

Outpatient Services

Specialty Care—Specialty care outpatient services will increase in four markets and at all care sites. Contracting is utilized in high peak periods of growth. New construction of 171,000 sq. ft. is planned in VISN 23 to meet access initiatives, environment of care concerns and the increasing workload demand. Other solutions include renovation, conversion of existing space and leasing alternatives.

Primary Care—Primary care outpatient services will increase in five markets. Planned CBOCs in the Iowa and Minnesota markets, new construction and internal conversion will help improve access. The new CBOCs planned will be leased sites or contract care. In-house expansions will occur through capital investments in renovation, conversion and new construction.

Inpatient Services

Medicine—Inpatient medicine services will decrease in the Iowa, Minnesota, Nebraska and South Dakota markets. As a result, St. Cloud will shift all medicine beds to Minneapolis. VA Central Iowa Health Care System will transfer all medicine beds located at Knoxville to Des Moines. The VISN will also transfer some medicine from in-house care to contract care to improve hospital access for veterans. The VISN proposes significant capital investments for tertiary care ICUs, monitored beds and overall facility conditions.

Surgery—Inpatient surgery services will decrease in the Minnesota market resulting in a tremendous shift from inpatient to outpatient care. As a result, space will be realigned from inpatient to outpatient specialty care at VAMC Minneapolis.

Extended Care

Capital investments for a nursing home care unit to remedy space deficiencies include the new construction of 50,000 sq. ft. in the Iowa market (Des Moines), and the renovation of 26,806 sq. ft. in Nebraska market (Grand Island) are planned.

Vacant Space

VISN 23 will have a total of 329,682 sq. ft. of vacant space in 2022. This represents a reduction of 21.6% from 2001 total vacant space (420,424 sq. ft.).

Enhanced Use

Three enhanced use lease projects are proposed: (1) Single Room Occupancy Initiative Concept plan (approval pending), (2) Federal Credit Union Concept plan (approved), public hearing completed requires approximately an acre of property on medical center campus, and (3) A St. Paul VARO enhanced use initiative with a private developer to co-locate onto the Minneapolis campus.

Collaboration

VBA—Three collaborations are proposed: (1) The VARO St. Paul would relocate to new construction on land at the VAMC Minneapolis campus through an enhanced use lease proposal (high priority), (2) Central

Iowa Health Care System collaboration is an enhanced use lease development project to relocate the Iowa VARO from the Federal Building in downtown Des Moines to the Des Moines medical center (medium priority), and (3) VA Nebraska-Western Iowa Health Care System is exploring a co-location with VBA on the Lincoln campus (medium priority).

NCA—VA Central Iowa Health Care System and the State of Iowa Department of Veterans Affairs propose a State sponsored Veterans Cemetery on VA land at the Knoxville campus. The current status of the proposal is dependent upon state legislative action.

DoD—Collaborations are planned for community based outpatient clinic at the Offutt AFB and Grand Forks AFB.

Special Populations

Build a new Spinal Cord Injury (SCI) center at Minneapolis.

Facility Condition

Low Condition Scores—VISN 23 proposed renovation as the main solution for the majority of buildings with condition scores lower than 3.0 except for the domiciliary program. Lead paint problems will be corrected in all facilities.

Appendix B—Glossary of Acronyms and Definitions

Acronyms

ADC—Average Daily Census
AL—Assisted Living
BRC—Blind Rehabilitation Center
CAH—Critical Access Hospital
CARES—Capital Asset Realignment for Enhanced Services
CBOC—Community Based Outpatient Clinic
CMS—Centers for Medicare and Medicaid Services
CWT—Compensated Work Therapy Program
DoD—Department of Defense
EU—Enhanced Use
EUL—Enhanced Use Lease
FTEE—Full Time Equivalent Employee
FY—Fiscal Year
GAO—General Accounting Office
GRECC—Geriatric Research, Education and Clinical Center
HSR&D—Health Services Research & Development
ICU—Intensive Care Unit
LTC—Long Term Care
MOA—Memorandum of Agreement
MOU—Memorandum of Understanding
NCPO—National CARES Program Office
NDAA—National Defense Authorization Act
NHCU—Nursing Home Care Unit
OPC—Outpatient Clinic
PTSD—Post-Traumatic Stress Disorder
RO—VBA Regional Office
SCI—Spinal Cord Injury
SCI&D—Spinal Cord Injury & Disorder
SOPC—Satellite Outpatient Clinic
SMI—Seriously Mentally Ill
Sq. Ft.—Square Foot
VA—Department of Veterans Affairs —
VACO—VA Central Office
VAMC—VA Medical Center

VBA—Veterans Benefits Administration
VHA—Veterans Health Administration
VISN—Veterans Integrated Service Network
VR&E—Vocational Rehabilitation & Employment
VSO—Veteran Service Organization
VSSC—VISN Support Service Center

Definitions

Acute Care Hospital—Offers primary care, general internal medicine, and limited surgical and diagnostic capabilities.

Access guidelines—Minimum percentage of enrollees living within a specific travel time to obtain a VA primary care, plus an absolute standard *i.e.*, a specific number of enrollees living outside the access guidelines.

Capacity Planning Initiative—A plan to meet large increases or decreases in inpatient or outpatient resources with the appropriate resources.

CARES (Capital Asset Realignment for Enhanced Services)—A planning process that evaluates future demand for veterans' health care services against current supply and realigns VHA capital assets in a way that results in more accessible, high quality health care for veterans.

CBOC (Community—Based Outpatient Clinic)—VA operated, or contracted or leased healthcare facility geographically distinct or separate from parent medical facility.

Critical Access Hospital (CAH)—Center for Medicare and Medicaid designation of hospitals that are located more than 35 miles from the nearest hospital; must have no more than 15 acute beds; ICU beds discouraged; cannot have length of stays (LOS) greater than 96 hours (except respite/hospice); and must be part of a network of hospitals.

Market Plan—A description of proposed actions to meet the outpatient and inpatient needs for veterans for the next 20 years. It focuses on access, capital requirements, and potential realignments and consolidations.

Market share—The percentage of veteran population enrolled for healthcare services.

Planning Initiative (PI)—A VACO identified future gap, potential overlap in services, large change in demand, or required access improvements for a market area that met specific thresholds and that need to be resolved.

Proximity—Two or more acute or tertiary hospital facilities with similar missions within close proximity of each other.

Small Facilities—Medical Centers that have a projected acute bed levels fewer than 40 beds in 2012 and 2022.

Tertiary Care Hospital—Provides a full range of basic and sophisticated diagnostic and treatment services across the continuum of care, including some of the most highly specialized services. Tertiary medical centers are generally affiliated with schools of medicine, participate in undergraduate and graduate medical education, conduct clinical and basic medical research, and serve as regional referral centers.

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