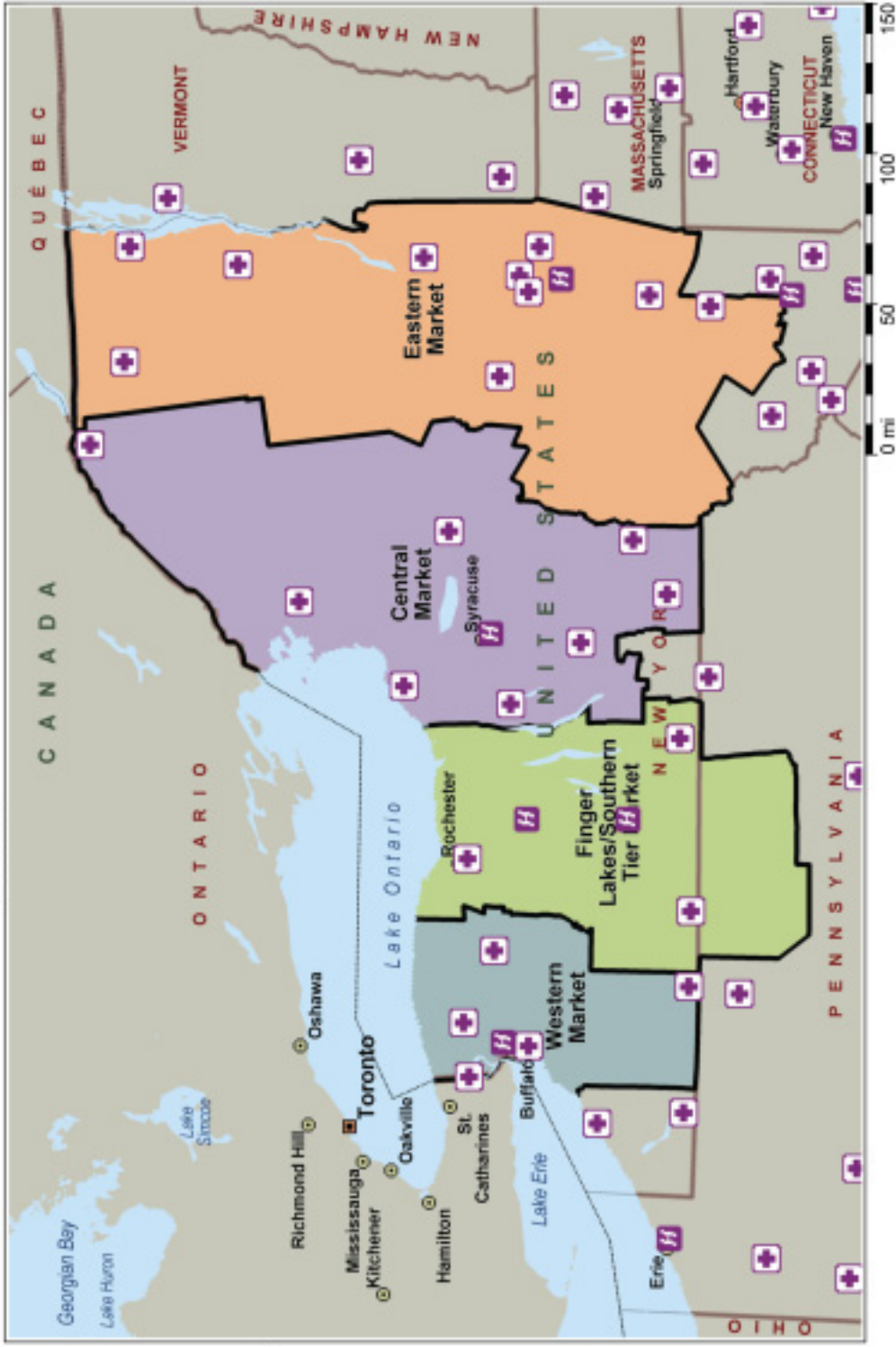


VISN 2



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CARES DECISIONS FOR VISN 2

CARES Commission Recommendation

I **Mission Change, Campus Realignment** *Canandaigua and Finger Lakes Market*

- 1 The Commission does not concur with the DNCP proposal on transferring services from Canandaigua to other VA Medical Centers (VAMCs) within the VISN.
- 2 The Commission recommends that Canandaigua retain long-term care, including the nursing home, psychiatric nursing home care, and the domiciliary.
- 3 The Commission concurs with the DNCP proposal to transfer acute inpatient psychiatric beds.
- 4 The Commission also concurs with the DNCP proposal that Canandaigua retain its ambulatory care.
- 5 The Commission recommends that the VISN develop another strategic plan for the challenges it faces in Canandaigua with high overhead costs, unused or underutilized buildings, and the impact on the community and on employees.
- 6 In line with Recommendation 5 above, the Commission recommends that the VISN involve stakeholders and the community to help resolve these challenges.

Secretary's Decision

I Mission Change, Campus Realignment *Canandaigua and Finger Lakes Market*

Built in 1932 and sized to care for a capacity of 1,700 patients, the Canandaigua VAMC was built in a different era for a different type of patient care. Today, the Canandaigua VAMC operates 276 inpatient beds at an average daily census of 166. Built for more than 6 times as many beds, the campus now has significant vacant and underused space. The campus sits on 171 acres of land and includes 23 buildings, most of which were built between 1932 and 1937. Approximately 26 percent of the campus is vacant or underused and forecasts for the Finger Lakes market show decreasing enrollment through 2022. If VA makes no changes to the Canandaigua campus, it will continue to operate with substantial vacant and underused space that is costly to maintain and diverts patient care resources to building and grounds maintenance.

VA can no longer afford to let dollars appropriated for medical care be ineffectively allocated to maintain idle property. Avoidable expenditures must be captured and reinvested in veterans health care services in the Finger Lakes market. To ensure that VA moves toward more efficient operations in Canandaigua, the VISN will work in collaboration with stakeholders to develop a Master Plan for the Canandaigua campus that will promote improved services to veterans in the most effective infrastructure.

The Master Plan will include construction of a new multi-specialty outpatient clinic and nursing home complex to replace the patient care facilities currently located on the Canandaigua campus. The plan also will include the transfer of acute inpatient psychiatric patients from Canandaigua to Buffalo and Syracuse, a transfer that will improve care coordination by collocating acute inpatient psychiatry with other acute medicine services. The new nursing home complex will accommodate nursing home, domiciliary, and residential rehabilitation patients and will provide geropsychiatric services and hospice care. These new facilities will ensure that Canandaigua area veterans are treated in modern, state-of-the-art facilities designed for provision of quality health care and built to more effectively

meet their needs. The new facilities will remain in Canandaigua and be incorporated into the Master Plan.

The Master Plan also will include strategies for managing the transition of acute inpatient psychiatric care from Canandaigua to Syracuse and Buffalo, assuring that the transition is sensitive to the clinical and psychosocial needs of the gero-psychiatric population and minimizes any medical impact such a transfer may induce. All other patient care services currently in place at the Canandaigua VAMC will be accommodated in the new facilities with the potential for enhanced services to include new clinics as needed.

The Master Plan will include careful study of the appropriate size and location of the new facilities as well as a detailed cost-effectiveness analysis to ensure maximum effective use of VA resources. The Plan also will ensure that the decision to dispose of or reuse excess VA property serves to enhance the Department's mission. VA will work closely with stakeholders to identify alternate uses for excess property.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this planning process and transition. This will include assuring 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. Reductions in force will be used only when absolutely necessary. VA will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan is managed effectively.

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

CARES Commission Recommendation

II Inpatient Care

The Commission concurs with the DNCP proposal to contract for the projected increase for inpatient medicine care with community providers in markets with increased need, given the relatively small increase in beds and the benefit of providing such care nearer to patient residences.

Secretary's Decision

II Inpatient Care

VA will meet the increased demand for inpatient care by utilizing existing authorities and policies to contract for care in the community where necessary (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

III Outpatient Care

Given projected increases in workload in primary and specialty care, the Commission recommends that the need for either expanded and/or additional CBOCs be part of the strategic plan for VISN 2.

Secretary's Decision

III Outpatient Care

VISN 2 has been a leader in establishing CBOCs and currently meets access standards for 80–90 percent of veterans across its four markets. VA will meet new demand for outpatient care by expanding existing outpatient services and utilizing existing authorities and policies to contract for care where necessary. The VISN also will consider new CBOCs in future strategic planning processes (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation**IV Special Disability Programs – Spinal Cord Injury and Disorders (SCI/D) Center**

The Commission concurs with the DNCP proposal to build a new SCI/D Center in Syracuse.

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 wait times.

Secretary's Decision**IV Special Disability Programs – Spinal Cord Injury and Disorders (SCI/D) Center**

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 development of an SCI/D Center in Syracuse will be included in the FY 2005 VISN strategic planning submission (*Reference – Special Disability Programs: Crosscutting*).