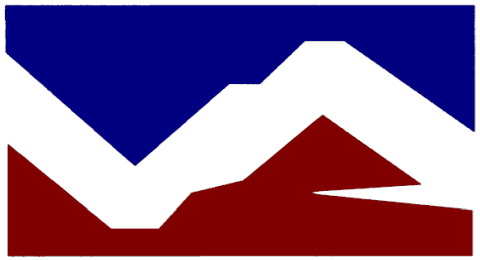
VA Black Hills Health Care System

Assuring Quality, Safety and Access for
Veterans Health Care Into the 21st Century



Black Hills
Health Care System
Department of Veterans Affairs

Agenda

- Introductions
- VA Black Hills Health Care System today
- Why we are proposing changes
- Proposal to ensure long term Quality, Safety and Access
- Stakeholder questions, feedback, and input

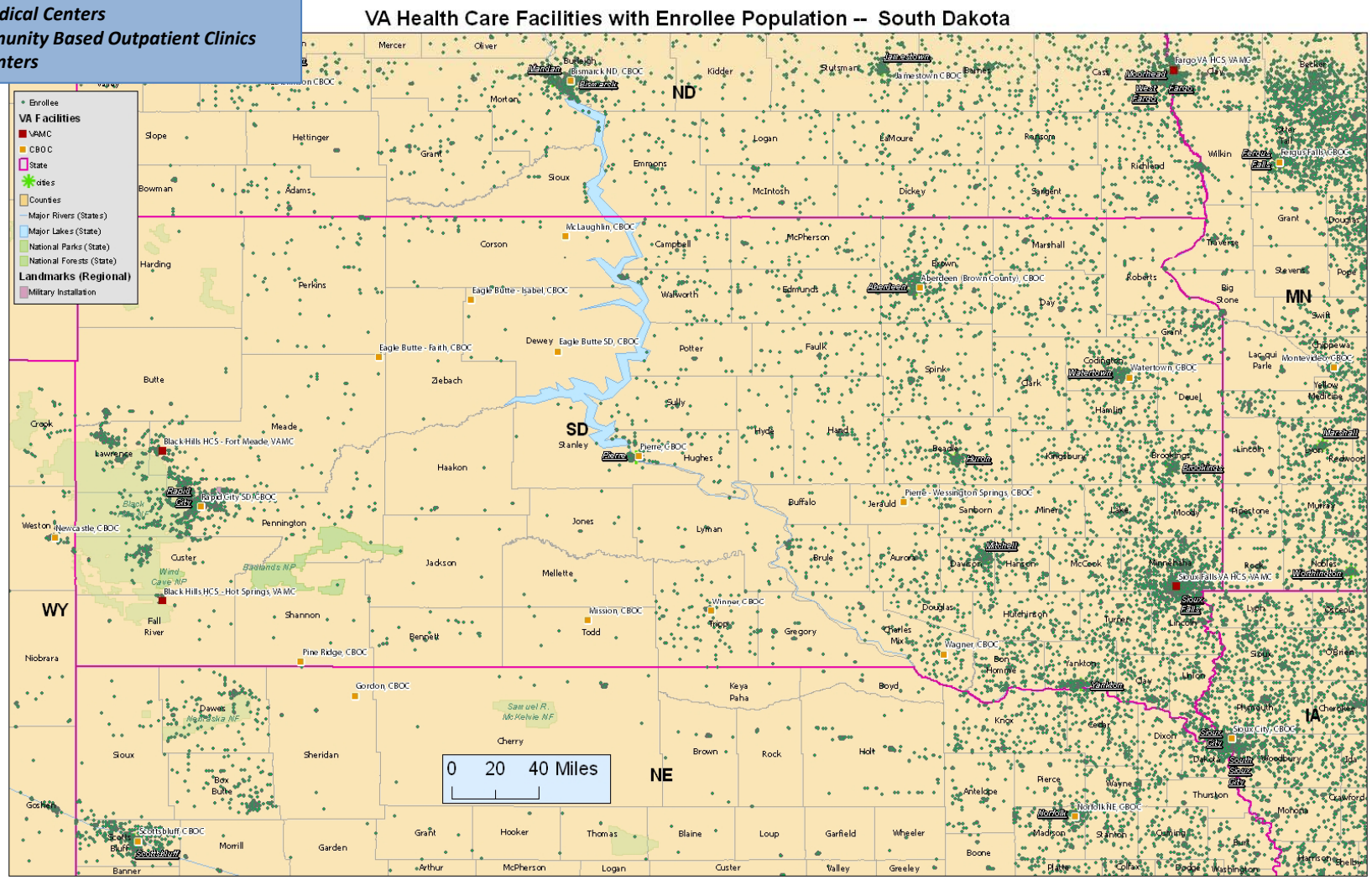
VA Mandate: Assure Safety, Quality, and Access

The Principles that Guide our Work:

- Assure Veterans Day-to-Day Access to High Quality and Safe Health Care Close to Home
- Provide Access to Best Available Acute Specialty Health Care When Needed, for as Long as Needed
- Veteran Health and Family Wellbeing Essential to Long Term Outcomes
- Maintain and Continue to Recruit High Quality and Professional VA Staff

VA Care in South Dakota and Northern Nebraska Today: A Rural & Dispersed Care System

54,993 South Dakota Enrolled Veterans
3 VA Medical Centers
12 Community Based Outpatient Clinics
3 Vet Centers



Source: VHA, FY11Q2 VAST data

POC: NCVAS Dat Tran/(202) 461-5788/dat.tran@va.gov

VA Office of Policy and Planning - National Center for Veterans Analysis and Statistics

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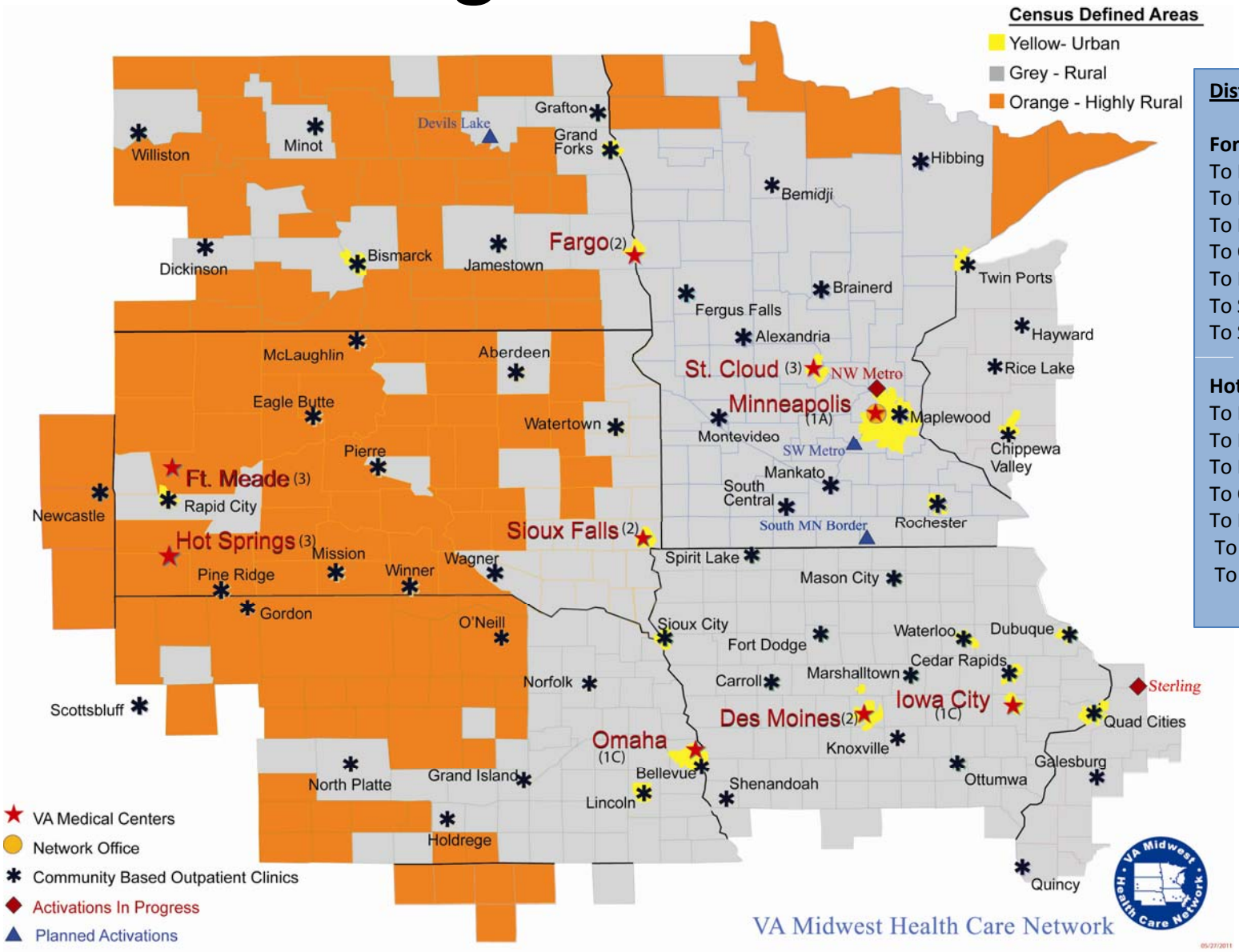
Serving our Rural Veterans

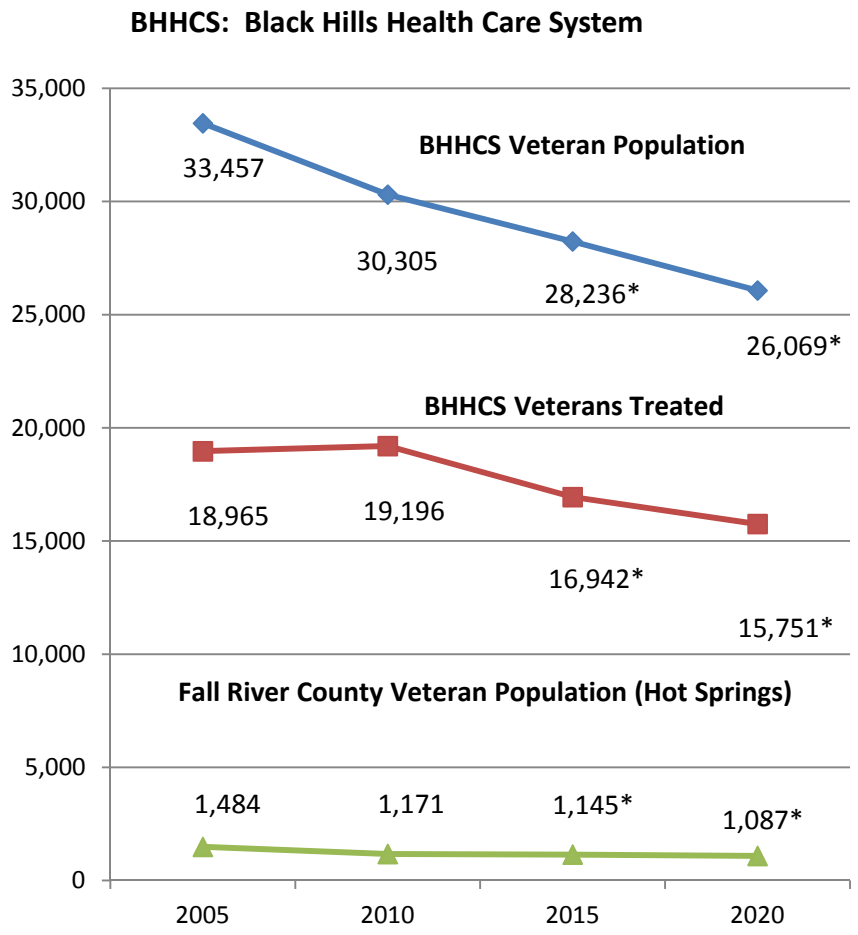


Distance (Miles)

Fort Meade
To Hot Springs: 90
To Rapid City: 28
To Mpls: 634
To Omaha: 551
To Pierre: 200
To Sioux Falls: 375
To Scottsbluff: 240

Hot Springs
To Fort Meade: 90
To Rapid City: 62
To Mpls: 628
To Omaha: 577
To Pierre: 225
To Sioux Falls: 402
To Scottsbluff: 159

Black Hills Health Care System: Need for Change



- Declining Veteran Population Underscores Need for Change
- Many Choosing to Live Farther from Existing VA facilities
- VA Services Not Aligned to Veteran Population
- Significant Challenges in Maintaining Safe, High Quality and Accessible Care

* Projected

Significant stressors in Hot Springs to VA's Safety and Quality Systems

The Reality Today: Only 39% of served VA Black Hills Veterans reside within 60 miles of VA hospitals; *Veterans travel long distances to obtain specialty care; staff challenged to obtain/maintain competencies*

- Hot Springs Domiciliary not compliant with Americans with Disabilities Act: elevators not present to assist handicapped access; building ramps steeper than mandates; bathrooms not accessible to wheelchairs; ***building design and age constrains delivery of the high-quality care and access Veterans deserve***
- Over past 18 months Hot Springs averages 5 hospital inpatients daily: ***insufficient to maintain staff proficiency over time and stresses recruitment and retention***
- Aging facilities with long travel and limited care opportunities: ***makes recruitment of healthcare staff even more difficult***
- Inefficient facilities (total of 1.2M SF of space throughout VA Black Hills) with duplicate services (Police, Fire, Lab, Nutrition, Imaging, Medical Officer of the Day): ***significant inefficiencies, costly infrastructure maintenance cost requires diverting resources from direct care***

VA Priority #1 – Assure Veterans Day-to-Day Access to High Quality and Safe Health Care Close to Home

Proposed Actions:

- Shift inpatient demand to a more robust care environment: ***purchase care at Fall River Hospital in Hot Springs and other local hospitals in South Dakota and Nebraska***
- Replace the Domiciliary and enhance its services: ***build state of the art facility in an environment that optimizes treatment and opportunity***
  - More services for homeless & women Veterans
  - More post-treatment job opportunities & access to social services

Targeted action to achieve quick results

VA Priority #2 - Provide Access to Best Available Health Care

Proposed Actions:

- Move Domiciliary from Hot Springs to Rapid City: ***maximizes opportunity for Veterans and their families to recover independence and health***
- Upgrade VA facilities where largest concentration of Veterans obtain services: **ensure long-term sustainability of VA facilities**
  - Rapid City: new Multi-Specialty Outpatient Clinic
  - Fort Meade: New Operating Rooms and Sterile Supplies Unit; remodeled Acute Medicine/Surgery Inpatient Unit
- Build/lease VA-staffed CBOC in Hot Springs and explore repurposing Hot Springs Campus: ***modern CBOC to provide outpatient care***
- Partner to provide more access to care closer to home: ***use local hospitals/providers; purchase more care***
  - Increase access for Veterans in Pierre, Rapid City, and Scottsbluff, NE
  - Deploy VA nurse case managers to coordinate healthcare
- Grow existing partnerships: ***target DOD and Indian Health Service for expansion of shared services throughout VA Black Hills service area***
  - Expanded care for Native American Veterans (IHS sites: Pine Ridge, Rosebud, Eagle Butte, and Fort Yates)

Hot Springs Service Transformation – Proposed Phased Transition Plan

TODAY

Outpatient
Primary Care
Mental Health
Limited Specialty Care
Dialysis
Lab, Pharmacy, X-ray
Urgent Care

Inpatient
Hospital
Nursing Home

Domiciliary

PHASE ONE (1-2 YEARS)

Outpatient
Primary Care
Mental Health
Limited Specialty Care
Dialysis
Lab, Pharmacy, X-ray

Inpatient*
Hospital
Nursing home
Urgent care
•***Purchase at Fall River Hospital***

Prepare for Domiciliary move to Rapid City

PHASE TWO (3-4 YEARS)

Outpatient**
Primary Care
Mental Health
Expanded Specialty Care
Dialysis
Lab, Pharmacy, X-ray

****New VA-staffed CBOC co-located with Fall River Hospital or State Veterans Home or free-standing***

Inpatient
No change from Phase One

Domiciliary in Rapid City

PHASE THREE (5 YEARS)

Outpatient
No change from Phase Two

Explore opportunity for repurposed Hot Springs buildings through public, private, and non-profit partnerships.

Inpatient
No change from Phase Two

Understanding and Addressing the Impact on Workforce

- **Responsibly Manage the Workforce**
  - No Reduction in Force (RIF)
  - Offer early retirements/separations with buy-out support (requires Office of Personnel Management approval)
  - Gradual attrition through retirements, separations, retraining and reassignments
  - Support employee attrition
    - FTEE attrition expected at Ft. Meade and Hot Springs
    - Hot Springs has 385 currently assigned; may have ~55 by FY16
      - » **~ 90 employees may relocate with the Domiciliary**
      - » **Some may choose to live in Hot Springs and commute**
    - Currently 1060 VA Black Hills HCS employees; ~ 325 less by FY 20
- **Anticipate Change – Communicate to lessen anxiety about unknowns**
  - Employee Town Hall meetings by Ms Murphy and Mr DiStasio
  - Individual work-unit meetings on expected impacts
  - Continue dialogue through website, Twitter, Facebook

Understanding and Addressing the Impact on Hot Springs Community

Remain a Responsible Community Partner

- VA no longer largest employer in Hot Springs
- Appreciate potential impact on local real estate market and businesses
- Recognize sense of loss of Hot Springs history
- Provide support to local community hospital and other healthcare organizations
- Partner with community to explore opportunity to repurpose Hot Springs Campus and develop other economic development opportunities
- Continue dialogue and communication through meetings and website, Twitter, Facebook

Summary: VA Priorities
Assure Quality, Safety and Access

- **Ensure quality and safety of care**
- **Improve local access to care for Veterans who live more than 60 miles from an existing VA hospital**
- **Shorter travel distance and less out-of-pocket cost for Veterans**
- **Modern, safe, handicapped-accessible Domiciliary; improved services for homeless Veterans and single Veterans with children**
- **New VA-staffed CBOC in Hot Springs**
- **Improved inpatient and surgical capabilities at Fort Meade**
- **Partnership with Critical Access and IHS Hospitals and DoD**
  - **Improves access for Veterans & other community members**
  - **Enhances long-term viability of small community hospitals**
- **Stewardship of resources**

Estimated Timeline

Explain Proposal and gather input from stakeholders	Dec 2011 - Jan 2012
Submit stakeholder feedback to VA Central Office	NLT February, 2012
Approval of new Domiciliary Build	Pending
Transferring Inpatient/Nursing Home/Urgent Care services at Hot Springs to Fall River Hospital and other facilities	Phase One (1-2 years)
Design and build new Rapid City Multi-Specialty Clinic	Phase One (1-2 years)
Design new Rapid City Domiciliary Co-location with new Rapid City Clinic is preferred	Phase One (1-2 years)
Occupy new Hot Springs Community Based Outpatient Clinic and new Rapid City Domiciliary and Clinic	Phase One/Two (2–4 years)
Explore opportunity for repurposed Hot Springs Campus buildings	Phase Three (5 years)

Questions and Discussion