

Safety and Functionality of Existing Space

By projecting veteran workload needs for the next twenty years, CARES was able to determine what existing infrastructure will be needed through the year 2022, assess the condition of that infrastructure, and plan to bring it

to acceptable industry standards. The current condition of VHA's physical environment was measured through a facility survey process that resulted in an overall Condition Score for all existing space (Appendix O). Elements that were scored and weighted to make up the Condition Score for space in each CARES Category at each VHA facility

included layout, code compliance, handicap accessibility and patient privacy. Space in each CARES Category at each facility was scored on a range of 1 to 5 with 5 being the best. Space with a Condition Score of less than 3 was considered for renovation to a score of 5. The following table shows the impact of these planned improvements.

TABLE 11.1.—RENOVATION AND IMPROVEMENTS TO EXISTING SPACE FY 2002–FY 2022

Type of investment	Total space	Prior weighted condition score of space	Total cost (current \$'s)	Revised condition score of space
Convert Vacant	3,779,421	2.40	\$402,859,514	5.00
Renovate Existing	7,981,188	3.41	603,040,996	5.00
National Totals	11,760,609	3.09	1,005,900,510	5.00

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Note: Table 11.1 includes all CARES categories except Research and Other Space. It includes the seven, core inpatient and outpatient clinical categories as well as Nursing Home/Intermediate, Domiciliary, Spinal Cord Injury, Blind Rehabilitation, Residential Rehabilitation, and Administration.

As seen in Table 11.1 above, the overall Condition Score for existing VHA space planned for renovation in CARES is 3.09, reflecting current compliance with recommended guidelines for space condition. Figures

11.3 and 11.4, later in this chapter, show the distribution by year of the necessary renovations to existing infrastructure. The majority of renovation costs appear in years 2004 through 2006, indicating the immediate need to improve the quality and functionality of VHA's infrastructure.

Vacant space was also given a Condition Score at each VHA facility. Vacant space that was converted to usable space to address workload gaps in VISN Market Plans had an even lower average Condition Score of 2.40 (Table

11.1). The conversion of this vacant space to meet workload demand will also result in the improvement of this space to acceptable levels.

Seismic Strengthening

The VA Secretary has made seismic strengthening a priority to assure the safety of our infrastructure in high-risk areas of the country. VHA has currently placed 63 sites on its priority list. VISN responses in meeting this priority through the CARES process are shown in the table below.

TABLE 11.2.—PROPOSED SEISMIC CORRECTIONS (VISN COST ESTIMATES IN CURRENT DOLLARS)

VISN	Facility name	Market name	Cost
8	San Juan	Puerto Rico	\$85,000,000
20	American Lake	Western Washington	21,840,000
20	Portland	South Cascades	49,680,000
20	Roseburg	South Cascades	17,000,000
20	White City *	South Cascades	(**)
20	Seattle	Western Washington	16,960,000
20	Walla Walla *	Inland North	5,700,000
21	Fresno	South Valley	12,000,000
21	Palo Alto	South Coast	28,972,872
21	San Francisco	North Coast	51,000,000
22	Long Beach	California	39,000,000
22	San Diego	California	49,100,000
22	West LA	California	64,400,000
Total	440,652,872

* Being considered for realignment

** Included in Building Replacement Costs.

Parking Improvements

Although parking improvements were not directly included in the IBM Market Planning Template, many VISNs did submit initiatives under the Vacant Space category. Adequate parking is considered a necessary part of ensuring full access to health care services. VISN Market Plans have identified eight

parking initiatives; five initiatives are planned for accomplishment through the enhanced use program and three through new construction.

Meeting Capacity Demand for the Future

In addition to ensuring that VHA maintains an appropriate tertiary care

environment and improves the safety and functionality of its existing infrastructure, CARES addresses infrastructure needs to meet projected future demand.

Outpatient Capital Investments

The CARES planning model projected an overall increase in the demand for