

THE AMERICAN LEGION SYSTEM WORTH SAVING REPORT

August 4th – August 6th, 2025



Captain James A. Lovell Federal Health Care Center North Chicago, IL

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

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INTRODUCTION

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 System Worth Saving (SWS) visit to the VA Chicago Healthcare system, also referred to as Captain James A. Lovell Federal Health Care Center (Chicago, IL), 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. 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

On October 1, 2010, the Captain James A. Lovell Federal Health Care Center (Lovell FHCC) was stood up as the nation's first fully integrated VA and Dept. of Defense medical facility. It combines the healthcare delivery mission of the former North Chicago VA Medical Center and Naval Health Clinic Great Lakes. Lovell FHCC is named after former Apollo and Gemini astronaut and retired Navy Captain James A. Lovell, who recently passed away at the age of 97. Lovell was a local resident who fully supported the facility, frequently participating in many Lovell FHCC events over the years.

The hospital is in its 14th year of service as the DoD and VA Medical Facility Demonstration Project, serves as an essential resource in identifying and recommending solutions to integration issues regarding healthcare delivery, information management and information technology, regulatory changes in legislation, policy, and financial matters. Approximately 3,200 VA civilians, contractors and Navy active-duty members work at Lovell FHCC. The approximately 750 active-duty Navy personnel assigned to Navy Medicine Readiness and Training Command Great Lakes support Lovell FHCC's main hospital and its four Naval

Station Great Lake clinics, which include three Recruit Training Command clinics that provide medical and dental care to all of the Navy's recruits.

The main medical facility includes the following:

- 34 Medical/Surgical Beds
- 10 Intensive Care Unit (ICU) Beds
- 15 Emergency Department Beds
- 5 Post-Anesthesia Care Units
- 5 Operatories
- 1 Cystoscopy Room
- 64 Household Based Long-Term Care Beds
- 40 Green House Home Beds
- 10 Short-Term Rehab Beds
- 60 Domiciliary Beds
- 26 Residential Post Traumatic Stress Disorder Beds
- 39 Resident Treatment Substance Abuse Beds
- 32 Acute Psychiatric Beds

The facility also operates two community-based outpatient clinics (CBOCs) in Evanston and McHenry, IL, and one outpatient clinic in Kenosha, WI. All three CBOCs provide health services to eligible Veterans.

Lovell FHCC is part of the Veterans Integrated Service Network (VISN) 12, which includes Jesse Brown VA Health Care System; Hines VA Hospital; Milwaukee VAMC; Madison VA Hospital; Tomah VAMC; and Iron Mountain VAMC. Lovell FHCC is also a part of the Military Health System (MHS) as a treatment facility supporting the Defense Health Agency (DHA). Lovell FHCC provides comprehensive medical care for all eligible DoD beneficiaries across a 16-state regional area for active duty and reserve members. Lovell FHCC's annual budget is approximately \$748.4M (70%VA, 30%USN). It has approximately 80K unique/enrollees per year – 27,057 Veterans, 11,753 TRICARE enrollees, 33, 841 USN Recruits and 3,400 USN students.

TOWN HALL MEETING

The Chicago System Worth Saving Town Hall took place on Monday, Aug 4th at American Legion Post 771 in Gurnee, Illinois. It was attended by around 40 veterans, family members, VA employees including The American Legion (TAL) Past National Commander Marty Conatser, TAL Department of Illinois Commander Roy Smith, TAL Department of

Illinois Sr. Vice Commander Celeste Latham, Lovell FHCC Director Dr. Robert Buckley, and Laura Hoyne, veterans caseworker from the office of Congressman Brad Schneider.

Dr. Buckley spoke to the audience about the newly opened Fisher House on the Lovell campus. The 100th Fisher House in the nation, it was opened on July 29th, 2025, shortly before TAL's SWS visit. The opening was attended by The Honorable Doug Collins, Secretary of the VA, and the Chairman and CEO of the Fisher House foundation Kenneth Fisher. The facility has more than 14,000 square feet and is open to both veterans and military family members at no cost while a member of their family is undergoing medical treatment. It has 16 fully accessible private suites, with large shared communal living, dining, laundry, family rooms, and a patio.

One focus of concern for town hall attendees was the timeliness of follow-up appointments at the facility. One guest stated that it took him over a year to get an appointment for a torn muscle. Dr. Buckley explained that a likely reason for that was the shortage of staff during the COVID-19 epidemic, and shortages of staff that the facility has faced periodically. He encouraged attendees to use the myhealthvet system for appointments, stating that it is the best system available for veterans to make and check appointments. Another issue with timely appointments was the lack of certain specialists. Some of these specialties are short-handed in general, leading to even civilian facilities struggling with staffing them at times.

The audience also focused on alternative therapy availability. Dr. Buckley informed them about the facility's offerings that include hypnosis therapy, bio feedback therapy, recreation therapy, residential treatment and addiction therapy, acupuncture, electroconvulsive therapy, and are also now offering ketamine therapy. It was also mentioned that there is a new rule in the Federal Register regarding medicinal marijuana that could be promising in exploring treatments using that drug as well.

INTERVIEWS

SUMMARY

On June 24-27, 2024, the SWS team interviewed staff and leadership from the following offices: Supply Chain Management, Pharmacy, Patient Advocate, Behavioral Health and Addiction Care, Homeless Veterans Program, Suicide Prevention, Community Care, Quality, Lab, and the Simulation Center. Through these interviews with Lovell FHCC staff, TAL gained great insight into how the hospital operated as an individual entity and as part of the larger VA system.

AREAS OF FOCUS

SUPPLY CHAIN MANAGEMENT

Best Practices: The new EHRM system has been a boon to the supply chain management of the hospital. With the new system, everything is tied together into one database. When items are used or prescribed, it's as easy as scanning a barcode to add it to a patient's medical record. This also helps them keep better track of materials, as now there aren't as many overlapping systems to confuse things.

The department is also relatively well-staffed. There are a few full-time employee (FTE) slots that are unfilled, but this doesn't seem to be causing any major issues at the facility.

Challenges: While staffing is adequate, the facility currently limits how many FTEs can be added in a given time period, which makes filling positions a slow process. This could lead to problems down the road if the department loses employees faster than they can fill open slots.

The mandatory return to office mandate was also mentioned as a difficulty at the facility. While staffing is mostly adequate, the facility has a lack of physical office space in some areas. People who have jobs that could be done from home are back in the office now, leading to some difficulty in situating all employees.

Recommendations: The limit on how many employees the hospital can hire in a given month is detrimental to the running of the facility. Downsizing to reduce expenses should focus on positions that are unnecessary or redundant, not slowing down the hiring of much-needed staff for all departments.

PHARMACY

Best Practices: One of the notable best practices at Lovell Federal Health Care Center is that they have a full-time patient advocate pharmacist, Dr. Michelle Albert. Dr. Albert works with patients helping them to manage their medications and making sure that they are getting the proper treatment. She also works to resolve concerns patients have about their medication and educate patients about them.

The hospital also has a full-time pharmacist specializing in pharmacoeconomics. This position looks at the costs of certain drugs compared to the effects. This has proven to be a huge money saver for the facility, with less money used on costly treatments with low effect.

The facility has further been working with VA's Medication Center for Safety and Aging to improve their pharmaceutical practices in regard to elderly care. With their assistance, the pharmacists are working to ensure that elderly patients are only receiving medication that fits their conditions and works best for their age range.

Challenges: Onboarding new employees was cited as a challenge for the pharmacy department as well. Priority positions take about four months to fill. Non-priority positions take about 10 months. This is an extremely long process that often results in good candidates taking other positions while waiting on VA.

Recommendations: Like supply chain management, the pharmacy department is being held back by the low number of employees the hospital will onboard each month. TAL would recommend an alternative approach to cost savings that don't affect veteran healthcare.

PATIENT ADVOCATE

Best Practices: The new Patient Advocate Tracking System Replacement (PATS-R) has greatly helped the patient advocates to track and resolve patient concerns. The system uses a modern interface to track and prioritize cases, with the advocates able to easily bring up cases and track what has been worked on. This has increased efficiency of the department and allowed for better customer care.

Another best practice is the patient advocates are situated together in one office space. This allows them to work more closely together and to share helpful information across the department. In many VAMCs the advocates are spread out across the facility, leading to a disconnected department.

Challenges: The biggest challenge facing the department currently is the current environment and culture. Patients seem more elevated emotionally and quicker to anger due to uncertainty and rumors about staffing. They can be quick to blame changes from the top of the Department of Veterans' Affairs, even when the issue is not affected by any of those changes.

Recommendations: Better communication to veterans from VA would help greatly in reducing patient anxiety and stress. The Secretary of Veterans' Affairs, Secretary Collins, has repeatedly expressed that VA does not intend to cut areas that involve patient care or safety. This message is not being communicated well enough though, leaving veterans afraid and confused about potential changes.

BEHAVIORAL HEALTH AND ADDICTION CARE

Best Practices: The Behavioral Health and Addiction Care (BHAC) department has a good relationship with the ER department. When patients present showing symptoms related to mental illness or addiction, referrals to the BHAC are done as soon as any medical situations have been resolved. The ER department are often the ones most likely to interact with these patients, so the pipeline to the BHAC department is important to address the underlying issues these patients are facing.

Challenges: Dr. Jenifer Gunther, psychiatrist in the Behavioral Health and Addiction Care department, has found that many in the veteran community do not want to take drugs for their treatment. Therefore, they require the help of a therapist over a psychiatrist. However, the facility has experienced difficulties with hiring additional therapists. While candidates are not hard to find, the current slowdown in facility hiring makes onboarding a long process, from six to eight months, as seen in other departments.

This lack of therapists leads to long wait times between appointments for patients seeking mental health care. Currently, the wait between appointments can be months long. This often leads to patients discontinuing their care.

Recommendations: Again we find that, despite the intentions of VA, efforts to cut down on employees is hurting veteran care. Too many specialties seem to be included in the hiring slowdown. The Department of Veterans Affairs in DC should give guidance to facilities on how to meet department employment goals without hurting patient care.

HOMELESS VETERANS PROGRAM

Best Practices: In dealing with homeless veterans, very often this also means dealing with justice-involved veterans. In dealing with their issues that led to homelessness, such as substance abuse, very often homeless veterans end up involved with law enforcement. Due to their veteran status, they are eligible for certain programs to address those underlying programs.

Lovell FHC maintains relationships with law enforcement and the courts in its catchment area. This often allows justice-involved and at-risk veterans to be funneled into treatment at the hospital instead of incarceration. Many of these veterans end up in the substance abuse treatment program, and the facility does special graduation ceremonies for those who complete it.

Challenges: Employees of the Homeless Veterans Program cited a lack of social workers as one of their main challenges. This is due partially to the hiring freeze, but also due to the nature of the work. The HVP is heavy on outreach, and when given the choice between that and working in a civilian hospital with a more clinical setting, often social workers chose the civilian hospitals.

Recommendations: VA should look into its practices regarding social workers. They are an important part of caring for at-risk veterans and are much needed at VA facilities. Incentives for social workers to work at VA should be looked at, to include pay grade level.

SUICIDE PREVENTION

Best Practices: The suicide prevention team at Lovell operates under a philosophy of being proactive, not just reactive. They work hard on their community outreach program, sending staff out into the community to form relationships with veterans and veteran organizations. They give information on how to deal with challenges and access resources.

The facility has a full-time community engagement coordinator, which is key to the facility's proactive approach. The department is fully staffed, with several general coordinators along with a lead coordinator, a Compact Act coordinator, and a staff member who works between the suicide prevention team and the homeless veteran program. The team works closely together and communicates often.

Challenges: Staff find that the systems that they use are not integrated well with the rest of VA software architecture. It is difficult, for example, for staff on the suicide prevention team to easily check with VBA to see if a veteran has benefits. Some of this is due to the EHRM. Staff on the team feel that Oracle/Cerner does not quite understand their role the way they understand traditional medical departments.

Recommendations: VA should look at making sure that software that suicide prevention teams use is tied in with the rest of VA's software architecture. While the systems may not be a part of the EHRM upgrades, functioning with the rest of the systems is integral to having a good suicide prevention system. This fix may need to involve new legislation.

COMMUNITY CARE

Challenges: Staff at the facility described the current staffing situation as "horrible". The current staffing model is based off of referral volume circa 2020. There have been many changes since then, including with the PACT Act, and the numbers that the facility is going off are no longer accurate. Due to shortages, the Community Care staff felt that they were

struggling and playing catch-up and did not have any insight they felt they could give into best practices.

Even based on the outdated staffing needs information, the department is still understaffed. More staff are scheduled to leave in the coming months. Most of the staff regularly works overtime, and they have had to have staff from other departments assigned to their office in a situation staff described as “robbing Peter to pay Paul.” Filling vacancies is slow when the department is allowed to fill them, taking around six months in an ideal situation. This is further exacerbated by the sitewide monthly hiring limit, leaving many positions unfilled for now and the process of filling them not started.

Recommendations: The community care department needs particular attention when it comes to staffing. Care in the community is an important pipeline to help VA when dealing with lack of providers. By keeping the community care department understaffed, this important relief valve is kept partially closed, resulting in backups and further repercussions to the entire facility.

QUALITY

Best Practices: The quality department focuses on continuous improvement to hospital practice, tracking metrics on things like patient safety, utilization management, risk, and infection control. Staff at the facility have found specific areas to focus on for their facility that best helps improve operations. The department staff also look at practices done by other VA facilities do develop and improve their own best practices.

Challenges: Leigh Ann Deitrich, the Director of the Quality Department, noted that the age of the facility’s buildings can be a hinderance to keeping up with current standards for environment for care. Some of the campus buildings are very aged and need extensive reworking in order to meet care standards. The facility’s buildings are also split in ownership, with the DoD in charge of some facilities and VA in charge of others. The DoD buildings use a separate military contractor for maintenance, which can make coordination on upkeep difficult.

Recommendations: VA should take a close look at facility infrastructure not only at FHC Lovell but at other facilities to ensure that standards on environment of care can be maintained. Degrading older buildings often simply cannot be brought up to the standards of today’s healthcare. A modern VA that provides world-class healthcare to veterans requires modern facilities.

LAB

Best Practices: The lab department at Lovell FHC has extensive safety procedures in place. They have established a system to make sure that samples and results are double checked, ensuring that results are correct. They also have a mentoring program at the lab, putting more experienced staff with new ones. As a lot of the staff are active-duty military just out of their training, the increased guidance helps with their career development.

Challenges: While a lot of technology has gotten smaller in many areas over time, counter-intuitively a lot of the machines that the lab uses have actually gotten bigger. This has left them with a shortage of space. The space is currently being renovated to provide more room, but even this will leave them short on space. Currently just the analyzer machines take up half of the lab's main room.

Another challenge, one that has greatly affected morale, is that VA has recently reclassified certain lab jobs. Lab techs were upgraded on the GS scale, however phlebotomists were downgraded. This has led to a harder time finding phlebotomists with the now lower pay, especially when VA wasn't considered a top choice for salaries even before the reclassification.

Recommendations: The most glaring area for improvement in lab that can be done easily is reversing the reclassification of phlebotomists to a lower GS scale. Phlebotomists are in fairly high demand, and the decision to lower their rating was a misguided one. As it was done across VA, this is surely affecting recruiting at other facilities.

CONCLUSION

Time and time again, staffing comes up as an issue at every level at FHC Lovell. Nearly every department mentioned staffing concerns as a detriment to patient healthcare. Across the board limits on hiring regardless of the position is contrary to what Secretary Collins' stated approach to cost-cutting at VA has been. These limits absolutely affect veteran care, with key departments remaining understaffed and struggling through a lengthy process to hire that is only exacerbated by the facility's monthly hiring limit.

While hiring slowdowns for budgetary reasons aren't automatically negative, this administration has stressed repeatedly that veteran care would not be affected by any budget cuts. TAL can see firsthand now that this has not been the case. These measures to lower VA costs are absolutely affecting veteran care, and they are on full display at Lovell FHC.

In July VA was given a list of general questions to help this report before TAL staff made their visit. In early August, when the visit was made, staff at the facility confirmed that they had gotten the questions and wrote extensive answers. As of the time of this writing, in late October, VA has still not given us those answers. It would greatly help VSOs to help VA if groups could get input from them in a timely manner. The System Worth Saving Program is a collaboration between The American Legion and the Department of Veterans' Affairs, and it is hard for TAL to assist in helping keep VA as a world-class healthcare provider when we cannot get answers from the organization.

There is some light on the horizon regarding the EHRM project. Lovell FHC has completed the conversion to the new system, and it appears to be running well. While employees spoke of difficulties in the process, overall, they appeared better prepared than previous facilities in the rollout. This is supported by statistics, with no critical incidents due to the changeover. After several veterans were killed by complications with the software change in locations like Spokane, Washington, this is an extremely positive advancement.