

prescribed when the veteran can no longer remain in the community or home. However, nursing home care is not only costly, it can impair family relationships and reduce the overall quality of life. As a result, the population requiring nursing home care must be carefully selected after other alternative delivery settings are ruled out. Technology and skills exist in today's health care delivery system to meet a substantial portion of extended care needs in non-institutional settings.

VHA encourages the use of non-institutional extended care services such as Adult Day Health Care, Assisted Living and other home care alternatives in all circumstances other than those in which institutionalization is unavoidable.

#### *Forecasting Model Requires Revision, But Space Conditions Addressed*

The current nursing home model does not adequately address the following important considerations:

1. How will improvements in the health status of the elderly impact long-term care?
2. How will trends in the use of alternatives to Nursing Home care

impact-projected demand for Nursing Home care?

3. How can the use of home health care be substituted for institutional care?

The model is being revised to provide improved projections for the next strategic planning cycle that will remove the bias towards the use of nursing home care over non-institutional alternatives. Since the model could not adequately reflect current and emerging practices in extended care, no planning initiatives were developed based on future workload gaps identified in this program area.

Although planning initiatives were not identified for Nursing Homes, VISNs were encouraged to submit capital investment proposals in their CARES Market Plans to address poor space conditions. While this chapter only discusses VA capital improvements, the overall supply of nursing home beds will be addressed during the next strategic planning cycle, so State Veterans Nursing Home beds and community nursing home beds will be included.

#### *Nursing Home Capital Improvements*

Capital improvements submitted by VISNs in their CARES Market Plans to remedy space deficiencies are summarized in Table 19.1. While investments will not be submitted for implementation until bed need forecasts are available, the following table provides information regarding the current assessment of space needs and their resolution.

CARES planning guidance recommended that space with a Condition Score less than 3.0 be considered for renovation. Condition Scores were derived from the Space and Functional Surveys conducted at each VHA facility during the baseline data collection phase of CARES (Appendix O). The surveys quantify the general condition and functionality of the space, resulting in a combined weighted average Condition Score for layout, code compliance, handicap accessibility, and patient privacy. Scores range from a high quality score of 5.0 to a low quality score of 1.0. The majority of Intermediate/Nursing Home Care capital investments in the CARES Market Plans are proposed based on low Condition Scores.

TABLE 19.1—SUMMARY NURSING HOME CARE INVESTMENTS FY 2002–FY 2002

Type of investment	Number of facilities	Activation years	Square foot-age	Total cost in current \$
New Construction .....	12	2004–2012	854,267	191,595,461
Convert Vacant Space .....	1	2003	15,100	1,933,361
Renovations .....	24	2005–2016	747,548	57,391,534
Enhanced Use Lease .....	1	2004	95,000	(*)
Total .....	38	2003–2016	1,711,915	250,920,356

\* Not Available.

#### *New Construction*

New construction nursing home investments are proposed at the following facilities:

VISN 03—St. Albans  
 VISN 03—Castle Point  
 VISN 05—Perry Point  
 VISN 06—Beckley  
 VISN 10—Cleveland-Wade Park  
 VISN 19—Denver  
 VISN 20—American Lake  
 VISN 20—Walla Walla<sup>68</sup>  
 VISN 21—Menlo Park  
 VISN 22—Las Vegas  
 VISN 22—West Los Angeles  
 VISN 23—Des Moines

The majority of the new construction proposed replaces existing nursing home beds at facilities with low Condition Scores where complete

replacement was less costly than renovation.

#### *Renovation of Current Space*

Of the 24 facilities with nursing home renovation improvements submitted in the VISN CARES Market Plans, nine currently have Condition Scores below 3.0 (renovation recommended), six facilities have Condition Scores between 3.0 and 4.0 and nine have Condition Scores greater than 4.0. Renovations of space with scores greater than 3.0 include seismic corrections and changes in functionality of existing space for a new or growing program. Programs for specialized geriatric psychiatric care, such as Alzheimer's Units, often require adaptation to the normal nursing home care setting.

#### *Enhanced Use Lease*

One enhanced use lease proposal is included in VISN 11 for replacement nursing home beds at Illiana HCS (Danville), due to poor quality space.

#### *Convert Vacant Space*

VAMC Clarksburg in VISN 4 has recently converted most of its vacant space for additional nursing home capacity.

#### **Chapter 20: The Future**

##### *Conversion to Systematic Pursuit of Improvement*

Continuous improvement is basic to the philosophy of virtually every quality management program, a regular tenet of best business practices, and—in fact—the final step in the CARES process. From the outset, it was envisioned that CARES planning procedures would be

<sup>68</sup> Under review for realignment.