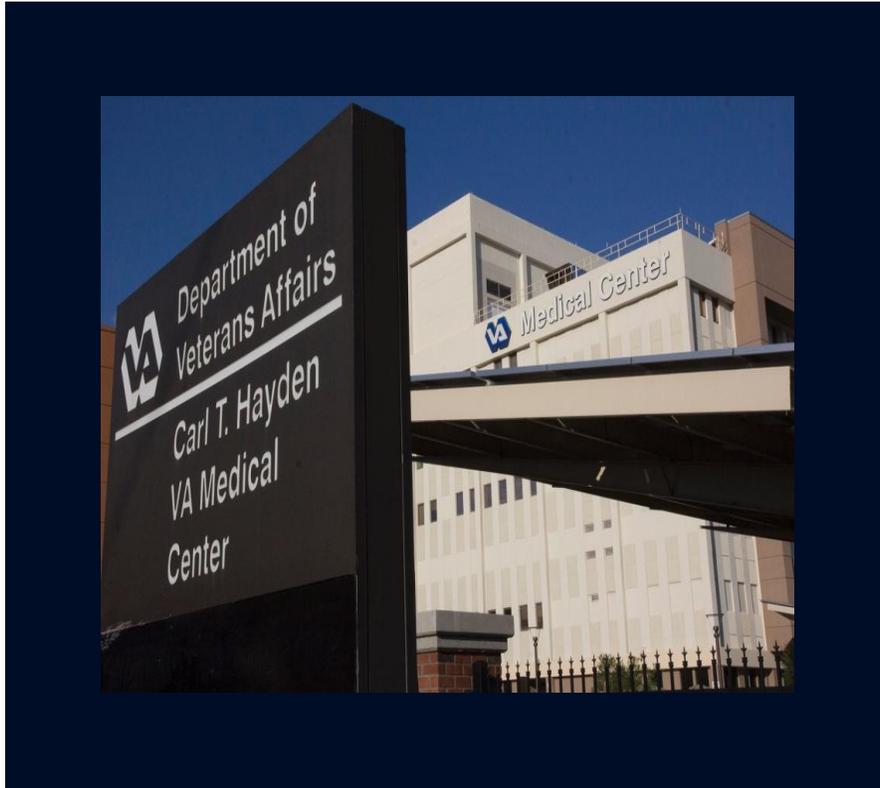


The American Legion

System Worth Saving

April 28th – May 1st, 2024



Carl T. Hayden Veterans Administration Medical Center Phoenix, Arizona

Veteran Affairs & Rehabilitation Commission: Autrey James (CA), Chairman

Veterans Affairs & Rehabilitation, National Staff: Joshua Hastings (DC), Andrew Petrie (AZ)

Department of Arizona: Jennifer Kritzer, National VE&E Commission Member

It is important to reiterate that The American Legion conducts site visits, NOT inspections.



The System Worth Saving (SWS) program was created to ensure the Department of Veterans Affairs (VA) Medical facilities are providing high quality and timely veteran healthcare. The program also looks at the Veterans Health Administration's (VHA) ability to remain equipped with the resources and staff to meet the needs of every eligible veteran seeking healthcare, and to provide feedback from veterans on their received level of care. Facilities are selected through review and analysis of government reports, media coverage, and veteran feedback.

Purpose

The American Legion conducted a SWS visit to the Department of Veterans Affairs (VA) Phoenix Health Care System (PVAHCS), also referred to as Carl T. Hayden Veterans Administration Medical Center (Phoenix VA), with the intended purpose of determining the quality of care provided to veterans in the catchment area of this facility. This visit was used to gain insight into how the facility serves veterans, and to recognize best practices as well as identify challenges the facility is facing. In these visits, the American Legion representatives serve as visitors, in partnership with VA, not facility inspectors.

Scope

The American Legion conducts between 5 and 8 SWS visits per year. To choose facilities, national staff creates a list of possible locations by looking at government and congressional reporting, media stories, veteran feedback, and VA hospital public data. They synthesize the information to create a complete picture of a facility and then look at the possible impact from conducting a visit. Once approximately 10 locations have been identified, the list is reviewed again by The American Legion volunteer staff who narrow down the list to make the final decision on locations for the year.

Each SWS visit follows a triangular review model. The American Legion requests data from the VA Medical Center (VAMC) via emailed questionnaires which cover 18 - 20 offices, depending on location. Also requested are reports such as the employee and patient satisfaction survey results, among others, for review. This information is then analyzed and allows the SWS team the ability to construct a comprehensive in-person questionnaire which is used during the interview sessions with the executive leadership team, department managers, and other staff.

The SWS visit starts with a town hall meeting at a local American Legion post where veterans gather to tell the SWS volunteer team about the successes and obstacles in receiving care from the selected medical center. Typically, there will be representatives from the VAMC, the regional benefit office, local American Legion posts, and when available, Congressional staff may be in attendance. The town hall is followed by two days of structured interviews, a facility tour, and completed with an exit brief.

Chairman's Statement

In 2003, Ron Conley, The American Legion's National Commander visited and assessed the delivery of healthcare at over 60 Department of Veterans Affairs' medical facilities across the country. Commander Conley wanted to assess healthcare delivered to the nation's veterans to



determine if the VA healthcare system was truly a “System Worth Saving.” The following year, The American Legion passed a resolution making System Worth Saving (SWS) a permanent program under the National Commander.

After nearly two decades, The American Legion has conducted more than 300 System Worth Saving visits to VA/VHA medical facilities in the United States, its territories, and the Philippines. Over the course of those visits, The American Legion has played an integral role in shaping federal legislation that improves the delivery and quality of healthcare at VA/VHA medical facilities. Furthermore, each System Worth Saving visit culminates with a report that informs members of the American Legion and provides additional insight to the President of the United States, members of Congress, the Secretary of Veterans Affairs, and other senior leaders at the Department of Veterans Affairs/Veterans Health Administration about the challenges and best practices at VA medical centers.

Overview

Carl T. Hayden Veterans Administration Medical Center (Phoenix VA) falls under Veteran Integrated Services Network (VISN) 22 with 12 community-based outpatient clinics (CBOC) in Arizona. VISN 22, also known as the Desert Pacific Healthcare Network covers Southern California, Arizona, and New Mexico with a total of eight large medical centers that serve 1.5 million veterans, nearly 17% of veterans enrolled in VA healthcare nationwide.

The Phoenix VA uses its budget of \$1.4 billion, its 6,000 full-time equivalent (FTE) staff to serve a catchment area consisting of nearly 130,000 veterans as of March 2024. Women veterans account for 8% of this veteran population, and nearly 62% of veterans are actively receiving care within the Phoenix VA. The Phoenix VA primarily covers Gila, Maricopa, Pinal, and Yavapai Counties. This area of the country has experienced a tremendous population boost within the last decade, with Maricopa County population growing by nearly 20 percent. The average number of growth within the Phoenix VA is nearly 430 newly enrolled veterans per month. Based on the size and age of the Phoenix VA, the infrastructure and the size of the medical center is failing to keep pace with the veteran population it is serving. In Fiscal Year (FY) 2023, the medical center completed 739,928 appointments with 524,806 appointments completed at the time of our site visit for FY 2024.

We began the SWS trip by meeting with the Executive Leadership during which we learned much about the facilities history, recent modernizations efforts, current and past struggles, and best practices. Although we gained insight into the facility through this meeting, the biggest takeaway was the medical center as a whole and how the Phoenix VA has learned to do more with less. The Phoenix VA originally opened their doors in 1951, with the intention of serving no more than 40,000 veterans in that medical center, but today they have more than three times as many veterans enrolled with that number getting larger by the day. If this wasn't a big enough sign of an overtaxed facility, the PVAHCS is struggling with failing infrastructure as it reaches 73 years old. While there have been renovations over the years it has not been enough, and to make the Phoenix VA accessible to the veterans within its catchment area a plan to divide the Phoenix VA into two separate facilities, Phoenix VA West and Phoenix VA East will remove the



travel time burden on veterans and ease the taxed system by providing enough space for current and future veterans.

Following the Executive Leadership Meeting, the SWS team attended the Town Hall hosted by The American Legion's first established post in North America, Phoenix Post 001, with the assistance of the Department of Arizona. Some insights gained were unexpected based on prior research and the previous interviews. However, there were echoes regarding some of the challenges and successes we had previously discovered. The site visit and walkthrough held the next day was informative. The SWS team was able to explore the Carl T. Hayden VAMC, the 32nd Street Clinic, and the Community Resource and Referral Centers. This gave insight beyond the standard hospital, allowing for information regarding at risk and justice involved veterans. The Phoenix VA is actively involved in moving care back to the hospital from the community with initiatives like the incoming optical center at the 32nd Street Clinic. The final step for the SWS team involved an outgoing meeting with the Executive Leadership Team, identifying information that we discovered since the initial meeting and to ask clarifying questions.

Town Hall Meeting

Following a new format, the SWS team gathered information ahead of the town hall through virtual interviews with VA staff. This information was consolidated by the Health Policy Team before the meeting, which was hosted by Phoenix Post 001 with representatives from The American Legion National Headquarters; Veterans Affairs and Rehabilitation Commission Chairman, Autrey James, Deputy Director of Health Policy, Joshua Hastings and Health Policy Analyst, Andrew Petrie and from the Phoenix VA; Executive Director, Bryan Matthews, Chief of Public Affairs, Shevonne Cleveland, Regional VBA Director, Chris Norton, and members of the Patient Advocate Office.

From the crowd, a local Legionnaire, Melinda "Mindy" Weller, a survivor of military sexual trauma (MST) identified a sense of gratefulness mixed with frustration regarding her experience with the mental health services she received at the In-Patient Mental Health Ward on the fifth floor of the hospital. She was grateful for being seen immediately with a warm handoff from her battle buddy, a fellow Legionnaire, but she noted frustration with the lack of gender specific treatment options in the inpatient ward and follow up from the VA upon discharge regarding her benefits. Mindy spoke of how uncomfortable she felt receiving treatment relating to her MST in a co-ed mental health ward, and how beneficial it would be to create a female only ward. Chairman James agreed citing our recent SWS visit to Tampa where a female only entrance located at the women's health clinic and a female specific wing in the inpatient mental health ward was identified as a best practice. VA representatives were quick to take down this Legionnaire's information and said they would follow up with her shortly.

A local service officer had some issues he wanted to bring up to the Phoenix VA leadership to solve a local issue. First, he inquired about local veterans who retired from the Armed Forces that were being financially means tested and required to pay for their care. If a veteran falls into priority group seven or eight then the veteran is responsible for a co-pay, but a waiver can be



requested. Non-service-related care for priority six also leads to potential co-pays, but those in higher priorities are not responsible for co-pays

A group of Legionnaire's mentioned that multiple veterans were receiving mental health services in the community when their appointment were "mysteriously canceled", and that the authorizations for their community care was revoked. Director Matthews acknowledged that they were aware of this and that it had been stopped; however, the status of the individuals affected by this was unknown at the time of the town hall. Following the town hall, there was a letter addressed to Secretary McDonough from Senator Moran and 19 fellow Senators that similar tactics were currently being used to bring veterans back under the care of the VAMC to reduce care in the community for budgetary reasons. This serves as a reminder that the VA's mission is to provide the best care for veterans, not to prevent or redirect care for veterans to a specified facility.

One of the last local Legionnaire's to speak mentioned he was stationed at Camp Lejeune and needed help understanding what to do and how to receive care relating to his toxic exposure. He has been receiving care at this facility for years and is an ardent supporter of the facility. He told the story of how the VA made it possible for him to go into a room with more than three people, and noted the time it takes to get seen at the emergency room had been greatly improved. This Legionnaire was also connected to VA representatives in attendance to assist with any potential PACT Act benefits he is entitled to.

Interviews

Summary

From April 22-26, 2024, the SWS team conducted interviews with personnel from the following offices: Executive Leadership; Human Resources (HR), Social Work, Polytrauma, Quality and Safety, Supply Chain, Mental Health, Suicide Prevention, Homelessness, and Minority Programs including; LGBTQ+, Rural, Women, and Native Americans. These interviews were crucial to understand the challenges the facility is facing and identifying the best practices being implemented across the Phoenix VA.

Areas of Focus

Infrastructure

Infrastructure Challenges: The Phoenix VA has several issues relating to their facilities. The hospital was built over 70 years ago, and because of that age-related issues have become more frequent. Prior to the SWS visit, a pipe rupture that flooded half of the emergency room (ER) and required that section of the ER to be shut down for six weeks while repairs were made. The Community Living Center has undergone similar issues and is currently closed with the anticipated timeline for reopening during late 2024. During the SWS visit, there was an additional plumbing issue that caused a small section on one of the hospital floors to be shut down while repairs and remediation were conducted. These issues are indicative of an over-taxed infrastructure that is struggling to serve far more veterans than it was designed to serve. Without an expansion and redesign of the Phoenix VA, the number of veterans forced to seek care for



timely medical appointments outside of the VA through community care rises. This has negative ramifications regarding the higher cost associated with community care and can give veterans a negative view of the Phoenix VA.

Recommendation: The Phoenix VA executive leadership and Director Matthews have submitted a request to Congress regarding the two proposed facilities in the Phoenix metropolitan area, and have been advised from the VA Central Office that the need for expansion of facilities will not be considered until 2030 due to other construction needs throughout the VA. The Phoenix VA has a plan to split the medical center into two separate locations with one in the northwest and the other in the southeast. This would allow for the Phoenix VA to expand the size of the facility to properly serve the veterans in the catchment area and remove a large burden from the veterans utilizing the services of the VA within an expansive metropolitan area. To resolve these issues, along with the surmountable cost of building two major medical facilities the VA should consider leasing the space and buildings for the facilities to cut cost and modify the state of care in the future.

The American Legion Veterans Affairs and Rehabilitation Division will discuss this infrastructure plan with members of Congress, and specifically the Arizona delegation regarding the timeline for this expansion and priorities amongst VA facilities.

Patient Safety

Patient Safety Best Practice: The Phoenix VA leads the nation with its low rates of catheter-associated urinary tract infections (CAUTI). An initiative aimed at addressing this risk to patient safety has helped VA staff to go 1232 days (about 3 and a half years) without a CAUTI in their intensive care unit (ICU). Of the nearly 4,000 facilities reported nationwide over 70% have had at least 1 instance of CAUTI in the year of 2022, but the Phoenix VA has not experienced a single occurrence in nearly four years.

Patient Support

Patient Support Best Practice: The PVAHCS has undergone a recent re-organization of its staffing structure. The Patient Advocates Office now falls under the Director of Social Work and is blended into the Veterans Resource Center (VRC). This is meant to act as a single point of contact for patients to have access to various parts of the VA including patient advocacy; travel and reimbursement; VBA related claims; PACT Act information; community care billing; MyHealtheVet; social work; release of information; medical support assistants; prosthetics (virtual), and; information regarding scheduling by the VA. While this is identified as a best practice and should be adopted system-wide, the VA should carry out an education campaign to ensure the program is well utilized by veterans.

Innovation

Innovation Best Practices: The Community Resource and Referral Center (CRRC) is a stand-alone facility that supports veterans struggling with at-risk behaviors and lifestyles. There are a variety of programs available to veterans from the CRRC, including those aimed at addressing



socioeconomic issues like housing and food insecurity. The housing program offers both temporary and permanent housing through grants and assistance available to veterans ranging from local to federal, including housing vouchers from the Department of Housing and Urban Development Veterans Affairs Supportive Housing program. Additionally, they connect veterans with a social worker to assist them in finding stable housing. This social worker will assist them with everything from mental health, in-patient and out-patient rehabilitation programs, assistance in finding gainful employment, and ending food insecurity.

The CRRC also houses a very robust Veterans Justice Outreach Program, that identifies and assists justice involved veterans by ensuring that if the veteran is eligible, they are placed into a Veteran Treatment Court (VTC). The VTC is not used to determine whether the defendant is guilty of an offense but ensures that they receive care for unmet needs regarding drug and mental health care from a clinician. Furthermore, the CRRC works with local stakeholders and organizations to provide veterans with necessities and is working to establish a suit donation program for veterans re-entering the workforce. This program aligns with the Arizona Department of Veterans Services Employment Toolkit Program to ensure veterans have necessities needed to begin and continue with gainful employment.

Innovation Best Practices: The Phoenix VA currently is the only VA hospital that has been awarded as a Designated Comprehensive Breast Imaging Center as certified by the American College of Radiology. This certification goes beyond the standard Mammogram certification and includes certifications in breast ultrasound, ultrasound guided breast biopsies, stereotactic core needle biopsies and breast MRI. These certifications have allowed for the Phoenix VA to detect 22 different forms of cancer throughout more than 2,000 examinations in 2023.

Collaboration

Collaboration Best Practices: While touring the facility, we met with nursing and security elements and numerous best practices were identified including a mental health initiative called Tap Out. This innovation encourages VA staff to check in with each other and be mindful of their stress levels and mental state. If a situation is deemed to be escalating due to the actions of the patient or staff, paired staff are encouraged to step in and offer a tap out signaled by a friendly tap on the shoulder. This helps to get fresh eyes on the situation and a break to those involved in the conflict. This innovation has been extremely helpful for this facility and could be easily implemented at other medical centers struggling with conflict resolution.

Collaboration Challenges: During the town hall it was identified that some veterans had their mental health community care appointment cancelled erroneously. Director Matthews stated that this was a system error and has stopped. VA clarified that they do not cancel appointments for veterans being seen in the community and that these cancelations may be tied to the facilities renewal of care process. Renewal reviews do not discontinue indicated care, but may recommend returning to the VA based on availability and comprehensive care options at VA



Recommendation: Improve communication with Community Care Contractors and veterans to ensure proper understanding of policies and coordinate with the Patient Aligned Care Teams to prevent a break in continuity of care.

The American Legion Veterans Affairs and Rehabilitation Division will follow up with VA's Community Care Coordination Companies TriWest and OPTUM Serve.

Complementary and Alternative Treatment

Complementary and Alternative Treatment Best Practice: Ketamine Therapy has been implemented at multiple facilities across the VA, and the Phoenix VA has been approved to administer a Ketamine based mental health treatment center at the 32nd Street Clinic location. We were advised that the clinic was finishing final phases of setup during our visit and would be offering its services to eligible veterans before the end of 2024. This pathway for alternative treatments is in line with The American Legion's Resolution number 5: Emerging Therapies to Address Veteran Suicides and allows veterans to safely pursue alternative treatments within the VA.

Mental Health

Mental Health Best Practice: The PHXVAHCS Police have also implemented a Veterans Response Team (VRT). The team currently includes 5 officers but is expanding. The intent is to allow members of the VRT to respond to calls for crisis within the community involving veterans. The team allows the officers to connect with the veteran on a peer-to-peer level to de-escalate a situation and to get the veteran to seek care. Our team was informed that these officers are currently working out of jurisdiction. This critical work could be improved through the passage of legislation that allows for the transport and resolution of matters after a situation is defused. As it stands currently, veterans using this program are unfortunately transferred to local law enforcement, rather than allowing the VRT to transport them to receive mental health care from the VA. To make sure this program is effectively implemented a bill needs to be codified into law at the state level to allow for the seamless transfer from local to VA police officers when a veteran in crisis is identified.

Mental Health Challenges: During the site visit, the SWS team was afforded the opportunity to explore the four inpatient mental health treatment wards and identified the adaptive equipment that needs to be updated - specifically the shower areas. Concerningly, the patient wards were integrated and not gender specific. Based on the previous SWS visit to Tampa, Florida the SWS team identified the best practice of having gender specific treatment wards for veterans utilizing the VA for military sexual trauma (MST) treatment. This was echoed by the story shared by a Legionnaire during the Phoenix townhall earlier in the week.

Recommendations: To improve the quality of care for veterans during inpatient treatment in the mental health ward at least one of the four wards should be converted into a women's only unit.



This would remove the likelihood of a woman veteran seeking MST treatment would experience further triggering events. Additionally, by updating or upgrading the adaptive equipment in the shower areas of the mental health ward, the likelihood of incidents within the area would go down significantly.

The American Legion Veterans Affairs and Rehabilitation Division passed these recommendations on to the executive leadership team during the visit and hope to see changes implemented in the future.

Transportation

Transportation Best Practice: The Phoenix VA has such a wide array of veterans in its care, ranging from those living in a metropolitan area, a suburban area, and a rural area it makes sense that veterans struggle with various issues related to transportation. For those in the metropolitan and suburban areas programs like Uber Health, Veterans Transportation Programs (VTP) and Veterans Affairs Volunteer Services (VAVS) are used to get the veteran from their home to the VA. These programs also assist veterans in rural communities. The Phoenix VA also has roving golf carts that assist veterans to the medical center entrance from various parking lots on campus.

Transportation Challenges: The Phoenix executive leadership team identified some veterans having issues being eligible for the Uber Health program. In addition, those veterans that are highly rural and eligible for Uber Health or other transportation services struggle with obtaining the services due to the time and/or hazards to get to the veteran's location. The maintenance of vehicles and lack of drivers for the other voluntary services such as the VTP and VAVS has caused an uptick with the Uber Health Program.

Recommendation: The American legion has previously supported the VTP and VAVS, and with collaboration from the Phoenix VA, The American Legion and other Veteran Service Organizations can fill the current gap with volunteers at the local level to ensure that veterans can make it to their appointments. Grants from the Arizona Department of Veteran Services and VA can fund repairs needed to upkeep vehicles and continue to fund the programs.

The American Legion Veterans Affairs and Rehabilitation Division has passed on these recommendations to the executive leadership team at the Phoenix VA.

Training and Education

Training and Education Best Practice: The Disruptive Behavior Committee as outlined by the Veterans Health Administration (VHA) Workplace Violence Prevention Program (WVPP) Directive has been rolled out across the VA with Dr. Teed and Dr. Weyer from Phoenix VA detailed to the national VHA WVPP Office. This program has been utilized to train staff how to prevent and de-escalate situations from becoming an issue. Phoenix VA employees noted the WVPP as a positive program that raised the level of safety within the facilities for staff and patients. Phoenix VA has three Certified Threat Managers, acknowledged by the Association of



Threat Assessment Professionals. This has allowed the Phoenix VA to serve as national consultation team members for threat management teams across the VHA, hosting various national trainings. The Employee Threat Assessment Teams has also been showcased across the VHA with the Phoenix VA being recognized at numerous conferences and trainings since 2022.

Staffing and HR Process

Staffing & HR Process Challenges: For years the staffing and retention of employees within the VA has been a challenging issue. To address it, the VA has moved forward with “centralization” whereby many of the processes associated with HR and employees have changed to only have an HR employee working tasks in a virtual manner or within the main VISN office. However, the Legion SWS team identified issues with the centralization process. First, the HR employees no longer have a point of contact within the facility. This makes identifying an individual responsible for the position difficult. Moreover, these recent changes have created confusion for facility workers. The constant evolution of these positions has led to a lack of accountability. Employees are forced to repeat this process with a new HR representative whose responsibilities cover the onboarding of new hires, retirement, and the filling a newly vacant or soon to be vacant positions. Our team was informed this can take six months to a year to complete.

Recommendation: These issues could be addressed by bringing HR positions back to the facilities instead of being located in VISN offices or by remote employees. Without any connection to the facility, there is a lack of knowledge and accountability in specific regions when a process is initiated, and if the employee leaves or is reassigned, the process is restarted and current progress lost.

Request for Legion Support

At the end of every interview with each office the SWS team asked, “Is there anything the American Legion can do to support?” The Phoenix VA Executive Leadership team identified three major needs for the facility and the surrounding clinics within their purview. The first and greatest need is an infrastructure modernization to effectively serve veterans in the catchment area. The second need is HR accountability and improvements, specifically the issues with centralization to the VISN level and staffing shortages. The VA must shorten its time to hire if its goal is to remain competitive with the private sector. Congress should consider drafting legislation that streamlines inefficiencies in VA’s onboarding process and improves accountability within VISN offices for hiring bottlenecks and for tracking purposes. Finally, transportation services and programs designed to get veterans to their appointments remain an issue. More must be done to incentivize drivers to fill the critical staffing shortages.

Recommendation: The American Legion should meet with the Arizona Congressional delegation to review the challenges facing the Phoenix VA. This will allow for the Arizona Congressional delegation to advocate for the Phoenix VA in addition to The American Legion’s efforts. The American Legion will use the information in this report to provide Members of Congress, the House Committee on Veterans Affairs, the Senate Committee on Veterans Affairs, and various



stakeholders with the knowledge to make the Phoenix VA and the Department of Veterans Affairs more efficient and raise the level of care provided to this nation's veterans.

Conclusion

The Phoenix VA staff was happy to work with the American Legion's SWS team and we are grateful they were willing to share current challenges so openly. The staff had a mission-oriented attitude in their work, which will be a necessity when dealing with issues in staffing and infrastructure. Director Matthews and his staff have worked hard to change internal culture and fight the public perception of the Phoenix VA in wake of the scandal a decade ago.

Update August 1, 2024

The American Legion believes that we would be doing a disservice to our members and veterans in general if we left this report unannotated. The Department of Veterans Affairs Office of Inspector General released a report on July 24th, 2024, regarding an event that occurred prior to the visit conducted by The American Legion's SWS team. According to the report the event occurred sometime in the Spring of 2023 and involved a death of a veteran on the Phoenix VA campus. The American Legion believes that in response all clinical and non-clinical employees primarily based out of a VAMC should obtain a Basic Life Saving (BLS) certificate.