

TABLE 6.2.—WORKLOAD SOLUTIONS FOR INPATIENT CATEGORIES—FY 2012

Workload alternative	Medical care		Surgical care		Psychiatry care	
	Bed days of care	Percent of total	Bed days of care	Percent of total	Bed days of care	Percent of total
Contract	340,929	13.4	83,021	8.6	183,047	8.6
Joint Venture	30,475	1.2	5,112	0.5	28,525	1.3
In-Sharing	5,575	0.2	6,506	0.7	365	0.0
Sell	0	0.0	0	0.0	0	0.0
In-house	2,162,899	85.2	867,449	90.2	1,916,714	90.1
Total Demand	2,539,878	.....	962,088	.....	2,128,651	.....

TABLE 6.3.—WORKLOAD SOLUTIONS FOR INPATIENT CATEGORIES—FY 2022

Workload alternative	Medical care		Surgical care		Psychiatry care	
	Bed days of care	Percent of total	Bed days of care	Percent of total	Bed days of care	Percent of total
Contract	206,850	10.1	51,185	6.6	102,266	5.6
Joint Venture	24,769	1.2	4,284	0.6	23,469	1.3
In-Sharing	5,575	0.3	6,394	0.8	365	0.0
Sell	0	0.0	0	0.0	0	0.0
In-house	1,803,287	88.4	714,929	92.0	1,691,730	93.1
Total Demand	2,040,481	.....	776,792	.....	1,817,830	.....

Table 6.4 presents inpatient space solutions for all planning years combined—through FY 2022. Overall, the capital investments needed for inpatient care are more reflective of the

total volume of workload (bed days of care), and not in response to an increasing or decreasing workload gap. The proposed investments are indicative of the condition of the

current space for inpatient wards across VHA and the need to upgrade or modernize existing clinical space.

TABLE 6.4.—SPACE SOLUTIONS FOR INPATIENT CATEGORIES—CUMULATIVE THROUGH FY 2022

Space alternative	Medical care		Surgical care		Psychiatry care	
	Square feet	% total	Square feet	% total	Square feet	% total
Existing-Non Renovated	2,722,180	57.4	1,029,718	61.4	1,709,795	46.5
Renovate Existing	839,754	17.7	336,844	20.1	677,858	18.4
Convert Vacant	391,957	8.3	109,430	6.5	552,604	15.0
New Construction	475,281	10.0	158,302	9.4	590,808	16.0
Donate	110,558	2.3	16,700	1.0	49,000	1.3
Lease	199,878	4.2	26,900	1.6	104,990	2.8
Enhanced Use	7,000	0.1	0	0.0	0	0.0
Total Space Proposed	4,746,608	.....	1,677,894	.....	3,685,055	.....

National CARES Plan

The CARES investment strategy is to ensure that the acute care infrastructure will be available to meet the current and future acute care requirements. As a result of this strategy, all markets with proposed capital requirements related to acute inpatient care are included in the National CARES Plan.

Chapter 7: Enhancing Access to Special Disability Programs

Traditional Role, Substantial Responsibility in Special Disabilities

While the nation's commitment to provide medical care to eligible veterans extends across the full spectrum of

injury and disease, the VA system has traditionally had a distinctive role in addressing the needs of veterans with special disabilities. In part because many of these special disabilities were incurred in wartime and in part because the intensive levels of care involved are often difficult for veterans to obtain elsewhere, VA has acquired substantial responsibility in this health care arena.

Cognizant of this history and the unique stature of Special Disability Programs (SDPs) within the VA health care system, CARES designers focused the initial application of the process on Special Disability Programs with congressionally-mandated capacity requirements, including:

- Blind Rehabilitation
- Mental Health—Seriously Mentally Ill (SMI), Post-Traumatic Stress Disorder (PTSD), and Substance Abuse
- Homelessness
- Spinal Cord Injury & Disorders (SCI/D)
- Traumatic Brain Injury (TBI)

Capacity Requirements

Under CARES, Spinal Cord Injury & Disorders (SCI/D) capacity requirements were to be maintained as measured by the monthly VA/PVA beds and staffing survey and VHA Directive 2002–022.³¹

³¹ Survey by VA and the Paralyzed Veterans of America (PVA); Other references include: VHA