



## VA EASTERN KANSAS HEALTH CARE SYSTEM | DWIGHT D. EISENHOWER

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**National Task Force Member:** Rev. Daniel J. Seehafer

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### Overview

The VA Eastern Kansas Health Care System (VAEKHCS) is comprised of two campuses: the Dwight D. Eisenhower VA Medical Center in Leavenworth and the Colmery-O’Neal VA Medical Center in Topeka. These two facilities, along with its nine community-based outpatient clinics (located in St. Joseph, Mo.; and Ft. Scott, Seneca, Kansas City, Garnett, Chanute, Junction City, Emporia, KS, and Lawrence, Kan.) make up the VA Eastern Kansa Health Care System.

The VAEKHCS serves veterans in eastern Kansas and north-western Missouri. It is part of the Heartland Veterans Integrated Service Network (VISN) 15 and operates 72 medical/surgical hospital beds, 125 behavioral health beds, 138 nursing home beds, 177 domiciliary beds, and 25 Psychiatric Residential Rehabilitation Treatment Program beds. The Dwight D. Eisenhower Veterans Affairs Medical Center opened in 1884 and has been designated by the Kansas City Historical Society as a historical location. The VAEKHCS’s primary service area is comprised of 37 counties in eastern Kansas and western Missouri.

As a referral center for VA medical centers in Kansas City, Mo.; Columbia, Mo.; and Wichita, Kan., it provides health care for veterans throughout the Heartland VISN. Its specialty psychiatric programs serve veterans within its catchment area, the network medical facilities and states outside the VISN 15 catchment area. VA Eastern Kansas has affiliations with the University of Missouri, Kansas City School of Medicine and the University of Kansas School of Medicine. It also has affiliations with schools in nursing and allied health professions, including clinical pastoral education, psychology, social work, addiction counseling, pharmacy, dentistry, optometry, physician assistant, occupational and physical therapy, radiology technology, respiratory therapy, dietetics, pathology, health care administration and medical records administration.

### Budget

The Dwight D. Eisenhower Medical Center fiscal 2014 budget is: Medical Center Allocation System, \$222,577,635; projected collections, \$18,000,000; projected other revenues, \$5,520,000; total projected budget, \$246,097,635. According to information reported by the fiscal officer, current projections indicate the medical center’s 2014 budget is not sufficient. Supplemental

funding has been requested for the three activation projects that will occur this fiscal year: Platte City CBOC, a community living center dementia unit on the Topeka campus and a women’s health clinic on the Leavenworth campus. It has also requested funding for other projected shortfalls caused primarily by staff growth and expanded Non-VA Care expenses; however, supplemental funding has not been received to date.

### Past and Current Budget Allocations:

Fiscal Year	Medical	Facility	Administration
FY2012	\$170,936,225	\$25,930,859	\$19,760,176
FY2013	\$170,504,711	\$24,425,561	\$20,370,297
FY2014	\$177,507,877	\$25,151,273	\$19,918,485

The VAEKHCS spends approximately 7 to 10 percent of its budget on Non-VA Care.

### Non-VA Expenditures

Fiscal Year	Non-VA Expenditures
FY2012	\$20,584,466
FY2013	\$23,870,327
FY2014	\$27,138,038 (projected)

The VAEKHCS reported that its top five Non-VA health care expenditures are: Diseases of the Circulatory System; Diseases of the Genitourinary System; Diseases of the Respiratory System; Symptoms, Signs and Ill-defined Conditions; and Diseases of the Digestive System. Since 2003, the VAEKHCS has implemented the following major programs or initiatives: Established women’s health clinics at both campuses; established Home-Based Primary Care at both campuses; implemented numerous telehealth programs; established caregiver support program; established medical foster homes; expanded Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn programs; expanded mental health programs; expanded homeless programs, including dental; implemented Peer Support Program; implemented Comp and Pension physicals; implemented IDES Exams in conjunction with Fort Riley and Fort Leavenworth ; implemented palliative care (including No One Veteran Dies Alone Program); implemented Justice Outreach Program; constructed open magnetic resonance imaging (MRI) in Tope-



ka; purchased Mobile MRI, shared with Fort Leavenworth and Kansas City VA; opened CBOCs in Lawrence and Junction City; and expanded CBOC in St. Joseph.

### **Medical Care Cost Recovery (MCCR)**

On Aug. 31, 2011, the VAEKHCS MCCR Program was transitioned into the Central Plains Consolidated Patient Account Center, which is located on the grounds of the Dwight D. Eisenhower VA Medical Center. The VAEKHCS Budget Officer reported that their collections have not improved under the CPAC. As reflected in the below chart, the health-care system has failed to meet its targeted goals for the past three fiscal years.

### **Goals and Collections**

<b>Fiscal Year</b>	<b>Goal</b>	<b>Collections</b>
2011	\$20,612,624	\$17,690,919
2012*	\$20,283,555	\$17,966,288
2013*	\$18,506,340	\$16,261,757
2014*	\$17,863,300	

\*CPAC

In fiscal 2012, the VAEKHCS received specific purpose funds for the following programs (supplemental funding has not been provided):

Vet Center, Health Care for Homeless Veterans (HCHV), Grants and Per Diem, Homeless Veteran Supported Employment Program (HVSEP), HUD/VASH, other Homeless Programs, Justice Outreach, Mental Health Programs, Caregiver Support, Rural Health, T21 Programs, Homeless Dental, MRSA, Education Programs, Trainee Programs, Energy Engineer, OEF/OIF Manager, Military Liaison, Prosthetics, GEMS, Valor, IDES, Peer Support, Voluntary Service Assistant, Mental Health Enhancements, Veteran Transportation Service (VTS) Program, Technical Career Field (TCF) Intern Program.

In fiscal 2013, the VAEKHCS received specific purpose funds for the following programs (no supplemental funds were provided):

Vet Center, Caregiver Support, Military Liaison, MRSA, T21 Programs, Trainee Programs, Mental Health Programs, HCHV, HVSEP, Grants and Per Diem, HUD/VASH, Homeless Programs, Justice Outreach Program, Prosthetics, Education Programs, Homeless Dental, Veteran Transportation Service, Energy Engineer, Rural Health, TCF Intern Program, OEF/OIF Manager, Valor, Performance Improvement Program, Peer Support, GEMS, Disability Evaluation System/Integrated Disability Evaluation System, DCHV-Compensated Work Therapy, Mental Health Enhancements, Maternity Care, Women's Health Programs.

### **Staffing**

The VAEKHCS indicated that one of the major challenges each fiscal year is the management of salary dollars used to control full-time equivalent employees (FTEE) while maintaining financial solvency. This includes working through continuing resolutions, absorbing approved pay raises, implementing unfunded mandated programs, and keeping up with rising labor, supply and contract costs associated with increased workload.

The VAEKHCS has developed a workforce succession strategic planning model used to identify the 10 most difficult positions to recruit, followed by the five physician and nurse positions that are the most difficult to recruit. The planning model takes into account geological demographics, demand, retirement statistics, patient workload and projected markets. Once these positions are identified, additional recruitment strategies and employee development programs are created and implemented to mitigate shortfalls.

The strategic planning process is comprised of multiple components interrelated to ensure fiscal accountability and performance measure success, while providing veteran-centered care throughout the fiscal year. The planning process is divided into four equally related processes: measuring the strengths, weaknesses, threats and vulnerabilities; goal identification; strategic retreat; and goal implementation. Medical center goals are developed using the business planning process; and evaluation of strengths, weaknesses, opportunities and threats.

The VAEKHCS identified its most difficult positions to fill: physicians, occupational therapists, physical therapists, general engineers and clinical nurse leaders. HR staff reported that they are meeting "Speed of Hire" metrics currently, which is filling the majority of their vacancies from request time to offer at 60 days or less.

Additionally, HR reported that in fiscal 2014, there are 468 employees who are eligible for retirement: 260 at the Topeka Campus and 208 at the Leavenworth Campus.

### **Enrollment**

Based on information reported by the Business Office, the VAEKHCS has 102,571 veterans in its catchment area. Of the 102,571 veterans, 43,918 are enrolled at the VAEKHCS.

The VA Eastern Kansas acting Business Office manager reported that two eligibility clerk vacancies, one at the Leavenworth campus and one at the Topeka campus, have been vacant for at least six months. In addition to these two vacancies, the Business Office manager position has been vacant since September 2013.



The eligibility clerk vacancy at the Leavenworth campus has created challenges for the Business Office's timely processing of enrollment applications. VHA Directive 2012-0001, "Time Requirements for Processing VA Form 10-10EZ, Applications for Health Benefits, and VA Form 10-10EZR, Health Benefits Renewal," requires that enrollment applications be processed within five days of receipt. Based on information obtained from the acting Business Office manager at the Leavenworth campus, there is a backlog of enrollment applications to be processed. However, at the Topeka campus, all applications were up-to-date at the time of our visit.

- Leavenworth: 187 pending, 153 greater than seven days
- Topeka: less than five pending, zero greater than seven days

To reduce the backlog at the Leavenworth campus, the acting Business Office manager has authorized overtime while using staff in other areas to assist in reducing the backlog.

## **Outreach/Outreach Committee**

### **Mental Health**

The VAEKHCS has implemented a number of major mental health programs or initiatives since 2003, including:

- (2013) Community Mental Health (MH) Summits were held in both Topeka and Leavenworth. The purpose was to increase collaboration with community partners. The attendees included MH providers, hospital representatives, veteran service organizations, academic institutions, local law enforcement and private MH providers.
- (2007) Mental Health in Primary Care: MH providers became more integrated into primary care in order to increase access. All MH patients are now assigned a MH treatment coordinator in order to improve overall coordination across the continuum of care.
- (2011) Veterans Justice Outreach: Assists veterans who are involved in the criminal justice process to become linked to VA Mental Health, substance abuse or other treatment programs. The goal is to prevent unnecessary incarceration and other sanctions that may contribute to homelessness among veterans. The current Veteran Justice Outreach officer, Dr. Mitch Flesher, is working to help establish a "veterans court" in Kansas.
- (2013) The Psychiatric Recovery and Wellness Program: Implemented in January 2013, this program is an inpatient psychiatric unit developed by a multidisciplinary team of VA staff. Program participants take an active role in their treatment plans.

- (2008) Housing and Urban Development/VA Supportive Housing (HUD/VASH): A cooperative effort between two different agencies, this program's goal is to stop chronic homelessness by providing stable housing and structured support. VAEKHCS' HUD/VASH program now has 260 housing vouchers spread across multiple communities in Missouri and Kansas.
- (2007) Coordinator Positions Initiative: psychosocial recovery coordinators, homeless coordinators, and suicide prevention coordinators were established in all VA medical centers.
- (2006) Tele-Mental Health Initiative.
- Staffing Initiatives: Since 2003, a number of staffing initiatives have been implemented to increase the number of mental health care providers (such as the Homeless Domiciliary Staff Augmentation, the MH R19 hiring initiative to increase access and others).

### **Patient Advocate**

The VA Eastern Kansas patient advocate tracks patient satisfaction indicators and measurements through monthly data, which is aggregated into reports from the patient representative to the Executive Leadership Team and Service Line managers. It is reported to the Performance Measures Committee, Quality Executive Board and the Veteran-Centered Care Committee.

Due to the delay in Survey of Healthcare Experiences of Patients (SHEP) reporting data, the VAEKHCS has recently contracted with Press Ganey to provide veteran satisfaction scores. It is currently in the implementation process of this survey, but it will provide more real-time turnaround of information and data. By partnering with Press Ganey, VAEKHCS hopes to identify short-term measures and areas of opportunity for improvement. Press Ganey will meet with the Executive Leadership Team and staff in January 2014, to provide its initial report.

The VAEKHCS has a patient advocate committee referred to as the "Veterans-Centered Care Committee". Some of the more recent initiatives brought forth by this committee were the installation of benches along walkways around both campuses, installing additional bicycle racks, introduction of a "smart book" to help veterans orient themselves with the VA system and Eastern Kansas, and a "Go the Extra Mile" initiative that encourages employees to escort veterans to their next destination, rather than providing verbal directions.

### **Intensive Care Unit (ICU)**

The VAEKHCS has a Level 3 ICU with six beds that has the capability of doing routine ventilator care/pulmonary artery and radial artery monitoring, etc. The unit is fully staffed and offers



the following services: Structured ICU/ventilator rounds, critical care, Medicine and Surgery, improved equipment, building new ICU facilities, maintaining Pulmonary/Critical Staff, Medicine and Surgery, 24/7 in-house hospitalist coverage, VAP prevention guidelines, and Central Line Associated Bacteraemia prevention guidelines

The VA Eastern Kansas has developed a five-year medical center plan for ICU services that includes the potential for inpatient dialysis services, usage of critical care ultrasound at bedside and implementation on tele-ICU.

**Construction**

The VAEKHCS uses the VA’s Health Care Planning Model and the Strategic Capital Investment Plan to determine the future needs of the hospital. The Health Care Planning Model uses projected patient workload to determine what shifts in patient care programs need to occur. In addition, these programs are

evaluated using an inter-facility process that allows for the consideration of workload and specialties at neighboring VA hospitals. Plans currently under consideration include:

- Expand out the Geriatric-Psychiatry Program and becoming the Western Orbit Center of Excellence for Geri-Psychiatry; reduce Inpatient Bed Days of Care (BDOC) and Fee Basis Physicians by 10 percent for all sites, except Leavenworth, and add that workload to the Topeka campus; plans include reducing the Columbia in-house BDOC by 170 and Fee by eight BDOC; Kansas City in-house by 344 BDOC and Fee by five BDOC).
- Construct a new VA hospital at the Leavenworth campus that has the capability of handling and consolidating VA and DOD inpatient care.

Additional construction projects included in the health care planning model and master plan are:

Facility	Master Plan Projects	Section	Projected Cost
Topeka	NRM - Remodel Dental	Dental	\$2,750,000
Topeka	NRM - Remodel Lab & Path	Lab	\$5,110,000
Leavenworth	NRM - Sleep Lab and Cardiology	Med Spec	\$3,300,000
Leavenworth	NRM - 3A Remodel Medical Specialties	Med Spec	\$6,650,000
Topeka	NRM - Remodel Audiology	Med Spec	\$3,610,000
Topeka	NRM - Remodel Respiratory & Pulmonology	Med Spec	\$745,000
Topeka	NRM - Remodel EEG/Neurology	Med Spec	\$25,000
Topeka	Minor - Specialty Care Addition	Med Spec/Surg Spec	\$4,500,000
Leavenworth	NRM - 4C Remodel Audiology/Eye/Dental	Med Spec/Surg Spec/Dental	\$2,200,000
Leavenworth	Minor - Infill Urgent Care	Primary Care	\$10,000,000
Leavenworth	NRM - 1A Remodel Primary Care	Primary Care	\$6,200,000
Leavenworth	NRM - 1C Remodel Primary Care	Primary Care	\$5,200,000
Topeka	Minor - Primary Care Addition	Primary Care	\$4,000,000
Topeka	NRM - Women’s Center	Primary Care	\$3,325,000
Topeka	NRM - OIF/OEF Addition to Primary Care	Primary Care	\$575,000
Leavenworth	CSI - Infill for Imaging	Radiology	\$5,000,000
Topeka	CSI - Imaging 2nd Floor Addition	Radiology	\$5,000,000
Topeka	NRM - Expand Nuc Medicine	Radiology	\$6,010,000
Leavenworth	NRM - 2A Remodel Surgical Specialties	Surgery Spec	\$5,050,000
Topeka	Remodel - 1st Floor Eye	Surgery Spec	\$3,610,000



The VAEKHCS reported the following construction expenditures for fiscal 2011, 2012 and 2013:

	<b>FY2011</b>	<b>FY2012</b>	<b>FY2013</b>
Major	\$0	\$0	\$0
Minor	\$308,222	\$7,011,092	\$78,786
Non-Recurring	\$12,776,449	\$34,957,960	\$13,739,640
Leasing	\$822,329	\$638,458	\$673,479

Since the Leavenworth facility is over 83 years-old, infrastructure projects outweigh new renovations. Scoring from VA Central Office does not favor infrastructure projects. Therefore, VAEKHCS reported it is very difficult to obtain approval on infrastructure projects.

### **Long-Term Support and Services**

The VAEKHCS has a 42-bed Community Living Center (CLC). There is a proposal for a new 26 bed CLC. Their long-term plan is to finalize plans for a new CLC and enhance cultural transformation making the CLC experience more home-like.

### **Homelessness**

The VAEKHCS opened a new Health Care for Homeless Veterans (HCHV) Contract Placement (Hope House) and a Low Demand Safe Haven on the Leavenworth campus in September 2013. Based on its last Point-in-Time count of homeless veterans in its catchment area from January 2013, there were 314 homeless veterans. The VAEKHCS has 330 HUD/VASH vouchers, 165 in Topeka, and 165 in Leavenworth, of which 89 percent are in use. The following homeless programs receive VA funding: Supportive Services for Veterans Families Program, Grants and Per Diem programs in Leavenworth and St Joseph, and Hope House Healthcare for Homeless Veterans Contracts in Topeka and Leavenworth.

### **Patient Centered Care**

Since 2010, the VAEKHCS Patient Centered Care Program has implemented the following major programs or initiatives: implementation of PACT, expansion of the St. Joseph CBOC in fiscal 2012, extended hours of operation in fiscal 2013, expansion of tele-retinal and tele-health, and expanding their ability to complete more C&P physicals and reduce wait times.

The Patient Centered Care Program works closely with the Veterans Centered Care Committee to ensure the needs of veterans are being met. Some of the more recent initiatives brought forth by the committee include installation of benches along walkways around both campuses, installing additional bicycle racks,

introduction of a “smart book” to help veterans orient themselves with the VA system and Eastern Kansas, and the “Go the Extra Mile” initiative, which encourages employees to escort a veteran to their next destination, rather than providing verbal directions.

VHA Directive 2013-001, “Extended Hour Access for Veterans Requiring Primary Care including Women’s Health and Veterans Requiring Mental Health Services at Department of Veterans Affairs Medical Centers and Selected Community Based Outpatient Clinics,” requires all VHA medical centers and Community Based Outpatient Clinics that treat more than 10,000 unique veterans per year to provide access to a full range of Primary Care Services, including women’s health and mental health general outpatient services that extend beyond regular business hours at least once on weekdays and once every weekend.

Patient Centered Care staff reported they have not implemented extended hours at the Leavenworth campus. However, at the Topeka campus, weekend extended hours were implemented in February 2013 and weekday extended hours implemented in July 2013.

The Leavenworth campus plans to have extended hours implemented in January 2014.

### **Information Technology and Scheduling**

Since 2003, the VAEKHCS has upgraded its PBX phone systems at Leavenworth and Topeka several times, with the most recent upgrade taking place in the last two years. The medical center recently purchased four new replacement PBXs to replace its older fully functioning PBXs in its CBOCs. The Information Technology staff reported they have not received any outside complaints regarding the functionality of their telephone systems.

Since 2010, the VAEKHCS Information Technology Office has implemented the following major programs or initiatives: Bed Management System, Emergency Department Integration Software and Veteran Health Identification Cards.

The average appointment wait time at the VAEKHCS is 25 days for new patient appointment, 17 days for primary care appointment, 34 days for specialty care appointment and 12 days for mental health appointment.

### **Town Hall Meeting**

The veterans health-care town hall meeting took place on Dec. 9, 2013, at American Legion Post 94 in Leavenworth. The purpose of the town hall meeting was to hear from veterans who receive their care and services from the VAEKHCS, and obtain



their perception about the care and services they receive, as well as the accomplishments and progress the medical center has made over the past 10 years.

During the meeting, veterans expressed concerns about staffing shortages at the Leavenworth campus, as well as their personal struggles with scheduling appointments successfully, getting in contact with their primary care physician, and having to see a different primary care physician every time they had an appointment. Additionally, there were concerns expressed about clinics not being able to schedule appointments six months out. For example, a veteran indicated he was advised by his eye doctor to return in six months, but when he reported to the check-out desk to schedule a return visit, he was informed that they could not schedule an appointment that far in advance and he would need to call back. According to VHA's Scheduling Directive, 2010-027, VHA Outpatient Scheduling Processes and Procedures, schedulers are to use the Recall/Reminder Software application to manage appointments scheduled beyond the three- to four-month scheduling window. Guidance provided by the scheduler seems to be inconsistent with VA's scheduling policy.

There seems to be an underlining theme for the need for ample parking and public transportation – especially when there are multiple facilities.

Overall, veterans seemed pleased with the amount of services and programs that these campuses offered – especially the PTS and the ICU, but some thought more medical attention could be placed on women veterans. The issues, concerns and best practices discussed during the town hall meeting were expressed to the appropriate leadership at the medical center.

## **Best Practices**

**SWOT Analysis** – The VAEKHCS uses the Strengths, Weaknesses, and Opportunities Threats analysis to assist in establishing medical center goals, as well as identifying opportunities for improvement.

**Greeter Program** – The VAEKHCS introduced a greeter program to assist veterans transitioning from their vehicles and escorting them to their appointments.

**Patient Satisfaction** – Due to the delay in SHEP reporting data, the VAEKHCS recently contracted with Press Ganey to provide veteran satisfaction scores. It is currently in the implementation process of the survey, but it will provide a more real-time turnaround of information and data.

**Palliative Care Program** – Implementation of a palliative care program not just in the CLC but facility wide to help identify veterans with end-of-life or debilitating illness, and help

them plan for care needs in the hospital CLC or at home. **A Daily Planner** – The VAEKHCS has developed a daily planner to enhance the veteran's role in its health-care decision-making and planning process. The planner is completed, along with the participation of the veteran and caretaker, to provide specific care instructions and information that enables the veteran to take a more active role in their care. Requiring use of the daily planner has helped to improve patient safety and patient satisfaction, which is consistent with the medical center goals.

**Veteran-Centered Care Committee** – This committee supports the mission of the medical center by involving all Eastern Kansas Health Care employees, veterans and their families in improving the veteran experience while at the hospital.

**Homeless Program** – The VAEKHCS has done an exceptional job reaching out to homeless veterans in the area and has exceeded the standard for national performance measures. Staff from the Eastern Health Care System's domiciliary indicated that it is one of the few VA domiciliaries that has developed programs for veterans recently released from prison.

## **Facility Challenges and Recommendations**

**Challenge 1:** Due to the age of the Leavenworth campus (83 years old), space is an issue. Additionally, because the Kansas Historical Society has designated the Leavenworth campus as a historical site, there are limitations on what infrastructure changes can be made. The VAEKHCS conducted a Joint Medical Facility Feasibility Study that would combine VA and DoD inpatient services, and relocate the inpatient and necessary support services from Fort Leavenworth and the Dwight D. Eisenhower Medical Center to a new medical facility to be built on the Leavenworth campus. The study was completed on March 28, 2011. The study concluded that the current VA facility is not equipped or designed to manage the additional workload or increased complexity of cases associated with a joint medical facility venture, but workload and cost analysis does support a delivery of care partnership. Examples include inadequate physical security requirements, surgical suites and patients rooms, patient privacy, and ineffective departmental adjacencies and patient/visitor accessibilities.

The Eastern Kansas Executive Leadership is hopeful the project will receive funding in fiscal 2016.

**Recommendation:** The American Legion recommends that the Eastern Kansas Health Care executive leadership at the Leavenworth campus engage in discussions with local veterans service organizations to obtain their support and assistance.

**Challenge 2:** It was reported that a major challenge each fiscal year is the management of salary dollars, controlling FT&E and



maintaining financial solvency. This includes working through continuing resolutions, absorbing approved pay raises, implementing unfunded mandated programs, and keeping up with rising labor, supply and contract costs associated with increased workload.

**Recommendation:** The American Legion recommends the Eastern Kansas Executive Leadership Team at the Leavenworth campus work with its local veterans service organizations to see how VSOs can help to ensure the medical center has the resources and funding to meet the health-care needs of veterans they serve.

**Challenge 3:** Recruitment of physicians, occupational therapists, clinical nurse leaders, physical therapists, general engineers and pharmacy technicians was identified as the most significant challenge at the VAEKHCS.

VAEKHSC is challenged in attracting, recruiting and retaining highly qualified physicians to come to VA Eastern Kansas, in particular in the Topeka geographic area. The financial sustainability of the employment model will play out over the next several years as hospitals face significant physician shortages in many markets. Eastern Kansas already has been affected by physician shortages, and the future will be market dependent. For occupational/physical therapists, the salary rates and proximity to larger metropolitan areas (Kansas City) are contributing factors. In an effort to attract current employees into clinical nurse leader occupations, they recently have implemented a clinical nurse leader trainee program.

**Recommendation:** The American Legion recommends that the Executive Leadership Team at the Leavenworth campus continue to make recruitment a No. 1 priority and explore all options available for recruitment of qualified applications.

**Challenge 4:** VHA Directive 2012-0001, “Time Requirements for Processing VA Form 10-10EZ, Applications for Health Benefits”, and VA Form 10-10EZ, “Health Benefits Renewal,” requires that enrollment applications be processed within five days of receipt. Based on information obtained from the Acting Business Office Manager at the Leavenworth campus, there are 187 pending applications of which, 153 are greater than seven days. The acting Business Officer manager cites the reason for the backlog was attributed to a vacant eligibility clerk position at the Leavenworth campus.

**Recommendation:** The American Legion recommends that immediate action be taken to fill the vacant eligibility clerk position.

**Challenge 5:** During the town hall meeting, a veteran was advised to return in six months, but when he reported to the scheduler to schedule his return appointment, he was informed she could not make an appointment that far in the future and to call back. However, according to VHA’s Scheduling Directive, 2010-027, schedulers are to use the Recall/Reminder Software application to manage appointments scheduled beyond the three- to four-month scheduling window.

**Recommendation:** The American Legion recommends that the medical center conduct training on VA’s Scheduling Directive 2010-027, and put in place monitors to ensure staff complies with VHA policy.