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September 30, 2026

House Clerk
State House, Room 145
Boston, MA 02133

Senate Clerk
State House, Room 335
Boston, MA 02133

Dear Clerk Carroll and Clerk Hurley,

Pursuant to Section 41 of Chapter 6 of the Massachusetts General Laws, please find enclosed a report submitted by the Veterans Homes Council.

Sincerely,

Eric Goralnick, MD, MS

CC:

Secretary Kiame Mahaniah, MD, MBA, Secretary, Executive Office of Health and Human Services
Senator Michael J. Rodrigues, Chair, Senate Committee on Ways and Means
Representative Aaron M. Michlewitz, Chair, House Committee on Ways and Means
Senator John C. Velis, Chair, Joint Committee on Veterans and Federal Affairs
Representative Joseph W. McGonagle, House Chair, Joint Committee on Veterans and Federal Affairs
Senator William J. Driscoll, Jr., Senate Chair, Joint Committee on Public Health
Representative Marjorie C. Decker, House Chair, Joint Committee on Public Health

Veterans Homes Council Annual Report

September 2026

Massachusetts Veterans Home Council Annual Report

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Introduction

Pursuant to Section 41 of Chapter 6 of the Massachusetts General Laws, the Veterans Homes Council must submit an annual report:

“The report shall include: (A) the census and demographics of each state-operated veterans’ home; (B) an accounting of all revenues received and expended; (C) any recommendations for improvements to the homes; (D) a description of staffing levels at each home and a determination as to whether staffing levels meet industry standards; (E) a list of complaints, charges or recommendations from patients, family members and guardians and corresponding actions taken; (F) recommendations to increase regional equity and accessibility and to provide for equitable access for people of all identities including, but not limited to, race, religion, sex, gender identity and sexual orientation; and (G) all other matters the council considers pertinent. The council shall consider in its reports the needs of the changing veteran population in the commonwealth, including, but not limited to, service-related injuries, mental health and gender related needs. This report shall be submitted to the governor, the clerks of the house of representatives and senate, and the joint committee on veterans and federal affairs annually and not later than September 30.”

Overview of the Massachusetts Veterans Homes & Current Initiatives

The Commonwealth of Massachusetts operates two veterans’ homes: the Massachusetts Veterans Home at Chelsea and the Massachusetts Veterans Home at Holyoke, which are collectively referred to in this report as the “Homes.” The Homes focus primarily on providing two major services for Massachusetts veterans: long-term care (i.e., nursing facility) and domiciliary residential services (i.e., room accommodation, daily meals, and social services). Both Homes have a five-member Board of Trustees, each appointed to a seven-year term. The Homes’ mission is to provide services and care to Massachusetts veterans with dignity, honor, and respect.

Massachusetts Veterans Home at Chelsea

The Massachusetts Veterans Home at Chelsea (MVHC) continued to advance resident-centered care, operational improvement, and campus modernization during the reporting period. The Home provides skilled nursing care in its 154-bed, long-term care facility and domiciliary residential services on the Chelsea campus. Demand for long-term care remained strong, and leadership continued planning for the opening of additional resident care units to expand available capacity as staffing and operational readiness allow. At the same time, the Home continued the phased transition of domiciliary operations needed to support the redevelopment of the older campus buildings.

The domiciliary redevelopment remained one of the Home’s most significant capital initiatives. MVHC continued its partnership with the Division of Capital Asset Management and Maintenance (DCAMM), Pennrose, and Soldier On in its plans to redevelop the domiciliary campus into approximately 240 veterans-preference affordable housing apartments, while maintaining services for current residents. During 2026, demolition of the Quigley Building advanced from abatement and phased demolition to completion, with tunnel and site work currently underway. Swing-space work in the Keville and Sullivan buildings reached substantial completion and relocation planning progressed for the Domiciliary Clinical Care Unit (DCCU), resident gym, barbershop, and related programs. The Phase 1 real-estate closing had tentatively been scheduled for the Fall of 2026. These activities were coordinated to minimize disruption to residents and maintain continuity of services throughout construction.

MVHC also completed several important facility and life-safety projects. The elevator sprinkler project, which addressed a prior VA Life Safety corrective-action item, was completed after installation of the required pre-action and electrical components. Replacement of bathroom doors in long-term care was completed, as well as other minor projects that supported safe and functional resident spaces. The Home continued regular coordination with DCAMM, contractors, architects, regulatory partners, and local stakeholders as capital work advanced.

Quality improvement remained a central operational focus. During the year, the CMS staffing rating rose to four stars, increasing the Home's overall CMS Care Compare rating to four stars. Leadership continued to focus on improved quality measures, accurate staffing reporting, and sustained clinical performance. Resident satisfaction remained strong, with resident and family surveys consistently reporting approximately 98 percent favorability. Communication was identified as an opportunity for improvement, and the Home responded by expanding resident and family communications, evaluating in-house broadcast options, improving digital content, and strengthening newsletter distribution.

The Home's Quality Assurance and Performance Improvement work expanded substantially. The "Audit for Excellence" program brought staff from different departments into structured reviews of other operational areas to identify opportunities for improvement, reinforce accountability, and improve survey readiness. Clinical initiatives included post-fall huddles, fall-alarm walking rounds, hospital and emergency-room transfer tracking, urinary tract infection tracking, wound-care monitoring, review of antipsychotic medications, side-rail reduction, and staff competency assessments. These efforts emphasized proactive identification of risk, interdisciplinary problem-solving, and the use of data to improve resident safety and outcomes.

Massachusetts Veterans Home at Holyoke

Construction remains ahead of schedule for the state-of-the-art long-term care facility in Holyoke. As of June 2026, the building was approximately 80% complete with the certificate of Occupancy projected for October 2026. The project is funded with \$263.5 million in federal funding from the United States Department of Veterans Affairs and \$221 million in funding from the Commonwealth, with the support of the Department of Capital Asset Management and Maintenance (DCAMM) and the Executive Office of Technology Services and Security (EOTSS) for technology and communications requirements.

Throughout the year, staff have undertaken significant work in preparation for the opening of the new Massachusetts Veterans Home at Holyoke (MVHH), on track for October 2026. This transition represents a major operational undertaking requiring extensive planning, training, coordination, and collaboration across departments, while staff continue to provide high-quality care and services to veterans in the existing Home.

Staff have participated in training on new equipment, systems, and procedures. Staff have helped plan and organize the complex move into the new facility and prepared for the implementation of the small home model of care. This work includes learning new approaches to daily operations and adapting practices to support a more resident-centered environment within the new MVHH.

The phased nature of the move adds another level of complexity. During the transition period, the Home will be operating portions of both the existing and new buildings simultaneously while maintaining continuity of care, appropriate staffing, and full regulatory compliance. The transition also requires coordination with state and federal regulatory agencies and completion of required surveys associated with the opening and occupancy of the new facility.

The substantial preparation undertaken by staff reflects their commitment to ensuring a safe and successful transition for veterans. Their efforts are helping establish the operational foundation for the new Home while maintaining the quality, safety, and continuity of services veterans depend upon throughout the transition.

MVHH continues to maintain excellent quality of care, operational efficiency, and staff recruitment and retention. Building on the major state and federal milestones achieved over the past two years, the Home remains focused on providing veteran residents with high-quality care with honor, dignity, and respect. MVHH renewed its DPH license as of June 2026 and continued excellent survey performance with both DPH/CMS and VA surveys. MVHH performed better than health deficiency index benchmarks for deficiencies in both surveys, receiving just 3 clinical citations in the DPH/CMS survey and only one citation from the VA survey. In both cases, corrective action plans were promptly developed, executed and accepted by the surveying agency and MVHH is considered in compliance with applicable regulations. These results build upon several significant regulatory achievements. In July 2024, MVHH secured DPH licensure as a long-term care provider through a collaborative effort between MVHH and EOVS. As part of this work, staff strengthened their understanding of regulatory standards and implemented new policies and procedures to support continued compliance and quality improvement. In July 2025, MVHH reached another major milestone by receiving its initial CMS certification.

MVHH also continues to bolster its use of technology to support quality care and operational efficiency. Following implementation of the WellSky electronic medical record (EMR) system in September 2024, the Home has continued to collaborate with WellSky to optimize the system and expand its use across the organization. The EMR supports coordinated veteran care and improves access to clinical information. EOVS leadership remains actively engaged in supporting both MVHC and MVHH full adoption and effective utilization of the system.

Together, DPH licensure, CMS certification, strong state and federal survey performance, and continued improvements in clinical and operational systems demonstrate MVHH's sustained progress and commitment to regulatory compliance, quality improvement, and excellent veteran care.

MVHH continues to expand opportunities that enhance veterans' quality of life and foster their connections to the broader community. Through the Recreational Therapy Department, veteran residents participate in a wide variety of activities, enrichment programs, and off-campus excursions. These have included concerts, air shows, baseball games, events hosted by local Veterans' organizations, lodges and posts, and other community outings.

Veteran residents participate annually in the Veterans Day 'Heroes Helping Heroes' project, giving back to fellow veterans in need throughout the community by preparing care packages and creating handmade blankets and other items that provide comfort and support. Through their participation, residents experience the joy of helping others while fostering a meaningful sense of purpose, connection, and community.

These experiences provide veterans with opportunities for recreation and enjoyment while promoting social connection, community involvement, and a sense of belonging. MVHH remains committed to providing meaningful programming that reflects Veterans' interests and supports their overall well-being. Recognizing that a strong and engaged workforce is essential to providing excellent veteran care, the Home continues to support initiatives focused on employee engagement, recruitment, and retention. The Employee Engagement Committee organizes activities designed to strengthen workplace connections and support staff well-being. Initiatives have included coordinating food trucks and organizing food and school-supply drives, among other employee and community-focused activities.

Census and Demographics:

Massachusetts Veteran Home at Chelsea

The table below summarizes the total long-term care and domiciliary populations at MVHC at Chelsea as of June 30, 2026. Over the last year, the long-term care facility had 17 admissions, 15 discharges and a waiting list of 166 while the domiciliary had 11 admissions, 10 discharges and 6 veterans on the waiting list.

	Long-Term Care		Domiciliary		Totals	
	Number	Percent	Number	Percent	Number	Percent
WWII	4	3%	0	0%	4	2%
Korea	23	17%	1	1%	24	10%
Vietnam	81	60%	44	42%	125	52%
Lebanon	3	2 %	1	1%	4	2%
Grenada	1	1%	3	3%	4	2%
Persian Gulf	3	2%	17	16%	20	8%
Iraq/Afghanistan	0	0%	3	3%	3	1%
Peace Time	21	15%	34	33%	55	23%
Panama Campaign	0	0%	1	1%	1	0%
Total	136	100%	104	100%	240	100%
Men	121	97%	93	92%	214	95%
Women	4	3%	7	8%	11	5%

	Long-Term Care		Domiciliary	
	Number	Percent	Number	Percent
95 and over	9	7.24%	0	0%
90 – 94	22	17.6%	0	0%
80 – 89	40	32%	16	16%
70 – 79	39	31.2%	35	35%
60 – 69	12	9.6%	30	30%
Less than 60	3	2.4%	19	19%
Total	125	100%	100	100%

	Long Term Care	Domiciliary
Caucasian	119	78
African American	6	15
American Indian	0	0
Hispanic	0	6
Pacific Islands	0	1

Massachusetts Veterans Home at Holyoke

The table below summarizes the total long-term care populations at the MVHH as of June 30, 2026. Over the last year, the long-term care facility had 37 admissions, 42 discharges and a waiting list of 149 for long-term care.

	Long-Term Care	
	Number	Percent
WWII	7	6%
Korea	20	17%
Vietnam	80	69%
Lebanon	0	0%
Grenada	0	0%
Persian Gulf	1	1%
Iraq/Afghanistan	0	0%
Peace Time	8	7%
Total	116	100%
Men	112	97%
Women	4	3%

	Long-Term Care	
	Number	Percent
90 and over	34	29%
80 – 89	50	43%
70 – 79	24	21%
60 – 69	8	7%
Less than 60	0	0%
Total	116	100%

	Long Term Care	Domiciliary
Caucasian	113	97%
African American	3	3%
American Indian		
Hispanic		
Pacific Islands		

Revenues Received and Expended:**Massachusetts Veterans Home at Chelsea**

MVHC received an appropriation of \$45.5 million in FY2026 which includes staffing of 371.1 FTE and revenue of \$18.5 million. Actual expenses for FY26 were \$47.2M and revenues collected were \$17.2M.

Appropriation	Appropriation Name	FY26 GAA	FY26 Actual Expenses
4180-010	Administration and Operations	46,060,259	47,229,362

Revenue Source	Revenue Source Description	FY26 GAA Revenue	FY26 Actual Revenue
Total	CHE - Soldiers Home in Massachusetts	18,502,820	17,200,348
3504	CHE-3504-U - Reimb - Blue Cross Blue Shield	4,376	-
3505	CHE-3505-U - Reimb - Other Insurance	98,118	23,993
3506	CHE-3506-U - Reimb - Direct Patient Payer	1,786,590	1,332,303
3508	CHE-3508-U - Fees - Meals	177,300	32,502
3545	CHE-3545-U - Reimb - Medicare Part D	-	219,981
4531	CHE-4531-R - Veterans License Plate Sales	-	643,752
4531	CHE-4531-U - Veterans License Plate Sales	-	-
5203	CHE-5203-U - Title XVIII Medicare Reimbursement	14,430	14,275
5203	CHE-5204-U - VA Per Diem Domiciliary Care	2,658,052	2,147,138
5205	CHE-5205-U - VA Per Diem Long Term Care	13,751,954	11,101,866
6900	CHE-6900-U - Misc	12,000	1,684,539

Massachusetts Veterans Home at Holyoke

MVHH received an appropriation of \$32.98 million in FY2026 which includes staffing of 345.6 FTE and revenue of \$9.4 million.

Appropriation Number	Appropriation Name	FY 26 GAA
4190-0010	Administration and Operations	30,794,720
4190-0103	Canteen Retained Revenue	50,000
4190-0300	12 Bed Retained Revenue	2,139,643
	Total	\$ 32,984,363

Revenue Source	Revenue Source Description	FY 26 GAA
3505	Reimb - Other Insurance	9,386
3506	Reimb - Direct Patient Payer	152,416
3508	Meals	30,000
3545	Reimb - Medicare Part D	54,000
4000	Occupancy/Rent Fees	1,209,000
4033	Agent Rental Service Fee	1,500
4500	Miscellaneous Sales	400
4556	Holyoke Canteen Revenue	50,000
5205-R	VA Per Diem Long Term Care	2,139,643
5205-U	VA Per Diem Long Term Care	5,731,722
6900	Miscellaneous	12,000
	Total	\$ 9,390,067

Recommendations

Electronic Medical Record system (EMR)

Both Massachusetts MVHC and MVHC completed the implementation of an EMR system, including the integration of pharmacy, laboratory and imaging services. This report recommends that EOVS continue to support collaboration among the Homes, their staff, and the vendor to expand the use of the EMR and enhance its adoption and functionality, thereby improving resident care, staff efficiency, and regulatory compliance.

Standardize and Professionalize

This report recommends that EOVS continue to prioritize standardizing and professionalizing policies and procedures at both Homes. EOVS has engaged with a professional consultant to inventory existing policies, craft new policies, and work with EOVS and the Homes to implement them. The objective of this initiative is to establish a single comprehensive policy framework to further support the operational and clinical practice professionalization and standardization across both Homes, compliance with CMS, DPH and the VA, and identification of opportunities to align with long-term care best practices. This transformational initiative includes the training of staff at both Homes.

Equity

This report recommends that the Homes continue to focus on equity. In reviewing regional equity, the Homes may consider how to reach and attract veteran residents from throughout the entire state, as well as explore the possibility of expanding the Massachusetts Veterans Homes to additional regions. The Homes may also explore staff equity, including further increasing staff diversity and supporting staff through career pathways. Lastly, the Homes may consider methods to expand engagement with prospective residents to promote a more diverse veteran resident population.

Engagement

The Massachusetts Veterans Homes have an opportunity to increase engagement with their host communities, the veteran community, and the healthcare community. This report recommends exploring partnerships and collaborations with all possible stakeholders, including local community groups, elected officials, veteran volunteer groups, and healthcare institutions while continuing their collaboration with their respective local VA medical centers and the VA. The updated definition of a veteran in the HERO Act is a positive development that supports engagement efforts moving forward.

Staffing Levels:

Massachusetts Veterans Home at Chelsea

Department	# Positions FTE	# of Staff	# of Vacancy
Administration	12	12	0
Facility Operations	22	19	3
Finance	13	12	1
Food Services	55.5	52.5	3
Housekeeping	35.5	31.5	4
Medical Staff	16.6	14.6	2
Nursing Administration	34.9	28.9	6
Nursing – RN	19	12.4	6.6
Nursing – LPN	21.6	20.8	.8
Nursing – CNA	95.7	95	.7
Public Safety	14.7	14.7	0
Recreation	8	6	2
Residential Services	14.6	14.6	0
Social Services	5	5	0
Therapy (PT, OT, SLP)			
Total	371.1	341	30.19

MVHC's staffing pattern is developed by analyzing a variety of key factors, including resident needs, census levels, and the complexity of care required. This involves reviewing shift coverage, staff-to-resident ratios, and peak activity times to ensure an appropriate number of caregivers, nurses, and support staff are on duty at all times.

The effectiveness of staffing levels is also monitored through incident reports, resident feedback, and staff input. A balanced workforce is maintained by regularly assessing workload distribution and adjusting schedules to ensure consistent, high-quality care for veterans. Staffing patterns are monitored and informed through ongoing data analysis and performance reviews to ensure that staffing patterns are consistent with safe, efficient, and compassionate care. Comparative analysis of staffing levels in long-term care is often focused on direct care staff. The average direct care staffing in June was 6.07 staff hours per Resident Day - .61 RN, 1.07 LPN, 4.39 CNA, which exceeds industry standards.

MVHC invests in the current staff, particularly through its new onboarding and training programs. MVHC's Staff Development team provides onboarding staff with a 5-day orientation process, during which new staff members are introduced to a variety of departments and complete hands-on competencies for procedures, equipment, EMR documentation, and policy review. Staff also receive annual training, including Dementia training, Infection Control requirements, Antibiotic Stewardship, Patient Centered Care, Medication Administration and Management, Abuse, Neglect, Misappropriation and Exploitation, Environment of Care, Safety and Security, Emergency Management, and the state-assigned MassAchieve classes.

MVHC regularly hosts various types of professional development training designed to strengthen the skills, knowledge, and competencies of staff through continuous training and professional development opportunities. The training program keeps the team up to date on healthcare practices, regulations, and resident care techniques. By focusing on clinical skills, leadership, and resident-centered care, the Home builds a qualified workforce to deliver high-quality care. The goal of training is to increase mentorship, career growth, and cross-functional collaboration to create cohesive and capable teams, resulting in higher quality services for veterans.

Over the last year, MVHC provided all staff with relevant training and are in the process of completing a course titled “Understanding Military Culture,” a course that provides education on post-traumatic stress disorder, crisis response, and military culture. These courses increase staff cultural awareness and fluency, improving veteran care and teamwork.

Massachusetts Veterans Home at Holyoke

Department	# Positions FTE	# of Staff	# of Vacancy
Administration	13	12	1
Facility Operations	13	11	2
Finance	11	10	1
Food Services	38	35.8	2.2
House Keeping	32.6	31.6	1
Maintenance	13	13	0
Medical Staff	4.2	4.2	0
Nursing Administration	30.5	28.5	2
Nursing – RN	33.4	31.4	2
Nursing – LPN	28	22.6	5.4
Nursing – CNA	106.4	97.8	8.6
Public Safety	5.2	5.2	0
Recreation	11.5	9.5	2
Social Services	5.8	5.8	0
Total	345.6	318.4	27.2

The MVHH staffing pattern is developed by analyzing a variety of key factors, including resident needs, census levels, and the complexity of care required. This involves reviewing shift coverage, staff-to-resident ratios, and peak activity times to ensure an appropriate number of caregivers, nurses, and support staff are on duty at all times.

The effectiveness of staffing levels is also monitored through incident reports, resident feedback, and staff input. A balanced workforce is maintained by regularly assessing workload distribution and adjusting schedules to ensure consistent, high-quality care for veterans. Staffing patterns are monitored and informed through ongoing data analysis and performance reviews to ensure that staffing patterns are consistent with safe, efficient, and compassionate care. Comparative analysis of staffing levels in long-term care is often focused on direct care staff. The average direct care staffing for FY 2026 was 6.56 staff hours per Resident Day – 1.33 RN, .85 LPN, 4.38 CNA – which is well above industry standards.

MVHH's Staff Development team maintains a high level of education for both clinical and non-clinical departments throughout the Home. They are the first team that new staff members interact with as they attend orientation. During the 5-day orientation, the Executive Director and Director of Nursing greet and welcome new staff, and the Staff Development team introduces new staff to departments and guides them through hands-on competencies for procedures and equipment. This education is refreshed annually at the Home's Safety Fair. This fair includes presentations from Human Resources, Occupational Health, Infection Prevention, Social Work, Facilities, Informatics, and Central Supply. Other annual training includes dementia training, infection control refreshers, Antibiotic Stewardship, Patient-Centered Care Fair/Annual Competencies, Medication Administration and Management, Medication Administration Competency, Nebulizer Treatment Competency, Effective Communication, Trauma Informed Care, Behavioral Health/De-escalation, and the state-assigned MassAchieve classes.

To further invest in frontline staff, EOVS worked with SEIU 888 to implement a Memorandum of Agreement (MOA) to establish a career ladder for Certified Nursing Assistants (CNAs) at MVHH. This joint initiative aims to equitably recognize qualified bargaining unit staff and provide CNAs with an opportunity for career advancement within their field. The MOA delineates the creation of position descriptions, and staffing needs assessments at each facility, and sets forth the promotion process for eligible employees. It also memorializes the position descriptions to be used for all levels of the Nursing Assistant job series, addresses current staffing needs at each Home, and describes the reclassification and promotion process moving forward. With the introduction of the nurse career ladder, employees will now progress through four levels of the CNA job series based on their skills, experience, and responsibilities.

The Home Human Resources staff worked in collaboration with the Volunteer Coordinator to establish relationships with surrounding schools. The team attends various hiring events to recruit both full-time staff and volunteers.

MVHH has three employee recognition programs. The first is the "You're Awesome" kudos card. This card is given to an employee by another employee to recognize a job well done, an extra effort, or a helping hand in making the day better for veterans and staff. All recipients of a "You're Awesome" card are recognized in that week's Staff Update email. The second employee recognition program is the "Value Victor" award, the MVHH's Employee of the Month. A staff member is nominated by another employee. These nominations are blind and reviewed by a committee of fellow staff members. The committee makes the selection of the Value Victor. The Value Victor is recognized with a small party in their honor with a snack of their choosing, their picture placed in the Value Victor display for the year, and they receive a preferred parking space. The third employee recognition is the MVHH Challenge Coin, which is only issued by the Executive Director and the Director of Nursing to staff members who have truly gone above and beyond.

MVHH merged its two staff committees into the Employee Engagement Committee, which supports staff through food trucks, supply drives, and an offsite party.

Grievances and Resolutions:

The EOVS Ombudsperson program was established in 2023 and includes two positions with responsibility for each of the Massachusetts Veterans Homes. These individuals work closely with residents, families, staff, and leadership with a focus on resident rights. One critical piece of this role is to receive concerns, report them to EOVS, and engage in problem-solving to reach an effective resolution.

When issues or complaints are raised, follow-up includes reporting, investigation and collaboration with personnel best able to resolve the issue. For example, if a resident reports to a nurse that they are receiving the wrong meal, the nurse will connect with a food service supervisor, who will help resolve the issue. The nurse then ensures the change was made. A supervisor or manager oversees the resolution process with confirmation that the staff member was educated and is performing their work in a resident-centered manner. Follow-up with the complainant provides updates and the status of the problem resolution and validates that the issue was resolved. In the rare case that an issue is not resolvable, the reason is explained to the complainant.

At MVHC, a total of 129 issues or complaints were received, with all but two resolved. At MVHH, a total of 54 issues or complaints were received, all of which were resolved.

The Homes' social work departments host monthly resident council meetings and other gatherings where residents are encouraged to raise concerns and complaints. The executive directors and the ombudspersons remind family members how to contact them with concerns and issues. The grievance process is also reviewed at each family and veteran meeting. Resident care plan meetings with social work and nursing staff are held regularly. Each unit provides grievance forms, and staff and residents receive training on how to use them. When a resident decides that they would like to file a grievance, it is logged by the Director of Social Work, who oversees the process through resolution. Each Home's communications director includes information in newsletters and in the annual letter to residents and families about the state ombudsman program and the EOVS ombudsperson roles. There is also annual training on resident rights and mandated reporting for employees. At orientation for new staff, the ombudsperson reminds staff about resident rights and reporting.

Regional Equity and Access:

The Healey-Driscoll Administration reviewed the Massachusetts Veterans Homes as part of its inaugural Equity Assessment, required through Executive Order No. 612, Instituting the Practice of Equity Assessment Government-Wide and Creating the Inter-Agency Coordinating Committee on Increasing Equity Through Data. The Homes received a grade of “On the Right Track” using criteria that assessed access, fairness, transparency, accountability, and accessibility.

Massachusetts Veterans Home at Chelsea

MVHC maintains relationships with many community groups and receives support from the City of Chelsea, VFW, American Legion, Middlesex County Sheriff, Jewish War Veterans, Swampscott Kearsarge Lodge #217, and the DAV. These organizations frequently sponsor recreational activities for the veterans, such as an annual cookout, ice-cream socials, Navy Band Quartet, bingo, fishing trips, and expeditions. The Homes’ veterans participate in all Memorial Day and Veterans Day events.

Additionally, MVHC hosts monthly resident council and town hall meetings. These meetings are an opportunity for residents to connect with leadership and staff at the Homes to collaborate on improvements and enhancements. Staff at the Home record actionable items, explore resolutions, and work with residents and staff to follow up with solutions.

MVHC is committed to ensuring that all residents are fully aware of their rights as residents. These rights are posted on each unit with the contact details for the EOVS ombudsperson, the Executive Office of Elder Affairs ombudsman, and the MA Department of Public Health. This past year, EOVS created an Ombudsperson program. The Ombudsperson educates staff about resident rights through one-on-one and larger training sessions. The Ombudsperson is highly visible at the MVH and helps staff gain a fuller understanding of resident rights, including their entitlements to respectful treatment, privacy, and participation in care decisions. Any resident or family member may report an issue or request assistance. In addition, staff and residents are aware of the availability of grievance forms, which are accessible on each unit.

Massachusetts Veterans Home at Holyoke

MVHH holds an annual update call with Veteran Service Officers (VSOs) and veteran organizations. Updates include information about admissions to the Home. The Home maintains strong relationships with veterans’ groups in the area, including the Vietnam Veterans, VFW, American Legion, and the DAV.

MVHH works to increase awareness of the Home through community events, like attendance at the American Legion District 3 Testimonial Luncheon. For the first time in seven years, in collaboration with the American Legion, the Home held its annual motorcycle run. Over 400 riders participated. The Home also marches in the Annual Holyoke St. Patrick’s Day parade with veterans riding in vans and staff walking alongside. MVHH has established relationships with area schools to act as a clinical site for nursing programs as well as with schools who offer discounts in tuition for Veteran Home staff members. With the Hero Act, increased benefits are now available to veterans throughout the Commonwealth, and the Homes serve as a resource for veterans across the Commonwealth. All Massachusetts veterans are welcome, regardless of race, religion, sex, gender identity, or sexual orientation.

MVHH has also been visiting local libraries, senior centers, and colleges. Staff from the Home are ready and willing to attend various functions to speak about the Home and admissions/eligibility.

Conclusion

The Massachusetts Veterans Homes at Chelsea and Holyoke continue to make tremendous strides in resident care, professionalization, and operational improvements over the last year. The Homes have both ushered in a new era of veteran care with the opening of the new 154-bed facility in Chelsea and the completion and near occupancy of the 234-bed replacement facility in Holyoke. Resident quality of care continues to be enhanced with licensure and certifications from the Massachusetts Department of Public Health and the Centers for Medicare and Medicaid Services, as well as the use of the EMR at both Homes. The Homes have invested in existing staff through the implementation of the CNA career ladder and numerous professional development training programs. The Ombudsperson program at both Homes has further increased the quality of services provided to residents, families, and staff by ensuring issues are recognized and addressed.

The Healey-Driscoll Administration looks forward to implementing further improvements and attaining new heights in providing services and care to Massachusetts veterans with dignity, honor, and respect.