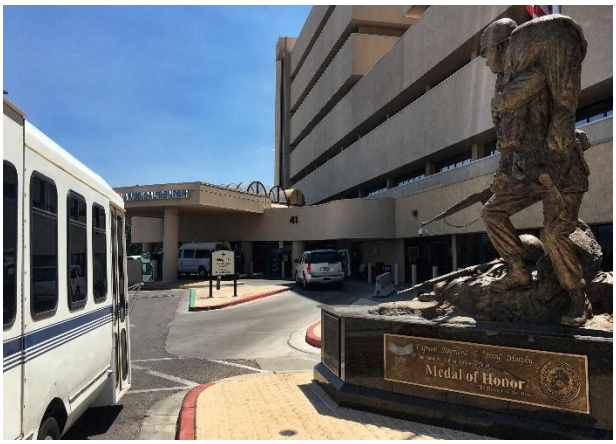
The American Legion

System Worth Saving

June 24th-June 27th, 2024



Raymond G Murphy Veterans' Hospital
Albuquerque, New Mexico

Veteran Affairs & Rehabilitation Commission: Alan Cohen (FL), Vice Chairman
Veterans Affairs & Rehabilitation, National Staff: Andrew Petrie (AZ), Matthew Cardenas (DC),
Department of New Mexico: Donald "Butch" Harrison, National VA&R 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 System Worth Saving (SWS) visit to the Raymond Murphy VA Medical Center, 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. National staff then 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 American Legion senior staff and volunteer leaders 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 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

The first meeting between Legion Staff and hospital facility staff was an entrance briefing with the newly appointed Director Dr. Breton Weintraub, along with representatives from the Executive Leadership Team.

Our team learned that the VA New Mexico Healthcare System serves veterans in a very large catchment area, covering New Mexico, Southern Colorado, and West Texas. Built on 516 acres of mesa in the south of Albuquerque, the Raymond G. Murphy Medical center was opened in 1932. It was listed on the National Register of Historic Places in 1983, with the listing including 16 contributing buildings and a contributing structure on 40 of the facility's acres.

The facility is named after Marine Captain Raymond G. Murphy, a Medal of Honor recipient in the Korean War. After his time in service, he moved from Colorado to New Mexico and worked for the VA from 1974 until his retirement in 2005. In that capacity, he served as a counselor for the VA and eventually became Chief of Veterans Services. He passed away in 2007 and the Albuquerque Medical Center was renamed in his honor.

The hospital is known as a leader in environmental sustainability. It received the Partner for Change Award in 2017 from Practice Greenhealth, a leading organization devoted to environmental sustainability in healthcare. Preserving the mesa and its surrounding area is of upmost importance to the facility.

The New Mexico VA Healthcare System offers 14 health care facilities that provide primary and specialty health services to Veterans in New Mexico and southern Colorado. In 2023, there were 66,820 enrollees, 6,839 of which were women, leading to 645,000 outpatient visits and 5,335 hospital admissions. The medical center's budget is $626.6 million and utilizes over 2,953 full-time equivalent employees. These numbers are expected to grow as the VA expands Whole Health and Pain Management programs including acupuncture, chiropractic treatment, mindfulness, and meditation training.

During the Executive Leadership Team briefing Susan Jurica, Associate Director for Patient Care Services, said the Veterans Integrated Service Networks (VISN) struggles to bring specialty care to veterans living in remote areas. Many of these patients can't be treated using telemedicine because they often have no internet access or electricity. The hospital has tried to address this by utilizing a transportation program, facilitating better access to the hospital for specialty care. However, the distance required for many of these trips was farther than the maximum federal drive time allowed per day, so the program failed. Ms. Jurica proposed building remote clinics or using community-based outpatient clinics (CBOCs) for certain specialty care like oncology, dermatology, pulmonology, and ophthalmology, which were determined to be some of the highest-demanded care by veterans in these areas. However, like many VA infrastructure issues in the country, this proposal does not have an authorization or appropriation from Congress.

Town Hall Meeting

The Albuquerque System Worth Saving Town Hall took place on Monday, June 24th at American Legion Post 13 in Albuquerque. It was attended by around 40 veterans, family members, VA employees, and staff from the office of Senator Ben Ray Luján. Notable Legion attendees were Paul Espinoza, commander of Post 13, and Donald "Butch" Harrison, a local veterans healthcare advocate.

One of the first questions to come up at the town hall meeting was the lack of availability of transportation for veterans. A VA representative in attendance stated the hospital is applying for more grants to remedy this problem and mentioned the state of New Mexico has provided money for transportation and the facility is working on a contract with a transportation vendor.

An issue that repeatedly came up was the lack of timeliness for appointments. According to Albuquerque VA Hospital Director Dr. Brendon Weintraub, this problem stems from inadequate staff levels. Providers are at capacity, working as fast as possible to provide care. Eligibility has expanded due to PACT Act enrollees and the hospital is struggling to keep up with the increased demand.

Onboarding new staff is exacerbated by retention problems. Dr. Weintraub, who at the time of the town hall had been in his position for less than two weeks, confessed that he wasn't sure why turnover was such a problem at the facility but promised to investigate it and work on addressing the problem.

Veterans at the town hall brought up how the VA's lack of internal capacity leads to more veterans being authorized to use Community Care, where they say the wait is often even longer than VA wait times.

The town hall attendees seemed happy that the Albuquerque VA had sent so many high-ranking staff from the facility to the town hall meeting. Facility Director Dr. Weintraub led his team in talking with attendees after the meeting and giving out contact information for attendees to follow up with concerns that couldn't be addressed during the meeting. The American Legion

appreciated his leadership and attentiveness at the meeting, especially considering his newness to the position.

Interviews

Summary

On June 24-27, 2024, the SWS team interviewed staff and leadership from the following offices: Executive Leadership; Human Resources, Supply Chain Management, Surgical, Nursing, Quality and Safety Management, Fiscal Management, Polytrauma, Oncology, and Suicide Prevention. Through these interviews with Albuquerque VA staff, TAL gained insight into how the hospital operated as an individual entity and as part of the larger VA system.

Areas of Focus

Patient Support

Patient Support Best Practice: The hospital has a peer review committee for going over adverse events. Multiple staffers brought this up as one of the best practices at the hospital. By organizing the committee, problems can be addressed by staff closer to the issues and have a better understanding of the challenges involved. This leads to better suggestions and improvements across the department as employees see what went wrong in an episode of care and go over how to avoid them in the future. New best practices are more rapidly disseminated this way.

Patient Support Challenge: The single biggest challenge for patient support, brought up in our executive briefing, town hall, and multiple times in our site walkthrough, is inadequate staff levels. Wait times are often longer in the community than VA could have provided with increased capacity.

Recommendation: As most of the VA's overall systemic problems seem to stem from staffing, Congress should take steps to hold VA accountable to recommendations provided by the Government Accountability Office (GAO). These recommendations including meeting staffing needs to manage referrals to health care providers outside the VA, recruiting and retaining mental health care staff to provide services in primary care settings, and monitoring the completion of new hire onboarding tasks plan to improve VA staffing on all levels. Most federal jobs are in high-demand, and reasons that VA's position are not should be identified and addressed.

Innovation

Innovation Best Practice: The hospital is currently experimenting with using virtual reality to help veterans with post-traumatic stress disorder. This is a relatively new form of aversion therapy, where the veteran is exposed to simulations of stressful situations (i.e. being in a crowded room of strangers), but with the knowledge that they are in a safe environment. The theory behind this, and all forms of aversion therapy, is that it will help rewire the brain's response to such situations. The hospital has several headsets for conducting such therapy.

Innovation Challenge: A challenge in innovation the hospital identified is transportation programs. They have tried setting up their own car service, partnering with rideshares, and working with VSOs to get veterans in remote areas to their specialty care. These programs have repeatedly failed due to a lack of willing drivers, even with full time pay. As staffing is a problem across all departments, it appears that there is an overall workforce shortage in the Albuquerque area.

Recommendation: This issue again touches on the VA's systemic problems with staffing positions. While the hospital has money and positions open for drivers, they cannot hire enough to maintain their transportation program at working levels. Additionally, the VAs onboarding process remains far too long, and they struggle compensate their employees as well as community providers. The American Legion recommends that Congress take a comprehensive look at VA staffing and what regulatory changes can be made to expedite the process.

Collaboration

Collaboration Best Practice: Previously brought up as a patient support best practice, the peer review committee is also an example of the hospital's best practices when it comes to collaboration. By bringing together different departments and department peers, the committee is a prime example of productive collaboration at the hospital working towards new solutions and better patient care.

Collaboration Challenge: One large challenge that the hospital faces, brought up repeatedly in the entrance briefing, the town hall, and at the hospital, is bringing specialty care into remote areas. The hospital has been looking at the idea of remote clinics but is having difficulty sourcing the required funding. Additionally, the facility has implemented a traveling rotation for in-demand specialties that can provide their services from Community Based Outpatient Clinics (CBOC). They have also created their own transportation program to take veterans to their specialty care appointments. However, as noted elsewhere, they cannot staff the program at the required levels.

Mental Health

Mental Health Best Practice: When a veteran is brought to the hospital intoxicated, the hospital assesses them for substance abuse and considers treatment which has a higher likelihood of success and results in a sober patient. The hospital has an inpatient rehab available to eligible veterans.

Mental Health Challenge: In our interview with Dr. Mayne and Dr. Torres-Sena, who work in substance abuse and mental health, they mentioned there is a growing veteran suicide problem in the area. They feel that a lot of this is exacerbated by the current zeitgeist, with suicide being much more talked about and accepted now than it was in the past. They also mentioned that negative rumors spread through the veteran community rapidly, which contributes to an increase in suicidality. They noted that the veteran suicide problem is especially prevalent in the elderly

veteran population. Older veterans who lack family support were found to be much more likely to die by suicide.

The Veterans Comprehensive Prevention, Access to Care, and Treatment (COMPACT) Act was implemented into law starting in 2023, which expanded emergency healthcare for veterans in crisis. However, for veterans deemed to not be in a mental health emergency, the VA still takes factors like time in grade and discharge status to determine if a veteran is eligible for suicide prevention services. Confusion surrounding eligibility differences hampers the facility's ability to treat veteran suicidality, and on some occasions, veterans have already started treatment before finding out that they aren't eligible for coverage. This often leads to these extremely at-risk veterans leaving treatment. The American Legion supports the Veterans' ACCESS Act of 2025, which would standardize and expand inpatient substance abuse and mental health treatment at VA facilities, with an emphasis on timely treatment.

Recommendation: There needs to be improved congressional oversight to ensure that the recent expansion of mental health treatment eligibility for veterans in crisis is being implemented per congressional intent. When a veteran is suicidal, they should not be being turned away from treatment because of some technicality or lack or implementation of the law.

Transportation

Transportation Challenge. A huge issue with transportation is a lack of drivers for the hospital's transportation problem. Like many other areas of the hospital, the facility struggles to recruit drivers for these positions despite having the funding. This leads to the hospital not being able to provide enough rides to keep up with veteran demand, leaving these veterans to seek out alternative sources of transportation or to cancel their appointments.

Recommendation: See "Innovation" recommendation.

Training and Education

Training and Education Best Practice: A great practice of the hospital is their partnership with the University of New Mexico. The university has a medical school, and the VA allows their students to complete a portion of their training at the hospital. This program serves as one of the facility's best avenues for recruitment, as students attending medical school in Albuquerque establish ties to the area and are more open to working at the VA.

Training and Education Challenge: The onboarding and training process is so long that often it takes months to go from initial hiring to an employee who can function regularly on the ground. Part of this is caused by the VISN, with new rules and processes for onboarding and training coming out regularly, often changing and contradicting old practices. The VISN has centralized HR, meaning that onboarding is often done by people working remotely from across the country with no eyes on the ground or experience in the facility itself. The same applies to training modules and practices.

Recommendation: Staff at the facility should have input into training modules and practices, instead of everything being determined at the VISN level. On the ground staff have a better firsthand understanding of processes and inefficiencies, and their input would be invaluable in training.

Staffing & HR Process

Staffing & HR Process Best Practice: See "Training and Education Best Practice."

Staffing & HR Process Challenge: Part of the previously identified staffing problem is the Federal General Schedule (GS) pay tables, which are typically less lucrative than civilian wages and leave VA facilities with a smaller recruiting pool. Further, many people from other areas are simply not interested in moving to a smaller metro area that is predominantly rural and located in a desert state.

Recommendation: Consolidating the human resources departments at the VISN level is an inefficient, uninformed, and out of touch idea that is clearly not working the way that the VA envisioned. It is leading to bottlenecks in the hiring process, and leaves staffing to employees who don't live or work in the area and don't have a good view of the facts on the ground. Knowing how the facility functions on the ground level is key to proactively hiring staff and filling facility needs. Congress should look into the consolidation of VA facilities' HR

departments at the VISN level and determine if it's in the best interests of veterans. Requiring potential staff to wait months for a position in an unrealistic expectation hindering recruitment and retention efforts.

Homeless Veteran Program

Homeless Veteran Program Best Practice:

For approximately 10 hours a week, the hospital has a healthcare professional at hand specifically to treat homeless veterans. This service is only offered Mondays, Tuesdays, and Fridays from 8am-11:30am, but has shown success. The facility also participates in VA's standard Veterans' Outreach for the Homeless program, connecting homeless veterans to various programs providing support to veterans experiencing homelessness.

Homeless Veteran Program Challenge: The above-mentioned program has severely limited hours. While the facility is interested in expanding their care for homeless veterans, resources and staffing remain an issue. The hospital already struggles with recruiting doctors, so putting more hours of doctor time in this program currently takes away from their ability to see other veterans. Expanding the program would greatly assist the area's homeless veterans but will require the proper staffing and support.

Recommendation: VA should increase funds available for doctors who are dedicated to treating homeless veterans. While the current practice is laudable, the physician hours currently available to homeless veterans are lacking and not enough to meet the needs of the community.

Security

Security Challenge: One minor security challenge that was observed during the SWS visit was the relative lack of security in most of the facility. While the hospital has recently installed several electronic doors that need a pass or someone to buzz the door to open, none of these doors that we observed had any physical security beyond that. Security staff at the hospital were spread relatively thin. Over the course of several days at the facility, TAL staff only sighted security personnel on two or three occasions. Facility staff agreed that they do not have a large security presence but believe it is adequate to handle the facility's needs. The American Legion still suggests bolstering security to account for the unexpected.

Recommendation: TAL's 2024 Resolution No. 10: Improve Security at Department of Veterans Affairs Health-Care Facilities calls on the VA to improve physical security at their facilities. This includes better security staffing, more security at hospital access points, fixing facility monitoring systems, and more. Congress should comprehensively address this issue.

Conclusion

The largest issues impacting veterans and staff at the Raymond G Murphy Veterans' Hospital in Albuquerque, New Mexico are a long wait time for filling positions, a lack of funding to bring healthcare to the area's rural and homeless veterans, and security infrastructure and staffing. These issues lead to impacts on veterans and staff like long wait times, difficulties getting access to care, and leaving them at risk of security incidents.

Time and time again, the problem at the heart of the major issues at the hospital boil down to staff shortages. From healthcare providers to drivers, the facility struggles to recruit at almost every level. This, combined with a robust demand for veteran healthcare, leads to long wait times which qualifies them to seek care in the community. However, the hospitals in the region at large also struggle with recruitment and retention, leading to these community care appointments having an even longer delay.

While some of these staffing problems are endemic to the area, there are some actions Congress and the VA could take, balancing pay scales with civilian providers and streamlining the onboarding process.

Overall, the Raymond G Murphy Albuquerque VA Medical Center was a well-functioning facility with high veteran satisfaction. Correcting these deficiencies in filling open positions, bringing healthcare to rural and homeless veterans, and addressing security concerns will help it become even better and continue through the 21st century as an institution of excellence. The American Legion had a welcoming, informative visit that highlighted areas of excellence where the Albuquerque VA and the VA in general are providing superior service, as well as areas of improvement.