Annual Report 2015

Seeing the Future of Federal Health Care

Captain James A. Lovell
Federal Health Care Center
The Captain James A. Lovell Federal Health Care Center reached an important milestone in 2015, commemorating our five-year anniversary. October 1, 2010, was a day to look back on how far we had come from the same day in 2010, when the nation’s first federal health care center was established, integrating health care services of the Department of Veterans Affairs (VA) and the Department of Defense in North Chicago, Ill., adjacent to Naval Station Great Lakes.

That day in 2010 was filled with excitement about our promise kept – or pledge – of Readying Warriors and Caring for Heroes, a reflection of our sacred mission to care for our nation’s Veterans, and service members and their dependents, in Northeast Illinois and Southeast Wisconsin.

October 1, 2015 was no less exciting and filled with new promise as we celebrated our many accomplishments at the same time we looked to the future of federal health care, a future of continuing to provide comprehensive whole-health, patient-centered care, driven by each person we treat and what she or she wants out of life. We believe our patients benefit the most from this integration. Nothing brings us greater pride than seeing a civilian nurse mentoring a Navy hospital corpsman, or a Navy provider caring for a World War II Veteran. As a federal health care center, we offer the very best health care services, technology and innovations available from the VA and the Department of Defense, in this case the honorable U.S. Navy.

This annual report will highlight impressive numbers, such as the tens of thousands of Navy recruits we provide health and dental care for annually, and the ever-expanding high-tech telehealth services we offer that allow our patients to be treated close to home. And some of the projects we’re most proud of are reflected on these pages, such as our ongoing process improvement efforts adhering to Lean health care business principles, our advancements in state-of-the-art dental technology, and our awards for implementing Green practices and being good stewards.

But behind the numbers and highlights remain our professional and expert work force made up of skilled civilian employees and contractors as well as trained active duty Navy personnel, all who are dedicated to the VA values of I Care – Integrity, Commitment, Advocacy, Respect and Excellence – and the Navy values of Honor, Courage and Commitment. Our One Team is integrated at every level, from the ‘deck plate’ to upper level leadership.

Our successes would not be possible without our staff, our hundreds of selfless volunteers, and the ongoing support we receive from our Veteran Services Organizations, community leaders and many area nonprofit groups. We thank you for a successful 2015, a groundbreaking five years, and we look forward to serving you in the years to come.
Lovell Federal Health Care Center is the nation’s only integrated federal health care center (FHCC) between the Department of Veterans Affairs (VA) and the Department of Defense. Established October 1, 2010, the facility integrated health care services in the Naval Station Great Lakes area to serve military veterans, and members of the military and military families. The FHCC unites two rich cultures rooted in a defined mission outlined in the National Defense Authorization Act of 2010: Leading the way for federal health care by providing a quality, patient-centered experience, and ensuring the highest level of operational medical readiness.

Our combined staff of active duty Navy personnel, civilian employees and contractors is united in our sacred promise kept: Readying Warriors (Navy sailors) and Caring for Heroes (veterans).

Our first strategic plan for the years 2012-2015 identified four strategic objectives: Patient-Centered Care, Lean, Talent Management and Innovation. FHCC’s accomplishments, achievements and activities in 2015 are outlined in this annual report based on these objectives.
FY15 By The Numbers

**Total Operating Budget**: $502,782,027

**FHCC Staff**: 2,980
- Veteran Staff: 26%
- Non-Veteran Staff: 42%
- Active Duty Staff: 32%

**Physicians**: 158
**Nurses**: 392

**Outpatient Encounters**: 966,826

**Patients Processed**: 49,521

**Telehealth Encounters**: 4,989

**Pharmacy Prescriptions**: 1,045,668

**Operating Beds**: 88 hospital beds, 134 nursing home care beds, 125 Domiciliary beds, 18 Psychosocial Residential Rehabilitation

**Volunteers**: 868

**Volunteer Hours**: 47,454

**Donations**: $74,426.00

**Recruitment**: 275,000

**Immunizations**: 275,000

**Pharmacy Prescriptions**
Patient-Centered Care

FHCC staff members gather to deliver a final salute to a patient who died.

“We all knew bad days would come but your genuine care and concern helped Roman and his family to accept it. Many thanks from his entire family.”

“Thank you so much for the lovely candle commemorating Stanley’s passing – I have it ‘burning’ now in front of his American flag, next to a flag from my father’s passing in 1938 ... he was also a Veteran. Everyone has been so comforting.”

Spotlight: No Veteran Dies Alone

One of the 66 patients who passed away at Lovell FHCC in fiscal year 2015 died alone thanks to the FHCC’s “No Veteran Dies Alone” (NVDA) program.

The program is coordinated by Lovell FHCC’s hospice and palliative care staff and is manned by compassionate volunteers. Volunteers make themselves available to sit with patients during their time of need. They listen, they provide comfort, they road to patients, and they provide a human touch when family members and loved ones cannot be there.

“It’s an act of true selflessness to comfort a patient as they take their final breath,” said FHCC Director Dr. Stephen Holt.

After a patient dies, a call goes out to all Lovell FHCC staff members on duty, inviting them to participate in a Final Salute. Volunteers and active duty and civilian employees, together line the hallways and living spaces outside the patient’s room to respectively salute as he or she makes her final journey. In accordance with family wishes, facility chaplains frequently lead short ceremonies in the room or at the hearse.

The NVDA initiative and Final Salute are just two facets of the far-reaching services provided to patients during their last days. Caring and professional hospice and palliative care professionals are there for patients and their families while patients are in hospice care and long after.

Bereavement services are provided for 13 months to families of patients who die in the Intensive Care Unit and on the Acute Care floor, as well as families of Community Living Center residents who pass away. Each family receives a hospice and palliative care binder with burial and survival benefit information and resources.

In addition to individual candle-lighting ceremonies at the FHCC to remember patients, the facility holds an annual memorial ceremony to honor patients who died at the FHCC during that year. Loved ones join staff members and volunteers to remember the patients and share stories about their lives.

FHCC palliative/hospice care hosts a memorial service for patients who died at the FHCC during the year.
SPOTLIGHT: Navy Readiness; Taking Care of Recruits

No matter what else is going on around the Lovell Federal Health Care Center, and regardless of the season, USS Red Rover staff members can expect long lines of Navy recruits in the hallways and on the “green mat” in Building 1523, bright and early nearly every work day for medical and dental exams and immunizations.

USS Red Rover staff saw approximately 50,000 recruits in 2015. The recruits are assigned to divisions, and the medical and dental “in-processing” is done over five “P-days” – their introduction to life in the U.S. Navy.

The complete work-up during P-days includes dental exams and X-rays, hearing tests, blood tests, gynecological exams for the women, mental health screening, and optometry exams. Then, if a recruit needs glasses, USS Red Rover personnel make the glasses on site, same day. Anywhere from 700-900 recruits a day come through USS Red Rover, and staff members administer about 2,700 shots a day.

By the Numbers: USS Red Rover

- 36,599 Dental exams
- 193,975 Dental radiographs
- 273,000 Immunizations (including flu)
- 38,087 Hearing Exams
- 15,031 Pairs of Glasses
- 16,000 SMART patients

Throughout boot camp and beyond, as the recruits transition into student status at Naval Station Great Lakes, Lovell FHCC medical professionals continue to provide health care for each and every one. Many of them will have follow-on appointments for dental treatment and procedures at USS Osborne, unofficially known as the Navy’s largest dental operation.

A few blocks away from USS Osborne at Recruit Training Command, FHCC staff at USS Tranquillity care for sailors who need routine and urgent medical care on weekends, as well as work days. Also at USS Tranquillity, thousands of sailors annually receive special medical exams for duty on nuclear submarines and in naval aviation, to name a few specialties. And sailors who need Sports Medicine and Rehabilitative Therapy (SMART) are treated at USS Tranquillity.

These three East campus clinics are the epicenter of Lovell FHCC’s Readying Warriors mission.
Overall FHCC has been on a Lean journey since 2012, and continued it into Fiscal Year 2015 by implementing proven health care process improvement principles throughout the facility. Work groups have incorporated regular Lean huddles into their standard operating procedures, which allow every employee a voice in process improvements. Staff members are educated on Lean methodologies as part of New Employee Orientation, and all leaders and staff members are encouraged to attend regular Friday “Report-Outs,” where Lean teams report on progress made on each Lean project according to established timelines.

Lean projects are ongoing every day at the FHCC to improve inpatient and outpatient flow and care by redesigning storage and patient care spaces, taking steps to reduce patient cancellations and speed patient discharges, streamlining medication procedures, improving bed management and making changes that result in fewer acute care readmissions, to name just a few. Lean efforts are categorized by Value Streams and achieved through events including Rapid Improvement Events (RIEs), Problem-Solving Events (PSEs), Sort-Simplify-Scrub-Standardize-Sustain (5S) Events and Process and Preparation (2Ps) Events. Disparate groups of employees come together – each assigned a role – for intensive days of brainstorming, experimenting, planning, rehearsing and executing events that result in measurable and sustainable improvements.

“Sometimes at the beginning of a Lean event, team members who don’t know each other, much less have worked together, look around and wonder how the group will come together and succeed in making a real change for the better,” said Lean Six Sigma Supervisor Rebecca Strini. “But by the end of the week, or the first Report Out, they meld as a group and come up with an action plan that leads to immediate improvements as well as significant and lasting measurable results.”

The design for the remodeling of dental and medical spaces at the FHCC’s Fisher Clinic was the result of a staff Lean 2P project in 2014. The long-awaited renovations began in 2015.
SPOTLIGHT: Pneumonia, Congestive Heart Failure Focus of Rapid Improvement Event (RIE)

The mission was to reduce acute patients’ average length of stay as well as decrease the number of 30-day readmissions for congestive heart failure (CHF) and pneumonia after the same acute patients were discharged. The Lean Six Sigma (LSS) team was made up of doctors, nurses, and other clinicians. All were dedicated to providing the best patient-centered care, which translates into keeping patients healthy and at home instead of in the hospital.

In LSS terms, the working group was dubbed the “Reduce 30 Day Readmissions for CHF & Pneumonia” Define-Measure-Analyze-Improve-Control (DMAIC) team. It was comprised of three experienced team members (those who participated in a previous Lean event), and the rest — including the team lead — had no experience.

“The lack of familiarity did not impede the team’s rapid attainment of high-functioning team skills,” said LSS Facilitator Carol Gilchrist. “In four hours, with the TPOC (Transitional Plan of Care) and VSA (Value Stream Analysis) missions in mind, this team managed the first three steps of the DMAIC process, prepared a plan for testing their theories, and divided into sub-groups to work on the resulting projects.”

The team’s goal was “to optimize patient care and transitions to decrease inpatient admissions; readmissions for chronic diseases, such as CHF and Pneumonia.”

The baseline data, from August 2013 to July 2014, revealed the patient readmission average per year was 16 CHF patients and 37 pneumonia patients. The team also worked with Medical/Surgical and Primary Care staff members who voluntarily were quizzed on their knowledge of standard care for CHF, pneumonia and Ischemic Heart Disease (IHD). Their initial average score was 76 percent.

The team met for seven months to follow the LSS steps — discuss the Plans, Do the work, Check the progress/results and Act on the findings, Gilchrist said. In November, they presented their report.

“Leadership was amazed and excited by what the team had accomplished and sustained over the previous year,” Gilchrist said.

“This outstanding team truly exhibited patient-centered care, talent management, and a strong dedication to continuity and safe transition of care.”

The results included “Best Practice” standards for work, new procedures for treatment of patients with CHF, better methods of communication, and improved training for clinical staff.

Additionally, the team developed a patient ‘Heart Failure’ brochure for use in the hospital and at home, which includes instructions for self-care, a place to note what to ask clinical staff, and documentation for patients to share at follow-up doctor appointments.

“This outstanding team truly exhibited patient-centered care, talent management (training best practices), and a strong dedication to continuity/safe transition of care,” Gilchrist said.
The nursing students work with patient assignments as early as 7 a.m., and some work as late as 9 p.m. Monday through Friday. They learn alongside their DePaul clinical instructor and work with FHCC medical professionals to learn daily routines, tasks, and policies and procedures. Each student group works for eight hours at a time, except for Critical Care, where they work 12-hour shifts.

DePaul nursing student Kristin Rakstang jumped at the opportunity to train at Lovell FHCC. “My Dad is a veteran, and I volunteer with No Veterans Dies Alone,” she said. “This is the population I want to serve, hands down.”

RN Lori Thuente, assistant director of DePaul’s Rosalind Franklin University site, said, “It has been an excellent learning opportunity from our vantage point. Our students have learned a tremendous amount from both staff and the patients. Learning how to care for our veterans is a vital component to their education, and we are so pleased to be able to partner with Lovell FHCC.”

Since the fall of 2013, one affiliation program at Lovell FHCC, in particular, has thrived and grown. DePaul University School of Nursing students started out by training on the Medical/Surgical floor at Lovell FHCC, and in inpatient mental health. At the beginning of fiscal year 2015, the program expanded to include Critical Care and the Emergency Department, and 65 DePaul nursing students participated.

Groups of five to six nursing students are assigned a DePaul clinical instructor to guide their experience at Lovell FHCC, said Mark Bisbee. “One of the main reasons I have been so excited about DePaul nursing students being here is the ‘spill-over’ teaching that occurs from our FHCC bed-side staff nurses,” Bisbee said. “The students are unlicensed, so they are eager to learn directly from our nursing staff.”

By the Numbers: Academic Affiliations

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SPOTLIGHT: Developing the Leaders of Tomorrow

Lovell FHCC has nurtured future leaders through its Leadership, Effectiveness, Accountability and Development (LEAD) program for the past eight years. LEAD is the first tier of the VA leadership development program, offered to employees in civilian wage grades 5–11 (or wage-grade equivalent), and equivalent enlisted military ranks (E5 and E6). It is a competitive program that focuses on helping high-performing employees hone their all-employee competency skills such as communication, interpersonal effectiveness, critical thinking, organizational stewardship, Veteran and customer focus, personal mastery and technical skills.

“It’s developing yourself and fitting yourself into the organization,” said Training Specialist Christine Misovie, LEAD facilitator.

LEAD started at the FHCC (then North Chicago Veterans Affairs Medical Center) in 2008. One class runs per fiscal year. Prospective students must show the potential to advance to leadership positions with broader responsibility in the organization.

In addition to monthly classroom sessions and individual mentoring sessions with facility leaders, program participants may attend facility-level clinical and administrative committee meetings. The class curriculum includes guest speakers, group teamwork assignments and face-to-face simulated interactions.

Many FHCC LEAD graduates have gone on to jobs with more responsibility, and LEAD continues to improve, Misovie said.

“I really like how far the LEAD program has come,” she said. “Every year, the program improves. Last year, we visited the Community Living Center to educate Veterans on what the LEAD program is, and we continue to push forward to educate and guide FHCC staff in the right direction.”

LEAD graduates are eligible to apply for the Veterans Integrated Service Network (VISN) 12 Leadership Development Program.

By the Numbers: FHCC LEAD Program

- 11 LEAD classes to date
- 76 LEAD graduates to date
- 2 LEAD graduates continued on to VLDP
- 41 LEAD graduates have been promoted or moved on to new jobs

LEAD class of 2015 meets with Director Dr. Stephen Holt

By the Numbers: FHCC LEAD Program

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- 76 LEAD graduates to date
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Members of the LEAD class of 2015 work with FHCC staff members at the annual job fair.
SPOTLIGHT:

Green Efforts Recognized

Lovell Federal Health Care Center (FHCC) accomplished a great deal in 2015 regarding energy and environmental sustainability.

Lovell FHCC and its staff were honored with several awards, such as Greenhealth Partner for Change recognition; Environmental Protection Agency (EPA) Federal Green Challenge Education and Outreach award, and Young Energy Professional of the Year - Region III award.

FHCC was awarded the 2015 “Greenhealth Partner for Change” Award by Practice GreenHealth. The Lovell FHCC excelled in energy reduction efforts, innovative approaches to education and training, and electric vehicle utilization.

The FHCC’s interdisciplinary team, called the Green Environmental Management System (GEMS) Committee, was largely credited for these energy and environmental improvements.

The FHCC also received the EPA’s Federal Green Challenge award for education and outreach.

The EPA recognized the FHCC’s energy and environmental sustainability programming and exceptional education and outreach efforts.

GEMS Program Manager Joe Bozeman received the Young Energy Professional of the Year: Region III award from the Association of Energy Engineers. He was awarded this for overall sustainability programming and unique outreach efforts.

Those outreach efforts stretched as far as Qingdao, China, where Bozeman spoke about local, regional, and global greenhouse gas emission reduction strategies at BIT’s 4th Low Carbon Earth Summit.

By the Numbers: FHCC Green Initiatives

- FHCC saved more than 590,000 kWh of electricity in FY 2015
- FHCC recycled more than 190 tons of solid waste (197.9 short tons)
  - Equivalent to 200 passenger vehicles’ greenhouse gas emissions for one year
  - Equivalent to the carbon sequestered (removed from the environment) by 785 acres of U.S. forests in one year
  - Equivalent to 24,610 tree seedlings planted and grown for 10 years
**SPOTLIGHT:**

**Telehealth: Bringing Care Closer to Home**

There were approximately 5,000 telehealth patient encounters in fiscal year 2015, ranging from newer services such as gynecology (fertility and prenatal counseling), pharmacy, oncology, cardiology and telereatinal imaging, to long-standing services such as consults for procedures, weight-management and nutrition classes, PTSD and other support groups, diabetes management, smoking cessation programs and teleaudiology.

As technology advances and patient willingness to embrace telehealth options increases, the breadth of the FHCC’s services also grows. For example, telepharmacy services include patient education, therapeutic monitoring of medications, movement disorder assessment, laboratory monitoring of oncology patients, and symptom management for patients receiving chemotherapy. Diabetes patients can walk into a Lovell FHCC Community Based Outpatient Clinic (CBOC) and have their eyes examined using telereatinal imaging cameras that store and forward the images to the North Chicago facility. Telehealth success depends, in part, on getting the word out to patients as well as providers about what telehealth is, and what the possibilities are, to improve patient-centered care.

For the first time, the VA’s Telehealth Education Delivered (TED) van visited the Lovell FHCC in May, 2015, to showcase telehealth technology and equipment for staff, patients, volunteers and stakeholders. TED is a truck outfitted with telehealth equipment to provide education on telehealth patient-care solutions.

Bernice Arcibal, Lovell FHCC’s telehealth coordinator, said TED helped reach out to staff and patients to promote the telehealth capabilities already in use the FHCC. “Patient centered care is what we’re promoting, and easy access to care,” Arcibal said. “Rather than coming to a clinic here that probably has a long wait, patients are seen (in the CBOCs) a lot sooner.”

Arcibal said patients who participate in telehealth services, on the whole, rate their overall satisfaction in telehealth as a five, the highest score.

Lovell FHCC patients have the convenience of receiving care closer to home at one of the facility’s clinics using video-teleconferencing technology to link them to providers and clinicians in North Chicago. In a growing number of cases, patients are even treated at home using specially equipped laptop computers.

**By the Numbers: Telehealth**

- 1,254 Telehealth patients
- 4,989 Telehealth patient encounters
- 8 New Telehealth services:
  - Infectious Disease
  - Visual Impairment Service
  - Infectious Disease Discharge Plan
  - Pharmacogenomics
  - Pharmacy Video-to-Home
  - Nutrition Video-to-Home
  - OIF/OEF Video-to-Home
  - Nephrology
  - Genomics
  - Transgender
FHCC Marks Five Years

Volunteers, patients and facility staff members, services. New clinics and adding continued to grow, integration, the FHCC Planning began more Department of Veterans Affairs Medical Center. The former North Chicago VA Clinic Great Lakes and of the former Naval Health Lakes area and combines manpower and resources of Veterans Affairs Department, inpatient integrates Department of Defense and Department of Veterans Affairs medical services in the North Chicago and Great military and veteran

FHCC. As the only FHCC, we missions forged a new path for military and veteran

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Lovell FHCC Marks Five Years

This offering is part of the ongoing flu shots and most immunizations. Other shots were directed elsewhere, veterans who wanted flu and other vaccines for diabetes patients and telecardiology. The clinic serves a variety of capacities and locations, Navy and Marine Corps in a wide variety of capacities and locations, specialists who serve with the military and civilian volunteers. They have made all things possible at FHCC, from running bingo and hosting parties to escorting patients on outings, and greeting and directing visitors at our front doors. Volunteers are the people who comfort veterans where have become the "norm" at Lovell FHCC. Corpsmen have been integrated into areas previously staffed solely by VA civilians, with excellent results. Today, VA medical professionals and corpsmen work together as they work side-by-side to care for FHCC patients. Corpsmen are enlisted medical officers, corpsmen, doctors and nurses who serve our nation's veterans.NDVA.

Based Outpatient Clinic (CBOC) expanded Kenosha Community Care Center, a 9,000-square-foot space featuring two sound booths for audiology services and computer rooms for expanded telehealth services, as well as more exam rooms. In 2015, McHenry patients benefitting from the long-awaited opening of a new CBOC in a 9,000-square-foot building featuring improved patient flow, as well as expanded clinic areas for services such as telehealth classes and consultations, telecardiology, teleophthalmology, telepharmacy for diabetes patients and teleendoscopy. The clinic serves more than 5,000 Veterans a year and will continue to offer optometry, social work and mental health care, women's health services, telehealth classes and consultation.

Hospital Corpsmen Integrate on Wards Sightings of uniformed Navy nursing professionals in the medical-surgical inpatient unit and elsewhere have become the "norm" at Lovell FHCC. Corpsmen have been integrated into areas previously staffed solely by VA civilians, with excellent results. Today, VA medical professionals and corpsmen team up from each other as they work side-by-side to care for FHCC patients. Corpsmen are enlisted medical officers, corpsmen, doctors and nurses who serve our nation's veterans. Their training and expertise prepare them for a variety of roles in the military and civilian world.

McHenry Corpsmen Open CBOC

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Prior to his appointment, Dr. Holt was the VISN 7 Chief Medical Officer, responsible for oversight of the delivery of quality medical care to more than 400,000 veterans at 10 hospitals in eight health care systems, covering the states of Alabama, Georgia and South Carolina. Before that, Dr. Holt served as the Deputy Chief of Staff to the VA North Texas Health Care System in Dallas, Texas, for five years.

Dr. Holt is a veteran of the Air Force, where he spent 21 years as a Medical Officer (MD1) in field and central command locations. During his service, he also served as a Medical Department Head aboard the U.S.S. Cleveland and completed a residency in Emergency Medicine from San Diego State University. Dr. Holt has a Master’s in Public Health from San Diego State University.

Captain Buckley served as Chairman of Emergency Medicine at NMCSD in 2001 and Acting Director for Medical Services in 2007. As Director for Branch Clinics at NMCSD 2008-2009, he was responsible for the care of 75,000 enrollees. He also served as the First Air Force Surgeon General at Tyndall Air Force Base, and Deputy Director of the Modernization Directorate in the Office of the Air Force Surgeon General. Dr. Holt retired at the rank of Colonel.

The clinic is open daily on the main North Chicago campus, and is staffed by a social worker who sees veterans and answers questions, assists with resources and provides guidance about the care that is available to them, including emergency housing and grants.

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McHenry Corpsmen Open CBOC

Love FHCC leadership

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Captain Robert Buckley is the Commanding Officer/ Deputy Director of the Captain James A. Lovell Federal Health Care Center, the largest medical center supporting the day-to-day operations at the federal health care center.

Captain Buckley earned a B.S. in Arts in Chemistry with honors, from California State University, Fullerton in 1983. He entered active duty with the U.S. Navy, attending Northeastern University School of Medicine in Chicago, graduating with Distinction/Alpha Omega Alpha in 1987. He served as Medical Department Head aboard the U.S.S. Cleveland and completed a residency in Emergency Medicine at Cook County Hospital, graduating in 1993. From 1993-1997, he served as Chief of Staff and Emergency Director in the Department of Emergency Medicine, Naval Medical Center San Diego (NMCSD). He has a Master’s in Public Health from San Diego State University.

Captain Buckley served as Chairman of Emergency Medicine at NMCSD in 2001 and Acting Director for Medical Services in 2007. As Director for Branch Clinics at NMCSD 2008-2009, he was responsible for the care of 75,000 enrollees. He also served as the First Air Force Surgeon General at Tyndall Air Force Base, and Deputy Director of the Modernization Directorate in the Office of the Air Force Surgeon General. Dr. Holt retired at the rank of Colonel.

The clinic is open daily on the main North Chicago campus, and is staffed by a social worker who sees veterans and answers questions, assists with resources and provides guidance about the care that is available to them, including emergency housing and grants.

Throughout the past five years, military and civilian volunteers alike have made all things possible at FHCC, from running bingo and hosting parties to escorting patients on outings, and greeting and directing visitors at our front doors. Volunteers are the people who comfort veterans where have become the "norm" at Lovell FHCC. Corpsmen have been integrated into areas previously staffed solely by VA civilians, with excellent results. Today, VA medical professionals and corpsmen team up from each other as they work side-by-side to care for FHCC patients. Corpsmen are enlisted medical officers, corpsmen, doctors and nurses who serve our nation's veterans. Their training and expertise prepare them for a variety of roles in the military and civilian world.

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