

APPENDIX C

Acronyms and Glossary

Acronym	Reference
ADC	Average Daily Census
ACH	Army Community Hospital
AFB	Air Force Base
BRC	Blind Rehabilitation Center
CAH	Critical Access Hospital
CARES	Capital Asset Realignment for Enhanced Services
CBOC	Community-Based Outpatient Clinic
DNCP	Draft National CARES Plan
DoD	Department of Defense
EUL	Enhanced Use Lease
FY	Fiscal Year
GAO	General Accounting Office
GRECC	Geriatric Research, Education and Clinical Center
HCS	Health Care System
ICU	Intensive Care Unit
JCAHO	Joint Commission on Accreditation of Healthcare Organizations
LTC	Long-Term Care

Acronym	Reference
MH	Mental Health
MOFH	Michael O'Callaghan Federal Hospital
MOU	Memorandum of Understanding
NCA	National Cemetery Administration
NCPO	National CARES Program Office
NH	Naval Hospital
NH	Nursing Home
NHCU	Nursing Home Care Unit
PL	Public Law
PRRTP	Psychiatric Residential Rehabilitation Treatment Program
PTSD	Post-Traumatic Stress Disorder
RO	VBA Regional Office
SCI	Spinal Cord Injury
SCI/D	Spinal Cord Injury & Disorder
SMI	Serious Mental Illness
SORCC	Southern Oregon Rehabilitation Center Clinic
USH	Under Secretary for Health
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
VRAH	Veterans Rural Access Hospital
VSO	Veterans Service Organization
VSSC	VISN Support Service Center

DEFINITIONS

Access Guidelines — Minimum percentage of enrollees living within a specific travel time to obtain VA care. For the CARES process, guidelines were defined as follows:

Access to Primary Care: 70 percent of veterans in urban and rural communities must be within 30 minutes of primary care; for highly rural areas, this requirement is within 60 minutes.

Access to Hospital Care: 65 percent of veterans in urban communities must be within 60 minutes of hospital care; for rural areas, this requirement is within 90 minutes; and for highly rural areas, this requirement is within 120 minutes.

Access to Tertiary Care: 65 percent of veterans in urban and rural communities must be within 4 hours of tertiary care; for highly rural areas, this requirement is within the VISN.

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.

CARES Commission — A Commission chartered by the Secretary of Veterans Affairs to provide independent and objective review of the DNCP and to ensure that stakeholder views were fully incorporated in the Secretary's CARES decision. The Commission was independent of VA and composed of 16 members, all of whom are veterans advocates and have a thorough knowledge of VA. The Commission's review included site visits, public hearings and meetings, and analysis of comments from veterans and stakeholders.

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

The Draft National CARES Plan — A plan developed by the VA Under Secretary of Health that aggregated individual VISN market plans into a comprehensive National plan. The draft plan evaluated future demand for veterans' health care services against current supply and realigned VA capital assets in a way that would result in more accessible, high quality health care for veterans.

Enhance Use Lease Authority — Authority that allows VA to enter into agreements with non-government entities for the use of VA space or land for private development, resulting in some form of benefit to the Department of Veterans Affairs and to veterans. This benefit could be in the form of an annual reimbursement, discounted services, or the use of the building the non-government entity would construct.

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) —

The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, JCAHO is the nation's predominant standards-setting and accrediting body in health care.

Master Plan — A comprehensively prepared vision of improvements to be accomplished on the site. It is commonly developed with a multi-disciplinary team of professionals including architects, engineers, planners, logisticians, cost estimators, schedulers and health care professionals. It can also include strategies for optimizing and managing the transfer of clinical, social, and other services to ensure minimal disruption and maximum utilization of resources. The time horizon and components of a typical Master Plan is dependent upon the scope and complexity of the contemplated work.

Observation Beds — Hospital beds used for short-term inpatient care (less than 24 hours) without counting as a hospital admission.

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

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

Realignments — The DNCP identified facilities that should move services from one facility to another, contract for care to ensure inpatient access as appropriate and in all cases maintain outpatient services in the community.

Small Facilities — Medical centers that have fewer than 40 acute beds projected 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.

Veterans Rural Access Hospital Policy — A new VA policy that will define the appropriate scope of services to be provided at small and rural VA facilities. This policy is expected to be approved in June 2004.