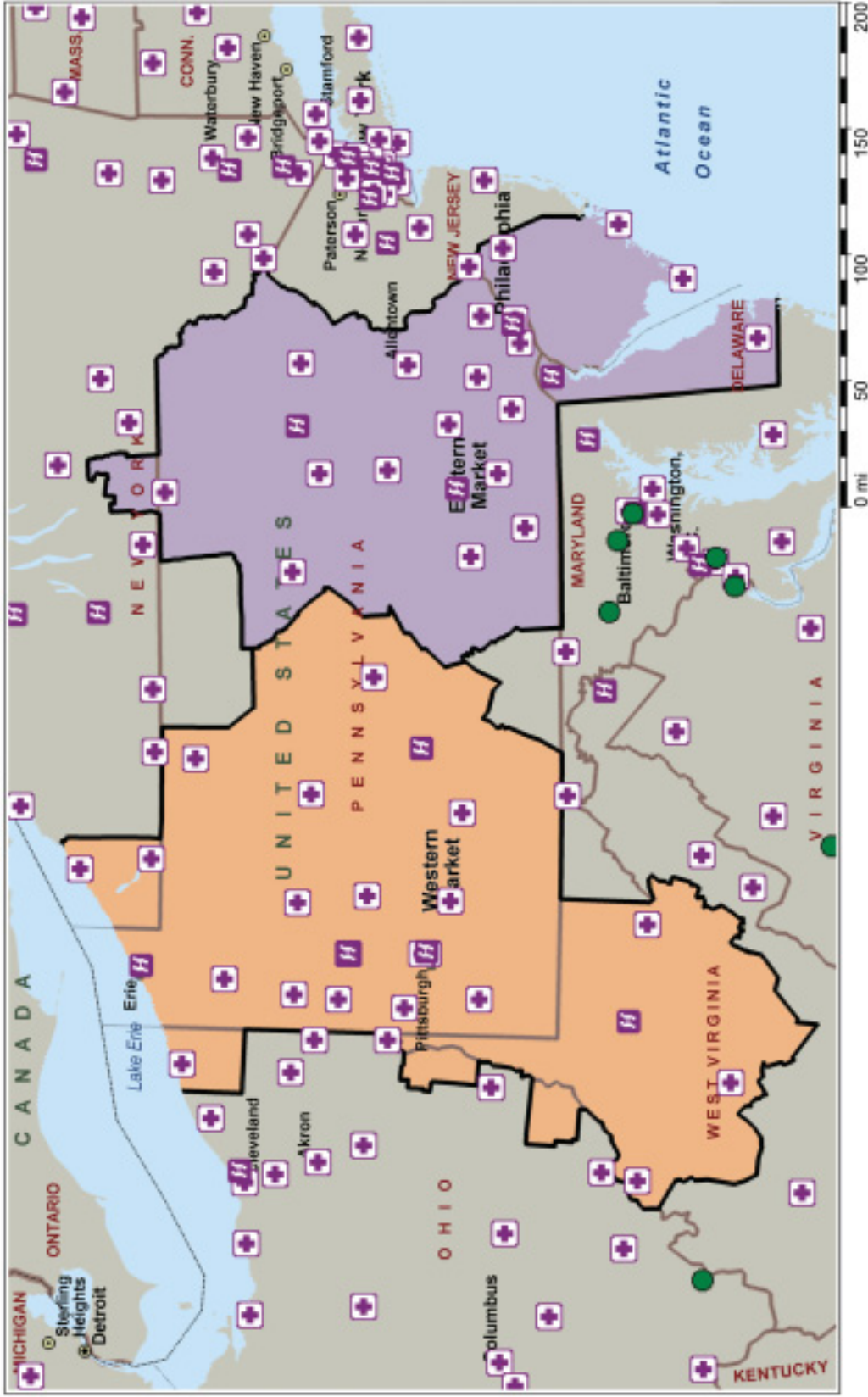


VISN 4



- Pushpins**
- VA Clinic
- VA Hospital
- Planned New CBOC
- Markets**
- Eastern Market
- Western Market

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CARES DECISIONS FOR VISN 4

CARES Commission Recommendation

I **Mission Change, Campus Realignment**

Pittsburgh's Highland Drive Division

- 1 The Commission concurs with the DNCP proposal to consolidate services at the Highland Drive Division of the Pittsburgh HCS with the University Drive Division and the Heinz Progressive Care Center. The Commission, however, recommends that VA conduct an improved life cycle cost analysis.
- 2 The Commission recommends that VA consider the appropriateness of the current renovation of inpatient units at the Highland Drive Division in light of the DNCP proposal for consolidation.
- 3 The Commission recommends that VA consider enhanced use leasing (EUL) or divesture of the Highland Drive Division property.

Secretary's Decision

I **Mission Change, Campus Realignment**

Pittsburgh's Highland Drive Division

VA will consolidate the Highland Drive Division to the University Drive and Heinz campuses of the Pittsburgh HCS. This consolidation will be accomplished through major construction that will modernize patient care facilities at the University Drive and Heinz campuses and improve the environment of care for area veterans.

This transition also will improve care coordination and access to care. By collocating inpatient psychiatry services at University Drive and domiciliary and residential rehabilitation services at the Heinz campus, VA will improve quality of care for veterans in Western Pennsylvania by consolidating services to more effectively coordinate care. Plans for a new parking garage will improve patient access to care by relieving longstanding shortages of parking at the University Drive campus. VA also expects to achieve resource efficiencies from this plan.

The VISN has submitted a construction project application for this consolidation for the FY 2005 budget that includes an improved, project-based life cycle cost analysis. VA will develop a Master Plan to ensure that the consolidation is effectively implemented.

The Master Plan will ensure that there is no interruption of existing services until construction of the new facilities is completed and transfer of patients from the Highland Drive to the University Drive and Heinz campuses can be managed effectively, with sensitivity to the patients' psychosocial and clinical needs.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this consolidation. The transition will include ensuring continuity of patient care and managing any changes 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 this consolidation is managed effectively.

Upon completion of construction and patient transfer, VA will seek alternate uses for, or disposal of, the Highland Drive campus. These uses may include, but will not be limited to, an enhanced use lease of the campus. VA will ensure that disposal or reuse of the campus will serve to enhance the Department's mission.

While this consolidation is expected to occur over several years, the VISN will produce a Master Plan to guide the transition by September 2004.

CARES Commission Recommendations

II Mission Change, Small Facilities

Butler, Erie, and Altoona VAMCs

BUTLER

The Commission concurs with the DNCP proposal to close acute care services at Butler. The Commission recommends that VISN 4 continue its referral practices to the Pittsburgh HCS for Butler area veterans and that the VISN pursue available resources in the Butler community, particularly with regard to Butler Memorial Hospital. The Commission further recommends that Butler VAMC maintain its outpatient and long-term care programs.

ALTOONA

- 1** The Commission concurs with the DNCP proposal that Altoona maintain its outpatient services as well as its long-term care programs.
- 2** The Commission does not concur with the DNCP proposal for Altoona to close its acute care services by FY 2012 and recommends that acute care beds be closed at Altoona as soon as reasonable.

- 3 The Commission recommends that VISN 4 continue its referral practices to the Pittsburgh HCS for Altoona area veterans and that the VISN pursue available resources in the Altoona community.

ERIE

- 1 The Commission concurs with the DNCP proposal that Erie close its inpatient surgical services and retain outpatient (including outpatient surgery) and its long-term care programs.
- 2 The Commission does not concur with the DNCP proposal that Erie maintain the remainder of its current inpatient services and recommends that all acute care beds be closed as soon as reasonable.
- 3 The Commission recommends that VISN 4 continue its referral practices to the Pittsburgh HCS for Erie area veterans and that the VISN pursue available resources in the Erie community.

Secretary's Decision

II Mission Change, Small Facilities *Butler, Erie, and Altoona VAMCs*

BUTLER

The Butler VAMC, located approximately 40 miles from the Pittsburgh HCS, operates eight acute inpatient beds with an average daily census of four. The census at the Butler VAMC is among the lowest for an inpatient population in VA's health care system. Management of such a small workload raises both clinical and operational challenges. With such a low volume of care, the facility is limited in the scope of services it can perform with the staff and medical resources at its disposal. Recognizing the challenges associated with operating such a small inpatient capacity, VA will cease operation of inpatient care services at the Butler VAMC. Before any action is taken, VA will ensure that it has a solution in place to provide high quality and accessible inpatient care to Butler area veterans.

One promising solution is an enhanced use lease proposal to provide inpatient care for veterans through construction of a new Butler Memorial Hospital on the grounds of the Butler VAMC. This arrangement would allow VA to close its acute inpatient beds and continue care for area veterans on the Butler campus. It also would provide local veterans with access to a more robust inpatient care system

and would keep inpatient services collocated with VA-operated outpatient and nursing home services on the Butler campus.

VA will aggressively pursue negotiations with Butler Memorial Hospital and will seek resolution of this agreement by the end of 2004. In the interim, Butler will retain its acute inpatient beds. In the event that this agreement cannot be formalized, VA will seek alternate solutions for providing inpatient care to Butler area veterans using the Pittsburgh VAMC and existing policies and authorities to contract for care. In no case will VA transfer existing outpatient or long-term care from the Butler Campus.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this transition. To minimize the impact on patients, VA will ensure continuity of patient care to the greatest extent possible. For employees, VA will seek to minimize any impact by reassigning staff to other work areas and providing appropriate retraining, if necessary. Should any negative impact in employment occur, VA will manage any changes in employment through natural attrition, transfer, early retirement, retraining or other benevolent means. VA also will work closely with its stakeholders to ensure that this transfer of services is managed effectively (*Reference – Contracting for Care, Excess VA Property: Crosscutting*).

ALTOONA

VA is committed to providing continuity of care throughout Western Pennsylvania and recognizes the potential impact that closure of inpatient medicine services would have for area veterans. The realignment of the Pittsburgh HCS will have implications for referral patterns for the region and the Commission recognized that the simultaneous reduction of services at both the Erie and Altoona VAMCs may have a combined negative effect on the delivery of VA care in the region. Further, the Commission suggested that beds in Altoona should be closed as soon as reasonable. After due consideration, the Secretary does not find it reasonable to consider the closure of the inpatient medicine beds at the Altoona VAMC for the foreseeable future.

The Altoona VAMC was recommended in the DNCP for mission change to a Critical Access Hospital, a concept intended to ensure the ongoing and future quality of care at small facilities by defining the appropriate scope of practice. In its report, the Commission found that VA needed a more complete definition for the CAH concept. VA is now in the process of developing a “Veterans Rural Access Hospital” (VRAH) policy that will provide a detailed definition and framework for assessing the clinical and operational characteristics of small and rural

facilities. This policy will be completed in June 2004 and will be used to ensure that VA continues to provide quality and appropriate care to veterans at small and rural facilities like the Altoona VAMC.

Once the VRAH policy is approved, VA will study the Altoona VAMC, as well as other similar facilities, to determine whether they meet the criteria for designation as a VRAH and to define the appropriate scope of practice and ensure that it meets quality standards. In the interim, the Altoona VAMC will continue to operate in accordance with its current mission.

The VRAH study will be completed by the end of the calendar year and results will be included in the VISN's FY 2005 strategic planning submission (*Reference – Critical Access Hospital: Crosscutting*).

ERIE

The Erie VAMC is a remotely located medical center that provides inpatient medicine, surgery, and long-term care services. VA is committed to providing continuity of care in Western Pennsylvania and recognizes the potential impact that closure of inpatient medicine services would have for area veterans. The realignment of the Pittsburgh HCS will have implications for referral patterns for the region and the Commission recognized that the simultaneous reduction of services at both the Erie and Altoona VAMCs may have a combined negative effect on the delivery of VA care in the region. The Commission recognized this impact in recommending that beds at Erie be closed as soon as reasonable. After due consideration, the Secretary does not find it reasonable to consider the closure of the inpatient beds at the Erie VAMC for the foreseeable future.

Due to its similarity to other facilities designated as Critical Access Hospitals (CAH), VA will evaluate the Erie VAMC under the VRAH policy. The size of the inpatient census and the distance of the Erie VAMC from a major urban center justify its inclusion for analysis under this policy.

VA is now in the process of developing a VRAH policy that will provide a detailed definition and framework for assessing the clinical and operational characteristics of small and rural facilities. This policy will be completed in June 2004 and will be used to ensure that VA continues to provide quality and appropriate care to veterans at small and rural VA facilities like the Erie VAMC.

Once approved, VA will study the Erie VAMC, as well as other similar facilities, to determine whether they meet the criteria for designation as a VRAH and to define the appropriate scope of practice, particularly surgical practice,

and ensure that it meets quality standards. In the interim, the Erie VAMC will continue to operate in accordance with its current mission.

The VRAH study will be completed by the end of the calendar year and results will be included in the VISN's FY 2005 strategic planning submission (*Reference – Critical Access Hospital: Crosscutting*).

CARES Commission Recommendation

III Enhanced Use

Butler VAMC

- 1** The Commission concurs with the DNCP proposals regarding enhanced use lease (EUL) opportunities at the Butler VAMC. The Commission also recommends that the EUL proposal with Butler Memorial Hospital be made a high priority for VA and that the evaluation of this EUL opportunity be completed within six to nine months.
- 2** The Commission concurs with the EUL proposal with Butler County for a new 16-bed intermediate mental health facility on VA grounds.

Secretary's Decision

III Enhanced Use

Butler VAMC

VA will expedite negotiations to develop an enhanced use lease with Butler Memorial Hospital for new construction of a community hospital on the Butler campus that will provide inpatient services to veterans. VA also will pursue the opportunity to partner with Butler County to develop an intermediate mental health facility on the Butler campus. When these lease agreements are reached, VA will attempt to expedite implementation.

In both cases, VA will ensure that these partnerships serve to enhance the Department's mission. As VA proceeds with new development opportunities, it will ensure that the Butler campus retains its presence as a veterans facility, remaining a place in the community that area veterans recognize as their own (*Reference – Excess VA Property: Crosscutting*).

CARES Commission Recommendation**IV Inpatient Care**

- 1 The Commission concurs with the DNCP proposals to improve inpatient care through in-house expansions and community contracts, where appropriate.
- 2 The Commission recommends that the Philadelphia and Wilmington VAMCs proceed with further consolidation of services.

Secretary's Decision**IV Inpatient Care**

VA will meet the anticipated demand for inpatient care across the VISN through expansion of in-house services and by using existing authorities and policies to contract for care where necessary. Further, VA will continue to consolidate services between the Philadelphia and Wilmington VAMCs as appropriate (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendations**V Outpatient Care**

The Commission concurs with the DNCP proposal to meet increased demand through in-house expansion, contracting out, enhanced use arrangements, and increased use of CBOCs.

Secretary's Decision**V Outpatient Care**

VISN 4 anticipates increasing demand for primary care through 2022, particularly in the Eastern market. VA will meet this increase through expansion, renovation, new construction, and use of existing authorities and policies to contract for care where necessary. New CBOCs in selected locations 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

Spinal Cord Injury Outpatient Clinic at the Philadelphia VAMC

- 1** The Commission concurs with the DNCP proposal to establish a certified spinal cord injury and disorders (SCI/D) outpatient clinic in Philadelphia.
- 2** The Commission recommends that inter-VISN coordination and planning for SCI/D patients be improved, especially between VISN 3 and VISN 4. Once this inter-VISN coordination has been improved, the Commission recommends that VA reevaluate the current and projected SCI/D bed needs for VISN 4 in order to determine whether a 30-bed SCI Center should be established in the eastern part of VISN 4.

Secretary's Decision

VI Special Disability Programs

Spinal Cord Injury Outpatient Clinic at the Philadelphia VAMC

As part of the implementation process, VA will validate the demand for SCI/D beds in the region as well as the referral patterns between VISNs to ensure that veterans with spinal cord injury and disorders have appropriate access to care in the region. Implementation plans for development of a certified SCI/D outpatient clinic in Philadelphia will be included in the FY 2005 VISN strategic planning submission (*Reference – Special Disability Programs: Crosscutting*).

CARES Commission Recommendation

VII Extended Care

The Commission recommends that prior to taking any action to reconfigure or expand long-term care capacity or replace existing long-term care facilities VA should develop a long-term care strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the long-term care of the seriously mentally ill.

Secretary's Decision

VII Extended Care

VA will develop a long-term care strategic plan based on well-articulated policies. Until VA completes a long-term care strategic plan, it will only proceed with maintenance and life safety projects at existing long-term care facilities that are necessary to ensure the quality and safety of patient care (*Reference – Long-Term Care: Crosscutting*).