

Quality and Small Facilities

The majority of medical centers that proposed closing acute hospital beds planned to refer workload to other VHA facilities and to community hospitals in order to keep access local, maintain customer satisfaction and improve cost efficiencies. The impact on all aspects of quality was considered positive. The medical centers that proposed to retain less than 40 acute hospital beds indicated that the potential impact on quality from low volume would be offset by such factors as being a key provider in the community or vast distances to other VHA facilities. A proposed solution for minimizing the impact of low volume on quality involves a conversion of acute beds to a Critical Access Hospital (CAH). Medicare's CAH criteria includes such provisions as being part of a referral hospital network, length of stays no more than 96 hours, full-time emergency coverage, and designation by the state as a "necessary provider."⁵⁶

Quality and Proximity/Campus Realignments

No consolidation or realignment proposals resulting from proximity planning initiatives are anticipated to have a negative impact on quality. Quality issues resulting from proposed realignments were discussed in the narratives in terms of the impact on medical school affiliations, DoD sharing agreements and veteran access. Consolidation of services, particularly small volume and high cost procedures and subspecialties, was viewed as having a positive impact on quality of services provided.

Quality and Special Disability Programs

Spinal Cord Injury and Disorders and Blind Rehabilitation planning initiative solutions focused on quality in terms of expanding capacity and improving access to meet veteran needs through 2022. Some facilities propose space enhancements to improve the quality of the environment in which these services are provided.

Quality and Collaborative Opportunities

Quality was often stated as a positive impact of DoD collaborative initiatives, generally based on volume and mix of services. DoD physicians that are given clinical privileges at a VHA facility enhance care to veterans and maintain their proficiency for small volume procedures. DoD has more extensive experience with the treatment of women

and children and offers patient care and resident training expertise in these specialties.

Quality and Vacant Space

CARES Market Plan vacant space solutions largely impacted cost efficiency and environmental safety, with a lesser impact on health care services and need. Vacant space was converted or reserved for future health care services when demand data supported the need. Buildings determined to be unsafe or unusable buildings too costly to maintain were proposed for demolition. Usable buildings not needed for future health care services were proposed for enhanced use lease, out-leasing, collaborative efforts or other alternatives that would avoid cost or produce revenue. Some of the enhanced use lease solutions would improve access and service mix by providing veterans with additional services, such as independent living and assisted living.

Chapter 11: Capital Investments (Safety and Environment)

Relationship of Capital Assets to Safety and the Environment

The CARES process recognizes that the management of VHA's capital assets must be coordinated with respect to the functionality of the space, occupational safety and health, fire safety, seismic considerations, and other building and equipment design criteria which affect safety codes and standards. This chapter of the CARES Plan addresses these issues as well as the general area of capital investment.

Process of Developing Market Plans

The VISN market planning process was largely determined by the web-based computer application developed by IBM called the IBM Market Planning Template.⁵⁷ Appendix K outlines the assumptions and limitations of the IBM Market Planning Template used to develop capital investment plans. The template required the following steps:

1. Allocate the projected workload demand at the market level to VISN facilities for each CARES Category.
2. Manage projected workload demand by determining how much workload would be managed in-house or through community contracts, joint ventures, sharing, or a combination of any of these choices. The amount of workload managed in-house determined how much space was needed at a treating facility for a particular CARES Category.

3. Manage projected space needs at each treating facility for each CARES Category through new construction, converting vacant space, leasing space in the community, or through an enhanced use initiative or donated space. The projected space required at a treating facility to meet the in-house workload demand was determined using a square foot/workload unit (space driver) unique to each facility and based on optimum space (Appendix O). The projected space was compared to current space available at a facility in that CARES Category, and a "space needed" or "space overage" amount was calculated. The IBM Market Planning Template allowed a VISN to find a space solution within 25% of the projected space need, allowing some flexibility in addressing local efficiencies, such as the use of longer hours or more staff. In some cases, this 25% was not sufficient, but the template would not allow less than 75% of the space need to be met.

Capital Plans

A Capital Plan will be developed during the implementation phase of CARES. The Capital Plans will cover a five to ten year time period rather than the 20-year planning horizon used for VISN Market Plans. A shorter time frame for capital planning is necessary in order to keep current with changing technology and health care delivery systems. The 20-year workload projections will be used to validate the need for the projects over the expected 20-year life of the investment.

Improving Safety and Functionality of Existing Space

Maintain Appropriate Tertiary Care Environment

As VHA increases access to both outpatient and inpatient health care services, one of the primary missions of the CARES planning process is to ensure that a safe and appropriate infrastructure is sustained at VA's tertiary care facilities. The National CARES Plan proposes capital investments in the seven core CARES categories (inpatient medicine, surgery, psychiatry and outpatient primary care, mental health, specialty, ancillary/diagnostic) of \$1.7 billion dollars to support VHA tertiary care facilities. This is a sub-set of the \$2.6 billion dollars proposed for capital investments in those seven clinical CARES categories for all facilities combined.

⁵⁶ Chapter 8 "Strategic Direction of Small Facilities" and Appendix N "Critical Access Hospital Designation"

⁵⁷ IBM Market Planning Template Technical Summary is included under References.