2011 TASK FORCE REPORT

Jimmie L. Foster, National Commander
Dear Fellow Legionnaires:

In 2003, one of my predecessors as National Commander, and friend, Ron Conley, made it his priority to ensure that veterans received the quality healthcare care they earned through service to our country, and found that the Department of Veterans Affairs (VA) was indeed a “System Worth Saving.” Since 2003, The American Legion’s System Worth Saving Task Force has conducted site visits to VA Medical Centers to assess the quality and timeliness of VA healthcare, after which they reported to the President, Congress, Senior VA Officials and American Legion members on the status of veterans’ healthcare.

This year, the task force visited 46 VA Medical Centers, focusing on three critical areas affecting veterans’ health care; the transition from Department of Defense (DoD) into VA Polytrauma System of Care, Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD).

In our findings, we discovered that service members still continue to navigate through a maze of different DoD and VA benefit programs when they are transitioning out of service; they are not given a transition checklist or map to help guide them. The System Worth Saving Task Force and VA officials worked together on a transition flowchart, provided in this guide, to help explain the process to service members and inform them of the benefits to which they are entitled. In addition, the System Worth Saving Task Force discussed with VA facilities about their TBI and PTSD programs, as well as research, screening, diagnosis, and current challenges and improvements needed in these areas.

Many of the facilities visited this year were grateful to The American Legion for our lobbying efforts with Congress on passing Advance Appropriations, which provides VA with sufficient, timely and predictable funding, a full fiscal year in advance. During the proposed government shutdown, facilities were confident that their budgets and staff would not be affected, and that The American Legion will continue to advocate for improvements within the VA Healthcare System.

I encourage you to review our findings and recommendations of the 46 VA Medical Centers visited this year. We hope that the information and data provided in the following reports will help Congress and VA understand what challenges our nation’s returning service members face with present transition, TBI and PTSD programs.

The System Worth Saving Task Force’s goal has been to assist the VA in helping veterans and be an advocate for improvement, while collaborating with senior VA officials or Congress whether it be a problem with funding, staffing or program support. Our nation has an obligation to provide the best possible health care and treatment to the men and women upon their return home, after having gallantly served our country.

Respectfully,

Jimmie L. Foster
National Commander
The American Legion
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**Introduction and Background**

Over the past several years, the Department of Veterans Affairs’ Veterans Health Administration (VHA) has evolved in terms of their delivery of resources to maximize the quality of care that is afforded to our nation’s veterans. Despite these advancements, the current conflicts in Iraq and Afghanistan continue to create overwhelming challenges for the Department of Defense (DoD) and Department of Veterans Affairs (VA). Service Members are returning in unprecedented numbers with Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD) among other injuries such as burns, visual impairments, spinal cord injury and amputation. In addition to the numerous injuries and illnesses that are plaguing our returning service members, they are faced with the challenge of navigating their way through a transition process that is oftentimes fragmented and confusing.

The American Legion has been instrumental in the establishment of the Department of Veterans Affairs, and an unrelenting supporter of veterans having access to the healthcare that they have earned and rightfully deserve. VA is the largest integrated health care system in the country and has been lauded as the organization that provides the best health care. In an effort to ensure that this is maintained, The American Legion’s System Worth Saving program continues its mission of evaluating the VA healthcare facilities that are expected to provide veterans with timely, quality and accessible care.

The prevalence of the stated injuries and illnesses that our service members are sustaining has led the VA to establish the Polytrauma System of Care. This system is specially equipped to provide veterans with comprehensive specialized rehabilitation and care led by a team of professionals and consultants from all specialties related to their injuries. In addition, several programs and other systems were initiated or enhanced to assist service members and veterans as they transition through the DoD and VA from recovery through rehabilitation to community reintegration. Some of the programs and systems that were initiated include the Federal Recovery Care Coordination Program, Integrated Disability Evaluation System, the VA Liaison Program, the Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), Operation New Dawn (OND) Care Management Program and VA’s Seven Touches of Outreach program. Despite the creation of these services, there is a significant need for policies and practices to limit confusion and provide clarity on how to fully utilize these resources in a seamless manner.

Other challenges noted during the System Worth Saving site visits in 2010 included: the limited budget for 2012, beneficiary travel program, decline in the numbers of Department of Veterans Affairs Voluntary Service (VAVS) volunteers and hours, hiring of specialty providers and the increase of compensation and pension (C&P) claims for Agent Orange. A considerable number of VA Medical Center Directors have voiced their concerns about their facilities ability to adequately fund certain programs. Several VA Medical Centers expressed that they are having serious issues with the Beneficiary Travel Program as some veterans have resorted to frivolous actions such as providing incorrect addresses which results in increased mileage, driving/riding together and making separate claims, taking no cost transportation, and making claims. This has resulted in a significant strain on the facilities budget. The Department of Veterans Affairs Voluntary Services (VAVS) Program reported that there has been a decrease in the number of volunteers. This is due to the rising gas prices and the current economic state of the country. The VAVS program also expressed that there needs to be a renewed initiative and effort to recruit younger volunteers in the program. With the growing number of veterans using VA as their primary medical provider, the facilities continue to struggle with providing adequate parking spaces for their patients. In addition, the Medical Center Directors are faced with difficulties in filling certain positions due to the competitive salaries being offered in the private sector and a high turnover rate in certain specialty areas.

In conclusion, as The American Legion embarks on its ninth publication of the System Worth Saving report, we hope to convey the message that the Department of Veterans Affairs is indeed a system worth saving. Included in this report are sections on Transition of Care, TBI, PTSD and Overlap of TBI/PTSD as well as our site visit reports from 46 VA Medical Centers. The information gathered through these site visits can be utilized as a guide and a resource for those who serve our veterans.
TRANSITION OF CARE | COMBAT INJURED VETERAN, COMBAT VETERAN AND VETERANS

One of the focuses of The American Legion’s System Worth Saving Program for 2010-2011 was Service Member’s Transition of Care from the Department of Defense (DoD) into the Department of Veterans Affairs (VA). The American Legion defined three types of transitioning service members in this report: Combat Injured Veteran, Combat Veteran and Veteran.

Once a service member sustains an injury in theater, their treatment process is initiated there. This is where combat lifesaver care is performed by a combat medic or corpsman. The combat medic or corpsman gives the injured soldier a Military Acute Concussion Evaluation (MACE). According to the Defense and Veterans Brain Injury Center (DVBIC), the MACE screening test was designed for the acute evaluation of concussion. This method is currently the only standardized and most widely used process for evaluation of acute mild TBI (otherwise known as concussion) in military operational settings. The MACE can be administered by any level of medical provider (medic/corpsman to physician) when there is suspicion of concussion. This test is administered within the first 48 to 72 hours following injury.

The service member is then transported by ground ambulance or helicopter to the next level of care, such as 332d Air Force Theater Hospital at Balad Air Base Iraq where life-saving treatment is provided. The service member is then transported by aeromedical evacuation flight to Ramstein, Germany, where care will continue at Landstuhl Regional Medical Center. Following their treatment at Landstuhl Regional Medical Center, the service member is transported to the states where they are admitted to a Military Treatment Facility.

Combat injured veterans are those wounded, ill and injured service members that were injured in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) or Operation New Dawn (OND) on the battlefield and were treated at a Military Treatment Facility. Combat veterans are service members who served in theater during Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) or Operation New Dawn (OND) who can receive cost-free medical care for any condition related to their service in theater for five years after the date of their discharge or release. In order to take advantage of these benefits, OEF/OIF/OND veterans need to enroll in VA’s health care system. Veterans are those service members who did not deploy to a combat theater and go through the regular transition process from DoD to VA.

COMBAT INJURED VETERAN (See Chart A) Medical Evaluation Board (MEB)

The MEB is the initial phase of the IDES that is convened to determine a service member’s medical and duty status. A service member is referred to a MEB by a unit commander or a physician when it is believed that he or she may possess one or more medical conditions that cause him or her to fail to meet retention standards. A service member does not “apply” or self-refer himself or herself for evaluation by a MEB.

MEBs are generally located at a service member’s treating military treatment facility (MTF). An exception to this might be if a service member is at another military installation for medical treatment. In that instance, the installation providing medical treatment might conduct the service member’s IDES processing, rather than at his or her home station. Currently, DoD does not have a central website to provide additional information about the MEB program.

Physical Evaluation Board (PEB)

The PEB, which is an administrative board, determines if the proposed unfitting medical condition(s) renders the service member inability to continue further service based on his or her military grade, rank, or rating. A PEB will determine whether a service member will be retained in the armed forces. Each branch of service has its own criteria governing fitness for duty. For example, the Navy might require deployability, whereas the Army does not require deployability as factor for retention. If the PEB determines unfitness for duty, it will assign a disability rating based on the severity of the injury.

The PEB, with a number of exceptions, uses the Department of Veterans Affairs Schedule for Ratings of Disabilities (VASRD) as a guideline to determine disability ratings for unfitting medical conditions. There are two types of PEBs—the informal and the formal PEB. The PEB, whether formal or informal, is composed of three people—a Board president, a personnel management officer, and a physician. When a reservist is being evaluated, a board member must be a member of the Reserve Component. Currently, DoD does not have a central website to provide additional information about the PEB program. The American Legion has three MEB/PEB representatives at Walter Reed Army Medical Center (Washington, DC), Brooke Army Medical Center (San Antonio, TX) and Fort Lewis (Tacoma, WA).
Integrated Disability Evaluation System (IDES)

In November 2007, DOD and VA began piloting the IDES, a joint disability evaluation system, to eliminate duplication in their separate systems and expedite receipt of VA benefits for wounded, ill, and injured service members. The pilot program for disability cases originated at the three major military treatment facilities in the National Capital Region, (Walter Reed Army Medical Center, National Naval Medical Center Bethesda, and Malcolm Grow (Andrews) Air Force Medical Center). The IDES merges DOD and VA evaluation processes, so that service members begin their VA disability claim while they undergo their DOD disability evaluation, rather than sequentially, making it possible for them to receive VA disability benefits shortly after leaving military service. The IDES merges DOD and VA’s separate exam processes into a single exam process that is conducted to VA standards. It also consolidates DOD and VA’s separate rating phases into one VA rating phase. In addition, the IDES provides VA case managers to perform outreach and nonclinical case management and explain VA results and processes to service members.

VA and DoD worked together to increase the number of sites for the IDES program from 21 to 27 in 2010. The six new sites are Fort Riley, Fort Benning, Fort Lewis, Fort Hood, Fort Bragg, and Portsmouth Naval Hospital. The IDES simplifies the process for disabled Service members transitioning to veteran status, improves the consistency of disability ratings, and improves customer satisfaction. Currently, both DoD and VA do not have a central website to provide additional information about the IDES program.

The American Legion has MEB/PEB Representatives at Walter Reed Army Medical Center, Brooke Army Medical Center and Fort Lewis to assist transitioning service members with the MEB/PEB process. For more information, contact The American Legion National Security Foreign Relations Commission at nsfr@legion.org.

Benefits Delivery at Discharge (BDD)

The Benefits Delivery at Discharge (BDD) Program allows a service member to apply for disability compensation benefits from the Department of Veterans Affairs (VA) prior to retirement or separation from military service. BDD is offered to accelerate receipt of VA disability benefits, with a goal of providing benefits within 55 days after release or discharge from active duty. BDD allows a service member with at least 60 days, but not more than 180 days, remaining on active duty to file a VA disability claim prior to separation. BDD requires a minimum of 60 days to allow sufficient time to complete the medical examination process (which may involve multiple specialty clinics) prior to separation from service. To fully participate in the BDD Program, you must submit VA Form 21-526, along with a copy of your service treatment records (or original), and be available to attend and complete all phases of the VA/DoD medical separation examination prior to leaving the area.

According to the American Legion’s national BDD staff, there are several challenges that they encounter with this program. There is a significant need for additional resources, funding and staff to meet the 55-day standard and maintain the timeliness of processing claims. The rating Regional Office (RO) has to rely on the proper development of the BDD claim at the various intake sites. If the intake site fails to properly develop the claim, the BDD rating RO has to complete the development, which could delay the rating. Another challenge is service members leaving the area prior to all examinations being completed. If they do, it requires the rating RO to reschedule the exams, delaying the final rating. The staff further noted that a better effort needs to be made to let the Reserve service members aware of the BDD program. Oftentimes the active duty members are able to utilize the services right away and the Reserve service members have to wait and go through the long process.

In terms of case completion, the BDD national staff reports that between October 2009 and September 2010, the Salt Lake City, UT office completed 10,511 BDD claims and Winston/Salem, NC office completed 12,072 claims. Between October 2010 and May 2011, the Salt Lake City, UT office has completed 6,671 BDD claims and Winston/Salem has completed 6,919 claims. Salt Lake City has a current inventory of 4,056 BDD claims and Winston/Salem has 5,869. In addition, the national staff expressed the concern that the lack of an integrated medical record between DoD and VA have resulted in serious setbacks in the claims process.

For more information about the BDD program, please visit VA’s website at: http://www.vba.va.gov/VBA/benefits/factsheets/general/bdd_brochure.pdf. To reach The American Legion BDD Representatives in the Winston Salem, NC and Salt Lake City, UT office for assistance, please contact the VA&R division at var@legion.org.

VA Liaison Program

The VA Liaison Program now has 33 liaisons serving at 18 military treatment facilities. The VA Liaisons are integrated with staff at the Military Treatment Facility (MTF) sites to coordinate care and provide onsite consultation about VA resources and treatment options, and a majority of them are co-located with the military’s own case managers. A standardized referral form that outlines the patient’s medical needs is provided by the MTF.
case manager to the VA Liaison with attached medical records, so the service member can be registered into VA’s Computerized Patient Record System.

The program helps injured Active Duty, National Guard or Reserve Service members receive care that VA uniquely specializes in, and also aids service members who are separating from the military in the transition process to VA. For less severely injured service members, VA also has Liaisons co-located with Army Warrior Transition Units (WTUs), which support wounded Soldiers requiring rehabilitative care at some MTF sites. The VA Liaison offers care where appropriate, or if service members are transitioning out of the military, the Liaison will make contact with their local hometown VA, enroll them, help schedule appointments or inpatient beds, and have a contact number ready for when they leave the MTF. Each VA Liaison is based out of the Veterans Affairs Medical Center (VAMC) that is located nearest to each participating MTF, and the partnership is outlined in a local Memorandum of Agreement.

VA Liaisons participate in video teleconferencing between MTF and VA staff, and coordinate referrals with the OEF/OIF/OND Program Manager at the receiving VAMC. Each VA Medical Center has an OEF/OIF/OND Care Management Team, in which a program manager serves as the contact point for referrals from the MTF and coordinates the transition of care, and a case manager provides further services to help manage the care of severely ill or injured patients.

For more information on the VA Liaison program, please visit VA’s website at: http://www.oefoif.va.gov/valiaisons.asp.

### Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Care Management Program

In October 2007, the Department of Veterans Affairs (VA) established the OEF/OIF (Operation Enduring Freedom/Operation Iraqi Freedom) Care Management Program in the Office of Patient Care Services located in VA Central Office. The program addresses the needs of wounded and ill service members and veterans as they return from deployment and transition from the DoD health care system to the VA system of care. In 2010, VHA expanded the OEF/OIF program to include Operation New Dawn (OND) veterans. Under VHA’s OEF/OIF/OND Care Management Program, each VA Medical Center has an OEF/OIF/OND Care Management team in place to coordinate patient care activities and ensure that service members and veterans are receiving patient-centered, integrated care and benefits. Severely injured OEF/OIF/OND veterans are provided with a case manager and any other OEF/OIF/OND veteran may be assigned a case manager upon request or as indicated by a positive screening assessment. For more information, please visit VA’s website: http://www.oefoif.va.gov/.

### Federal Recovery Care Coordination Program

The Federal Recovery Care Coordination is a process that assesses, plans, implements, coordinates, monitors, and evaluates the benefits and services required to meet the client’s goals regardless of client location, health status and types of injuries or illness. The FRC program includes advocacy, communication, assets and information management. The program also promotes an integrated approach to effectively manage medical and social conditions for wounded, ill or injured service members, veterans, and their families across transitions.

In order to be eligible for this program, the service member has to be in an acute care setting within a military treatment facility; considered at risk for psychosocial complication or self or command referred based on perceived ability to benefit from a recovery plan. The service member may also if eligible if they have been diagnosed or referred with Spinal Cord Injury, Burns, Amputation, Visual Impairment, Traumatic Brain Injury (TBI) or Post Traumatic Stress Disorder (PTSD).

An assigned Federal Recovery Coordinator will develop a Federal Individualized Recovery Plan with input from the multidisciplinary health care team, the service member or veteran, and their family or caregiver. They track the care, management and transition of a recovering service member or veteran through recovery, rehabilitation and reintegration.

For more information about the Federal Recovery Care Coordinator Program, please go to: http://www.oefoif.va.gov/fedrecovery.asp.

### Polytrauma System of Care

The Polytrauma System of Care (PSC) is an extensive medical system that provides medical rehabilitation, coordination of support, and also information tool for active duty, veterans and their family members. This specialized treatment of rehabilitation consists of Traumatic Brain Injury (TBI) and Polytrauma case management. There are currently four lead Polytrauma Rehabilitation Centers (PRC) located in Richmond, Virginia; Tampa, Florida; Minneapolis, Minneapolis and Palo Alto, California and a fifth being established in San Antonio, Texas. There are also twenty-two (22) Polytrauma Network Sites (PNS), eighty (80) Polytrauma Support Clinic Teams (PSCT) and fifty (50) Polytrauma Points of Contact (POPC) located at VA Medical Centers across the U.S. providing a continuum of integrated care for soldiers and veterans. The PRC’s receives referrals from the Medical Treatment facilities (MTF) Walter Reed, Bethesda Naval, Brooke Army Medical Center.
Referrals from Military Treatment Facility Provided by:
- Senior Social Workers
- Nurse Case Manager
- Physician

Outreach to the Veterans Affairs (VA) Facilities Provided by:
- Social Work Services (SWS) Nationwide sharing
- National teleconferences (education, dissemination, polices and new initiatives)
- Community Colleges, local Army Reserve, National Guard Units
- Community Organizations
- Post Deployment Health Reassessment (PDHR’s) Inactive Ready Reserve (IRR)
- Must, Yellow Ribbon

Medical Records Shared through:
- DOD sends electronic files
- Video-teleconferencing
- Direct access from the SWS
- Electronic Bi-directional Health Information Exchange

Outreach to the Veterans/Families Provided by:
- Transition Patient Advocate (Liaison between veterans, their families and staff)
- OEF/OIF/OND Manager

Case Management/Seamless Transition to Veterans Affairs Medical Center (VAMC)
- Tracking of non-severely injured, severely injured through the Case Management Referral and Tracking Application (CMTRA) database
- Military liaison embedded to support active duty patients
- One case manager for individual veteran
- Phone conferences, video teleconferencing, direct telephone, scheduling appointments, assignment of case-manger
- Life Long case management as long as PMR needs continue (monthly, quarterly, semi-annually or annual basis)
- Individualized follow-up plan for all veterans

COMBAT VETERAN (See Chart B)
Military veterans, including Reservists and National Guard members, who served in combat theater after November 11, 1998, including veterans of Iraq and Afghanistan, are eligible to receive five years of enhanced enrollment eligibility for VA health care services, which provides cost-free health care from VA for conditions that are potentially related to their service in the theater of operations. VA has a number of programs, services and outreach for combat veterans including: Health Resource Center, Health Eligibility Center and the Seven Touches of VA Outreach program.

The Health Resource Center
In 2002, VA established the Health Resource Center (HRC) as a national contact center to respond to health benefits eligibility and billing inquiries from veterans. There are two HRC offices in Topeka, Kansas and Waco, Texas and both offices are organizationally aligned under VA’s Chief Business Office (CBO) in Department of Veterans Affairs, Washington, D.C. The Health Resource Centers has two primary lines of business: contact center support for veterans, family members and members of the general public and payroll services for selected organizations within the VA. The HRC has a current operating budget of approximately $32 million and has a staff of 615 full time employee equivalents (FTEE). In FY 2009, HRC answered the following calls: 1,601,612 First Party, 924,543 Health Benefits, 58,988 Pharmacy Customer Care, 21,252 OEF/OIF and 2,258 Disaster calls for a total of 2,608,653 calls.

On July 1, 2009, the HRC initiated the Combat Veteran Contact Center (CVCC), an outreach campaign that contacts OEF/OIF Veterans who have not enrolled in Department of Veterans Affairs healthcare services and informs them of the available benefits and explains how to enroll for VA healthcare. To date, the CVCC has identified 148,322 veterans, 47,467 were called with the following responses: 6,904 were the wrong number, 5,247 did not answer, 18,617 were spoken with, 3,942 VA benefits information packages were sent and 1,626 calls were monitored. In 2011, the HRC’s CVCC launched an outreach initiative to contact Women Veterans to provide them with information about VA’s benefits and services. HRC said the current challenge and area that could be improved is accuracy of veterans’ contact information to ensure they are able to contact all transitioning veterans with correct phone numbers and email addresses.

For questions or to receive additional information from the Health Resource Center, please visit their website at http://www.va.gov/healthresourcecenter/ or contact them by phone at (877) 222-VETS (8387).

The Health Eligibility Center
The Health Eligibility Center (HEC) supports VA’s health care delivery system by providing centralized eligibility verification and enrollment processing services. HEC determines veteran’s health eligibility and facilitates the process by providing guidance to the field through training, and collaborates with Chief Business Office (CBO) Policy and other administrative offices on the implementation of policy. Specific services and programs under the HEC include: Enrollment Eligibility Division (EED), Income Verification Division (IVD), Project Management Division (PMD) and Informatics Division (ID).
According to the HEC, enrollment letters are automatically sent from their enrollment system to Austin Automation Center who prints and mails the letters. Over 2.7 million letters have been mailed in the past 12 months. In 2008, the HEC began conducting outreach via direct mail efforts to over 200,000 combat veterans with expiring eligibility encouraging them to enroll and take advantage of their enhanced eligibility. Currently, over 28,000 are now enrolled. Within the past 12 months, over 2.7 million letters have been mailed. The HEC receives the Secretary’s OEF/OIF roster from DoD on a quarterly basis and utilizes this listing to initiate letters encouraging these service members to take advantage of their VA benefits. In order to receive contact information for transitioning veterans, the HEC initiated the assistance of a contractor to acquire a listing of ‘potential’ veterans. The contractor’s list is verified against VAs enrollment database to determine if these veterans were in their system and if they were not, a letter was sent encouraging them to enroll. According to the HEC’s management, they processed:

- 474,595 online enrollments November 2000 through June 2011
- 4,733 telephone enrollments July 2009 to present
- 103,404 enrollments at demobilization sites May 2008 to present
- 1,750 enrollments at the Individual Ready Reserve Muster July 2009 to present
- 3,802 enrollments through direct mail

For more information about the Health Eligibility Center, please go to: http://www.va.gov/CBO/cbo/hec.asp.

**Seven Touches of Outreach**

VA developed the Seven Touches of Outreach program. The program’s goal is to engage Guard and Reserve Veterans at least seven times during the deployment cycle.

Point one (1) is VAs Reserve component demobilization initiative where OEF/OIF/OND veterans returning from the combat zone are introduced to VA services during out-processing at the 61 demobilization sites.

Point two (2) is VAs individual Ready Reserve Muster (IRR), where IRR reservists are informed of their enhanced VA health and dental benefits.

Point Three (3) is VAs combat Veteran Call Center Initiative, which contacts OEF/OIF/OND veterans to ensure they are aware of VA.

Point Four (4) is DoD’s Yellow Ribbon program (YRP), where VA staff provides “boots on the ground” for Yellow Ribbon events hosted by each of the services during the 30-60-90 days post-deployment cycle.

Point Five (5) is DoD’s Post-Deployment Health Reassessment (PDHRA), where VA supports the DoD health assessment and is able to link veterans with appointments for mental health or other follow-up needs.

Point Six (6) is VA’s partnership with the National Guard and the training of Transition Assistance Advisors (TAA), who work for the adjutant general in each state. The TAA’s work to reach out to Veterans and refer them to VA services or benefits.

Point Seven (7) is VA’s Website for Seven Touches of Outreach which can be found at http://www.oefoif.va.gov/Seven-TouchesOutreach.asp. The website offers information on benefits, answers to questions, a blog community, twitter feeds, and links to hot topics. There is also a section on the website for women veterans and family members.

**VETERAN (See Chart C)**

Veterans are classified as those service members that did not serve in a combat theater of operations and go through the regular transition process from DoD to VA. Veterans that did not deploy to a Combat Theater of Operations may be eligible to enroll in VA health care if they meet the following criteria: the veteran is single with prior year annual income below $29,402, veterans with income below $35,284 for a veteran with one dependent and $2,020 for each additional dependent and/or a service-connected disabled veteran that is assigned a rating percentage by VAs Veterans Benefit Administration (VBA).

There are three primary veteran transition programs from DoD into VA which include: the Transition Assistance Program (TAP), Disabled Transition Assistance Program (DTAP) and E-Benefits Program.

**The Transition Assistance Program**

The Transition Assistance Program (TAP) was established to offer job search assistance and related services to separating service members during their period of transition into civilian life. TAP is a partnership among the Departments of Labor, Defense, Homeland Security, and Veterans Affairs to provide employment and training information to armed forces members and their eligible spouses within one year of their separation or two years of their retirement from the military. The Transition Assistance Program consists of comprehensive three-day workshops at selected military installations worldwide. Professionally-trained facilitators from the State Employment Services, military family support services, Department of Labor contractors, or Veterans’ Employment and Training Services (VETS) staff presents at the workshops. In 2010, VA began adding information on receiving VA health care benefits in the TAP workshops to encourage combat veterans to apply for their five-year eligibility for VA health care.
Disabled Transition Assistance Program (DTAP)

Service members leaving the military with a service-connected disability are offered the Disabled Transition Assistance Program (DTAP) through the Veterans Affairs representatives. DTAP includes the normal three-day TAP workshop plus additional hours of individual instruction to help determine job readiness and address the special needs of veterans with disabilities.

E-Benefits Program

The President’s Commission on Care for America’s Returning Wounded Warriors recommended the creation of a My e-Benefits web portal. The portal would serve as a one-stop-shop for wounded, injured, and ill Service Members, Veterans, their families, and caregivers to access their military benefits.

The e-benefits website provides information for the following programs and services: Compensation and Pension; Federal benefits for veterans, dependents, and survivors; health information; employment information; financial programs and services; housing programs; insurance information; retirement information; transitional information; travel and transportation; vocational rehabilitation programs; death benefits; access to military and personnel records (DD Form 214) and disability claim status.

The e-benefits provide two main services:

- A catalog of links to other sites that provide information about military and Veteran benefits
- A personalized workspace called My e-benefits that provides quick access to e-Benefits tools

Through this service, service members, veterans, and their family members can access the e-benefits website by registering for e-benefits online at https://www.ebenefits.va.gov/ebenefits-portal/ebenefits.portal.

Transition of Care Conclusions

The System Worth Saving Task Force found the following challenges and improvements needed to improve the transition from DoD into VA: implementation of the Virtual Lifetime Electronic Record, Lack of Coordination Between DoD and VA transition programs, Enhancements to the Transition Assistance Program (TAP) and E-Benefits Program.

The Virtual Lifetime Electronic Record

One of the primary transition challenges is the lack of bilateral medical record between DoD and VA. The Virtual Lifetime Electronic Record (VLER) initiative launched following President Obama’s April 9, 2009, direction to the DoD and VA to create a unified lifetime electronic health record for members of the Armed Services. VLER will contain administrative and medical information for service members, recording information from when they first join the military throughout their lives. VLER is further intended to expand the departments’ health information sharing capabilities by enabling access to private sector health data as well.

The VLER is a federal, inter-agency initiative to provide portability, accessibility and complete health, benefits, and administrative data for every service member, veteran, and their beneficiaries. The goal of this major initiative is to establish the interoperability and communication environment necessary to facilitate the rapid exchange of patient/beneficiary information yielding consolidated, coherent, and consistent access to electronic records while enriching support for health, benefits and personnel activities. VLER will not create a new data record, but it will ensure availability of reliable data from the best possible source. The goal of the VLER is to provide seamless access to electronic health information for service members and veterans through a single portal. Success is dependent on the existence of an electronic health record (EHR) capability in each participating organization.

DoD and VA have yet to fully implement the Virtual Lifetime Electronic Record. Failure to do so has caused significant delays in the veterans’ transition process from DoD to VA because the VA treatment team does not have full access to the patient’s DoD records. Service members and veterans are forced to make copies of their records at their last duty station or submit a request to the National Personnel Records Center in St. Louis, which can take months to process. The American Legion has continued to urge DoD and VA to speed up implementation of the VLER for smoother transition for not only the veteran. Another concern is that Veteran Service Organizations (VSOs) have not been invited to VLER meetings to provide stakeholder input and sharing of mutual concerns. The American Legion has 2,000 accredited Department (State) and County Veteran Service Officers that will continue to need access to Veteran Benefit Administration (VBA) databases in order to file for VA benefits and claims.

Lack of Coordination between DoD and VA

Other notable barriers/challenges with transition from DoD into VA include the lack of coordination between all the case managers at both DoD and VA locations. As a result, there tend to be a duplication of services. The transition process is often confusing as individuals move between and among various systems.

Furthermore, service members are not classified by level of severity of injury to add clarity to information and programs ap-
applicable to their unique and specialized injuries and illnesses. For example, DoD uses the Military Wounded, Ill and Injured but in VA these veterans are classified as severely injured or combat veteran. In addition, VA reports that there are increased numbers of veterans with illnesses that are not easily identifiable which slows down diagnosis and treatment during their transition care process.

It is recommended that DoD and VA develop a common classification for type of service member and veteran based on their severity of injury. In addition, both DoD and VA develop a joint transition website which tailors the transition process under the correct classification of service members on recovery and rehabilitation programs which are available to assist them.

Enhance Transition Assistance Program (TAP)

The Health Eligibility Center reported that there is a need for automation of enrollment and/or access to online application for medical benefits (1010EZ) at point of transition and sharing of real-time data. Last year, VA redesigned their slides for TAP to include information about VA Health Care benefits but more information and access to services is needed.

It is recommended that Department of Labor, DoD and VA mandate an additional day for TAP class solely dedicated to providing information about all VA benefits and services as well as to help enroll veterans into VA for health care. Additionally, VSOs could provide presentations during this day course about assisting service members with filing their VA benefits and claims.

E-Benefits Program

The American Legion also recommends DoD to ensure that every transitioning service member is registered with e-benefits prior to separation and that VA’s Health Resource Center and OEF/OIF/OND Program Managers have the service members’ correct contact information (including phone numbers and email address) to contact the veteran to provide them with information on VA benefits and services.

It is also recommended that VSOs have a section created on E-benefits to inform transitioning veterans of their VA benefits and claims and organizations like The American Legion which are professionally trained to file VA claims and benefits. The VSO section could have links to all of the VSO organizations accredited by the VA to file claims so they can contact us for additional information and to represent them.
TRANSITION OF CARE FLOWCHARTS

COMBAT INJURED VETERAN

CHART A

Battlefield

Landstuhl Regional Medical Center

DoD Military Treatment Facility

- Medical Evaluation Board
- Physical Evaluation Board

- Benefits
  - Delivery at Discharge
  - VA Liaison
  - Polytrauma Nurse Liaison
  - FRC Coordination Program
  - Integrated Disability Evaluation System

Department of Veterans Affairs Medical Center

- Polytrauma Systems of Care:
  - Level I
  - Level II
  - Level III
  - Level IV

- OEF/OIF Care Management Program
  - VBA

+ denotes joint DoD and VA Program
COMBAT VETERAN

CHART B

1. Demobilization
2. Yellow Ribbon Program
3. Transition Assistance Advisors
4. Combat Veterans Call Center
5. Post Deployment Health Re-Assessment
6. Individual Ready Reserve Muster
7. OEF/OIF Website
VETERAN

CHART C

Transition Assistance Program

Health Eligibility Center

Disabled Transition Assistance Program

E-Benefits
TRAUMATIC BRAIN INJURY (TBI) SITE VISIT OVERVIEW

Background

Traumatic Brain Injury (TBI) is defined as a nondegenerative, noncogenital insult to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychological functions with an associated diminished or altered state of consciousness. Blast injuries resulting in polytrauma and TBI are among the most frequent combat related injuries to Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans. As of September 2010, over 435,000 combat veterans have been screened for some type of TBI either mild or severe since the wars began. Most veterans recover quickly from their injuries however, studies have shown that five percent to 15 percent of returning combat veterans may suffer long-term problems. According to the Department of Defense and the Defense and the Veteran's Brain Injury Center (DVBIC) an estimated 22 percent of all combat casualties from these conflicts are brain injuries, compared to 12 percent of the Vietnam related combat casualties.

VA established a TBI Veterans Health Registry in August 2008, in cooperation with the National Institute of Disability and Rehabilitation Research (NIDRR) and the Defense and DVBIC. This registry includes information about each individual who served as a member of the Armed Forces in Operation Enduring Freedom and Operation Iraqi Freedom who exhibits symptoms associated with TBI and applies for care and services from VA and or files a claim for compensation from VA on the basis of any disability. The TBI Veterans Health Registry provides military and civilian researchers with data on a large number of documented cases of TBI. This resource will allow for comparisons of screening, diagnostic methods, and treatment options with the goal of improving outcomes for veterans who have experienced TBI. The TBI veterans registry elements consist of demographics, military service, medical histories (TBI), causing and severity of injuries, treatment histories, disability claim status, and vital statistics.

Screening

Every Department of Veterans Affairs (VA) medical center has TBI specialty capability as do an increasing number of community based outpatient clinics (CBOCs). All Veterans Affairs Medical Center’s across the country either through their OEF/OIF/OND Department or through Primary Care screen all returning combat veterans for TBI regardless of the severity. The VAMC’s have interdisciplinary Polytrauma teams consisting of Physicians, Physician Assistants, Speech Therapists, Recreation Therapists, and Occupational Therapists to research, screen, diagnose and treat veterans with TBI. As a result of the increasing numbers of veterans experiencing TBI the Veterans Administration (VA) and Department of Defense (DoD) collaboratively developed a TBI screening tool to better evaluate and treat veterans with TBI. In April 2007, the VA initiated a TBI screening and evaluation program for all OEF/OIF/OND veterans coming to all VAMC’s across the country for care. The TBI screening tool consists of four sections that evaluate the severity of the veterans TBI. The four parts of the tools are: events, immediate symptoms following the event, new or worsening symptoms following the event, and current symptoms. The screen does not diagnose TBI but indicates if further treatment and evaluation need to occur. Clinicians can use this screening tool as a baseline to properly determine the severity of the veteran’s TBI in order for them to provide the proper treatment plans. A challenge reported by facilities was that some veterans enter VA through other clinical service points such as through the OEF/OIF/OND, Dental, and or Mental Health clinic. These services do not complete the TBI screen as efficiently as the dedicated clinics, resulting in missed opportunities to screen veterans for TBI.

Diagnosis

If the TBI initial screen is positive, a secondary TBI Evaluation is conducted by the VA Medical Center neuropsychologist or a physical medicine and rehabilitation (polytrauma) provider. The evaluation includes the origin or etiology of the patient’s injury, assessment for neurobehavioral symptoms (using the 22-question Neurobehavioral Symptom Inventory), a targeted physical examination, and a follow up treatment plan. To diagnose a TBI either mild or severe one of the following clinical signs are indicated: any period of loss or a decreased level of consciousness, memory loss of events before or after injury has occurred, neurological deficits at time of injury, intracranial lesions or alterations in mental state at the time of injury. The diagnosis of TBI associated post-concussive symptoms and other co-morbidities such as Post Traumatic Stress Disorder (PTSD), present itself with unique challenges for clinicians. The severity level of TBI is determined by using a Glasgow Coma Scale (GCS) score, length of loss of consciousness (LOC) and length of post-traumatic amnesia (PTA).

Treatment

Through a comprehensive team approach all TBI team members from social work, psychology, neurology, physical medicine and rehabilitation services (PMRS), physical therapy, occupational therapy, vocational rehabilitation, neuropsychology, and speech
The American Legion
System Worth Saving

The American Legion
SyStem Worth Saving

POST TRAUMATIC STRESS DISORDER (PTSD)

Background
Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that surfaces after experiencing a very dangerous, frightening, and uncontrollable event such as military combat exposure, a violent crime, a life-threatening accident such as a car wreck, criminal or sexual assault, a terrorist attack, or a natural disaster such as a tornado, flood, hurricane, or earthquake. People who have experiences with PTSD are at a higher risk for self-medication, alcohol and drug abuse, domestic violence, depression, unemployment, homelessness, incarceration, and suicide. According to research studies PTSD can be linked to co-occurring physical illnesses such as physician diagnosed chronic pain, hypertension, sleep disorders, and cardiovascular disease.

Screening
The Department of Veterans Affairs (VA) operates an internationally recognized network of more than 230 specialized programs for the treatment of PTSD. In FY 2010, the VA treated 408,167 veterans for PTSD. Every VA medical center has PTSD specialty capability as do an increasing number of community based outpatient clinics (CBOCs). VA Medical Centers throughout the country screen all returning combat veterans for PTSD by using a questionnaire to determine the severity of the PTSD that the veteran is experiencing. The questionnaire is a list of problems and complaints that veterans have in response to stressful military experiences. Clinicians can use this screening tool as a baseline to properly determine the severity of the veteran’s PTSD in order for them to provide the proper treatment plans.

Diagnosis
PTSD is a mental health disorder that occurs after someone goes through a trauma. Events that can cause veterans to have PTSD are combat or war exposure, child sexual or physical abuse, terrorist attacks, sexual or physical assault, serious accidents, and or natural disasters. A veteran who feels scared, confused, and angry after the event is experiencing PTSD in some degree. The diagnosis of PTSD must be consistent with the criteria of the psychiatrist’s diagnosis system approved by the VA that is found in the current edition of the Diagnostic and Statistical Manual (DSM-IV).

Treatment
Not everybody who is exposed to a stressor requires treatment. If PTSD is left untreated it can affect individuals to the point that over time even their daily functions can become seriously impaired. All VA Medical Centers throughout the VA system offer treatments and therapies for veterans who suffer through PTSD. There are good treatments available for PTSD such as psychotherapy and medication. Some clinicians combine both in order to treat for PTSD. The following treatments and therapies include Cognitive Behavioral Therapy (CBT) such as Cognitive Processing Therapy (CPT) and or Prolonged Exposure Therapy (PET), Eye Movement Desensitization and Reprocessing (EMDR), and medications called Selective Serotonin Reuptake Inhibitors (SSRIs) which are also used for depression are highly effective for PTSD. The VA Medical Centers have also used other forms of therapies to be effective for the veterans’ treatment of PTSD such as psychotherapy. The medication management of SSRIs includes citalopram (Celexa), fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft). The majority of the VA Medical Centers that were visited stated that the first form of treatment for the veterans PTSD is to control the veterans’ sleep disturbances by prescribing Prazosin which reduces the frequency and intensity of nightmares, but also may improve overall sleep quality and even in some cases improve the overall PTSD symptoms. Clinicians have also prescribed Trazodone and Hydroxyzine to control sleep and anxiety. If the PTSD is a long-term issue other sedatives may be prescribed. VA issued a new regulation in 2010 to relax the requirements in filing for a Combat-Related PTSD VA compensation and pension

Best Practices
Medical Centers throughout the VA system are committed, dedicated, and compassionate about treating veterans for TBI. Many facilities through an interdisciplinary and holistic approach have found successful methods in treating for TBI such as hiking, canoeing, nature trips and music therapy.
OVERLAP AND DIFFERENCES IN SYMPTOMATOLOGY OF TRAUMATIC BRAIN INJURY AND POST TRAUMATIC STRESS DISORDER

Background
Clinicians across the various VA Medical Centers are facing unique challenges when treating combat veterans that were wounded in Operation Iraqi Freedom, Operation Enduring Freedom, and Operation New Dawn for Traumatic Brain Injury (TBI) and Post Traumatic Stress Disorder (PTSD). TBI and PTSD often co-occur with symptoms requiring an astute distinction between both diagnoses. The veteran that has co-occurring TBI and PTSD symptoms may require multiple medication management or holistic treatments in order to treat the various symptoms. The overlap of symptoms between TBI and PTSD are similar in regards to sleep disturbances, personality changes, irritability and aggression, loss of interest (anhedonia) and memory problems. These overlap of symptoms make it somewhat difficult for clinicians during the initial TBI positive screen and secondary evaluation of TBI. Additionally, it has been a challenge to follow a distinct treatment plan and a concise medication management protocol.

New Programs/Initiatives and/or best practices
Starting in fall 2011, VA will be conducting a National Health Study for a New Generation of US Veterans through the War Related Injury and Illness Study Center (WRIISC) called “Markers for the Identification, Norming, and Differentiation (MIND) of TBI and PTSD.” This VA funded research study is a multicenter, multidisciplinary investigation of 800 OEF/OIF veterans that have been diagnosed either with TBI, PTSD or both. These veterans in the study will receive further physical evaluation and diagnostic testing at one of the three VA War Related Illness and Study Centers located in Washington, D.C., East Orange, NJ, and Palo Alto, CA. The MIND study will clarify differential diagnoses between TBI and PTSD and build objective, consistent, and independent diagnostic criteria in order to properly treat for these de-habilitating illnesses.

claim where veterans no longer need to provide documentation to prove the veteran experienced a specific traumatic event. In 2011, VA also launched a PTSD Coach Smartphone Application (App). According the VA, the PTSD app will help users track their PTSD symptoms, link them to public and personalized sources of support, provide accurate information about PTSD and helpful strategies for managing PTSD symptoms.

For more information about PTSD programs, please visit http://www.ptsd.va.gov/.
VISN 1

VA BOSTON HEALTHCARE SYSTEM, BOSTON/JAMAICA PLAIN/WEST ROXBURY, MA
January 18-19, 2011
National Task Force Member: Phillip L. Driskill
National Field Service Representative: Brian J. Bertges

WHITE RIVER JUNCTION VA MEDICAL CENTER, WHITE RIVER JUNCTION, VT
March 28-29, 2011
National Task Force Member: Chairman, Michael D. Helm
National Field Service Representative: Brian J. Bertges

VA MAINE HEALTHCARE SYSTEM-TOGUS, AUGUSTA, ME
May 10-11, 2011
National Task Force Member: PNC Paul A. Morin
National Field Service Representative: Warren J. Goldstein
Overview
Boston Veterans Affairs Health Care System is a primary and secondary health care facility providing a full range of patient care services, with the exception of obstetrical care. Comprehensive health care is provided in areas of medicine, surgery and psychiatry, including over 52 subspecialty clinics. Boston VAHCS is designated as a Complex Inpatient surgical complexity Level II polytrauma facility and has six Community Based Outpatient Clinics (CBOCs) and three major Divisions as far north as Lowell, as far south as Brockton, as far east as Quincy, and as far west as Worcester. Boston had a lot of notable accomplishments. One of their most notable items is that they were highlighted by The Boston Globe in their issue titled Top Places To Work.

Fiscal
The budget for the Boston VA Health Care System for Fiscal Year (FY) 2010 was $665 million. The facility received FY 2010 budget monies in February 2010. The current budget for FY 2011 is $577 million which is a decrease of $88 million from FY 2010; however, more money will be distributed as the year progresses. Management believes that the current FY 2011 budget will allow Boston VAHCS to maintain FY 2010 levels of service and open enrollment and staffing levels, unless enrollment is expanded further. Fiscal office showed concerns about MCCF goal, because the facility is transitioning into a Consolidated Patient Account Center in January 2011. Management was told that the budget for FY 2012 may be the same or less than what they received in FY 2011. They are currently monitoring their hiring and spending for FY 2011 in order to analyze the impact on the FY 2012 budget. The fiscal department would like to see more flexibility in the specific purpose funds if a facility demonstrates fiscal responsibility. This will aid in better utilization in funds for the facility in order to provide better care to the veterans.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is approximately 200,000. There are 75,189 enrolled patients in the BVAHCS. The facility has seen an increase in the enrollment of veterans due to the economy’s impact on veterans. In FY 2010, the facility treated 63,091 unique veterans and had 739,180 visits.

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Overall Challenges
The challenges for the Boston VAHCS include: the centralization of IT and contracting, the increasing need for child care, flexibility of specialized funding, and parking at West Roxbury, Brockton, and Jamaica Plains.
Staffing and Affiliations
According to management, there are currently 3,581 full-time employee equivalents employed at the BVAHCS and approximately twenty-six percent of those employees are veterans. The VAMC is experiencing issues with recruitment for positions such as psychiatrists for rural areas and invasive cardiology; however, there are currently no major issues with staffing. BVAHCS staffing has a ninety percent retention rate.

Boston VAHCS has over 285 active affiliation agreements, with 180 different affiliates. They currently have affiliation agreements with the following medical schools: Boston University School of Medicine, Harvard Medical School, Tufts University School of Medicine, and University of Massachusetts Medical School. Overall, there are over 1,750 university residents, interns, and students are trained at the Boston VAMC each year.

Physical Plant
Boston VAHCS currently has many different construction projects going on at their three major facilities to include the storage facility at Jamaica Plains for the Million Veteran Project. The facilities have plans to address the parking issues, starting with Jamaica Plains in 2011, followed by West Roxbury in both FY 2012 and FY 2014, and Brockton in FY 2013, which should relieve some of the parking pressures at the three major divisions. VISN 1 has the highest Facility Condition Assessment costs in the nation and the Boston VAHCS holds 28 percent of that total alone with a need for approximately $256 million to correct all the deficiencies. They also need approximately $9 million dollars for Seismic Corrections at Jamaica Plains.

The facility has approximately 100 other construction and renovation projects currently under construction or in design include, but are not limited to: a clinical addition, spinal cord injury CARES realignment, replacing research buildings, GI/Endocrinology unit, Eye Clinic renovation, and an Ambulatory Care Addition. The facility noticed contracting has slowed down the since its centralization. During discussion about issues, it was discovered that there was a lapse in the contract for waste removal by the central office, which caused the facility to maintain two days worth of medical and bio-hazard waste on the campus. It was also noted that the facilities were maintained very well with no neglect detected.

Long Term Care, Mental Health and Specialty Care
Boston VAHCS has 160 authorized beds in the Community Living Center (CLC) with 25 beds out of service in one of the four units. They were elevated, because the facility converted it into a 15 bed hospice and palliative care unit in 2009. The average census across the units is a total of approximately 114.

There is currently no waiting list. Veterans that require long term care that do not have the ability to receive services at the Brockton Division CLC are offered VA contracts in community nursing and rehabilitation facilities. In May of 2010, the Boston VAHCS opened a luxurious Fisher House with a total of 20 suites for residents’ families. Since its opening, the Fisher House hosted over 1,000 visitors at the time of our visit.

Boston VAHCS is aggressively pursuing the VA's goal to end homelessness in five years. The facility was given 465 HUD/VASH vouchers with 261 housed at the time of the site visit. At the VA Boston HCS, they take a housing first, harm reduction model approach. According to the facility, 82 percent of the people in the homeless program suffer from a severe mental health and/or substance abuse issue. They are also targeting women veterans, their children, and women veterans at risk of becoming homeless. They provide services such as: treatment of mental health and substance abuse problems, work on behalf of the Veterans within the VA and the local community agencies, homelessness prevention through the Governor’s Council, Women Veterans’ Network, and the Department of Veterans Services, assist in navigating systems such as: courts, housing agencies, the Social Security Administration, and Veterans Benefits Administration, helping to secure safe and affordable housing, and referrals to the women's program at the New England Center for Homeless Veterans. The mental health program also has helped in establishing and actively works with a Veteran’s Court in West Roxbury. Statistics have shown that veterans who have a negative encounter with the law are a lot less likely to commit another offense in the future.

The VABHCS has a comprehensive Women's Health Program, offering women veterans many different resources to be active in a healthy lifestyle. They have capabilities to perform mammography exams, bone densitometry, surgeries (to include mastectomies), urology, discussion groups, mental health services (including a Women Veterans Acute Inpatient Psychiatric Wing), and even preventative health programs such as MOVE Weight Management Program. Additionally they have a rheumatologist that sees patients in the Women's Health Clinic at the Jamaica Plains Division bi-weekly. One annual event that shows the dedication to both preventative health and women's health in particular is a ski-trip, where women veterans learn how to ski and interact with each other. The program has had much success and increased participation is expected in the future outings for the program.

Traumatic Brain Injury (TBI)
The VABHCS provides a very comprehensive program for treating TBIs from inpatient to outpatient, and also including blind
rehabilitation. Their inpatient TBI program has a three-year accreditation by the Commission on the Accreditation of Rehabilitation Facilities (CARF), and offers the following components: Physiatrist evaluation and management, case management, dedicated and specialized treatment staff including therapists and nurses, individual therapeutic activities, driver’s training, aqua-therapy, participant and family education (to include a model apartment in the facility for adaptive living), community reintegration activities, and discharge planning for each individual veteran.

The outpatient program has the same general components and is in operation five days a week. Additional components not mentioned, but also exist in the inpatient program include the following therapies and rehabilitations: physical therapy, occupational therapy, kinesiotherapy, vocational therapy, vestibular rehabilitation, recreational therapy events (examples include wheelchair sports and kayaking), prosthetics, progressive tinnitus management, pain management, wheelchair clinics, environmental control unit (ECU) assessments, social work, and neuropsychology assessments. The Blind Rehabilitation Program has the following positions allotted to them: Blind Rehabilitation Outpatient Specialist, Orientation and Mobility Specialist, and Visual Impairment Specialty Treatment Coordinator.

When asked about the trends that are recognized with the TBI patients that they are seeing, they responded that they noticed that the veterans with a regular exercise regiment are transitioning better back into their communities. It was discovered that 74 percent of veterans that exercise regularly are employed and only 44 percent of Veterans that do not exercise regularly are employed. The facility additionally had 305 confirmed TBI Patients that were OEF/OIF/OND Veterans.

**Post Traumatic Stress Disorder**

The VABHCS Mental Health Program has two dedicated PTSD treatment teams located in Brockton and Jamaica Plains. They perform screening, diagnosis, and treatment. The healthcare system also provides consultation to other treatment teams for the VABHCS, such as the OEF/OIF/OND Outreach and Center for Returning Veterans (which is an inclusive title for all Veterans returning from overseas conflicts- OEF/OIF/OND). The facility also hosts the National Center for PTSD, which puts them in a position to receive the latest and most accepted treatments for PTSD. They have many opportunities to work collaboratively with the National Center for PTSD. There were 1,176 OEF/OIF/OND veterans that were primarily or secondarily diagnosed with PTSD. Management reported from the suicide completion report that five Veterans have died by suicide during July 2009 through April 2010.

**OEF/OIF/OND Programs**

In 2010, the VABHCS conducted many different programs to help families with pre-deployment and post-deployment concerns. The department believes that educating families through briefings will allow returning veterans to transition back into society more smoothly. These briefings cover topics including, but not limited to: benefits, PTSD, TBI, suicide, driving and anger management.

They also provide pre-and post-deployment briefings, Total Warrior Events, Yellow Ribbon, and performed a RSRP with the National Guard. The department’s approach is that they enroll every National Guard Member unless they refuse to enroll.

The Office of Returning Veterans deals with 299 cases currently and has 38 seriously injured cases. They assess the needs of the Veterans across the board and coordinate for the needs. The VABHCS also provides services to returning veterans in two CBOCs (Lowell and Worcester).

**Community Based Outpatient Clinics**

There are 11,000 veterans enrolled at the CBOCs. Boston VAHCS has six CBOCs in the state of Massachusetts. In order to show the general span of the different facilities and CBOCs, the West Roxbury Campus is going to be the focal point to determine the distances to the other facilities. The CBOCs consists of: Causeway Street in Boston, MA, Dorchester, Framingham, MA, Lowell, MA, Quincy, MA and Worcester, MA. There are also two other major divisions that comprise the Boston VAHCS other than the West Roxbury Division. They are the Brockton Division and the Jamaica Plains Division. The CBOC’s provide services for Primary Care, Nutrition, Mental Health, Podiatry and Lab Services.

**Veterans Affairs Voluntary Services**

In FY 2009, there were a total of 139,316 volunteer hours. Boston VAHCS has received total donations of $855,356 in FY 2009 and $956,424 in FY 2011. There were over 50 volunteers from the American Legion who were regularly scheduled volunteers in FY 2009 and FY 2010. The American Legion Auxiliary had 52 volunteers who donated 228 hours in FY 2009. The American Legion Auxiliary had 63 volunteers who donated 280 hours in FY 2010.
The American Legion System Worth Saving

WHITE RIVER JUNCTION VA MEDICAL CENTER | WHITE RIVER JUNCTION, VT

Date: March 28-29, 2011
National Task Force Member: Chairman, Michael D. Helm
National Field Service Representative: Brian J. Bertges

Overview
The White River Junction VA Medical Center (WRJVMAC), located in White River Junction, VT, is a primary and secondary health care facility providing many different patient care services. The WRJVMAC is designated as an Intermediate Inpatient surgical complexity Level II polytrauma facility and has six Community Based Outpatient Clinics (CBOCs) as far north as Northport, as far south as Bennington, as far east as Littleton, New Hampshire, and as far west as Rutland.

WRJVMAC is a part of Veterans Service Integrated Network 1 which includes facilities in Maine, New Hampshire, Rhode Island, Connecticut, Massachusetts, and Vermont.

Overall Challenges
The challenges for the WRJVMAC include: compensation and pension, more staff in rehabilitative services to allow flexibility, the centralization of IT and contracting, space until construction is complete, and the flexibility of specialized funding.

Fiscal
The budget for the WRJVMAC for Fiscal Year (FY) 2010 was $126 million. The facility received FY 2010 budget monies in February 2010. The current budget for FY 2011 is $130 million which is an increase of 4 million from FY 2010. Management believes that the current FY 2011 budget will allow Boston VAHCS to maintain FY 2010 levels of service and open enrollment and staffing levels. Management was not given direction on the budget amount for 2012 at the time of the visit.

The fiscal department would like to see more flexibility in the specific purpose funds if a facility demonstrates fiscal responsibility. This will aid in better utilization in funds for the facility in order to provide better care to the veterans.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $13.5 million. The total MCCF collections for FY 2010 were $13.1 million. Currently, the collections goal for FY 2011 is $13.2 million. Management believes they are on target to meet the collections goal. The facility is currently scheduled to join the Consolidated Patient Account Center (CPAC) model in the second quarter of FY 2012.

For FY 2011, about 12 percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Physicians for items such as: Surgical and Medical Officers of the Day, Dermatology, General Medicine, and ICU Physician, Oncology, Cardiology, Neurology, Gastroenterologist, Primary Care Physician, and a Compensation & Pension Physician.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 78,000. There are 27,457 enrolled patients at the WRJVMAC. The Facility has seen an increase in the enrollment of veterans due to the economy’s impact on veterans and an increasing number of veterans coming back from current conflicts. Additionally, the facility is taking proactive measures in order to identify the best sources of enrollment by tracking the origination of 1010 EZ forms that come into their facility. In FY 2009, the facility treated 23,858 unique veterans and had 204,737 visits.

There are currently 5,533 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans and 661 women veterans enrolled at the facility. The facility has 10,952 Priority Group 8 veterans in their system. In FY 2010, the WRJVMAC completed 3,994 Compensation and Pension (C&P) examinations.

The turnaround time for a C&P exam is currently 36.5 days. The C&P exams are performed by VA staff. The WRJVMAC mentioned that they have improved significantly of the last year, going from over 60 days and being the worst, to their current status. The facility is currently searching for more ways to standardize their process and is looking to identify similar sized facilities in order to increase the efficiency. Challenges they face in regards to C&P examinations include: issues with consistency, where some physicians use dictation and others use the templates as well as coordination and communication with the Regional Office.
WRJVAMC tracks OEF/OIF/OND veterans in the Veteran Tracking Application, and the Case Management Tracking and Reporting Application.

**Staffing and Affiliations**

According to management, currently 873.3 full-time employee equivalents are employed at the WRJVAMC and approximately 23 percent of those employees are veterans. The VAMC is experiencing issues with recruitment and retention for positions such as several specialty care positions, facility police officers, some administrative staff, and healthcare technical staff positions. One of the reasons mentioned was that the cost of living in the area is not met by the pay scale provided. It is more lucrative for an individual to work in New Hampshire than to work in Vermont. WRJVAMC staffing has an eighty-seven percent retention rate.

The WRJVAMC has 82 active affiliation agreements, two of which are medical affiliations, Dartmouth Hitchcock Medical Center and the University of Vermont. Overall over 450 university residents, interns, and students are trained at the WRJVAMC each year.

**Physical Plant**

The WRJVAMC currently has many different construction projects going on at their facility to include an imaging center, a psychiatric and polytrauma residential center, a Women’s Comprehensive Care Center, an audiology unit. While these projects are underway the facility plans to upgrade the electric and HVAC units, with plans to have all the buildings on one unit. Additionally, in order to reduce costs, the facility is moving to put in a new boiler that uses biofuel, since there is abundance in New England.

The facility is in need of approximately $45 million to correct the remaining deficiencies at the WRJVAMC. However, they do not need any funds in order to perform Seismic Corrections. The facility has approximately 40 other construction, renovation projects, and nonrecurring maintenance projects in their plans.

**Long Term Care, Mental Health and Specialty Care**

The WRJVAMC has authorized a total of 60 acute inpatient beds, 43 Medical/surgical beds, 7 ICU beds, and 10 Mental Health beds. There are currently no beds out of service at the facility. In 2009, they had closed 4 of the mental health beds due to construction. The facility does not have a dedicated Community Living Center, but do provide respite care, and have two hospice beds and apartments. There is currently no waiting list. The WRJVAMC does provide services to the family to include caregiver support, in home healthcare services, contract adult day health care, and payment for bowel and bladder care. The facility coordinates discounted rates for family members who have to stay in hotels. For veterans that they refer to the Boston VAHCS, the facility tries to coordinate the families to stay at the Fisher House.

The facility was given 80 HUD/VASH vouchers with 75 vouchers referred, 69 issued, and 63 currently housed at the time of the site visit. Major causes of homelessness that were mentioned for our veterans at WRJVAMC include drug and alcohol abuse as well as mental health issues.

The WRJVAMC currently does not have a standalone Women’s Comprehensive Care Clinic; however, it is projected. The Women’s Program Coordinator has an office located within the main building and attempts to provide information and education to all veterans and staff to the best ability possible. They currently do not host Red Dress events, but recognize the need for them and are working towards setting them up.

The challenges that they face in the Women Veterans Program is the need for child care and transportation for veterans. Many women stated to the Women’s Program Manager that they do not feel comfortable riding with male veterans. In order to help with the communication from women veterans to the facility, they are establishing women veterans groups in all of the Community Based Outpatient Clinics. From the women veterans, they are taking the feedback to perform outreach and re-evaluate the care and services that the facility provides.

**Traumatic Brain Injury (TBI)**

The facility has a Polytrauma program in order to help veterans with TBI undergo full rehabilitation. They provide services such as occupational, physical, and speech therapies. Due to limited staff in the rehabilitation, the facility cannot extend services beyond normal hours to include a Saturday and Sunday clinic. If adequate staff were to be assigned, the facility mentioned that would be a possibility and would pursue it. They have a psychiatrist who does TBI evaluations and psychologist who also conducts neuropsychiatric testing.
when needed as part of the TBI evaluations. There are currently 201 veterans from OEF/OIF/OND that are currently assigned to their case load.

**Post Traumatic Stress Disorder (PTSD)**

According to the facility, veterans in both Primary Care and Mental Health are screened using a PTSD screening reminder in the medical record. Additional screening suicide evaluation and referral to Mental Health may be determined for veterans who show positive signs of PTSD. Roughly about 15 to 20 percent of the veterans that have mild TBI also have been diagnosed with PTSD. Also the Mental Health Department is using a new type of therapy coined as "Brief Therapy", where the veteran has the ability to contact the MH provider in order to have a session on a specific issue that they are having (i.e. relationships, irritability, or anger). Management reported from the Suicide completion report that three veterans have died by suicide during FY 2010.

**OEF/OIF/OND Programs**

The WRJVAMC does significant outreach and training for staff in order to help serve all veterans, but is geared more towards the OEF/OIF/OND Program. They conduct the events that are mandated through the program of pre- and post-deployment events, yellow ribbon, and demobilizations. However, they have a very active outreach in conjunction with the Chaplain services in order to provide outreach to educational facilities, clergies, and authorities.

In order to help staff recognize the lifestyle of soldiers, the State of New Hampshire National Guard helps to give exposure training to members in order to teach them about military customs and day to day combat and peace operations. This helps staff to relate with veterans as well as understand the demands that are placed on them emotionally and physically.

The Chaplain provides a great deal of outreach to different clergies across the state. They also perform outreach into the prisons and the authorities through the Veteran Justice Outreach (VJO). The state of Vermont does not have a Veteran’s Court.

The Mental Health program also works diligently with the Vet Centers in their catchment area in order to help with prescription and treatment of veterans that decide to use the services provided within the smaller and more intimate environment.

**Community Based Outpatient Clinics**

There are 10,208 veterans enrolled at the CBOCs. WRJVAMC has six CBOCs in the states of New Hampshire and Vermont. The CBOCs consists of: Bennington, VT, Brattleboro, VT, Colchester, VT, Littleton, NH, Newport, VT, and Rutland, VT. The CBOC’s provide services for Primary Care, Nutrition, Mental Health, Podiatry and Lab Services.
Overview

The VA Maine Healthcare System opened in 1866. The VA Maine Healthcare System has served its Veterans for 138 years and is the oldest VA Medical Center currently in the Department of Veterans Affairs. The VA Maine Healthcare System is part of a 500-acre campus of buildings, Togus National Cemetery, and natural woodlands. The VA Medical Center consists of a 67-bed facility that includes intermediate and mental health beds. The medical center provides Primary Care, General Medicine, Surgery, Geriatrics and Extended Care, Dentistry, Mental Health, Sensory and Physical Rehabilitation services, Audiology, Chiropractic care, Dialysis. The Medical Center also provides to its Veterans a 100-bed Nursing Home consisting of 50 skilled and long-term stay-beds, and a 50-bed Dementia Unit. The VA Maine Healthcare System was designated as a Center of Excellence (COE) in the Environmental Hazards Program which includes Agent Orange, Gulf War, Operations Enduring Freedom/Operations Iraqi Freedom and Ionizing Radiation Programs.

The VA Maine Healthcare System and the eight Community Based Outpatient Clinics (CBOCs) are part of the VA New England Healthcare System (VISN 1), which includes VA Medical Centers in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.

Overall Challenges

The challenges for the VA Maine Healthcare System include: centralized contracting in regards to receiving parts and supplies in a timely manner, finding qualified providers for continued access improvement, continuing to provide compensation and pension (C&P) exams due to increased volume in claims, continuing to improve rural health to veterans and continuing to grow research in teaching. Another challenge for the facility will be parking even with the plan to add in the fall of 2011 to add an additional 300 parking spaces.

Fiscal

The budget for the VA Maine Healthcare System for FY 2010 was $247 million. The facility received FY 2010 budget initial allocation from the VISN in October 2009. The final allocation was received in February 2010 and their actual budget funding was provided in March 2010. The current budget for FY 2011 is $255 million, which is an increase of $8 million from FY 2010. The VA Maine Healthcare System received their FY 2011 budget in October 2010.

The FY 2011 financial appropriations within the facility were as follows: Medical received $216 million, Facility received $23 million, and Administration received $17 million. The VA Maine Healthcare System feels that they have sufficient funds in Facilities and Administration appropriations and have assurance they will receive supplemental funding in Medical Services in fourth quarter FY 2011.

In FY 2011 the VA Maine Healthcare System Medical Center Collections Fund (MCCF) goal was $19 million and their actual collection for FY 2011 through April 2011 is $11 million. The facility feels they will be approximately $2 million short of their actual collections goal. The VA Maine Healthcare System Consolidated Patient Account Center (CPAC) is located in Lebanon, PA.

For FY 2011, $23 million dollars was used for fee basis. The facility utilizes fee/contract physicians for the following services: Endocrinology, Emergency Department, Gastroenterology, Hospitalists, General Surgery, Ophthalmology, Optometry, Orthopedics, Gynecology, ENT, Urology, and Compensation and Pension (C&P) examinations.

Enrollment, Accessibility and Continuum of Care

The veteran population in the catchment area is 42,000. In FY 2010, there were 48,726 enrolled in the VA Maine Healthcare System. In FY 2010, the facility treated 38,714 unique veterans and had 363,303 visits. Currently through April 2011, there have been 207,490 visits to VA Maine Healthcare System. There are currently 5,097 enrolled and 3,218 users who are Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans. There are approximately 1,830 women veterans enrolled in the VA Maine Healthcare System women’s health clinic. The Medical Center had 4,279 unique
Priority Group 8 Veterans enrolled in their system prior to the January 17, 2003 cutoff. In FY 2010, the Medical Center completed 6,621 Compensation and Pension (C&P) examinations. In FY 2011 to date, the Medical Center has completed 3,453 C&P examinations.

The turnaround time for a completed C&P examination is currently 22.3 days. The C&P examinations are performed using a combination of Medical Center staff and fee basis providers.

The VA Maine Healthcare Systems tracks OEF/OIF Veterans through their Case Management Tracking and Reporting Application (CMTRA), Primary Care Case Management Model (PCMM), Veterans Tracking Application (VTA), Inpatient Contacts, OEF/IF/OND CV, and Clinical Reminders Monitoring systems.

### Staffing and Affiliations

The VA Maine Healthcare System has 1,468 employees including 534 employees that are veterans. The VA Maine HCS has no issues with physician and nursing recruitment; however, the Medical Center is experiencing difficulties in recruiting specialty physicians, clinical pharmacists, and physical therapists.

As of FY 2010, the VA Maine Healthcare system has over 35 academic affiliations with approximately 364 students, residents, and interns rotating through the VA Maine HCS. The medical center's two main affiliations are with the University of New England and Tufts/Maine Medical Center.

### Physical Plant

The VA Maine Healthcare System has $113 million for deferred maintenance in order to correct their physical plant deficiencies. The Medical Center currently has 13 non-recurring maintenance projects scheduled to be corrected for approximately $13 million. The facility has approximately 15 construction projects for FY 2011 for approximately $28 million. The Medical Centers Facility Condition Assessment (FCA) deficiencies are approximately $124 million. The Medical Center has identified future projects in their five-year Strategic Capital Investment Plan (SCIP) such as Specialty Minor Addition, 3 Phase CLC Building, Endoscopy and Women's Clinic upgrades. Due to the 1930's design of the facility, several plant issues exist such as water infiltration, lack of air conditioning and older spaces that do not readily convert into modern offices due to lack of utilities, and energy efficiencies.

### Long Term Care and Specialty Care

The VA Maine Healthcare System has 100 authorized beds in their Community Living Center (CLC), 30 out of use due to staffing (25) and room configuration changes (5). The Medical Center currently does not have a waiting list for any long-term care beds within the CLC. The remaining 70 CLC beds include 25 for dementia, and 8 beds for hospice or palliative care patients, and 37 lodger stay and short-term rehabilitation beds. The medical center has a new state-of-the art 12-bed hospice/palliative care unit opening in June 2011. The VA Maine HCS leads the VISN in their Foster Home Care Program in which six veterans are enrolled and taking advantage of the program. The VA Maine Healthcare System contracts out about 70 percent of their long-term care veterans to 23 area long-term care and skilled nursing facilities due to State Veteran homes within the state not accepting any long-term care patients. In the CLC, the staff has a special celebration of life program to honor the veteran who passes.

The VA Maine Healthcare System has a Woman Veterans health care program that targets the unique needs of approximately 1,830 female veterans. The women's health care program offers comprehensive women centered health care services to include mental health care services including treatment for PTSD, MST and substance abuse. These health care services are offered to women Veterans throughout the VA Maine Healthcare System.

### Mental Health

The VA Maine Healthcare System has a specialized mental health department to serve the mental, social, and psychological needs of the approximately 8,233 veterans that were treated for mental health in FY 2010. The Medical Center has a 20-bed 19,000 square foot inpatient mental health unit and provides outpatient mental services in all of their CBOCs. The VA Maine Healthcare System has 125 specialists on staff including psychologists in three primary care teams to provide consultation, evaluation, and treatment for the veteran’s issues that impact their emotional well-being. The Medical Center's mental health services are implemented by evidence-based practices through individual therapy, group therapy and psycho-education for veterans and their families.

The VAMHCS has two full-time suicide prevention coordinators to track and monitor veterans at risk of suicide within their catchment area. In FY 2010 and FY 2011, the VA Maine Healthcare System had 83 attempts and five successful suicides of veterans within their catchment area. The Medical Center has noticed a trend of suicidal thoughts among OEF/OIF veterans as a result of being deployed multiple times, substance abuse, and family issues. There is also a suicide trend among Vietnam era veterans due to a feeling and sense of helplessness.
The VA Maine Healthcare System has approximately 800 homeless veterans within their catchment area. In FY 2010, the Medical Center has distributed 95 HUD/VASH vouchers and 84 vouchers were utilized by their veterans and their families.

PTSD Programs

According to the facility in FY 2010, there have been 684 OEF/OIF veterans diagnosed with Post Traumatic Stress Disorder. The VA Maine Healthcare system has two PTSD clinics for intensive therapy and General Therapy. The Intensive Therapy clinic is for Prolonged Exposure Therapy (PET), and Cognitive Processing Therapy (CPT) and the General Program clinic is for general veteran PTSD treatment such as counseling and therapy. The medical center screens and triages all PTSD veterans to determine if they have military related trauma of any kind first in order to determine through the initial screenings what type of trauma they sustained in the military. The medical center as part of the initial screening process will ask veterans about alcohol and non-prescription usage, legal issues, homelessness, suicide/homicide ideations, audio/visual hallucinations and their quality of a social life. Once screened and the veteran meets the PTSD program criteria of military related trauma, then evaluations for diagnoses occur through clinical interviews using the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria for PTSD treatment. The medical center also offers through the PTSD clinic therapy for couples and families to assist in their veteran’s medical treatment.

TBI Programs

According to the facility there have been 151 OEF/OIF veterans from April 2007 to April 2011 diagnosed with Traumatic Brain Injury (TBI). The medical center has one TBI specialist on staff that is assigned to their spinal cord injury (SCI) clinic. There are currently 13 active cases with treatment plans assigned to their polytrauma team. The VA Maine Health Care system is currently engaged in collaborative research with the Eastern Maine Medical Center in Bangor. The medical center’s veterans may be screened with cognitive assessments that are completed by psychologists and then treated by any therapies among the evidence-based therapies that are based upon their treatment plans. For polytrauma services a social worker assigned to the SCI Clinic conducts the initial screening and if needed a neuro-psychologist conducts a second in-depth evaluation. The TBI/Polytrauma support team is led by physiatrist and a group of multispecialty/multidisciplinary providers that are tailored to meet the veteran’s specific medical needs.

OEF/OIF/OND Programs

The VA Maine Healthcare System has a dedicated Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) clinic within the medical center. The VAMHCS offers and supports several outreach programs and events throughout the state of Maine in order to provide several resources for their returning combat veterans. In FY 2011, the VA Maine Healthcare System has had five demobilization events, one Post Deployment Health Re-Assessment (PDHRA), six yellow ribbon events, one homeless stand down, and several other outreach events throughout their catchment area.

Community Based Outpatient Clinics

The VA Maine Healthcare System has seven community based outpatient clinics (CBOC) located in Caribou, Calais, Rumford, Saco, Lewiston, Bangor, Portland that are assigned to the VA Maine Healthcare System. The VA Maine HCS CBOCs provide the following healthcare services: primary care and preventive health services, mental health services, health promotion and disease prevention, medical benefits counseling, laboratory services, home based primary care (HBPC), and smoking cessation counseling, compensation & pension exams, tele-retinal imaging, and some specialty services at their larger CBOCs. The VA Maine HCS CBOCs had 84,754 outpatient visits.

Veterans Affairs Voluntary Services

The Veterans Affairs Voluntary Service (VAVS) program at the VA Maine HCS is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. Their mission is to provide voluntary assistance and financial support to medical centers and outpatient clinics that will contribute to the delivery of high quality care to their Veterans. In FY 2010, there were 10,029 volunteer hours. The American Legion had 6,969 hours, the American Legion Auxiliary had 3,034 volunteer hours, and The Sons of the American Legion had 21 hours. The biggest challenge that the VA Maine HCS has are the rising cost of gas, no public transportation statewide to bring volunteers in from areas located outside Augusta, limitations on bringing food on-site for patient activities. The VAVS program’s best practices include their patient representative program, Beals Hospitality House which provides a pleasant, calm and safe place for immediate family members whose veteran is facing serious illness and treatment, and their adapted sports activities.
VISN 2

SYRACUSE VA MEDICAL CENTER, SYRACUSE, NY

November 16-17, 2010

National Task Force Member: Thomas P. Mullon
National Field Service Representative: Brian J. Bertges
Overview

Syracuse Veterans Affairs Health Care System, located in Syracuse, New York is a primary and secondary health care facility providing a full range of patient care services, with the exception of radiation therapy and obstetrical care. Comprehensive health care is provided in areas of medicine, surgery, including over 52 sub-specialty clinics. Syracuse VAMC is designated as an Complex Inpatient Surgical, Level II poly-trauma facility, and has eight Community Based Outpatient Clinics (CBOCs) as far north as Massena, as far south as Binghamton, and as far west as Auburn, and far east as Rome. The facility had many accommodations to include the Social Worker of the Year.

Syracuse VAMC is a part of Veterans Service Integrated Network 2 which includes facilities in upstate New York.

Overall Challenges

The challenges for Syracuse VAMC include: the need for child care, having space in order to conduct treatment, and provide parking for the rising number of patients within their catchment area. Another challenge presented to the facility is increasing amount of specialized funds, which do not allow for administrative costs.

Fiscal

The budget for the Syracuse VAMC for Fiscal Year (FY) 2010 was $229 million. The facility received FY 2010 budget monies in October 2010. The current budget for FY 2011 is $237 million which is an increase of $8 million from FY 2010. Management believes that the current FY 2011 budget will allow Syracuse VAMC to maintain FY 2010 levels of service and open enrollment and staffing levels with strategic management of resource allocations. Fiscal office showed optimism about their aggressive MCCF goal due to new methods of approach and enthusiasm. Syracuse VAMC is going to have to make staffing adjustments, while focusing on maintaining quality of care. Management was told that the budget will be even tighter in regards to FY 2012. The fiscal department would like to see more flexibility in the specific purpose funds if a facility demonstrates fiscal responsibility. This will aid in better utilization in funds for the facility in order to provide better care to the veterans.

The FY 2010 Medical Care Collections Fund (MCCF) goal was an aggressive $20 million up from the FY 2009 goal of $16 million. The total MCCF collections for FY 2010 were just under the $20 million goal. Currently, the collections goal for FY 2011 is $22 million. Management believes they are on target to meet the collections goal.

For FY 2011, about 4 percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for neurosurgery, urology, cardiology, interventional radiology, radiology, otolaryngology, anesthesiology, physical therapy, nephrology, obstetrics, gynecology, ophthalmology, psychiatry, and emergency medicine. They have plans to work with the VISN and their transportation network to alleviate some of the fee basis costs.

Enrollment, Accessibility and Continuum of Care

The veteran population in the catchment area is 120,833. There are 32,705 enrolled patients at Syracuse VAMC and 59,222 in the Healthcare System. The facility has seen an increase in the enrollment of veterans due to the economy’s impact on veterans as well as a developed strategy for outreach and community education. Since FY 2009, the facility treated increased their enrollment by 3 percent.

According to the VISN Support Services Center Web Report, there are currently 4,103 enrolled Operation Enduring Freedom OEF) and Operation Iraqi Freedom (OIF) veterans. There are 6,000 women veterans enrolled at the Syracuse VAMC to include the eight CBOCs. In FY 2010, SV AMC completed 4,727 Compensation and Pension (C&P) examinations.

The turnaround time for a C&P exam is currently 24 days, with the C&P exams being performed by VA staff? Syracuse VAMC mentioned that challenges they face in regards to C&P examinations include issues with retaining people that want to do the work for the pay they receive. They also mentioned, because of unpredictable circumstances, they had a period that it was above 40 days, which echoes the sentiment that having at least one more dedicated staff member could prevent the C&P exams going beyond the acceptable measures.
**Staffing and Affiliations**

According to management, there are currently 1,546 people employed at the Syracuse V AMC and 448 of those employees are veterans representing 29 percent of the Full Time Employee Equivalents. The VAMC experiences issues with recruitment for positions such as psychiatrists for rural areas and invasive cardiology; however, currently there are no major recruitment issues with staffing.

Syracuse V AMC has an active affiliation and partnerships with 21 different universities and facilities. Syracuse currently has 627 university residents, interns, and students being trained at the Syracuse VAMC each year. Syracuse has programs that include but are not limited to audiology, speech pathology, nursing, pharmacy optometry, social work, medicine, phlebotomy, prosthetics, nutrition, mental health, and radiography.

**Physical Plant**

Syracuse V AMC currently is undergoing more 60 major and minor construction and renovation projects over the next few years. Some of the notable changes recently are a new stand alone Behavioral Health Outpatient Clinic (BHOC), renovations to the CLC, a new Psychiatric ward to fit the Planetree care model of Patient Centered Care. They are also building a new spinal cord injury building, which will also fit the patient centered model. Lastly, they recently added two levels on the parking garage to try and meet the overwhelming demand for parking space, which still falls short of what is needed.

The total amount of funds that have been set aside for these projects was totaling over $30 million. The facilities themselves including the grounds were maintained very well, in addition to signs that encourage healthy activities. A great example of this is signs about taking the stairs, which eventually there is a plan in place to add music in order to encourage people to take the stairs more often. There were no signs of neglect detected and reminders were posted outside and inside the elevators dealing with patient care and confidentiality.

**Long Term Care, Mental Health and Specialty Care**

The Syracuse VAMC has 106 authorized beds and 50 operating beds. The facility receives over 400,000 visits per year (419,431 in FY 2010). Home Based Primary Care has increased enrollment to 751 veterans in FY 2010. This marks an 11.4 percent increase from FY 2009. The Binghamton and Rome Community Based Outpatient Clinics (CBOCs) provide Home Based Primary Care for their areas. Currently, there is no waiting list for Home Based Primary Care.

Syracuse VAMC is working through many different avenues in order to alleviate and eliminate homeless veterans within their catchment area. They have broken down their HUD/VASH vouchers in the following manner in FY 2009: 35 to Onondaga County and 35 for Rome/Utica. They are looking to expand the number of vouchers to include 25 additional vouchers in Rome/Utica and Onondaga County, while bringing 50 new vouchers in Broome County and 25 in Watertown.

The Health Care for Homeless Veterans (HCHV) is currently maintaining multiple partnerships with area providers. The partnerships include help veterans through performing the following: participating in local Continuum of Care, HMIS and Homeless Task Force meetings, providing outreach clinics at local homeless shelters and Vet Centers, and participating in community workshops to educate area providers about VA Homeless services. The Syracuse VAMC also has proposals under review for contract residential housing.

Additionally the Syracuse VA Healthcare system provides transitional/supportive housing for homeless Veterans. The Syracuse Grant Per Diem program just moved to a new location doubling their size from 12 to 24 beds. Finally, Syracuse VAMC is trying to partner with Catholic Charities to issue vouchers to 4-8 chronically homeless veterans.

**Women Veterans**

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of women veterans. Services include: primary care gynecological care and health and wellness screenings. Syracuse VAMC has a full time Woman Veteran’s Program Manager, a general practitioner, registered nurse, licensed practitioner nurse, and clerical staff. They provide gynecology services two days a week with gynecological surgeries only on Thursdays. Other staff members provide services as needed which include: urology, mental health, clinical pharmacy, and nutrition.

**TBI**

The polytrauma team completes assessments for traumatic brain injury and other specialized post-combat rehabilitative care. They provide an array of rehabilitation services to include speech/language therapy, recreation therapy, vocational rehabilitation, physical therapy, occupational therapy, chaplain services, rehabilitation nursing and physician consultation, as well as prosthetics and orthotics. Syracuse VAMC has a variety of TBIs, of those, 264 are OEF/OIF/OND veterans.
PTSD

The facility focuses on using different types of treatments for veterans with PTSD, with cognitive processing therapy (CPT) being the treatment most frequently used. The facility also provides different group therapy sessions both Co-Ed and Single Sex (especially for MST), and rehabilitative services such as driver’s training. The facility also uses prolonged exposure therapy (ACT). The facility currently treats 137 veterans from OEF/OIF/OND for PTSD.

Management reported from the Veteran Attempt & Suicide completion reports that in FY 2009, there were 58 attempts and 2 completions, and in FY 2010, there were 34 suicide attempts and 4 completions (2 of the 4 were enrolled for services).

OEF/OIF/OND Programs

The OEF/OIF/OND Program consists of primarily 3 full-time staff members; a program manager, a nurse care manager, and a social work case manager. They also have part time and collateral duty positions, which include: respite position, pain nurse practitioner, pain psychologist, mental health case manager, two polytrauma case managers, polytrauma psychiatrist, polytrauma psychologist, polytrauma rehabilitation positions (collateral), and primary care staff with positions in the Post Deployment Primary Care Clinic.

Syracuse VAMC also has a VA DOD Liaison in order to help with transitioning OEF/OIF/OND veterans into the VA system. Beyond coordinating with the DOD, Syracuse VAMC has multiple outreach programs and events to help connect with OEF/OIF veterans. Events and outreach included: Attending the New York State Fair, TAP briefings, Wounded Warrior 5k Run, attending National Guard post-deployment even (25 applications in 2 hours). They also partnered with the NY Jets to have an event for veterans.

They also sometimes provide services for families. They host family readiness groups in order to give information to family members about services and transitions. They also work with the Vet Centers in Syracuse, Watertown, and Binghamton in order to coordinate and communicate veterans’ treatment and services.

Community Based Outpatient Clinics

There are 26,517 veterans enrolled at the CBOCs. Syracuse VAMC has eight CBOCs in the states of New York. The CBOCs consists of Auburn located 28 miles west of Syracuse, Binghamton 75 miles south of Syracuse, Cortland located 35 miles south of Syracuse, Massena located 164 miles northeast of Syracuse, Oswego located 34 miles northwest of Syracuse, Rome located 47 miles east of Syracuse, and Watertown located 70 miles north of Syracuse. Most of the CBOCs provide primary care as well as bio-behavioral care, smoking cessation clinics. It also has some laboratory, x-ray, and pharmaceutical services. The differences include: no smoking cessation clinics at Cortland and Massena and no radiology at the Oswego CBOC. The Binghamton and Rome CBOCs also provides Home Based Primary Care. Furthermore, in addition to all the other services the Rome CBOC also has an Adult Day Health Care outpatient program for frail elderly and functionally challenged veterans.

Veterans Affairs Voluntary Services

In FY 2009, there were a total of 1,240 Regularly Scheduled (RS) volunteers for a total of 78,810 hours. In FY 2010 there are 1,140 RS volunteers, who donated 95,512 hours. The Volunteer Coordinator has helped to setup and maintain a very extensive volunteer transport system, which aids in bringing rural veterans to nearby CBOCs and the Syracuse VAMC. Syracuse VAMC has received total in cash and non cash donations of $425,828. There were 23 American Legion volunteers who gave 8,703 hours in FY 2010. The American Legion Auxiliary had 17 volunteers who donated 2,492 hours in FY 2010.
The American Legion 
System Worth Saving

VISN 3

VA NEW JERSEY HEALTHCARE SYSTEM-EAST ORANGE CAMPUS, EAST ORANGE, NJ
November 30-December 1, 2010
National Task Force Member: PNC Paul A. Morin
National Field Service Representative: Denise L. Bullock, M.Ed

JAMES J. PETERS VA MEDICAL CENTER, BRONX, NY
April 13-14, 2011
National Task Force Member: Chairman Michael D. Helm
National Field Service Representative: Warren J. Goldstein

NORTHPORT VA MEDICAL CENTER, NORTHPORT, NY
May 17-18, 2011
National Task Force Member: Don E. Mathis
National Field Service Representative: Warren J. Goldstein
Overview
The VA New Jersey Health Care System (VANJHCS) is located in East Orange New Jersey. The VANJHCS is a "complex inpatient Surgical level 1 A" facility within the Veterans Integrated Service Network (VISN) 3. The VANJHC provides general medical, psychiatry, long term care, and a full range of medical and surgical subspecialty care to veterans.

Overall Challenges
The VANJHCS have is currently land locked. There is currently a shortage for parking for patients, visitors and staff. Management also states that the pay rate for veteran travel is an ongoing issue for veterans. The recruitment of all specialty staffing is very challenging.

Fiscal
The Medical Care Collections Fund (MCCF) goal for FY 2009 was $30 million with a collection of $30 million. The goal for FY 2010 was $31 million with a collection of $28 million. The FY 2011 goal is $31 million and management states that the goal will be met. Management states that the FY 2011 budget is sufficient enough to maintain 2010 levels of services and staffing.

In FY 2010, the VANJHCS reported the allocation of $10 million in Fee Basis Services and FY 2011, $8 million. The specialties that use Fee Basis Services is Radiation Oncology, Women's Health, Dialysis, surgery, Imaging, Chiropractor, Nuclear Medicine, Ophthalmology, Cardio, Psychiatry and Orthopedics.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 322,406 for FY 2010 and 109,929 patients are enrolled at the VANJHCS. There are currently 6,324 enrolled Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans. In FY 2010, there were 4,124 women veteran uniques at VANJHCS. There have been 2,203 Priority Group 8 veterans that have applied above the income threshold. In FY 2010, VANJHCS completed 8,675 Compensation and Pension (C&P) examinations and 1,052 exams completed in FY 2011.

The turnaround time for a C&P exam is currently 33.6 days. The C&P exams are performed by the Fee Basis providers and a VA staff. The VANJHCS is responsible for the cost of the C&P exams.

The VANJHCS tracks OEF/OIF veterans in the Veteran Tracking Application, and the Case Management Tracking and Reporting Application.

Staffing and Affiliations
According to management, there are currently 3,300 employees at VANJHCS and 18 percent of those employees are veterans. The VANJHCS have shortages in the specialty of radiology, cardiology, imaging registered nurses and physicians. The VANJHCS has an active affiliation with the University of Medicine and Dentistry of New Jersey- New Jersey Medical School and Robert Wood Johnson Medical School. The medical students rotate through major medical and surgical specialties and subspecialties.

Physical Plant
Management states that the parking at the East Orange Campus is insufficient and generally sufficient at the Lyons Campus. A minor construction project has been submitted through the SCIP program. The Facilities Condition Assessment (FCA) assessed serious deficiencies within the medical center. The combined deficiencies are approximately $100 million in cost. Management states that between the two campuses there is an ongoing construction program of $50 million per campus. Physical plant issues are identified and catalogued within the FCA database. They
include such items as asbestos abatement; architectural deficiencies; handicapped accessibility; utility systems; vertical transport systems, building structure, mechanical, electrical and plumbing issues.

**Long Term Care, Mental Health and Specialty Care**

The VANJHCS has 300 authorized beds and 221 operating beds. The Lyons Community Living Center (CLC) is currently undergoing an environmental redesign. The beds that are temporarily taken out of service are to provide more private rooms. The CLC expansion and full operations are due June 2011. There are currently 52 beds in the secure unit for Alzheimer and Dementia veterans. There are currently 12 designated Hospice and Palliative Care beds. These beds are reserved for veterans with life-limiting illness and a prognosis of six months or less to live. There are 11 contracted nursing homes. The youngest age of VANJHC veteran in the CLC is currently 44 years of age.

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of women veterans. There are currently 3854 women enrolled in the Women's Veterans program.

The VANJHCS Mental Health Program screen all primary care patients annually for depression, ethanol abuse and tobacco use, as well as annually for the first five years after discharge from active duty for Post Traumatic Stress Disorder (PTSD), and every five-years thereafter. In FY 2010, there were 12,700 patients treated. There were 18 percent of all OEF/OIF veterans assigned to a caseload that had at least one Mental Health visit in FY 2010.

Management states that there are 1,600 homeless veterans in New Jersey and the VANJHCS are currently treating 268 homeless veterans. Management reported that of known suicides between July 2009 and Oct 2009 the rate was 5.3 per 100,000 persons.

**Post-Traumatic Stress Disorder**

The VANJHCS suicide prevention safety plan consists of all veterans that are seen in the Mental Health and Primary Care clinics. Management states that veterans are immediately assessed and screened for suicidal tendencies for the possibility of depression or PTSD. The Mental Health program has enhanced their capacity to provide concurrent PTSD and Substance Use Disorders (SUDs) treatment with the hiring of RN staff for 24/7 coverage of PTSD, in the Domiciliary and the Women's treatment facility. There were 799 OEF/OIF veterans diagnosed with PTSD at the VANJHCS.

**Traumatic Brain Injury**

Management states that Physical Medicine and Rehabilitation services coordinate all TBI/Polytrauma services at the VANJHCS. There is currently a full-time TBI Neuropsychologist who coordinates the care of those veterans requiring services. The VANJHCS also has a War-Related Illness and Injury Study Center (WRIISC) that provides comprehensive physical and neuropsychological evaluations for a variety of symptoms. There are currently 164 OEF/OIF veterans diagnosed with TBI.

**OEF/OIF/OND Programs**

Management states that Post Deployment Health Reassessment, Welcome Home, Yellow Ribbon Reintegration Program, Demobilizations, College Fair, Employment Fairs, Homeless and the Individual Ready Reserve are all events that promote and support all returning veterans. There were a total of 254 events and 250 veterans participating in the programs.

**Community Based Outpatient Clinics**

The VANJHCS has 10 Community Based Outpatient Clinics (CBOCs) with 30,346 veterans enrolled. The CBOC are located in Brick, Elizabeth, Hackensack, Hamilton, Jersey City, Morris-town, New Brunswick and Newark New Jersey. The CBOCs provide services for primary care, nutrition, social work and primary care along with some specialty services.

**Veterans Affairs Voluntary Services**

In FY 2010, there were a total of 3,105 of volunteer hours. The American Legion Auxiliary had a total of 671 of volunteer hours. Management stated that the challenge for recruitment of volunteers and volunteer drivers. Management states that best practice for the East Orange Voluntary Services worked collectively with services and product lines to develop and support volunteer staffing needs throughout the VANJHC and many of its CBOCs that resulted in the receipt of over 27,300 hours of volunteer service and a staff cost savings of 567,000 dollars. The Voluntary Services also raised $64,700 in monetary donations and $15,400 in gifts and services.
Overview
The James J. Peters Veterans Administration Medical Center (VAMC) located in Bronx, New York is the oldest VA medical center in New York City with over 75 years of service to its veterans. The JJP VAMC is a tertiary care medical center also classified as a Clinical Referral Level 1c facility. This facility provides a broad range of inpatient and outpatient health care services to veterans. The Medical Center includes four Community Based Outpatient Clinics which serves the Bronx, Northern Queens, and Westchester Counties in New York. The JJP VAMC provides a full range of patient care services as well as education and research. Comprehensive healthcare is provided to veterans through primary care, tertiary care, long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, radiation oncology, spinal cord injury and polytrauma. The James J. Peters VAMC also has the largest hemodialysis unit within VISN 3 for the treatment of chronic and acute renal disease.

The JJP VAMC Spinal Cord Injury (SCI) Patient Care Center is the referral point for VISN 3 and parts of VISN’s 2 and 4 as well as the Department of Defense (DOD). The Bronx VAMC is the designated network referral center for polytrauma/traumatic brain injury (TBI) patients and was recently designated as the Northeast Regional Center for amputee care.

The JJP VAMC is part of Veterans Integrated Systems Network (VISN) 3.

Overall Challenges
The James J. Peter’s overall challenges are as follows: finding suitable locations for JJP VAMC Community Based Outpatient Clinics (CBOC) located in Queens and White Plains, New York, recruitment of professional staff to better serve their veteran population, limited community resources for the homeless in regards to having a higher HUD/VASH demand than available vouchers, and limited physical space for veteran care.

Fiscal
The budget for the James J. Peters VAMC for FY 2010 was $257 million. The facility received their FY 2010 budget in February 2010. The current budget which was received on October 1, 2010 for FY 2011 is $267 million which is an increase of $10 million (3 percent increase overall which includes $6.6 million in Veterans Equitable Resource Allocation (VERA) funding and $3.3 million Special Purpose Funds) from FY 2010. The FY 2011 financial appropriations within the facility were as follows: Medical received $199 million, Facility received $32 million, and Administration received $33 million. The Administration at the James J. Peters VAMC currently forecasts to have sufficient funds to cover each appropriated area. However, assuming that the FY 2012 will be the same as FY 2011 there is a plan in place for an anticipated FTEE reduction in FY 2012 and FY 2013.

In FY 2010, $2 million and in FY 2011 YTD $4 million of the James J. Peters VAMC budget went to Fee Basis Services. The facility utilizes fee/contract physicians for Administrative Medicine (C&P exams), Dental, Dermatology, Ophthalmology, Orthopedics, Pathology and laboratory Medicine and Radiology (Tele-radiology).

The FY 2010 Medical Care Collections Fund (MCCF) goal for the James J. Peters VAMC was $18 million and their FY 2010 actual collections were $12 million dollars which is a deficit of $6 million. The MCCF goal for FY 2011 is $12 million and their estimated FY 2011 collections are $11.8 million which is a deficit of 500,000. In FY 2012, the James J. Peters VAMC plans to transfer their MCCF function to a Consolidated Patient Account Center (CPAC) to be located in Northeast Pennsylvania.

Enrollment, Accessibility and Continuum of Care
There are approximately 325,000 veterans in the New York City metro area, Bronx County has 37,000, Westchester County has 40,500, Manhattan has 41,500, and Rockland County has 13,000 veterans in the JJP VAMC catchment area. The James J. Peters has seen 10,862 unique patients in the past year. In FY 2010, there have been approximately 1,800 OEF/OIF/OND unique veterans that were seen in the facility’s OEF/OIF/OND program.

In FY 2010, the facility completed 2,228 requested examina-
tions and in FY 2011 2nd quarter the facility completed 780 requested examinations. The James J. Peters VAMC pays for the cost of the Compensation and Pension examinations. The C&P examinations are completed on station. The facility has a combination of both staff physicians, psychologists, and fee basis physicians for C&P exams. Currently, the facility does not have contracts in place for the completion of C&P examinations. The turnaround time for a completed C&P exam for this fiscal year to date is 26.9 days. Currently, the facility's processing time for a C&P examination is 21 days. The James J. Peters VAMC has had 10,862 Priority Group 8 veterans since the January 17, 2003 cutoff.

**Staffing and Affiliations**

The James J. Peters VAMC has approximately 1,600 employees including 18 percent that are military veterans. The facility has staffing issues in the recruitment of Registered Nurses (RN), Pharmacists, Physical therapists, Medical technologists, and Certified Medical Records Technicians. The facility uses temporary staff for the employees that are in the National Guard and Reserves who have been put on military leave. The JJP VAMC has academic affiliations with the Mount Sinai School of Medicine, Columbia University College of Physicians and Surgeons, Columbia University College of Dental Medicine, and The Hospital for Special Surgery. The facility also has physician residency programs. The JJP VAMC through their compensated work therapy (CWT) and OEF/OIF/OND programs trains and offers employment to 15 veterans per year to become nursing assistants to work in the Community Living Center (CLC).

The James J. Peters VAMC investigators provide world renowned research in the areas of Viral Ontogenesis, AIDS, prosthetic devices for spinal cord injuries (SCI), metabolic alterations in SCI patients, Alzheimer’s disease, psychiatry, renal research and disorders related to alcoholism, tobacco, and digestion. The facility also supports accredited research programs in their Geriatric Research Education Clinical Center (GRECC), the Mental Illness Research Education Clinical Center (MIRECC) and the Rehabilitation Research and Development Center (RRDC). In the Spinal Cord Injury Center, research is currently being performed on persons with chronic spinal cord injury (SCI) who are non-ambulatory and who are at risk for secondary medical consequences. The JJP VAMC has partnered with Argo Medical Technologies to test and utilize the ReWalk on its SCI patients. The ReWalk is an advanced reciprocal gait robotic exoskeleton unit. The use of this device permits a person with complete motor paraplegia to stand walk upright over ground and to ascend and descend stairs.

**Physical Plant**

The James J. Peters VAMC has $61 million for deferred maintenance costs to correct their physical plant deficiencies. In FY 2010, the JJP VAMC had the following non-recurring maintenance (NRM) allocations: $11 million for construction non-recurring maintenance (NRM) costs, $31 million for design non-recurring maintenance (NRM) costs, and $60 million for deferred projects. For FY 2011 YTD the facility has $9 million for design NRM costs. The JJP VAMC conducted a parking analysis in November 2010 identifying their parking deficiencies. As a result of the parking survey a new parking garage is planned for FY 2102 to reduce the campus parking deficiencies. The Medical Center has a very active construction program with $65M in FY 2009/FY 2010/FY 2011 for funded program comprising of infrastructure/utility system replacement to clinical renovations/constructions at varies stages of design and construction. The JJP VAMC has currently funded $8 million dollar for design that just got started for a $226 million project consisting of a new 96-bed 160,000 square foot Spinal Cord Injury/Disorder Center and parking garage. The Spinal Cord/Injury Center will have 46 Acute and 46 Long Term Care beds. The JJP VAMC has appropriated $179 million for the spinal cord injury/disorder center and $47 million for the parking space garage which will add 800 additional parking spaces. The anticipated $217 million for the start of construction in FY2013 is for the garage and construction in FY2014/2015 is for the Spinal Cord Injury/Disorder Center.

**Long Term Care, Mental Health and Specialty Care**

The James J. Peters VAMC has 258 authorized beds and 245 operating beds. The facility currently has 13-beds out of service. The facility has had to close some inpatient beds to improve efficiency. In the Community Living Center (CLC) there are 84 authorized beds and 112 operating beds in which 62 beds are currently occupied. The facility currently has no waiting list for long-term care services in the CLC. There is no separate Alzheimer’s unit it is integrated within the CLC. The CLC has eight beds within the CLC designated as Palliative and or Hospice Care and a five bed Commission Accredited Rehabilitation Facilities (CARF) accredited intensive rehab unit (CIIRP Unit). The patients in the CIIRP unit receive intensive therapy with the goal of returning home within a few weeks. The JJP VAMC also provides Hospice care within to the veteran and his family anywhere in the medical center and in the outpatient setting. A Palliative Care Consultation Team (PCCT) provides comprehensive assessments for the veteran and their families in consultation with their Primary Care Team (PCT). The PCT also manages their symptoms and addresses the psychosocial and spiritual concerns that the veteran and their family may have. The fa-
PTSD Programs

In FY 2010, there have been 1,470 unique veterans seen with Post Traumatic Stress Disorder (PTSD). In FY 2010, 20 percent of the OEF/OIF veterans have been diagnosed and treated for PTSD within the JJP VAMC system. The JJP VAMC PTSD program offers a 12 to 16 week evidenced based psychotherapies through Prolonged Exposure Therapy (PET) and Cognitive Processing Therapy (CPT). The PTSD clinic collaborates with the OEF/OIF program, Polytrauma clinic, Suicide Prevention Team, Substance Recovery services, Homeless Services and the Work Therapy Program.

TBI Programs

In FY 2010, there have been 113 OEF/OIF veterans that have been diagnosed and treated for Traumatic Brain Injury (TBI). The JJP VAMC polytrauma and TBI programs provides evaluation and treatment for individuals with TBI. The TBI evaluation includes history and physical examinations, diagnostic testing and pharmacological management of post-concussive symptoms. The Polytrauma/TBI team develops treatment plans based on the Veterans’ individual needs. The therapies that are offered through the Polytrauma/TBI program include Neuropsychological evaluation and treatment, speech and language pathology, occupational therapy, and physical therapy, and driving training therapy. The department also has a TBI Social Work and Case Manager available to the veteran as needed. The department can also make referrals to a Vocational Rehabilitation Counselor (VRC) and Compensated Work Therapy Program to enhance the veterans’ quality of life.

The JJP VAMC Mental service supports TBI services by providing Compensated Work Therapy (CWT) to their brain injured clients. The program consists of one psychologist and one vocational rehabilitation counselor (VCR). The JJP VAMC on-site psychologist provides vocational assessments, vocational counseling, psychotherapy, bio-feedback, prolonged exposure treatment (PET), and educational counseling.

OEF/OIF/OND Programs

The James J. Peters VAMC has an OEF/OIF/OND program that is committed to providing the highest quality of care and wide range services to all returning combat veterans. The program’s staff provides the following services: VA enrollment and registration, outreach and education, veteran needs assessment, case management of severely injured/ill combat veterans and other high-risk veterans. The OEF/OIF/OND team assists with care coordination with primary care, women’s health, preventive health screenings, health education, readjustment counseling, PTSD treatment, family counseling, mental health services and

Mental Health

The Mental Health program at the James J. Peters VAMC has more than 150 staff members that offer services to more than 7,200 patients. The facility has a 30- bed inpatient unit directed by a Nurse Manager and two physicians. The MH program also has psychiatry consultation liaison services, outpatient psychiatry, and housing and employment services. More than 1,000 Veterans are served by these programs.

In FY 2010, the James J. Peters VAMC treated and served 7,233 mental health patients. The JJP VAMC experienced some changes with their mental health programs. The facility reorganized their Outpatient Psychiatry Clinic to small manageable physician led teams each with a dedicated nurse and social worker. The program also has dedicated staff to identify patients with outstanding reminders and have staff scheduled to complete the mental health screens. The facility also promotes education among staff that their compliance equates to good clinical care for the patient. The mental health program has two psychologists fully integrated into the medical center’s primary care program. The program psychologists have access to psychiatrists in the mental health care center to provide health education and prevention in regards to smoking cessation and diabetes prevention. They also provide mental health evaluations for patients who are being considered for bariatric surgery. The facility implemented a faster consultation process with the establishment a psychologist specific intake team where the appointments are made at the veterans request either on walk in or scheduled intakes.

The JJP VAMC has a very active suicide prevention team and plan which provides consultation and education to staff on how to manage Veterans who are at high risk. The suicide rate for the Bronx in 2010 is .00002 percent using total number of patients. The total number of MH patients in the JJP VAMC catchment area is 92,602.
treatment, and evaluation and treatment of polytrauma and Traumatic Brain Injury (TBI). The OEF/OIF/OND program also is a resource for referrals and other VA entitled benefits for returning combat veterans and their families.

**Community Based Outpatient Clinics**

The James J. Peters has four community based outpatient clinics (CBOC) that are assigned to the JJP VAMC. The Bronx CBOCs provide a broad range of inpatient and outpatient health care services and consists of North Queens, White Plains, South Bronx and Yonkers. The CBOC in the South Bronx closed in September 2010 due to the low amount of visits. In FY 2010, the James J. Peters VAMC CBOCs had 10,555 outpatient visits.

**Veterans Affairs Voluntary Services**

The Veteran’s Affairs Voluntary Service (VAVS) program at the James J. Peters VAMC is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. Their mission is to provide voluntary assistance and financial support to medical centers and outpatient clinics that will contribute to the delivery of high quality care to their veterans. In FY 2010, there were 3,292 combined volunteer hours from the American Legion and American Legion Auxiliary. The American Legion had 2,791 hours and the American Legion Auxiliary had 501 volunteer hours. The biggest challenge that the JJP VAMC has in recruiting volunteers is their attracting highly motivated volunteers and retaining them.
Overview

The Northport Veterans Affairs Medical Center (VAMC) located in Long Island, New York is made up of employees that are committed and compassionate in providing the highest quality of care for Veterans. The Northport VAMC is a tertiary care medical center facility consisting of six Community Based Outpatient Clinics (CBOCs) located throughout Long Island. Comprehensive healthcare is provided to their veterans throughout the system through primary care, specialty care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care.

The Northport VAMC is part of the Veterans Integrated Service Network (VISN) 3 NY/NJ Veterans Health Care Network, which includes facilities in New York City and New Jersey.

Overall Challenges

The challenges for the Northport VAMC include: construction and renovations needs due to the aging building infrastructures (built in 1928), hiring engineers, recruitment of physician specialty areas (ex. Dermatology), Full-Time Equivalent Employee (FTEE) levels can be higher in order to better serve their veteran population, and getting veterans to come to the medical center due to the time it takes veterans to get to the medical center as a result of the mileage size of Long Island (125 miles).

Fiscal

The budget for the Northport VAMC for Fiscal Year (FY) 2010 was $282 million. The medical center received FY 2010 budget in February 2010. The current budget for FY 2011 is $283 million which is an increase of $1 million from FY 2010. Management believes that the current FY 2011 budget will allow the Northport VAMC to maintain FY 2010 levels of services, open enrollment, and staffing levels.

The FY 2011 financial appropriations within the medical center were as follows: Medical received $221 million, Facility received $32 million, and Administration received $30 million. Management has not received any information regarding their 2012 budget.

In FY 2011 the Northport VAMC Medical Center Collections Fund (MCCF) goal was $21 million and their actual collection for FY 2011 through May 2011 was $12,630,941. The Northport VAMC MCCF collections will fall under the Consolidated Patient Account Center (CPAC) located in Lebanon, Pennsylvania in approximately 12 months.

For FY 2010 and FY 2011, about one percent of the Medical center's overall went to Fee Basis Services. The Medical center utilizes fee/contract physicians to augment existing staff in several specialty services. The fee basis providers that the Northport VAMC uses are for smaller services to fill a particular niche or role in supporting their services such as: Emergency Department physician coverage, Dermatology, Diagnostic Radiology, Radiation Oncology, Neurology, Pathology, Ultrasound, and Cardiology.

Enrollment, Accessibility and Continuum of Care

The veteran population in the catchment area is approximately 153,000 veterans. In FY 2010, there were 62,489 veterans enrolled at the Northport VAMC over a three-year period. In FY 2010, from Oct 1, 2009 through September 30, 2010, there 33,485 unique veterans that received health care services at the medical center including 526,047 outpatient visits and 1,968 inpatients that were treated at the medical center. There are currently 4,528 unique Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans enrolled and 1,957 (OEF), (OIF), and (OND) veterans treated at the medical center in FY 2010. There are approximately 16,336 women veterans enrolled and 6,180 women veterans have been treated in the past ten-years at the medical center. The facility has 5,843 Priority Group 8 veterans enrolled in their system prior to the January 17, 2003 cutoff.

In FY 2010, Northport VAMC performed 3,373 Compensation and Pension (C&P) examinations and FY 2011 (as of May 2011) the medical center performed 1,160 C&P exams. The medical center’s current C&P processing time is 22.6 days which is well below the national average of 30 days. The C&P exams are
performed by VA certified providers in each of their clinics. The facility is utilizing QTC Management, Inc. for their audiology C&P examinations.

**Staffing and Affiliations**

The Northport VAMC has 1,767 employees including 392 employees that are veterans. The medical center has a 99 percent retention rate. The facility has 228 residents, interns, and students enrolled at the medical center in various specialties such as Audiology, Dental, Medical, Nursing, Nutrition, Pharmacy, Podiatry, PM&R, Psychology, Recreation Therapy, Respiratory, Social Work, Business, and Pathology & Lab. At any given time the Northport VAMC can have approximately 75 residents in the building. The number of residents in their affiliated programs with the State University of New York (SUNY) Stony Brook on clinical rotations is closer to 300. The medical center’s 82 educational affiliations provide training for over 175 students each year.

**Physical Plant**

The Northport VAMC is on a 268 acre campus with 40 buildings of which 24 are historic consisting of 1.4 million square feet. The average building age is over 70 years old, making it extremely difficult for infrastructure upgrades. The medical center currently has approximately 20 active construction projects valued at $30 million dollars. In addition to the 20 active projects, the facility has eight to ten projects obligated for construction in FY 2011 for approximately $46 million and there are four obligated construction projects slated for FY 2012 and 2013 valued at $36 million. According to the facilities 2008 Facility Condition Assessment (FCA) they have $70 million in needed construction projects to resolve existing issues. The medical center’s non-recurring maintenance (NRM) for FY 2011 is valued at $8 million. The Northport VAMC Strategic Capital Investment Plan (SCIP) has the following projects planned: increase parking spaces, roads & parking lot renovations, covered handicapped parking lot, Assisted Living EUL and a new and larger Community Based Outpatient Clinics. As a result of the building being built in 1928, there are needs for mechanical, electrical and infrastructure upgrades such as roof replacements, tuck pointing, elevator upgrades, electrical upgrades, window replacements, fixture and piping upgrades and energy conservation projects.

**Long Term Care, Mental Health and Specialty Care**

The Northport VAMC has 170 authorized beds in their Community Living Center (CLC) and 134 operating beds. Currently 110 beds are actively occupied which eliminates a waiting list for admission to the CLC. Northport also has a 10 hospice/palliative care (end of life) beds within a wing of a unit located within the CLC. The Northport VAMC has a very active, vibrant, and dedicated staff within the CLC who instituted the plane tree model with its veteran population. Such examples are allowing patients to select their own meals and refreshments, entertainment, trips and outings, etc. The facility also has built a 50’s style diner within the building that occupies the CLC to entertain their “baby boomer” veteran population. In the CLC the staff has a special celebration of life program to honor the veteran who passes.

The Northport VAMC has a wonderful woman veteran’s health care program that targets the unique needs of approximately 1,600 female veterans in which 48 female veterans experienced military sexual trauma (MST) and are currently in treatment. The women’s health care program located in a beautiful atmosphere offers comprehensive women centered services to include mental health care services including treatment for post traumatic stress disorder (PTSD), MST and substance abuse throughout the Northport VAMC. The women’s health program is also focused on health promotion, disease prevention and management, and the overall emotional well-being of all female patients. The women veterans’ healthcare team provides preventive health screening, supportive services and outreach, and medical procedures and treatment to their women veteran population.

**Mental Health**

The Northport VAMC has a specialized mental health department to serve the mental, social, and psychological needs of the approximately 6,604 unique veterans that have been treated for mental health in FY 2010. The Medical Center has two 21-bed inpatient mental health units with a combined square footage of 20,483 square feet and provides outpatient mental services in all of their CBOCs. The Northport VAMC has 176 specialists on staff including psychologists in their primary care teams and 24/7 Emergency Room coverage to provide consultation, evaluation, and treatment for the veteran’s issues that impact their emotional well-being. The Medical Center’s mental health services are implemented by evidence based practices through individual therapy, group therapy, and outreach and by offering ample amount of programs and services to treat the mental health needs for veterans and their families.

The Northport VAMC has a full time suicide prevention coordinator and suicide prevention case manager to track and closely monitor the veteran’s ideations of suicides within their catchment area. Any patient that scores a positive score on depression and or PTSD is immediately assessed for a suicide risk. Any positive responses will immediately lead to a referral.
to a mental health provider. Every patient seen in any mental health program receives a comprehensive suicide risk assessment at intake. In FY 2010, Northport had 42 attempts and three successful suicides of veterans which equates to 8.9 per 100,000 patients that are treated within their catchment area.

The Northport VAMC has approximately 700 homeless veterans within their catchment area. In FY 2010, the Medical Center gave out 200 HUD/VASH vouchers and 200 vouchers were utilized by veterans and their families. The Northport VAMC has a robust program that offers homeless veterans many available programs and services to combat their homelessness.

PTSD Programs
According to the facility in FY 2010, there have been 495 OEF/OIF veterans diagnosed with Post Traumatic Stress Disorder in which 112 were female veterans. The Northport VAMC screens all veterans for PTSD. The veterans who score positive are referred for a more thorough mental health evaluation. Veterans who suffer from PTSD are treated in the many programs within the medical center and CBOC mental health services including substance abuse, Post Traumatic Stress Disorder Residential Rehabilitation Program (PRRP), Substance Abuse Residential Rehabilitation Treatment Program (SARRTP), and general mental health. The veteran who suffers from more of a disabling PTSD the facility offers a residential PTSD treatment program and aftercare through the PTSD Trauma Recovery Center.

TBI Programs
According to the facility in FY 2010, there have been 95 OEF/OIF veterans diagnosed with Traumatic Brain Injury (TBI). The Northport VAMC screens all returning combat veterans first by the Outreach team and if they test positive on the four questions screen they are referred to the Physical Medicine and Rehabilitation (PM&R) for additional screenings and assessments. If a veteran’s TBI diagnosis is confirmed they receive further consultations through their interdisciplinary polytrauma clinic support team consisting of a physician, nurse, occupational therapist, physical therapist, speech language pathologist, psychologist, and social worker.

OEF/OIF/OND Programs
The Northport VAMC has a dedicated Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) clinic within the medical center that has 4,258 enrollees. Northport VAMC offers and supports several outreach programs and events throughout Long Island and provides several resources for their returning combat veterans throughout their catchment area. The medical center through-out the year in conjunction with the OEF/OIF department has several programs to assist their returning combat veterans and families with dignity and respect who are in need of food, financial assistance, and or toys for kids during the holidays.

The OEF/OIF/OND department participates in several Post-deployment outreach events such as Yellow Ribbon events, Post-Deployment Health Re-Assessment (PDHRA), family support, reserve and guard musters and trainings and meetings with the Suffolk and Nassau County Veterans Service Agency and New York State Division of Veterans Affairs as well as other area Veterans Service Organizations (VSOs).

Community Based Outpatient Clinics
The Northport VAMC has six Community Based Outpatient Clinics (CBOC) that are assigned to Northport, which are located in Plainview, Lynbrook, Riverhead, Islip, Patchogue, and Lindenhurst. The clinics provide the following healthcare services to their veterans: primary care and preventive health services, mental health services, health promotion & disease prevention, medical benefits counseling, laboratory services, home based primary care (HBPC), and smoking cessation counseling, compensation and pension exams, and some specialty services. In FY 2010, the Northport VAMC CBOCs had 6,083 outpatient visits.

Veterans Affairs Voluntary Services
The Veterans Affairs Voluntary Service program at the Northport VAMC is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. Their mission is to provide voluntary assistance and financial support to the medical center and outpatient clinics that will contribute to the delivery of high quality care to veterans. In FY 2010, there were 768 volunteers and 1,934,681 volunteer hours. The American Legion had 706 hours, the American Legion Auxiliary had 511 volunteer hours, and The Sons of the American Legion are not present at the Northport VAMC. The Northport VAVS program has saved the medical center a significant amount of beneficiary travel money that is given to their veterans and also as a result has saved approximately 20 FTEEs. The biggest challenge that the Northport VAVS program has is to keep up with the daily maintenance of their large fleet of volunteer transportation vehicles.
VISN 4

PHILADELPHIA VA MEDICAL CENTER, PHILADELPHIA, PA
February 8-9, 2011
National Task Force Member: PNC Paul A. Morin
National Field Service Representative: Brian J. Bertges

VA PITTSBURGH HEALTHCARE SYSTEM, PITTSBURGH, PA
May 17-18, 2011
National Task Force Member: William R. (Bob) Wallace
National Field Service Representative: James M. Woodson, IV
Overview

Philadelphia Veterans Affairs Medical Center (PVAMC), located in Philadelphia, Pennsylvania is a tertiary health care facility providing a broad range of patient care services, ranging from as simple as primary care all the way up to complex procedures such as kidney transplants. Comprehensive health care is provided in areas of medicine, surgery and psychiatry, women’s health and much more. PVAMC is designated as a Complex Inpatient surgical complexity Level III polytrauma facility and has four Community Based Outpatient Clinics (CBOCs) as far north as Saracini, as far south as Gloucester, and as far east as Fort Dix. The PVAMC has been received many awards from the National Research Centers of Excellence to include awards from the Parkinson’s Disease Research, Education and Clinical Center (PADRECC), the Center for Health Equity Research and Promotion (CHERP), the Regional Sleep Center, Center of Excellence for Substance Abuse Treatment and Education (CESATE), and the Mental Illness Research Education and Clinical Center (MIRECC) for VISN 4.

PVAMC is a part of Veterans Service Integrated Network (VISN) 4 which includes facilities in Delaware, Pennsylvania, and West Virginia.

Overall Challenges

The challenges for PVAMC include: centralized contracting and IT, the flexibility of specialized funds, the need for transportation of veterans in the CLC, and parking.

Fiscal

The budget for the Philadelphia Veterans Affairs Medical Center for FY 2010 was $405 million. The facility received FY 2010 budget monies in October 2009. The current budget for FY 2011 is $427 million which is an increase of $22 million from FY 2010. Management believes that the current FY 2011 budget will allow PVAMC to maintain FY 2010 levels of service and open enrollment and staffing levels. Management is currently working on a “Draft Budget Plan” for FY 2012 and FY 2013 sent out by the VISN 4 Chief Financial Officer’s Office, with a suspense date of February 24th 2011.

The FY 2010 Medical Care Collections Fund (MCCF) goal was almost $22 million. The total MCCF collections for FY 2010 were almost $17 million. Currently, the collections goal for FY 2011 is $16 million.

For FY 2011, about four percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services mostly for neurosurgery, audiology, and gastrointestinal specialists.

Enrollment, Accessibility, and Continuum of Care

The veteran population in the catchment area is 329,245. There are 52,354 enrolled patients at PVAMC and 94,090 in the Healthcare System. In FY 2010, the facility treated 56,354 unique veterans and had 516,101 visits.

There are currently 7,784 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are 4,443 women veterans enrolled at PVAMC, with 2,553 women veterans using the PVAMC for healthcare. The facility has 5,384 Priority Group 8 veterans in their system. In FY 2010, PVAMC completed 10,876 Compensation and Pension (C&P) examinations. The turnaround time for a C&P exam is currently 32 days. The C&P exams are performed by VA staff and by minimal fee-basis. PVAMC mentioned that challenges they face in regards to C&P examinations include issues with having the resources necessary to perform the audiology exams. C&P exams have priority, but it leads to audiology appointments for non-service connected veterans to occur approximately four months from the time that they are scheduled.

PVAMC offers C&P exams also on Saturdays and Sundays for veterans in order to attend on non-working days, which is greatly appreciated by veterans, who are still working and cannot afford to take off for a C&P exam.

Staffing and Affiliations

According to management, there are currently 2,241 full-time employee equivalents (FTEE) employed at the PVAMC and 502 of those employees are veterans, comprising almost 23 percent of their staff. PVAMC continues to see a reduced turnover rate over the last five years, resulting in a stable workforce and few recruit-
ment difficulties. FTEEs have increased by over three-hundred in the last five years. Recruitment difficulties have greatly lessened with major occupations, particularly RNs and physicians, but also in other clinical occupations. There are still specific positions, such as Hospitalist and GI physicians along with specialty nurses that requirement more intensive recruitment but we are able to fill such positions. PVAMC staffing has almost a 90 percent retention rate.

PVAMC has over 50 active affiliation agreements, with 43 different educational affiliates. Overall, there are over 800 university residents, interns, and students enrolled at the PVAMC each year. One of its main affiliates is the esteemed University of Pennsylvania. According to the facility, they offer programs in medical, surgical specialties, and subspecialties and have Associated Health Training in nursing, dental, psychology, audiology, social work, pharmacy, and dieting and nutrition.

**Physical Plant**
The PVAMC is currently planning or undergoing the following projects for FY 2010 and FY 2011: constructing a new parking garage, replacing the chillers, performing upgrading (the Behavioral Health Department, Dental Lab, Emergency Department, Canteen, Upgrading CLC court) and Installing Elevators. Based upon the Facility Condition Assessment (FCA), the current deficiencies will cost $30 million in order to correct. The PVAMC asked for $0 in order to perform all seismic corrections. The PVAMC used the stimulus money to put the facility into a position in order to sustain all operations in an emergent situation. These adjustments were performed to provide 96-hour sustainability in emergencies so the facility could meet the Joint Commission’s requirements.

**Long Term Care, Mental Health and Specialty Care**
Philadelphia Veterans Affairs Medical Center has 145 authorized beds in acute care with two being currently out of service and 135 in their Community Living Center (CLC). The facility currently does not currently have a waiting list in order to receive long term care. The census at the time of our visit was 108. The facility also has a 10-bed palliative care unit. The facility has a five-year renovation project in order to create a patient centered Community Living Center, moving away from an institutional setting. The CLC currently does not have transportation available to take veterans on trips into the local community. At the time of the visit they had a bus that required someone with a Commercial Driver’s License to perform trips, but did not have a driver. The new director mentioned that he would make sure that this issue was resolved and has since been completed.

The mental health department is simply top notch. They are fully integrated with the Mental Illness Research, Education, and Clinical Center for VISN 4. They have developed the Behavioral Health Laboratory (BHL) at the Philadelphia VAMC. It is only one of two mental healthcare management models approved by the Uniform Mental Health Services Handbook (UMHSH). The BHL has many components that involve evaluation, triage, and care management of patients in primary care.

The PVAMC is working to meet the Secretary’s Five-Year Plan to End Homelessness. The PVAMC has the National Center for Homeless Veterans located on site. This gives them an edge above other facilities for working with the homeless population. The Center has developed a program to allow a facility to track the care that homeless veterans receive and it is projected to help determine migration patterns for the transient homeless population. Additionally the facility provides different outreach to include a Veterans Court, which helps homeless veterans as well as many other veterans. Currently the PVAMC has 345 vouchers (expanded by 0 from the previous year) and have issued 332. At the time of the site visit, there were approximately 2,000 homeless veterans in catchment area.

**Women Veterans**
The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of the 4,443 women veterans enrolled at the facility. Services include: primary care, gynecological care (four days a week), mental health services, some surgeries (many on referral to local hospital, but include mastectomies), and pharmacy support will be available when the facility moves to the Patient Aligned Care Team (PACT) Model. The program coordinator retired one week prior to the visit. They had already selected a new program manager, because of the advanced notice. This provides a smoother transition. Different events and regular activities include: luncheons, regional events, focus groups (such as the “Squeaky Wheel Group”), Red Dress Day for women’s heart health. The Women’s Program is currently located in a high traffic area, which cuts down on the privacy of the veterans that attend the clinic. The construction plan allows for the clinic to move to a more secluded location in future years.

**Traumatic Brain Injury (TBI)**
The facility’s treatment is as follows: primary care screens all new patients for TBI, but direct referrals are taken from any provider. Referrals are sent to the Polytrauma Clinic. The Clinic uses a team approach. The team includes representation from physical therapy, occupational therapy, speech, neurology, neuropsych and psychiatry, blind rehabilitation, behavioral health and social work, nursing, recreational therapy, OEF/OIF, and orthotics. Other services can be called upon as needed. The team meets once a week to review and put together a care plan. This facility conducts various TBI research projects in conjunction with other VAMCs and also with the University of Pennsyl-
vania. Current project focuses include comparing symptoms of TBI to symptoms of PTSD, comparing specific cognitive problems associated with blast-caused TBI versus TBI attributed to other mechanisms of impairment, and looking at the level of effort put forth during neuropsychological assessments.

**Post Traumatic Stress Disorder (PTSD)**

The PVAMC has many different processes, treatments, and research dealing with PTSD. According to the facility the evaluation process and treatment are as follows: Patients who are not already in treatment for depression or PTSD receive annual screenings by their primary care provider. If a patient screens positive or if the provider has other mental health concerns, the patient is referred for mental health treatment. Depending on the patient's level of need, the patient is referred to the Behavioral Health Lab (BHL), the daytime walk-in clinic or directly to a Behavioral Health Provider for follow-up evaluation. The BHL provides a comprehensive telephone evaluation to determine whether the patient can be treated for his/her mental health issues in Primary Care or if a referral for Behavioral Health specialty care is warranted. If mental health treatment within Primary Care is appropriate, the BHL provides case management either by telephone or in person. If the initial psychiatric assessment indicates that a referral for PTSD specialty care is appropriate, the patient is referred to a member of the PTSD Clinical Team. Specialty PTSD services include Psychopharmacology, Cognitive Behavioral Therapy (CBT), and Prolonged Exposure Therapy. However, the facility also takes a more holistic approach and includes services to battle more immediate needs, such as locating housing and employment.

The PVAMC is currently researching a variety of aspects of PTSD. They include: Complicated Family Reintegration in OEF-OIF veterans, treatment for co-morbid PTSD, addictions among OEF/OIF Veterans, Risperidone Treatment for Military Service Related to Chronic PTSD, Psychotherapy Trial for Combat-Related Nightmares in Vietnam veterans with PTSD, Demonstration of Psychotherapy for Military-Related Nightmares in OIF/OEF Returnees with PTSD, Nexalin for PTSD and Major Depressive Disorder (MDD), CBT for Nightmares in OIF/OEF veterans, and OEF-OIF Family Outreach and VISN 4 Family Call Center.

The VISN 4 MIRECC introduced the Family Call Center (called "Families at East"), and piloted it in the Philadelphia area, and received approximately 80 calls dealing with family issues and returning veterans. This program is a vital resource for families dealing with veterans with PTSD. They provide immediate feedback and information for issues as small as benefits questions to how to deal with more serious issues such as anger management.

**OEF/OIF/OND Programs**

The OEF/OIF/OND program has a program manager, two social work case managers, and one nurse case manager who manage a total of 200 cases, many of which are polytrauma. The department has been active in both FY 2009 and FY 2010 holding over 85 events in all. The PVAMC attended two major demobilizations and reached out to over 4,000 veterans in the two years.

Other events and programs consist of: Yellow Ribbon, Post Deployment Health Re-Assessment (PDHRA), Congressional fairs, Blue Star Mothers, visiting local Colleges for information briefs upon request, and a presentation at churches.

Additionally, the PVAMC has strategically located the Department Service Officers next to the OEF/OIF/OND Program and also has the Veterans Benefits Administration come in two days a week in order to answer claims questions. This allows for the case managers to pay specific attention to the needs of the veteran's healthcare.

Since the establishment of the Polytrauma program at PVAMC, there have been 948 initial positive screens tracked for comprehensive evaluation. There have been 430 completed comprehensive evaluations. In addition, 196 veterans have been confirmed for TBI diagnosis and 234 TBI cases ruled out.

**Community Based Outpatient Clinics**

There are 20,174 veterans enrolled at the CBOCs. PVAMC has four CBOCs in the state of Pennsylvania and New Jersey. The CBOCs consists of: Fort Dix, New Jersey located 43 miles east of PVAMC; Gloucester County, New Jersey located 17 miles south of PVAMC; Saracini, Pennsylvania which is located 27 miles north of PVAMC; and Camden, New Jersey, located six miles east of PVAMC.

**Veterans Affairs Voluntary Services**

In FY 2009, there were a total of 518 volunteers for a total of 43,117 hours. In FY 2010 there were 677 volunteers, which logged a total of 47,600. The Philadelphia Veterans Affairs Medical Center has received the equivalent of $992,460 from services provided by volunteers. They also received a total value of $155,222 from donations and monetary contributions in FY 2010. There were eight American Legion volunteers who gave 4,535 hours in FY 2009 and FY 2010. The American Legion Auxiliary had 6 volunteers who donated 2,073 hours in FY 2009 & 2010. The Sons of the American Legion had 4 volunteers in FY 2009 and FY 2010 that donated 830 hours.

Noticing that the volunteering population mostly consists of older volunteers, the VAVS are focusing on recruiting the younger generation through numerous avenues including flyers and handouts that appeal to their target audience. They have specifically two attractive print handouts; one is titled "What is your Motivation to Volunteer?" (MTV) and the other is title Volunteers in Action, which on the cover shows a college aged woman and an older volunteer, to whom that edition is dedicated.
**Overview**

VA Pittsburgh Healthcare System (VAPHS) is a tertiary care system classified as a complexity 1a facility which services includes primary care, tertiary care, and long-term care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. VA Pittsburgh Healthcare System is a tertiary referral center for the western half of VA Healthcare – Veterans Integrated Service Network (VISN) 4.

VAPHS consists of three divisions: a major medical and surgical tertiary care facility in the Oakland district of Pittsburgh, PA, a behavioral health facility in the East Liberty section of Pittsburgh, PA, and community living center and homeless domiciliary in O’Hara Township, PA. VAPHS serves the veteran population throughout the tri-state area of western Pennsylvania, Ohio, and West Virginia.

VA Pittsburgh Healthcare System has been designated as a National Independent Liver and Renal Transplant Centers, Regional Cardiac Surgery Center, Oncology Referral Center, and Dialysis Center. VA Pittsburgh Healthcare System has earned recognition as a National Center of Clinical Excellence in Women Veterans Health Programs and in Renal Dialysis. VAPHs is a national renal and kidney transplant center, and a bariatric referral center.

**Fiscal**

The budget for the VAPHS for Fiscal Year (FY) 2010 was $539,711,333. The current budget for FY 2011 is $553,408,801, which is an increase of $13.7 million from FY 2010. Management is currently working on identifying cost efficiencies and savings for FY 2011. Management believes that the current FY 2011 budget will allow Pittsburgh VAMC to maintain FY 2010 levels of service, enrollment and staffing levels. In FY 2010, the facility spent $4,718,902 in benefits travel which comes from the medical appropriation. The facility has not received any information in regards to the FY 2012 budget. According to management, $65 million is dedicated to fence funding.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $23 million. The total MCCF collections for FY 2010 were $18.5 million. The FY 2011 collection goal is $21 million. Management anticipates on reaching the collections goal and they are currently ahead of the goal. VAPHS will be transitioning over to the Northeast CPAC in November FY 2012. During the transition VAPHS will lose a total of 20 employees. Six of those employees will be working at the CPAC in Lebanon, PA. The projected collection goal is $14 million for FY 2011. Currently, 7.2 percent of the overall budget goes to Fee Basis Services. The facility is currently utilizing fee services for all surgical subspecialties, GI, and ICU night coverage.

**Enrollment, Accessibility and Continuum of Care**

In FY 2010, VAPHS workload includes 61,750 unique inpatient visits and 561,997 unique outpatient visits. The catchment area consists of Ohio, West Virginia, Pennsylvania, and Maryland. The average length of stay is 11.1 days. Currently there are 3,457 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/ Operation New Dawn (OND) era veterans and 29,998 Vietnam Era veterans utilizing VAPHS services. Pittsburgh VAMC serves as the hub (referral site) for Western Pennsylvania and VISN 4. Shuttle services are provided to and from nearby medical centers for patient care. In FY 2010, VAPHS performed 38 liver and 30 kidney transplants.

For FY 2010, VAPHS clinics averaged more than 99 percent success rate for completing all clinical appointments within 14 days of a veteran’s desired appointment date.

In FY 2010, management stated that there were 5,095 completed Compensation and Pension (C&P) examinations and in FY 2011 there were 2,885 exams as of May 10th, 2011. The turnaround time for a complete C&P examination is currently 15 days with a zero percent return rate for inadequacies. The C&P exams are provided by VA providers. According to man-
agagement, the C&P office is currently experiencing increase claims/ exam due to the decision of the Nehmer Court Case. Management states that on average there are four examinations conducted per VA Form 2507(exam request). VAPHS has one physician that assists the Regional Office in opinion only exams. The current no show rate for C&P examinations is between 15-20 percent.

**Staffing and Affiliations**

According to management, there are currently 3,157 people employed at the facility. Of those employees, 1,041 are veterans which represent 31 percent of the Full-Time Employee Equivalents (FTEE). VAPHS employs 185 Physician FTEE and 808 Registered Nurse FTEE. VAPHS staff vacancy rate is five percent. Management has concerns regarding the FTEE budget might be reduced for FY 2012.

VAPHS is currently having difficulty staffing some specialty positions to include Dermatologists. VAPHS is currently utilizing fee basis physicians for Orthopedic Surgery, Dermatology, Endocrinology, Ophthalmology, Rheumatology, General Internal Medicine, Emergency Medicine, Critical Care Medicine, Kidney Transplantation, General Surgery, and Optometry.

Pittsburgh V AMC has an affiliation with the University of Pittsburgh.

**Physical Plant**

VAPHS is currently undergoing a multimillion dollar construction project as a part of expansion initiative. Do to the aging and expensive upkeep costs, the Highland Drive Division, will be closing. Therefore, the services will be moved to the Ambulatory Care Center (Heinz Campus) and the Consolidation Building (University Drive Campus).

The Ambulatory Care Center is an 117,000 square feet facility that will house, outpatient pharmacy, audiology and speech pathology, dental, physical medicine and rehabilitation, prosthetics, adult day care, patient registration, phlebotomy, specialty care, radiology, and primary care with integrated behavioral health services and services to new veterans. The expected move in date is fall 2011 and the projects costs $38.2 million.

The Consolidated Building is a 194,850 square feet structure that will provide a full spectrum of outpatient behavioral health services seamlessly integrated with primary care, plus a chapel, audiology and speech pathology, a simulation training center, medical media and a flexible learning space. Floors three through five will house private inpatient behavioral health bedrooms and multipurpose activity spaces. Veterans on these floors will have access to three rooftop terraces. The $75.8 million construction and move in should be completed in winter 2011.

**Long Term Care, Mental Health and Specialty Care**

The Heinz Division is home to 262-bed Community Living Center (CLC), Geriatric Center of Excellence, and also Hospice, rehabilitation, and dementia and outpatient services. Currently the CLC is operating at a 96 percent occupancy rate. In FY 2010, the CLC had 700 admissions and 675 discharges. There are 28 Hospice and Palliative Care beds. There is currently no waiting list for long term care beds. VAPHS has contracts with 90 long term facilities that provide beds out in the community.

Management reported that in FY 2010 there were 66 attempted suicides and one completed suicides. The Suicide Prevention Coordinator stated that the VAPHS is in compliance with the nationwide VA strategies for suicide prevention. The VAPHS also provide follow-up care for suicide screens for veterans who screen positive for PTSD and depression.

The VAPHS has recently opened a Healthy Women’s Center which provides primary care, gynecologic care, prenatal care, menopausal care, and general physicals to the 4,000 enrolled and 2,500 active women veterans. The clinic provides three exam rooms and a cozy waiting room complete with a lactation area and a wellness resource nook. Management expressed concerns that additional exam rooms are needed to handle the increasing demand. Currently the overflow of additional exam rooms are provided in the general Primary Care population. The Women Veterans Program provides several outreach activities on a monthly basis.

**Post Traumatic Stress Disorder**

The Pittsburgh V AMC offers inpatient, outpatient, and residential mental health services. The locked, acute, inpatient psychiatric unit assists veterans in crisis due to suicidal thoughts, homicidal thoughts, delusions, hallucinations, mania, severe depression, dementia, or alcohol withdrawal. The outpatient services include general mental health care
as well as specialty care for Post Traumatic Stress Disorder and Substance Abuse. Some of the services provided in our outpatient clinics include emergency psychiatric services, management of psychotropic medications, psychotherapy groups, family and marriage counseling, recovery focused counseling, peer support, counseling for military sexual trauma, therapy for people with dual diagnosis of PTSD and Substance abuse, Alcohol and Substance Abuse recovery groups, and Suboxone treatment for Opioid dependence. Pittsburgh VAMC has two residential programs, one for the treatment of substance abuse and dependence and the other for treatment of PTSD. In FY 2010, VAPHCS provided treatment to 4,356 veterans with a diagnosis of PTSD.

Polytrauma/Traumatic Brain Injury
The VAPSH serves as a Level III Polytrauma Support Clinic Team in the Polytrauma System of Care. The Polytrauma/TBI program evaluates and case manages veterans and service members from OEF/OIF/OND who have ongoing symptoms after suffering mild traumatic brain injury (mTBI) or life threatening injuries. Polytrauma Support Clinic Teams (PSCT) are local teams of providers with rehabilitation expertise who deliver follow up services in consultation with regional and network specialists. PSCTs assist in the management of stable polytrauma through direct care, consultation, and the use of tele-rehabilitation technologies, as needed.

OEF/OIF/OND
Outreach continues to be a major component of connecting with returning OEF/OIF/OND veterans. Each year, Pittsburgh VAMC hosts an annual welcome home celebration in honor of their service and to provide them with information regarding their VA benefits. At this event, 600 new veterans were enrolled in FY 2010.

Community Based Outpatient Clinics
Pittsburgh VAMC operates five Community Based Outpatient Clinics (CBOC’s) throughout Western Pennsylvania, West Virginia, and Ohio. Additionally, Community-Based Outpatient Clinics are located in St. Clairsville, OH (73 miles from VAPHS); Beaver CBOC, PA (36 miles from VAPHS); Uniontown, PA (61 miles from VAPHS); Washington, PA (34 miles from VAPHS); and Westmoreland, PA (36 miles from VAPHS). The CBOC’s has 25,000 enrolled veterans. The VAPHS CBOC’s provide primary care services including general medical care, physical exams, and laboratory, radiology, dietary and podiatry services.

Veterans Affairs Voluntary Services
In FY 2010, The American Legion had a total of 10,093 volunteer hours. The American Legion Auxiliary had a total of 3,000 volunteer hours. Management stated there was a total monetary donation of $ 545,000.

VAPHS are making preparations to host the 31st National Veterans Wheelchair Games which will be held during the first week of August 2011. In this event, athletes navigate an obstacle course, displaying their ability to balance and tackle doorways, ramps, stairs, and other challenges.
MARTINSBURG VA MEDICAL CENTER, MARTINSBURG, WV

April 5-6, 2011

National Task Force Member: R. Michael Suter
National Field Service Representative: Warren J. Goldstein
The American Legion | System Worth Saving

MARTINSBURG VA MEDICAL CENTER | MARTINSBURG, WV

Date: April 5-6, 2011
National Task Force Member: Vice-Chairman, R. Michael Suter
National Field Service Representative: Warren J. Goldstein

Overview

Since 1944, the Martinsburg Veterans Affairs Medical Center has been improving the health of the men and women who have served the country. The Martinsburg VAMC is located in Martinsburg, West Virginia. The Martinsburg VA Medical Center is a level II Intermediate Care facility that provides a broad range of inpatient and outpatient health care services. The services that the Martinsburg VAMC offers are available to more than 129,000 veterans living in 23 counties in Western Maryland, West Virginia, South central Pennsylvania, and Northwest Virginia. The Martinsburg VAMC provides outpatient care at their six community based outpatient clinics. The Martinsburg VAMC is part of the Veterans Integrated Services Network (VISN) 5, which includes five Medical Centers within the VA Capital Healthcare Network.

Overall Challenges

The overall challenges for the Martinsburg VAMC are as follows: space limitations, communication to rural Veterans, fee costs, recruitment, disparity in gender specific health outcomes, limited community resources for the homeless and financially being able to keep up with the medical centers growth and priorities in order to meet the needs of the veterans. The MVAMC has experienced a sustained reduction in collections and accountability as a result of the centralization of the third-party collection process, which ultimately affected the facilities operations.

Fiscal

The budget for the Martinsburg VAMC for FY 2010 was $251 million. The initial funding for the FY 2010 was received in November 2009; however, funding for the Martinsburg VAMC is continually received throughout the year. The current budget for FY 2011 received in November 2010, is $234 million year to date compared to $237 million last year to date. The MVAMC expects additional special purpose funding to come to the facility during the remainder of this fiscal year. The FY 2012 budget is unknown but is expected to be flat. The FY 2011 financial appropriations for the following sections within the facility were as follows: Medical received $179 million, Facilities received $31 million, and Administration received $24 million. The Martinsburg VAMC believes that there is sufficient amount of money allocated in each account to provide services to their veteran population. The Administration at the Martinsburg VAMC believes they will be able to maintain the FY 2010 staffing levels and services without having to reduce or eliminate any services and programs. The medical center will be looking at process improvements in order to operate in a more efficient manner in an effort not to reduce any services and programs. If additional funding is needed above current funding levels, the medical center leadership may request additional funding from the VISN or through special purpose funding mechanisms.

In FY 2010, the MVAMC had $10 million (a decrease of 12 percent) and in FY 2011 approximately $10 million of the budget is going to Fee Basis Services. The facility uses fee/contract physicians for the following specialties Dentistry, Endocrinology, Hospitalist, Rheumatology, Gastroenterology, Mental Health, Psychiatry, Pathology, Pharmacy, Family Medicine, Orthopedic Surgery, Podiatry, Cardiology, Pulmonology, GI, ICU, General Surgery, Ophthalmology, Urology, and Vascular Surgery.

The FY 2009 Medical Care Collections Fund (MCCF) goal for the Martinsburg VAMC was $21 million and their actual collection was $19 million. In FY 2010, the MCCF collection goal for the facility was $19 million and their actual collection was $18 million, which is 5.3 percent or $1 million below their goal. In FY 2011, the MCCF collection goal for the facility is $18 million and their collection goal year to date (YTD) is $10 million which is 2.2 percent ahead of YTD goal. The Martinsburg VAMC does not expect the Mid-Atlantic Consolidated Patient Account Center (MACPAC) located in Asheville, North Carolina to meet the facilities FY 2011 collection goals. This will impact the total funding available to the Medical Center for operations and patient services. The Martinsburg VAMC is faced with the challenges of effectively managing their fee costs while still providing access to veterans. Many of the MVAMC CBOCs do not have specialty services to veterans living within reasonable distances to the medical center; therefore, the facility contracts those needed services through fee basis, such as dialysis treatment.
Enrollment, Accessibility and Continuum of Care

The MVAMC has 139,000 veterans within their catchment area. There are 30,506 (25 percent) veteran with appointments in the last year and and 43,308 (36 percent) veteran enrollees within their system.

The MVAMC Compensation & Pension Department has a program specialist, patient services assistant, four physicians, two physician assistants (PA), and two psychologists. In FY 2010, 3,871 compensation and pension (C&P) examination requests were received and 7,321 examinations completed. In FY 2011, 847 requests were received through December 31, 2010 and 1,698 examinations have been completed through December 31, 2010. The C&P examinations are performed utilizing in-house staff; however, the MVAMC does supplement their staff with fee basis staff as well. The Average Processing Days (APD) or turnaround time through December 31, 2010 was 29.1 days. The APD for FY 2011 YTD currently is 27 days. The MVAMC has a 99 percent efficiency rating on examinations completed and ready to rate. The MVAMC is receiving an increase in the number of veterans seeking C&P examinations due to the new guidance for service connection of PTSD and other conditions. This increase has impacted their staff although they continue to have veteran examinations completed within the 30 period. The MVAMC currently averages about 4.3 percent missed appointments monthly.

According to the Vista Enrolled Veteran Report (VEVA) 3,918 Priority 8 Veterans have applied since the January 17, 2003 cutoff. The Health Eligibility Center (HEC) located in Atlanta, Georgia reassesses enrollments impacted by the changes and has sent formal letters advising veterans of the change and welcoming the veterans to the VA.

Staffing and Affiliations

The MVAMC has 1,644 employees including 435 (26 percent) of them being military veterans. The largest department within the MVAMC with employed veterans is the housekeeping department with 84 percent. The MVAMC Director is enforcing a workforce succession plan to increase and retain qualified veterans to meet their goal of 33 percent of all employees to be veterans. As a rural medical center, the Martinsburg VAMC is challenged as they compete with urban facilities within the VISN and local market areas for hard to fill positions such as Physical and Occupational Therapists and Specialty Care physicians.

The MVAMC support for education and affiliations include: West Virginia University Medical and Dental Schools, George...
Washington University Medical School, West Virginia School of Osteopathic Medicine, Eastern West Virginia Health Education Consortium, George Mason University College of Health and Human Services, Virginia Commonwealth University School of Dentistry, plus 30 colleges and universities with over 600 students. The MVAMC also provides in-house training for 33 residents.

Physical Plant
The Martinsburg VAMC campus has been part of the VA hospital network for 65 years. Some of their buildings on the 175 acre campus are from the original hospital. As they expand their programs and services to veterans, they are faced with challenges in finding usable space. Due to the age of the buildings on the MVAMC campus, it is impractical to modify or add onto the existing structures. In addition, the older buildings are located at some distance from the main hospital. The MVAMC has several construction projects in the planning stages to address their space constraints.

The Martinsburg VAMC Physical Plants are currently in good working condition but many components are nearing their useful life expectancy. The age of the equipment makes achieving energy efficiencies difficult, as well as accomplishing maintenance and repairs difficult due to the obsolete replacement parts. Many of the parts must be custom made which increases strain on already stressed resources. These components are being scheduled for replacement via their Strategic Capital Investment Plan (SCIP) process and will be prioritized with competing needs accordingly. The estimated cost of component replacements is approximately $40 to $45 million cumulatively. The MVAMC installed a solar panel system on campus to supply electric power to their new electric powered vehicles.

The MVAMC maintains a continuous working construction budget of $20 to $25 million per year. The facility has a total of 1,799 parking spaces which includes parking for handicapped, employee, patient, and visitors. The facility is currently planning to construct additional parking areas adjacent to concentration areas. If this proposal for the construction of additional parking spaces is accepted, it will add additional 200-250 parking spaces for the facility.

Long Term Care, Mental Health and Specialty Care
The Martinsburg VAMC has a total of 509 inpatient beds facility-wide. The MVAMC has 320 Domiciliary and 189 inpatient beds which is all authorized and in use. As a result of the construction and renovation in the Community Living Center (CLC), the facility temporarily closed 57 beds during the construction period. In the MVAMC CLC there are 121 authorized beds. The occupancy rate for the CLC runs between 99-100 percent occupancy on any given day. The facility also has a waiting list for long term care; however, they have a plan in place for a daily screening committee to review those cases.

The MVAMC also has a 34-bed Alzheimer/Dementia unit which is separate from the Community Living Center area. The facility also has 16 beds dedicated to hospice and palliative care combined. The Martinsburg VAMC offers lodging for family members for their convenience.

The MVAMC mental health department has 70 employees with 14 employees that are veterans. In FY 2010, the MVAMC treated 7,565 veterans. The facility has a 23-bed inpatient mental health unit and a 312-bed domiciliary. The Mental Health Residential Treatment Program (MHRRTP) also known as a domiciliary is a residential level of inpatient bed care that is different from medium and high intense mental health beds. The MHRRTP provides a 24/7 therapeutic setting with peer and professional support. The program provides a strong emphasis on psychosocial rehabilitation and recovery services that instills personal responsibility to achieve the level of independence. The changes as of April 1, 2011, that the Martinsburg VAMC had taken place in their mental health programs is the consolidation of outpatient mental health services and the residential rehabilitation program previously located in the main medical center building and relocated the services in to the new Heroes Opportunity Progress Enrichment (HOPE) Center building. Another change to the mental health program is an inpatient detoxification treatment program and no longer provides outpatient detoxification treatment with Buprenorphine.

The suicide prevention program is tasked with tracking and monitoring patients who have been deemed as high risk for suicide. The suicide prevention team consists of a suicide prevention coordinator and one case manager. The Suicide Prevention Team currently is tracking 180 veterans with 65 veterans “flagged” as high risk. In FY 2010, the Martinsburg VAMC Suicide prevention program identified 147 veterans as being a high risk of suicide. The MVAMC has had four outpatient suicides and 60 suicide attempts within their catchment area. The facility has every veteran that threatens or attempts suicide followed by the Suicide Prevention Coordinator and the Mental Health team to address veterans concerns and provide them therapy options. Approximately 50 veterans a month are followed by the high risk for suicide protocol. The MVAMC conducts monthly outreach activities by mailing flyers, letters, and cards from the suicide prevention staff to promote the suicide prevention program.

Martinsburg has one homeless shelter in the local area; however, it accepts only males and no family members. With their limited capacity, the Martinsburg VAMC is challenged in helping to place veterans in a secure housing environment when they do not meet the criteria for the facilities domiciliary programs or if they are seeking safer housing for themselves and their family.
The Martinsburg VAMC has a separate Women’s Health Clinic that opened in FY 2010 that provides primary and gender specific care for approximately 2,150 women enrollees. Five of the MVAMC Community Based Outpatient Clinics (CBOC) has comprehensive health care to meet the needs of women. The facility has identified a women’s healthcare provider for their Hagerstown and Ft. Detrick (opening in Spring FY 2011) CBOC. In February 2010, the facility started women veterans’ health education classes for its women patients. The MVAMC women’s health clinic works closely with the Mental Health Department to provide women only groups and counseling for issues women frequently deal with such as Military Sexual Trauma (MST). The MVAMC has approved a construction plan to build a Women’s health pavilion which will focus on the comprehensive needs of women veterans and include an 11-bed CLC. The MVAMC is currently taking an active role in re-educating their physicians on the needs of women including addressing MST concerns, and providing gender specific education to the staff.

PTSD Programs

All returning OEF/OIF/OND veterans are screened with National clinical reminders for Post Traumatic Stress Disorder (PTSD). Positive screens are automatically flagged and brought to the PTSD clinical team for review and follow-up. Veterans that are in need of services for combat related PTSD are eligible for services within the PTSD Residential Rehabilitation Treatment Program (RRTP). The MVAMC also provides veterans outpatient services for the PTSD treatment. Both services provide evidence based practices and a variety of group modalities that are educational and therapy focused for the veteran. In FY 2010, the MVAMC treated 627 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans diagnosed with PTSD. The mental health programs include treatment approaches such as: prescribing clozapine, Compensated Work Therapy (CWT), evidence based practices for PTSD and depression, family psycho-education, psycho-social rehabilitation, and residence recovery treatment (RRT) programs.

TBI Programs

In FY 2010, the MVVAMC treated 87 Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) veterans diagnosed with Traumatic Brain Injury. All returning OEF/OIF/OND veterans are screened with national Clinical Reminders for TBI. The positive screens are automatically forwarded to Rehabilitation services for review by the attending Physiatrist and an examination is performed to determine the extent of injury and ongoing needs. Veterans’ cases are managed and tracked quarterly by the facility’s case managers. The Martinsburg VAMC offers residential programming, outpatient programming, follow-up services with a neuropsychologist, physical and occupational therapists, recreational therapists, and pain management. The programs offered for Traumatic Brain Injury (TBI) are neuropsychology, physical and occupational therapy, recreation therapy, and pain management. The MVAMC offers ongoing case management to address service delivery throughout the facility.

OEF/OIF/OND Programs

There are approximately 3,500 OEF/OIF/OND veterans in the Martinsburg VAMC catchment area. Currently, 3,279 veterans are enrolled with the Martinsburg VAMC and 1,143 unique veterans were seen in FY 2010. The OEF/OIF/OND program has a Post-Deployment integrated care clinic that co-locates primary care, mental health and care management services. The OEF/OIF/OND program offers several outreach activities such as yellow ribbon, PDHRA, and several welcome home events. This program is designed to ensure new combat veterans are aware of relevant services, transition assistance with VA healthcare enrollment, assistance applying for benefits and liaison with VA Regional office, transitional and readjustment counseling, veteran employment assistance, access to mental health treatment, and case management for complex injuries and illness.

Community Based Outpatient Clinics

The Martinsburg VAMC has three VA staffed community based outpatient clinics (CBOC) and three contracted CBOCs offering veterans primary care with an emphasis on health care prevention and tele-health technology to support the care of veterans in their home. The MVAMC CBOCs consist of Hagerstown Cumberland, Harrisonburg (contract clinic), Stephens City, Franklin (contract clinic), and Petersburg (contract clinic). In 2011 FYTD there have been 189,702 CBOC visits. The CBOC at Fort Detrick, Maryland is scheduled to open in 2011. The CBOC at Ft. Detrick will be a VA/DoD partnership to enhance the health care for eligible Veterans through the construction of a 15,347 square foot community based outpatient clinic to the Barquist Clinic Army Health Care Facility at Ft. Detrick.

Veterans Affairs Voluntary Services

The MVAMC has 1,002 volunteers throughout the seven facilities. In FY 2010, there were 7,408 American Legion volunteer hours. The American Legion had 3,707 volunteer hours. The Auxiliaries had 3,359 volunteer hours and the Sons of the American Legion had 342 volunteer hours. Some of the challenges that the MVAMC VAVS program experiences are due to the state of economy which is forcing many of the volunteers back to work. In addition, the rise of gasoline prices has deterred many of the volunteers from driving to the facility on a regular basis.
FAYETTEVILLE VA MEDICAL CENTER, FAYETTEVILLE, NC
November 30-December 1, 2010
National Task Force Member: Thomas P. Mullon
National Field Service Representative: James M. Woodson, IV

ASHEVILLE VA MEDICAL CENTER, ASHEVILLE, NC
December 8-9, 2010
National Task Force Member(s): Todd E. White, Don E. Mathis
National Field Service Representative: James M. Woodson, IV

SALEM VA MEDICAL CENTER, SALEM, VA
February 3-4, 2011
National Field Service Representative: James M. Woodson, IV

HUNTER HOLMES MCGUIRE VA MEDICAL CENTER, RICHMOND, VA
March 29-30, 2011
National Task Force Member: Thomas P. Mullon
National Field Service Representative: Denise L. Bullock, M.Ed
Overview
Fayetteville VAMC is part of the VA Mid-Atlantic Health Care Network (VISN 6), which includes facilities in North Carolina, Virginia and West Virginia. The Fayetteville Veterans Affairs Medical Center (FVAMC), located in Fayetteville, North Carolina. Comprehensive health care is provided through primary care, tertiary care, and long term care in areas of medicine, surgery, psychiatry, Post Traumatic Stress Disorder, physical medicine, neurology, dentistry, geriatrics and extended care. Tertiary care is referred to Durham VA Medical Center.

Overall Challenges
The challenges for Fayetteville VAMC include an increased workload, limited resources, space shortage, and parking.

Fiscal
The budget for the Fayetteville VAMC for FY 2010 was $193 million. The facility received FY 2010 budget in December 2009. The current budget for FY 2011 is $224 million which is an increase of $31 million from FY 2010. Management believes that the current FY 2011 budget will allow Fayetteville VAMC to maintain FY 2010 levels of service and open enrollment and staffing levels. However, management predicts due to the growth of unique veterans in FVAMC market will cause an increase strain on the facilities resources, requiring improved business practices and cost avoidance actions. Management has not received any information in regards to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $17.9 million. The total MCCF collections for FY 2010 were $17.4 million. Currently, the collections goal for FY 2011 is $18 million. Management believes that it will be a challenge to meet the collections goal. Fayetteville VAMC is operating under the centralized Mid-Atlantic Consolidated Patient Account Center (MACPAC). The billing rates under the MACPAC have improved over the recent years.

For FY 2011, management estimates $31 million of the overall budget will go towards Fee Basis Services. The facility utilizes Fee Services for Oncology, Optometry, Urology, Audiology, Urology, pain clinic, Neurology and Gynecology, general surgery and Mental Health.

Enrollment, Accessibility and Continuum of Care
At the end of FY 2010, Fayetteville had 47,463 unique veterans. FVAMC has 27,928 OEF/OIF veterans enrolled. Of those veterans, 10,214 veterans are currently being served at FVAMC. As of September 2010, there were 187,338 veterans in FVAMC’s 21 county catchment area. The OEF/OIF/OND team tracks veterans through Case Management Tracking Report (CMTRA).

The Compensation and Pension examinations were recently decentralized from Winston Salem and Salisbury VAMC to other outpatient clinics and VA Medical Centers throughout the state of North Carolina in an effort to decrease travel time and exam wait times. The decentralization is slow moving and the lack of adequate staff and facilities have caused a backlog in examinations. The current completion average for a C&P exam is currently 120 days. The facility director is aware of the issues and taking aggressive steps (additional hiring) to address and remedy the issue. New personnel are being brought on board and the Salisbury VAMC has detailed three providers to FVAMC to assist in getting the C&P turnaround time below 30 days. The C&P exams are performed by VA providers or trained outside providers who perform the examination at the medical facility. In FY 2010, 1,200 examinations were completed. Management expects those numbers to increase significantly in FY 2011 to 12,000. Management is working with Board Of Veterans Appeals (VBA) partners and utilizing contract providers to improve timeliness on the C&P exams. Providing multiple C&P examinations per veteran is a challenge due to the time and limited staff that are able
to perform the tasks. It is possible a single C&P exam can take up to one day to administer. Less than two percent of the exams are returned for inadequacy.

**Staffing and Affiliations**

FVAMC has 1,095 Full Time staff. Of those employees, 48 percent of the full time staff is veterans. Fayetteville VAMC has active clinical affiliation with University of North Carolina-Chapel Hill School Department of Ophthalmology. Others affiliations with medical schools includes East Carolina University and the United States Army at Fort Bragg. FVAMC has its own Dental Residency program.

**Physical Plant**

Fayetteville VAMC hospital was built in 1939 and currently encompasses a 47 acre site. A 1989 clinical addition was added which includes; intensive care unit, ambulatory care clinics, pharmacy, new clinical laboratories, and nuclear medicine, MRI, and radiology suites. In addition to the main hospital, the campus includes modular buildings housing several programs, a boiler plant and several other outbuildings.

Major capital allocations are required to deal with reactive maintenance needs and aging Infrastructure utility systems. In addition, portions of the campus are a protected historical area so it is not available for development to ease crowding and parking problems.

**Outreach**

In FY 2010, the Fayetteville VAMC participated in Yellow Ribbon, Stand Downs, Homeless Veterans, and Parades.

**Long Term Care, Mental Health and Specialty Care**

There are 129 inpatients beds at Fayetteville VAMC. During the time of this site visit, there were 30 beds out of service due to system wide improvements on the infrastructure and HVAC units. The facility is equipped with five hospice beds. Veterans are placed in Contract Community Nursing Homes when Hospice care is not available In the Community Living Center (CLC).

The facility has a full-time Women Veterans Program which provides a variety of gender specific care and services to meet the comprehensive needs of women veterans. Services include: primary care gynecological care to include pap smears, mammograms, preconception counseling, birth control, HPV vaccine, hormone replacement therapy, evaluation of pelvic pain, testing and treatment of interstitial cystitis and health and wellness screenings. The facility provides Mental Health counsel-

ing for depression, anxiety, PTSD, and Military Sexual Trauma (MST). Obstetric services are fee based to the community. Through September 2010, FVAMC has 2,276 women veterans enrolled. The staff would like to see family therapy services be offered, which would also include care for children.

The FVAMC had 10,217 unique patients registered for Mental Health services. Those veterans accounted for 70,362 encounters with providers during FY 2010. That accounts for more than nine percent increase in unique patients and an almost six percent increase in encounters over the previous year.

In FY 2010 there were 53 reported suicide attempts and three completed suicides. The Fayetteville VA Suicide Prevention program is part of the national VA Suicide Prevention strategy tasked with the identification, assessment and monitoring of veterans at high risk for suicide. The FVAMC is staffed with one Suicide Prevention Coordinator and one Suicide Prevention Case Manager. The suicide prevention staff is responsible for the tracking suicide statistics, providing education on suicide warning signs, risk factors, and intervention within both the VA and community.

**Post Traumatic Stress Disorder**

The Mental Health Service Line has grown in the past couple of years. Several new programs have been added which includes the Intensive Outpatient Therapy Program and the Seeking Safety therapy program to help veterans who deal with substance abuse and PTSD related issues. The Local Recovery Program is another program that was recently added along with Suicide Prevention Program. FVAMC Mental Health Outpatient Services includes: Chemical Addiction Rehabilitation Program, Mental Health Consult Liaison Team and Compensated Work Therapy Program, Homeless Veterans Program, Mental Health Intensive Case Management (MHICM), Military Sexual Trauma (MST), Serving Returning Veterans, Psychosocial Recovery Program.

The Mental Health Programs includes; Prolonged Exposure Therapy, Cognitive Behavior Therapy and other evidence-based therapies. Plans are in place to build a new Inpatient Psychiatric Unit in the FVAMC which will house 20 inpatients. In FY 2010, 5,320 OEF/OIF veterans were provided with Mental Health services. Of those veterans, 1,575 have a primary diagnosis of PTSD.

**Polytrauma/TBI**

FVAMC performs 2nd level TBI evaluations which are being conducted by Physical Medicine and Rehabilitation Service Line. Based on the outcome of the assessment, veterans are then referred to the respected departments. OEF/OIF veterans
make up 23 percent of all Mental Health referrals. In FY 2010, 5,320 OEF/OIF veterans were provided with Mental Health services. Of those veterans, 165 were diagnosed with TBI.

**Community Based Outpatient Clinics**

Fayetteville VAMC operates three Community Based Outpatient Clinics that are located in Jacksonville, Hamlet and Wilmington, North Carolina which serves over 11,000 veterans residing in the counties in southeastern North Carolina. FVAMC has recently opened the Rubeon County CBOC in January 2011. The CBOCs provides Primary care and Mental Health services.

**Veterans Affairs Voluntary Services**

In FY 2010, there were a total of 82 Regularly Scheduled (RS) volunteers for a total of 2,648 hours. The best practice includes experienced volunteers greeting new admissions to the medical center, volunteers at the CBOC providing greeter and receptionist services. The Silver Spoon programs has trained over twenty volunteers to assist in feeding patients who can no longer feed themselves or require assistance in feeding themselves. Health care issues of older volunteers and the current economy impact on those living on fixed incomes continues to be a challenge. Some volunteers have had to reduce their number of hours due to factors such as increased gas prices.
Overview

Asheville VAMC is part of the VA Mid-Atlantic Health Care Network (VISN 6), which includes facilities in North Carolina, Virginia and West Virginia. The Asheville Veterans Affairs Medical Center (AV AMC), located in Asheville, North Carolina is a tertiary care facility that provides services in all area except hemodialysis, neurosurgery, and radiation therapy. Comprehensive health care is provided through primary care, tertiary care, and long term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation neurology, oncology, dentistry, geriatrics and extended care. Asheville VAMC is classified as a Clinical Referral Level 2 facility.

Overall Challenges

The overall challenges for the Martinsburg V AMC are as follows: space limitations, communication to rural Veterans, fee costs, recruitment, disparity in gender specific health outcomes, limited community resources for the homeless and financially being able to keep up with the medical centers growth and priorities in order to meet the needs of the veterans. The MV AMC has experienced a sustained reduction in collections and accountability as a result of the centralization of the third-party collection process, which ultimately affected the facilities operations.

Fiscal

The budget for the Asheville V AMC for Fiscal Year (FY) 2010 was $181 million. The facility received FY 2010 budget monies on March 1, 2010. The current budget for FY 2011 is $184 million which is an increase of $3 million from FY 2010. Management believes that the current FY 2011 budget will allow Asheville V AMC to maintain FY 2010 levels of service, open enrollment and staffing levels. Management predicts the facility will be in a $6 million deficit by year’s end. Currently, the Asheville Director is in negotiations with VISN director requesting supplement funding. Fiscal office states that it is a challenge keeping up with the new programs that are being mandated by VA. Management has not received any information in regards to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $27 million. The total MCCF collections for FY 2010 were $29 million. Currently, the collections goal for FY 2011 is $30 million. Management believes that it will be a challenge to meet the collections goal. Asheville is operating under the centralized Mid-Atlantic Consolidated Patient Account Center (MACPAC). The MACPAC has improved collection rates by 18 percent.

For FY 2011, 10 percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for Gastroentology, Rheumatology, Cardiovascular, Ophthalmology, Urology, Otolaryngology, Radiology, Pharmacy, Nurse Anesthetists and Speech Pathology.

Enrollment, Accessibility and Continuum of Care

The veteran population in the Asheville area is 65,000. The facility has seen an increase in enrollment due to the economy’s impact on veterans, and due to the high veteran population that are re-locating in the Asheville area. Management anticipates those numbers to increase in FY 2011.

There are currently 3,200 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans at AV AMC. There are 1,400 women veterans enrolled at AV AMC. Currently, about half of the veterans are actively receiving care. The facility has 1,640 Priority Group 8 veterans in their system.

The Compensation and Pension examinations were recently decentralized from Winston Salem and Salisbury VAMC to other outpatient clinics and VA Medical Centers throughout the state of North Carolina in an effort to decrease travel time and exam wait times. The decentralization is slow moving and the lack of adequate staff and facilities have caused a backlog in examinations. The current completion average for a C&P exam is currently 87.7 days. The facility director is aware of the issues and taking aggressive steps (additional hiring) to address and remedy the issue. The facility is in the process of hiring their second C&P exam team. With the new addition of the team, management predicts to have an average turnaround time below 30 days within the first month. The C&P exams are performed by VA pro-
providers. In FY 2010, 809 examinations were completed. Management expects those numbers to increase significantly in FY 2011. Providing multiple C&P examinations per VA Form 2507 (C&P exam request) is a challenge due to the time and limited staff that are able to perform the tasks. Many C&P exams for a single veteran who has submitted multiple disability claims may take up to one full day to administer as exams require different disciplines to perform each individual exam.

**Staffing and Affiliations**

According to management, there are currently 1,605 personnel employed at the AVAMC and 635 of those employees are veterans representing 40 percent of the Full Time Employee Equivalents. The VAMC is experiencing issues with recruitment and retention for medical specialties positions which includes; radiologists, gastroenterologists, anesthesiologists, and dermatologists. The highest turnover rates are housekeeping and food service which is due to the quick promotion times for the entry level positions.

Asheville VAMC has active affiliations with Duke University School of Medicine for residency programs in surgery, anesthesia and nurse anesthetists. Over 400 university residents, interns, and students are trained at the Asheville VAMC each year.

**Physical Plant**

Asheville VAMC has a robust construction schedule, including two current ward renovations, a clinic renovation, and demolition of a condemned building and construction of a new Oncology Center. The future plans include a two-story addition, two more renovations, and a new mental health campus.

According to management, Asheville has the highest, undressed seismic risk in VA healthcare system. The current projected costs for seismic corrections are near $38 million. Management has taken a systematic approach for correcting physical plant issues. They have addressed their electrical infrastructure, medical gas structure, and are in the process of rebuilding the HVAC and Domestic Water infrastructures.

Construction is underway to improve patient privacy in 5-West and 4-West wings of the facility. These projects renovate the former patient wards from 28 beds down to 21 beds, featuring the elimination of four and five person bedrooms. These are two of four minor projects planned to completely renovate the other inpatient medical/surgical wards.

AVAMC currently has 1,142 paved parking spaces, plus additional graved spaces. The facility also provides free valet parking to veterans free of charge.

**Long Term Care, Mental Health and Specialty Care**

The Asheville VAMC has 116 authorized beds; Medicine 66-beds- acute care, Surgery 34-beds and Psychiatric 16-beds. The facility has 18-beds for the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP). Asheville VAMC has a 120-bed Community Living Center (CLC). In FY 2009, the facility treated 296,466 patients and in FY 2010 AVAMC treated 312,792 veterans. AVAMC has a 15-bed Hospice Unit. AVAMC provides a Hospice Lounge with sleeping accommodations and a separate bathroom for the families. The facility is in the process of establishing a Dementia Unit. The unit will consist of 10-12 beds and will be a separate unit with special programs and specialty trained nursing staff.

A Primary Care physician has a panel size of 1,200 veterans. Space is a major concern in Primary Care at the main facility and at both CBOCs. Specialty Care is open five days a week due to the lack of shared space with Primary Care.

Mental Health has seen a six percent increase from FY 2009 to FY 2010. Asheville VAMC received 1,700 new patient evaluations in FY 2010. The total number for veterans receiving mental health care is 5,250. AVAMC has several groups to include groups for families/spouses and OEF/OIF groups. The facility has increased family and couples enrichment workshops.

AVAMC has a Homeless Veteran Program. The facility provides 65 vouchers to homeless veterans per year. There are 1,500 homeless veterans in the Asheville area including female veterans. The facility has a full-time Women Veterans Program which provides a variety of gender specific care and services to meet the comprehensive needs of women veterans. Services include: primary care gynecological care and health and wellness screenings. AVAMC is adopting plans to provide women veterans their own waiting lobby. The staff would like to see family therapy services offered, which would also include care for children.

**Post Traumatic Stress Disorder**

Mental Health Services at the AVAMC are an integral part of the overall continuum of patient care. Mental Health
Services provide veterans with consultation, evaluation, and treatment for a variety of issues that can impact emotional well-being. Mental Health professionals from multiple disciplines, (i.e., psychiatrists, social workers, nurses, psychologists, physician assistants, nurse practitioners, etc.) work with Veterans and their families to provide the highest quality of treatment available. Treatment services include but are not limited to such issues as: Post-Traumatic Stress Disorder (PTSD), depression, anxiety, substance use behaviors, relationship difficulties, vocational issues, skills building (anger management, stress management, etc.), distress from medical problems and/or pain, confusion or memory problems, thought disorders, aggressive behaviors, and/or self-harming thoughts or behaviors. In FY 2010, 5,320 OEF/OIF veterans were provided with Mental Health services. Out of those veterans, 1,575 had a primary diagnosis of PTSD.

**Polytrauma/TBI**

Every returning OEF/OIF veteran has an initial screening when registering for treatment at the Asheville VAMC. If they screen positive for the possibility of a TBI, they are referred to Salisbury VA for 2nd level evaluations. If the Salisbury evaluation determines they have a TBI, treatment recommendations are made and sent to the referring provider. The Asheville VAMC reviews those recommendations and implements them.

Those OEF/OIF patients who screened positive for the possibility of a TBI were referred to Salisbury for a further evaluation. Of the initial 31 veterans, four were negative for a TBI, 14 were diagnosed with mild TBI and 13 have appointments scheduled for Salisbury second level evaluation. Of the 14 veterans diagnosed with a TBI, they are receiving case management services and will be followed until all consults and recommendations of the TBI plan of care are completed.

**OEF/OIF/OND**

For Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) veterans one of the visible outreach activities has been the participation in Post Deployment Health Reassessment screenings (PDHRAs). During these screenings National Guard Units (NG) and Military Reserves Units (MR) are reviewed and screened for conditions that stem from their active duty service in Iraq or Afghanistan. The OEF/OIF program representatives have participated in seven PDHRA screenings. AVAMC staff engages veterans referred to the medical center and completes the enrollment process on site. From these PDHRAs, more than 420 veterans have been enrolled in AVAMC. AVAMC participated in the Yellow Ribbon, Health Fairs and Welcome Home events. The most recent Welcome Home was on September 12, 2010 at Lake James State Park in North Carolina. Welcome Home events honor the service of OEF/OIF veterans and inform them of the healthcare services available in the AVAMC.

**Community Based Outpatient Clinics**

There are 11,000 veterans enrolled at the Community Based Outpatient Clinics (CBOCs). Asheville VAMC operates two CBOCs in North Carolina. The first CBOC opened in Franklin, N.C. in 2008, and it is located approximately 70 miles west of the VAMC. In FY 2010 this CBOC had a total of 19,626 visits. The second CBOC opened in the fall of 2009 and is located in Rutherford County, N.C., located 60 miles southeast of AVAMC. This CBOC had 14,615 visits in FY 2010. The CBOCs provide services for Primary Care, Nutrition, Mental Health, Podiatry and Lab Services. Space is a major concern at both CBOC leased-spaced facilities.

**Veterans Affairs Voluntary Services**

In FY 2010, there were a total of 120 volunteers that served a total of 2,563 hours. A Voluntary Service Staff was established several years ago. The Youth Council (5-member team) oversees the day-to-day activities of the Summer Youth Program. Each member is responsible for one day per week to oversee the youth assigned for that particular day. They follow up with the supervisor to ensure the youth are meeting work expectations. They mediate any issues or concerns; plan the end of summer activity, and a patient-related recreation therapy activity. Not only is this a tremendous help to the Voluntary Service, but provides youth with quality leadership, planning, and mediation skills for the future.
Overview
The Salem VA Medical Center is located in the Mid-Atlantic Health Care Network (VISN 6) and is a Joint Commission accredited, complexity Level 2 facility serving veterans in southwestern Virginia and Eastern West Virginia. The VA Medical Center is located in Salem, Virginia with Community Based Outpatient Clinics in Lynchburg, Danville, and Tazewell with an extended site of care in Hillsville, Virginia. Salem VAMC provides service to the highly rural and rural veterans of Virginia and West Virginia. In 2010, Salem VAMC celebrated its 75th Anniversary.

Overall Challenges
The challenges for Salem VAMC includes improving the telephone system, inpatient privacy due to multiple construction projects, planning projects, Compensation and Pension exams backlog, space shortage, parking, employee satisfaction and declining monetary donations in the Veterans Affairs Voluntary Services.

Fiscal
The budget for the Salem VAMC for FY 2010 was $216.7 million. The facility received FY 2010 budget monies on February 2010. The current budget for FY 2011 is $213 million which is a reduction of $8 million from FY 2010. Management believes that the current FY 2011 budget will not allow Salem VAMC to maintain FY 2010 levels of service, open enrollment and staffing levels. Management will supplement the funding by utilizing reprogramming, collections, and special purpose funding. Management will reduce unfunded staffing levels to allow patient programs to remain open without affecting level of care, realign costs with funding streams. Management has not received any information in regard to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $18 million. The total MCCF collections for FY 2010 were $16 million. Currently, the collections goal for FY 2011 is $17 million. Management believes that it will be a challenge to meet the collections goal. Salem is operating under the centralized Mid-Atlantic Consolidated Patient Account Center (MACPAC). As of January 2011, Salem has collected $5 million which has exceeded the collections goal for the month. For FY 2010 and FY 2011, collections have been down. This decrease has been felt in all VISNs due to the current economic conditions. To help with collection rates, management utilizes the Insurance Capture Buffer (ICB) to capture updates and review of Veterans Insurance information. The information is shared with the MACPAC where the insurance billing is compiled to generate revenue for the facility.

For FY 2011, 10 percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for Physical Therapy, Neurosurgery, Cardiology, Dental, and Orthopedics.

Enrollment, Accessibility and Continuum of Care
Salem VAMC serves a 25 county area, including the cities of Bedford, Buena Vista, Clifton Forge, Covington, Danville, Galax, Lexington, Lynchburg, Martinsville, Radford, Roanoke, Salem, Staunton, and Waynesboro. In FY 2010, Salem VAMC had a total of 36,922 enrollees in priority groups 1 to 8D and 25,689 users served at the facility. Salem VAMC provides service to the rural and urban veterans of Virginia, West Virginia, and North Carolina. Veterans have the option to choose their primary medical center to receive their care.

Salem has seen an increase of 40 percent in Compensation and Pension Claims due to the new addition of presumptive Illnesses related to Agent Orange, ischemic heart disease, Parkinson's and leukemia. To help the influx of exam, management is currently recruiting for an additional provider and C&P team. In FY 2010, Salem completed 4,521 C&P exams. In FY 2011, the facility has completed 1,097 exams. The average turnaround time for a complete exam is 28 days. The facility offers overtime, weekend, and evening hours for providers to schedule and perform exams.
Staffing and Affiliations

According to management, there are currently 1586 people employed at the Salem VAMC and 380 of those employees are veterans representing 24 percent of the Full Time Employee Equivalents. The VAMC is experiencing issues with recruitment for Registered Nurse and Licensed Practitioner Nurses. Staffing shortages apply to the following positions; Urologist, Radiologist, Gastroenterologist, Mental Health Care providers, Hospitalist, ICU Nursing, OR/ACU Nursing. These positions are considered as critical hires. Management continues to recruit for high qualified individuals.

The Salem VAMC has three active medical school affiliations: University of Virginia (UVA) School of Medicine; Edward via Virginia College of Osteopathic Medicine (VCOM); and Virginia Tech-Carilion School of Medicine (VTC-SOM) in Roanoke Virginia. Last year Salem provided 875 training opportunities for graduate medical education and associate health program through resident and student rotation. Medical residents from the University of Virginia and Carilion Health Systems are trained in surgery, internal medicine, psychiatry, family practice, and ophthalmology. Salem has interns and residents in pharmacy, podiatry, and psychology as well. The facility provides training for nurses from UVA, Virginia Western Community College, Radford University, the University of Virginia, ECPI, and numerous others. A total of 59 colleges and universities have active affiliations with the Salem VAMC.

Physical Plant

Salem VAMC currently has 1,900 parking spaces. In the past year and a half, the facility has dropped gravel to create an additional 200 parking spaces. According to management, Salem is still in need of additional spaces.

The physical plant deficiencies include: replacement of boiler plant, water softener system replacement, and replacement of several air handlers.

Several significant interior construction projects remain in progress and unaffected by winter weather. These include partial renovation of the Emergency Department (nearing completion), construction of a new Education Center in Building 75, and Renovation of Building 9, second Floor for Mental Health Service Line. Construction of the new MRI Addition to Building 2A, now under roof, has also continued largely unaffected by weather. Exterior construction projects have continued, albeit at a slower pace. Salem VAMC has received funding for $47.5 million in construction projects.

Long Term Care, Mental Health and Specialty Care

Salem VAMC operates 199 inpatient beds which are currently in operating status. The Community Living Center (CLC) comprise of 55 beds. The CLC is authorized 90 beds. Currently the CLC does not have a waiting list for long term care. Salem has an Alzheimer’s/Dementia Unit which operates 25-beds. There are 9 Hospice/Palliative Care beds in the CLC plus one Hospice/Palliative Care bed in the Dementia Unit. Family members are permitted to stay on the CLC and there is one overnight room available to family member in the CLC. The average length of stay in the CLC is 31.6 days.

Salem VAMC is the referral site for mental health. The facility has an Acute Psychiatry building with 35 beds and a sustained treatment and rehabilitation unit of 29 beds. Mental Health providers saw 9,315 patients in FY 2010. The average length of stay for Mental Health is 12 days on acute psychiatry and over 40 for all programs.

All patients being seen in primary care are screened for depression, PTSD, and suicidality. If the screen is positive, the patient is seen by a mental health professional in primary care. The patient is then scheduled with an appointment within 14 days in the mental health clinic. The patient is also seen by a social worker on the day of their first psychiatry appointment and given information. Mental health patients all have a primary provider, which is usually the psychiatrist or psychologist who sees the patient most frequently.

The Center for Traumatic Stress is a clinical, education, and research center that provides services to three primary populations: Veterans with PTSD from military-related trauma, recently deployed veterans (OEF/OIF/OND), and men and women who have experienced Military Sexual Trauma (MST). The Center offers comprehensive clinical services to these vet-
ers, beginning with an initial assessment and treatment plan. Groups include psycho-educational, skills training, and exposure treatments. Individual therapy and marital therapy are also offered, both focusing on primarily cognitive-behavioral treatments. In addition to the extensive clinical services offered, CTS conducts clinical research focusing on topics such as post-deployment mental health, interpersonal violence, PTSD and shame, and effectiveness of PTSD treatments. Finally, the Center provides outreach to returning veterans, family members, and community providers and agencies. The facility receives over 600 new referrals per year for new patients and is actively treating approximately 350 patients each month.

Salem has a stand-alone Women's Health clinic. Services provided include routine gynecological services, breast exams, mammography (arranged in the community by agreement), reproductive health care, menopause treatment, mental health services including treatment for post traumatic stress disorder, and treatment for substance abuse. Patients are referred to other VA facilities or to the community for any service not available at VAMC Salem. In FY 2010, 1,376 women veterans are enrolled in the Women's Health Clinic.

Post Traumatic Stress Disorder
Mental health programs include acute inpatient psychiatry, long-term inpatient psychiatry, Substance Abuse Residential Rehabilitation (28-day inpatient program), Specialized Inpatient PTSD Unit (usually 6-week program), a behaviorally disturbed dementia unit, Mental Health Clinic, Center for traumatic stress for PTSD and military sexual trauma, mental health in primary care, outpatient substance abuse treatment, clonazpine clinic, ECT, dialectic behavior therapy, Psychosocial Rehabilitation and Recovery Center, memory disorders clinic for dementia patients, and mental health services community based outpatient clinics. Of the 978 veterans with mental health visits and diagnoses, 552 were diagnosed with PTSD.

Polytrauma/TBI
The Salem VAMC Traumatic Brain Injury (TBI) Clinic conducts comprehensive evaluations of patients with suspected mild TBI. The TBI clinic is an interdisciplinary clinic that provides assessment and consultative services bundled together in one half-day appointment. Each patient meets with a neuropsychologist, physician, social worker, and speech/language pathologist. Patients are often seen for additional follow-up by physical medicine & rehabilitation, the Center for Traumatic Stress, and a vocational rehabilitation specialist. Each patient completes a neuropsychological evaluation to assess attention, learning, memory, and executive functioning. Family members are invited to this assessment, with the veteran's permission. After the comprehensive evaluation, veterans have the opportunity to participate in appropriate therapy, rehabilitation, and recovery programs. In-house services include case management, physical therapy, cognitive rehabilitation, group therapies, vocational rehabilitation, and family support services. In FY 2010, 85 OEF/OIF veterans were diagnosed with TBI.

OEF/OIF/OND
The OEF/OIF Program Team coordinates a Post Deployment Integrated Care Clinic which operates every Monday and Wednesday. In FY 2010, the clinic provided care to 162 OEF/OIF veterans. In FY 2010, the OEF/OIF Team attended/sponsored 10 outreach events including Post Deployment Health Assessments, Yellow Ribbon, and Welcome Home Events.

Community Based Outpatient Clinics
Salem VAMC operates three CBOC that are located in Lynchburg (3,653 patients), Danville (4,831 patients) and Tazewell, Virginia (752 patients). The CBOC services include: primary care, routine laboratory and x-rays, preventive health screenings and mental health services. The mental health services includes individual, group, and family counseling and programs such as Tobacco Cessation, Substance Abuse, Depression/pain Management and Women's Trauma Group.

Salem has broken ground for the Wytheville Community Based Outpatient Clinic (CBOC) was held in July 2010. Scheduled to open in 2011, the CBOC will serve more than 6,600 veterans in Wythe, Bland, Carroll, Floyd, Giles, Montgomery, and Pulaski Counties, and Mercer County in West Virginia. The 9,500 square foot VA clinic will include 18 exam rooms with one dedicated to women's health and will also offer primary care and mental health care services and telemedicine services to veterans. The clinic will be open Mondays through Fridays from 8:00 am - 4:30 pm.

The ground breaking for the Staunton, VA CBOC took place in August 2010. The clinic will provide primary care and general mental health services to the estimated 14,000 veterans living in or around Augusta, Clifton Forge, Covington, Highland, Lexington, Rockbridge, Staunton and Waynesboro.

Veterans Affairs Voluntary Services
The American Legion Auxiliary had a total of 119 volunteer hours. Salem VAMC has no current American Legion representative appointed to Veterans Affairs Voluntary Services. The best practices include: excellent community support, enthusiastic youth volunteers, and successful Welcome Home and National Salute events.
The Hunter Holmes McGuire Veterans Affairs Medical Center (VAMC) serves as a tertiary care referral center. The first heart transplants done in the VA were performed at the Richmond VAMC. The Richmond VAMC is one of the four lead traumatic brain injury (TBI) centers specializing in TBI rehabilitation. The VAMC is one of six within the VA healthcare system that specializes and offers treatment for veterans with Parkinson’s disease through the Parkinson’s disease Research Education and Clinical Care Center. The VAMC is a “complex inpatient surgical level 1 A” within the Veterans Integrated Service Network (VISN) 6 with three Community Based Outpatient Clinics (CBOC).

Overview

**Fiscal**

The total budget for FY 2010 was $367 million. Management stated that the FY 2010 budget authority was received February 2010. The FY 2011 budget is estimated at $353 million. The Medical Care Collections Fund (MCCF) goal for FY 2009 was $28 million with a collection of $29 million. The goal for FY 2010 was $32 million with a collection of $29 million. The FY 2011 goal is $30 million. In FY 2010, the medical center reported the allocation of $22 million in Fee Basis Services and in FY 2011 $16 million through May 18, 2011. Management states that fenced funding of $63 million through May 18, 2011 was designated for the medical staff and special purpose funding.

**Enrollment, Accessibility and Continuum of Care**

The Richmond Virginia community has an estimated population of 200,000 veterans in 52 cities and counties covering 22,515 square miles of central and southern Virginia and areas of northern North Carolina. The majority of the medical center’s patients live in the Richmond-Petersburg-Hopewell area or within a 100-mile radius. In FY 2010, the medical center treated 45,296 unique patients at the VAMC. There are currently 8,354 veterans’ enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans. There are 1,198 OEF/OIF/OND women veterans enrolled. Management states that returning veterans are not tracked separately. In FY 2010, management stated that there were 3,900 completed Compensation and Pension (C&P) examinations and in FY 2011 there were 1,704 completed as of March, 2011. The turnaround time for a C&P exam is currently 30 days. Management states that C&P exams are completed by the facilities primary care, mental health, and fee-basis providers.
**Staffing and Affiliations**

According to management, there are currently 2,080 people employed at their facility and 28 percent of those employees are veterans. The Richmond VAMC has affiliations with the universities in the local area.

**Physical Plant**

Management states there is long range planning for additional parking due to the increase of the outpatient activity. The facility will be improving maintenance of several areas on the hospital campus, including: dialysis, mental health, long term care and spinal cord clinic.

**Long Term Care, Mental Health and Specialty Care**

The Richmond VAMC has 98 long term care beds. There is a combination of 10-beds that are used for Palliative Care and Hospice.

The facility has a full-time Women Veterans Program and is designed to accommodate the hospitals growing female veteran population. There are currently 4,600 women veterans enrolled in the clinic. The services provided to the women veterans are gender specific and tailored for the unique needs of women veterans. There is not adequate space for the growing population of women veterans. There are 25,000 women veterans in the catchment area and 2,500 users. There are trained providers for women veterans in the CBOCs. Management states that there is projected funding for the expansion of the women’s clinic.

The Richmond VAMC mental health program has increased 25 percent with 2,005 patients in the 1st quarter of FY 2011. Management states that there is an integration of mental health care throughout the service lines. There are same day appointments for veterans if needed after a mental health assessment.

The Suicide Prevention Coordinator (SPC) stated that the Richmond VAMC is in compliance with the nationwide VA strategies for suicide prevention.

**Traumatic Brain Injury (TBI)**

There were 4,387 initial TBI screens since April 2007 and of those, 232 had a positive TBI. In FY 2010 there were 50 veterans diagnosed with TBI. The case management staff consists of social workers and nurses. Management states that families are provided supportive counseling, grief and loss counseling and counseling on transitioning from inpatient to outpatient. The Caregiver support program currently has 8 assigned veterans with a caregiver. There are 12 polytrauma inpatient beds and eight general rehabilitation beds. The average stay for a veteran transitioning is 45 days. Management states that the Transition Patient Advocate (TPA) needs to have full electronic access to Department of Defense (DoD) patient medical records to allow for a continuous seamless transition.

**Post Traumatic Stress Disorder (PTSD)**

The mental health providers consult, manage, and provide individual and group counseling for veterans suffering with PTSD. Management states there is a day treatment program that provides groups for PTSD.

**OEF/OIF/OND Programs**

Management states that in 2010 and 2011 they had numerous outreach events that extended into the communities to reach out to veterans and their families. There were 2,327 veterans in FY 2010 that participated in outreach. The events consisted of Demobilization Events, Post Deployment Health Reassessment, Welcome Home Events, Yellow Ribbon Reintegration Programs, Inactive Ready Reserve events and College Outreach programs.

**Community Based Outpatient Clinics**

The CBOCs are in Fredericksburg, Charlottesville and Emporia, Virginia. The comprehensive care for veterans is extended to veterans in the serving CBOC’s.

**Veterans Affairs Voluntary Services**

In FY 2010, The American Legion had a total of 12,102 volunteer hours. The American Legion Auxiliary had a total of 2,489 volunteer hours in FY 2010. Management stated that there was a total monetary donation of $2,839.83 plus an activity donation of $4,625.00 for a total items donation of $8,433.36. The Richmond VAMC is preparing to host the 2012 Wheelchair Games.
VISN 7

ATLANTA VA MEDICAL CENTER, DECATUR, GA
April 12-13, 2011
National Task Force Member: Don E. Mathis
National Field Service Representative: Denise L. Bullock, M.Ed

CHARLIE NORWOOD VA MEDICAL CENTER, AUGUSTA, GA
April 20-21, 2011
National Task Force Member: Past National Commander Paul A. Morin
National Field Service Representative: James M. Woodson, IV
Overview
The Atlanta Veterans Affairs Medical Center (VAMC) is located in Decatur, Georgia with seven VA Community Based Outpatient Clinics (CBOCs). The Atlanta VAMC is a tertiary care facility classified as a Complexity Level 1A facility with the Veterans Integrated System Network (VISN) 7. The Atlanta VAMC Community Living Center serves the metro Atlanta and includes extended rehabilitation. The Atlanta VAMC participates in a wide range of ongoing evaluation processes to ensure the safety and quality of care provided to all veterans. The Medical Center is accredited by the Joint Commission in five major programs.

Overall Challenges
The challenges for the Atlanta VAMC are the overall space for all the services provided for veterans. Management is reducing operating beds due to the shortage in staffing.

Fiscal
The budget for the Atlanta VAMC for FY 2010 was $492 million. The current budget for FY 2011 is $517 million which is an increase of $25 million from FY 2010. The FY 2011 budget will support the FY 2010 levels of service. The budget for FY 2010 was received in February 2011. Management states that due to the increase of beneficiary travel, claims have increased 90 percent. Management is currently reducing operating beds due to the shortage in staffing. Management states that $25,000 is disbursed daily for travel claims.

The FY 2009 Medical Care Collections Fund (MCCF) goal was $29 million. The total MCCF collections for FY 2009 were $30 million. The FY 2010 collection goal is $39 million. The total MCCF collections for FY 2010 were $37 million. To date, the facility has collected $11.7 million. In FY 2010, the facility had a total of $22 million in Fee Basis Services which is an increase of $4 million in Fee Basis Services since FY 2009. There was a total of $73 million in fenced funding. Management states that the guidance for budget FY 2012 is a possible reduction in funding of $8 million less than FY 2011. Management does not anticipate on reaching the collections goal. To improve collections, Insurance Card capture is being implemented in all outpatient clinics that have Health Administration clerical support. TRICARE is actively billing all applicable accounts. Review of fee spending is being conducted to see what can be done in-house compared to services provided in the community. Beneficiary travel spending is being reviewed to ensure that only eligible/entitled veterans are receiving travel benefits.

Enrollment, Accessibility and Continuum of Care
The Atlanta VAMC has 104,000 enrolled veterans and 500,000 veterans residing in the facility’s catchment area. In FY 2009, there were 72,032 unique patient encounters and in FY 2010 it increased to 77,510 unique. At the end of FY 2010, 43,339 veterans were enrolled at Augusta VAMC. In FY 2010, the facility received 438,745 inpatient and outpatient visits. The average length of inpatient stays is 5.72 days. There are currently 4,000 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) veterans in the catchment area with 60 percent males and 40 percent females that are enrolled.

The Compensation and Pension (C&P) examinations are completed by the Atlanta VAMC. In FY 2010, the C&P Unit completed 2,066 examinations. As of March 2011, 1,231 exams were completed. On average each VA-Form 2507 (exam request) has seven exams per request. The current Fiscal Year to Date (FYTD) cumulative processing time is 48 days.

Staffing and Affiliations
According to management, there are currently 3,039 employees at the Atlanta VAMC and an additional 165 new hires in FY 2011 during the second quarter. There are a
total of 1,168 veterans employed at the Atlanta VAMC. The Atlanta VAMC has affiliation with Emory University School of Medicine and Morehouse School of Medicine. The medical has an extensive research program with projects including the genetics of cancer and diabetes.

Physical Plant
The Atlanta VAMC completed a new parking deck with additional parking structure in the future planning stage. The modernize community living center and the upgrade and expanded emergency department is currently in progress. The Atlanta VAMC has received approval for $7.4 million in capital improvement.

Long Term Care, Mental Health and Specialty Care
The Atlanta VAMC has 100 operational beds. There are 45 currently in utilization, 45 closed due to renovation and 10 closed due to staffing. There is currently a waiting list with over 45 veterans on the list. Management stated that the new renovation will provide an increase in numbers for operation. There are no designated hospice beds for veterans at the VAMC.

Management states funding for a 40-bed domiciliary was approved in June 2010. The Fort McPherson campus will be utilized for this project. There will be intensive psychiatric treatment, vocational training, and job placement for homeless veterans. In FY 2011, there were 641 homeless veterans including 57 female veterans. The facility has a full-time Women Veterans Program and is designed to accommodate the hospitals growing female veteran population. There are currently 6,751 women veterans enrolled at the Atlanta VAMC. The services provided to the women veterans are gender specific and tailored for the unique needs of woman veterans.

Management reported that in FY 2010 there were four completed suicides. Suicide Prevention Coordinator (SPC) provides high risk monitoring and tracking for 144 veterans with high risk suicidal behavior. The SPC states that there are challenges in rural outreach to veterans, and support for mental health outpatient contracts.

Post Traumatic Stress
Atlanta VAMC has a PTSD clinical team and Trauma Recovery unit. There are currently limited services to provide transportation for veterans to attend the PTSD groups at the facility.

Polytrauma/TBI
There were 8,714 initial TBI screens since April 2007 and of those 1,586 had a positive TBI. There are 687 to 702 veterans who are being tracked for a positive TBI from the 2nd level comprehensive TBI evaluation. In FY 2010 there were 281 veterans with positive initial TBI screens of whom 210 underwent 2nd level comprehensive TBI evaluations.

OEF/OIF/OND
Management states that the current programs are benefits seminars and social networking. The future program projects include post development clinics, annual awareness day and the 4th Welcome Home ceremony.

Community Based Outpatient Clinics
There are 43,309 enrolled at the CBOCs. The CBOCs are located in Blairsville, Decatur, East Point, Lawrenceville, Oakwood, Newman, Rome, Austell and Stockbridge Georgia. The CBOC’s provide comprehensive primary care, mental health, EKG, tele-health, and laboratory services at all seven clinics.

Veterans Affairs Voluntary Services
In FY 2009, the American Legion had a total of 3,359 volunteer hours and FY 2010 increased to 4,799 volunteer hours. In FY 2009, the American Legion Auxiliary had a total of 4,597 volunteer hours and in FY 2010 had 5,287 volunteer hours. In FY 2009, the Sons of American Legion had 2,932 volunteer hours and in FY 2010, 2,472 volunteer hours. Management stated that there was a total monetary donation of $24,005 total activity donation of $5,754 and a total items donation of $30,971. A best practice that the VAVS have implement is “No Veteran Dies Alone” which is a program for patients on the Palliative care unit who request companionship during their last hours of life.
Overview
The Charlie Norwood Veterans Affairs Medical Center (VAMC) opened in 1931. It is located in Augusta, GA and is in Veterans Integrated Service Network (VISN) 7. The Augusta VAMC provides tertiary care in medicine, surgery, neurology, psychiatry, rehabilitation medicine, and spinal cord injury. The Medical Center provides the following services: medical, community living center (CLC) residential rehabilitation programs, Post Traumatic Stress Disorder (PTSD), substance abuse, surgical and mental health services.

The Charlie Norwood VA Medical Center is a two-division Medical Center that consists of the Uptown and Downtown Divisions.

Overall Challenges
The challenges for the Charlie Norwood VAMC include; mandated initiatives, fenced funding, recruitment of staff, parking shortages (Uptown Division) and space shortages. Management is also reducing operating beds due to the shortage in staffing.

Fiscal
The budget for the Charlie Norwood VAMC for FY 2010 was $325 million. The current budget for FY 2011 is $348 million, which is an increase of $26 million from FY 2010. The facility has seen an increase of $20 million in medical appropriation monies and a decrease of $9 million in the facility appropriation. The FY 2011 budget will support the FY 2010 levels of service, but the funding will not support the growth of their workload and additional staffing. Management is currently reducing operating beds due to the shortage in staffing. CNVAMC is experiencing increase in Benefits Travels Claims. In FY 2009 the budget for Beneficiary travel was $5 million and in FY 2010 the facility has seen a budget increase to $8 million. The facility has not received any information in regards to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $22 million. The total MCCF collections for FY 2010 were $25 million. The FY 2011 collection goal is $29 million. To date, the facility has collected $11.7 million. Management does not anticipate on reaching the collections goal. To improve collections, Insurance Card capture is being implemented in all outpatient clinics that have health administration clerical support. TRICARE is actively billing all applicable accounts. Review of fee spending is being conducted to see what can be done in-house compared to services provided in the community. Beneficiary travel spending is being reviewed to ensure that only eligible/entitled veterans are receiving travel benefits.

Enrollment, Accessibility and Continuum of Care
The August VAMC has 97,208 Veterans residing in the facility’s catchment area. At the end of FY 2010, 43,339 veterans were enrolled at Augusta VAMC. In FY 2010 the facility received 438,745 inpatient and outpatient visits. The average length of inpatient stay is 4.68 days.

The Compensation and Pension (C&P) examinations are completed by house staff and fee providers. In FY 2010, the C&P Unit completed 3,257 examinations. As of March 22, 2011, 1,438 exams were completed. On average each VA-Form 2507 (exam request) has seven exams per request. The current Fiscal Year to Date (FYTD) cumulative processing time is 20.9 days. The return rate for inadequacies is 1.1 percent.

Staffing and Affiliations
According to management, there are currently 2,000 people employed at Charlie Norwood and of those employees 660 are veterans which represent 33 percent of the Full Time Employee Equivalents. Augusta is currently having difficulty recruiting Dermatologists, Emergency Room Physician, Psychiatrist, Spinal Cord Injury Registered Nurses, Gastroenterologist Physicians and Medical Supply Technicians. The facility is currently at a six percent overall turnover rate with the highest turnover being in the Spinal Cord Injury Unit.
Currently, there are budget limitations and the recruitment to prioritize filling positions. The recent change in the hiring process for applicants (USA-Staffing, Vet-pro) has also caused some delays in recruiting staff in a timely manner. On average it takes about 30 days to 55 days to hire a nurse and 6 months to hire a physician.

The Charlie Norwood Medical Center has an active affiliation with the Medical College of Georgia. The Augusta VAMC provides medical and allied health training to more than 700 students and residents annually. CNVAMC also has additional health affiliations with 44 academic institutions.

**Physical Plant**

The Charlie Norwood VA Medical Center is a two-division medical center that consists of Uptown and Downtown Divisions. The Uptown Division is a 1981 structure that has sufficient parking. The Downtown Division was built in 1991 has insufficient parking. Within the last week a $9.9 million project has been approved for a parking deck. This deck will provide an additional 800 parking spaces.

Planned future projects include; special locks for mental health units (Uptown), Medical and dental Air Compress, Dental Vacuum System and Code Blue System Expansion. These corrective actions have been deferred for funding. The facility is weighing these issues with other vying for the limited available funds.

**Long Term Care, Mental Health and Specialty Care**

CNVAMC provides 132 Community Living Center (CLC) beds. Currently, 101 beds are in use and 31 beds are non operational due to inadequate staffing to ensure patient safety. The facility is equipped with 62-bed Alzheimer’s/Dementia Unit, seven hospice beds and seven Palliative Care beds.

All veterans identified as needing Mental Health services are triaged within 24 hours and given a full evaluation within two weeks. Veterans needing urgent/emergent care are seen the same day. Veterans are assigned to general or specialized treatment teams according to their needs. The facility treated/served 9,275 patients. CHVAMC Mental health programs includes; Trauma Recovery, Residential Rehab Treatment, Psychosocial rehabilitation and recovery, vocational rehab HUD VASH(36 vouchers) and healthcare for homeless veterans.

The Augusta VAMC has a joint venture with the Dwight Eisenhower Army Medical Center which is located at Fort Gordon. The agreement provides for the cost-effective sharing of resources between the two health care facilities in the Augusta area. In 2004, two Active Duty Rehab Care Units were opened to treat OEF/OIF active duty military personnel who required rehabilitation. Currently, there are nine active sharing agreements with three more in the finalization stages.

CNVAMC has a separate, safe and security conscious area where women veterans can receive their primary care. These 2,700 enrolled women veterans are monitored in the same manner as other primary care patients. The facility has a Woman Veterans Program Manager who advocates for this veteran population, coordinates community care when required, and does frequent outreach in the community to provide information on available services and eligibility.

**Post Traumatic Stress Disorder**

The PTSD service line received 549 new patients in FY 2010 which has increased the total PTSD count to 3,075 as of March 2011. Augusta VAMC provides the following services for PTSD patients which include: Care Coordination and Case Management, Medication Management, Psychological Assessment, Social Services to include Advance Directives, Individuals /Group Therapies, Evidence Based Psychotherapy.

Other services the facility provides for PTSD includes: Trauma Orientation Class, Anger Management Group, Coping Skills Group, Mindfulness Training, Laughter Yoga, Depression Support Group, Relaxation Group, CBT Group for Depression, Seeking Safety, Seeking Safety Aftercare, Women’s Trauma Group, Basic Skills Group, Gulf War Group, Trauma Day Group, Life Skills, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT).

**Polytrauma/TBI**

Augusta VAMC performs 2nd Level TBI evaluation which requires completion of a template mandated by VA Central Office. The assessment includes a history and physical exam completed by a Physiatrist and a Psychological assessment. Veterans determined to be positive for TBI receive a plan of care from case managers. The facility provides weekly polytrauma TBI support group for veterans and families. Tele-health services are also being implemented to help provide services to those veterans that cannot travel to the facility.

**OEF/OIF/OND**

The OEF/OIF/OND clinical care management team is the hub for recently returned combat veterans. The team establishes procedures in the tracking and monitoring, transitioning and coordination of services, outreach, and clinical management of OEF/OIF/OND active duty services and members.

Outreach activities include: Demobilization briefings; Pre, During, and Post Yellow Ribbon briefings; Individual Ready Re-
serve (IRR) briefings; Post Deployment Health Re-Assessment (PDHRA) Events; and National Guard and Reserve unit briefings; as well as Welcome Home Events. It is also an expectation that the OEF/OIF/OND staff participates in community events, and other activities that will raise community awareness of services available to this veteran population.

**Community Based Outpatient Clinics**

Augusta VAMC operates two Community Based Outpatient Clinics (CBOC’s) throughout Eastern Georgia and Western South Carolina. The CBOC’s are located in Athens, GA and Aiken, SC. The VA staffed CBOC’s has 7,101 enrolled veterans. The Charlie Norwood VAMC CBOC’s provide veterans with primary care and mental Health services.

**Veterans Affairs Voluntary Services**

During FY 2010, the Veterans Affairs Voluntary Services (VAVS) had a total of 109 American Legion volunteers. The challenges for the VAVS programs includes; finding meaningful volunteer jobs that volunteers want to do and VA needs, volunteer assignments that fall within VA guidelines and recruitment of positions in area that need volunteers. The VAVS Program adds 25 new volunteers per month.
BAY PINES VA HEALTHCARE SYSTEM, BAY PINES, FL
November 2-3, 2010
National Task Force Member: R. Michael Suter
Deputy Director for Health Care: Jacob B. Gadd
National Field Service Representative: Brian J. Bertges

ORLANDO VA MEDICAL CENTER, ORLANDO, FL
November 8-9, 2010
National Task Force Member: R. Michael Suter
National Field Service Representative: James M. Woodson, IV

JAMES A. HALEY VETERANS’ HOSPITAL, TAMPA, FL
November 16-17, 2010
National Task Force Member: Vice-Chairman, R. Michael Suter
National Field Service Representative: Denise L. Bullock, M.Ed

VA CARIBBEAN HEALTHCARE SYSTEM, SAN JUAN, PR
March 6-8, 2011
National Task Force Member: PNC Ronald F. Conley
Director of VA&R Division: Verna L. Jones

MALCOLM RANDALL VA MEDICAL CENTER, GAINESVILLE, FL
March 9-10, 2011
National Task Force Member: Don E. Mathis
National Field Service Representative: Warren J. Goldstein
Bay Pines Veterans Affairs Health Care System, located in Bay Pines, Florida is a primary and secondary health care facility providing a full range of patient care services, with the exception of radiation therapy and obstetrical care. The facility anticipates having its new radiation clinic completed by 2014, adding it to the list of services. Comprehensive health care is provided in areas of medicine, surgery and psychiatry, including over 52 sub-specialty clinics. BPVAHS is designated as a Complex Inpatient surgical complexity Level III polytrauma facility and has nine Community Based Outpatient Clinics (CBOCs) as far north as Palm Harbor, as far south as Naples, and as far east as Sebring. BPVAHS is a part of Veterans Service Integrated Network 8 which includes facilities in Florida and Puerto Rico.

Overview

Bay Pines Veterans Affairs Health Care System, located in Bay Pines, Florida is a primary and secondary health care facility providing a full range of patient care services, with the exception of radiation therapy and obstetrical care. The facility anticipates having its new radiation clinic completed by 2014, adding it to the list of services. Comprehensive health care is provided in areas of medicine, surgery and psychiatry, including over 52 sub-specialty clinics. BPVAHS is designated as a Complex Inpatient surgical complexity Level III polytrauma facility and has nine Community Based Outpatient Clinics (CBOCs) as far north as Palm Harbor, as far south as Naples, and as far east as Sebring. BPVAHS is a part of Veterans Service Integrated Network 8 which includes facilities in Florida and Puerto Rico.

Overall Challenges

The challenges for BPVAHS include having space in order to conduct treatment and provide parking for the rising number of patients within their catchment area. Another concern that they have is the increasing need for child care.

Fiscal

The budget for the BPVAHS for Fiscal Year (FY) 2010 was $423 million. The facility received FY 2010 budget monies in March 2010. The current budget for FY 2011 is $450 million which is an increase of $27 million from FY 2010. Management believes that the current FY 2011 budget will allow BPVAHS to maintain FY 2010 levels of service and open enrollment and staffing levels. Fiscal office showed concerns about MCCF goal, because the facility is transitioning into a Consolidated Patient Account Center (CPAC) in January 2011. BPVAHS is losing 90 positions due to the consolidation; however, the proactive leadership has worked diligently so no one will be unemployed after the transition is complete. Management has not received any information in regards to the FY 2012 budget. The fiscal department would like to see more flexibility in the specific purpose funds if a facility demonstrates fiscal responsibility. This will aid in better utilization in funds for the facility in order to provide better care to the veterans.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $56 million. The total MCCF collections for FY 2010 were $56 million. Currently, the collections goal for FY 2011 is $60 million. Management believes they are on target to meet the collections goal.

For FY 2011, about 20 percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for Surgery, Medicine, Imaging, Nuclear Medicine, Dental, Mental Health, Radiation Therapy, and Obstetrics. Currently, management is undergoing major construction projects to eliminate the need for Fee Basis dealing with Radiation Therapy.

Enrollment, Accessibility and Continuum of Care

The veteran population in the catchment area is 320,000. There are 65,367 enrolled patients at BPVAHS and 112,075 in the Healthcare System. The Facility has seen an increase in the enrollment of veterans due to the economy’s impact on veterans. In FY 2009, the facility treated 87,071 unique veterans and had 1,207,961 visits. There are currently 2,315 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are 6,697 women veterans enrolled at BPVAHS. The facility has 37,731 Priority Group 8 veterans in their system. In FY 2010, BPVAHS completed 12,355 Compensation and Pension (C&P) examinations.

The turnaround time for a C&P exam is currently 28 days. The C&P exams are performed by VA staff. BPVAHS mentioned that challenges they face in regards to C&P examinations include issues with space as well as an increase in exam request from the regional office without receiving additional staffing.

BPVAHS tracks OEF/OIF veterans in the Veteran Tracking Application, and the Case Management Tracking and Reporting Application. For each OEF/OIF Veteran who presents to the OEF/OIF Program, a CPRS consult is ordered, and the veterans name is entered into an Excel file. They screen every OEF/OIF veteran that comes to the
facility. The OEF/OIF department is concerned that they are no longer allowed to present at TAP briefings and think it would be very beneficial to veterans if they could return.

**Staffing and Affiliations**

According to management, there are currently 3,297 full-time employee equivalents employed at the BPVAMC and approximately forty-two percent of those employees are veterans. The VAMC is experiencing issues with recruitment for positions such as psychiatrists for rural areas and invasive cardiology; however, currently there are no major issues with staffing. Bay Pines VAMC staffing has an eighty-six percent retention rate.

Bay Pines VAMC has over 160 active affiliation agreements, with 115 different affiliates. They currently have affiliation agreements with five residency programs, which include both allopathic and osteopathic residents and fellows. In addition to their residency programs and partnerships with medical schools, they also have a standalone dental and pharmacy program. Other training includes many different topics from psychology and rehabilitation areas to radiology and optometry to many more. Overall, there were 1,065 university residents, interns, and students are trained at the Bay Pines VAMC each year.

**Physical Plant**

Bay Pines Veterans Affairs Health Care System currently is undergoing major and minor construction projects over the next four to five years. The facilities have needs to expand and renovate in many departments as well as parking. With the new construction, many different departments will get the much needed space to provide new technologies and more efficient health care. The major projects include the construction of a new clinic in Cape Coral, Florida and inpatient/outpatient improvements giving departments such as rehabilitation and mental health additional needed space as well as create a more patient centered environment. One particular change to outpatient services that was mentioned that denotes the efficiency that the facility is striving for is moving the blood draw to the first floor. This will put all general outpatient services in one collective area to increase processing speed without removing quality of care.

Currently, they are also performing other minor construction projects that include creating an eye treatment center, a research center, ambulatory surgery center, a radiation therapy center, a cancer infusion therapy center, a new parking garage, and expanding and renovating the community living center. These additions will benefit veteran healthcare and accessibility greatly. In addition, the facility will be able to reduce the percentage of fee base services significantly with the addition of the radiation therapy and infusion therapy centers.

The total amount of funds set aside for these projects was $377,636,289. Lastly the facilities themselves including the grounds were maintained very well. There were no signs of neglect detected whatsoever.

**Long Term Care, Mental Health and Specialty Care**

The BPVAHS has 505 authorized beds and 403 operating beds. The facility receives over one million visits per year, and then need for Home Based Primary Care is increasing as the demands on the hospital are also increasing. Home Based Primary Care has increased enrollment by a steady rate of 200 patients per year and will be expanding services into Lee County due to a grant. This grant will cause an increase of services by 60-90 patients. According to management, 28 percent of home-based patients have a mental health issue with a majority of all patients having some form of cognitive impairment. There is currently no waiting list for Home Based Care; however, it is not available in areas such as Manatee, Sarasota, and Naples. The Bay Pines and Port Charlotte facilities are close to reaching their maximum and possibly may need to institute a waiting list.

Bay Pines Veterans Affairs Health Care System has developed a local Five-Year Plan to End Homelessness. The plan already implemented some of its goals to include: developing a rapid response system to the National Homeless hotline callers (less than 24 hours), increasing contract residential program beds which include 10 emergency shelter beds, providing 555 vouchers (expanded by 450 from the previous year), and increasing community participation, and creating a waiting/resource room in the domiciliary.

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of 6,697 women veterans. Services include: primary care gynecological care and health and wellness screenings. Bay Pines VAMC maintains one of the best staffed Women Veterans Programs with one gynecologist (two days a week), two internal medicine doctors, and one family practice doctor in addition to the nursing staff. They have seven exam rooms and two nurse assessment rooms as well.

The Bay Pines Veterans Affairs Health Care System is a Level III Polytrauma Center. They provide services for many different TBI patients, of which, 345 are OEF/OIF/OND veterans. Rehabilitative services are provided on an outpatient basis and are tailored to individual needs, whether cognitive or physical. Depending on the length of time they have been treated and their response would determine the length of time in between appointments.
The facility focuses on using different types of treatments for veterans with PTSD, with cognitive processing therapy (CPT) being the treatment most frequently used. The facility also provides different group therapy sessions both Co-Ed and Single Sex (especially for MST), and rehabilitative services such as driver’s training. The facility also uses Prolonged Exposure Therapy and Acceptance and Commitment Therapy.

Management reported from the Suicide completion report that twelve Veterans have died by suicide during July 2009 through April 2010.

**OEF/OIF/OND Programs**

Bay Pines VAMC has recently established an OEF/OIF/OND New Patient Care Clinic which provided new OEF/OIF/OND veterans a one-stop shopping model of integrative primary and behavioral health care as well as an opportunity to seek after-hours care. The clinic also includes representatives from the VA Regional Office and consultants from Operation Vets who work with local colleges and veterans to offer education on benefits, jobs, colleges and the new GI Bill.

In 2010, the BPVAHS conducted many different programs to help families with deployment and post-deployment concerns, of those notably would be Coping with Deployment 101, which hosts different components for both the family and the soldier. Different components include: preparing families for the deployment and helping them understand resources that are available, how to communicate effectively, how to cope with stress; and also a component for children to give them activities and skills during the employment.

The OEF/OIF Office is making a more concerted effort to also have women veteran welcome home events. Their first event had over 70 women veterans present and the office had been contacted about women that heard about the event, but could not attend, but wanted to be involved with the events in the future. They also had a focus on stress management where they had massages and acupuncture available for veterans. Additionally at the event they had activities for kids, a disc jockey, and catered food.

The OEF/OIF office was very well staffed and appeared to be prepared for upcoming changes and tracking for the veterans in order to provide a proper transition into the VA healthcare system.

**Community Based Outpatient Clinics**

There are 11,000 veterans enrolled at the CBOCs. BPVAHS has eight CBOCs in the states of Florida. The CBOCs consists of: Bradenton located southeast of the Bay Pines VAMC; Ft. Myers located southeast of the Bay Pines VAMC; Naples which is located southeast of the Bay Pines VAMC; Palm Harbor located north of the Bay Pines VAMC; Port Charlotte located southeast of the Bay Pines VAMC; St. Petersburg located east of the Bay Pines VAMC; Sarasota located southeast of the Bay Pines VAMC; and Sebring located east of the Bay Pines VAMC. The CBOCs provide the following services (services provided vary from location to location): primary care, mental health (PTSD, substance abuse, MST), women’s health, dental, imaging, OEF/OIF/OND case management, phlebotomy, pharmacy consultation, social work, ambulatory surgery, audiology, cardiology, EKGs, C&P exams, dermatology, eye care (blind rehabilitation, low vision clinic, optometry, and surgery including laser eye surgery), gastroenterology, home and community care, neurology, nutrition counseling, orthopedics, podiatry, prosthetics, tobacco cessation program, and spinal cord injury.

**Veterans Affairs Voluntary Services**

In FY 2009, there were a total of 2,262 Regularly Scheduled (RS) volunteers for a total of 200,224 hours. In FY 2010 there are 1,937 RS volunteers, with 605 new volunteers. Bay Pines VAMC has received total donations of $1,229,854. There were 126 American Legion volunteers who gave 17,820 hours in FY 2009. The American Legion Auxiliary had 42 volunteers who donated 4,992 hours in FY 2009.
The American Legion | System Worth Saving

**ORLANDO VA MEDICAL CENTER** | **ORLANDO, FL**

**Date:** November 8-9, 2010  
**National Task Force Member:** Vice-Chairman, R. Michael Suter  
**National Field Service Representative:** James M. Woodson, IV

**Overview**

Orlando Veterans Affairs Medical Center (OVAMC), located in Orlando, Florida provides healthcare services to veterans in central Florida. OVAMC is a primary and secondary health care facility providing a full range of patient care services. The Orlando VA Medical Center serves 90,000 veterans in East Central Florida. OVAMC is one of seven medical centers in VISN 8 Healthcare System. The OVAMC includes the Orlando VA Medical Center, the Community Living Center, the Residential Rehabilitation Program, the Viera Outpatient Clinic, the Daytona Outpatient Clinic, and four Community Based Outpatient Clinics located in Clermont, Kissimmee, Leesburg, and Orange City, Florida.

**Overall Challenges**

The challenges for Orlando VAMC include upkeep of an aging facility, clinical wait times, hiring of additional providers, delays in C&P exams space shortage, and parking.

**Fiscal**

The budget for the Orlando VAMC for FY 2010 was $291 million. The facility received FY 2010 budget monies in late February 2010. The current budget for FY 2011 is $306 million which is an increase of $15 million from FY 2010. Management believes that the FY 2011 budget will allow Orlando VAMC to maintain FY 2010 levels of service and open enrollment and staffing levels. Management has not received any information in regards to the FY 2012 budget. According to management, it is too early in the year to determine if any programs may be eliminated or reduced.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $22 million. The total MCCF collections for FY 2010 were $21 million. The collections goal for FY 2011 is $25 million. Management believes they are on target to meet the collections goal. OVAMC transitioned to the Florida and Caribbean Consolidated Patient Account Center (CPAC) during October FY 2011. The facility has less than 30 days experience with the CPAC, but management believes that the collection rates under this program will improve.

Management estimates 30 percent of the FY 2011 budget will go to Fee Basis Services. The facility utilizes Fee Services for Surgery, Inpatient Care, Pulmonary, Orthopedic, Radiology, Radiation Therapy, Dental, Dialysis and Dermatology.

**Enrollment, Accessibility and Continuum of Care**

The veteran population in the Orlando VAMC catchment area is approximately 300,000. There are 90,000 enrolled patients at OVAMC. The facility has seen an increase in enrollment due to the economy’s impact on veterans.

There are currently 10,000 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans. The facility has 1,549 Priority Group 8 veterans in their system.

In FY 2010, OVAMC completed 11,525 Compensation and Pension (C&P) examinations. The turnaround time for a mental health C&P exam is currently six months. The backlog in exams is due to staff shortage. To help ease the backlog, management has been approved to hire additional mental health providers. The C&P exams are performed by a mix of VA providers and contract providers. Providing multiple C&P examinations to veterans is a challenge due to the time and limited staff that are able to perform the tasks. The current return rate for an inadequate examination is less than one percent.

**Staffing and Affiliations**

According to management, there are currently 2,104 permanent/temporary employees at the OVAMC and 817 of those employees are veterans representing 40.6 percent of the Full Time Employee Equivalents (FTEE). Of the 817 veteran employees, 254 are disabled veterans and 96 are identified as Vietnam veterans. The OVAMC is currently recruiting for four FTEE positions to include hiring for Nurses Assistance.
The Orlando VAMC has academic partnerships with thirteen universities and hospitals and eight community colleges and technical institutes. The trainees are located at the Baldwin Park Campus, the Daytona Beach and Viera Outpatient Clinics.

**Physical Plant**

Orlando VAMC is currently rebuilding a new medical center which is scheduled to open in late 2012. The project will cost approximately $665 million. The 1.2 million square foot facility will have 134 inpatients beds, a 120-bed Community Living Center (CLC) and a 60-bed Residential Rehabilitation Program. The new facility will offer 3,100 parking spaces. The new medical center will be located on 65 acres and will be a part of the Orlando “Medical City” development.

Due to the increasing demand for veterans’ health care in the Orlando area, the clinic will be keeping the Baldwin Park (OV AMC) location open with approximately the same capacity. The number of parking spaces is sufficient with minor exceptions. Parking in Vera may become an issue in the near future due to the new addition. The OV AMC does not have any physical plant deficiencies. Many of the projects completed over the past three years have addressed infrastructure needs for Lake Baldwin, Lakemont and Viera. The recent update to the Facility Condition Assessment (FCA) has shown continued progress towards addressing the needs.

OV AMC has future construction projects which includes; an addition in Viera, lease acquisitions in Daytona Beach, repurposing of the Lake Baldwin campus once operations move to Lake Nona, new medical center at Lake Nona, construction of SimLearn/Research facility at Lake Nona, and implementation of CPAC at Lakemont.

**Long Term Care, Mental Health and Specialty Care**

The Orlando VAMC has 118 authorized beds in the Nursing Home Care Unit. The facility is authorized to have 120 beds. Currently 111 beds are filled. There are 40 beds in the Alzheimer’s and Dementia Unit. In FY 2010, the facility treated 2,946 patients. Currently, the number of total patients treated during this year is 1,341. The facility receives 325,000 visits per year. Home Based Primary Care has increased enrollment by 250 percent. According to management, the facility has just started the Medical Foster Home Program with 184 patients. The facility offers no inpatients beds, therefore acute patients are transferred to Tampa VA Medical Center.

The Orlando VA Mental Health Service is reorganizing its mental health services at the Lake Baldwin site in order to provide more efficient, effective and accessible recovery oriented mental health services. This change includes the deployment of full time psychologists with every Primary Care team as part of the VHA collaborative Mental Health in Primary Care model. This will provide same day access to veterans with a broad array of less severe mental health and substance abuse issues while allowing specialty mental health staff to focus on veterans with the most severe mental health and substance use needs. Specialty mental health is being organized into four general mental health teams that each will be responsible for providing and coordinating mental health care for an assigned panel of veterans. Each team will be staffed similarly, including psychiatrists, nurse practitioners, psychologists, social workers, substance use counselors, nurses, and other staff. Each team will be responsible for providing integrated specialty mental health treatment for the veterans on that team, including PTSD and substance use services. The Orlando VAMC does not offer any inpatient mental health services. Veterans who require inpatient mental health care are transferred to community inpatient units or neighboring VA Medical Centers depending upon the availability at the time.

In May 2010 National Homeless Call Center was established. Since the start of this service, the Orlando VAMC has received approximately 195 calls. The facility has established a HUD VASH program and has received 480 Section 8 vouchers for veterans who are homeless and need assistance with permanent housing. Currently, there are 70 veterans utilizing the program.

OV AMC offers specialized gender specific care to women veterans. OV AMC have separate space for women’s health where primary care, gynecological care, social work, mental health, pharmacy and nutrition services are co-located. The facility provides family therapy for the veteran and spouse. The staff would like to see family therapy services be offered, which would also include care for children.

**Post Traumatic Stress Disorder**

The Orlando VAMC does not offer any inpatient mental health services. Veterans who require inpatient mental health care are
transferred to community inpatient units or neighboring VA Medical Centers depending upon bed availability at that time.

The Mental Health Residential Rehabilitative Program offers residential treatment services for homeless veterans, including PTSD treatment. Group and individual treatment for PTSD is available at most Orlando VAMC clinical sites either on site or through telemental health services through specialty Mental Health. In FY 2010, nearly 8,000 veterans were treated for PTSD.

**Polytrauma/Traumatic Brain Injury**

The Orlando VAMC serves as a Polytrauma Point of Contact (POC) in the Polytrauma System of Care. The Polytrauma/ Traumatic Brain Injury (TBI) program evaluates and case manages veterans and service members from OEF/OIF/OND who have ongoing symptoms after suffering mild TBI. The facility has screened over 4,264 veterans in FY 2010 for possible TBI.

**OEF/OIF/OND**

The OEF/OIF/OND Program provides outreach activities to military personnel and family member through the Yellow Ribbon Programs, Demobilizations, Post Deployment Health Assessments (PDHRAs). In FY 2010, OVAMC provided 55 Outreach events enrolling 696 veterans.

The Women Veterans Program Manager (WVPM) partners with the OEF/OIF/OND Program Manager and participates in monthly post deployment yellow ribbon events to inform and educate the Women Veterans about entitlement benefit programs, enroll them for VA healthcare and connect them with Women Veteran Program Managers in their respective regions of the country.

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**Community Based Outpatient Clinics**

There are a total of 7,535 veterans enrolled at all CBOC locations. Orlando VAMC has four CBOCs in the Central Florida area. The CBOCs consists of: Clermont located 29 miles from Orlando; Kissimmee, located 23 miles from Orlando, Leesburg which is located 49 miles from Orlando, and Orange City, which is located 31 miles from Orlando. The CBOC’s provide services for Primary Care, Nutrition, Mental Health, Podiatry and Lab Services. Orlando also has two Outpatient Clinics which are located in Daytona Beach and Viera. Exam and lab services are being offered at all CBOC locations.

Orlando VAMC has trained primary care provider at each of the CBOC locations through the National mini-residency training program to provide gender specific primary care in women health. The Kissimmee Clinic is the only clinic still needing the training and management expects to have a provider trained by 2011. There are mental health and social work services located at all of the outpatient clinics and CBOC’s as well as pharmacy and lab support.

**Veterans Affairs Voluntary Services**

In FY 2010, there were a total of 41 Regularly Scheduled (RS) volunteers for a total of 6,824 hours. According to management, additional staffing is needed to accomplish the various standards for volunteering at OVAMC. With the limited staffing and the increased demand, the facility can be managing the workload. The economic downturn and the high unemployment rate generated an increased interest in volunteerism, but have noted a decrease in monetary and in-kind donations.
Overview

James A. Haley Veterans Hospital (JAHVH), located in Tampa, Florida. The James A. Haley Veterans Hospital is designated as a Clinical Referral Level 1 facility and is one of the most complex health care facilities in the Department of Veterans Affairs. The JAHVH provides primary care, tertiary care, and long term care in areas of medicine, surgery and psychiatry. The JAHVH is one of the four VA Level I Regional Polytrauma Rehabilitation Centers (PRC) in the nation. James A. Haley Veterans Hospital (JAHVH) is a part of the Veterans Service Integrated Network 8 which includes facilities in Tampa Florida.

Overall Challenges

The JAHVH has challenges in the areas of recruiting for certain specialties. There is currently a shortage for parking for patients, visitors and staff.

Fiscal

The total medical care budget for the JAHVH in FY 2010 was $737 million. The facility received FY 2010 Veterans Equitable Resources Allocation (VERA) allocations in February 2010. The current budget for FY 2011 is $626 million. The budget is managed throughout each month. The VISN office to request exchanges between the appropriation accounts. Management states that funding is also supplemented through MCCF Collections.

The Medical Care Collection Fund (MCCF) goal for FY 2010 was $64 million and the total MCCF actual collections for FY 2010 were $65 million. This was a $1 million increase from what was expected. The MCCF, FY 2011 collection goal is $63 million. The VA Central Office provides special purpose funds for Prosthetics, Mental Health, Patient Aligned Care Teams, Homeless Veterans and Polytrauma. In FY 2010, the JAHVH received $68 million in special purpose funding.

The approved budget for Fee Basis Services for FY 2010 was $33 million. The specialties that the facility uses Fee Basis for include: anesthesiology, allergy and immunology, audiology and speech pathology, physical and occupational therapy, cardiology, chiropractor care, dental care, dermatology, digestive disease, eye care, home oxygen, Obstetrics and Gynecology, laboratory care, pulmonary, radiology, various surgical procedures (e.g. neurosurgery), and sleep studies.

Enrollment, Accessibility and Continuum of Care

The veteran population in the catchment area is 212,611. There are 95,728 enrolled patients at the facility. The facility has decreased in enrollment of veterans due to the division between the Tampa and Orlando VA Medical Centers. There are currently 12,972 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are 7,902 women veterans enrolled at JAHVH.

The facility has 13,451 Priority Group 8G veterans in their system. In FY 2010, JAHVH completed 57,516 Compensation and Pension (C&P) examinations. The Veterans Benefits Administration Regional Office projects a 30-35 percent workload increase for FY 2011. The exams are performed by dedicated VHA C&P certified clinicians.

JAHVM tracks OEF/OIF/OND veterans through the Veterans Tracking Application (VTA) and the Case Management Tracking Application (CMTRA). Management states that there is a compliance monitor that tracks all OEF/OIF veterans to ensure they are seen within 48 hours for urgent and emergent review, within two weeks for mental health issues and within 30 days for all initial appointments.

Staffing and Affiliations

According to management, there are currently 4,455 full-time equivalent employee (FTEE) employed at the JAHVH. The JAHVH experiences staffing difficulties in positions designated as “hard-to-fill” such as Physicians and Registered Nurses in certain specialties, Human Resources Specialist, General Engineer, Medical Technolo-
gist, Physicist, and Dental Lab Technician. Management states recruitment, relocation and retention incentives are used per regulation. There are currently 57 administrative positions that are not filled in the facility.

The JAHVH is affiliated with the University of South Florida College Of Medicine (Health Sciences Center) in North Tampa. The Medical Center is also a training site for medical, nursing, and other health care professional students.

**Physical Plant**

The JAHVH has currently 90 construction projects that include the interim polytrauma renovation, polytrauma expansion, bed tower renovation, and parking garage project; community living center renovation; operating room; handicap accessibility upgrades; and utility system improvements. The total cost to correct the deficiencies identified in the Facility Condition Assessment is $157 million dollars. The electrical distribution system and emergency generation plant project is in the final stages.

**Long Term Care, Mental Health and Specialty Care**

The JAHVH has 417 authorized beds and 415 operating beds. In FY 2010, the facility treated 86,311 unique patients. The facility receives 1,047,117 visits per year. Management states that there are currently 76 contracted nursing homes for placement of veterans. There are currently 50 veterans assigned to foster care.

JAHVH for FY 2010 has 225 HUD/VAH vouchers approved. There are approximately 45 emergency VA contracted beds in the JAHVH service area. There were 58 Grant and Per Diem beds in FY 2010; there will be a total of 122 G&PD beds for FY 2011. The Alcohol and Drug Abuse Treatment Program has 24 beds for the intensive outpatient treatment program, of which about 75-80 percent are used by homeless veterans.

The Mental Health Program at the JAHVH has expanded the access to care through systems redesign, hiring new staff and expanding services. There are currently 30 inpatient beds and management states that there is a daily census of 30 patients. Management states that the intensive management of veterans care once the veterans are discharged from the hospital is challenging.

**Post Traumatic Stress Disorder (PTSD)**

The JAHVH has implemented a Center for Post Deployment Health which provides intensive outpatient care for veterans that suffer from multiple co-morbid conditions including pain, emotional distress, substance abuse, PTSD, and mild traumatic brain injury (TBI). The Trauma Recovery Program (TRP) provides evaluation, education and treatment services for veterans diagnosed with PTSD.

**Traumatic Brain Injury (TBI)**

The Tampa VA Polytrauma Rehabilitation Center provides a full continuum of rehabilitation services. It includes intensive interdisciplinary inpatient rehabilitation, comprehensive and acute rehabilitation for complex injuries. Management states they collaborate in traumatic brain injury research to improve the diagnosis, treatment, and education on prevention of TBI through our affiliations with the Department of Defense (DoD) and local academic medical programs in the areas of medical rehabilitation and allied health. The Inpatient Polytrauma caseload is an average of 150 patients. Management stated the funding for 73 FTEEs were dedicated for the support of the Polytrauma Rehabilitation center. There were a total of 130 new veteran’s transitions thoroughly the monthly program. The total operating beds for the Polytrauma Rehabilitation center is 415. The average length of stay for rehabilitation is 17.5 days and 33 days for Spinal Cord Injury (SCI). The ratio of case managers are 1:20 in OEF/OIF patient clinic, 1:6 in the Polytrauma Rehabilitation Center and 1:10 in the Polytrauma Transitional Rehabilitation Program.

The Suicide Prevention Team (SPT) has implemented a new clinic to ensure that all veterans discharged from inpatient care can be seen face-to-face within seven days. In FY 2010 there were three completed suicides. There are currently 200 veterans considered to be at “high risk” for suicide and are receiving enhanced services from the SPT.

The facility has a Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of women veterans. Services include: primary care, gynecological care and health and wellness screenings. There is also psychiatry, psychology, and social work embed-
ded within the program for treatment of mental illness to include depression, anxiety, traumatic stress, and relational problems. There are currently 7,902 women enrolled in the JAHVH Women Veterans Program.

**OEF/OIF/OND Programs**

The JAHVH and OEF/OIF Seamless Transition Teams (STT) have partnered with Hillsborough Community College (HCC) to provide outreach and engagement to all service members and veterans. Management states that many veterans are struggling with readjustment to civilian life and age appropriate life choices. The HCC’s programs allow the veteran to enroll in the VHA system and address other VA issues while on campus. The HCC outreach is specific to OEF/OIF and New Dawn veterans, spouses, and their dependents. The STT and the HCC also provides services the Persian Gulf, Vietnam and Post Vietnam veteran. The month of November had a total of 13 outreach projects.

**Community Based Outpatient Clinics**

There are 51,191 veterans enrolled at the Community Based Outpatient Clinics (CBOCs). JAHVH has four outpatient clinics in the state of Florida. They include the New Port Richey Outpatient Clinic, New Port Richey, FL; Brooksville CBOC, Brooksville, FL; Lakeland CBOC; Lakeland, Florida; and Zephyrhills CBOC; Zephyrhills, Florida.

**Veterans Affairs Voluntary Services**

In FY 2010, there were a total of 5,903 of volunteer hours. The American Legion Auxiliary had a total of 2,743 of volunteer hours. Management states that the country’s economic situation has adversely affected the gifts and donations program. Management states that a best practice for the VAVS committee member volunteers is to serve on subcommittees to plan VAVS programs, including National Salute, Make a Difference Day and the Veterans Day Parade.
The VA Caribbean Healthcare System (VACHS) received accreditation by the Joint Commission (TJC) on June 2010. The VACHS also holds accreditation of the Blind Rehabilitation Center, Medical Rehabilitation Programs, Comprehensive Inpatient Rehabilitation Programs (CIIRP), and Spinal Cord System of Care by the Commission on Accreditation for Rehabilitation Facilities (CARF). The VACHS is a 1A complexity type system consisting of the main medical center located in San Juan, Puerto Rico, with multispecialty outpatient clinics located in Ponce, on the southern part of the island, and in Mayagüez, on the western coast. There are Community Based Outpatient Clinics (CBOCs) in St. Thomas and St. Croix in the U.S. Virgin Islands, and in Arecibo and Guayama (Northwest and Southeast of Puerto Rico, respectively). The new Utuado Rural Clinic is located at the premises of “Hospital Metropolitano de la Montana” and the Vieques Rural Clinic in the Susan Centeno Clinic. The VACHS began providing services in St. John, US Virgin Islands though a contract with the Myrah Keating Smith Community Health Center.

### Overall Challenges
The VACHS has staffing issues throughout the service lines. There are currently still seismic corrections needed. Parking is still a challenge. There are transportation issues for the rural health clinics. The back log for Compensation and Pension is an ongoing issue for FY 2011. There is an issue with access for primary care doctors and excessive wait times for appointments.

### Fiscal
The total budget for FY 2010 was $495 million. Management stated that the FY 2010 budget authority was received February 2010. The FY 2011 budget is estimated at $485 million. Management states that the facility has a deficit of $24 million and there is no supplemental funding available for FY 2011. The Medical Care Collections Fund (MCCF) goal for FY 2009 was $13 million with a collection of $12 million. The goal for FY 2010 was $12 million with a collection of $12 million. The FY 2011 goal is $12 million. In FY 2010, VACHS had $17 million in Fee Basis Services and in FY 2011 the Fee Basis budget increased to $18 million. Management states that Fee Basis Services contracted include Medical, Surgical, Psychiatry, Psychology and Primary care. The VACHS, Consolidated Patient Account Center (CPAC) falls under the CPAC Orlando, Florida. Management states that the facility absorbed displaced staff due to the centralization of the third-party collection process. The billing collection rates decreased due to CPAC transition at a monthly rate of 8,473 bills.

### Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 109,000. There are 90,000 enrolled patients and 80,000 veterans receiving care at the CHC. Management stated that since 2002, there are currently 10,070 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans and 80 Operation New Dawn (OND) veterans. Approximately 11 percent of OEF/OIF/OND veterans seen at the facility are female veterans. In FY 2010, management stated that there were 8,514 completed Compensation and Pension (C&P) examinations and the facility had completed 3,138 as of February 2011. The turnaround time for a C&P exam in FY 2010 was 30.58 days. As of February 2011, the turnaround time for a complete C&P exam increased significantly to 86.7 days. Management states that C&P exams are performed in-house, on-station fee basis and fee basis. The majority of C&P exams are performed by the MEDVAMC and approximately five percent of these exams are performed by a VA consultant.

### Staffing and Affiliations
According to management, there are currently 3,283 people employed at their facility and 842 or 25 percent of those employees are veterans. VACHS is currently short 61 nurses and 84 Licensed Professional Nurses (LPN). The VACHS has affiliation with University of Puerto, Ponce School of Medicine and Universidad Central del Caribe. The institution has 143 academic affiliation programs with 51 different academic health institutions including 11 nursing training programs with eight different nursing schools.

### Physical Plant
Management states that due to construction, there will be a direct loss of 745 parking spaces. There is currently a two-phase parking garage projected to
Management reported that in FY 2010, there were 159 attempted suicides treated and three completed suicides. From FY 2009 through FY 2011 a total of ten completed suicides were reported. The Psychiatry Intervention Center provides a 24-hour psychiatric service for patients in need of an emergency evaluation. Consults are screened by a supervisor for consult appropriateness and then recommended to a program within 14 days.

**Traumatic Brain Injury (TBI)**
Management states that there is a full-time psychiatrist in the TBI/Polytrauma Program. The clinic specializes in acute comprehensive interdisciplinary rehabilitation services as well as proactive case management for existing and emerging conditions in the veteran population in order to return the individual to the highest level of independent function. In FY 2010, 95 percent of all patients evaluated at the Polytrauma Clinic that had a diagnosis of TBI were OEF/OIF/OND veterans. In FY 2009, there were 213 veterans diagnosed and treated with TBI and in FY 2010 the number increased to 351.

**Post traumatic Stress Disorder (PTSD)**
Management states that the Mental Health Trauma Recovery Center provides interdisciplinary evidence base and recovery oriented treatment to patients with PTSD. In FY 2009 there were 563 OEF/OIF/OND veterans diagnosed and treated with PTSD and in FY 2010 there were 931.

**OEF/OIF/OND Programs**
The VA Central Office stated they have 85-90 percent signed up. Since 2002, they have 10,070 veterans enrolled and 134 are case managed. There are 80 Operation New Dawn soldiers enrolled. Eleven percent of the Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans are female.

**Community Based Outpatient Clinics**
In FY 2010, there were 206,384 unique veterans’ visits at the Multispecialty (Ponce and Mayaguez) and CBOCs (Arecibo, Mayaguez, St. Thomas, St. Croix). The CBOCs provide comprehensive primary care, mental health, and EKG, telehealth, and laboratory services at all six clinics.
Veterans Affairs Voluntary Services

In FY 2010, the American Legion had a total of 9,279 volunteer hours. The American Legion Auxiliary had a total of 3,419. The VACHS saved $2 million dollars. The FY 2011 budget for the VAVS department was cut from $20,000 to $7,000 dollars. The meal tickets for VAVS volunteers have been cut by 25 percent. One of the best practices at VACHS is the Enlace/Link, the volunteer provide care for veterans while caregiver or spouse do other task.
Overview
The Malcolm Randall VA Medical Center located in Gainesville, Florida is one of two VA Medical Centers in the North Florida/South Georgia Veterans Health System (NF/SGVHS). The Malcolm Randall (Gainesville) VA Medical Center is a tertiary facility and an active teaching hospital with an extensive array of specialty services and an active research center. The Malcolm Randall VAMC provides a full range of comprehensive health care, including primary care, specialty care, and long term care. The facility combines a full range of patient care services with state-of-the-art technology that is enhanced and supported through education and research. The Malcolm Randall VAMC is accredited by the Joint Commission (JC), Association for the Accreditation of Human Research Protection Programs (AAHRPP) and by the Commission on Accreditation of Rehabilitation Facilities (CARF) for its healthcare for Homeless Veterans (HCHC), Compensated Work Therapy (CWT), and Transitional Residency (TR) Programs. The NF/SGVHS is the home to four VA research centers: The Brain Rehabilitation Research Center (BRRC) of Excellence, the Rehabilitation Outcomes Research Center (RORC), the Geriatric Research, Education and Clinical Center (GRECC), and Center for Occupational Health and Infection Control (COHIC).

The Malcolm Randall VA Medical Center is part of the Veterans Integrated Services Network (VISN) 8, which includes eight VA Medical Centers in Florida and Puerto Rico.

Overall Challenges
The challenges for the Malcolm Randall VA Medical Center are as follows: to properly serve the increasing number of veterans with its limited resources and aging utility and mechanical infrastructure. Building space deficiencies however, will be partially addressed with the activation of the new Bed Tower on the Gainesville campus. Non-recurring funding to support the acquisition of equipment and furnishings needed to activate the new bed tower has been provided. However, recurring funding to support additional Full-Time Equivalent Employees (FTEs) needed for activation of the new Bed Tower has not yet been provided.

Fiscal
The budget for Malcolm Randall VA Medical Center for FY 2010 was $588 million received in a General Purpose Veteran Equitable Resource Allocation (VERA). The facility received their FY 2010 budget funding on February 19, 2010. The current budget for FY 2011 is $609 million which is an increase of $21,000 from FY 2010. For FY 2011, the financial appropriations for the following sections within the facility were as follows: Medical received $510 million, Facility received $50 million, and Administration received $49 million. The administration at the Malcolm Randall VA Medical Center believe that the current FY 2011 budget does not allow the facility to have the ability to add additional FTE’s and causes the facility to carefully manage equipment, purchases, and the use of contract staff. The services and programs that the NF/SGVHS had to reduce in FY 2011 as a result of the budget are discretionary fee referrals, and the inability to maintain access measures.

In FY 2010, $82 million and in FY 2011 (thru January) $27 million dollars of the Malcolm Randall VAMC budget went to medical care provided in the community via the Fee Basis Program. The Medical Center uses various contracting and appointment authorities to provide the full continuum of care. Fee basis appointment authority is used for physicians for the following specialties: Emergency Medicine; Compensation and Pension; Medical Reviewers; GI Medicine; Optometry; Ophthalmology; and Radiology. Scarce medical specialist contract authority is used for specialties that require back-up coverage including Anesthesiology and Pathology, as well as Psychiatry, Hematology, Endocrinology, and Neurology, and select Urology cases. The facility also uses Locum/Temporary contract physicians for Primary Care, Invasive Cardiology, and GI Medicine, as well as for its CBOCs and Outpatient Clinics located throughout North Florida and South Georgia.

The FY 2010 Medical Care Collections Fund (MCCF) goal for the Malcolm Randall VA Medical Center was $71 million and their FY 2010 actual budget was $70 million. The MCCF collections goal for FY 2011 is $66 million and currently the facility is at $17 million as of January 2011. The North Florida/South Georgia Veterans Hospital System will not meet its MCCF collection goal in FY 2011. They will be approximately $10 million below their 2011 goal. The percent of patients with billable insurance is down to 24 percent from 35 percent from 18 months
prior due to the economy and the high Florida unemployment rate which is currently at 12 percent. The North Florida/South Georgia Veterans Healthcare System transitioned to the 733 Florida Caribbean Consolidated Patient Account Center (CPAC) in Orlando, Florida on December 13, 2010.

**Enrollment, Accessibility and Continuum of Care**

The Malcolm Randall VA Medical Center serves a veteran population of more than 1.7 million veterans covering 30,264 square miles throughout 31 counties in Northern Florida and 19 counties in Southern Georgia. The NF/SGVHS has approximately 368,644 veterans in their catchment area or 31 percent market penetration. In FY 2010, the facility had 117,366 unique veterans enrolled, 11,079 women veterans enrolled, and a total of 11,618 OEF/OIF/OND veterans enrolled in the system.

In FY 2010, there were 19,771 Compensation and Pension (C&P) exams requested. In FY 2011 and as of January 31, 2011, there were 6,869 C&P exams that were requested. The NF/SGVHS C&P exams are conducted by the Compensation and Pension Examination Program (CPEP) and certified Veterans Health Administration (VHA) staff clinicians. The NF/SGVHS C&P Service also utilizes CPEP certified, fee basis and contracted clinicians as well as VA Dental Service staff to conduct C&P exams. The average processing time for C&P exams as of January 31, 2011 for the NF/SGVHS C&P Service is 28.5 days.

**Staffing and Affiliations**

The North Florida/South Georgia Veterans Health system has approximately, 4,800 employees including 1,605 or 31 percent which are Veterans. The facility recruitment strategies include local workforce succession plans, employee debt reduction, intern and trainee opportunities, subsidized training programs, recruitment/relocation incentives, and payment of moving expenses, publication in professional journals and periodicals, and utilization of special hiring authorities. Some examples of the succession plan are to offer Veterans, and disabled Veterans, employees with disabilities, and students’ employment opportunities within the North Florida/South Georgia Veteran Healthcare System. The NF/SGVHS maintains a good working relationship with all their veteran service organization (VSO) partners. They conduct regular briefings with VSO representatives on the changes that impact the Veterans’ healthcare.

The Malcolm Randall VA Medical Center in conjunction with the North Florida/South Georgia Veterans Health care system has a strong affiliation with 150 educational institutions, the most predominant being with the University of Florida Colleges of Medicine, Dentistry, Nursing, Pharmacy, Public Health and Health professions for its several specialized medical programs. The facility also has various medical program affiliations with Saint Leo College, the McKnight Brain Institute, Florida State University, Florida A&M, University of North Florida, Valdosta State University, and several Community Colleges across Florida and Georgia. Through sharing agreements, there is collaboration in the areas of radiation therapy, professional radiology services, sleep lab, electron microscopy, and cardiac catheterization.

**Physical Plant**

The Malcolm Randall VAMC has three major projects currently under construction, a new patient Bed Tower, ICU step down unit and Phase one Parking Garage. The new $130 million dollar five story 245,000 sqft patient Bed Tower project at the Gainesville campus is due to be completed in May 2011. The 226-bed tower will consist of 118 Medicine, 60 Surgery, and 48 Psychiatry beds. On the ground floor of the Bed Tower, they will have a 10-bed ER/Chest pain unit, Hematology, ENT, Ophthalmology and Urology clinic.

The new ICU step down project will provide five-beds assigned to specialized care for veterans that require less intensive nursing/medical care than those in ICU but require more intensive monitoring than those patients assigned to a general medicine unit.

Due to insufficient parking on the Gainesville campus, three parking garages are planned. Phase one Parking garage is under construction with a planned completion date of June 2011. Phase one Parking Garage will add 637 parking spaces accommodating vehicles and motorcycles. The completion of Phase one Parking Garage will relieve a significant portion of the current parking deficiency. Parking Garages Phase two and Phase three will address the remaining 2,000 space parking deficiency. Completion of the parking garages will significantly improve access to the Gainesville Campus for Veterans and their families. A total of seven off-site parking lots are available. Shuttle transportation will continue to be provided to the facility from all offsite parking locations.

The Gainesville campus physical plant deficiencies and projected cost is $130 million dollar five story 245,000 sqft patient Bed Tower. Due to insufficient parking on the Gainesville campus, three parking garages are planned. Phase one Parking garage is under construction with a planned completion date of June 2011. Phase one Parking Garage will add 637 parking spaces accommodating vehicles and motorcycles. The completion of Phase one Parking Garage will relieve a significant portion of the current parking deficiency. Parking Garages Phase two and Phase three will address the remaining 2,000 space parking deficiency. Completion of the parking garages will significantly improve access to the Gainesville Campus for Veterans and their families. A total of seven off-site parking lots are available. Shuttle transportation will continue to be provided to the facility from all offsite parking locations.

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Long Term Care, Mental Health and Specialty Care

The Malcolm Randall VAMC has 220 authorized beds with 215 operational. The Lake City Medical Center has 53 authorized beds with 47 operational. The NF/SGVHS has a total of 273 authorized acute care beds with 262 being operational.

In the Community Living Center (CLC) the Gainesville campus has 34 authorized beds with 34 being operational. The Lake City campus has 255 Community Living Center (CLC) authorized beds with 230 that are operational. The NF/SGVHS has a total of 289 CLC authorized beds with 264 being operational. The CLC is primarily staffed by Geriatricians consisting of a primary care physician, neurologist, certified rehabilitation nurses, and medical students. The social work department also refers veterans from the CLC to the state veterans’ home.

Dialysis patients are accommodated in Gainesville but have to be transported to a community dialysis center if the patients are residing in the CLC on the Lake City campus. The NF/SGVHS CLC does not provide treatment for patients that are on ventilators.

The NF/SGVHS has a comprehensive program for staff on the training and cleaning/disinfection of Reusable Medical Equipment (RME). The training of employees is performed by the Sterile Processing Department (SPD) Nurse Educator, RME Coordinator and Clinical Nurse Educators who develop standard operating procedures (SOP) according to the manufacturer guidelines for equipment and instrumentation. The education of all staff is done at the time of hire with annual competencies performed thereafter. The annual retraining of staff for critical equipment is performed in January, non-critical annual retraining is performed in January/October, and the annual retraining of semi-critical medical equipment is performed in July.

The NF/SGVHS mental health program has 315.6 FTEE’s within its department. The Mental Health Services Department’s main change has been the reorganization of its services. The reorganization of their Social Work, Psychology, and Psychiatry specialties are placed into seven functional areas with integrated service areas, which is to emphasize integration, collaboration, cooperation, and coordination of its services to better serve the veteran. The facility has emphasized access to their mental programs through the outreach of Community Based Outpatient Clinics (CBOCs) throughout Florida’s thirteen counties. The NF/SGVHS has expanded their residential rehabilitation treatment through the opening of a Domiciliary. In FY 2010, the mental health program had 2,255 OEF/OIF unique patient encounters.

The NF/SGVHS has approximately 1,400 homeless veterans in their catchment area. In January 2010 the NF/SGVHS opened the Honor Center, an integrated Homeless Center. The Honor Center is a residence 45-bed domiciliary to include six private beds for women veterans, which provides outreach and community case management, per diem transitional housing, residential treatment for substance abuse and mental illness and re-entry services for incarcerated veterans.

The NF/SGVHS Suicide Prevention team is staffed by two Suicide Prevention Coordinators, two Suicide Prevention Case Managers, and one Program Support Assistant. The number of referrals to the NF/SGVHS Suicide Prevention team between July 1, 2009 and September 30, 2010 was 1,222. Of the 1,222 referrals, 141 or 12 percent were OEF/OIF veterans. The NF/SGVHS suicide rate from July 1, 2009 through September 30, 2010 was approximately two percent (24 out of 1,222 veterans). The system has a comprehensive suicide prevention policy which explains in detail how to properly manage patients who are at the risk for self-harm or harm to others.

The NF/SGVHS has approximately 11,256 female veterans enrolled within their catchment area, which is the largest within VISN 8. The system has a comprehensive women veteran’s health services program to treat the needs of women veterans. The women veterans health services also has on staff a military sexual trauma coordinator (MST) to treat women who experienced MST. Some of the health care services available to women include primary care services, specialty services, and mental health/psychiatric services. The women veterans’ health services offer several outreach events for female veterans.

PTSD Programs

In FY 2010, the NF/SGVHS had 1,502 unique veterans that had been diagnosed and/or treated with Post-Traumatic Stress Disorder (PTSD). They are currently engaged in a research project with the center for Emotion and Attention at the University of Florida. This research uses physiological measures and functional MRI’s pre and post application of Prolonged Exposure Therapy (PET). The application is has been submitted but the grant has not been funded as of yet.

The veterans go through a screening process in order to treat PTSD which starts with their primary and mental health care provider. The diagnosis for a veterans’ PTSD starts with a clinical interview component, PTSD checklist, and other more formal psychological assessments as needed. The treatment is performed through evidence based psychotherapy, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), medication management, skills training with a psycho-educational component, support groups, referrals to residential when needed, and substance abuse treatment is included. Patients with co-morbid conditions are accepted into treatment when the
primary treatment focus is PTSD. In 2007, the NF/SGVHS established the Posttraumatic Stress Disorder Clinical Team in an effort to increase the availability of outpatient PTSD treatment for veterans through an interdisciplinary approach. The purpose for the PTSD Clinical Team is to provide a structured and consistent rehabilitative treatment experience for veterans who have been exposed to trauma.

**TBI Programs**

In FY 2010, the NF/SGVHS had 144 unique veterans that had been diagnosed and/or treated for Traumatic Brain Injury (TBI). The NF/SGVHS provides second level evaluations to all veterans that screen positive to the four standard screening questions that were identified by VA Central Office. Veterans who screen positive have a consult generated to either the Gainesville or Jacksonville Physical Medicine & Rehabilitation Service (PMRS) team. Veterans are evaluated and then provided ongoing evaluation and follow-up by other specialties that are identified by their physician’s plan of care. Veterans that are diagnosed with TBI during the evaluation are discussed in a multidisciplinary team that meets every Friday morning. One social worker and one case manager tracks these veterans during the course of their individualized care to ensure that the care is optimal and meets the unique needs of every veteran. Their goal is to screen every veteran meeting the OIF/ OEF criteria to ensure that they are sent for a more comprehensive TBI evaluation. The NF/SGVHS leads VISN 8 and most national facilities in meeting all three TBI metrics. Through a comprehensive team approach all TBI team members from social work, psychology, neurology, PMRS, physical therapy, occupational therapy, vocational rehab, neuropsychology, and speech therapy work together to meet the needs of each unique veteran. The TBI evaluation follows an evaluation template initiated through the Central Office to track findings in each veteran.

The Office of Rural Health funds the Rural Veterans Tele-Rehabilitation Initiative (RVTRI), a demonstration project designed to assist Veterans with TBI and other disorders. Using a secure internet connection, specialized software, and Tandberg videophones, the RVTRI delivers psychiatric care as well as cognitive, recreational, physical and occupational therapy directly to Veterans in their homes. Initial program assessment indicates that the RVTRI saves significant travel times, while improving motor function, cognitive function and health-related quality of life. Another outstanding enterprise based in the Physical Medicine and Rehabilitation Service, is the Low ADL Program (LAMP) a Care Coordination Home Telehealth program. This initiative sends occupational therapists and technicians to the homes of Veterans to complete a home evaluation. The team then returns to provide and install needed safety and rehabilitation equipment and then stays in touch with the veteran and/or caregivers by way of a secure, encrypted internet connection using computers or secure messaging devices. The veteran reports his or her status by answering questions customized
to his or her circumstances in a daily dialogue.

The NF/SGVHS currently has several research studies focusing on TBI. They are the following: “Effects of Locomotor Training on Closed Head TBI-Induced Disabilities” which is a study using treadmill training to restore walking due to a closed head traumatic brain injury (CH-TBI) resulting in a broad range of lifelong, physical, cognitive, behavioral, emotional, social impairments and disabilities, “Diffusion Tensor Imaging of White Matter After Traumatic Brain Injury”, which is the study of Veterans with mild TBI results in transient loss of consciousness with anterograde or retrograde amnesia, with superficial recovery of cognitive functioning within 24 hours, “The Effect of Goal Management Training on Veterans with Mild TBI” which is the study of Veterans using therapeutic training with emotional feelings and structured goals, and “Factors affecting Return to Work among OEF/OIF Veterans with Polytrauma” which studies the habits of returning Veterans and compares them to the current veteran population within the system. “Development of Virtual Humans for PTSD and mTBI” is developing therapeutic virtual environments and virtual humans to assist re-integration of combat Veterans.

**OEF/OIF/OND Programs**

The NF/SGVHS OEF/OIF/OND (Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn) program currently serves 11,618 veterans, 87 percent being male veterans and 13 percent are female veterans. The NF/SGVHS OEF/OIF/OND program has an on-site Veterans Benefit Administration (VBA) office. The on-site VBA officer works closely with the Veterans, service officers, and the Veterans’ advisory board within Alachua County. The NF/SGVHS OEF/OIF Program office uses an automated pop-up flag system in their database to identify OEF/OIF (specifically combat veterans). When combat veterans are registered, their combat duties are entered into their registration within the computerized system. The NF/SGVHS established the Veterans Outreach for Integration of Care and Education (VOICE) program. The VOICE program addresses the adjustment and stress management needs of OEF/OIF/OND National Guard, Reserve, and Active Duty military personnel currently residing throughout the catchment area served by the NF/SGVHS of VISN 8 as they demobilize and make the transition to civilian life.

**Community Based Outpatient Clinics**

In FY 2010, the North Florida/South Georgia Veterans Health System had 1,288,118 visits to their two Hospitals, three large Outpatient Clinics and nine Community Based /Rural Health Primary Care Outpatient Clinics located in Lecanto, Marianna, Ocala, Palatka, St. Augustine, Jacksonville, The Villages, and Tallahassee Florida and St. Mary’s and Valdosta Georgia. The CBOC’s and rural health clinics are located in the outlying areas which has tele-health capabilities for veterans’ health care treatment.

**Veterans Affairs Voluntary Services**

The Veterans Affairs Voluntary Service program at the NF/SGVHS is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. Their mission is to provide voluntary assistance and financial support to medical centers and outpatient clinics that will contribute to the delivery of high quality care to their veterans. They NF/SGVHS have approximately 1,900 volunteers throughout the 14 facilities. In FY 2010, there were approximately 6,000 American Legion volunteer hours. The American Legion Auxiliary had approximately 1,500 volunteer hours. The best practices that the facility has in recruiting volunteers are to have them volunteer at their new clinics working at the service areas and to have the volunteers work at the closest CBOC to their home. The challenges that the facility has in recruiting volunteers are managing and maintaining volunteer programs at a multitude of sites without additional VAVS staff and recruiting and retaining volunteer transportation drivers.
LEXINGTON VA MEDICAL CENTER, LEXINGTON, KY

April 5-6, 2011
National Task Force Member: Phillip L. Driskill
National Field Service Representative: James M. Woodson, IV

ROBLEY REX VA MEDICAL CENTER, LOUISVILLE, KY

April 7-8, 2011
National Task Force Member: Phillip L. Driskill
National Field Service Representative: James M. Woodson, IV
Overview
The Lexington Veterans Affairs Medical Center (VAMC) opened in 1931. It is located in Lexington, KY and is within Veterans Integrated Service Network (VISN) 9. The Lexington VAMC is a Level 1 facility which provides standard care surgical care. The Medical Center provides medical, community living center (CLC) residential rehabilitation programs, Post Traumatic Stress Disorder (PTSD) and substance abuse, surgical and mental health services.

The Lexington VAMC is a two-campus facility (Cooper Drive and Leestown), with four Community Based Outpatient Clinic (CBOCs) serving the outlying areas to the east of Lexington.

Overall Challenges
Lexington challenges include mandated initiatives, unfunded mandated programs, hard to recruit positions and increasing beneficiary travel budget.

Fiscal
The budget for the Lexington VAMC for Fiscal Year (FY) 2010 was $255.3 million. The current budget for FY 2011 is $251.3 million which is a decrease of $6 million from FY 2010. The facility has seen a decrease in medical appropriation monies. To better offset the medical dollars, management is currently working on identifying cost saving strategies for FY 2011. According to management, mandated initiatives often includes allocation of funding to three defined appropriations are challenging. This often hampers the support of the underlying medical mandates by failing to recognize the impact these have on facility and administrative funding levels.

Management is also in the process of negotiating with the VISN requesting additional funding due to the additional cost of being a two facility medical center. Management does not believe that the current FY 2011 budget will allow Lexington VAMC to maintain FY 2010 levels of service, enrollment and staffing levels. In FY 2010, the facility spent $7 million in benefits travel which comes from the medical appropriation. The facility has not received any information in regarding to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $21.3 million. The total MCCF collections for FY 2010 were $18.5 million. The FY 2011 collection goal is $18.3 million. Management does not anticipate on reaching the collections goal. Management is working closely with the MSCPAC and the QUAD is reviewing data. All indicators are that the reduced collections are due to the economic downturn with many veterans dropping their medical insurance. The projected collection goal is $14 million for FY 2011. Currently, 7.2 percent of the overall budget goes to Fee Basis Services. The facility is currently utilizing fee services for all surgical subspecialties, GI, and ICU night coverage.

Enrollment, Accessibility and Continuum of Care
The Lexington VAMC serves a 37 county area that includes 36,000 veterans in its catchment area. Lexington VAMC has a market share of 35 percent. Lexington VAMC provided 438,871 outpatient visits in FY 2010. In the same time period, the facility had a total of 6,101 admissions and 680 newly enrolled veterans. In FY 2010, the facility had 10,727 unique patients and 76,943 total encounters.

In FY 2010, Lexington VAMC completed 4,531 Compensation and Pension (C&P) Examinations. The processing time for exam on average is 24 days. The C&P examinations are completed by VA providers. Management utilizes fee basis examiners as needed, in-house for audiology, medical, optometry exams, and neuropsychological testing.

Staffing and Affiliations
According to management, there are currently 1,768 people employed at the Lexington and 476 of those employees are veterans which represents 24.75 percent of the Full Time Employee Equivalents. Lexington is currently having difficulty staffing some specialty physicians, particularly a pulmonologist, gastroenterologist, night-time staff,
and specialty surgeons. The VAMC is experiencing issues with recruitment at the Hazard Community Based Outpatient Clinic (Rural Location). The facility is currently at an 8-10 percent vacancy rate.

Lexington VAMC has an affiliation with the University of Kentucky Schools of Medicine and Dentistry for the training of more than 500 medical and dental residents in 25 accredited specialty and subspecialty programs. The affiliations with 31 other institutions in Kentucky help to provide training in 30 additional allied health professions, involving more than 1,100 students annually.

**Physical Plant**

Lexington VAMC is a two campus facility that is located in Leestown and Cooper's Division which is located on University of Kentucky campus. The Leestown campus is an aged facility, and a space-constrained facility at the Cooper Division. To address the challenges, management has used monies strategically to renovate some of the buildings at Leestown which has allowed management to move some services into those areas from the Cooper Division. While the transition has freed up some space at the Cooper Division, its remains space-constrained as renovations are being made with replacing double or quad patient rooms with single rooms.

Space at the Cooper Division will continue to present challenges until the completion with a project process that will construct a new facility at the Leestown Campus that will create more space and allow more services to migrate there from the Cooper Campus. In the meantime, management will continue to creatively and continually identify ways to serve a growing and more medically complex veteran population.

**Long Term Care, Mental Health and Specialty Care**

The Lexington VAMC has 60 beds in the Community Living Center (CLC), which houses long-term and hospice care units, 10 of which are designated as being hospice beds. There are 199 inpatient beds in the Lexington VAMC. There are 108 beds at the facility for acute care patients, plus 61 CLC beds and 30 Residential Rehabilitation Beds. Currently 199 beds are in use, two beds are out of service due to the Mental Health Unit renovations. In FY 2010, the average daily census rate was 53.8 percent which is 88 percent occupancy rate.

The majority of veterans become engaged in mental health care through primary care referrals. The Primary Care Mental Health Integration program is responsible for screening patients for mental health symptoms regularly and evaluating the needs of the individual patient in regard to mental health treatment, case management within primary care, or referral to specialty level mental health care.

Lexington VAMC’s Women Health Clinic provides gender specific care to 1,750 enrolled veterans. The Women Clinic is located at the Hazard Community Based Outpatient Clinic. Service to Women Veterans includes, comprehensive Primary care, Reproductive Healthcare, Mammography Services, Nutrition and Weight Management, Mental Health (Outpatient, Inpatient, and Residential).

**Post Traumatic Stress Disorder**

Lexington VAMC offers inpatient, outpatient and residential mental health services. Their locked, acute, inpatient psychiatric unit assists veterans in crisis due to suicidal thoughts, homicidal thoughts, delusions, hallucinations, mania, severe depression, dementia, or alcohol withdrawal. The facility’s outpatient services include general mental health care as well as specialty care for Post Traumatic Stress Disorder and Substance Abuse. Some of the services provided in their outpatient clinics include emergency psychiatric services, management of psychotropic medications, psychotherapy groups, family and marriage counseling, recovery focused counseling, peer support, counseling for military sexual trauma, therapy for people with dual diagnosis of PTSD and substance abuse, alcohol and substance abuse recovery groups, and Suboxone treatment for Opioid dependence. The facility has two residential programs, one for the treatment of substance abuse and dependence and the other for the treatment of PTSD. In FY 2010, 3,542 veterans were treated for PTSD.

**Polytrauma/Traumatic Brain Injury**

Lexington serves as a Polytrauma Network Site (PNS) in the Polytrauma System of Care. The Polytrauma/TBI program evaluates and case manages veterans and service members from OEF/OIF/OND who have ongoing symptoms after suffering mild traumatic brain injury (TBI) or life threatening injuries. The program also evaluates and case manages all era veterans who have ongoing symptoms after having suffered TBI. This treatment includes medical management, case management, physical therapy, speech therapy, occupational therapy, mental health services, neuropsychological testing, and recreation therapy. Other ancillary services are incorporated into care as needed such as optometry, audiology and neurology. The majority of this care is provided in an outpatient setting. In FY 2010, 132 veterans were treated for TBI.

Lexington also serves as TBI/Polytrauma resource/coordinator for all medical centers in VISN 9. There are currently 6 Polytrauma Support Clinic Teams (PSCT’s) in VISN 9.
Outreach continues to be a major component of connecting with returning OEF/OIF/OND veterans. Each year, Lexington VAMC hosts an annual welcome home celebration in honor of their service and to provide them with information regarding their VA benefits. At this event, 680 new veterans were enrolled in FY 2010.

**Community Based Outpatient Clinics**

Lexington VAMC operates four Community Based Outpatient Clinics (CBOCs) throughout Eastern Kentucky. The CBOCs have 8,012 enrolled veterans. The CBOCs are located in Berea, Somerset, Morehead, and Hazard, Kentucky which provides primary care services to Veterans located outside of the Lexington, Kentucky area. The Lexington VAMC CBOC’s provide the Veterans with Primary care, Specialty Care Referrals, as well as routine prescription services. All CBOCs have at least one half-time psychotherapist available for individual counseling session.

**Veterans Affairs Voluntary Services**

During FY 2010, the Veterans Affairs Voluntary Services (VAVS) had a total of 918 volunteers. Those volunteers constituted 79,190 volunteer hours. The facility received an estimated value of material donations of $607,614 and monetary donations of $56,948.

Lexington VAMC has the largest volunteer kayaking program throughout VA, with over 34 volunteers and 85 Veterans participating. Lexington VAVS program is one of the 12 pilot sites for the Volunteer Home Respite Program which has the largest number of volunteers participating. The first training session was held in March 2010 and ended their fiscal year with 59 registered volunteers in the program.
Overview
The Robley Rex Veterans Affairs Medical Center (Louisville) (VAMC) opened in 1952. It is located in Louisville, KY and situated in Veterans Integrated Service Network (VISN) 9. The facility last Joint Commission Survey was conducted in February 2010 for the three accredited programs (hospital, behavioral health, and home care) and was awarded full accreditation. The Robley Rex VAMC is a recipient of the 2010 Deputy Undersecretary of Health Operations & Management Systems Redesign Team winner. The facility also is the winner of the VISN 9 Systems Redesign Team.

Overall Challenges
Louisville VAMC challenges include unfunded mandated initiatives, insufficient parking and upkeep of an aged facility.

Fiscal
The budget for the Louisville VAMC for Fiscal Year (FY) 2010 was $284.6 million. The current budget for FY 2011 is $280.1 million which is a decrease of $4 million from FY 2010. The facility has seen a decrease in administration appropriation monies. To better offset the administration dollars, management is currently attending budget summits to identify cost saving initiatives as well as efficiencies for FY 2011. Management utilizes a Strategic Management Cycle that integrates Strategic and Budget Planning. The cycle ensures the strategic approach is aligning the facility plan with the Veterans Affairs, Veterans Health Administration Strategic Plan, VISN 9 Strategic Goals, Baldrige Health Care Criteria for Performance Excellence and its mission, vision and values. The continuous strategic planning cycle allows for flexibility and adaptability to changing and emerging situations.

Robley Rex is funded based on Veterans Equitable Resource Allocation (VERA). VERA utilizes facility workload, applies weighted averages to the unique and assigns a dollar value for distribution. In VISN 9, each facility has a monthly update with the VISN Network Director and budget is one of the items discussed. The facility has not received any information in regarding the FY 2012 budget. Management expresses concerns of Veteran Affairs Central Office mandating additional programs and services without providing additional funding. Management has been told to expect a stagnant allocation for FY 2012.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $28.3 million. The total MCCF collections for FY 2010 were $26.9 million. The FY 2011 collection goal is $21.8 million. Management anticipates reaching the collections goal. All indicators are that the reduced collections are due to the economic downturn with many veterans dropping their medical insurance. The projected collection goal is $20.3 million for FY 2011. In FY 2010, 6.7 percent of the facility’s budget was utilized for Purchased Care and 8.1 percent has been allocated for FY 2011. The facility is currently utilizing fee services for Cardio Vascular, Dermatology, Radiology, Dialysis, Radiation Therapy and Mammogram services.

Enrollment, Accessibility and Continuum of Care
The Louisville VAMC serves a 40 county area that includes 150,756 veterans in its catchment area. There are 54,890 veterans enrolled at the facility. Louisville VAMC provided 514,418 outpatient and 7,704 inpatient visits in FY 2010. Management projects 46,200 unique veterans in FY 2011. In the same time period, the facility had a total of 6,101 admissions and 680 newly enrolled veterans. The average length of inpatient stay at the facility is 4 days.

Robley Rex conducted 8,449 Compensation and Pension examinations in FY 2010. Currently, the facility has completed 3,428 exams in FY 2011. Management is projecting competition of over 1,200 Mental Health examinations during FY 2011. The turnaround time for a complete C&P exam is less than 30 days. The Compensation and Pension examinations are completed by VA providers. Management utilizes fee
basis examiners, as needed, in-house for audiology, medical, optometry exams, and neuropsychological testing. The facility provides cross training to the Louisville Regional Office on Mental Health Exams.

**Staffing and Affiliations**

According to management, there are currently 1,768 people employed at the Louisville and 476 of those employees are veterans which represents 24.75 percent of the Full Time Employee Equivalents. Louisville is currently having difficulty staffing some specialty physicians, particularly pulmonologist, gastroenterologist and specialty surgeons. The VA Medical Center is experiencing issues with recruitment at the Hazard Community Based Outpatient Clinic (Rural Location). The facility is currently at an 8-10 percent vacancy rate.

Louisville VAMC has an affiliation with the University of Louisville Schools of Medicine and Dentistry for the training of more than 500 medical and dental residents in 25 accredited specialty and subspecialty programs. The affiliations with 31 other institutions in Kentucky help to provide training in 30 additional allied health professions, involving more than 1,100 students annually.

**Physical Plant**

Robley Rex was built in 1950's; therefore, the facility is 60 plus year old building. As a result, the building is currently undergoing several construction projects to the infrastructure. Parking at Robley Rex is insufficient. The facility is correcting the issue by leasing additional parking spaces for employees, increasing the valet parking lot capacity and anticipated funding for a parking garage structure in FY 2012.

Robley Rex is slated to build a new facility and is in currently in the Due Diligence Phase which takes 6-12 months to complete. The phase consists of title work, metes and bounds research, ALTA land surveys and environmental assessments. Management has five potential sites identified.

**Long Term Care, Mental Health and Specialty Care**

Robley Rex operates 108 inpatients beds, to include 10 domiciliary beds. Currently there are 106 beds in use and 2 beds are out of service in conjunction with construction projects. The Medical center provides a six-bed Hospice Inpatient Unit. Home Hospice Care is also available utilizing purchased care. The facility does not provide a Nursing Home Care Unit. The Medical Center has an electronic waiting list for contract nursing home care (CNH). Social Work Service (SWS) has advocated for and received additional CNH funds in FY 2011 through the facility's annual business planning process. SWS staff works with all veterans in need of long term care to explore alternatives including referral to other VA Medical Center’s Community Living Centers and Kentucky Veterans Centers as well as referrals for Adult Day Health Care, Homemaker and Home Health Aide programs through VA and Area Agencies on Aging.

The Geriatrics and Extended Care programs includes: Home Based primary Care (HBPC), Purchased Skilled Homes Health (PSHC), Hospice and Palliative Care (HPC), Outpatient Respite (OR), Home maker/Home Health Aid (HM/HHA), Contract Adult Day Health Care (CADHC), Care Coordination/Home Tele-health (CC/HT) and Medical Foster Home (MFH).

Physical Medicine and Rehabilitation Services includes: Amputee Clinic, Special Equipment Clinic, Sports Fitness Clinic, PACT Clinic, Spinal Cord Clinic and Vestibular Rehabilitation.

Physical Therapy and Rehabilitation Services includes: Physical Therapy, Polytrauma, Electric Mobility, Occupational Therapy and Hand Clinic.

The Women’s Clinic is located at Shively CBOC, and includes Comprehensive Primary Care, Preventive Medicine and Gynecology care. Currently there are 5,500 veterans enrolled and 2,500 are actively receiving care at the clinic. The CBOC is located 10 miles from Robley Rex VA Medical Center. The clinic provides gender specific care.

**Post Traumatic Stress Disorder**

Mental Health and Behavioral Science Service has a PTSD Clinical Team at Dupont CBOC. The CBOC provide Evidence Based Psychotherapy (EBP) to veterans diagnosed with PTSD. Group and Individual sessions are available. EBP is available at all CBOCs for veterans with PTSD. For FY 2010, there were 736 confirmed diagnoses.

**Polytrauma/TBI**

The mission of the Polytrauma Clinic is to manage the full range of rehabilitation care of all eligible veterans and active duty service members who have sustained a TBI and or Polytrauma injuries.
The Polytrauma program has evolved into an outpatient rehabilitation specialty clinic designed to evaluate and manage the medical and rehabilitation care of veterans with Traumatic Brain Injuries and Polytrauma injuries. The Polytrauma staff offers advanced rehabilitation care that focuses on independence and community re-integration. The polytrauma case managers provide long life medical, rehabilitation specialty case management accessibility to veterans and their families. Other Outpatient Rehabilitation services include: Physical Therapy, Occupational Therapy, Speech Therapy and Federal and State Vocational Rehabilitation assistances. Federal, State, and Local Community Employment services are offered to those veterans that are interested in returning to work. Video Tele-Health is also provided to veterans. Currently 100 percent of OEF/OIF veterans are assigned to the facilities case load. In FY 2010, there are 329 confirmed TBI diagnoses.

**OEF/OIF/OND**

The Medical Center has over 6,000 OEF, OIF, OND Veterans enrolled at the facility. 3,000 of those Veterans have had multiple deployments. Currently 6 percent of the 6,000 OEF/OIF/OND Veterans are female Veterans. The OEF/OIF/OND Program provides comprehensive and coordinated care for all returning combat Veterans at the VA Medical Center. OEF/OIF/OND Team collaborates with VA/Department of Defense (DOD) Liaison through the Systems Redesign Process to break down barriers to care for veterans transitioning from military treatment facilities to Robley Rex. The team also works closely with Suicide Prevention, Mental Health, Homeless Coordinator, spinal Cord, Polytrauma and Women’s Health to ensure essential services are provided to Returning Combat Veterans and their families.

Outreach continues to be a major component of connecting with returning OEF/OIF/OND veterans. Each year, Louisville VAMC hosts, Louisville VAMC hosts an annual “Welcome Home” celebration, Post Deployment Health Re-Assessment Clinics, IRR’s in honor of their service and to provide them with information regarding their VA benefits. The OEF/OIF/OND Program managers teams with the Veterans Benefits Administration to provide briefing in regards to VA benefits.

**Community Based Outpatient Clinics**

Louisville VAMC operates eight Community Based Outpatient Clinics (CBOC’s) throughout Kentucky and southern Indiana. The CBOC’s has 42,769 enrolled veterans. The Kentucky CBOC’s are located in located at Carrollton, Grayson, Dupont, Shively, Fort Knox, and Newburg. Indiana CBOC’s are located at Scottsburg and New Albany. The Louisville VAMC CBOC’s provide veterans with Primary care, Specialty Care Referrals, as well as routine prescription services. Management is currently expanding Physical Therapy Clinics at Scottsburg Carrollton and Grayson CBOC’s.

**Veterans Affairs Voluntary Services**

During FY 2010, the Veterans Affairs Voluntary Services (VAVS) had a total of 684 volunteers. Those volunteers constituted 179,629 volunteer hours. The facility received an estimated value of material donations of $300,741, monetary donations $101,916.
LOUIS STOKES VA MEDICAL CENTER, CLEVELAND, OH  
January 24-25, 2011  
National Task Force Member: William R. (Bob) Wallace  
National Field Service Representative: Brian J. Bertges

DAYTON VA MEDICAL CENTER, DAYTON, OH  
June 2-3, 2011  
National Task Force Member: Phillip L. Driskill  
National Field Service Representative: James M. Woodson, IV
Overview
The Louis Stokes Veterans Affairs Medical Center is located in Cleveland, Ohio. It is a tertiary health care facility providing a full range of patient care services, with the exception of obstetrical care. The facility is currently going through a four-phase process in order to close the Brecksville Campus of the health care system. This process will help to save operational budget monies over time. The plan is to increase the amount of services provided at the Parma clinic as well as the Cleveland VAMC. Through the construction, no services will be discontinued, but a tier 3 data facility will be added onto the facility along with a 2,080 space parking garage. Cleveland VAMC is designated as a Complex Inpatient surgical complexity Level II polytrauma facility and has 12 Community Based Outpatient Clinics (CBOCs) as far north as Painesville, as far south as Mansfield, as far east as Youngstown, and as far west as Sandusky. The Cleveland VAMC is a part of Veterans Service Integrated Network (VISN) 10 which includes facilities in the state of Ohio.

Overall Challenges
The challenges for Cleveland VAMC include flexibility of specialized funds, inability to be creative with Internet Technology due to centralization, contracting, and the process of closing down the Brecksville Campus for employees' future travel. Another concern that they have is the increasing need for child care.

Fiscal
The budget for the Cleveland VAMC for FY 2010 was $710 million. The facility received FY 2010 budget monies in February 2010. The current budget for FY 2011 is $750 million which is an increase of $40 million from FY 2010. Management believes that the current FY 2011 budget will allow Cleveland VAMC to maintain FY 2010 levels of service and open enrollment and staffing levels. The Fiscal office showed initial concerns about meeting their $43 million dollar MCCF goal, because of large claims that were settled. After talking with the VISN 10 office, they were able to have their goal reduced to reflect the anomaly and they are very confident that they will make their new goal of $38 million. The facility transitioned into a Consolidated Patient Account Center in December 2010, and is working diligently on reducing their backlog, while the CPAC in Madison, Wisconsin takes on new patient billing cases. Management has not received any information regarding the FY 2012 budget. The fiscal department would like to see more flexibility in the specific purpose funds if a facility demonstrates fiscal responsibility. This flexibility will aid in better utilization in funds for the facility in order to provide better care to veterans.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $39 million. The total MCCF collections for FY 2010 were $37 million. Currently, the collections goal for FY 2011 is $38 million. Management believes they are on target to meet the collections goal.

For FY 2011, about 13 percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for the facility to include, but is not limited to: dental, dialysis contracted nursing services, home hospice, and homeless veterans dental.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 365,177. There are 126,688 patients enrolled in the Cleveland VAMC Healthcare System. The Facility has seen an increase in the enrollment of veterans due to the economy’s impact on veterans. There are currently 12,547 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are 6,697 women veterans enrolled at Cleveland VAMC. The facility has 39,173 Priority Group 8 veterans in their system. In FY 2010, Cleveland VAMC completed 12,934 Compensation and Pension (C&P) examinations. The turnaround time for a C&P exam is currently 25 days with many three or four months going below 20 days. The goal of the facility is to have all months be below 20 days. The C&P exams are performed by VA staff. Cleveland VAMC has integrated the Veterans Benefit Administration into their C&P department, which helps the facility to complete the exams more efficiently. They also have developed templates and use the wording that the VBA uses in order to help raters determine whether or not a veteran is eligible for any form of compensation. All of their checks and measures that are in place allow them to reach below the 20-day mark for turn around on lower flow months.

Cleveland VAMC tracks OEF/OIF veterans in the Veteran Tracking Application, and the Case Management Tracking and Reporting Application. For each OEF/OIF
OIF Veteran who presents to the OEF/OIF Program, a CPRS consult is ordered. They screen every OEF/OIF veteran that comes to the facility.

**Staffing and Affiliations**

According to management, there are currently 4,613 staff members that are employed at the Cleveland VAMC and approximately twenty-eight percent of those employees are veterans. The VAMC experiences issues with recruitment for positions such as registered nurses, physicians, psychiatrists, radiologists, and cardiologists, however currently there are no major issues with staffing. The Cleveland VAMC is able to retain ninety-three percent of its FTEE.

Cleveland VAMC has over 120 active affiliation agreements, with 15 different major affiliates with both medical schools and nursing programs. Most of the residents are physicians and dental residents from the School of Medicine and School of Dentistry at Case Western Reserve University. Overall, there were over 500 university residents, interns, and students were trained at the Cleveland VAMC last year.

**Physical Plant**

Cleveland VAMC is currently undergoing a great transformation. The transformation is a four phase project. They are currently in Phase 2 of the operation and are ready to close down the Brecksville Campus, which will be leased to a private developer. All employees will be transferred to either the Parma Outpatient facility or the Wade Park Campus. No positions will be lost in the process; however there is a concern about employee travel being greatly increased by the closing of Brecksville. All construction at the Wade Park Campus will be completed in winter of 2011. They have two bed towers which also hold a psychiatry emergency department where many of the rooms have an exceptional view and lack an institutional feel.

In the process, the following clinical services will be added: a blind rehabilitation center, comprehensive rehabilitation center, long-term care spinal cord injury, and expanded polytrauma center services. Additionally 2,080 parking spots will be added with a new parking garage, which will help to adjust for the number of services and employees that will be coming to the Wade Park campus. Their Parma clinic is also being renovated to help provide services to veterans in the Northeast Ohio region. They are increasing the services provided at the facility in order to help alleviate the amount of travel veterans must undergo. When the Parma Outpatient Clinic reopens in winter 2012 it will provide the following: primary care, mental health, home-based primary care, mental health intensive care, optometry, podiatry, pharmacy, lab, radiology, compensation and pension exams, substance abuse management, and specialty care. The final phase of the project will be to renovate the basement and first floor at the Wade Park campus.

**Long Term Care, Mental Health and Specialty Care**

The Cleveland VAMC has 682 authorized beds and 652 beds in operation. The 30 beds that are out of service are due to the ongoing construction to renovate existing patient care areas as well as the construction of the CARES tower, which is scheduled to open in June 2011. The facility treats over 95,000 veterans per year in the northeast Ohio region. Occasionally there is a waiting list for long term care as a result of a lack of appropriate rooms (male and female veterans cannot share a room, infectious diseases, or hospice or respite patients need medical care in the room). They recently opened a hospice unit; however, it is filled to capacity frequently. The CARES tower that is in construction should alleviate and eliminate the waiting list starting in 2011.

Cleveland VAMC is actively working to meet the Five-Year Plan to End Homelessness. The facility has 310 HUD/VASH with 55 percent of them housed at the time of the site visit. They coordinated a food and clothing bank along with offices that perform stand-downs every day. Additionally they have one of seven Comprehensive Homeless Centers in the nation. Other outreach to the homeless, include: Veterans’ Judiciary Outreach, working with clergy, OHIO Cares, and with local police.

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of 6,697 women veterans. Services include: primary care, gynecological care, and health and wellness screenings. In order to increase accessibility to mammograms, they have an agreement with a company to provide a mobile mammography unit to travel to the CBOCs to perform the exams. They are currently researching the costs to see if purchasing a mobile mammography unit will be cheaper in the long-term as the number of women veterans is increasing as time goes. The women’s clinic is also planning for Women Veteran’s Breast Cancer Survivors
Traumatic Brain Injury (TBI)

The Louis Stokes Cleveland VAMC is a Polytrauma Network Site. The facility is the VISN lead for patients with polytrauma. They provide both assessments and diagnosis of TBI through their neurologists and physiatrists. They also provide speech, cognitive, and occupational therapies. They also focus on the holistic care of veterans with TBI including: managing headaches, seizures, dizziness, pain management, and mental health care for PTSD and depression (commonly present in veterans with TBI). They also coordinate care across specialties, co-schedule appointments, and have interdisciplinary team meetings in order to determine the veteran’s needs. The facility also had some patients receive hyperbaric chamber treatments for TBI; however, they did not notice any positive findings from the treatment.

Post Traumatic Stress Disorder (PTSD)

CVAMC screens veterans seeking care for PTSD with the VACO required modified version of the PTSD Clinical Scale. If they test positive in the assessment, they are then assigned a mental health case manager. The facility, in conjunction with the wishes of the veterans, develops a comprehensive treatment plan. Veterans typically go through Cognitive Processing Therapy (CPT), but can opt for full PTSD exposure therapy. If they choose exposure therapy, they are assigned to the PTSD Clinical Team. They also provide supportive, skill based treatment with the primary mental health clinics. However, all teams are capable of providing the latest evidence based therapies.

Suicide Rates

Management reported from the Suicide completion report that eleven veterans have died by suicide during July 2009 through April 2010. The program offered their analysis of the suicides. Eleven males died as a result of suicide; there were no females reported. There was an average age of 55 years old, with a range of 21 to 83 years of age. Three (27 percent) of the veterans that completed suicide were OIF/OEF veterans. Nine (81 percent) had never attempted suicide, and two (18 percent) had one or more attempts. Eight (72 percent) were established mental health patients. Six (54 percent) were seen within 30 days of their death by a VA provider. Suicide had been assessed in three (27 percent) veterans prior to death. None of the veterans who died by suicide had been flagged high risk for suicide.

In order to reduce the suicide rates, the facility is planning on undergoing a program called Perfect Depression Care by Edward Coffee, which is program, when implemented, will reduce suicide rates dramatically.

OEF/OIF/OND Programs

In 2010, the Cleveland VAMC conducted many different programs to help families. The facility is noticing that of their returning veterans that were married prior to deployment are experiencing higher divorce rates. The divorce rate for these veterans is an astounding 86 percent. In response to this trend, the program is integrating care into the family environment, hosting activities such as: marriage counseling, severe TBI needs family education and support, and appointments with a family education consultant/counselor.

Cleveland VAMC currently has a program manager, three case workers, and an array of clinical staff. The current cases load for each case worker is over 200 (with the program manager holding 150 cases as well). The unit could afford to gain a minimum of two more case managers in order help manage the increasing case loads more effectively. The facility provides Saturday clinics for returning veterans, due to the veterans’ desire to transition back into the workforce and educational opportunities. The department is very active in going out into the community in order to locate and bring in the returning veterans extending information to pre-deployment briefings as well as the post-deployment.

Community Based Outpatient Clinics

There were 476,260 outpatient visits at the CBOCs in FY 2009. Cleveland VAMC has twelve CBOCs in the state of Ohio. The CBOCs consists of: Akron located south of the Wade Park Campus; Canton located south of the Wade Park Campus; Calcutta located southeast of the Wade Park Campus; Lorain located west of the Wade Park Campus; Mansfield located southwest of the Wade Park Campus; Ravenna located southeast of the Wade Park Campus; Sandusky located west of the Wade Park Campus; Warren located southeast of the Wade Park Campus; Wooster located southwest of Wade Park Campus; and Youngstown located southeast of the Wade Park Campus.
They will be adding an outpatient clinic in Parma during their transition in closing the Brecksville Campus. Many of the CBOCs have laboratory, mental health, women’s health and primary care capabilities. They also have a competitive program for the primary care clinics called the Primary Care Olympics. The Olympics focuses on performing different tasks associated with diabetes, behavioral health, ischemic heart disease, prevention screenings, tobacco programs, and other items such as vaccinations and screening. This creates esprit de corps within the different CBOCs in an effort to providing the best quality care for our veterans.

Veterans Affairs Voluntary Services
In FY 2009, there were a total of 412 Regularly Scheduled (RS) volunteers for a total of 186,540 hours. In FY 2010 there were 484 RS volunteers that gave a total of 190,565 hours. In FY 2009, Cleveland VAMC has received total donations of $786,703.84 and had $662,294.96 in FY 2010. There were 28 American Legion volunteers who gave 7,573 hours in FY 2009. There were 29 American Legion volunteers who gave 7,980 hours in FY 2010. The American Legion Auxiliary had 17 volunteers who donated 1,483 hours in FY 2009. The American Legion Auxiliary had 19 volunteers who donated 1,861 hours in FY 2010.
Overview
The Dayton Veterans Affairs (VA) Medical Center, constructed in 1867, is one of the three oldest VA facilities and is part of the veterans Integrated Service network (VISN) 10. The Level 1c medical center provides comprehensive health care, to include acute, Community Living Center, and Residential Care. Their ambulatory care program is provided through various clinics, including the primary care program. Dayton has a sharing agreement with Wright Patterson Air Force Base, as well as several community hospitals. Dayton VA Medical Center (DVAMC) is currently in the running to host the Center for the Veterans Affairs Archives on its campus.

Overall Challenges
Dayton overall changes include budget constraints, rebuilding public image, space shortage, improving Medical Care Collections Fund collections rates and upkeep of the several historical buildings.

Fiscal
The budget for the Dayton VAMC for Fiscal Year (FY) 2010 was $298 million. The facility received FY 2010 budget monies on February 2010. Dayton VAMC received its FY 2011 budget authority in September 2010. The current budget for FY 2011 is $294 million which is a decrease of $4 million from FY 2010. The medical appropriations budget is $244 million, facility appropriation is $27 million and the administration appropriation is $21 million. The facility has seen an increase in medical services. Management believes that the current FY 2011 budget will allow Dayton VAMC to maintain FY 2010 levels of service, enrollment and staffing levels. The facility has not received any information in regards to the FY 2012 budget. The guidance on the facility budget is provided through video/audio conference calls, email and face to face interactions, as appropriate.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $21 million. The total MCCF collections for FY 2010 were $19 million. As of FY 2011, the facility has collected $8 million. For FY 2011, 7.8 percent of the overall budget goes to Fee Basis Services, or $35 million. The projected budget in the same time period is $68 million. The facility utilizes Fee/Contract physicians for Cardiology, Emergency Room, Gastroenterology, Interventional Radiology, Ophthalmology, and Pathology.

The transition to the North Central Consolidated Patient Account Center (CPAC) has not been without its challenges, however management are working closely with CPAC staff to maximize their collection rates. Fewer dollars were available through MCCF collections. The MCCF collections goal was reduced from the previous year. Current collections are 11 percent below the previous year as of April 2011.

Enrollment, Accessibility and Continuum of Care
Dayton VA Medical Center has a total of 55,675 veterans enrolled. In FY 2010, DVAMC treated over 7,732 inpatients and had 442,000 outpatient visits. Dayton VAMC has had over 239,489 outpatient visits as of April 2011. The Dayton VAMC has over 1,850 Operation Enduring Freedom (OEF) and Operation Iraq Freedom (OIF) and Operation New Dawn (OND) veterans enrolled. Dayton VAMC is enrolled 200 new veterans per month. There have been 16,812 Priority 8 veterans that have applied since the January 2003 cutoff.

Dayton has witnessed an increase in Compensation and Pension Claims from FY 2009 to FY 2010. This is partially due to the new presumptive conditions of Agent Orange. In FY 2010, Dayton completed 3,225 C&P exams. The facility has completed 1,700 exams this fiscal year. The average turnaround time for a complete exam is less than 24 days. The facility offers overtime, weekend, and evening hours for providers to schedule and perform exams. Management will begin implementing the Disability Benefits Questionnaire (DBQ Initiative) at the end of June 2011. The facility has a partnership with Wright Patterson AFB this year in the roll out of the Integrated Disability Evaluation System (IDES) collaborative. The return rate for exam inadequacies is less than one percent.
Staffing and Affiliations

According to management, there are currently 1,914 people employed at the DVAMC and 700 of those employees are veterans which represents 30 percent of the Full Time Employee Equivalents. The VAMC is experiencing issues with recruitment. These hard to fill positions includes Occupational Therapy and Nurse Practitioner. The facility is currently at a 5 percent vacancy rate. Dayton has received approval to fill 140 vacancies.

Dayton VAMC has an active affiliation with Wright State University which provides training to 250 residents per year.

Physical Plant

Dayton VAMC is situated on 380 acres of land. As previously mentioned, the facility is one of the three oldest in the VA healthcare system. Therefore, the facility consists of several unused historical buildings and the upkeep of these buildings is costly. In 1992, the facility constructed a new “Patient Tower” which houses the both inpatient and outpatient veteran care services.

Long Term Care, Mental Health and Specialty Care

Dayton VA Medical Center has 500 authorized beds throughout the facility. The break down includes, 115 beds in Residential Care (RC), 25 beds in Surgery, 18 beds in Psychiatry, Community Living Center (CLC) total 265 beds, and 77 beds in Medical. The facility operates 120 inpatient beds. The average length of inpatient stay in the CLC is 39 days, RC is 88 days.

Dayton Suicides rates for FY 2011 number are 55 attempts and 5 completions. The Suicide Prevention Coordinator (SPC) stated that the MEDVAMC is in compliance with the nationwide VA strategies for suicide prevention. The DVAMC provides follow-up care for suicide screens for veterans who screen positive for PTSD or depression.

The Dayton VAMC has a full continuum of mental health services available to veterans. This includes inpatient mental health care, residential treatment and outpatient services in the mental Health Clinic. The medical center offers specialized outpatient and residential treatment for veterans with substance abuse disorders, veterans with Post-Traumatic Stress Disorder and veterans requiring residential care placement.

DVAMC’s Mental Health Residential Rehabilitation Treatment (MHRRTP) program now provides 24/7 nursing staff to aid in medication management. Access to the MHRRTP is secured by key cards and a desk monitor. Overall, the MHRRTP has increased access, averaging 84 percent occupancy. Various Mental Health programs are now offering evening and weekend clinics to accommodate veterans who may not be able to come during routine business hours.

Comprehensive health care services are provided for women veterans across their life span. Comprehensive primary care services, gynecological services, and mental health are provided for women veterans. In the summer of 2011, the Women’s Center will relocate to a new space (4,954 sq. ft) this will be located in the newly expanded Primary Care Building. The Women’s Center will also have its own separate entrance. As of this fiscal year, nearly 5,000 Women Veterans have enrolled in the clinic.

Dayton VAMC Department of Dentistry has made recent headline news regarding improper sterilization of dental equipment. Due to the physician’s lack of compliance to VA’s and VHA guidelines, improper sterilization, over 10,000 veterans may have been exposed to Blood Borne Pathogens. According to management, 535 veterans were contacted and screened for possible Blood Borne Pathogens. Some veterans screened positive for Blood Borne Pathogens. It is unclear if the veterans contacted the diseases from the dentistry equipment. Since the wake of the undiscovered events, the physician has been terminated, pending a federal investigation.

Post Traumatic Stress

Dayton VAMC’s Mental Health Departments includes a Post Traumatic Stress Disorder (PTSD) Clinic Team to evaluate and treat veterans. The PTSD clinic consists of a six-bed sub-acute Early Brief Treatment (EBTPU) PTSD Unit. In FY 2010, there have been 798 OEF/OIF veterans diagnosed and treated with PTSD. The Post Traumatic Stress Disorder (PTSD) residential program provides intensive treatment to a maximum of 15 veterans per cohort.

Polytrauma/TBI

The Dayton VA provides Polytrauma Support Clinic Teams. The teams are groups of rehabilitation providers who deliver follow up services in consultation with regional and network specialists. The team assists in managing the long-term effects of polytrauma through direct care, consultation, and the use of
tele-rehabilitation technology. Dayton VAMC provides comprehensive and high-quality care to patients. Teams of physicians from every relevant field plan administer an individually tailored rehabilitation program to help the patient recover as much as possible. In FY 2010, the facility has referred 40 veterans to the Polytrauma Clinic under Rehabilitation Services.

**OEF/OIF/OND**

The Dayton VAMC has been active with seamless transition of men and women returning from military service in Iraq and Afghanistan. In March 2007, the medical center opened the Freedom Center with the central purpose in mind to ensure a smooth transition. Dayton VAMC has 11,000 OEF/OIF/OND veterans enrolled at the facility. Currently 5,000 veterans are enrolled in the Medical Center. The OEF/OIF/OND Program Outreach includes, Yellow Ribbon, Post Deployments Health Reassessment, Employment Workshops and Welcome Home Events.

**Community Based Outpatient Clinics**

Dayton operates four VA staffed Community Based Outpatient Clinics (CBOCs) that are located in Springfield, OH (3,351 uniques), Lima, OH (3,647 uniques), Middletown, OH (2,640 uniques) and Richmond, IN (2,816 uniques). The Richmond CBOC has a shortage of space. Service at the CBOCs includes: primary care, home based primary care, Women’s Health, Mental Health, Lobotomy, Podiatry, Optometry and Social Work services.

**Veterans Affairs Voluntary Services**

During FY 2010, The American Legion (AL) had a total of 279 volunteers that contributed 21,891 regularly scheduled and occasional hours. The Veterans Affairs Voluntary Services best practice includes the American Legion Gift Shop, which allows Veterans to shop for clothes, toiletries and other items they need while at the facility. The store is operated by the American Legion Auxiliary (ALA) volunteers and it’s stocked by the ALA, AL, Disabled American Veterans, Voluntary Service, and others.
VISN 11

RICHARD L. ROUDEBUSH VA MEDICAL CENTER, INDIANAPOLIS, IN
January 4-5, 2011

National Task Force Member(s): William R. (Bob) Wallace, Jeanette Rae
National Field Service Representative: James M. Woodson, IV
The American Legion System Worth Saving

RICHARD L. ROUDEBUSH VA MEDICAL CENTER | INDIANAPOLIS, IN

Date: January 4-5, 2011
National Task Force Member(s): William R. (Bob) Wallace, Jeanette Rae
National Field Service Representative: James M. Woodson, IV

Overview

Richard Roudebush VA Medical Center is part of the Veterans in Partnership Healthcare Network (VISN 11), which includes seven VA Medical Centers and 22 operating Community Based Outpatient Centers throughout Indiana, Illinois, Michigan and Ohio. The Indianapolis Veterans Affairs Medical Center (IVAMC), located in Indianapolis, Indiana is a Tertiary 1A Hospital complex and is a referral center for VISN 11.

Overall Challenges

The challenges for Indianapolis VAMC includes offsetting a $17 million deficit, meeting MCCP collections goal, increasing enrollment, increasing benefits travel requests, space shortage, and parking constraints.

Fiscal

The budget for the Indianapolis VAMC for Fiscal Year (FY) 2010 was $193 million. The facility received FY 2010 budget in December 2009. The current budget for FY 2011 is $400 million which is an increase of $31 million from FY 2010. Management believes that the current FY 2011 budget will allow Indianapolis VAMC to maintain FY 2010 levels of service and open enrollment and staffing levels. However, management predicts the facility will be operating in a $17 million deficit for FY 2011. Management is currently adopting cost saving strategies to offset the massive deficit. Management has not received any information in regards to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $40 million. The total MCCF collections for FY 2010 were $37 million. Currently, the collections goal for FY 2011 is $40 million. Management believes that it will be a challenge to meet the collections goal. Indianapolis VAMC has recently begun operating under the centralized Consolidated Patient Account Center (CPAC) in September 2010. The billing rates under the CPAC have not improved. According to management, the CPAC is on target to collect $5-7 million dollars less than FY 2010 and the cost to collect is expected to be higher with the CPAC than when the IVAMC operated MCCF responsibilities.

For FY 2011, management estimates $21 million of the overall budget will go towards Fee Basis Services which is a decrease amount of $27 million in FY 2010. The facility utilizes Fee Contract physicians for Radiologist, Surgeons, Cardiology, Infectious Disease, Hematology, Oncology, Urology, Orthopedic, Neurosurgery, Radiation, Pathology and Compensation and Pension.

Enrollment, Accessibility and Continuum of Care

Indianapolis VAMC provided service to 55,000 unique veterans in FY 2010. In FY 2010, IVAMC serviced 520,000 outpatient visits. There are 166,000 Veterans in the Indianapolis VA Medical Center catchment area. IVAMC catchment area includes Eastern Illinois and Northern Indiana. IVAMC currently has 28,478 Priority Group 8 veterans.

In FY 2010 IVAMC received 7,555 requests and performed 14,839 Compensation and Pensions (C&P) Exams. The C&P exams are performed by using Compensation and Pension Record Interchange (software program) staff which includes a combination of full time and Fee Basis providers. All medical and mental health exams are conducted in a C&P Clinic. Audio, Eye and Dental Exams are held in specialty area at IVAMC. The average turnaround time for a complete C&P examination in FY 2010 was 29 days. There is currently a 15 percent no show rate. On average, there are two exam requests per VA FORM 2507. C&P has seen an increase in exams due to the new Disability Benefits Questionnaire (DBQ).

Staffing and Affiliations

There are currently 2,700 Full Time Employees at IVAMC. Of those employees, 23 percent are veterans.
The Indianapolis VA Medical Center has an active affiliation with the Indiana University School of Medicine. Each year, 100 post-graduate physicians and fellows are pursuing clinical training at the IVAMC and delivering veteran care under the supervision of VA physicians who are concurrently faculty of the Indiana University School of Medicine. There are also nursing student affiliations with the Indiana University School of Nursing as well as education arrangements with six other universities in Indiana and Kentucky involving dentistry, pharmacy, social work, allied health, and psychology.

IVAMC has partnership with the Eli Lilly Endowment to identify potential gaps in service returning service members and their families were encountering when they returned from a combat deployment. The Lilly Endowment granted funding for Operation Restoration. Operation Restoration is a couple’s reunification retreat that offers psycho-educational services in a recreational and therapeutic environment for veterans and their significant others, assisting with healthy reintegration into their families and communities following their return from deployment.

Physical Plant

The Medical Center has parking challenges and has worked aggressively in the last eighteen months to design and implement solutions. The facility will begin construction on a new $9.9 million above ground 640 car parking garage in February 2011 with a completion date set for April 2012. The facility has recently constructed a 260 car paved parking lot at the Cold Spring Road facility and another 360 car gravel parking been completed with expansion to begin early January. The Medical Center secured temporary parking from the Indiana National Guard and is awaiting final preparation and delivery of a 500 spaces with an offsite lease. The Medical Center has begun to publicize to veterans the existence of the offsite parking to offer solutions to the parking challenge.

Indianapolis VAMC has several Non Recurring Maintenance (NRM) projects under construction and anticipated FY 2011 NRM projects pending VISN funding approval.

Long Term Care, Mental Health and Specialty Care

IVAMC does not have a community Living Center (Nursing Home Care Unit) or a long term mental health unit. The facility utilizes Contract Nursing Home for long-term care. IVAMC also uses Palliative Beds for hospice patients since Indianapolis does not have a designated Hospice Care Unit.

The facility has Integrated Primary Care, which means women veterans are mixed into their general primary care clinics, with designated primary care providers for women within the clinics. Designated primary care providers provide comprehensive primary care to women, to include gender specific care. IVAMC utilizes a Gynecology Specialty Clinic (Women's Health Clinic), for patients who are referred for specialty gynecology care with two part-time gynecologists and a full time women's health nurse practitioner.

IVAMC utilizes a DEXA scanner in house for osteoporosis screening and are working on pelvic US capabilities (currently this service is contracted out). Patients are sent to the community for mammograms to one of the local hospitals or screened via the mobile mammography unit that comes to the facility twice a month. The medical center has plans to construct a women's health imaging suite.

The medical center can accommodate same day gynecology surgery and conducts procedures such as hysteroscopy, colonoscopy, and cryotherapy. A renovation project is scheduled to remodel a small clinic to be a new women's health clinic, but this would still be a specialty clinic (not a standalone women's health primary care clinic). Plans are to add other primary care services specific to women to include; women's health social worker/counselor, case manager RN, nutrition classes, etc.

Polytrauma/TBI

Indianapolis VAMC is the Polytrauma Network Site (PNS) for VISN 11. Services offered include interdisciplinary treatment for both inpatient and outpatient Veterans and active duty members. Services include but are not limited to: Psychiatry, Rehab Therapies (OT, PT, RT, Speech, Driver's Rehab, Vestibular Rehab, and Vocational Rehab), case management services, Polytrauma Amputee Services (PANS), Functional Capacity Evaluation, Psychology, Neuropsychology, and Pain Management. In addition to the services provided for Indianapolis patients, the Indianapolis Polytrauma Network Team also provides consultative and oversight services to all Polytrauma services within VISN 11.

Currently, 210 patients have confirmed TBI diagnoses following a 2nd level TBI evaluation. An additional 297 patients received 2nd level TBI evaluations which ruled out a diagnosis of TBI.
Since implemented in April of 2007, 2,660 OEF/OIF veterans have screened positive on the initial four-question clinical reminder for TBI.

### Post Traumatic Stress Disorder

Indianapolis VAMC initiated a new Post Traumatic Stress Disorder Clinic, converted the Comprehensive Day Treatment Program into the new Psychosocial Rehabilitation Recovery Center (PRRC) and also activated a new Inpatient Ward and the Outpatient Clinic. IVAMC treated 6,796 veterans with PTSD in FY 2010. The medical center offers Suicide Prevention, OEF/OIF Mental Health care integrated with primary care, PRRC, Mental Health Intensive Case Management, which provides care in the patient’s home), Inpatient Psychiatry, Domiciliary, Communication Rehabilitation, Substance Abuse Treatment and general outpatient care through the Psychiatric Ambulatory Care Clinic.

### Community Based Outpatient Clinics

Indianapolis VAMC operates two Community Based Outpatient Clinics, (CBOCs), which are located in Terre Haute and Bloomington, Indiana. There are 4,000 veterans enrolled at the CBOC. Terre Haute, Indiana is located 70 miles west of Indianapolis. Bloomington, Indiana is located 65 miles south of Indianapolis. Primary Care and Mental Health services are available at both CBOCs. An additional CBOC is in the planning stages for Martinsburg, Indiana. This CBOC will offer Physical Therapy.

### Veterans Affairs Voluntary Services

IVAMC had 13,561 Regularly Scheduled volunteers in FY 2010. The American Legion Auxiliary had an additional 1,863 Regularly Scheduled volunteers. The Occasional Volunteer hours for FY 2010 are 230 which are 291 hours less than FY 2009.
EDWARD HINES, JR. VA HOSPITAL, HINES, IL

January 11-12, 2011

National Field Service Representative: Past National Commander Paul A. Morin
National Staff Member: Denise L. Bullock, M.Ed
EDWARD HINES, JR. VA HOSPITAL | HINES, IL

Date: January 11-12, 2011
National Staff Member: Past National Commander Paul A. Morin
National Field Service Representative: Denise L. Bullock, M.Ed

Overview
Edward Hines, Jr. Veterans Affairs Hospital (Hines VAH) offers primary, extended and specialty care and serves as a tertiary care referral center for VISN 12. Hines VAH also serves as the VISN 12 southern tier hub for pathology, radiology, radiation therapy human resource management and fiscal services. The Hines VA hospital currently operates six community based outpatient clinics in Manteno, Elgin, Oak Lawn, Aurora, LaSalle and Joliet. Over 600,000 patient visits occurred in fiscal year 2010 providing care to over 54,000 veterans. There is a 34-bed Central Blind Rehabilitation Center (CBRC) that provides care to veterans of all ages.

Overall Challenges
The Hines VAH has challenges in unfunded physical plant deficiencies. The current third party collections have affected the facility operations and parking is insufficient. The funding for the Emergency Room has been in rotation for the last five years. Patient advocates contact information was not adequately posted in the facility.

Fiscal
The total budget for FY 2010 was $543 million. Management stated that the FY 2010 was received on December 23, 2009. The FY 2011 budget is $536 million. Management states that the facility will require reprogramming of $2.5 million Medical appropriations for Administration costs. The facility has reprogrammed $1.7 million within the VISN and the balance will be processed at a later date.

The Medical Care Collections Fund (MCCF) goal for FY 2009 was $38 million with a collection of $45 million. The goal for FY 2010 was $57 million with a collection of $52 million. The FY 2011 goal is $60 million. The budget authority for FY 2011 was received October 10, 2011.

In FY 2010, the Hines VA Medical Center budgeted $19 million in Fee Basis Services and in FY 2011, the Fee Basis Services budget declined to $18 million. The decrease in Fee Basis Services was the result of expanding dialysis services on station. Management states that Fee Basis Services are used for medicine and surgery for specialists as needed. Fenced funding was used in the facility for transformational initiatives, PACT, Preventative, Secure Messaging, TeleHealth and Women’s health.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 527,000. There are 268,000 enrolled patients at the Hines VA Medical Center. There are currently 8,959 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are 3,193 women veterans enrolled at the V A Medical Center. The facility has 28,668 Priority Group 8 veterans in their system. In FY 2010, management stated that there were 5,506 completed Compensation and Pension (C&P) examinations. The turnaround time for a C&P exam is currently 29 days. The C&P exams are performed by the Edward Hines, JR VA staff.

Staffing and Affiliations
According to management, there are currently 3,627 people employed at their facility and 1,317 which are veterans, which represent 36 percent of the facility’s Full Time Employee Equivalents. The Hines VA Medical Center is a teaching hospital that provides a full range of services, with state-of-the-art technology as well as educational research. The hospital is primarily affiliated with the Loyola University Stritch School of Medicine. Management states that the facility offers residency training in all major medical and surgical specialties and subspecialties. The facility maintains a good working relationship with all of our veteran service organization (VSO) partners.

Physical Plant
Management states that Hines VAH has $295 million unfunded documented physical plant deficiencies. The deficiencies are a result from buildings and equipments that have been used beyond their useful life. There are currently 170 active construction projects totaling over $100 million dollars.
Long Term Care, Mental Health and Specialty Care

The Hines VA Medical Center has 169 authorized beds and 120 operating beds. In FY 2009, the facility treated 56,000 patients. Currently, the number of total patients treated during this FY 2010 is 31,701. The facility receives 631,000 visits per year. There is currently no waiting list for long term care. There are currently 18 patients with Hospice status. The Hospice care unit is contracted out in the community.

Management states that in Mental Health there was 13,799 unique in FY 2010, with 3,079 seen by seen by Psychiatrists, 3,079 uniques seen by Psychologist, and 4,306 unique seen by social workers. There is currently 218 FTEs mental health service line staff which does not include the nursing position added per the VHA Transformational Initiative to eliminate Veteran Homelessness. Management stated there was an elimination of a wait list for psychotherapy in Mental Health Clinics. There is also currently Electroconvulsive Therapy now offered for veterans with severe depression.

The facility has a full-time Women Veterans Program and is designed to accommodate the hospitals growing female veteran population. There are currently 825 women veterans enrolled in the clinic. The Hines VAH Women’s Health Center staff consists of an interdisciplinary team dedicated to women-specific health care needs. The services provided to the women veterans are gynecology, mental health services, nutrition services, social work services and a very comprehensive primary care program.

Management reported that in FY 2009, there were four completed suicides and 11 in FY 2010. Management states that the increase in completed suicides in FY 2010 vs. FY 2009 is consistent with increase observed nationally and elsewhere in the VISN. The Suicide Prevention Coordinators (SPCs) oversee the identification of “high risk” patients must be evaluated at least weekly by a mental health professional for the first 30 days following discharge from an inpatient psychiatric unit. The high risk flags are reviewed 90 days after assignment by the SPCs. In FY 2009, there were 58 attempts and two completions, and in FY 2010, there were 34 suicide attempts and 4 completions (2 of the 4 were enrolled for services). In FY 2009, there were currently 2,869 OEF veterans assigned to a caseload and 56,433 OIF veterans.

Traumatic Brain Injury (TBI)

Management states that all veterans who have been active duty from September 11, 2001 till present are placed on a list to be screened at the first clinical encounter at Hines VA. The list is provided by DoD and the veteran is entered as soon as the veteran is registered at Hines VA Medical Center for services. The screening can be accomplished in person or via phone by clinical staff. If the veteran is not screened by a clinical provider during his appointment he/she is placed automatically on a list to be screened by the Polytrauma/TBI team staff. If the veteran is screened positive, he/she is contacted in person or via phone by a member of the Polytrauma/TBI team staff to discuss his trauma and be scheduled at a time that accommodates the veteran’s needs. The evaluation of the veteran by a qualified TBI licensed independent provider normally occurs within thirty days of the screening process and includes the diagnosing, and referral for treatment when appropriate. A TBI telehealth program with the LaSalle CBOC was initiated to accommodate rural veterans. The treatment provided for a TBI can be accomplished by the Polytrauma/TBI team of therapists, psychologists, psychiatrists, MDs, social workers, chaplain and RNs. The treatment can include by are not limited to: physical therapy, occupational therapy.

Post Traumatic Stress Disorder (PTSD)

Management states that veterans are screened annually for the first five years post deployment, then every five years thereafter. More than 99 percent of the screens are completed after clinicians are automatically prompted to do so by reminders in CPRS. There are several ongoing PTSD research projects. One study is examining the effectiveness of a 12-session, evidence-based psychotherapy for PTSD in alleviating PTSD symptom severity and physiological arousal in OIF/OEF veterans diagnosed with Posttraumatic Stress Disorder (PTSD). Veterans undergo a physiological assessment before and after Cognitive Processing Therapy for PTSD while reciting a verbal, personal trauma narrative to assess habituation of physiological hyper-arousal in response to trauma memory.

OEF/OIF/OND Programs

Management states that in 2010 and 2011 they had numerous outreach events that extended into the communities in order to reach out to veterans and their families. Army Reserve Family
Day, Welcome Home events, Yellow Ribbon Reiteration Programs, and Community College and Universities were some of the community programs.

**Community Based Outpatient Clinics**
There are 20,000 unique veterans enrolled at the CBOCs. The CBOCs are Joliet, Manteno, Aurora, Elgin, LaSalle, and Oak Lawn. The CBOCs include comprehensive primary care, mental health, EKG, telehealth, and laboratory services at all six clinics.

**Veterans Affairs Voluntary Services**
In FY 2010, there were a total of 5,523 volunteer hours. The American Legion Auxiliary had a total of 4,989 of volunteer hours and the Sons of The American Legion had 314 volunteer hours. Management states that the Student Volunteer Program and Staff Advisory Committee were some best practices for the VAVS program.
VISN 15

ST. LOUIS VA MEDICAL CENTER, ST. LOUIS, MO

January 12-13, 2011

National Task Force Member(s): Chairman Michael D. Helm, Past National Commander Ronald F. Conley
National Field Service Representative: James M. Woodson, IV
Overview
The St. Louis VA Medical Center is a Level 1A facility that provides inpatient and ambulatory care in medicine, surgery, neurology and rehabilitation as well as over 35 subspecialty areas. This two division facility (John Cochran, Jefferson Barracks) serves veterans in (23 county catchment area) east central Missouri and southwestern Illinois providing ongoing care to 55,000 veterans each year. St. Louis VAMC is the tertiary referral center for VA Medical Centers in Marion, Illinois and Popular Bluff, Missouri, providing inpatient acute care as well as outpatient care. St. Louis VAMC is a part of VISN 15.

Overall Challenges
The challenges for the St. Louis VAMC include increasing enrollment, space shortage, and parking constraints.

Fiscal
The budget for the St. Louis VAMC for FY 2010 was $435 million. The facility received FY 2010 budget in December 2009. The current budget for FY 2011 is $347 million. Management anticipates the facility will receive and additional funding of $55 million for Patient Aligned Care Team (PACT), Medical Care Collections Fund (MCCF), Prosthetics, Non Reoccurring Maintenance (NRM) and Rural Health. The total amount of $403 million is a decrease of $32 million from FY 2010. The decrease is due to the VERA model 2 year monies. Management believes that the current FY 2011 budget will allow St. Louis VAMC to maintain FY 2010 levels of service and open enrollment and staffing levels. The facility receives FY 2011 budget authority in October 2010. The facility has not received any guidance for the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $24 million. The total MCCF collections for FY 2010 were $26 million. Currently, the collections goal for FY 2011 is $30 million. Management believes that it will be a challenge to meet the collections goal since it is a $6 million increase from last year. Management is optimistic that every effort will be made to meet and/or exceed the goal. To improve collection rates, St. Louis has hired an additional Utilization Review Nurse for MCCF. St. Louis will be moving to the centralized Consolidated Patient Account Center (CPAC) in FY 2012.

For FY 2011, management estimates $35 million of the overall budget will go towards Fee Basis Services, which is a decrease of $1 million from FY 2010.

Enrollment, Accessibility and Continuum of Care
There are 72,469 veterans in St. Louis VA Medical Center catchment area. The Medical Center has approximately 10,000 patient admissions per year and about 628,000 outpatient visits each year.

When a new OEF/OIF veteran enrolls into the facility system, the eligibility personnel have them fill out a care management needs sheet and it is faxed to the OEF/OIF office. Each new OEF/OIF veteran is called by a case manager and screened. Screening can take place wherever is most convenient for the veteran and their family. The OEF/OIF team also reviews the Traumatic Brain Injury (TBI) Reminders. This helps insure that every OEF/OIF veterans is screened for TBI.

As new veterans enroll into the VA system, women are preferentially assigned to the Women’s Clinic where they can receive comprehensive primary care. Women veterans may also choose assignment to another primary care team or CBOC close to their home.

Staffing and Affiliations
At the end of FY 2010, St. Louis VAMC had 2,486 employees and 32 percent of those employees are veterans. The St. Louis Medical Center has had turnover of many occupations within the medical center. In addition, there has been a large amount of new positions approved during the last six months, for which Human Resources continues to recruit. Many of the vacancies are hard to fill, for which ads has been placed on the
radio and television. A nurse recruiter has been hired to recruit nurses which are hard to recruit positions.

Identified hard to fill areas are authorized to receive a one-time recruitment incentive with a two-year obligation period. Retention incentives are authorized for Nursing Supervisors only. Separations include mostly retirements and resignations. Resignations are usually not due to pay issues, rather the employee wants to pursue additional school or for personal reasons.

St. Louis VAMC participates in the National Nursing Education Initiative Program and the Education Incentive Scholarship program. These programs are designed to assist individuals in healthcare disciplines (Title 38 and Title 38 Hybrids) to continue their education to seek degrees in nursing, pharmacy, x-ray technician, etc. in order to advance their job potential.

**Physical Plant**

John Cochran Division: Immediate adjacent parking at the campus is lacking due to the campus being landlocked. Interim measures employed include use of offsite lots, and valet parking for veterans. The valet system has been very successful in assisting veterans and their parking needs. Valet parking is averaging use by 625 veterans per day. To assist employee parking needs, the medical center has leased parking at three lots in midtown. The medical center provides shuttle service from the lots to the medical center. Regarding long-term solutions for the parking issue, the medical center has been approved to start design on a Congressional Major construction project for the John Cochran Division. Design will start in FY 2011. Construction is estimated to be funded FY 2016. The approved project will include a 1,000 vehicle parking garage on campus in addition to new inpatient and outpatient treatment space. This structure will mitigate the current campus parking issue.

**Long Term Care, Mental Health and Specialty Care**

The St. Louis VAMC Extended Care and Rehabilitation Services (ECRS) inpatients services includes: Acute Medical and Surgical (JC), Community Living Center (CLC). The CLC provides complex patient care which serves the highest number of unique in VISN 15 with 800 in FY 2010. The CLC has 71 beds, which is currently operating at 85 percent occupancy rate. The average length of stay for the CLC is 28 days for short stay and up to 90 days for long stay care. The outpatient services includes: Physical Therapy, Occupational Therapy, Speech Therapy and Recreational Therapy. Additional services include Home Based Primary care and Residential Care.

The total encounters in FY 2010 were 92,820. The total consults completed in FY 2010 was 22,485. Currently there is no waiting list for ECRS. The Extended Care and Rehabilitation Services challenges includes rapid growth and expansion of all services, lack of adequate space and cultural transformation in CLC, additional space for growth and staffing and recruiting (Physicians, PT/OT).

The Woman Veterans Clinic offers comprehensive primary care, gender specific care, Gynecology (fee basis), Pre-natal care through delivery (fee basis), newborn care (7-days, fee basis), women-only support groups, MST Counseling Services, Mental Health Counseling Services, Case Management. Programs include: Partnership with American Legion Service Post 404, “Girlfriends Project,” St Louis County Public Health, “Nurses for Newborns.”

Mental health providers are also members of many other treatment programs in the medical center including SCI, Hospice, Home Based Primary Care, CLC and Pain Management.

**OEF/OIF/OND**

St. Louis VAMC offer numerous staff whose job in part includes outreach, several in the Mental Health Program, Eligibility Office, Suicide Prevention, My HealtheVet, Patient Educators, Women Veterans Program and OEF/OIF case management team. The staff attends programs at local colleges and universities, local posts, and community programs to brief veterans and their family on services available. Staff also work with all Veterans Service Organizations and attend Veterans Benefits Programs. The facility offers several community based programs throughout the year where outreach is a major focus. Events and attendees includes; Welcome Home-800 veterans attended in 2010; Freedom River Walk- 200 attendees; Valentines for Veterans Concert- 4,000 attendees; POW/MIA Remembrance Programs- 300 attendees.

St. Louis VAMC does not sponsor Post Deployment Health Re-assessment Events (PDHRA). When an event occurs in their catchment area, the OEF/OIF Program Manager is notified and sends a team member to support the event. The VAMC OEF/OIF Team then contacts the VBA and Vet Center to ensure they participate in the event.
Post Traumatic Stress Disorder
According to the facility in FY 2010, 38 percent of veterans treated in mental health have been diagnosed with Post Traumatic Stress Disorder. According to the medical center, there have been 1,265 or 11 percent of the approximate 6,000 OEF/OIF/OND veterans that have been treated for PTSD. The St. Louis VA Medical Center through their primary care providers performs initial screens on all returning combat veterans for PTSD. Returning combat veterans could also be screened for PTSD through the OEF/OIF/OND case management program or in the OEF/OIF/OND Re-adjustment program. The medical center offers PTSD treatment to their veterans through several programs at the VAMC or at their CBOCs. The medical center has a Post-Traumatic Stress Recovery program which focuses on veterans who have experienced some traumatic event that is outside the range of usual human experiences. The program offers a six-week intense closed group therapy and treatment session on an outpatient format to accommodate the veterans’ daily schedule (nights/weekends, etc.). The program strongly deals with the major issues of PTSD such as social alienation, hypervigilance, anger management, intrusive and distressing memories, and team/unit identity.

Polytrauma/Traumatic Brain Injury
St. Louis VAMC is a Polytrauma-TBI Network Site (PNS). The PNS team consists of Psychiatry, Occupational Therapy, Physical Therapy, Speech Therapy, Recreation Therapy, Nursing and Social Work Case Management, Psychology, Neuropsychology and Vocational Rehabilitation. The majority of the St. Louis VA Medical Center patients are seen on an outpatient basis; however, the facility has 12 inpatient rehabilitation beds (CARF) for patients requiring inpatient rehabilitation. The facility’s psychiatrists provide 2nd level Polytrauma-TBI evaluations on all St. Louis and Poplar Bluff VAMC OEF/OIF veterans who screen positive on a TBI screen. The PNS conducts weekly inpatient/outpatient interdisciplinary team meetings. Patients are case managed depending on their level of need – some for life. The St. Louis PNS provides consultation to VISN 15 for Polytrauma-TBI.

There are 3,421 OEF/OIF Veterans screened for possible TBI. Of those veterans 625 were positive for the initial TBI screening. The facility completed 465 Comprehensive Evaluations. Of those 465 Comprehensive Evaluations 236 (50.8 percent) were confirmed diagnosis of TBI. The average number of days from screening to evaluation completion is 29 days.

Community Based Outpatient Clinics
St. Louis VAMC currently operates three Community Based Outpatient Clinics (CBOCs) which provide services to 7,198 enrolled veterans. The CBOCs provides Primary care and Mental Health. Each CBOC has either a full-time psychologist or a full-time psychiatrist. The CBOCs are located in St. Louis, St. Charles and Belleville.

Veterans Affairs Voluntary Services
In FY 2010, there were a total of 1,400 volunteers for a total of 2,648 hours. The best practice includes experienced volunteers greeting new admissions to the medical center, volunteers at the CBOC providing greeter and receptionist services. The Silver Spoon programs has trained over twenty volunteers to assist in feeding patients who can no longer feed themselves or require assistance in feeding themselves. Health care issues of older volunteers and the current economy impact on those living on fixed incomes continues to be a challenge. Some volunteers have had to reduce their number of hours due to factors such as increased gas prices.
VISN 16

CENTRAL ARKANSAS VETERANS HEALTHCARE SYSTEM, LITTLE ROCK, AZ
January 12-13, 2011
National Task Force Member(s): John W. Hickey, Phillip L. Driskill
National Field Service Representative: Brian J. Bertges

MICHAEL E. DEBAKEY VA MEDICAL CENTER, HOUSTON, TX
January 25-26, 2011
National Task Force Member: Don E. Mathis
National Field Service Representative: Denise L. Bullock, M.Ed

OKLAHOMA CITY VA MEDICAL CENTER, OKLAHOMA CITY, OK
May 24-25, 2011
National Task Force Member: William R. (Bob) Wallace
National Field Service Representative: Warren J. Goldstein
Overview

Central Arkansas Veterans Healthcare System (CAVHS), located in Little Rock, Arkansas is a tertiary health care facility providing a broad range of patient care services, ranging from as simple as primary care all the way up to complex procedures such as open heart surgery. They however do not have services such as obstetrical care. Comprehensive health care is provided in areas of medicine, surgery and psychiatry, including over 38 sub-specialty clinics. CAVHS is designated as an Complex Inpatient surgical complexity Level III polytrauma facility and has eight Community Based Outpatient Clinics (CBOCs) as far north as Mountain Home, as far south as El Dorado, as far west as Mena, and as far east as Searcy. CAVHS had many accommodations to include the Robert W. Carey Trophy Award.

CAVHS is a part of Veterans Service Integrated Network 16 which includes facilities in Arkansas, Louisiana, Missouri, Oklahoma, and parts of Texas.

Overall Challenges

The challenges for CAVHS include: centralized contracting, which brought in elevators that have to be repaired often; having space in order to provide parking for the rising number of patients within their catchment area, the flexibility of specialized funds, the need for renovations on older buildings, amount of funds being collected under CPAC model, and the resources to provide immediate financial assistance to OEF/OIF/OND veterans that are struggling.

Fiscal

The budget for the Central Arkansas Veterans Healthcare System for FY 2010 was $503 million. The facility received FY 2010 budget monies in March 2010. The current budget for FY 2011 is $529 million which is an increase of $26 million from FY 2010. Management believes that the current FY 2011 budget will allow CAVHS to maintain FY 2010 levels of service and open enrollment and staffing levels. Management additionally believes that the current FY 2011 budget will produce an operating deficit. They further mentioned that they have not requested supplemental funding because they are looking for opportunities to reduce operating costs and to increase reimbursements. Management has not received any information regarding the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $24 million. The total MCCF collections for FY 2010 were just under $24 million. Currently, the collections goal for FY 2011 is $27 million. Management is concerned about the CPAC model with collection. The current collection rate is 86 percent of the amount collected through the facility collection model.

For FY 2011, about seven percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for general surgery, oral surgery, neurosurgery, neurology, radiology, retinal specialist, and geriatrics.

Enrollment, Accessibility and Continuum of Care

The veteran population in the catchment area is 167,000. There are 152,300 enrolled in the CAVHS. In FY 2010, the facility treated 77,136 unique veterans and had 738,245 visits.

There are currently 4,467 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are approximately 8,175 women veterans enrolled at CAVHS, with 5,000 current users. The facility has 38,399 Priority Group 8 veterans in their system. In FY 2010, CAVHS completed 10,289 Compensation and Pension (C&P) examinations.

The turnaround time for a C&P exam is currently 34 days. The C&P exams are performed by VA staff and by fee-basis. CAVHS mentioned that challenges they face in regards to C&P examinations include issues with space as well as an increase in exam requests from the regional office without receiving additional staffing. CAVHS tracks OEF/OIF veterans through the Veterans Services Center (VSSC), and the Case Management Tracking and Reporting Application.

Staffing and Affiliations

According to management, there are currently more than 2,900 full-time employee equivalents are employed at the CAVHS and approximately thirty percent of those employees are veterans. The CAVHS experiences issues with recruitment for some specialty clinical occupations, mainly due to salary constraints, which does not al-
low them to compete with the private sector. CAVHS staffing has approximately a 92 percent retention rate.

The CAVHS currently provides 65 educational programs, with its main affiliation being the University of Arkansas for Medical Sciences. Overall, there are over 1,500 university residents, interns, and students enrolled at the CAVHS each year.

**Physical Plant**
The CAVHS is currently planning or undergoing the following projects: constructing a new substance abuse building, consolidating North Little Rock patient care services, expanding primary care into 3E and 3B. The total projects estimated are $25,841,000. Based upon the Facility Condition Assessment (FCA), the current deficiencies will cost $236 million in order to correct. The CAVHS asked for $96 million in order to perform all seismic corrections.

The CAVHS used the stimulus money that they received in order to update the utilities as well as replace a boiler and elevators and both JLM and North Little Rock. These adjustments were performed in order to provide 96 hour sustainability in emergencies in order to meet the Joint Commission’s requirements.

Additionally, the facility conducted a parking analysis in order to determine the amount of spaces needed at JLM. The analysis determined that they are currently in need of 365 spaces and projected a need for 668 spaces in 2014. Based upon their analysis they are building a parking addition, which will house 600 additional spaces. Lastly the facilities themselves including the grounds were maintained well. There were no signs of neglect detected.

**Long Term Care, Mental Health and Specialty Care**
The Central Arkansas Veterans Healthcare System has 177 authorized beds in their Community Living Center (CLC), 25 of which are out of service leaving a net of 152 beds in operation. The facility currently has a waiting list in order to receive long term care. In order to alleviate the issue the facility screens residents daily in order to determine admission. Additionally referrals are made to the lowest level of care required and assistance is given to facilitate community placements. The facility also has a 33-bed dementia unit that is separate from the rest of the long-term care. The facility does not have a Hospice Unity; however they do have a brand new Palliative Care Unit. The department is newly renovated and has a staff that operates on a rapid change model. Staff members are encouraged to give new ideas to help undergo rapid change to provide the best care to Veterans in their last moments of life.

The CAVHS is working to meet the Secretary’s Five-Year Plan to End Homelessness. The CAVHS has a housing first mentality in order to help the homeless. Once they establish housing, they work on all the rehabilitative issues in order to get the veterans back on their feet. Some of the vouchers have been kicked back due to substance abuse issues. They are also in need of new space for the homeless, because they have outgrown their capacity. The only way that they can keep up with the demand is through an aggressive outreach for assistance from the community. Currently the CAVHS has 150 vouchers (expanded by 85 from the previous year) and have issued all but 65. At the time of the site visit here were approximately 800 homeless veterans in catchment area.

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of women veterans. The Women Veterans program is well staffed with a Women’s Program Manager, two Primary Care Physicians (one general practitioner and one internal medicine), a Gynecologist, Social and a Pharmacist. Services include: primary care gynecological care and health and wellness screenings, mammography exams (with a radiologist that can interpret the results), STD screenings.

Primary care refers veterans that are suspected to have a TBI (non OEF/OIF/OND) or if they are OEF/OIF/OND veterans, who are all screened for TBI. The OEF/OIF/OND Program also receives the cases for acute TBI patients from the inpatient medicine teams. There are a total of 139 OEF/OIF/OND veterans with a TBI currently being treated at the facility in conjunction with other TBIs.

According to the facility, Physical medicine and Rehabilitation Service receives the referrals for second level evaluations for TBI. The facility then is put in the appropriate therapies, receive medication adjustments (if necessary) as indicated.

According to the facility, Mental Health Services provide comprehensive psychiatric assessments, evidenced based psychotherapy treatments (such as Cognitive Processing Therapy, Action Commitment Therapy, and Prolonged Exposure Therapy), evidence based pharmacotherapy therapies and ancillary services in a variety of settings from inpatient to outpatient set-
The American Legion | System Worth Saving

The facility also tests for PTSD in conjunction with TBI for all OEF/OIF/OND veterans. That screen is performed by Social Work Services. There are a total of 1,705 OEF/OIF/OND veterans that are being treated for PTSD at the CAVAHS. Management reported from the Suicide completion report that ten Veterans have died by suicide during FY 2010.

**OEF/OIF/OND Programs**

The OEF/OIF/OND program is currently providing a gamut of resources and programming for the veterans in order to increase health services, outreach, and resources for the veterans. They held programs in order to help employ the veterans through a job fair with close to 50 vendors that participated include the Department of Veterans affairs. The conducted this job fair in conjunction with the DOD and hosted over 4,000 veterans and their family members.

Other events and programs consist of: OEF/OIF/OND Focus Group sessions, Quilts of Valor (who mission is to provide a quilt to all veterans from the War on Terror, who were physically or psychologically wounded), Yellow Ribbon, Post Deployment Health Re-Assessment (PDHRA), weekly meetings with Community Based Warrior Transition Units (CBWTU), as well a working with both Vet Centers and their Regional Office.

**Community Based Outpatient Clinics**

CAVHS has eight CBOCs in the state of Arkansas. The CBOCs consists of: Conway, Arkansas, located north of John L. McClellan Memorial Hospital (JLM); El Dorado, Arkansas, located south of JLM; Hot Springs, Arkansas, which is located west of JLM; Mountain Home, Arkansas, located north of JLM; Mena, Arkansas, located west of JLM; Pine Bluff, Arkansas, located southeast of JLM; Russellville, Arkansas, located northwest of JLM; and Searcy, Arkansas, located northeast of JLM. The CBOC’s provide services for Primary Care, Behavioral Health services (counseling and programs such as smoking cessation), lab services (blood only), and prescriptions through mail or My Healthy Vet.

**Veterans Affairs Voluntary Services**

In FY 2009, there were a total of 394 Regularly Scheduled (RS) volunteers for a total of 59,170 hours. In FY 2010 there are 1,937 RS volunteers, which logged a total of 51,661. Seventy-one percent of CAVHS's volunteers are over 50 years of age with the two largest contributors being 61-80 years old. This is a major concern, because younger generations are not volunteering as much time and are harder to recruit. The Central Arkansas Healthcare System has received the equivalent of $2,385,784 from services provided by volunteers. They also received a total value of $517,083 from donations in FY 2010. There were 14 American Legion volunteers who gave 2,134 hours in FY 2009 & 2010. The American Legion Auxiliary had 15 volunteers who donated 2,517 hours in FY 2009 & 2010.
Overview
Michael E. DeBakey VA Medical Center (MEDVAMC) serves as the primary health care provider for veterans in southeast Texas. The MEDVAMC is a complex inpatient surgical level within the Veterans Integrated Service Network (VISN) 16. Many MEDVAMC programs have received national awards and honors including accreditation from Joint Commission for hospital, long-term care, behavioral health care, and substance abuse. The MEDVAMC operates seven community-based outpatient clinics (CBOCs). There were 27 different specialty clinics added due to the enrollment increase after Hurricane Katrina. The MEDVAMC is a teaching hospital with a major affiliation with Baylor College of Medicine. The MEDVAMC is a level two site for the VA’s Polytrauma System of Care.

Overall Challenges
The MEDVAMC, VAs program has increased processing time due to Personal Identification Verification (PIV) and background checks. There are also veterans using suicide attempts to gain access to primary care. Beneficial Travel has increased because of the increase in mileage reimbursement. There is also a shortage of nursing staff and space at the MEDVAMC.

Fiscal
The total budget for FY 2010 was $663 million. Management stated that the FY 2010 budget authority was received October 2009. The FY 2011 budget is estimated at $698 million. Management states that the FY 2011 budget provides sufficient levels of services for enrollment and staffing levels this year. The budget authority for FY 2011 was received September 2010. Management stated that the guidance for FY 2012 will be a minimal increase over FY 2011.

The Medical Care Collections Fund (MCCF) goal for FY 2009 was $40 million with a collection of $41 million. The goal for FY 2010 was $45 million with a collection of $39 million. The FY 2011 goal is $49 million.

In FY 2010, the MEDVAMC reported the allocation of $25 million in Fee Basis Services and in FY 2011, $31 million. Fee Basis Services were used for Adult Day Health Care, Cardiology, Chiropractic Care, CT Scans, Dental, Home Health PT, Home Health, RN, Home Hospice, Homemaker/Home Health, Mammography, Neurosurgery, OG/GYN, Ortho, PET scan, Physical Therapy, and Radiology.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 428,975. There are 139,000 enrolled patients at the MEDVAMC. There are currently 9,866 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND) veterans. There are 7,596 women veterans enrolled at the MEDVAMC. The facility has 9,677 Priority Group 8 veterans needing access of health care as of November 22, 2010 that are not eligible to enroll. In FY 2010, management stated that there were 10,624 completed Compensation and Pension (C&P) examinations and in FY 2011 there were 1,501 exams completed as of January 2011. The turnaround time for a C&P exam is currently 22.3 days. Management states that the majority of C&P exams are performed by the MEDVAMC and approximately five percent of these exams are performed by a VA consultant.

Staffing and Affiliations
According to management, there are currently 3,500 people employed at their facility and 850 of those employees are veterans. Management states that staffing levels have been maintained at the same levels for the past 7-8 years. The number of veterans accessing VA healthcare benefits has significantly increased the workload handled by the MEDVAMC staff. There is a turnover related to attrition and promotion that impacts the ability to operate efficiently as it faces varying levels of training and experience as replacement staff is hired. The MEDVAMC is a teaching hospital with the major affiliation with Baylor College of Medicine. The majority physicians at MEDVAMC are also faculty members at Baylor College of Medicine.

Physical Plant
Management states that based on VA criteria the physical plant deficiencies the air handlers, steam boilers, steam condensate system and chillers have reached life expectancy.
The expected cost is $43 million for repairs. Management states that the challenges are associated with aging infrastructure, aging maintenance workforce and limited available resources.

**Long Term Care, Mental Health and Specialty Care**

The MEDVAMC has 120 long term care beds and 95 percent of the beds are filled. There are 14 Palliative Care beds and Hospice is contracted out in the community. There is currently no waiting list for long term care. In FY 2010, the Long Term Care Community Living Center (CLC) had 253 admissions and 246 discharges. For FY 2011 the total through April 30, 2011 is 110 admissions and 132 discharges.

Management states that the MEDVAC treated more than 19,000 unique veterans in various Mental Health programs and an additional 5,000 patients through the mental clinics in CBOCs. The facility has three acute psychiatric inpatient units consisting of 73 beds including two specialized units for returning OEF/OIF and OND veterans. The inpatient care for the MEDVAMC mental health program has increased its beds from 36 to 73 over the last 5 years. Management states that in 2009, a 20 bed specialty unit was open to allow for longer-term intensive comprehensive inpatient treatment. Management reported that there were 1,533 unique OEF/OIF/OND patients seen in FY 2010.

The facility has a full-time Women Veterans Program and is designed to accommodate the hospitals growing female veteran population. There are currently 1009 women veterans enrolled in the clinic. The services provided to the women veterans are gender specific and tailored for the unique needs of woman veterans.

Management reported that in FY 2010 (April 1, 2010- March 31, 2011) there were 184 attempted suicides and 13 completed suicides. The Suicide Prevention Coordinator (SPC) stated that the MEDVAMC is in compliance with the nationwide VA strategies for suicide prevention. The MEDVAMC also provide follow-up care for suicide screens for veterans who screen positive for PTSD or depression.

**Traumatic Brain Injury (TBI)**

Management states that the TBI team has developed a workshop series to address the most commonly reported symptoms in returning service members veterans. The MEDVAMC offers a full spectrum of individualized inpatient and outpatient services. The individual rehabilitation needs of each person are carefully evaluated during lengthy assessments and treatment plans. There were 7,757 initial TBI screens since April 2007 and of those 1,818 had a positive TBI. There are 774 veterans who are being tracked for a positive TBI from the 2nd level comprehensive TBI evaluation. In FY 2010 here were 465 veterans with positive initial TBI screens of whom 271 underwent 2nd level comprehensive TBI evaluations.

**Post traumatic Stress Disorder (PTSD)**

Management states that 930 of the 1,533 unique OEF/OIF/OND veterans were treated and diagnosed with PTSD. The facility has trauma recovery program for veterans suffering with PTSD. This program is an intensive 6-8 week evidenced-based program for veterans.

**OEF/OIF/OND Programs**

Management states that in 2010 and 2011 they had numerous outreach events that extended into the communities reaching out to veterans and their families. There were monthly benefits seminars that covered eligibility, enrollment, claims processing, chaplain services, veteran centers and employment. The 4th Annual Welcome home is planned for September 11, 2011. There were 8, 395 veterans in FY 2010 and 4,888 veterans in FY 2011 that participated in outreach.

**Community Based Outpatient Clinics**

There are 23,068 (Fiscal Year to Date through January, 2011) enrolled at the CBOCs. The CBOCs are Beaumont, Conroe, Galveston, Houston, Lufkin and Richmond. The CBOCs includes comprehensive primary care, mental health, EKG, tele-health, and laboratory services at all six clinics.

**Veterans Affairs Voluntary Services**

In FY 2010, the American Legion had a total of 4,750 volunteer hours. The American Legion Auxiliary had a total of 7184 of volunteer hours. Management stated that there was a total monetary donation of $221,755 and a total activity donation of $25,060. The MEDVAMC technical career field intern reactivated the patient feeding program focusing on the spinal cord injury unit freeing the nursing staff to focus on direct patient care. A best practice that the VAVS has implement is providing volunteers to assist the Eye and audiology clinics with patient reminder calls which helps decrease their missed appointments.
OKLAHOMA CITY VA MEDICAL CENTER

Date: May 24-25, 2011
National Task Force Member: William R. (Bob) Wallace
National Field Service Representative: Warren J. Goldstein

Overview
The Oklahoma City Veterans Affairs Medical Center (VAMC) built in 1953, is located in Oklahoma City, Oklahoma and is made up of employees that are committed and compassionate in providing the highest quality of care for veterans. The Oklahoma City VAMC is a 192-bed level 1b tertiary care medical center facility consisting of eight Community Based Outpatient Clinics (CBOCs) located throughout Oklahoma. Comprehensive healthcare is provided to their Veterans throughout the system through primary care, specialty care, and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care. A teaching VA medical center, the Oklahoma City VAMC provides a full range of patient care services, with state-of-the-art technology as well as education and research in order to better serve their veteran population.

The Oklahoma City VAMC is part of the VA largest Veterans Integrated Service Network (VISN) 16 South Central Veterans Health Care Network, which includes facilities in Oklahoma, Louisiana, Arkansas, Mississippi, and Texas.

Overall Challenges
The challenges for the Oklahoma City VAMC include: construction to existing spaces to accommodate the medical center’s clinical needs, renovate aging infrastructures, key vacancies in leadership and surgical specialty positions (cardiovascular surgeons, etc.), and inpatient bed decompression in order to convert multi-patient rooms into private and semi-private patient rooms. Other challenges include inadequate space for women and OEF/OIF/OND Veterans seeking medical treatment, and controlling the growing beneficial travel expenditures (as of May 25th - $4.15 million dollars was spent-Medical Center 2011 budget is $7.86 million dollars).

Fiscal
The budget for the Oklahoma City VAMC for FY 2010 was $255 million. The medical center received FY 2010 budget in February 2010 however, their target allowance was in October 2009. The current budget for FY 2011 was received on October 1, 2011 and is $281 million dollars which is an increase of $26 million from FY 2010. Management believes that the current FY 2011 budget will allow the Oklahoma City VAMC to maintain FY 2010 levels of services, open enrollment, and staffing levels.

The FY 2011 financial appropriations within the medical center were as follows: Medical received $236 million, Facility received $24 million, and Administration received $21 million. Management has not received any information regarding their 2012 budget but was informed that they can plan on a zero to two percent increase of their overall 2011 budget.

In FY 2011 the Oklahoma City VAMC Medical Center Collections Fund (MCCF) goal was $24 million and their actual collection for FY 2011 through March 18, 2011 is $8 million. The Oklahoma City VAMC MCCF collections fall under the Consolidated Patient Account Center (CPAC) located in Smyrna, Tennessee.

For FY 2010, $28 million of the medical center’s overall budget went to Fee Basis Services. In FY 2011, $32 million of the budget will go towards fee basis services. The Medical center utilizes fee/contract physicians for the following specialty services: Medical, Surgery, Emergency Room, Radiology, Laboratory, and Psychology.

Enrollment, Accessibility and Continuum of Care
The Oklahoma City VAMC Veteran population in the catchment area is approximately 225,000 across 48 Oklahoma counties and two counties in North Central Texas. In FY 2010 as of May 2011, there were 45,529 Veterans enrolled at the Oklahoma City VAMC. As of April 2011, there were 47,062 unique veterans that received health care services at the medical center and CBOCs. In FY 2010, there were 503,420 outpatient visits and 6,871 admissions for a total of 53,681 bed days of care. There are currently 6,487 unique Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans enrolled and 3,535 veterans treated at the medical center in FY 2010. There are approximately 5,615 women veterans enrolled and 3,697 women veterans have been treated as of March 2011. The facility has 13,363 Priority Group 8 veterans enrolled in their system prior to the January 17, 2003 cutoff.

In FY 2010, the Oklahoma City VAMC performed 3,403 Compensation & Pension (C&P) examinations and FY 2011 (as of May 2011) the medical center performed 1,744 C&P exams. The medical center’s current C&P
processing time is 24 days which is well below the national average of 30 days. The C&P exams are performed by the departments 6.7 FTEEs and their VA certified staff physicians and providers. A small portion of the specialty C&P exams such as Ear, Nose, and Throat (ENT), and Gynecology (GYN) are performed by contract providers.

**Staffing and Affiliations**
The Oklahoma City VAMC has 1,800 employees including 788 employees that are veterans. The medical center currently has approximately 40 open non-funded positions. The facility has over 300 University /College residents, interns, and students trained at the medical center each year in various specialties such as Dental, Medical, Nursing, Pharmacy, Audiology, Radiology, Speech Pathology, Psychology and Social Work. The Oklahoma City VAMC currently has a strong affiliation with the University of Oklahoma Medical School. The medical center is on the same campus as the University of Oklahoma Medical School and Oklahoma University Health Sciences Center.

**Physical Plant**
The Oklahoma City VAMC is integrated within the University of Oklahoma Health Sciences Center campus causing any plans for expansion outside or inside the existing infrastructure to be virtually impossible. As a result of the medical center being nearly 60 years old, the majority of their physical plant issues are related to the age of the facility. The medical center has a detailed plan to address the deficiencies over time and have received significant funding to address the most critical infrastructure needs. The medical center currently has 24 active construction projects valued at $30 million. According to the medical centers 2010 Facility Condition Assessment (FCA) they have approximately $24 million in needed construction projects to resolve existing deficiencies. The medical center has inadequate patient/visitor parking given the growth in patient population over the years. The facility recently has been awarded a contract to design a parking garage that will add 400 to 600 additional patient/visitor parking spaces on the campus. The construction of the parking garage will begin the fall of FY 2012 at the cost of $9.8 million.

**Long Term Care, Mental Health and Specialty Care**
The Oklahoma City VAMC has 33 authorized beds in their Community Living Center (CLC) and 31 operating beds. The Medical Center currently does not have a waiting list for long-term bed occupancy to the CLC. The facility does not have a hospice unit; however, the Medical Center has eight-bed palliative care beds in the Palliative Care Unit within the Geriatrics and Extended Care Unit. This unit provides a long-term care setting which offers palliative care services and/or end of life care for veterans with severe and distressing symptoms from complex or life limiting diseases.

The Oklahoma City VAMC has a specialized mental health department to serve the mental, social, and psychological needs of 11,550 unique veterans and 1,678 OEF/OIF veterans that have been treated for mental health in FY 2010. The Medical Center has a 25-bed psychiatry inpatient mental health unit and provides outpatient mental services in two of their CBOC’s. The Oklahoma City VAMC has 90 mental health specialists including psychologists in their primary care teams to provide consultation, evaluation, and treatment for the veteran’s issues that impact their emotional well-being. The Medical Center’s mental health services are implemented by evidence based practices through individual therapy, group therapy, counseling, and outreach and by offering ample amount of programs and services to treat the mental health needs for their veterans and their families. In FY 2011, the medical center will have a 20-bed transitional residential unit located within the facility.

The Oklahoma City VAMC suicide prevention program tracks and closely monitors the veteran’s ideations of suicides within the catchment area. Any patient that scores a positive score on depression and or PTSD is immediately assessed for a suicide risk. Any positive responses will immediately lead to a referral to a mental health provider. Every patient seen in any mental health program receives a comprehensive suicide risk assessment at intake. In FY 2010, Oklahoma City had 157 attempts and 19 successful suicides of veterans who received mental health treatment at the medical center.

The Oklahoma City VAMC has approximately 125 homeless veterans within their catchment area. In FY 2010, the Medical Center gave out 95 HUD/VAH vouchers and 95 vouchers were actually utilized by their Veterans and their families. As of May 24, 2011, 72 veterans and their families have received housing through the dedication and commitment of the Homeless veterans program staff. The Oklahoma City VAMC has a program that offers homeless veterans many available programs and services to combat their homelessness such as their outstanding Compensated Work Therapy (CWT) and Reaching out to Educate and Assist Caring Healthy Families (REACH) programs.

The Oklahoma City VAMC woman Veteran’s health care program was established in February 2009 and targets the unique needs of approximately 1,100 female veterans. The women’s health care program offers comprehensive women centered services to include mental health care services including treatment for Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), and substance abuse throughout the
Oklahoma City VAMC and their CBOCs. The women's health program is also focused on health promotion, disease prevention and management, and the overall emotional well-being of all female patients. The women's veterans' healthcare team provides preventive health screening, supportive services, outreach, and medical procedures/treatment to their women veteran population. The challenges that the clinic currently face are that there are no signs indicating that there is a women's clinic located within the hospital, no distinct waiting room and no private entrance separating the women's clinic from the rest of the clinical departments within the hospital. As a result of the women's health clinic being too small the clinic is moving in the fall of 2011 to a much larger space currently occupied by Urgent Care. The new space will allow the women's health clinic to have 13 rooms for exams, consultations, and group/or individual therapy sessions, a private entrance, and a waiting room for their female patients.

PTSD Programs

According to the facility in FY 2010, 38 percent of Veterans treated in mental health have been diagnosed with Post Traumatic Stress Disorder. Management reports that the medical center's 1,265 or 10.95 percent of the 6,000 OEF/OIF veterans have been treated for PTSD. The Oklahoma City VAMC through their primary care providers performs initial screens on all returning combat veterans for PTSD. Returning combat veterans could also be screened for PTSD through the OEF/OIF case management program or in the OEF/OIF Re-adjustment program. The medical center offers PTSD treatment to their Veterans through several programs at the VAMC or at their CBOCs. The medical center has a Post-Traumatic Stress Recovery program which focuses on Veterans who have experienced some traumatic event that is outside the range of usual human experiences. The program offers a six-week intense closed group therapy and treatment session on an outpatient format to accommodate the veterans' daily schedule (nights/weekends, etc.). The program strongly deals with the major issues of PTSD such as social alienation, hypervigilance, anger management, intrusive and distressing memories, and team/unit identity.

TBI Programs

According to the facility in FY 2010, 1,285 or 23.3 percent of the 5,513 OEF/OIF veterans have screened positive for Traumatic Brain Injury (TBI) and of those 714 or 77 percent veterans were confirmed with Level II TBI diagnoses. The medical center has an interdisciplinary Polytrauma team consisting of Physicians, Physician Assistants, Speech Therapists, Recreation Therapists, and Occupational Therapists to research, screen, diagnose and treat veterans with TBI. The polytrauma team ensures that TBI screens are performed on all OEF/OIF Veterans. The team performs level II TBI exams and develops care plans for the individual veteran. The physicians within the polytrauma teams develop medication management's plans of care for individual veterans depending on their severity of TBI and their symptoms or cognitive issues. Medications to treat for TBI include Topamax for headaches, Elavil for headaches, depression and mood changes, Triptan for non-disability symptoms. The Oklahoma VAMC exceeds VA standards in TBI 3 screenings (VA-95 percent: OKC-97 percent), TBI screen contact within seven days (VA-84 percent: OKC-100 percent and TBI 4 2nd level evaluation within 30 days screen (VA-75 percent: OKC-100 percent). The Oklahoma City VAMC has these screenings as performance measures as part of the medical center's mission critical values criteria.

OEF/OIF/OND Programs

The Oklahoma City VAMC has a dedicated Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) clinic within the medical center that also screens and tracks all returning combat veterans who experienced PTSD and TBI. The Oklahoma City VAMC offers and supports several outreach programs and events throughout Oklahoma City and their surrounding communities. The Oklahoma City VAMC participates in several Pre and Post deployment events at Tinker Air Force Base and Fort Sill Army Base as well as other military guard and reserve units within their catchment area. The medical center has developed a post-deployment OEF/OIF readjustment team to better serve the veterans returning from combat. This is an interdisciplinary team from neurology, polytrauma, case management; primary care, audiology and mental health offer a “one-stop-shop” for veterans who are seeking medical treatment.

In FY 2011, the Oklahoma City VAMC had 281 demobilization events at Fort Sill, 50 Post Deployment Health Re-Assessment (PDHRA) events, 183 yellow ribbon events, and a Pre-mobilization event for 3,500 soldiers currently mobilized to leave for Afghanistan in June and July as well as several other outreach events to assist combat veterans throughout their catchment area.

Community Based Outpatient Clinics

The Oklahoma City VAMC has eight community based outpatient clinics (CBOC) in which five are contracted that are assigned to the medical center. The Oklahoma City CBOCs provide the following healthcare services to their veterans: Primary care and preventive health services, mental health ser-
vices, health promotion and disease prevention, medical benefits counseling, laboratory services, home based primary care (HBPC), and smoking cessation counseling, compensation and pension exams, and some specialty services such as dental and pharmacy offered at the Lawton CBOC. The Oklahoma City VAMC CBOCs consists of Altus, Ardmore, Blackwell, Enid, Konawa, Lawton, Stillwater, and Wichita Falls, Texas. In FY 2010, the Oklahoma City VAMC CBOCs had 188,112 visits.

Veterans Affairs Voluntary Services

The Veterans Affairs Voluntary Service program (VAVS) at the Oklahoma City VAMC is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. Their mission is to provide voluntary assistance and financial support to the medical center and outpatient clinics that will contribute to the delivery of high quality care to their Veterans. In FY 2010, there was a total of 3,187 volunteer hours that was represented by the American Legion. The American Legion had 3,008 hours and the American Legion Auxiliary had 179 volunteer hours, and The Sons of the American Legionnaire are not present at the Oklahoma City VAMC. The challenges that the VAVS program experiences are: increase gas prices, volunteers working longer/going back to work, and meaningful assignments. The best practices that the Oklahoma City VAMC VAVS program has are: adopt a floor program, e-card program, little hands for big heroes, and the welcome center.
VISN 17

SOUTH TEXAS VETERANS HEALTHCARE SYSTEM, SAN ANTONIO, TX

December 14-15, 2010
National Task Force Member: Past National Commander Ronald F. Conley
National Field Service Representative: Denise L. Bullock, M.Ed

VA NORTH TEXAS HEALTH CARE SYSTEM, DALLAS, TX

January 19-20, 2011
National Task Force Member: Jeanette Rae
National Field Service Representative: James M. Woodson, IV
The South Texas Veterans Health Care System (STVHCS) is comprised of two inpatient campuses: the Audie L. Murphy campus in San Antonio and the Kerrville campus in Kerrville, Texas. The STVHCS will be VA’s fifth Lead Polytrauma Center across the country. The STVHCS serves one of the largest primary service areas in the nation and is part of the VA Heart of Texas Veterans Integrated Service Network (VISN) 17. The STVHCS is a complex inpatient “Surgical level 1a”. The STVHCS provides comprehensive health care through acute medical, surgical, mental health, physical medicine and rehabilitation, geriatric, and primary care services.

Parking at the STVHC is a continuous challenging issue for patients.

The total budget for Fiscal Year (FY) 2010 was $673 million. Management stated that the FY 2010 was received October 22, 2009. The FY 2011 budget is $559 million. Management stated a reduction in funding was due to the Department of Veterans Affairs establishing a health care system south of San Antonio, Texas.

The Medical Care Collections Fund (MCCF) goal for FY 2009 was $25 million with a collection of $25 million. The goal for FY 2010 was $29 million with a collection of $30 million. The FY 2011 goal is $28 million and management states that the goal will be met. Management states that the FY 2011 budget is sufficient enough to maintain 2010 levels of services and staffing. Management states that not all specific purpose funding was received but the estimate received from the VISN Chief Financial Officer (CFO) is $104 million.

In FY 2010, the STVHCS reported the allocation of $63 million in Fee Basis Services and FY 2011, $48 million. The specialties that use Fee Basis Services are Dental Compensation and Pension (C&P) Primary Care, Podiatry, Nuclear Medicine, Surgical, Radiology, Medicine, Psychiatry and Polytrauma, Ophthalmology, Cardio, Psychiatry and Orthopedics.

The veteran population in the catchment area is 300,000. There are 90,000 enrolled patients at the STVHCS. There are currently 18,883 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There were 2,056 women veterans treated in mental health in FY 2010. In FY 2010, STVHCS completed 12,271 Compensation and Pension (C&P) examinations. Management states in FY 2011 there were 1,231 exams completed as of December.

The turnaround time for a C&P exam is currently 33 days. The C&P exams are performed on site at the Frank M. Tejeda Outpatient clinic. Management states that STVHCS does not contract providers for C&P exams.

Management states as of October 31, 2010, 59 employees have been mobilized in the National Guard and Reserve and 11 are still mobilized and 48 have returned from active duty. The STVHCS tracks OEF/OIF veterans in the Veteran Support Services Center (VSSC).

According to management, there are currently 3200 employees at STVHCSs. STVHC is a quaternary care facility which is affiliated with the University of Texas Health Science Center at San Antonio (UTHSCSA).

Management states that the parking at the STVHC is insufficient. A minor construction project has been submitted through the SCIP program. The Facilities Condition Assessment (FCA) assessed serious deficiencies within the medical center. The combined deficiencies are approximately $100 million in cost. Man-

The American Legion System Worth Saving
Management states that between the two campuses there is an ongoing construction program of $50 million per campus. Physical plant issues are identified and catalogued within the FCA database. They include such items as asbestos abatement; architectural deficiencies; handicapped accessibility; utility systems; vertical transport systems, building structure, mechanical, electrical and plumbing issues.

Long Term Care, Mental Health and Specialty Care

The STVHC has 244 authorized beds and all of the authorized beds are operational. The San Antonio Community Living Center (CLC) has 90 operating beds and Kerrville CLC has 134 operating beds. Currently there are 41 residents at the San Antonio CLC. There are 20 CLC beds out service at the Kerrville CLC temporary for construction and renovation projects. Management states that there is a separate locked and secured unit for Alzheimer patients at the Kerrville CLC with 50 operating beds.

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of women veterans. The woman veteran’s coordinator works closely with mental health and the homeless coordinators. The STVHC does not have a standalone women’s clinic.

The STVHC Mental Health Program currently has a rapid response team to ensure patients are seen in a timely manner after consults are written. The STVHC provided service for approximately 20,000 mental health patients in FY 2010. There are approximately 15 percent of OEF/OIF veterans assigned to the caseload of mental health patients. Management reported that in a 15 month period of June 2009 to August 2010 there were 10 confirmed suicides and two presumed suicides, six of those veterans were not under the care of mental health. All were male with the average age in the mid 50s. Management states that there is ongoing mental health research in their facility. Management states they do not have a number for Operation New Dawn veterans utilizing their facility. There was 1,189 active duty OEF/OIF veterans referred to the STVHC from the Center for the Intrepid. The STVHC classifies their OEF/OIF veteran’s service since November 1, 1998.

STVHC suicide prevention safety plan utilizes a behavioral flag for high risk patients which are reviewed weekly by a committee. There is a template suicide risk assessment on all inpatients and other as deemed clinically necessary. The suicide prevention coordinator triages phone calls, and participates in community outreach. A Mental Health Intensive Case Management System tracks seriously mentally ill patients who are seen three times each week at a minimum.

Traumatic Brain Injury (TBI)

Management states that there is a neuropsychologist and a neuropsychiatric on staff for screening of Traumatic Brain Injury (TBI) patients. The STVHC screens every patient for TBI. There have been 382 patients screened and diagnosed with TBI.

Post traumatic Stress Disorder (PTSD)

There has been a prolonged exposure therapy for PTSD added for long term recovery with evidence-based therapist for veterans suffering from PTSD. There have been 2,671 patients screened and diagnosed with PTSD.

OEF/OIF/OND Programs

Management states that in 2010 and 2011 they had numerous outreach events that extended into the communities reaching out to veterans and their families. There was the Yellow Ribbons, TAPS Briefing, University of Phoenix Career Day and New Veterans Orientation. There were 2,230 veterans that participated in outreach in FY 2010 and the number of veterans that participated in outreach increased to 3,767 veterans in FY 2011.

Community Based outpatient Clinics

There are almost 50,000 veterans enrolled at the CBOCs. The STVHCS has four CBOCs in North Central Federal Clinic, Frank Tejeda, South Bexar and Victoria Brick. The CBOC’s provide services such as primary care, Nutrition, Social work mental health along with various specialty services.

Veterans Affairs Voluntary Services

In FY 2010 the American Legion has 70 volunteers, American Legion Auxiliary has 86 volunteers with an additional 64 students volunteers. The volunteer hours in FY 2010 for the American Legion was 633 hours; American Legion Auxiliary volunteer hours are 783 hours with an additional 214 student hours.
Overview

The VA North Texas Health Care System (Dallas VAMC, VAN-THCS) is part of the Veterans Affairs Heart of Texas Health Care Network. Dallas VAMC is a tertiary care system classified as a complexity 1a facility which services include primary care, tertiary care, and long-term care in the areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics, and extended care.

Dallas VAMC is the third largest VA Medical Care System serving veterans. The facility has been providing care for over half a century.

Overall Challenges

The challenges for Dallas VAMC include parking shortage, shortage in staffing, increasing enrollment, and space constraints.

Fiscal

The budget for the Dallas VAMC for FY 2010 was $760 million. The facility received FY 2010 budget in February 2010. The current budget for FY 2011 is $811 million, which is an increase of $51 million. Management believes that the current FY 2011 budget will allow Dallas VAMC to maintain FY 2010 levels of service, open enrollment and increase of staffing levels as well as support the new Fort Worth Outpatient Center. The facility receives the FY 2011 budget authority in October 2010. Dallas reports FY 2011 appropriations amounts for each pillar for their facility are as follows: Medical $685 million, Facility $67 million and $58 million for Administration.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $45 million. The total MCCF collections for FY 2010 were $38 million. Currently, the collections goal for FY 2011 is $43 million. As of November 2010, the facility has collected 106 percent of their goal. Dallas VAMC falls under the Mid-South Consolidated Account Center (CPAC). As of November, FY 2011, Collections to billings was at 40 percent for the month, cumulative at 38 percent. Transition occurred in May 2010. The Mid-South CPAC (MSCPAC) has a Facility Revenue Manager and Revenue Technicians located at North Texas to assist in the MCCF process. A monthly call is held with the MSCPAC and North Texas VAMC leadership to discuss current status of MCCF operations and any issues that need to be resolved. The MSCPAC also travels to Dallas VAMC for face-to-face meetings to ensure a smooth transition and facilitate the change.

For FY 2011, management estimates $60 million of the overall budget will go towards Fee Basis Services which is a decrease amount of $10 million in FY 2010. The facility utilizes Fee Contract physicians for Occupational Health care services, Community Based Outpatient Clinics in Bridgeport, Eastland, Denton, Sherman, Paris, and Greenville; Medical Physicist, Radiation Oncologist, Plastic Surgeon, Ophthalmology, Otolaryngology Surgical services. Fee services are used in Dialysis, Community Nursing Home, Colonoscopies, Contract Hospital, Hospice Care, Mammograms, MOH procedures, Radiology procedures, and Dental.

Enrollment, Accessibility and Continuum of Care

The Dallas VAMC has nearly 500,000 Veterans in its catchment area. The facility has seen an increased enrollment of veterans from 153,090 in FY 2010 to 157,123 in FY 2011. In FY 2010 the facility serviced 1,291,634 outpatient visits and as of February 2011, the facility served 545,044 Veterans.

There were 14,813 completed exams for FY 2010. As of December 2010, there were 3,616 completed exams for FY 2011. The current turnaround times for examination to include the report is 44 days. The Compensation and Pension Exams that are sent to Dallas VAMC to be performed are completed by VA providers within the Dallas VA and Fort Worth facilities. According to management, Dallas has seen an increase in Mental Health examinations.
Staffing and Affiliations

Dallas VAMC has 4,545 employees, of those employees 1,428 are veterans. Management is currently recruiting for various clinical positions (RN, MD, physician assistant, health technician) as well as clerical and technical support positions. Dallas VAMC currently has a vacancy rate of 5.7 percent.

The Dallas VAMC has affiliations with the University of Texas Southwestern Medical Center at Dallas (UT Southwestern).

Physical Plant

Parking is insufficient at the Dallas VAMC. Management has submitted two Major and Minor parking garage projects. The facility is currently leasing parking to help address some of the shortages. They are also in the pursuit of purchasing additional property close to their Dallas Campus in order to relocate existing functions as way of relieving their current campus parking congestion. Dallas VAMC is also performing a parking and mobility study with LAN Consultants to investigate different options for moving people throughout the Dallas VAMC campus and satellite facilities. This study is designed to recommend solutions that will efficiently allocate parking and mobility resources, while keeping constraints in mind.

The current physical plant deficiencies includes; Deaerator Tank (DA Tank) Deficiency, Chill Water equipment replacement, Boiler and Boiler feed equipment replacement, all systems on emergency back-up power.

Long Term Care, Mental Health and Specialty Care

Dallas VAMC provides 135 Long Term Care (LTC) Beds and Bonham has 166 LTC beds. Currently, Dallas has 73 beds in use, and 62 out of service. Bonham has 116 in use with no beds out of service. The out of service beds are due to staffing shortages in nurses.

Dallas VAMC Mental Health Outpatient Services include treatment for Post Traumatic Stress and screening, counseling and treatment for Military Sexual Trauma (MST), Sexual Assault, Domestic Violence, Vocational Rehabilitation, and the Homeless Program.

All mental health patients are screened for suicide risk, some with the use of the Suicide Risk Assessment tool, others with a discussion of suicide risk documented in the progress notes.

Veterans who are thought to be at high risk for suicide because of a suicide attempt are flagged as high risk and they receive an enhanced care package to include more frequent contact with providers and/or the Suicide Prevention Coordinators (SPC). The SPCs manage the high risk veterans for a period of 90 days to ensure they are compliant with treatment goals. In the Comprehensive Homeless Programs, each program screens veterans and provides case management for those admitted to that program.

The Women Veteran’s Health Care Program provides programs and services to meet the unique needs of female Veterans. The VANTHCS offers services including a Women’s Wellness Clinic, Gynecology Services, Primary care, Patient Education, Reproductive Health Benefits, and Menopause Treatment. Dallas VAMC is currently embedding a Women’s Health Care Program Manager in every Primary Care Clinic. Currently there are nearly 7,000 women veterans enrolled at the facility.

Polytrauma/TBI

The Dallas VA is a Polytrauma Network Site, providing sub acute care for patients who have multiple injuries. Many of these patients have sustained a Traumatic Brain Injury as one of those injuries. The Dallas VA Polytrauma program offers a comprehensive approach to treatment, with evaluation and treatment by a physician, PA, neuropsychologists, nurses, physical and occupational therapists, speech therapists, recreation therapist, and chaplain. Two distinctive parts of this program are the Polytrauma Assessment Clinic, which provides several evaluations in a single half-day, and a Day Treatment Program aimed at providing cognitive rehabilitation to Polytrauma patients with TBI’s. Additionally, there is a weekly group for the graduates of the Polytrauma TBI Day Treatment Program, providing follow-up care for these patients. In FY 2010, North Texas served 343 OEF/OIF veterans with TBI.

Post Traumatic Stress Disorder

Dallas VAMC’s Mental Health Product Line offers veterans living with mental health illness services through one of seven interdisciplinary treatment teams. Each Mental Health Team is responsible for care across the continuum of service levels, i.e., inpatient, partial hospital, Substance Abuse Residential Rehabilitation Treatment Program, other Mental Health Rehabilitation-
tion Residential Treatment programs, including the domiciliary programs, outpatient, detoxification, Comprehensive Homeless Programs, and substance abuse programs. Some teams have their own specialty interest focus but all teams are expected to provide the gamut of mental health services. In FY 2010, Dallas VAMC treated 2,542 OEF/OIF veterans with PTSD.

Community Based Outpatient Clinics
Dallas VAMC operates eight CBOCs with the newest being the Fort Worth Clinic. During FY 2010, the CBOCs served 4,091 unique veterans. The outpatient clinics are located in Tyler, Sherman, Bonham, Bridgeport/Decatur, Denton, Eastland, Greenville and Fort Worth. The CBOC’s offer primary care; which include routine physical examinations, laboratory testing, prescriptions, immunizations, and preventive health maintenance.

OEF/OIF/OND
In FY 2010 Dallas VAMC conducted over 43 outreach events to include the annual Welcome Home Event, 11 Department of Defense (DOD) Post Deployment Health Re-assessment (PDHRA) Events and 13 Yellow Ribbon Reintegration Events.

Veterans Affairs Voluntary Services
In FY 2010, there were a total of 32 Regularly Scheduled (RS) volunteers for a total of 1,686 hours. The American Legion Auxiliary had 41 RS volunteers that served 2,419 hours.

As crucial as background checks are to the facility, the time it takes to bring on volunteers is discouraging and continues to be a challenge for Voluntary Service. As Human Resource expands to the new Personal Identity Verification (PIV) process for volunteers the time delay will continue to increase.

The Kiddie Kart is considered to be a best practice and was started by Teresa Hill, American Legion Auxiliary member. She saw a need as younger children began visiting the facility when accompanying their parents or grandparents to appointments. The Kiddie Kart services patient waiting areas and provides coloring books, crayons, pads, pens, pencils, puzzle books, playing cards, hygiene items, and toys. The intent of the Kiddie Kart is to bring a smile to each child’s face, decrease fear or stress, and create a positive experience for them. The Kiddie Kart was presented at the National Advisory Committee in 2010 and also on national monthly conference calls.
VISN 18

PHOENIX VA HEALTHCARE SYSTEM, PHOENIX, AZ

February 7-8, 2011

National Task Force Member: Phillip L. Driskill
National Field Service Representative: James M. Woodson, IV

SOUTHERN ARIZONA VA HEALTHCARE SYSTEM, TUCSON, AZ

February 10-11, 2011

National Task Force Member: Phillip L. Driskill
National Field Service Representative: James M. Woodson, IV
Overview
The Phoenix Veterans Affairs Health care System (PVAHCS) serves Veterans in Central Arizona and is located in Veterans Integrated Service Network (VISN) 18. The Phoenix VA Health Care System (PVAHCS) has cared for America's veterans in Phoenix for more than half a century. The Phoenix VAMC is a Level 1B facility that provides Complex Inpatient care.

The Phoenix VAMC has received several national and local awards for medical service in the Phoenix community. PVAHCS constantly receive high marks from the Joint Commission. The Phoenix VA Health Care System is accredited by numerous external organizations, the most significant being the Joint Commission.

Overall Challenges
The challenges for Phoenix VAMC include increasing rolling work stations, decreasing Information Technology budget, increasing space at a land-locked facility.

Fiscal
The budget for the Phoenix VAMC for FY 2010 was $430 million. The facility received FY 2010 budget monies on February 2010. Management requested supplemental funding for FY 2010 in the medical services appropriation to cover Fee Services. The request was for $4 million. The VAMC received the funding in less than two weeks from Veterans Integrated Service Network (VISN). The current budget for FY 2011 is $460 million which is an increase of $30 million from FY 2010. Management believes that the current FY 2011 budget will allow Phoenix VAMC to maintain FY 2010 levels of service, open enrollment and staffing levels. Management has expanded some programs to serve more Veterans such as Women's Health, Dental, Speech and Audiology, expansion for the North West Community Based Outpatient Center (CBOC) and OEF/OIF program. The facility has not received any information in regard to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $21 million. The total MCCF collections for FY 2010 were $22 million. Currently, the collections goal for FY 2011 is $22 million.

For FY 2011, 13 percent of the overall budget goes to Fee Basis Services. The projected budget for FY 2011 is $68 million. The facility utilizes Fee Services for Cardiovascular Surgery, Eye Care Radiation Oncology, Orthopedic Surgery, OB-GYN, and Trauma Care, Specialized Radiologic procedures such as PET scan, Neurosurgery, Cardiology, and Dental. PVAMC has not transitioned to the centralized Consolidated Patient Account Center located in Las Vegas. The consolidation is scheduled to take place in FY 2013.

Enrollment, Accessibility and Continuum of Care
There are currently 600,000 veterans in PVAHCS catchment area. Phoenix VAMC has 80,000 enrolled veterans at the facility. In FY 2010, the facility served 13,298 unique veterans and has 20,708 veterans currently utilizing the PVAHCS services. The average length of inpatient stay for medicine is 4.0 days, Surgery 4.0 days and Psychiatry is 8.0 days. PVAHCS has 15,000 OEF/OIF veterans enrolled at the facility. Currently, there are 6,061 OEF/OIF veterans are unique veterans. Approximately, 150 veterans are actively being case managed.

In FY 2010, the facility completed 22,846 Compensation and Pension (C&P) examinations. As of December 3, 2010, the facility completed 3,731 exams. Management predicts an increase in exam requests (VA Form 2507). The current exam requests are currently at the highest level in the past three years. The currently turnaround time for a complete C&P examination is 21 days. The exam has a zero percent return rate for inadequacies. The exams are performed by Veteran Affairs personnel. There is a 15 percent no show rate on C&P exams.

Staffing and Affiliations
According to management, there are currently 2,240 people employed at the PVAHCS and 635 of those employees are veterans representing 36 percent of the Full Time Employee Equivalents (FTEE). Management has recruited additional Veterans to fulfill...
Veterans Affairs Veterans Full Time Equivalents goal of 40 percent. In FY 2010, veterans represented 25 percent of FTE’s.

The VAMC is experiencing issues with recruitment for General Surgeon and Physicians. The facility has 247 employees that are in the National Guard and Reserves. Currently 5 employees are on Active Duty. Management is able to full those positions with the current staff.

PVAHCS is affiliated with 126 Institutions and 77 different disciplines for a total of 278 programs.

Physical Plant

Phoenix VAMC is currently in a parking space shortfall. To correct the issue, management has taken the following steps; submitted funding request for a $9.8 million multi-story parking garage, pursue leases for additional parking offsite, subsidize vanpooling and public transportation and provide bike lockers for employees that bike to work. The facility received $14 million in Stimulus Funding. The funding will go toward various infrastructure improvements.

According to the most recent Facility Condition Assessment (FAC) it will take approximately $47 million to correct infrastructure deficiencies. The Phoenix HCS is working on several large projects to address identified in the FAC. The facility has been awarded $2.7 million to upgrade the plumbing system. Additionally, the facility was awarded $6 million to replace electrical distribution and back-up power systems and awarded $3 million to replace an outdated air conditioning and humidity control equipment.

Long Term Care, Mental Health and Specialty Care

PVAHCS has 180 authorized beds. All 180 beds are currently in use. The facility has 96 operating beds in the Community Living Center (CLC). The unit is authorized to have 104 beds. In addition, PVAHCS can accommodate ten hospice patients in the CLC at any given time. Currently there is no waiting list for Long Term Care. The facility has recently established a new Tinnitus Clinic.

PVAHCS provides Bereavement services for 13 months following the Veterans death.

PVAHCS will be opening the Women Clinic this summer. The clinic will provide GYN specialty Care services. Currently, the GYN staffs are males with female students that will assist in the procedures. Currently, there are 5,000 Women veterans are enrolled at PVAHCS that will be utilizing the new clinic.

The Phoenix VA Health Care System offers the following Mental Health Programs: Outpatient Mental Health Clinic, Consult Stabilization Triage and Assessment Team (CSAT – Urgent Care), Inpatient Psychiatry (48 Beds) Medical Psychology including Smoking Cessation, Neuropsychology, Psychotherapy, Domestic Violence Treatment, Anger Management, Recreation Therapy, Homeless Program, Health Care for Homeless Veterans (HCHV), HUD/VASH, Compensated Work Therapy (CWT), Supported Employment, Mental Health Intensive Case Management (MHICM), Community Based Outpatient Clinics (CBOCs), Post Deployment Clinic (OEF/OIF), Suicide Prevention, Substance Abuse Residential & Rehabilitation (SARRTP), Substance Abuse Clinic (SAC), Local Recovery Coordinator, Home Based Primary Care (MH Component), Primary Care/ Mental Health Integration, Compensation and Pension Exams, PCT Clinic (PTSD). In FY 2010 Phoenix VAMC Mental Health Service Line served 17,656 veterans.

Post Traumatic Stress Disorder

Mental health programs include acute inpatient psychiatry, long-term inpatient psychiatry, Substance Abuse Residential Rehabilitation (28-day inpatient program), Specialized Inpatient Post Traumatic Stress Disorder (PTSD) Unit (usually 6-week program), a behaviorally disturbed dementia unit, Mental Health Clinic, Center for traumatic stress for PTSD and military sexual trauma, mental health in primary care, outpatient substance abuse treatment, clozapine clinic, ECT, dialectic behavior therapy, Psychosocial Rehabilitation and Recovery Center, memory disorders clinic for dementia patients, and mental health services community based outpatient clinics. In FY 2010, 1,988 OEF/OIF veterans were treated for PTSD.

Polytrauma/Traumatic Brain Injury

PVAAMC provides an initial medical intake within the dedicated Post Deployment Clinic which includes screening tools to assess for risk of having TBI, a question regarding retained shrapnel, other common medical and mental health concerns. This screening takes place within a primary care setting. TBI evaluations are performed for every veteran that has a positive screen. This evaluation includes a medical and Neuropsychological assessment. In FY 2010, 533 OEF/OIF veterans were treated and diagnosed with TBI.
OEF/OIF/OND
The PVAHCS staff provides outreach to the National Guard and Reserves, Yellow Ribbon Events, Individual Readiness Reserve Musters, Community Collaborations, Annual Welcome Home Events, and educational training events.

Community Based Outpatient Clinics
Phoenix VAMC operates seven Community Based Outpatient Clinics (CBOCs) throughout northern Arizona. The CBOC’s constitutes over 26,000 enrolled Veterans and 112,427 visits in FY 2010. Five of the CBOC’s are VA staffed. The CBOC’s are located in Buckeye, Globe-Miami, Southeast, Payson, Thunderbird, Show Low and Mesa. Services at the CBOC’s include Primary care, Labs, Mental Health and some Urgent Care.

Veterans Affairs Voluntary Services
In FY 2010, The American Legion has 112 volunteers and 353 American Legion Auxiliary volunteers. Sons of The American Legion have three volunteers for the same fiscal year. The American Legion provided 7,598 regularly scheduled (RS) hours, American Legion Auxiliary donated 160,086 hours in FY 2010. The Sons of The American Legion also contributed to 497 hours. PVAMC Veterans Affairs Voluntary Services (VAVS) currently is not experiencing any difficulties with recruitment and utilization of volunteers.
Overview
The Southern Arizona VA Health Care System (SAVAHCS) provides comprehensive health care service to over 173,000 Veterans located in 8 counties in southern Arizona and one county in western New Mexico. The SAVAHCS is a Level 1A regional referral center for VA facilities in the five surrounding states.

The Tucson VA Medical Center is a 285-bed teaching hospital that provides primary care and subspecialty health care in Surgery, Medicine, Neurology, and Mental Health. Advanced rehabilitation is provided through the Rehabilitation and Transitional Care Center and the Southwestern Blind Rehabilitation Center.

The Southern Arizona VA Health Care System is situated in VISN 18 which provides inpatient and outpatient care, specialty care, diagnostics, cardiothoracic surgery, interventional cardiology, interventional radiology, nuclear medicine.

Overall Challenges
The challenges for the Southern Arizona VA Health Care System include tightening budget caps, lack of FY 2012 budget guidance and increasing enrollment and outpatient visits.

Fiscal
The budget for the Tucson VAMC for Fiscal Year (FY) 2010 was $353 million. The facility received FY 2010 budget monies on February 2010. The current budget for FY 2011 is $392 million which is an increase of $40 million from FY 2010. The facility has seen an increase in medical services. Management believes that the current FY 2011 budget will allow Tucson VAMC to maintain FY 2010 levels of service, enrollment and staffing levels. The facility has not received any information regarding the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $16 million. The total MCCF collections for FY 2010 were $22 million. Currently, management anticipates collecting $22 million for FY 2011. For FY 2011, 7.8 percent of the overall budget goes to Fee Basis Services. The projected fee basis budget FY 2011 is $68 million. The facility utilizes Fee Services for Lab Tests, Radiation Oncology, Tele-radiology, Contract Nursing Home, Adult Day Care and Home care services.

Enrollment, Accessibility and Continuum of Care
SAVAHCS serves a Veteran population of about 173,058 unique veterans throughout southern Arizona and southwestern New Mexico. In FY 2010, SAVAHCS treated over 9,800 inpatients and had 660,000 outpatient visits. Tucson VAMC also serves as a major referral center for six facilities in VISN 18, providing specialty service to veterans. In FY 2010, Tucson served 52,100 unique veterans. In FY 2010 the facility had a total of 665,153 outpatient patients.

Tucson has seen an increase of 25 percent in Compensation and Pension Claims from FY 2009 to FY 2010. This is partially due to the new presumptive of Agent Orange. In FY 2010, Tucson completed 7,963 C&P exams. Year to date (YTD), the facility has completed 2,395 exams. The average turnaround time for a complete exam is less than 26 days. The facility offers overtime, weekend, and evening hours for providers to schedule and perform exams. Management is currently implementing the Disability Benefits Questionnaire (DBQ Initiative). The facility has a partnership with Ft. Huachuca and Davis-Monthan AFB this year in the roll out of the Integrated Disability Evaluation System (IDES) collaborative.

Staffing and Affiliations
According to management, there are currently 2,100 people employed at the SAVAHCS and 693 of those employees are veterans which represents 33 percent of the Full Time Employee Equivalents. The VAMC is experiencing issues with recruitment. The facility is currently at an 8-10 percent vacancy rate.

SAVAHCS is the principle teaching affiliate of the University of Arizona Colleges of Medicine, Nursing and Pharmacy. Tucson VAMC trains over 700 physicians, nurses, pharmacists and allied health students annually. The facility has 83 active programs from 46 academic affiliations.
Physical Plant
SAV AHCS has sufficient parking. Additional spaces are currently being added to meet expected outpatient workload increases. The Facility Condition Assessment (FCA) demonstrates approximately $40 million in correction cost to be distributed over 58 buildings and site utilities. This figure demonstrates 10 percent of the estimated replacement costs. The identified deficiencies are characteristic of a campus of similar age and there are no deficiencies that are considered emergent in nature.

SAV AHCS has a 361,000 square foot space need above and beyond the existing 978,000 square feet. The biggest physical plant issues will be securing the capital to address current and future clinical space needs.

Long Term Care, Mental Health and Specialty Care
Tucson VA Medical Center has 285 authorized beds throughout the facility. The break down includes, 67 beds in Medicine, 40 beds in Surgery, 28 beds in Psychiatry, Community Living Center total 96 beds, Southwestern Blind Rehabilitation accommodates 34 beds and Substance Abuse Residential Rehabilitation Treatment Program occupies 20 beds.

The SAVAHCS operates a stand-alone Women’s Health Clinic (WHC). The WHC has a separate hallway, waiting area, and entrance, providing safety, security, and privacy for women. Women veterans receive all services that are offered to men as well as specialized service such as OB/GYN. Obstetrical care is provided in the WHC until 36 weeks gestation or until the patient requires High Risk Obstetrics. The patient chooses her community provider, where she is covered through 6 weeks postpartum and her newborn is covered for seven days post delivery. General gynecological surgical services are available and specialty services are provided via Fee Basis or at SAVAHCS depending on availability. There is a Mammogram clinic in the WHC and usually schedules routine mammogram appointments concurrently. The SAVAHCS provides screening for osteoporosis and provides a Mental Health Psychologist in the WHC for women veterans. Additionally, services are available from pharmacy, social work, nutrition and all other disciplines as necessary.

The South West Blind Rehabilitation Center (SWBRC) is a 34-bed program that provides comprehensive and individualized blind rehabilitation to 380 Veterans per year. The SWBRC is able immediate admission for visually impaired Veterans needing comprehensive services. The SWBRC is only one of ten centers in the nation that provides Veterans from the surrounding states world-class, specialized training to improve their daily living skills.

Post Traumatic Stress Disorder
Tucson VAMC’s Mental Health Departments includes a PTSD Clinic Team to evaluate and treat veterans. The PTSD clinic consists of a six-bed sub-acute Early Brief Treatment PTSD Unit (EBTPU). In FY 2010, there have been 798 OEF/OIF veterans diagnosed and treated with PTSD.

Polytrauma/Traumatic Brain Injury
The SAVAHCS provides TBI screening and second level evaluations. Veterans who screen positive for TBI receive active case management and/or coordinated specialized care. The facility provides TBI and Polytrauma services via tele-health to rural veterans in Arizona and Texas. The program offers peer and family support groups and peer mentor training. The SAVAHCS Polytrauma program is actively engaged in community collaborations. Currently, Tucson VAMC has 240 veterans that have been diagnosed with TBI. The facility receives 12 positive TBI screenings a month.

OEF/OIF/OND
Tucson VAMC has 11,000 OEF/OIF/OND Veterans enrolled at the facility. Currently 5,000 Veterans are using the system. Outreach events include, Yellow Ribbon, Post Deployments Health Reassessment, Employment Workshops and Welcome Home Events.

Community Based Outpatient Clinics
SAV AHCS operates seven VA staffed Community Based Outpatient Clinics that are located in Yuma (3,824 patients), Casa Grande (2,365 patients), Northwest Tucson (5,227 patients), Green Valley (1,788 patients), Southeast Tucson (3,599 patients), Sierra Vista (4,810 patients) and Safford (809 patients), Arizona. Service at the CBOCs includes; Health Screening, Health Maintenance, Primary Care, Women’s Health, and Mental Health. The SAVAHCS now has five Psychiatrists located in CBOCs to expand Mental Health access to the entire catchment area. These professionals are located in Yuma, Casa Grande, Sierra Vista, South East Tucson and North West Tucson.

Tucson VA has established three Rural Health Care Coordination Centers (RHCCs) at Casa Grande, Yuma, and Sierra Vista.

Veterans Affairs Voluntary Services
During FY 2010, The American Legion contributed 11,163 regularly scheduled hours and 298 occasional hours during Fiscal Year 2010. The SAVAHCS maintains an active and innovative volunteer program. The volunteers provide a unique Volunteer Respite Program to assist caregivers of Veterans in meeting their needs.
individual needs. Additionally, the SAVAHCS is implementing a volunteer concierge program that will provide services and assistance to Veterans, their family members and other visitors throughout the inpatient and outpatient area. Volunteers provide support to a variety of mental health programs including HUD/VASH, Veterans’ Court and Inpatient PTSD treatment. The SAVAHCS volunteer program continues to recruit for volunteers for specialized positions and develop mechanisms to secure volunteer computer access in a more timely fashion.
VISN 19

VA EASTERN COLORADO HEALTHCARE SYSTEM, DENVER, CO
February 15-16, 2011
National Task Force Member: Todd E. White
Deputy Director for Health Care: Jacob B. Gadd
National Field Service Representative: Warren J. Goldstein

VA SALT LAKE CITY HEALTHCARE SYSTEM, SALT LAKE CITY, UT
April 26-27, 2011
National Task Force Member: William R. (Bob) Wallace
National Field Service Representative: Warren J. Goldstein
Overview

Since 1951, the Veterans Affairs Eastern Colorado Health Care System, located in Denver, Colorado has provided quality care to Veterans of the community and the surrounding areas. The Eastern Colorado Health Care System spinal cord, polytrauma program provides comprehensive care to patients who have suffered spinal cord, multiple traumas, and traumatic brain injuries suffered from combat. The system is a tertiary care facility accredited by Joint Commission (JC) and the Commission Accredited Rehabilitation Facilities (CARF) that provides a broad range of Inpatient and Outpatient health care services. The ECHCS has had tremendous success with its telemedicine program. The telehealth program allows Veterans in outlying areas to continue to receive quality healthcare such as telesurgical, tele-endocrinology, and teletherapy consultations. The ECHCS along with VISN 19 is the most advanced and best equipped in telehealth medicine. The VA Eastern Colorado Health Care System is a part of the Veterans Integrated Service Network 19, which includes facilities in Wyoming, Montana, and Utah.

Overall Challenges

The challenges for the Eastern Colorado Health Care System include having space in order to conduct treatment, provide parking for the rising number of patients within their catchment area and to have the capability to better serve the rising growth of the Veterans within ECHCS community.

Fiscal

The budget for the VA Eastern Colorado Health System for Fiscal Year (FY) 2010 was $354 million plus Special Purpose Funding. The facility received FY 2010 budget funding on February 18, 2010. The current budget for FY 2011 is $371 million which is an increase of $175,152.59 from FY 2010. The FY 2011 financial appropriations for the following sections within the facility were as follows: Medical received $316 million, Facility received $25 million, and Administration received $30 million. Administration at the VA Eastern Colorado Health System believes that the current FY 2011 budget will allow the system to maintain the same levels of service, open enrollment and staffing levels as it did in FY 2010. As a result of the small increase in the FY 2011 budget no services or programs had to be reduced and or eliminated. In order for the VA Eastern Colorado Health Care System to add programs and or services that effect the financial stability of the institution they must submit a business plan to the VA in Washington, D.C. for further review. Recent examples are the Cardiac Electrophysiology Program and the Da Vinci Surgical Robot program.

In FY 2010, $64 million or 18 percent and in FY 2011 YTD $21 million of the VA Eastern Colorado’s Health Care System’s budget went to Fee Basic Services. The system uses Fee and /or Contract Physicians for Ambulatory Care, Dental, General Medicine, Mental Health, Neurology, Rehab Medicine, Surgery, and Compensation and Pension.

The FY 2010 Medical Care Collections Fund (MCCF) goal for the VA Eastern Colorado Health System was $30.1 million and their FY 2010 actual was $30.6 million which exceeded their goal by $500,000. The collections goals for FY 2011 are $31 million and currently the facility is at $8 million YTD. The facility believes they will exceed their planned FY 2011 MCCF collection goals. Their expectation is to meet or exceed the targeted goals. The current plan is to transfer MCCF function to a Consolidated Patient Account Center (CPAC) to be located in Leavenworth, KS in FY 2012.

The VISN headquarters CFO provides staff ongoing assistance and guidance as needed and or requested.

Enrollment, Accessibility and Continuum of Care

There are approximately 420,000 veterans in Colorado. The ECHCS has approximately 129,000 veterans in their catchment area. They have experienced an increase of 7.7 percent unique veterans. In FY 2010, the medical center saw 67,832 individual patients for a total of 726,098 visits. The number of Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans that are enrolled in the program since the system started tracking in 2007-2008 is 14,926. There are 5,000 female veterans enrolled in the ECHCS.

In FY 2010, there were 12,565 compensation and pension (C&P) exams. In FY 2011, as of January 7, 2011 there were 3,637 C&P exams performed. The ECHCS C&P exams are predominately performed by VA staff with approximately 3 percent performed by their contracted vendor QTC Management, Inc. The turnaround time for
a C&P exam for the ECHCS was an average of 38.1 days. The facility is fully committed to reducing the timeframe of the C&P exams to 30 days by March 31, 2011. The Integrated Disability Evaluation System (IDES) exams are averaging approximately 42.7 days. The system goal was 45 days and they are achieving that goal with the assistance of QTC. The ECHCS has 20,402 Priority group 8 Veterans since the January 17, 2003 cutoff.

**Staffing and Affiliations**

ECHCS has approximately 2,200 employees including 32.8 percent military Veterans. The Eastern Colorado Health Care System's recruitment and retention incentives vary based upon position. The Healthcare System is primarily affiliated with the University of Colorado Denver health sciences programs. They offer residency training in all major medical and surgical specialties and subspecialties. Associated Health Training is offered in nursing, psychology, audiology, social work, dietetics, and pharmacy. Each year, the ECHCS supports the training of over 120 residents. In addition, approximately 450 medical students rotate through the facility for their clinical experiences. The education department coordinates the rotation of over 370 nursing students from local schools (UCHSC, Regis, CCD, Front Range, and Arapahoe Vocational). The medical center also provides training opportunities for paraprofessional and allied health students and is affiliated with 20 academic institutions, providing training in several different services.

**Physical Plant**

ECHCS has five current and near term approved construction projects including Miscellaneous Facility Improvements, Renovations to Inpatient Mental Health, Facility Condition Assessment, (FCA) and 11 Non-Reoccurring Maintenance (NRM) Corrections projects such as Research renovations to support office space needs, CLC restroom renovations, Fire Safety corrections, and various Facility improvements. The facility also has lease activities in two CBOC relocations. The leased locations are for the Colorado Springs Clinic and Lakewood Clinic, as well as one lease activity at the 40-Bed Homeless Domiciliary.

The medical center regularly conducts Facility Condition Assessments throughout the facility. Through this process the existing conditions for major building systems and equipment are highlighted and deficiencies are planned for correction. The current facility is aging and does not meet many of today’s new construction standards and plans. In order to correct these deficiencies the ECHCS has plans to build a replacement facility. The $800 million, 101 million square foot facility is expected to be completed in summer, 2014. However, groundbreaking for the new facility will not begin until approval of the 2011 Department of Veterans Affairs budget by Congress.

**Long Term Care, Mental Health and Specialty Care**

The ECHCS has 370 authorized beds and 131 operating beds. In the Community Living Center there are 100 authorized beds (60 Denver CLC, 40 Pueblo CLC). The Community Living Centers admissions process is by provider referral, veteran and family request through providers and community agency referrals. The ECHCS Community Living Center utilizes the Eden Alternative approach to provide patient-centered care such as no set visiting hours, short order grill dining, consistent assignments, pet therapy, and a home-like environment.

The Mental Health services at ECHCS follow standard VA policies and procedures to both screen for mental health problems in all Veterans as well as screening and case managing in identifying mental health patients. All patients, including those already in treatment are screened regularly for depression, Post Traumatic Stress Disorder (PTSD), Military Sexual Trauma (MST), Traumatic Brain Injury (TBI), and substance abuse. Each veteran treated in Mental Health is assigned to a Mental Health case manager who handles and coordinates treatment. The facility offers veterans a full range of mental health programs as required. The facility utilizes the National mental health safety plan (MHSP) as its suicide prevention safety plan. The facility has developed a companion MHSP planning brochure which matched the national clinician guide for MHSP. ECHCS has a full range of teaching programs for mental health care disciplines and has a very active research program.

The VISN 19 Mental Illness Research, Education and Clinical Center (MIRECC) are located on the Eastern Colorado Health Care and Salt Lake City, Utah campuses. The MIRECC is dedicated to the prevention and treatment of suicide with the goal of improving veterans’ mental and physical health and quality of life. They currently have 44 ongoing studies, 15 MIRECC projects that are funded, and 29 grants totaling $26 million to study suicide with the goal of reducing suicide in the veteran population. Collaboration between the MIRECC and ECHCS is robust and the Medical Center has provided the MIRECC with the strong support necessary to meet its mission.

The ECHCS was awarded $9.2 million dollars on September 28, 2010 from the Military Operational Medicine Research Program (MOMRP) for the establishment of the Military Suicide Research Consortium (MSRC) to enhance research in suicidal behaviors among active duty military personnel across all branches and veterans. The background and/or rationale of the MSRC is to produce new scientific knowledge about suicidal behavior in the military, use high-quality research methods and analyses to address problems in policy and practice, disseminate knowledge, information, and findings, and train future leaders in military suicide research.

The Denver VA, in collaboration with the VISN 19 Mental Illness Research, Education, and Clinical Center’s (MIRECC), is one of
four sites participating in the Suicide Assessment and Follow-up Engagement Veteran Emergency Treatment (SAFE VET) program. This is a clinical demonstration program which identifies Emergency Room Veterans who are suicidal but really do not need Inpatient Mental Health. This program provides a bridge for the veteran through their healthcare provider to seek treatment through Outpatient Mental Health Services and Outreach programs.

ECHCS also has in integrated women's health care program. The ECHCS has a 24/7 contractual agreements with University of Colorado Gynecologists to provide care. GYN surgeries are also performed at the VA in addition to other types of female surgeries. Through the Women's clinic, women have access to all the specialty clinics offered at the medical center.

**Post-Traumatic Stress Disorder (PTSD) Programs**

In FY 2010, 300 Veterans were diagnosed as having PTSD from their initial evaluation. ECHCS's Post Traumatic Stress Disorder (PTSD) and Residential Rehabilitation Treatment Programs (RRTP), and Life Skills Center underwent their first ever Commission Accredited Rehabilitation Facility (CARF) review and were given a three year accreditation. The facility follows the standard VA policies and procedures including the regular PTSD and MST screens of all its veterans. The diagnoses are done per chart review and clinical interviews and when indicated, utilization of standard PTSD diagnostic tools. The ECHCS follows recommended PTSD treatments including evidence based psychotherapies, supportive psychotherapy, individual and group treatment, psychopharmacology, dual diagnosis treatments when indicated. The facility also has a PTSD and RRTP residential program and treatment teams. The 19- bed in-facility PTSD program has a 45 day targeted stay.

**Traumatic Brain Injury (TBI) Programs**

The ECHCS performed 1,233 veteran evaluations for TBI. There were 235 Veterans diagnosed with TBI between Oct 1, 2009 and Oct 1, 2010. ECHCS is a secondary Polytrauma Network site which provides specialized, post-acute rehabilitation services. The system ECHCS interdisciplinary team has specialized training and provides proactive treatment for ‘Traumatic Brain Injury (TBI/Polytrauma) patients. Comprehensive evaluations for brain-injured veterans are completed by the Brain injury/Polytrauma team. If a veteran needs rehabilitation a polytrauma/TBI community Reintegration treatment plan is created. The plan includes treatment goals, recommendations, and case management at the appropriate intensity. The veteran's care is continued until the episode of treatment is complete.

On February 19, 2010 the ECHCS opened the new $3.2 million facility in Aurora, Colorado. The Jewell Polytrauma Clinic includes several innovative programs to treat patients who have more than one severe injury. The clinic will provide telehealth services and consultations to veterans who live in rural areas of Colorado. The Jewell Clinic provides state-of-the-art rehabilitative and prosthetic care. The clinic is home to the Physical Medicine and Rehabilitation Service, and the Prosthetic Treatment Center. The Clinics Outpatient services include the Polytrauma Program, Assistive Technology Program, Drivers Training Rehab, Outpatient Recreation Therapy, Regional Amputee Center, Rehab Audiology, Speech Pathology, and Voice Lab, Wheelchair Program, Orthotic and Prosthetic Lab, Shoe clinic, Brace Clinic, Amputee Clinic, Telemedicine wheelchair and Amputee Clinics, and the Visual Impairment Services Outpatient Rehabilitation Program (VISOR).

**OEF/OIF/OND Programs**

The ECHCS screens all Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans as they enter the ECHCS system. Currently, the program is receiving 300-310 OEF/OIF/OND unique veterans per month. The Program staff attends one to two outreach events per month such as yellow ribbon events, IRR musters, etc. The OIF, OEF and OND program offers family services in assisting veteran families with appropriate community services.

**Community Based Outpatient Clinics**

ECHCS provides Outpatient care services at nine Community Based Outpatient Clinics (CBOCs) located in Alamosa, Aurora, Burlington, Colorado Springs, Lakewood, La Junta, Pueblo, Lamar, and Salida, CO. The Primary Care CBOCs in the ECHCS offer an extensive range of treatments and surgical specialties with an emphasis on health care prevention. The ECHCS CBOCs in FY 2010 had 67,832 unique patient visits (7.7 percent increases from FY 2009) and in FY 2010 had 251,923 patient visits (12.7 percent increase from FY 2009). The ECHCS also has one Primary Care Telehealth Outreach Clinic in Salida, Colorado and one VA Ambulatory Surgical Services at the US Air Force Academy in Colorado Springs.

**Veterans Affairs Voluntary Services**

In FY 2009 and FY 2010, the American Legion contributed 166 volunteers for a total of 61,893 hours to the Volunteer Affairs Voluntary Services (VAVS) program. There were 140 volunteers from the American Legion for a total of 58,636 volunteered hours, 21 volunteers from American Legion Auxiliary for a total of 1,853 volunteered hours, and 5 volunteers from the Sons of The American Legion for a total of 1,404 volunteered hours. ECHCS volunteers provides services such as transporting patients, visiting patients, performing administrative support tasks, and assisting in recreational therapy. ECHCS has put together best practices to increase volunteering through their Morning Coffee and Greeter programs. The biggest challenges that ECHCS has in volunteering is recruiting younger volunteers.
Overview

The George E. Wahlen Veterans Affairs Salt Lake City Health Care System (VASLCHCS) is located in Salt Lake City, Utah. The VASLCHCS is a 121 bed 1b (complexity) tertiary care medical center facility consisting of the George E. Wahlen VAMC located in Salt Lake City and 8 Community Based Outpatient Clinics (CBOC) and two Outreach Clinics. The VASLCHCS provides healthcare to over 45,000 Veterans across one of the largest geographical areas in the VA healthcare system. The George E. Wahlen VAMC is a teaching and research facility that provides a full range of patient care services, holistic medicine, as well as education and research in partnership with the University of Utah and other hospital affiliated educational institutions.

The VASLCHCS is part of the Veterans Integrated Service Network (VISN) 19 Rocky Mountain Network, with facilities in Utah, Wyoming, Montana, Colorado, Idaho, and Nevada.

Overall Challenges

The VASLCHCS biggest challenge is the extreme rural environment of the catchment area which creates significant challenges for providing the specialty healthcare services needed by veterans in rural areas. Other challenges for the facility are space, parking and access. The Medical Center also has budget constraints to complete existing and planned projects and the inability to add FTEEs in order to handle the increased patient caseloads.

Fiscal

The budget for the VASLCHCS for FY 2010 was $344 million and $360 million which included Consolidated Mail Outpatient Pharmacy (CMOP). The facility received their FY 2010 budget in February and March 2010. The current FY 2011 budget which was allocated by the VISN was $356 million which is an increase of approximately $12 million. The FY 2011 financial appropriations within the facility were as follows: Medical received $301 million, Facility received $30 million, and Administration received $26 million. The VASLCHCS stated that they will not have enough funds in each of the appropriated accounts. They will require help from the VISN or Veterans Affairs Central Office (VACO). The facility will still have a short in funding and will require potential reduction in staffing and other areas to find savings to compensate for their budget shortfalls. The FY 2011 budget will allow the facility to maintain the same level of services and programs that they had in FY 2010. The VASLCHCS is drastically underfunded for special Full-Time Employee Equivalents (FTEEs) that were hired last year for the Patient Aligned Care Team (PACT) which will ultimately affect their staffing budget.

In FY 2010, $34 million dollars or 12.8 percent of their budget went to Fee Basis Services due to the geographical location for the veterans who receive care. The medical center is also sending veterans to other area hospitals for Orthopedic and Ophthalmology surgeries as a result of closing two Operating Rooms due to the renovations. In FY 2011 YTD $40 million or nine percent of the VASLCHCS budget went to Fee Basis Services. The facility mainly utilizes fee/contract physicians for surgical specialists, anesthesia, and obstetrics and gynecology (OB/GYN).

The FY 2010 Medical Care Collections Fund (MCCF) expected goal for the VASLCHCS was $30 million and their FY 2010 actual collections were $32 million which is $2 million more than their projected goal. The FY 2011 MCCF expected goal for the facility is $33 million and they collected $16 million YTD thru May 2011. In FY 2012, the VASLCHCS plans to transfer their MCCF function to a Consolidated Patient Account Center (CPAC) to be located in Leavenworth, Kansas.

Enrollment, Accessibility and Continuum of Care

There are approximately 205,000 veterans in the VASLCHCS catchment area. The VASLCHCS has seen 46,000 unique Veterans in the past year. There are approximately 11,000 Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) veterans in the VASLCHCS catchment area. As of February 28, 2011 there are 8,359 Veterans enrolled in the OEF/OIF/OND program. Of the 8,359 OEF/OIF/OND Veterans, 623 are female veterans.

The VASLCHCS has 15.5 FTEEs working in the Compensation and Pension (C&P) Department. In FY 2010 the medical center completed 5,434 C&P examinations. The medical center from October 1, 2010 through January 31, 2011 completed 1,801 C&P examinations. The facility utilizes contract providers and VA physicians and staff to complete their C&P exams. The average processing days (APD) to complete
a completed C&P exam is 33.9 days. There are approximately 1,700 hours from the Mental Health department that is dedicated to C&P examinations. The VASLCHCS has had 9,174 Priority 8 Veterans since the January 17, 2003 cutoff. During FY 2010, the Average Length of Stay (ALOS) for the nursing units was 5.21 days. The average length of stay for the substance abuse treatment center, rehabilitation unit, and inpatient psychiatry was 5.87 days.

**Staffing and Affiliations**

The VASLCHCS has approximately 2,156 employees including 642 employees or 27.8 percent that are veterans. The VASLCHCS has medical affiliations with the University Of Utah School Of Medicine, University of Utah College of Nursing, Utah State University, Weber State University, Brigham Young University, and the Salt Lake Community College. Over 500 residents, interns, and students are trained at the VASLCHCS each year. The VASLCHCS conducts associated health training in Dentistry, Pharmacy, Social Work, Psychology, Occupational and Physical Rehabilitation, Audiology, Physician Assistant, Dietetics, and Podiatry. Several of these training programs have incorporated into the Medical Center’s Geriatric Research Education and Clinical Center (GRECC). The GRECC at the VA Salt Lake City Health Care System is one of twenty-one centers of geriatric excellence that are located throughout the United States.

**Physical Plant**

The VASLCHCS has $15 million for deferred maintenance in order to correct their physical plant deficiencies. The Medical Center currently has 25 non-recurring maintenance projects scheduled to be corrected for approximately $70 million. The facility has approximately 38 future construction projects for FY 2011 for approximately $63 million. The Medical Center’s Facility Condition Assessment (FCA) deficiencies are approximately $28 million. The VASLCHCS FCA identifies physical plant deficiencies that include water distribution lines, primary electrical distribution lines, chilled water distribution lines, soft water distribution lines, HVAC units, boiler replacement, steam distribution lines, and elevator replacement. The physical plant issues and deficiencies reflect deterioration of age and the need to replace the systems with upgraded material or equipment that will allow the systems to support the Medical Center without continuing system failures and emergency downtime.

The VASLCHCS currently has a plan in place to construct a three phase parking garage to accommodate 700 parking spaces. The facility’s phase one construction of the parking garage is to start in spring of 2011. This initial phase will provide approximately 340 parking spaces. The Medical Center is planning temporary parking to minimize the impact of the parking garage construction which replaces an existing parking lot. The VASLCHCS also has plans in FY 2011 to construct a Fisher House on the campus.

**Long Term Care, Mental Health and Specialty Care**

The George E. Wahlen VAMC has 121 authorized beds including a 15 bed Residential Substance Abuse Unit. The Medical Center has currently two Mental Health beds out of service due to construction. The facility has also had to occasionally close beds due to construction, equipment repair or lack of staffing. The VASLCHCS does not have a Community Living Center (CLC) on campus. The VASLCHCS does have an 81-bed State Operated Veterans Home on the Medical Center Campus, and a 120-bed veterans’ home in Ogden, Utah (40 miles away). Through annual inspections and reporting of untoward events their staff has oversight of those two State Veterans Homes. The Medical Center has two designated hospice/palliative care beds that are housed on the Acute Medical Unit however, no designated unit for end of life. Most of the hospice/palliative care beds are contracted through the State Veterans Homes.

The VASLCHCS Mental Health department has approximately 160 employees all trained in the therapies that provide seamless and integrated care to the veterans within their catchment area. The facility is increasing the inpatient mental health unit from 21 beds to 33 beds and the substance abuse residential treatment unit from 15 beds to 30 beds in order to meet significantly increased demand for these services. The changes that have taken place within the mental health program is the reorganization of the mental health staff into multidisciplinary teams that include psychiatrists, psychologists, social workers, and Advanced Practical Registered Nurses, (APRN), and multidisciplinary staff members on the Inpatient unit which increased unit structure/guidelines, and patient and staff safety. The Mental Health department screens their mental health patients and case manages at their daily care coordination meetings, which meets every weekday to review and coordinate all mental health patient treatment services. In order to meet the demand of mental health services, the VASLCHCS built a 32,000 square foot Outpatient Mental Health Treatment Center. The VASLCHCS has established the first mental health court at the Federal level within the United States.

The suicide prevention program has seven employees to help reduce the suicide ideations of their veterans. The VASLCHCS has 182 veterans out of 11,000 veterans being treated through their mental health program that are on their high risk for suicide list. There have been 160 suicide attempts in a 16 month period (March 2009-July 2010). There have been 11 completed
suicides in the same period (March 2009-July 2010). The program conducts monthly community outreach activities each month to promote suicide prevention. The facility provides current and past monthly suicide prevention information, letters, and calendars to high risk veterans.

The VASLCHCS has an aggressive homeless program for their veterans within their catchment area. They have 20 staff members to coordinate and assist in the several outreach programs to assist veterans within their communities. The VA currently provides 172 Grant and Per Diem (GPD) beds/units that are operated by community based agencies within the VASLCHCS catchment area. In 2010, there were 339 veterans on any given night that were homeless and 1,695 veterans had an episode of homelessness throughout the year within the VASLCHCS catchment area of East Central Nevada, South East Idaho, and Utah.

The VASLCHCS has a woman's veteran's health care program which is designed to meet their primary care and gender specific medical care of nearly 2,000 women veterans. The Women's Veteran population within the catchment area is as follows: 3,543 women veterans enrolled, 2,184 unique women veterans seen, 1,108 women veterans treated in the CBOC and 618 women veterans that are OEF/OIF veterans. The clinic has a women's health care provider assigned to each of the VASLCHCS CBOCs. The women's health care clinic is 3,600 square feet that includes six exam rooms located within the Medical Center. The clinic has a dedicated staff that conducts several outreach programs throughout the year that is designed to meet the physical, spiritual, and mental health needs of its women veterans.

**PTSD Programs**

The VASLCHCS offers their Veterans Post Traumatic Stress Disorder (PTSD) clinical treatment through their Mental Health Department. The goal of the PTSD program is to provide time limited effective PTSD treatment to return veterans to functional status in the community. The facility has a PTSD clinic with 11 clinicians to assist the veterans’ treatment of PTSD. Based on data from the VA there were approximately 2,270 unique OEF/OIF veterans with potential PTSD that was seen at the VASLCHCS between 2002 to the end of FY 2010. The PTSD clinic is highly integrated with the facility's OEF/OIF/OND Program. The PTSD treatment is tailored to each veteran based on individualized treatment recommendations. The outpatient PTSD treatment begins with a referral to a mental health prescriber for the review of possible pharmacological intervention. Veterans are also referred to the PTSD Orientation class which provides treatment options. Evidence based treatments (EBT) such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are discussed and offered to Veterans. The VASLCHCS offers several outreach programs to try and combat the veterans PTSD such as music programs, nature walks, skiing, and boating.

**TBI Programs**

In FY 2010, the VASLCHCS screened 174 veterans for Traumatic Brain Injury (TBI) and 47 were found to be positive (diagnosed with TBI). The VASLCHCS has a 98 percent TBI screening rate for all returning veterans. The screening is performed within three VA clinic visits and is done by various providers using the VHA mandated TBI Clinical Reminders. The TBI program is part of an interdisciplinary team consisting of two Physical Medicine and Rehabilitation Physicians, one Neuropsychology & Mental Health provider, one Speech and Language provider, one Physical Therapist, one Occupational Therapist, one Social Work Case Manager, and one Registered Nurse. The veteran participates in an interdisciplinary clinic that is a "One stop shop" for their treatment and care. The "one stop shop" consists of being seen by seven providers in a four-hour clinic that provides education and written treatment plans through an overlap between the OEF/OIF, Polytrauma, and Mental Health and PTSD teams. The VASLCHCS provides outreach through its active adaptive sports and retreat skiing program which promotes veterans physical activity and a medium for recovery. This model also fosters social interaction in a non-traditional mental health setting.

**OEF/OIF/OND Programs**

The VASLCHCS has a dedicated OEF/OIF/OND clinic located within the hospital to provide the highest quality of care and offers a wide range of services to all returning combat veterans. The OEF/OIF/OND program has a Post Deployment Integrated Care Clinic (PDICC) in which every returning combat veteran is assigned to a Primary care physician, Combat Case Manager and a Psychologist to manage Post Traumatic Stress Disorder and Mental Health issues. The Medical Center started an Addiction Psychiatry Fellowship with the University of Utah in order to better serve returning combat veterans with complex co-occurring conditions such as PTSD, TBI, and chronic pain. The VASLCHCS participates in several outreach events such as at state fairs, welcome home events, and collaborates with the Utah Department of Veterans Affairs at events at Hill Air Force Base. The program also sponsors several musters at the local Army Guard/Reserve, Air National Guard Readiness Center and Marine Corps Reserve units.
**Community Based Outpatient Clinics**

The VASLCHCS has eight Community Based Outpatient Clinics (CBOC) and two Outreach Clinics that are assigned to the George E. Wahlen VAMC. The CBOCs are located in Idaho Falls, Idaho, Pocatello, Idaho, Elko and Ely, Nevada, Saint George, Fountain Green, Nephi, Price, Orem, Roosevelt, Western Salt Lake, and Ogden, Utah. The services that the CBOCs offer are: primary care/case management, automated drug dispensing, social work, mental health/counseling, tele-health/retinal imaging, tele-psychiatry, smoking cessation, etc. In FY 2010, the VASLCHCS CBOCs had 109,851 visits to their CBOCs.

**Veterans Affairs Voluntary Services**

The Veteran’s Affairs Voluntary Service (VAVS) program at the VA Salt Lake City Health Care System is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. Their mission is to provide voluntary assistance and financial support to medical centers and outpatient clinics that will contribute to the delivery of high quality care to their Veterans. In FY 2010, there were 15,252 volunteer hours. The American Legion had 12,935 hours, the American Legion Auxiliary had 2,090 volunteer hours, and The Sons of the American Legion had 227 hours. The biggest challenge that the VASLCHCS has is the need to appoint an American Legion Auxiliary VAVS representative or deputy for the American Legion Auxiliary thus making it difficult for them to allow for their young adults to participate in some of the facility’s service projects. The VAVS program best practice is encouraging all new volunteers to select an organization to credit their hours rather than allowing them to select “Unaffiliated” as their organization of choice. This has allowed the new volunteers to become familiar with various Veteran Service Organizations (VSOs) and support the ones they have chosen. Another best practice is that the VASLCHCS has an active young adult volunteer network who has logged 943 regular scheduled hours and 467 occasional volunteer hours in FY 2011. The facility has established internships for high school students to shadow staff in clinical and administrative areas.
VISN 20

ALASKA VA HEALTHCARE SYSTEM, ANCHORAGE, AK
April 18-19, 2011
National Commander: Jimmie L. Foster
National Task Force Member: Past National Commander Ron Conley
Deputy Director for Healthcare: Jacob B. Gadd

VA PUGET SOUND HEALTHCARE SYSTEM-SEATTLE DIVISION, SEATTLE, WA
May 23-24, 2011
National Task Force Member: Phillip L. Driskill
National Field Service Representative: James M. Woodson, IV

PORTLAND VA MEDICAL CENTER, PORTLAND, OR
May 26-27, 2011
National Task Force Member: Phillip L. Driskill
National Field Service Representative: James M. Woodson, IV
Overview

The Alaska Department of Veterans Affairs (VA) Healthcare System includes an Anchorage VA Outpatient Clinic and five other Community-Based Outpatient Clinics in Fairbanks, MatSu/Wasilla, Juneau, Kenai and Homer. In addition to providing outpatient services at the Anchorage VA Outpatient Clinic, the facility also has a Department of Defense (DoD)/VA Joint Venture with 60 VA Medical Center Full-time Employee Equivalents (FTEE) in the Elmendorf Air Force Base Hospital. The Alaska VA Healthcare System is a part of Veterans Service Integrated Network (VISN) 20 which includes facilities in the state of Alaska, Washington, Oregon and Idaho.

Overall Challenges

The challenges for Alaska VA Healthcare System include fee-basis or purchased care and outreach and care for rural Alaskan veterans. Another challenge is the FY 2012 budget which may cause a shortage of mental health and homeless veterans' program staff.

Fiscal

The budget for the Alaska VA Healthcare System for Fiscal Year (FY) 2010 was $139,401,435. Since the Alaska VA Healthcare System is an outpatient system, the Veterans Equitable Resource Allocation (VERA) funding model and allocation model does not account for this difference, and the facility receives an Alaskan Adjustment of close to $10 million annually from VISN 20. Last year, the facility received their Alaska Adjustment on October 19, 2010. In FY 2011, it came as Specific Purpose funding directly from VA. In previous years, the Alaska Adjustment came in the facility’s targeted allowance from VISN 20. The facility received FY 2010 budget monies in February 2010. The current budget for FY 2011 is $113,716,726 plus SP funding. The facility does not know the FY 2011 total because they are still receiving SP TDAs which is expected to be distributed to the facility throughout the end of the this year. Currently, the facility has received $125,648,947 which includes Medical Care Collection Funds (MCCF), but does not include non-recurring maintenance. Management believes that the current FY 2011 budget will allow the Alaska VA Healthcare System to maintain FY 2010 levels of service, open enrollment and staffing levels.

The FY 2010 MCCF goal was $17,567,214. The total MCCF collections for FY 2010 were $17,592,266 million. Currently, the collections goal for FY 2011 is $18,436,862 million. Management believes they are on target to meet the collections goal. However, the facility is currently transitioning into the West Consolidated Patient Account Center (CPAC) and 10 staff has already been transferred to different positions and now works under the CPAC.

For both FY 2010 and 2011, about 35-45 percent of the overall budget goes to Fee Basis Services. This equates to approximately $40-45 million each year. The Alaska VA Healthcare System currently has on-station fee basis and contract physicians for dental, psychiatry, orthopedic surgery and internal medicine. The facility total fee expenditures in the following amounts: $19,302,259 for inpatient, $16,457,104 for outpatient, 6,094,182 for Emergency Room, $2,043,828 for Community Nursing Homes and $4,007,559 for dialysis, state veteran home, homemaker/home health, compensation and pension and dental. The total for fee expenditures for FY 2010 was $48,904,932. An Office of the Inspector General (OIG) report in 2009 found that 600 of the 15,770 Alaskan veterans were forced to travel to the lower 48 states for care. The policies of the Veterans Health Administration require VA Medical Center facilities that purchase care outside of their facility to first utilize a VA Medical Center within their VISN, a Department of Defense (Military Treatment Facility) before contacting into the community for care. Alaska has geographical challenges in following this policy and the facility is working with VA Secretary Eric Shinseki and Dr. Robert Petzel, VA’s Under Secretary for Health to develop local access to quality care.

Local initiatives that the facility is making to address veterans having to leave to the State of Alaska include several initiatives. In June 2010, the facility began to authorize Oncology care in the local community. Since that date, the facility has served 128 veterans for local oncology care needs. In addition, the facility is authorizing inpatient not available at Alaska VA facilities or Air Force Joint Venture facilities. These veter-
ans are informed of care at VA tertiary facilities as well as local options. VA Nurse Care Managers provide care coordination for all referrals in the VA tertiary care system as well as local options. In addition, the facility is working closely with the VA Puget Sound Health Care System in Seattle to develop more telehealth and e-consult capability to minimize or avoid veterans needing to travel to Seattle, WA for consultation.

Enrollment, Accessibility and Continuum of Care
The total veteran population in the catchment area is 77,025. In FY 2010, there were 29,751 patients enrolled in the Alaska VA Healthcare System with 16,336 total unique patients and 158,249 VA Outpatient Clinic visits.

There are currently 5,657 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn registered veterans with 2,425 empanelled to Primary Care, or 43 percent. There were 958 empanelled to Mental Health (39 percent), 98 for substance abuse (10 percent) and 496 with both Post Traumatic Stress Disorder (PTSD)/Substance Abuse. The facility has 5,149 Priority Group 8 veterans in their systems that have applied since the January 17, 2003 cutoff. The facility has worked with the Health Eligibility Center (HEC) in Atlanta, GA to notify veterans that are eligible for enrollment by sending a letter. In FY 2010, The Alaska VA Healthcare System had 2,803 enrolled women veterans with 1,725 unique women veteran patients.

In FY 2010, the Alaska VA Healthcare System completed 4,771 Compensation and Pension (C&P) examinations. The turnaround time for a C&P exam is currently 33.5 days. The C&P exams are performed by VA staff and some exams are fee-basis to QTC.

The facility in April of 2011 implemented several tele-health initiatives for hepatitis, amputee/wound care, diabetes, nutrition, retinal, dermatology, PTSD, Traumatic Brain Injury (TBI), Depression and Anxiety. The facility’s rural veteran population includes 61 highly rural veterans, 36 rural veterans and 120 urban veterans for a total of 217 rural veterans.

Staffing and Affiliations
According to management, there are currently a total of 545 FTEE with 98 vacant positions in the Alaska VA Healthcare System. The facility has said that in FY 2012 they are limited in the hiring of new employees due to the constraints with the FY 2012 budget. The facility currently has a freeze (cap) on hiring of any new FTEE. The Alaska VA Healthcare System is recruiting for several positions. VA is currently regionalizing the hiring process which will make it more difficult for veterans and other applicants to apply for jobs locally at the Alaska VA Healthcare System.

Physical Plant
The Alaska VA Healthcare System has three future projects – domiciliary replacement (Major Construction), mental health building (Major Construction) and a new parking garage (Minor Construction). In the VA Facility Condition Assessment (FCA), the Alaska VA Healthcare System has $822,378 of deferred maintenance costs spread out among six buildings (valued at $30.2M). Items include painting, flooring, asphalt repair, and energy efficiency (light bulb replacement). The largest single item is the replacement of the fire alarm panel at the Domiciliary that is nearing the end of its life cycle. Based on VA criteria, the Alaska VA has no seismic corrections to complete.

VA/DoD Joint Venture
Since 1999, VA/DoD has had a joint venture between the Alaska VA Healthcare System and Elmendorf Air Force Base. VA contributed $11 million toward construction of the hospital and over 70 VA full-time employee equivalents (FTEE) staff work in the hospital adjacent to VA’s Anchorage VA Outpatient Clinic. DoD/VA both contribute to Joint Incentive Funds for projects of mutual interest and development whether construction of new buildings and sharing of medical equipment and supplies. Close to 75 VA full-time employee equivalents (FTEE) are staffed within Elmendorf hospital in the Emergency room and Intensive Care Unit. Both DoD/VA update their joint venture agreements every three years and issue joint policy letters and have monthly joint venture business committee meetings.

Long Term Care, Mental Health and Specialty Care
The Alaska VA Healthcare System does not have any inpatient beds because they are an outpatient facility. The facility does not have an Alzheimer’s/Dementia unit or palliative care beds. The facility has offered end-of-life/hospice care through the Contract Nursing Home (CNH) program to an average of two veterans per month. The facility accepts all of the requests for nursing home care for veterans who have a terminal illness if they meet the Medicare definition of Hospice Care. The facility does not operate a nursing home or provide lodging for family members. Social work staff provides information to veterans and their family members about VA and community resources for long term care needs and make referrals to appropriate agencies.

Through the Respite Care program, the facility sends an aide into the home for all eligible veterans to relieve caregivers who need an opportunity to leave the home for a few hours each week. The facility provides up to 30 days for caregivers of veterans who are eligible for the Contract Nursing Home (CNH) when the caregiver needs to travel or needs a break for several weeks a year. There is also a monthly caregiver support group.
for family members of veterans or for veterans who are caregivers of family members.

The Alaska VA Healthcare System is continuing to work toward VAs Five-Year Plan to End Homelessness. Currently, the facility reported that there were 258 homeless veterans. The Department of Housing and Urban Development (HUD) has 309 homeless veterans that meet their criteria. The facility said there were 747 veterans that were intermittently homeless. The facility is working closely with HUD to provide an accurate count of the numbers of homeless veterans so the facility can provide assistance. The homeless program is currently understaffed by six positions and the facility is in the process of hiring several homeless outreach counselors, vocational rehabilitation, compensated work therapy and VA supportive housing (VASH) positions.

The Alaska VA Healthcare System also has a Domiciliary which is a 50-bed residential facility for homeless veterans in Anchorage. The Domiciliary provides psychosocial rehabilitation services with a primary care focus of ongoing rehabilitation for veterans. To date, approximately 2,700 veterans have been provided care through the Domiciliary. The domiciliary is currently 86 percent full and there are two homeless women veterans in the facility.

The Alaska VA Healthcare System has a full-time Women’s Health Comprehensive Primary Care Provider which provides a variety of care and services to meet the comprehensive needs of women veterans. There are women only Shared Medical Appointments (SMAs) that focuses on chronic diseases. Services include: primary care, gynecological care, and health and wellness screenings. Specifically, the clinic offers the following services: birth control, cancer screening, infertility evaluation and treatment, mammograms, management of chronic medical conditions, maternity care for fee, stop smoking, mental health management of depression, anxiety, stress, adjustment from deployment, counseling and treatment, vocational rehabilitation, links to job and career counseling and a Managing Obesity in Veterans Everywhere (MOVE) program.

**Traumatic Brain Injury (TBI)**

The Alaska VA Healthcare System VAMC is a Polytrauma Level IV Site. They provide screening, assessments, diagnosis and treatment for Traumatic Brain Injury (TBI) through their neurologists and psychiatrists. There are currently 328 patients enroled in Primary Care that screened positive for TBI. The initial screening for TBI is conducted in Primary Care and if the veteran screens positive, they are referred to a secondary screen by a neuropsychologist. The facility provides an interdisciplinary approach to care for TBI and other co-occurring disorders through speech, cognitive, behavioral and occupational therapies.

**Post Traumatic Stress Disorder (PTSD)**

The Alaska VA Healthcare System works with Primary Care and the OEF/OIF/OND Program Manager to coordinate care across different interdisciplinary teams and services. The facility hired a PTSD/Substance Abuse psychologist. The facility works with the individual veterans to develop a goal based on their wishes and develops a comprehensive treatment plan. The facility provides evidence-based therapies- Cognitive Processing Therapy, Prolonged Exposure (PE), Eye-Movement Desensitization Reprocessing, PTSD treatment classes and group therapy. The facility calls their therapy sessions “classes” which help veterans that are receiving group therapy. These classes include: PTSD 101 and PTSD Symptom Management Class. The facility also uses prozosin, which is a treatment recommended by VA’s Mental Health Illness, Education and Clinical Center (MIRECC).

**Suicide Rates**

Management reported from the Suicide completion report that in FY 2010, there were 47 attempts, 8 suicide deaths. Two of the eight veterans who committed suicide were receiving mental health services at the time. Currently in FY 2011, there have been 16 suicide attempts and two suicide deaths. The two veteran suicide deaths were not receiving mental health services. The facility has a Local Suicide Prevention Coordinator that works with the VA mental health clinic to develop patient safety plans and conduct suicide prevention outreach and initiatives in the community.

**OEF/OIF/OND Programs**

The OEF/OIF/OND Coordinator and staff participate in outreach initiatives such as Demobilization briefings and the Yellow Ribbon Program to provide transitioning veterans with information about VA benefits and services. The transition advocate tracks the date of intro clinic, the deployment health screens, name of the primary care provider and whether they need a mental health assessment and the date. The facility has one OEF/OIF/OND Program Coordinator and two specific mental health PACT social workers that coordinate and track appointments and care.

**Community Based Outpatient Clinics**

The Alaska VA Healthcare System has Community Based Outpatient Clinics (CBOCs) in five other Community-Based Outpatient Clinics in Fairbanks, MatSu/Wasilla, Juneau, Kenai and Homer. The Fairbanks CBOC has 2,440 enrolled patients and is recruiting for two Primary Manager FTEE and one Psychiatrist (FTEE). The MatSu/Wasilla opened in April 2009 and
is fully staffed with 1,200 enrolled patients. This clinic is an extension of the Kenai clinic. The Juneau CBOC opened in October, 2010 and has 240 veterans enrolled and is fully staffed. The Kenai CBOC is currently recruiting for one Mental Health Provider (FTEE) with 1,302 veterans enrolled. The Homer VA Outreach Clinic opened in December 2009 and has a weekly Monday clinic and is an extension of the Kenai clinic. By activating the MatSU, Homer and Juneau clinic, 88 percent of Alaskan veterans reside in a borough with a VA clinical presence. In addition, 85 percent of all veterans live within an hour of VA primary and mental healthcare.

Veterans Affairs Voluntary Services

In FY 2009, there were a total of 18 regularly scheduled (RS) volunteers for a total of 3,590 hours. In FY 2010 there are 28 regularly scheduled (RS) volunteers, which are 10 new volunteers. Challenges facing volunteers currently include the new competency requirements being generated frequently which require additional effort for the volunteers to complete the enrollment process for becoming a volunteer. The registration/front desk is staffed by volunteers that are doing a great job helping veterans with questions with filing a claim, where to register, locations of clinics and other requests. The American Legion’s 2010 National Commander’s Volunteer of the Year award was presented to Ms. Crucelina Vrabel, an American Legion Volunteer at the Anchorage VA Clinic.
Overview
The Veterans Affairs Puget Sound Health Care System (VAPSHCS) is part of the fast-growing Veterans Affairs Northwest Network (VISN 20), which includes facilities in Washington, Oregon, Idaho and Alaska. The Puget Sound Health Care System (VAPSHCS) is a two division facility that is located in Seattle, Washington.

Puget Sound HCS is nationally recognized Centers of Excellence for Epilepsy, Geriatric Research, Health Services Research and Development, Mental Illness, Multiple Sclerosis Education, Rehabilitation for Amputations, Prosthetics and Limb Loss Prevention, Substance Abuse Treatment and Spinal Cord Injury Treatment. Puget Sound HCS is a Polytrauma Level 2 Center.

Overall Challenges
The challenges for Puget Sound Health Care System are increasing enrollment and workload, staffing shortages and space shortages and parking.

Fiscal
The budget for the Puget Sound HCS for FY 2010 was $566 million. The facility received FY 2010 budget monies allotments during February 2010. The current budget for FY 2011 is $650 million which is an increase of $94 million from FY 2010. The breakdown for each appropriation breaks down to: medical $549 million, Facility $50 million and Administration is $51 million. Management believes that the current FY 2010 budget will allow Puget Sound HCS to maintain FY 2010 levels of service, open enrollment and staffing levels. Puget Sound HCS has over 50 programs for which they have received fenced funding. The facility spent $14 million on Beneficiary Travel in FY 2011 which continues to increase annually. Management has not received any information in regards to the FY 2012 budget.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $37 million. The total MCCF collections for FY 2010 were $37 million. Currently, the collections goal for FY 2011 is $40 million. Management anticipates exceeding the collection goal. Puget Sound has not transitioned to the West Consolidated Patient Account Center which will be located in Las Vegas. The consolidation is scheduled to take place in April 2012. As it stands, 40 employees will be affected by the consolidation. Some employees will remain on site, others will be relocating to Las Vegas and the remaining will be transferred to various departments at the facility.

For FY 2010, $39 million of the overall budget goes to Fee Basis Services. For FY 2011, the fee budget increased by $10 million. This increase is due to the loss of three health care providers. Therefore the facility has to utilize contract services.

Enrollment, Accessibility and Continuum of Care
There are nearly 460,000 veterans currently residing in Puget Sound’s catchment area. In FY 2010, Puget Sound HCS treated 80,609 veterans which are up from 9.9 percent from FY 2009. For FY 2011, the work load has increased by 6 percent from the previous year. The facility has seen an increase in enrollment due to the economy’s impact on veterans. Management anticipates those numbers to increase in FY 2011. The health care facility had 9,773 admissions and 800,000 outpatient visits. The facility completed 1,557 inpatient and 4,818 surgical procedures.

There are currently 8,048 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn Veterans at Puget Sound HCS. There are 6,572 women veterans enrolled at Puget Sound. The facility has 80,609 unique veterans.

In FY 2010, VAPSHCS completed 5,282 Compensation and Pension (C&P) exams. As of April 2011, the C&P Office completed 3,085 exams. Management reports that there are 3-4 exams request per VA-Form 2507. The facility receives 400 exam requests per month and the average turnaround time is 23 days. Management report less than one percent return rate for inadequacies.
Staffing and Affiliations

According to management, there are currently 3,656 people employed at the Puget Sound HCS and 1,157 (375 Disabled veterans) of those employees are veterans which represents 32 percent of the Full-Time Employee Equivalents. The hard to fill positions includes nurses, dermatologists and pathologists. Management would like to see a more streamlined hiring process. On average it takes about 30 days to hire a nurse and up to six months to a year to hire specialty physicians. It is a challenge due to the other medical facilities in the Seattle area. To assist in the recruitment, Human Resources provide job fairs at the local military bases in the Seattle Area.

Puget Sound has a primary academic affiliation with the University of Washington and maintains affiliations with over 50 other educational institutions. The facility provides training to over 600 medical residents in 43 specialty areas.

Physical Plant

In FY 2010, several plans were finalized to renovate many of the buildings at American Lake and Seattle divisions. Large construction projects like the new emergency room, magnetic resonance imaging buildings and a hospital entrance in Seattle have already begun and are nearing completion within the next few months.

VAPSHCS also has plans to construct a parking structure to alleviate the parking space shortage. The VAPSHCS received a Women’s Health Enhancement fund from Central Office/VISN to remodel 10 private inpatient rooms.

Long Term Care, Mental Health and Specialty Care

The American Lake campus houses the Community Living Center (CLC). The 222,000 square foot CLC was completed in December of 2010 and provides 83 long-term care beds. Currently the facility is operating at 62 beds. The CLC also provides Hospice and Palliative care beds. Puget Sound has over 160 veterans that are receiving nursing home care in the community. The new CLC is partitioned to several wards, which include Rehabilitation and the Dementia Unit.

The Homeless Veterans Programs has housed over 900 veterans in the past three years. There are nearly 2,100 homeless veterans in Puget Sound’s HCS catchment area. The programs have received 640 HUDVASH vouchers in FY 2011. In FY 2010, the program utilized 126 Grant Per Diem Units. Currently, VAPSHCS has 162 units. Most veterans stay between 6-12 months in Grant Per Diem transitional housing.

The American Lake Blind Rehabilitation Center (ALBRC) is a 34-bed program that provides comprehensive and individualized blind rehabilitation to 380 veterans per year. The ALBRC is able immediate admission for visually impaired veterans needing comprehensive services. The ALBRC is only one of ten centers in the nation that provides veterans from the surrounding states world-class, specialized training to improve their daily living skills.

VAPSHCS offers comprehensive care for women veterans at stand-alone clinics at both American Lake and Seattle Divisions and at the community clinics. VAPSHCS contends for the Pilot Program to provide Day Care Services when veterans have appointments. Currently 5,675 Women veterans are receiving primary care at the clinics. The facility also provides contract Obstetrics and Gynecology (OB GYN) services.

Post Traumatic Stress Disorder

VAPSHCS provides Post Traumatic Stress Disorder (PTSD) group and individual counseling services. They include evidence based treatments such as prolonged exposure treatment, cognitive processing therapy, motivational interviewing, and cognitive behavioral therapy. Medication management is offered as needed. In FY 2010, 1,448 veterans has been diagnosed and treated with PTSD. According to management, 70 percent of veterans with PTSD receive medication to help them manage sleep problems. Psycho Therapy is more powerfully and more efficient to veterans. Puget Sound HCS also provides a PTSD Outpatient Clinic which includes Methadone Clinic.

Polytrauma/TBI

The VA Puget Sound HCS hosts the VISN 20 Polytrauma Network Site (PNS). PNS’s offer continued care and rehabilitation services for veterans and service members who are transitioning closer to home following discharge from a PRC. PNS programs are also the entry point for rehabilitation services for those who have experienced a mild-moderate Traumatic Brain Injury (TBI) or polytrauma injury. Depending on need, these services may be provided on an inpatient or outpatient basis. At VAPSHCS, 4,688 veterans have been screened and 782 have a diagnosed for TBI.

The Seattle Division has an Independent Living Apartment which creates a real world experience to help Veterans learn the skills needed to return home. The Polytrauma Rehabilitation Centers includes a Therapy Pool, balance equipment, spin bikes, etc. In spring of 2012, the Rehabilitation Center will provide a walk climbing wall.

OEF/OIF/OND

Outreach continues to be a major component of connecting with returning OEF/OIF/OND veterans. Each year, VAPSHCS
hosts an annual Welcome Home Celebration and Yellow Ribbon Events in honor of their service and to provide them with information regarding their VA benefits. At this event, 600 new veterans were enrolled in FY 2010.

**Community Based Outpatient Clinics**

VAPSHCS operates a total of three Community Based Outpatient Clinics which are located in Mt. Vernon, South Puget Sound and Bremerton, Washington. VAPSHCS has a contract with Valor to provide three community clinics in the Seattle area. The Valor Clinics are located in North Seattle, Federal Way and Bellevue. Service at the CBOCs includes: Health Screening, Health Maintenance, Primary Care, Women’s Health, Mental Health, Lab Services and Social Work services. Currently there are 58,058 veterans enrolled at the Puget Sound’s CBOCs.

**Veterans Affairs Voluntary Services**

The Veterans Affairs Voluntary Service program (VAVS) at the VA Puget Sound Health Care System is a customary service entity that provides assistance to inpatients, outpatients, family members and staff throughout the system. In FY 2010, the VAVS program had 470 volunteers. The program had a total of 18,208 volunteer hours that was represented by the American Legion. The challenges that the VAVS program experiences are: Administrative requirements such PIV badge processing, youth volunteers denied ability to perform jobs that require VA computer access, spending donated funds due to contracting/purchasing requirements, and workload in regards to fielding new volunteer inquiries. The best practices that the VA Puget Sound Health Care System VAVS program has are: American Lakes Veterans Golf course, Tahoma National Cemetery volunteer program, VA Puget Sound Navigators, and Fine Dining Events.
Overview

Portland VA Medical Center is a tertiary care, teaching, and research facility which is classified by Veterans Health Administration as a 1a complexity level facility. The Medical Center serves as the quaternary referral center for Oregon, Southern Washington, and parts of Idaho. Portland V AMC is a part of the fastest growing Veterans Integrated Service Network (VISN) 20 in 2011.

The Vancouver, Washington division of the Portland V AMC is located across the Columbia River. The campus houses primary care and long-term rehabilitation programs, including substance abuse services and skilled nursing facility.

Overall Challenges

The Portland V AMC challenges includes: increasing enrollment, recruiting veterans initiative, space shortage, inadequate parking, unfunded mandated programs, hard to recruit positions and increasing benefits travel budget.

Fiscal

The budget for the Portland V AMC for FY 2010 was $542 million. The current budget for FY 2011 is $592 million which is an increase of $50 million from FY 2010. The facility has seen an increase in medical appropriation monies. Management anticipates that the current FY 2011 budget will allow Portland V AMC to maintain FY 2010 levels of service, enrollment and staffing levels. With the current Veterans Equitable Resource Allocation review, the VISN is estimating that PV AMC will receive a five percent budget increase over FY 2011. In FY 2011, the facility received $162 million in Special Purpose Funding. PV AMC’s Benefits Travel budget is $6 million for FY 2011.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $30 million. The total MCCF collections for FY 2010 were $29 million. The FY 2011 collection goal is $30.8 million. As of April, the facility has collected $20 million and is on target to meet goal. PV AMC has not transitioned to the centralized Consolidated Patient Account Center located in Las Vegas. The consolidation is scheduled to take place in April 2012.

Currently, $57 million of the overall budget goes to Fee Basis Services. The facility is currently utilizing fee services for Primary care and Psychiatrist Locums, Anesthesiology, Ophthalmology, General Surgery, Neurosurgeon, Urology, Cardiothoracic Surgeon, Liver Transplant Surgeon, ER Doctors and Radiologists.

Enrollment, Accessibility and Continuum of Care

Portland V AMC has experienced significant growth in recent years. Total unique veterans users at the facility have grown from 37,026 in FY 2001 to 66,765 in FY 2009, an 80 percent increase. In FY 2010, the facility served 9,000 unique veterans and 10 percent of those unique are women veterans. PV AMC has 11,000 Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) Veterans enrolled. Currently, 187 OEF/OIF/OND veterans are actively being case managed.

In FY 2010, PV AMC completed 12,695 Compensation and Pension (C&P) examinations. As of April 30, 2011, the C&P office has completed 6,234 for the fiscal year. The exams are performed by a combination of VA staff, fee examiners and in FY 2010, some locum tenens. As of October 1, 2010, PV AMC started using QTC which is a contracted company that performs some of the backlogged exams. The current turnaround time for a complete C&P for FY 2011 is 18.8 days. Less than 1.1 percent of the completed C&P exams are returned for inadequacies. PV AMC provides a Clinical Director that reviews all staff and fee examiners before the exam are submitted to the Regional Office. PV AMC has the ability to process 11,000 claims per month.

Staffing and Affiliations

According to management, there are currently 3,014 people employed at the Portland V AMC and 908 of those employees are veterans which represents 30 percent of the Full Time Employee Equivalents. Portland V AMC is currently having difficulty staffing some specialty physicians, particularly pulmonologist, gastroenterologist, night-time staff, spe-
The VAMC is experiencing issues with recruitment at the Hazard Community Based Outpatient Clinic (Rural Location). The facility is currently at an 8-10 percent vacancy rate.

Portland VAMC sits adjacent to its affiliate, Oregon Health and Sciences University, and the Doernbecher and Shriner Children’s Hospitals. Over 1,200 University residents, interns, and students are trained at the PVAMC.

**Physical Plant**
The current FY 2011 Non-Reoccurring Maintenance (NRM) budget is $10.6 million. The projects include: operating room remodel, research lab upgrades and phase 2 of the Women’s Clinic. The Physical Plant is in good condition. The main Portland Building was opened in 1988 so some of the building equipment is starting to age. Management recently replaced the main chillers and is in the process of replacing the main cooling towers and the emergency generators.

Providing adequate parking for patients, visitors, and staff remains a significant challenge at PVAMC. To improve access to care for veterans and deconstruct the parking and clinic space, the majority of primary care and basic mental health care services have been moved from the medical center to the metro clinics.

**Long Term Care, Mental Health and Specialty Care**
PVAMC operates 83 inpatient beds. The Community Living Center (CLC) provides 72 beds. Currently all beds are filled and there is a waiting list exist for Home and Community Based Programs such as Home maker/Home Health Aide and Contract Adult Day Health Care. The facility also maintains eight Hospice and seven Palliative care beds.

Portland VAMC Suicide Prevention team consists of two Suicide Prevention Coordinators, one Social Worker, and one Program Support Specialist. For FY 2011, PVAMC had 14 veteran suicides and 83 attempts. Last year, the facility had nine veterans that committed suicides and 89 attempts.

The PVAMC offers a full range of services, including: Acute inpatient services, Residential treatment for substance abuse and homelessness, Methadone maintenance, Substance abuse care, PTSD specialty services, Medication management and outpatient counseling for most general psychiatric conditions, Vocational rehabilitation, Homelessness, Rural services, Neuropsychological Assessment, Milieu based recovery programs, and Mental Health services integrated into Primary Care Clinics.

There are roughly 7,000 women veterans receiving Primary care at the PVAMC. This care is provided through the stand alone Women’s Health Center (WHC). The WHC offers a number of services to women Veterans to include Mental Health, Gynecology Services, Primary care, Patient Education, Reproductive Health Benefits, and Menopause Treatment.

**Post Traumatic Stress Disorder**
PVAMC provides Post Traumatic Stress Disorder (PTSD) group and individual counseling services. They include evidence based treatments such as prolonged exposure treatment, cognitive processing therapy, motivational interviewing, and cognitive behavioral therapy. Medication management is offered as needed. In FY 2010, 1,448 Veterans has been diagnosed and treated with PTSD.

**Polytrauma/Trumatic Brain Injury**
PVAMC has a polytrauma clinic that works exclusively with veterans who suffer from multiple concerns related to Traumatic Brain Injury (TBI) and other traumas. The clinic is not based in mental health, but mental health staff participates in clinic activities. The clinic also provides neuropsychological assessments of TBI cases. In FY 2010, 6,000 veterans were screened for TBI and 1,028 OEF/OIF veterans were diagnosed with TBI.

**OEF/OIF/OND**
Outreach continues to be a major component of connecting with returning OEF/OIF/OND veterans. Each year, Portland VAMC hosts an annual Welcome Home celebration and Yellow Ribbon events in honor of their service and to provide them with information regarding their VA benefits.

**Community Based Outpatient Clinics**
Portland VAMC has eight Community Based Outpatient clinics Oregon. The CBOC consists of; Bend, East Portland, Salem, North Coast, Hillsboro and Dallas. The CBOC’s can provide primary care, primary and subspecialty care, mental health care or any combination of health care delivery services that can be provided in an outpatient setting. There are currently 54,674 Veterans enrolled at the CBOCs.

**Veterans Affairs Voluntary Services**
During FY 2010, 980 volunteers served 138,898 hours. The total value of volunteer contribution to the medical center was $3 million or equates to 67 full time positions for a year. Veterans Service Organizations and individuals from the community donated $215,820 in cash donations and $1 million in item donations.

The VAVS operates the American Legion Auxiliary (ALA) Holiday Gift Shop. The annual ALA Holiday Gift Shop was started at PVAMC 71 years ago (in 1939) and continues to be an enormous success. This year the shop had 632 veterans that received 4 gifts each (one for themselves and 3 for family members). The one week program received $50,000 in donations.
VISN 21

VA PALO ALTO HEALTHCARE SYSTEM, PALO ALTO, CA
February 28-March 1, 2011
National Task Force Member: Jeanette Rae
National Field Service Representative: Denise L. Bullock, M.Ed

SAN FRANCISCO VA MEDICAL CENTER, SAN FRANCISCO, CA
March 2-3, 2011
National Task Force Member: Jeanette Rae
National Field Service Representative: Denise L. Bullock, M.Ed
Overview
The VA Palo Alto Health Care System (VAPAHCS) has three inpatient facilities located in Palo Alto, Menlo Park and Livermore. VAPAHCS is a level 1A facility within the Veterans Integrated Service Network (VISN) 21. There are seven outpatient clinics that provide medical care and cutting-edge technology. VAPAHCS is a regional treatment center and has a Polytrauma Rehabilitation Center, Spinal Cord Injury Center, Comprehensive Rehabilitation Center, Traumatic Brain Injury Center, Western Blind Rehabilitation Center, Geriatric Research Educational and Clinical Center, Homeless Veterans Rehabilitation Program and the National Center for Post Traumatic Stress Disorder.

Overall Challenges
Management states there will be a limited increase in budget, with a continuous workload.

Fiscal
The total budget for FY 2010 was $755 million. Management stated that the FY 2010 budget authority was received in February 2010. The FY 2011 budget is estimated at $827 million. Management states that the FY 2010 levels of services for enrollment and staffing are sufficient. The procedures for eliminating or adding programs or services are discussed with the VAPAHCS Strategic Planning Council, which is composed of upper management. In FY 2010, 5.4 percent of the budget went to Fee-basis service. The Fee basis service was used for anesthesiology, internal medicine, emergency medicine, extended care, gastroenterology, radiology, ophthalmology, and urology.

The Medical Care Collections Fund (MCCF) goal for FY 2009 was $22 million with a collection of $28 million. The goal for FY 2010 was $31 million with a collection of $28 million. The FY 2011 goal is $29 million. VAPAHCS is a Level 1 lead Polytrauma Rehabilitation Center and had received additional funds for staffing.

In FY 2010, VAPAHCS reported the allocation of $48 million in Fee Basis Services and in FY 2011, $46.2 million. Management states that fenced funding of $16 million was designated for the medical staff; special purpose funding of $28.2 million was designated for prosthetics and $841 for veterans outreach and domiciliary readjustment counseling. Fee Basis Services were used for Adult Day Health Care, Cardiology, Chiropractic Care, CT Scan, Dental, Home Health PT, Home Health, RN, Home Hospice, Homemaker/Home Health, Mammography, Neurosurgery, OB/GYN, Ortho, Pet Scan, Physical Therapy, and Radiology.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area for FY 2010 is 218,621. There were 89,398 enrolled patients at VAPAHCS in FY 2010. There are currently 4,293 veterans enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND). The facility has 4,328 Priority Group 8 veterans waiting for enrollment since the January 17, 2003 cutoff. In FY 2010, management stated that there were 9,735 (VA Form 2507) Compensation and Pension (C&P) requests from VBA which could include multiple exam requests for each VA Form 2507 request. In FY 2011 through January 31, 2011, there were 2,932 completed C&P exams. The turnaround time for a C&P in FY 2010 was 28.15 days. In FY 2011 there has been an improvement in the system allocating for 27 days. The C&P exams are performed by a mixture of staff, fee basis, and contract providers.

Staffing and Affiliations
According to management, there are currently 4,221 people employed at their facility and 804 of those employees are veterans. The VAPAHCS has an affiliation with the Stanford University School of Medicine and numerous other teaching institutions. In FY 2010, there were over 1,300 residents, interns, and students trained.

Physical Plant
Management states that the Palo Alto and Menlo Park Divisions have significant parking constraints. There are two approved parking structures for the Palo Alto Division to
Long Term Care, Mental Health and Specialty Care

VAPAHCs has a total of 905 authorized beds. There are a total of 833 operating beds with 72 temporarily out of service. There are 360 CLC operating beds with 424 authorized and 280 beds that are filled. There is a separate Alzheimer and Dementia Unit with 16 beds in Palo Alto. There are 35 beds for Hospice, 20 dedicated beds in Palo Alto, five dedicated beds in Menlo Park, and 10 beds in Livermore. There is no distinction between Palliative Care and Hospice care. Management states that both inpatient and home hospice can be contracted out based on the need of the veteran.

Management states that in FY 2010, VAPAHCs has treated 2,309 unique Mental Health patients, with 15,730 visits. There were 1,249 Acute Psychiatry Inpatient admissions. The VAPAHCs Mental Health Service is supported by six clinical services, Psychiatry, Mental Health Nursing, Psychology, Social Work, Recreation Therapy and Domiciliary services. Management states the coverage of primary care clinics by mental health providers integrated into primary care team decreasing the stigma and increase access. Management reported that there were 4,293 OEF/OIF unique veterans seen in FY 2010.

The facility has a full-time Women Veterans Program. In FY 2010 there were 3,122 women enrolled and 487 are OEF/OIF veterans. Management states that there are chaperones present during sensitive exams irrespective of the gender of the provider. The services provided to the women veterans are gender specific and tailored for the unique needs of woman veterans.

Management reported that in FY 2010, there were 133 attempted suicides and three completed suicides. Management states that all new nurses receive a one-hour training session in suicide assessment and intervention. The new employees are trained in recognizing signs of suicide and expediting an assessment by a mental health clinician or mental health emergency clinic.

Traumatic Brain Injury (TBI)

Management states of the 4,318 transitioning veterans, six veterans were treated and diagnosed with TBI. There is acute comprehensive interdisciplinary inpatient rehabilitation, highly specialized level of care designed to treat patients. The primary emphasis is to provide time-limited and goal-oriented programs. The Polytrauma System of Care (PSC) case management program consists of nine case managers, Polytrauma Rehabilitation Center (PRC) has two case managers and a caseload of six, Polytrauma Transitional Rehabilitation Program (PTRP) has 1 case manager with a caseload of 12, Polytrauma Network Site Palo (PNS) Alto has three case managers with a caseload of 40. The VAPAHCs has received additional funding for staffing for the PRC. There were 62,566 unique patients treated in FY 2010 at VAPHCS.

Post Traumatic Stress Disorder (PTSD)

Management states there were 4,318 transitioning veterans and 187 veterans were diagnosed and treated for PTSD. VAPAHCs Management states that all patients are screened for PTSD. Once a veteran is identified with PTSD there is a full assessment done within 14 days. Evidence-based psychotherapies, including Cognitive Behavioral Therapy, Prolonged Exposure or Cognitive Processing Therapy is offered at all clinics. There is a Men’s and Women’s Trauma Recovery Program located in Menlo Park has 40 male beds and 10 female beds. Gender specific treatment for Women with PTSD and/or post deployment issues are offered in the Women’s Trauma Recovery Program.

OEF/OIF/OND Programs

Management states that in 2010 and 2011 they had 25 Outreach events that extended into the communities reaching out to veterans and their families. Outreach is provided to community colleges, local Army Reserve and National Guard Units, Blue Star Moms and Project Hired. Management states that the outreach program attends all mandated VA outreach events. There were 308 veterans in FY 2010 and 76 veterans FY 2011 as of April 2011 that participated in outreach.

Community Based Outpatient Clinics

In FY 2011 through Jan 2011, there are 43,756 unique veterans enrolled at the CBOCs. The CBOCs clinics are in San Jose, Monterey, Modesto, Stockton, Sonora, Capitola, and Fremont. The CBOCs include comprehensive primary care, mental health, and EKG, telehealth, and laboratory services at all seven clinics.

Veterans Affairs Voluntary Services

In FY 2010, the American Legion had a total of 9,184 volunteer hours. The American Legion Auxiliary had a total of 8,834 of volunteer hours. Management stated that there was a total monetary donation of $26,846, in-kind donations valued at $55,880, for a grand total of $82,726 in FY 2010. Management states a best practice is the ability to support the needs of the OEF/OIF/OND service members and their families and the youth volunteer navigator summer program and the Operating Room (OR) and Emergency Room (ER) volunteer liaison program.
Overview
The San Francisco VA Medical Center provides patient care to veterans living in an 8 county area of Northern California. The San Francisco VA Medical Center is a Complex inpatient “Surgical level 1A” within the Veterans Integrated Service Network (VISN) 21. The facility offers community outpatient care in six community outpatient Clinics (CBOCs).

Overall Challenges
San Francisco VAMC is land-locked with parking issues for veterans and staff. The infrastructure of the building is over 50 years of age with ongoing seismic issues.

Fiscal
The total budget for Fiscal Year (FY) 2010 was $478 million. Management stated that the FY 2010 budget authority was received February 2010. The FY 2011 budget is estimated at $501 million. Management states that the FY 2010 levels of services for enrollment and staffing levels is sufficient. Management states that FY 2012 will have a three percent increase but the conversion to CPAC will be hard to achieve.

The Medical Care Collections Fund (MCCF) goal for FY 2009 was $14 million with a collection of $14 million. The goal for FY 2010 was $17 million with a collection of $14 million. The FY 2011 goal is $15 million. The fenced funding for FY 2011 was for appropriations in medical, facility and administration. In FY 2010, the SFVAMC reported the allocation of $26 million in Fee Basis Services and $27 million in FY 2011.

Enrollment, Accessibility and Continuum of Care
The veteran population in the catchment area is 139,498. There are 46,977 enrolled patients at the SFVAMC. There are currently 6,556 veterans enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF)/Operation New Dawn (OND). There are 7,598 women veterans enrolled at the MEDVAMC. The facility estimated there are 9,667 Priority Group 8 veterans in their system, as of November 22, 2010. In FY 2010, management stated that there were 10,624 completed Compensation and Pension (C&P) examinations and in FY 2011 there were 1,501 as of January 2011. The turnaround time for a C&P exam is currently 22.3 days. Management states that the majority of C&P exams are performed by the MEDVAMC and approximately five percent of these exams are performed by a VA consultant.

Staffing and Affiliations
According to management, there are currently 2,453 people employed at their facility and 768 of those employees are veterans. The San Francisco VA VAMC is a teaching hospital with state of the art technology. The facility is affiliated with the University of California, San Francisco. The San Francisco VAMC funds residency and fellow positions and provides a rotation system throughout the Medical center for trainees.

Physical Plant
Management states that parking is insufficient for patients, visitors and staff. The parking deficit is currently at 700 spaces. There are currently two funded projects for parking. The SFVAMC currently has a cost of $81 million in Seismic deficiencies with an approved funding of $280 million. The current challenge is space for expanding future programs and veteran’s services at the facility.

Long Term Care, Mental Health and Specialty Care
The SFVAMC has 120 long term care beds and 104 beds are operational due to construction and space shortage. There currently 10 beds for Palliative Care beds and Hospice, that are used between the two specialty programs. There are also four beds
used for respite care. Management states that there is a waiting list for long term care. Veterans that are eligible for Millennium Bill they are contracted in a community nursing home when beds are not available in the CLC.

Management states that the SFVAMC treated more than 10,000 unique veterans in various Mental Health programs in SFVAMC and the mental health clinics in CBOCs. SFVAMC management states there has been a comprehensive overhaul of initial entry into the outpatient mental health are to design a veteran-centered Access Center. This outpatient service compliments our acute inpatient care and psychiatric emergency service providing a comprehensive entry point for veterans experiencing mental health concerns at all levels of severity.

The facility has a full-time Women Veterans Program and is designed to accommodate the hospitals growing female veteran population. There are currently 765 women veterans enrolled in the clinic. The services provided to the women veterans are gender specific and tailored for the unique needs of woman veterans.

Management reported that in FY 2010, there were 67 attempted suicides and 8 completed suicides. The SFVAMC has three dedicated suicide prevention coordinators (SPC) who provide comprehensive education, prevention, intervention and community outreach services for the main hospital and CBOCs.

**Traumatic Brain Injury (TBI)**

Management states that the TBI screening is performed in primary clinics and patients are referred to TBI clinics for further screening. There is a joint collaboration effort between Neurology and Mental Health Services in developing a new TBI clinical and research consortium. Management states that 2,300 veterans were screened for TBI and 300 screened positive and 193 received secondary evaluations.

**Post traumatic Stress Disorder (PTSD)**

Management states that 800 were treated for PTSD with approximately 5 percent of those being OEF/OIF/OND veterans, were treated and diagnosed with PTSD. The SFVAMC management states that PTSD screening is performed throughout the medical center and patients are referred to Rapid Response or directly to the Access Center. All veterans are referred to the PTSD Clinical team after initial evaluation.

**OEF/OIF/OND Programs**

Management states that in 2010 and 2011 they had 18 Outreach events that extended into the communities reaching out to veterans and their families.

**Community Based Outpatient Clinics**

There are 19, 497 unique veterans enrolled at the CBOCs. There are six CBOC’s located in downtown San Francisco, Eureka, San Bruno, Santa Rose, Ukiah, and Clearlake. CBOCs include comprehensive primary care, mental health, and EKG, telehealth, and laboratory services at all six clinics.

**Veterans Affairs Voluntary Services**

In FY 2010, the American Legion had a total of 973 volunteer hours. The American Legion Auxiliary had a total of 2,460 volunteer hours. Management stated that there was a total monetary donation FY 2010 for the American Legion Auxiliary was $1,087. The SFVAMC has a best practice of 54 Regular Scheduled Volunteer Transportation Network Drivers that contributed 12,000 hours of driving.
VISN 22

VA GREATER LOS ANGELES HEALTHCARE SYSTEM, LOS ANGELES, CA

March 2-3, 2011

National Task Force Member: William R. (Bob) Wallace
National Field Service Representative: Brian J. Bertges
Overview

The VA Greater Los Angeles Healthcare System (GLA) is located in Los Angeles, California. The GLA is a tertiary health care facility providing a full range of patient care services, with the exception of obstetrical care. West Los Angeles VAMC is designated as a Complex Inpatient surgical complexity Level II polytrauma facility and has eight Community Based Outpatient Clinics (CBOCs) as far north as Bakersfield, as far south as Gardena, as far east as Pasadena, and as far west as San Luis Obispo.

The GLA is a part of Veterans Service Integrated Network (VISN) 22 which includes facilities in the southern portion of California and Nevada.

Overall Challenges

The challenges for the GLA include flexibility of specialized funds, inability to be creative with Internet Technology due to centralization, contracting, and benefits travel. Another concern that they have is the increasing need for child care.

Fiscal

The budget for the GLA for Fiscal Year (FY) 2010 was $750 million. The facility received FY 2010 budget monies in February 2010. The current budget for FY 2011 is $767 million which is an increase of $17 million from FY 2010. Management believes that the current FY 2011 budget will allow the GLA to maintain FY 2010 levels of service and open enrollment and staffing levels. The facility has not transitioned into the Consolidated Patient Account Center (CPAC) in Nevada at the time of the site visit. However, they have a collections support center that is located near the CPAC. The GLA uses all the services provided at the collections support center. Management has not received any information in regards to the FY 2012 budget. The fiscal department would like to see more flexibility in the specific purpose funds if a facility demonstrates fiscal responsibility. This flexibility will aid in better utilization in funds for the facility in order to provide better care to the veterans.

The FY 2010 Medical Care Collections Fund (MCCF) goal was $26 million. The total MCCF collections for FY 2010 were $21 million. The current MCCF goal is $22 million for FY 2011. The facility is currently ahead of schedule with collections to meet their MCCF goal. For FY 2011, about three percent of the overall budget goes to Fee Basis Services. The facility utilizes Fee Services for emergency medical care as indicated for patients in the outlying areas: those near the Healthcare system main center when services are not available, i.e. off hours and as needed when patient demand exceeds the supply of services.

Enrollment, Accessibility and Continuum of Care

The veteran population in the state of California is 1,092,531 (also includes parts of VISN 21). There are 138,055 veterans enrolled in the GLA. In FY 2009, the facility treated 79,893 unique veterans and had 1,168,249 visits.

There are currently 450 enrolled Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) veterans. There are 6,612 women veterans enrolled at GLA. The facility has 14,547 Priority Group 8 veterans in their system. In FY 2010, the GLA completed 2,092 Compensation and Pension (C&P) examinations.

The turnaround time for a C&P exam was 25 days at the time of the site visit. The C&P exams are performed by VA staff. GLA has integrated the Veterans Benefits Administration into their C&P department, which helps the facility to complete the exams more efficiently.

The GLA tracks OEF/OIF veterans in the Veteran Tracking Application, and the Case Management Tracking and Reporting Application. For each OEF/OIF Veteran who presents to the OEF/OIF Program, a CPRS consult is ordered. They screen every OEF/OIF veteran that comes to the facility.
Staffing and Affiliations

According to management, there are currently 4,499 staff members that are employed within the GLA, and approximately twenty-four percent of those employees are veterans. The VAMC is experiencing issues with recruitment for positions such as physicians and mental health professionals in rural Community Based Outpatient Clinics (CBOCs), however currently there are no major issues with staffing. The GLA was able to retain ninety-eight percent of its FTEE.

The GLA has over 3,172 active affiliation agreements, with 439 educational affiliations. They have many residents and interns from USC, UCLA, Cedars-Sinai Medical Center, and Kern County Medical Center. Some of the programs offered include: dentistry, podiatry, optometry, pharmacy, clinical psychology, dietetics, audiology/speech pathology, social work, and physical and occupational therapy. Overall, there were over 3,000 university residents, interns, trainees, and students are trained at the GLA last year.

Physical Plant

The GLA is currently preparing for seismic corrections to be conducted at the West Los Angeles campus. Due to the high risk area of an earthquake, the facility must undergo drastic changes in order to be able to withstand an earthquake. The GLA needs $1.3 billion in order to perform all seismic corrections. Seismic corrections should be a higher priority for West Los Angeles, because other facilities in the region would have to take the patient load if West Los Angeles were to succumb to an earthquake. It remains critical, because West Los Angeles hosts almost four times the patient beds compared to neighboring VA hospitals. Based upon the Facility Condition Assessment (FCA), the current deficiencies will cost approximately $444 million in order to correct. Other projects that the facility will be undergoing include a new dialysis building, renovating the inpatient mental health ward, the Ambulatory mental health clinic, bathrooms, and retrofitting a boiler.

Long Term Care, Mental Health and Specialty Care

The GLA has 770 authorized beds. There are 226 acute hospital beds, 188 skilled nursing home beds, 52 non-acute hospital beds, and 304 domiciliary beds. There were no beds out of service at the time of the site visit.

The occupancy rate for the operational beds at the facility is approximately 91 percent. Occasionally there is a wait list for the Community Living Center (CLC), which overflow is contracted out to local providers. There is no palliative care beds allotted. It is determined based upon availability, however there are 14 beds designated for hospice care. The facility has a Fisher House designated for families with veterans that must stay overnight or for extended periods of time. Additionally at the CLC, they have a short order cafeteria setting, where veterans can go to order food that they desire and eat in a restaurant style area. This area is disconnected from the CLC, which gives the veteran a feeling of freedom. The facility is looking for ways to allow family members to also be able to order food and eat with the veterans within the facility.

The GLA is actively working to meet the Five-Year Plan to End Homelessness, with the largest Homeless Program in the nation. The facility has 1,500 HUD/VASH vouchers and with almost 100 percent of them currently housed. Additionally they have one of seven Comprehensive Homeless Centers in the nation. Other outreach to the homeless includes: Veterans’ Judiciary Outreach, working with clergy and local police.

Additionally, the facility underwent a program that they referred to as Project 60, which was to eliminate the 60 most chronically homeless veterans in the GLA area. They identified these veterans were in Santa Monica, Venice, Hollywood, and San Fernando. They also work with the LA County Jail in order to coordinate transition back into society starting with a van that picks them up as soon as they are released from prison. The facility believes that the first 15 seconds are the most crucial for a veteran when they walk out after being incarcerated.

The facility has a full-time Women Veterans Program which provides a variety of care and services to meet the comprehensive needs of women veterans. Services include: primary care, mental health, obesity management (MOVE Program), mammograms, educational opportunities, vocational rehabilitation, gynecological care, and health and wellness screenings, and also even infertility treatment. They have a total of five gynecologists (two male and three females). The women veteran programs held a women veterans summit in July 2010 and three red dress events throughout the year. The amounts of services provided at this facility are very diverse. This area has improved greatly over the past years.
The West Los Angeles VAMC is a Polytrauma II Facility that provides a variety of services. The facility is the VISN lead for patients with polytrauma. The team consists of: a physiatrist, social work case manager, nurse case manager, nurse educator, neuropsychologists, speech pathologist, blind rehabilitation outpatient specialist, vocational rehabilitation specialists and counselors, as well as recreation, physical, and recreation therapists. One notable program that they offer for veterans with TBIs is a school setting class called Smart Start College Prep Program. In the program, veterans have the ability to learn different techniques in order to help them learn in a college classroom environment.

Post Traumatic Stress Disorder (PTSD)

The GLA works very closely with the VISN 22 MIRECC, which is located on the West Los Angeles Campus. Currently the MIRECC is researching the efficacy of Prazosin for combat-related PTSD, family support components for returning veterans, and the relationship between oral and facial injuries with the onset of PTSD. Management reported from the Suicide completion report that five Veterans have died by suicide during FY 2010.

OEF/OIF/OND Programs

In 2010, GLA conducted many different programs to help families. The current cases load for each case worker is approximately 85 cases, while monitoring 450. The department is very active in going out into the community in order to locate and brings in the returning veterans extending information to pre-deployment briefings as well as the post-deployment. Other programs that offered were events with the L.A. Laker Girls, Ben Stiller & his wife, a Tuskegee Airman, Cameron Diaz, Jim Belushi, and more. The GLA currently has a Veterans Transition Center at the West Los Angeles campus and are developing another in Sepulveda. In addition to the events for all veterans, the OEF/OIF/OND Program also helps to provide an annual luncheon for women veterans. The facility also holds quarterly focus groups with the veterans in order to get the feedback necessary to ensure that the needs of this cohort are met.

Community Based outpatient Clinics (CBOC)

There are 31,327 veterans currently enrolled in the CBOCs. The GLA has nine CBOCs in the state of California. The CBOCs consists of: Bakersfield, East Los Angeles, Gardena, Lancaster, Oxnard, Pasadena, San Luis Obispo, Santa Barbara, and Santa Maria.

Veterans Affairs Voluntary Services

In FY 2009, there were a total of 1,527 volunteers for a total of 205,774 hours. The GLA has received total donations of $1,541,199 in FY 2009. In FY 2010 there were 1,446 volunteers for a total of 277,447 hours. The GLA has received total donations of $1,245,242 in FY 2010. There were 35 American Legion volunteers who gave 5,831 hours in FY 2009. There were 25 American Legion volunteers who gave 2,281 hours in FY 2010. The American Legion Auxiliary had 28 volunteers who donated 5,790 hours in FY 2009. The American Legion Auxiliary had 18 volunteers who donated 2,379 hours in FY 2010.
VISN 23

MINNEAPOLIS VA HEALTHCARE SYSTEM, MINNEAPOLIS, MN

May 17-18, 2011

National Task Force Member: Todd E. White
National Field Service Representative: Denise L. Bullock
The Minneapolis Veterans Affairs Medical Center (VAMC) is a level 1a inpatient surgical level within the Veterans Integrated Services Network (VISN) 23 located in Minneapolis, Minnesota. There are ten community based outpatient clinics (CBOCs) across the state. Comprehensive health care is provided for eligible veterans along with a specialty care service line. The Brain Science center has an American Legion endowed chair placed in the director’s office of the prestigious center. The Spinal Cord Injury/Disorder center provides the latest in assistive technology and robotic therapies care patient service line. The Medical Center is accredited by the Joint Commission in five major programs.

**Overall Challenges**
The challenges for the Minneapolis VAMC are staffing as well as the competitive salaries for physicians and Psychiatrists which is an ongoing issue. The overall space for service lines is also challenging.

**Fiscal**
The FY 2010 budget for the Minneapolis VAMC is $475 million. The FY 2009 budget for Minneapolis is $427 million. The current budget for FY 2011 is $506 million which is an increase of $25 million from FY 2010. The current budget for FY 2011 is $507 million which is an increase of $32 million from FY 2010. The budget for FY 2010 was received in February 2011.

The FY 2009 Medical Care Collections Fund (MCCF) goal was $48 million. The total MCCF collections for FY 2009 were $45 million. The FY 2010 collection goal is $39 million. The total MCCF collections for FY 2010 were $43 million. To date, the facility has collected $28 million. In FY 2010 there were $60 million in Fee Basis Services and that included homecare. Management states that the Veterans Equitable Resource Allocation (VERA) model, blue cross and blue shield collections have affected the MCCF goals.

**Enrollment, Accessibility and Continuum of Care**
The Minneapolis VAMC has 250,000 veterans in their catchment area and 450,000 veterans in the state of Minnesota. There are currently 130,000 veterans enrolled and 84,000 veterans visited the facility in FY 2011. The average length of inpatient stays is 5.6 days. There are currently 13,000 Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) veterans in the catchment.

The Compensation and Pension (C&P) examinations for medical conditions are performed by generalist at the Minneapolis VAHCS. Audiology exams are split, 20 percent done in house, 80 percent contracted out. Mental health exam, 90 percent are contracted out. In FY 2010, the C&P Unit completed 33,318 examinations. As of June 2011, 27,466 exams are completed. On average each VA-Form 2507 (exam request) has seven exams per request. The current Fiscal Year to Date (FYTD) cumulative processing time is 26.5 days.

**Staffing and Affiliations**
According to management, there are currently 3,694 employees at the Minneapolis VA Medical Center and 1,485 veterans. The Minneapolis VAMC has 146 active affiliations with local universities. In conjunction with affiliations, residency-training programs exist in all of the medical, surgical, psychiatric, oral surgery and diagnostic specialties and subspecialties.

**Physical Plant**
Management states that space is a challenging issue at the Minneapolis VAMC. The master plan is to realign and right size existing space. In FY 2012 the $10 million parking ramp project will begin. The future construction project is the construction of CBOCs in Southwest Metro and Southern Border areas of Minnesota. Management states there is a continued focus on maintenance and life cycle replacement of critical infrastructure and maintaining patient care areas in top condition.
Long Term Care, Mental Health and Specialty Care
The Minneapolis VAMC has 104 authorized beds with 80 operational beds. Management states that 90 percent of the beds are filled. There are 10 beds for Palliative and Hospice care. There are 58 contracted nursing homes and there is no waiting list. There are currently no beds for dementia. There is a dementia clinic.

Management states that the expansion of homeless programs, veteran’s justice outreach, and the suicide prevention program are some of the changes in their mental health program. In FY 2010 there were 10,179 intakes in the mental health program and 6,502 unique patients screened and case managed. The Suicide Prevention Coordinator (SPC) states that the suicide prevention safety plan is designed to be written by veterans with collaboration from their Mental Health provider. In FY 2010 there were 11 reported suicide deaths. There are 15900 veterans in the mental health service line with a 106 reported suicide attempts.

The Minneapolis VAMC has a comprehensive women’s health program with a full time program manager. Management states that there are providers at the CBOC’s that are providing gender specific care for women veterans. In FY 2010 there were 4,018 unique women veterans that visited the Women’s Health Center.

Post Traumatic Stress Disorder
Management states in FY 2010 there were 750 OEF/OIF veterans diagnosis with PTSD. Positive screens are referred for further diagnostic workup and treatment planning. The PTSD Team provides an initial intake evaluation and based on the patients needs and preferences, reviews treatment options and develops a treatment plan. Management states that request for PTSD exams range from 1800-2000 a month.

Polytrauma/TBI
In FY 2009 there were 273 positive TBI screens and 195 completed evaluations and 97 confirmed TBI diagnosis. In FY 2010 there were 204 positive TBI screens and 148 completed evaluations and 83 confirmed TBI diagnosis. Management states as of May 1, 2011 there are 96 positive TBI screens and 62 completed evaluations and 37 confirmed TBI diagnosis. Nursing and Social Work admissions contacts have direct access into Walter Reed and National Naval Medical Centers electronic medical records. The case managers are assigned 150 patients with approximately 80 percent that are OEF/OIF/OND veterans. The social workers have a close partnership with the OEF/OIF/OND Program. The bed capacity is 24 in the Polytrauma/Acute Care Rehabilitation unit. The average stay is 39 days with an 85 percent discharged to home and 15 percent discharged to foster or long term care. Management states that the Polytrauma System of Care transitional team is well prepared and patients are appropriately referred.

OEF/OIF/OND
Management states that the current programs build relationships with the Operation Enduring Freedom (OEF)/ Operation Iraqi Freedom (OIF)/ Operation New Dawn (OND) throughout the community. There are Integrated Post Deployment Clinic expansion, Seamless Care Coordinating Committee and a Compensation/Pension Clinic. In FY 2009 there were 54 outreach events with 3, 496 veterans participating. In FY 2010 there were 69 outreach events with 2,097 veterans participating.

Community Based Outpatient Clinics
There are over 20,000 veterans in primary care and mental health treatment at the ten Community Based Outpatient Clinics (CBOCs). The CBOCs are located in Hayward, Rice Lake, Superior and Chippewa Falls, Wisconsin, Hibbing, Saint James, Cook, Mankato, Rochester and Maplewood, Minnesota. A new CBOC is under construction in Ramsey, Minnesota with a November 2011 opening planed.

Veterans Affairs Voluntary Services
In FY 2009, the American Legion had a total of 38,817 volunteer hours. The American Legion had a total of 36,975 volunteer hours in FY 2010. In FY 2009, the American Legion Auxiliary had a total of 4,009 volunteer hours and in FY 2010 there 4,098 volunteer hours. In FY 2009, the Sons of American Legion had 578 volunteer hours and in FY 2010, 327 volunteer hours. Management stated that there was a total monetary donation of $205,691 in FY 2009 and $652,709 in FY 2010. The monetary donations increased significantly due to two large estate donations. The Voluntary/Community Resource Service developed the process for conversion of all volunteer personnel records to an electronic format. Theses digital files have made staff time more efficient reducing the access to volunteer information to 75 percent. A best practice that the VAVS have implemented is to increase involvement of student volunteers and to involve volunteers in recruiting other volunteers.
In 2003, The American Legion piloted the “I Am Not a Number” campaign because veterans at the time believed that their needs and concerns were not being met by the Department of Veterans Affairs. This survey acknowledged that the veterans average wait time for primary care was seven months; average wait time to see a doctor was 1.6 hours; and the average wait time for rescheduled appointments was 2.5 months. On a scale of 1 to 10, with 10 being the highest, the respondent rated the quality of care at VA facilities at 6.2.

In 2011, The American Legion reached out to 310 of those veterans originally surveyed in 2003, and 104 veterans responded. The quality of care for veterans has improved, but there are still areas of concern.

**John Burrell**  
Hampton, Virginia  
**VA Facility:** Hampton VA Hospital  
**Frustration:** No communication, poor customer service

**My Story:** I retired in December 1980, and went to the VA hospital in Hampton Virginia for a physical. I injured my back while I was still on active duty. I went in for a physical and the physician informed me that I was losing my hearing, but there wasn’t enough documentation in my medical records for my back injury. I was not informed of the appeal process, so I did not continue the process. In 1983, I returned to the VA hospital, due to an illness to see a doctor and was interviewed by an administrative person and was told not to come back until I was 65. In October 2010, I went back to the VA due to the inflammation in my back. I was examined by the doctor and I still await a return call for discussion on medical treatment I need for my condition. I am also a diabetic.

**Gerald J. Grzeca**  
Hales, Corners Wisconsin  
**VA Facility:** Zablocki VA Hospital

**My Story:** The customer service and the care at the Zablocki VA hospital are great. The veterans that are eligible for care are not taking advantage of it. They are really missing out.

**Ed L. Dorset**  
Aurora, Colorado  
**VA Facility:** Aurora Colorado Community Based Outpatient Clinic  
**Frustration:** Customer Service

**My Story:** The most disappointing problem is the attitude from majority of the personnel that work at the clinic. They seem to believe they are doing you a favor.

**Ralph C. Miller**  
Silver City, New Mexico  
**VA Facility:** New Mexico

**My Story:** This facility saved my life. My wife is also a veteran and she loves the VA Health Care System. I don’t know how it gets better; it's just a rare happening for a government service.

**Frank King**  
Manville, New Jersey  
**VA Facility:** New Jersey, VA Hospital

**My Story:** In my opinion, I get high quality care, and I am glad I’m with them. The staff is patience, courteous and all of my tests are processed efficiently.
TESTIMONIALS

“I rate the VAMC in Baltimore a “9” because it is much better than the VAMC in Washington, DC”

*Imants C.*
*Baltimore VAMC, Baltimore, MD*

“I go to the VAMC in Bay Pines, Florida and Canandaigua in New York and both are excellent”

*James D.*
*Bay Pines, Florida*

“I give it a “10”; they have been great to me”

*Ronald E.*
*Robey Rex VAMC, Louisville, KY*

“I am very satisfied; I have received the best of care; I have been treated like a king”

*Herbert N.*
*McGuire VAMC, Richmond, Virginia*

“I give it a 10!”

*Harry C.*
*Robey Rex VAMC, Louisville, KY*

“I rate the VAMC a “6”; decided not to use Vet Services”

*Victor*
*CBOC in Lynchburg, VA*

“The people are rude and act like they are doing me a favor, and that I am in their way”

*Casey M.*
*Houston VAMC*

“I visit and they continue to be very caring and compassionate”

*Kinley B.*
*Hampton VAMC*

“Appleton VA employees really care about all veterans!”

*Richard V.*
*Appleton Outpatient Clinic*
“Treated well by all of staff”

   James B.
   Baltimore VA Medical Center

“System needs more improvement in my area”

   Neil N.
   Hilo Outpatient Clinic

“Madison clinic is just great”

   Benjamin R.
   Madison Outpatient Clinic

“Things have gotten better”

   Emil M.
   Brockton Division Boston VA Medical Center

“Appointments are usually on time”

   James A.
   Cleveland VAMC

“The time to wait for an appointment has greatly increased”

   Terrance M.
   Kansas VA Medical Center

“Too many employees think that Veterans are just a number”

   Dora N.
   Leavenworth VA Medical Center

“I believe that the VA is committing fraud by double billing for the same appointment”

   Henry W.
   West Plains, MO Outpatient Clinic

“They have been great to me”

   Harry C.
   Louisville VA Medical Center

“They take very good care of me”

   Ronald E.
   Louisville VA Medical Center
“I rate the VAMC a “5”; waited 4 months for an appointment, and it was rescheduled 3 times!”

Thomas J.
Lynchburg, VA CBOC

“Overall, very pleased, but after the doctor said he wanted to see me, he left me sitting for two hours, forgot about me and was not apologetic”

William G.
Lakewood, Colorado CBOC

“I rate the VAMC a “7”; referrals to specialty clinics do not always happen”

Edward H.
East Orange, NJ VAMC

“I rate the VAMC a “5”; seems a little better; getting a little more attention to my meds”

Edward R.
Milwaukee, WI VAMC