LaSalle and Joliet.

2003 CARES Draft Plan Assessment: The CARES Plan calls for the construction of a 102-bed Comprehensive Rehabilitation Center with 68 Spinal cord Injury beds and 34 Blind Rehabilitation beds.

Funding: The budget for FY 2002 was $245,477,906 and for FY 2003 was $265,099,204 an increase of just over 8.3 percent. FY 2003 budget was sufficient to maintain FY 2002 levels of services, open enrollment and staffing levels. MCCF goals for FY 2003 were $21.2 million and MCCF collections for FY 20003 were $20.8 million. MCCF collections goal for FY 2004 is $22.9 million and it is believed that the goal will be obtained. Additionally, Hines has reduced the backlog of unbilled visits by 50 percent over the past year. The VISN installed the use of a claims scrubber to ensure a clean bill the first time. Hines has not had to use Capital Investment dollars to supplement the medical care budget. Rising pharmaceutical costs and costs associated with the correction of problem areas in building infrastructure are areas of major budgetary challenge.

Enrollment and Access: Hines reports no waiting list for primary care appointments. Recent staff additions have helped to decrease the waiting list at the CBOCs, however five of seven CBOCs are full. Since the January 17, 2003 cutoff, 1,192 Priority Group 8 veterans have applied for services. There is no doubt that the suspension of Priority Group 8 veterans has had a big impact on the decrease in the waiting times for primary Care. Sixty-five percent of enrollees are enrolled under primary care. Thirty-five percent of the hospital admissions at Hines are admitted through the emergency room. Veterans can enter primary care by calling, and the patient can schedule a consultation from any other clinic at Hines. Recent staff additions have helped decrease the waiting list at the CBOCs. Priority Group 8 veterans’ data is maintained within the VA’s computer database and can be recalled if necessary. Lost income from Priority Group 8 veterans is apparently not tracked and therefore cannot be provided. However at least 50 percent of the Priority Group 8 veterans have insurance because they are still employed and only obtain medication from the VA. There has been no real increase in the number of former POWs using Hines. Services to POWs have remained pretty much consistent increasing only slightly over the last several years from 225 to 250.
Community Based Outpatient Clinics: Hines operates seven CBOCs. The CBOCs are located in Oak Park, Manteno, Elgin, Oak Lawn, Aurora, LaSalle, and Joliet. Recent staff additions and the development of critical access teams have helped decrease the waiting list at the CBOCs. LaSalle, Oak Lawn, Elgin, Joliet, and Oak Park are currently at or near capacity.

Affiliations and Staffing: Hines is affiliated with approximately 70 colleges and universities for the education of undergraduate and graduate students in the associated health professions and occupations and professional students in medicine, nursing and dentistry. Hines is institutionally affiliated with Loyola University of Chicago and Stritch School of Medicine. Hines is programmatically affiliated with the University of Illinois College of Medicine, Chicago, and the Chicago Medical School. Hines has no J-1 Visa Physicians. Hines is experiencing physician recruitment troubles in the following areas: anesthesiologist, radiologists, GI, physician service chief positions (medicine, surgery, mental health) neurosurgeon, orthopedic surgeon, general surgeon. Hines is using fee/contract physicians in the following areas: anesthesiology, radiotherapy, cardiothoracic surgery, and at Oak Lawn CBOC (primary care). Hines has trouble recruiting/retaining the following FTEE: pharmacists, pharmacy techs, radiology techs, and nursing (SCI). As hiring incentives, Hines is offering 10 percent salary increase for police officers, retention, recruitment, and referral bonuses for SCI nursing. There have been three employees activated and one deployed, but they have not affected the overall ability to provide timely care. Hines has provided six additional police officers to Bldg. 37 and is actively pursuing additional officer positions for the hospital. This has been a difficult task.

Physical Plant: Hines physical plant issues are summed up in saying that they are constantly trying to renovate old building infrastructure.

Long Term Care, Mental Health and Homeless Services: Prior to the enactment of The Veterans Millennium Health Care and Benefits Act of 1999, Hines had 240 long-term/extended care beds (nursing home care unit beds). Today Hines has 199 long-term/extended care beds. Hines has approximately 58 veterans in contract nursing home beds. Hines does not have an Alzheimer’s unit. There are no official hospice beds; however on an as needed basis, hospice beds are made available to veterans in need of hospice care. With regard to mental health, in concert with the private sector, Hines has reduced beds and reassigned patients to outpatient services, established mental health services in CBOCs, and established enhanced use lease with Catholic Charities (Bldg. 14) for transitional living. Regarding Homeless Services, Hines offers a wide array of programs specifically designed to help homeless veterans live self-sufficiently and independently in the least restrictive environment. These programs include: health care for homeless veterans which conducts outreach to identify veterans among homeless persons in community locations; clinical assessment to determine the needs of each veteran and eligibility for services; referral to medical, mental health, and dental treatment as well as to social and vocational/educational services and entitlement programs (VA and community); residential rehabilitation in community settings contracted by VA, community settings under partnership or collaborative agreements
with VA; supportive housing arrangements through HUD/VA initiative; and ongoing case management and assistance with or follow-up to support employment, clinical stability, community linkage, and ultimately permanent housing. In addition: the Department of Housing and Urban Development-Veterans Affairs Supported Housing Program pairs VA intensive case management services with specially designated HUD Section 8 rental vouchers; the Supportive Housing Program pairs VA clinical case management resources with local collaborations and community agencies, organizations and landlords to secure affordable housing; and VA Homeless Providers Grant and Per Diem Program awards VA grants and per diem payments to grass-roots nonprofit organizations or state and local government agencies to establish and operate new supportive housing and supportive service centers as well as transportation for homeless veterans. Through locally developed coalitions, Hines plays a leadership role in annual stand downs for homeless veterans, affording one to two 2 days of “one stop shopping” offering safety and security where veterans can obtain food, shelter, clothing, and a wide range of other types of assistance, including VA healthcare, benefits counseling, and linkages with other programs. Enhanced use leasing authority is also being utilized by Hines to afford veterans a 40-bed recovery house on grounds operated by Catholic Charities.

Patient, Family, and Employee Surveys: None available.

Veterans Affairs Chicago Health Care System West Side Division/Lake Side Division Chicago, Ill. Feb. 2 and 3, 2004

The VA Chicago Health Care System consists of a 209-bed acute care facility and four community based outpatient clinics: Adam Benjamin Jr. (Crown Point, Ind.); Beverly (southwest City of Chicago); Chicago Heights, Ill., (southern Cook County, Ill.) and Lakeside (downtown Chicago). Inpatient Services at The Lakeside Division were integrated into The Westside Division in August 2003, leaving Lakeside as a multi-specialty clinic. VA Chicago Health Care System provides care to approximately 62,000 veterans who reside in the City of Chicago and Cook County, Illinois and in six counties in northwestern Indiana.

2003 CARES Draft Plan Assessment: The VISN 12 CARES Plan calls for construction of a new bed tower to house all inpatient beds and operating rooms (from Lakeside Division), at the West Side Division ($99 million with a completion date of FY 2006. Consolidation of inpatient services from Lake Side to West Side and lease Lake Side properties through the enhanced use program and maintaining a clinic with capability to provide primary and specialty services in the downtown area.