Manual M-9, Strategic Planning

(Veterans Health Administration)

Chapter 11, Strategic Planning, Construction, and FDP (Facility Development Plans) (Paragraphs 10.01 through 10.05; Appendix 10A through Appendix 10C)

The text of Chapter 11 is annotated to reflect the revisions of Change 2, dated July 26, 1991;

Revision of Chapter 11, dated October 2, 1989

This document includes:

Title page and p. ii for M-9, dated **July 26, 1991** Contents page for M-9, dated **June 5, 1992** (Change 9) Rescissions page for M-9, dated **May 4, 1992** (Change 4)

Contents page for Chapter 11, dated **October 2, 1989**Text for Chapter 11, dated **October 2, 1989** (Annotated to reflect Change 2)

Transmittal sheets located at the end of the document:

Change 2, dated July 26, 1991 Sheet dated October 2, 1989

Transmittal sheets for changes prior to 1989 also located at the end of the document:

Reference Slip, dated **January 27, 1986** Memorandum dated **April 3, 1984**



Strategic Planning

Department of Veterans Affairs Veterans Health Administration Washington, DC 20420

July 26, 198

Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning," is published for the information and compliance of all concerned.

Distribution: RPC: 1318

FD

Printing Date: 7/91

re olivale dise**ri** erande. 1918-30 Dr. Rodylsharez

CONTENTS

CHAPTERS

- 1. STRATEGIC PLANNING
- 2. STRATEGIC PLANNING CONSTITUENCY AWARENESS
- 3. STRATEGIC PLANNING CONFIDENTIALITY POLICY
- 4. OFF-CYCLE SUBMISSIONS
- 5. STRATEGIC PLANNING MODELS
- 6. MISSION REVIEW
- 7. STRATEGIC PLANNING DATA TABLE INSTRUCTIONS
- 8. ACTION DETAIL SHEET INSTRUCTIONS
- 9. CRITERIA AND STANDARDS AND PROGRAM PLANNING FACTORS
- 10. NURSING HOME NEEDS ASSESSMENT
- 11. STRATEGIC PLANNING, CONSTRUCTION, AND FDP (FACILITY DEVELOPMENT PLANS)
- 12. NATIONAL HEALTH CARE PLAN

RESCISSIONS

The following material is rescinded:

Complete rescissions:

Circulars

10-87-113 and Supplement No. 1

10-87-147

10-88-3

10~88-150

10-89-31

10-89-132

10-90-124

CONTENTS

CHAPTER 11. MEDIPP, CONSTRUCTION, AND FDP (FACILITY DEVELOPMENT	PLANS
PARAGRAPH	PAGE
11.01 MEDIPP and Construction	
11.02 MEDIPP and FDP	. 11-2

^{*} Replace MEDIPP with Strategic Planning (Change 2, dated July 26, 1991).

CHAPTER 11. ** CHAPTER 11. * CHAPTER 11. ** CHAPTER 11. * CHAP

11.01 MEDIPP AND CONSTRUCTION

a. MEDIPP and construction are related in that program planning through MEDIPP may also be reflected in a facility's construction plans. It is not MEDIPP's purpose to provide a mechanism for approval of construction project planning. However, within the MEDIPP process it is necessary to identify proposed actions that may require significant construction (either renovation or new) and to consider the impact of construction requirements on those actions.

b. New, expanded and discontinued programs; bed and outpatient workloads; equipment needs; and staffing levels proposed through MEDIPP may all affect the construction planning process. Depending on the action, any one of these factors may generate the need for construction at a medical center, or affect planned projects. Facility construction needs may require new construction or renovation of existing space. These needs are provided for through the following categories of construction projects:

(1) Minor Miscellaneous

- \$100,000 to \$500,000

(2) Minor

- \$500,000 to \$2 million

(3) Major

- \$2 million or more

(4) NRM (Non-recurring Maintenance)

No upper limit.
 However, the minor improvement portion cannot exceed \$100,000.

- c. It is not necessary to include a facility's entire construction program in the MEDIPP plan. However, when there is a construction project associated with a MEDIPP action, the sections on the Action Detail Sheet associated with construction (i.e., "Construction Project Number," if known, and the "Other Related Action" sections) need to be completed. These sections of the Action Detail Sheet would be completed in the following circumstances and other similar instances:
 - (1) Proposed actions which require new construction of \$500,000 or more (minor and major construction projects), and renovation projects which have a significant impact on the action.
- (2) Actions which are proposed for inclusion in a major construction project. For instance, projects anticipated for inclusion in the FY 1992 Major Construction Budget submission should have actions related to that project submitted for approval through MEDIPP not later than the FY 1989*MEDIPP submission; actions related to FY 1993 Major Construction should be submitted no later than the FY 1990*MEDIPP submission, and so on. Programs, workloads, equipment and staffing that require MEDIPP approval cannot be included in construction project planning without such approval.

For actions which should have been, but were not included in a previous MEDIPP plan submission, refer to Chapter 4, "Off-Cycle Submissions."

- (3) Actions which involve construction and will require significant deviation from approved or proposed workloads.
- (a) For example, renovation of several nursing units at one time, usually accomplished through major construction, may require a significant bed loss (e.g., possibly 20 beds or more overall).
- (b) However, projects such as an environmental/patient privacy project with bed reductions in single nursing units would not be routinely included on the Action Detail Sheets. This type of project should be included only when the bed loss is of a significant nature in relation to the bed section involved.
- (c) Temporary closure of services due to construction should be noted as an impact to an action.
- d. Bed and outpatient visit levels derived through the MEDIPP process and approved by the Deputy Chief Medical Director represent the official planned levels of the Veterans Health Services and Research Administration for the purposes of program facility development, construction and other associated planning. Any desired change, alteration or modification to the established, approved planning levels are to be submitted through the standard MEDIPP process for review and approval or, in the event of an emergent need, through Off-Cycle MEDIPP submissions. Only those levels approved by the DCMD are the appropriate future workload targets for planning. The repository of approved workload planning information is the Office of Strategic Planning.

11.02 MEDIPP and FDP

a. A Facility Development Plan is a comprehensive study of a medical center that outlines a course of action for providing the capital improvements necessary to accommodate planned medical and administrative programs to a long-range planning horizon. Planning outcomes in the FDP are, therefore, highly dependent on the accuracy of data used in the study.

Information provided for use in the FDP through the MEDIPP process includes:

- (1) Mission statements
- (2) Projected bed levels
- (3) Projected outpatient workloads
- (4) Program priorities (MEDIPP-related actions)
- b. In addition to the MEDIPP derived information, the FDP also requires assembling data on other programmatic, operational, space and functional, and capital facility needs for both current and future facility planning. All of the data is used to evaluate a medical center's ability to provide care within its existing facility, and to identify what facilities the medical center will require in the future to continue to provide care. The final product is a plan of action which outlines how the medical center can provide the physical plant necessary to deliver health care through the planning horizon.

- c. Because FDP planning considerations exceed the strategic planning time frame, MEDIPP-related programs may be considered in an FDP without prior approval under the following conditions:
- (1) The Medical District Director, Regional Director and Strategic Planning Office concur that a proposed action is appropriate for a particular medical center and that it is reasonable to assume that the proposed action could be implemented at a facility by a future year beyond the strategic planning horizon.
- (2) That the proposed action will be included in a future MEDIPP submission for approval and implementation; and
- (3) The proposed action will not be included in construction project planning without obtaining the necessary approval through the MEDIPP process.
- d. The FDP will be used to create a medical center's Five-Year Plan for construction. The Five-Year Plan reflects necessary adjustments to the FDP due to funding restrictions, emerging priorities, etc., without altering the basic direction of the plan. The FDP will be reviewed annually to assess the impact of changes on the plan, and will be updated if necessary. FDPs will be redone if significant changes in mission, workload, etc., render the original plan obsolete.

- 1. Transmitted is a change to Department of Veterans Affairs, Veterans Health Administration Manual M-9, "MEDIPP," which is changed to M-9, "Strategic Planning."
 - 2. Principal reason for this manual change is to delete the term "MEDIPP":
- a. In chapters 1 through 11, delete the term "MEDIPP" and replace it with "Strategic Planning."
 - b. Changes to all M-9 chapters are in process to update to current procedures.
 - 3. Filing Instructions:

Remove pages

Insert pages

Cover page through iv

Cover page through iv

JAMES W. HOLSINGER, R., M.D. Chief Medical Director

Distribution: RPC: 1318

FD

Printing Date: 7/91

PUBLIOATIONS AND TRIBUP THE WAR CENEUT (BIENE TRIBUTO BIND BIND TRIBUTO BIND TRIBUTO BIND TRIBUTO BIND TRIBUT

SEP 12 1 27 PH '91

M - 9

DEC 2 0 1989

October 2, 1989

- 1. Transmitted is a new Veterans Health Services and Research Administration Manual M-9, "MEDIPP," chapter 1 through chapter 11. Changes will be made to incorporate the recent reorganization in the near future.
- 2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.
 - 3. Filing Instructions:

Insert pages

Cover page through v 1-1 through 11-3

4. **RESCISSIONS:** Circular 10-87-113, dated October 10, 1987 and Supplement No. 1 dated April 4, 1988; Circular 10-87-147, dated December 30, 1987; Circular 10-88-3, dated January 13, 1988; Circular 10-88-150, dated December 9, 1988; and Circular 10-89-31, dated March 23, 1989.

John A. GRONVALL, M.D.
Chief Medical Director

Distribution: RPC: 1318 is assigned

FD

Printing Date: 10/89

Veterans Administration	
REFERENCE SUP	
TO (Name or title—Mail routing symbol)	INITIALS-DATE
Director, Regulations & Publications	
Management Staff (10ALB) 7/1 1/28/86	
(10)	
3.	
(10418)	
(17A) (copy forwarded)	
5.	
REASON FOR REFERENCE	
	OTE AND RETURN
	ER CONVERSATION
CONCURRENCE NECESSARY ACTION SIG	GNATURE
REMARKS	
 In DM&S Supplement MP-1, Part II, Chadated November 13, 1984, the title of M-9 "Medical District Initiated Program Plant This is to request that the title of manual be changed to: 	e is ning." this
"Planning and Evaluation Read Syste	us Develozment
We expect to be submitting a number of it included in this manual during the coming	ems to be
3. Thank you for your assistance. Approved Disapproved RECEN	/ED
OHN W. DITZLER, M.D. JAN 27 Chief Medical Director 2.3.86 Date	1tions
MARJORIE R. QUANDT Regulary Sta	Present
ACMD for Planning Coordination (17A)	3331 (

EXISTING STOCKS OF VA FORM 3230, & U.S. G.P.O. 1984-709-228 AUG 1976, WILL BE USED.



SPR 0 3 1984

Chief Medical Director (10) Publications Control Officer (101B2)

lemorandum

Director, Program Analysis and From: Development (10C2B)

Establishment of M9-MEDIPP Subj:

- Request permission to establish a new manual (M9-MEDIPP) to formalize MEDIPP (Medical District Initiated Program Planning) as a permanent DM&S Policy.
- 2. MEDIPP has in its two year cycle become an effective mechanism for DM&S planning purposes. MEDIPP has become the management tool providing comprehensive information directly from the medical districts. This allows prudent decision making in order to meet the health care veterans needs of the 1990's and beyond.
- The '84 MEDIPP Planning Guidance has been reviewed and concurred in by appropriate program offices, therefore, in order to expedite the process, I would recommend that Volume I: Medipp Purpose, Structure, and Process and Volume II: Plan Development, of the '84 MEDIPP Planning Guidance be accepted as the M9-MEDIPP Manual without further circulation. (Appropriate formatting would be instituted.) I anticipate no changes to these two volumes in the near future.

Volume III: Needs Assessment Methodology and Volume IV: MEDIPP Reference Documents will by necessity be revised annually and will therefore have to be issued annually as a CMD Circular.

4. It is timely that M9-MEDIPP be developed in order to firmly establish its important place in DM&S as a consistent, and permanent policy.

MURRAY G. MITTS, M.D.

DONALD L. CUSTIS, M.D.

Chief Medical Director (10)

A mits & P-

Approve

Disapprove