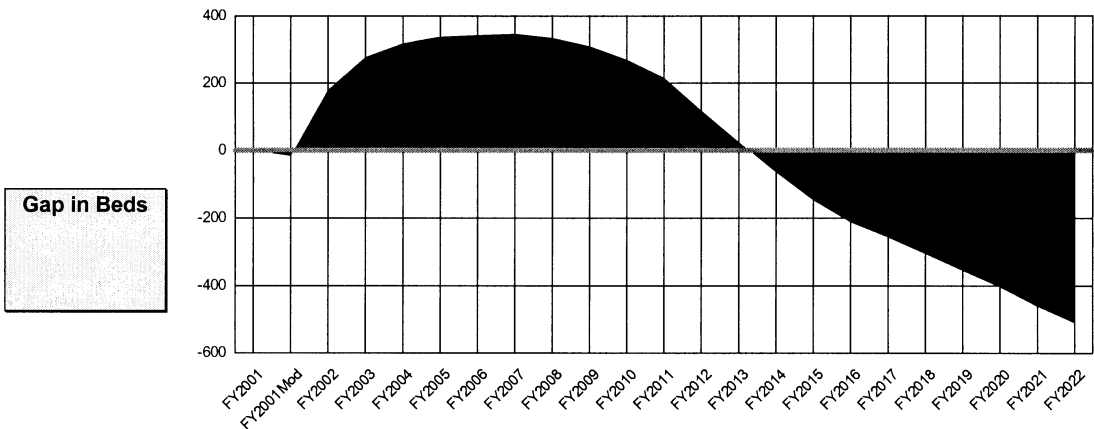


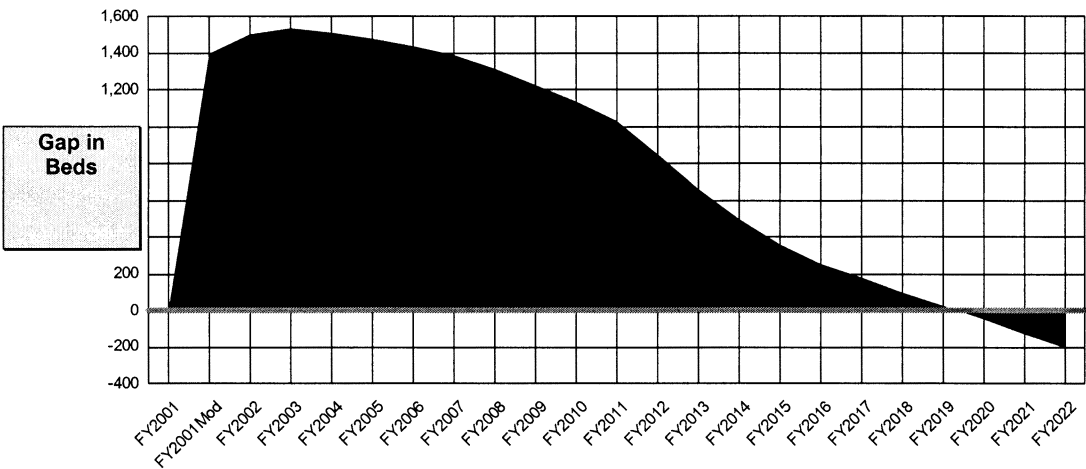
Figure 6.3 Projected Gaps in Inpatient Surgery Beds by Fiscal Year (Includes Contracts)



Inpatient Psychiatry

Inpatient psychiatry gaps indicate a current shortage of beds, but a rapid decline in demand beginning as early as FY 2004 that continues steadily until FY 2022 when demand drops below 2001 levels, as shown in Figure 6.4 below.<sup>30</sup>

Figure 6.4 Projected Gaps in Inpatient Psychiatry Beds by Fiscal Year (Includes Contracts)



Summary of Inpatient Capacity Solutions

VISN CARES Market Plans identified a variety of solutions to resolve all projected inpatient workload demand, including workload demand associated with Inpatient Capacity Planning Initiatives, and manage space requirements at each facility.

Tables 6.2 and 6.3 focus on inpatient Medicine, Surgery and Psychiatry

solutions for two of the planning years—FY 2012 and FY 2022. Inpatient workload units in these tables represent the total number of bed days of care (not beds) projected for each facility in each VISN, rolled up to the national level. The total number of projected bed days of care in each CARES category was used to estimate the amount of space needed at each facility for each of the planning years. VISNs were required to

solve each of their facilities’ total space needs in each of the CARES categories.

By FY 2022, VHA will handle approximately 90 percent of all inpatient workload in-house. Contracting is used as a short-term solution to a greater extent in earlier years during workload peaks. Approximately 169 inpatient beds (52,522 bed days of care) are planned as joint ventures with the Department of Defense or other entities.

<sup>30</sup> Note: Inpatient Psychiatry projections are presently undergoing revision. Revised projections

should be available for next year’s strategic planning cycle.