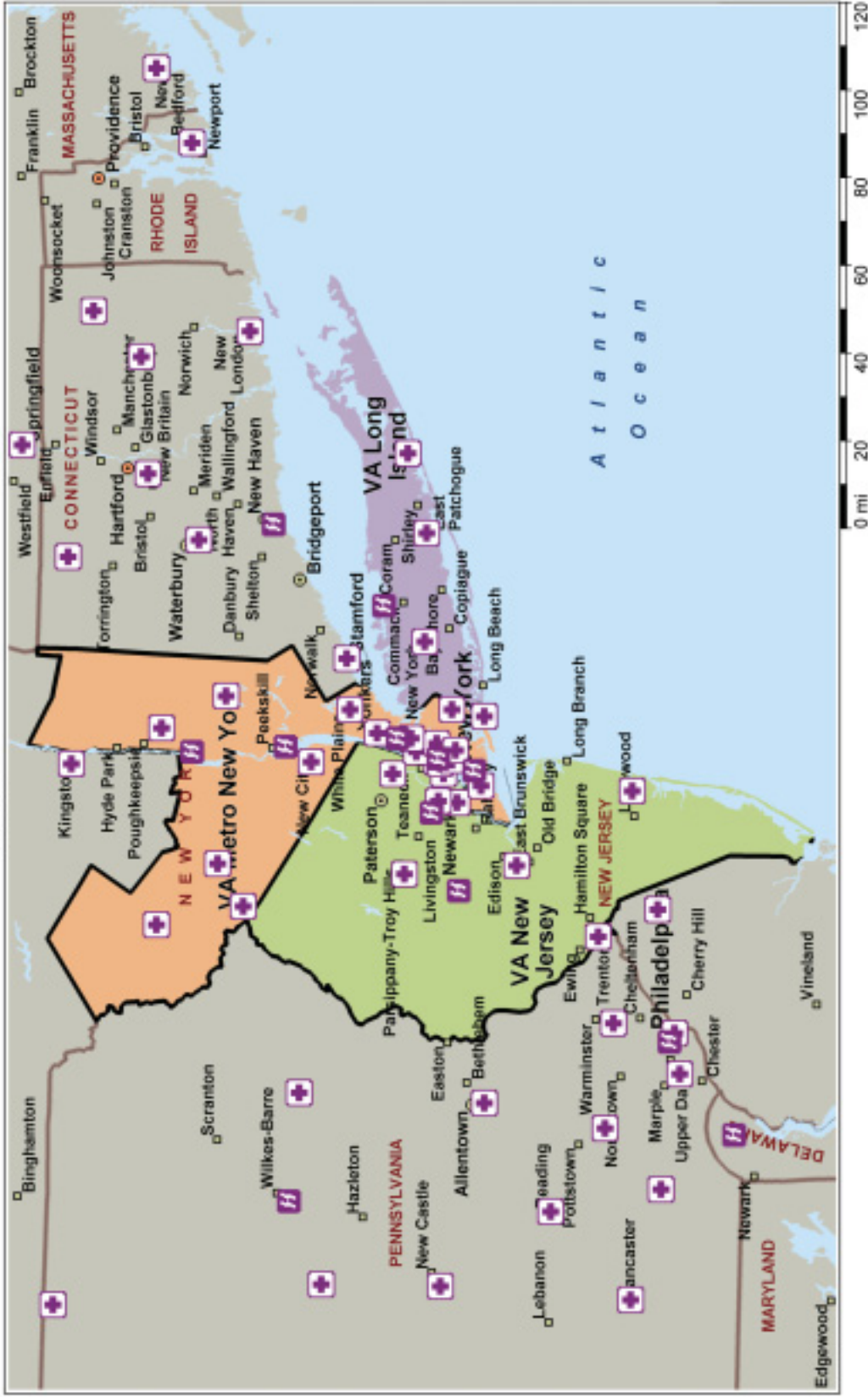


VISN 3



- Pushpins**
- VA Clinic
 - VA Hospital
 - Planned New CBOC
- Markets**
- VA Long Island
 - VA Metro New York
 - VA New Jersey

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CARES DECISIONS FOR VISN 3

CARES Commission Recommendation

I Study Feasibility of Consolidating the Manhattan and Brooklyn VAMCs

The Commission concurs with the DNCP proposal that a feasibility study should be carried out before any proposal to consolidate the Manhattan campus of the NY Harbor Health Care System (HCS) with the Brooklyn campus is put forward.

Secretary's Decision

I Study Feasibility of Consolidating the Manhattan and Brooklyn VAMCs

VA will undertake a thorough feasibility study of the potential to consolidate the Manhattan and Brooklyn campuses of the New York Harbor HCS in the VISN's New York market. The facilities are in close proximity to one another and both have significant vacant and underused space. Through consolidation, VA has the potential to improve use of sophisticated major medical equipment, reduce costly vacant and underused space, and enhance services through development of a comprehensive tertiary medical center that can act as a hub and provide the full continuum of care for Manhattan and Brooklyn area veterans.

To assess the potential for consolidation, VA will develop a comprehensive study of the feasibility, cost-effectiveness, and impact of developing a modern, efficient, health care system in the New York area. The system to be studied would be anchored by a comprehensive tertiary care medical center located in either Manhattan or Brooklyn and will include plans for development of strategically located multi-specialty outpatient clinics and CBOCs targeted to support the tertiary hub, maximize access, and bring primary, mental health, and specialty care services closer to where veterans live. The study also will analyze the demand for nursing home care services. The tertiary care medical center will deliver comprehensive inpatient care services, while allowing specialty care services such as cardiology, neurology, audiology, as well as primary and special VA mental health resources to spread out into the community closer to patients. Further supported by CBOCs, the system of care would bring VA health care into neighborhoods throughout the New York area, improving access to specialty, primary care, mental health, and nursing home services.

The study will focus on access to and quality of care, as well as the expected cost effectiveness of consolidation of the existing Manhattan and Brooklyn inpatient care missions into a comprehensive tertiary care medical center supported

by a carefully planned system of multi-specialty outpatient clinics, CBOCs, and nursing home care services.

VA will begin development of a template that will define the scope and parameters of the study and act as a guide for the study process. Upon completion of the template, VA will assign a multi-disciplinary team with appropriate skills and experience to conduct the study. The team will use support from outside contractors and other subject matter experts as necessary to ensure it has access to all of the skills needed to complete the study effectively and efficiently. The study will include collaboration with stakeholders and ensure that their views are solicited and included in the process. The study will be completed by the beginning of 2005.

In the interim, VA will proceed with only those maintenance and life safety projects at existing facilities that are necessary to ensure the quality and safety of patient care, and will pursue development of a long-term care strategic plan (*Reference – Long-Term Care, Excess VA Property: Crosscutting*).

CARES Commission Recommendation

II Mission Change

Montrose and Castle Point Campuses of the Hudson Valley HCS

- 1** The Commission does not concur with the DNCP proposal to move all inpatient beds from Montrose to Castle Point.
- 2** The Commission recommends that the inpatient psychiatry beds be moved from the Montrose campus to the Castle Point campus.
- 3** The Commission recommends that the nursing home care beds be moved from the Montrose campus to the Castle Point campus.
- 4** The Commission recommends that the domiciliary-based residential rehabilitation programs and ambulatory care services remain at the Montrose campus.
- 5** The Commission recommends that the enhanced use leasing proposals for the Montrose campus that have been held in abeyance pending the completion of the CARES process now go forward as soon as is feasible.

Secretary's Decision

II Mission Change

Montrose and Castle Point Campuses of the Hudson Valley HCS

The Montrose and Castle Point campuses of the Hudson Valley Health Care System are both underutilized. Both facilities were designed to serve an inpatient-based system of health care that is not compatible with modern medicine. The Montrose campus was built in 1950 for a capacity of 1,984 hospital beds and now operates 291 beds. The Castle Point campus was transferred to VA in 1924. It was originally built for 600 tuberculosis beds and now operates 122 inpatient beds. Maintenance of campuses with such large amounts of vacant and underused space requires VA to spend dollars appropriated for veterans health care on buildings and grounds maintenance. VA can no longer afford to misuse scarce resources in this manner.

VA will implement a consolidation of services between the Montrose and Castle Point campuses that will enhance patient care and make more effective use of VA health care resources. The consolidation will transfer acute psychiatric, long-term psychiatric, and nursing home beds from the Montrose to the Castle Point campus. To accomplish this consolidation, VA will augment the mission at the Castle Point campus with new construction and reduce the footprint on the Montrose campus through an enhanced use lease for assisted living and other compatible uses or divestiture of property.

Transfer of acute and long-term psychiatry beds to Castle Point will improve care coordination by collocating psychiatry beds with other inpatient care. VA will also improve access to care for veterans in the northern portion of the VISN by enhancing VA's presence between the Albany and Bronx VAMCs. Consolidation of nursing home services at Castle Point also will improve patient care. Today, both campuses operate aging nursing homes that require modernization. By consolidating these services at Castle Point, VA can build one new state-of-the-art and appropriately sized nursing home designed to provide high quality nursing home care services. VA will develop plans for the size of the new nursing home using its long-term care and mental health strategic plans.

VA will continue to provide outpatient, domiciliary, and residential rehabilitation services at the Montrose campus. By retaining these services, VA will ensure continued access to care for domiciliary and residential rehabilitation services for a patient population that comes primarily from the New York metropolitan area. Montrose area veterans will still receive outpatient services at the Montrose campus. With the transfer of psychiatric and nursing home care beds, VA can plan to make

more effective use of the Montrose campus by pursuing enhanced use lease opportunities for the vacant and underused space.

To accomplish this transition, VA will develop a Master Plan for both the Montrose and Castle Point campuses ensuring an effective transition of services. The Plan will include strategies for ensuring continuity of care for, and sensitivity to the clinical and psychosocial needs of, patients transferred in the realignment. The Plan also will make sure that the realignment decision for the excess VA property at the Montrose campus will consider, but will not be limited to, an existing enhanced use lease proposal for an assisted living complex. The potential for collaboration with the National Cemetery Administration also will be considered in the Master Plan. Any reuse or disposal of property on the Montrose Campus will serve to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition. This will include ensuring continuity of patient care to the greatest extent possible, and managing any reductions in employment through natural attrition, transfer, early retirement, retraining or other benevolent mechanisms. VA will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

While this transition is expected to take place over several years, VA will complete a Master Plan by the end of 2004 (*Reference – Excess VA Property, Long-Term Care: Crosscutting*).

CARES Commission Recommendation

III Campus Realignment

St. Albans Campus of the New York Harbor HCS

The Commission concurs with the DNCP proposal for changing the St. Albans campus.

Secretary's Decision

III Campus Realignment

St. Albans Campus of the New York Harbor HCS

The St. Albans campus was not designed for modern health care delivery, is aging, and is in need of replacement. To ensure veterans are cared for in safe and operationally efficient settings, VA will implement plans to replace the infrastructure at the St. Albans campus.

To manage the replacement of the St. Albans campus, VA will develop a Master Plan that will propose an efficient and cost-effective design for the replacement buildings at St. Albans and ensure an effective transition of services. VA will develop plans for the size of the nursing home and domiciliary buildings using its mental health and long-term care strategic plans. The Master Plan also will describe the most effective footprint for the campus and ensure that any plans for alternate use or disposal of VA property serve to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition and will work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

While this transition is expected to take place over several years, VA will complete a Master Plan by the end of 2004 (*Reference – Excess VA Property, Long-Term Care: Crosscutting*).

CARES Commission Recommendation

IV Inpatient Care

The Commission concurs with the DNCP proposal to address the increased demand by FY 2012 in the Metro New York market for inpatient services through absorption at the Brooklyn and New York campuses along with some contracting in the community.

The Commission also concurs with the DNCP proposal to meet the increased demand in the New Jersey market for inpatient services through expansion of in-house space via new construction and conversion of vacant space.

Secretary's Decision

IV Inpatient Care

VA will meet the demand for inpatient care in the New York market by providing care at existing facilities and through use of existing authorities and policies to contract for care where necessary. Results of the feasibility study for the Manhattan and Brooklyn consolidation will be incorporated into plans to manage the forecasted increase in demand for inpatient care. The New Jersey market will meet increased demand for inpatient services through new construction to expand in-house capacity, and by converting vacant space (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

V Primary and Specialty Outpatient Care

The Commission concurs with the DNCP proposal to meet the increase in demand for outpatient care through new construction to expand in-house capacity, conversion of vacant space, and using contracting in the community.

Secretary's Decision

V Primary and Specialty Outpatient Care

The VISN will meet increases in demand for care through expansion, renovation of existing space, or new construction at existing locations. The VISN also will use existing authorities and policies to contract for care where necessary. Development of new CBOCs will be considered through the National CBOC Approval Process (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

VI Special Disability Programs

Relocation of SCI/D Centers from East Orange, NJ, and Castle Point, NY, to the Bronx

The Commission concurs with the DNCP proposal to relocate the spinal cord injury and disorders (SCI/D) beds from Castle Point to the Bronx and with the DNCP proposal not to relocate the SCI/D beds from East Orange to the Bronx at this time.

The Commission recommends that VA direct inter-VISN coordination and action in order that the VISN 3's proposed consolidation at the Bronx facility of all the VISN's SCI/D beds can take place as soon as is feasible.

VA should conduct an assessment of acute and long-term bed needs for SCI/D Centers to provide the proper balance of beds to better serve veterans and reduce waiting times.

Secretary's Decision

VI Special Disability Programs

Relocation of SCI/D Centers from East Orange, NJ, and Castle Point, NY, to the Bronx

As part of the implementation process, VA will validate the number of SCI/D beds to ensure the appropriate need for and distribution between acute and long-term beds. Validation also will consider referral patterns as well as location and inter-VISN collaboration as appropriate. Implementation plans for transferring SCI/D beds from the Castle Point VAMC to the Bronx VAMC as well as study and decision for managing referral patterns from East Orange and the Eastern part of VISN 4 will be included in the FY 2005 VISN strategic planning submission (*Reference – Special Disability Programs: Crosscutting*).