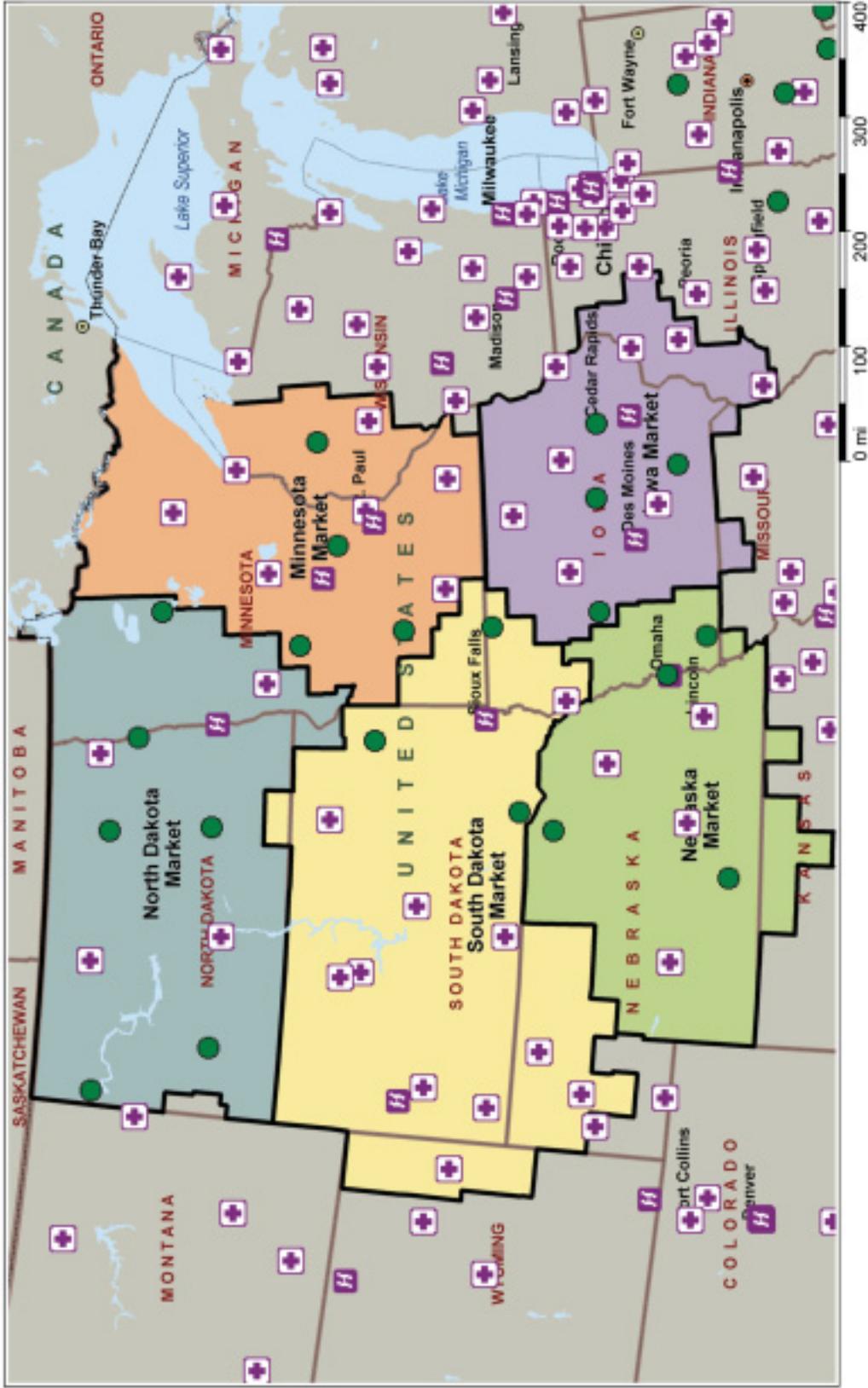


VISN 23



- Pushpins**
- VA Clinic
 - VA Hospital
 - Planned New CBOC
- Markets**
- Iowa Market
 - Minnesota Market
 - Nebraska Market
 - North Dakota Market
 - South Dakota Market

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CARES DECISIONS FOR VISN 23

CARES Commission Recommendation

I Small Facility and Campus Realignment

Knoxville and Des Moines VAMCs

- 1 The Commission concurs with the DNCP proposal to move all inpatient services to Des Moines and to retain outpatient services at Knoxville, provided there are safeguards in place to ensure that no VA-operated long-term care beds in the VISN are lost nor the capacity to care for the patients now being treated at Knoxville.
- 2 The Commission recommends that acute inpatient mental health services should be provided with other acute inpatient services whenever feasible.
- 3 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

I Small Facility and Campus Realignment

Knoxville and Des Moines VAMCs

VA will transfer inpatient care from the Knoxville VAMC to the Des Moines VAMC. The Knoxville VAMC has several buildings that are in need of renovation to correct life safety and environment of care issues, including nursing home units that do not meet community standards. By transferring the acute psychiatry, intermediate medicine, domiciliary, and nursing home care services currently operating at the Knoxville VAMC to the Des Moines VAMC, VA will not only avoid costly renovations to existing buildings, but also will improve care coordination, enhance the environment of care, and move care closer to the population center in Des Moines. By enhancing care and using resources more efficiently, VA can better serve Iowa veterans.

Moving inpatient care from Knoxville to Des Moines will improve care coordination by enhancing interdisciplinary collaboration through collocation. Acute and long-term psychiatry will be collocated with other acute care services, and nursing home services will be moved closer to the population center. Nursing home services also will be improved through construction of a new state-of-the-art nursing home in Des Moines that will improve the environment of care. Plans for the new nursing home will be developed using the long-term care and mental health strategic plans. The Knoxville campus will retain outpatient care services.

To ensure effective management of this transition, VA will develop a Master Plan for the realignment of the Des Moines and Knoxville campuses. The Master Plan will propose an efficient, cost-effective, and appropriately sized footprint that will reduce vacant and underused space on both campuses. The Master Plan also will ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission and that the transition will not result in a reduction of long-term nursing home care capacity in VISN 23.

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 changes in employment through natural attrition, transfer, early retirement, retraining or other mechanisms. VA will continue to work closely with its stakeholders to ensure that development and implementation of the Master Plan are managed effectively.

While this realignment is expected to take place 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 Small Facility and Campus Realignment ***Hot Springs VAMC***

- 1 The Commission does not concur with the DNCP proposal to change the mission of the Hot Springs campus to that of a critical access hospital (CAH). The Commission recommends that VA establish a clear definition and clear policy on the CAH designation prior to making decisions on the use of this designation.

- 2 The Commission recommends that Hot Springs retain its current mission to provide acute inpatient medical, domiciliary and outpatient services.

Secretary's Decision

II Small Facility and Campus Realignment

Hot Springs VAMC

Facilities like the Hot Springs VAMC play an important role in the provision of care for veterans residing in rural areas. While the average daily census at Hot Springs was less than ten inpatients in 2003, there is no VAMC within 60 miles and no Joint Commission on Accreditation of Healthcare Organizations (JCAHO)-accredited hospitals in the Hot Springs area. Serving a rural location with few viable options for community care, the Hot Springs VAMC will continue to serve as a valuable health care resource for South Dakota veterans.

While the Hot Springs VAMC will remain open, the DNCP recommended that its mission be changed to a CAH, a concept intended to ensure 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 will continue to provide quality and appropriate care to veterans at small and rural facilities like the Hot Springs VAMC.

VA is committed to providing quality care to rural veterans. Once the VRAH policy is approved, VA will study the Hot Springs VAMC, as well as other similar facilities, to determine whether it meets the criteria for designation as a VRAH, and to define the appropriate scope of practice to ensure it continues to meet quality standards. In the interim, the Hot Springs 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 FY 2005 strategic planning submission (*Reference – Critical Access Hospital: Crosscutting*).

CARES Commission Recommendation

III Small Facility
St. Cloud VAMC

The Commission concurs with the DNCP proposal to maintain inpatient acute psychiatry, domiciliary, nursing home, and outpatient services at St. Cloud. The Commission concurs with transferring medicine beds from St. Cloud to Minneapolis and with contracting in the community.

Secretary's Decision

III Small Facility
St. Cloud VAMC

Over the past 2 years, as part of a pilot program, VA closed all inpatient medicine beds at the St. Cloud VAMC and transferred care to the Minneapolis VAMC and to the community by using existing authorities and policies to contract for care. VA will maintain inpatient acute psychiatry, domiciliary, nursing home, and outpatient services at the St. Cloud VAMC and continue to manage inpatient medicine demand through referral to the Minneapolis VAMC and to the community through contracts.

CARES Commission Recommendation

IV Inpatient Care

- 1** The Commission concurs with the DNCP proposal to contract for acute hospital and tertiary hospital care in the community to improve access to hospital and tertiary care for veterans in this VISN.
- 2** The Commission concurs with the DNCP proposal that construction and renovation for the purpose of modernization proceed at the Minneapolis, Fargo, Iowa City, Omaha, Des Moines, and St. Cloud facilities.
- 3** The Commission concurs with the DNCP proposal regarding the need to upgrade the existing long-term care unit at Grand Island.

Secretary's Decision**IV Inpatient Care**

Access to inpatient care is below the VA standard in four of the five markets in VISN 23. VA will use existing contracting authorities and policies to improve access to hospital and tertiary care across the VISN by contracting for care where necessary (*Reference – Contracting for Care: Crosscutting*).

VA also will modernize existing facilities through new construction and renovation at the Minneapolis, Fargo, Iowa City, Omaha, Des Moines, and St. Cloud facilities.

Plans for renovation of the Grand Island long-term care unit will be developed using the long-term care and mental health strategic plans (*Reference – Long-Term Care: Crosscutting*).

CARES Commission Recommendation**V Outpatient Care**

- 1 The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.
- 2 The Commission concurs with the DNCP proposal for outpatient construction and conversion of space to address current and projected space needs at the Minneapolis, Fargo, Iowa City, Omaha, Des Moines, Knoxville, Sioux Falls, Fort Meade, and St. Cloud facilities.

Secretary's Decision**V Outpatient Care**

The VISN will meet the increases in demand for outpatient care through expansion, renovation, new construction, and use of existing authorities and policies to contract for care where necessary.

Further, VA will enhance capacity for outpatient care in VISN 23 through construction and conversion of existing space to address current and projected space needs at the Minneapolis, Fargo, Iowa City, Omaha, Des Moines, Knoxville, Sioux Falls, Fort Meade, and St. Cloud facilities.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 23 has 21 new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Fargo VAMC	Bemidji	MN
Fargo VAMC	Dickinson	ND
Fargo VAMC	Jamestown	ND
Fargo VAMC	Devils Lake	ND
Fargo VAMC	Williston	ND
Fargo VAMC	Grand Forks	ND
Des Moines VAMC	Marshalltown	IA
Des Moines VAMC	Carroll	IA
Iowa City VAMC	Ottumwa	IA
Iowa City VAMC	Cedar Rapids	IA
Grand Island VAMC	O'Neil	NE
Grand Island VAMC	Holdrege	NE
Omaha VAMC	Bellevue	NE
Omaha VAMC	Shenandoah	IA
Sioux Falls VAMC	Wagner	SD
Sioux Falls VAMC	Watertown	SD
Sioux Falls VAMC	Spirit Lake	IA
Minneapolis VAMC	Redwood Falls	MN
Minneapolis VAMC	Rice Lake	MN
Minneapolis VAMC	Elk River	MN
St. Cloud VAMC	Alexandria	MN

These new sites of care will help the VISN, which currently is below access standards in all five of its markets, to meet national access standards (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

VI Enhanced Use and Collaboration with VBA

- 1 The Commission concurs with the DNCP proposal for enhanced use leasing projects for VISN 23.

Secretary's Decision**VI Enhanced Use and Collaboration with VBA**

VA will pursue existing enhanced use leasing opportunities in VISN 23 (*Reference – Excess VA Property: Crosscutting*).

VA will explore the feasibility of collocating the St. Paul VBA Regional Office at the Minneapolis VAMC. VBA will develop a collocation feasibility study by September 2004 (*Reference – OneVA Collaborations: Crosscutting*).

CARES Commission Recommendation**VII Special Disability Programs*****SCI/D Unit at the Minneapolis VAMC***

- 1** The Commission concurs with the DNCP proposal to build a new 30-bed spinal cord injury and disorders (SCI/D) unit in Minneapolis.
- 2** VA should conduct an assessment of acute and long-term bed needs for SCI centers to provide the proper balance of beds to better serve veterans and reduce wait times.

Secretary's Decision**VII Special Disability Programs*****SCI/D Unit at the Minneapolis VAMC***

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 a new SCI Center in Minneapolis will be included in the FY 2005 VISN strategic planning submission (*Reference – Special Disability Programs: Crosscutting*).