

SAN JUAN, PUERTO RICO SITE VISIT REPORT

- I. VISN 8 VA Sunshine Network**
San Juan, Puerto Rico
- II. Date of Visit: July 7-8-9, 2003**
- III. Sites Visited During Trip**
 - a. VAMC San Juan, Puerto Rico
 - b. Fort Buchanan, San Juan, PR
 - c. Ponce Outpatient Clinic, Ponce, PR
 - d. Roosevelt Road Naval Hospital, Cieba, PR
- IV. Commissioners/Staff in Attendance**
Chairman Everett Alvarez, Jr.
Commissioner Charles Battaglia
Commissioner Joseph Binard

Commission staff: Rebecca Wiley
William Judy

V. Summary of Meeting with VISN/Medical Center Leadership

i. Names and titles of Attendees:

VISN 8:

Dr. Elwood Headly, Network Director
Nancy Reissner, Chief Operating Officer
D. Charlene Koonce, Planner VISN 8

SJ VAMC:

Dr. RE Rameriz, Medical Center Director
Ms. Jeanette Diaz, Associate Director
Dr. Sandra Garcia, M.D., Associate Director / Chief of Staff
Ms. Kathleen Collins, Chief/Nursing Service
Mr. Mark A Ficek, Management Analyst
Mr. Jamie Navero, Chief/Engineering Service
Ms. Sara Reyes-Frau, Staff Assistant COS
Ms. Lisa Morales, Planner, San Juan VAMC

ii. VISN/Medical Center Leadership Meeting Forum

The meeting was informal with Dr. Headly beginning the session with a brief overview of the issues in the Puerto Rico market. In San Juan at the medical center there is significant controversy regarding seismic issues. \$50 million dollars was appropriated for seismic improvement in 1999, but as yet has not been spent, due to lack of clear answer if the building, even with structural repair, would be seismically sound. There are funds to support an addition of a three-story bed tower (130 beds) if the building is stable, however, the current demand for inpatient beds are nearly twice that, or approximately 250 beds. Other issues for the medical center are lack of available land to build, numerous renovation projects ongoing simultaneously, and very abysmal

conditions in the MICU and SICU units, where hand washing facilities are minimal and space is very congested. The VAMC is thought to provide the best care on the island, and is the backup support for a declining DoD presence. Additionally, in San Juan there are NO aftercare programs such as home health care, private NHCU and other home care alternatives that are available in the states, so veterans are sometimes abandoned at the medical center. Space for outpatient services is also limited, with 1-2 examination rooms per physician when 3 would be ideal. The medical center has over 900,000 square feet but is projected to have a 600,000 square foot deficit. There are no recruitment issues for clinical staff.

Due to the lack of a county structure in Puerto Rico, an access analysis could not be performed, so access gaps were not included in PI gaps. Enrollee data is correct, as is the 50% market penetration data. VAMC officials professed that the model needs to include counties (municipalities) level veteran population. What the VA has used is the islands overall veterans population and as such has skewed the access data a created a gap. The migration factor, that being those native PR, who migrate from the states to PR was not included in the market analysis. The medical center staff felt the lack of the migration factor decreased the actual number of beds and visits projected.

Some contracted care is available in the community, but quality at times is questioned, given the VA has the highest standard of care on the island.

In summary issues for the San Juan Medical center:

- Seismic issues at the medical center need resolution, with have several solutions proposed, with one needing to be selected urgently.
- A new bed tower of three floors could be built with appropriated money, but would not meet current needs. A five floor tower would meet the needs, according to the VISN Director.
- Medical center is the fall back for the island medical care for local community and the DoD. Loss of DoD activity may impact the VA in the future, if their presence is diminished, the VA may play a more critical role in provision of care in crisis and or back up situations.
- Care is excellent at the medical center, but care in the community is not at that level.
- The VISN leadership proposed solution is a new VAMC on land being offered by the Army at Fort Buchanan. Estimated cost of \$400 million.

Other site visits:

At the Fort Buchanan site, Col Chris Short, Post Commander provided information about land that could be used for a new medical center and how the army might support such a venture. He presented the concept of a four-site enclave that would batch all military services and the VA together at the Fort Buchanan site. Fort Buchanan has excess space (between 43- and 80 acres) that could be used by the VA, for a new medical center, is located in the San Juan area and could be accessed by public transportation. The cost of a replacement medical center is well over \$400 million.

The Satellite Clinic at Ponce was visited. The facility was a built to lease structure, in excellent condition. The facility is well staffed and meets the outpatient needs of the area. It is approximately 2 hours from San Juan on the southern side of the island.

The Roosevelt Roads Naval Hospital (Ceiba) is a small inpatient and outpatient facility serving the medical needs of the navy personnel at the military base. The base is scheduled to close, and there would be opportunity for the VA to assume use of the facility and also provide services to the any personnel remaining. The structure is in good physical condition, nearly renovated two years ago. Equipment is current. The inpatient areas are designed to serve a very small population, such as 5- 10 inpatients. Use of the facility, as an outpatient clinic would create excess space needs at the site. The hospital is located a top a hill area overlooking the bay, somewhat remote from the commissary and from entrances to the base. This is a very small inpatient facility whose infrastructure would not meet the demands of greater than 20 beds, so any concept of building additional beds at this site for VA purposes is not feasible. This facility is approximately 1 ½ hours from San Juan and located on the eastern side of the island.

iii. What did we learn?

1. The San Juan VAMC is a large tertiary medical center with significant deficit space issues for inpatient beds, needs for remodeling of intensive care units, and seismic and asbestos issues. \$50 million dollars was appropriated to address these issues, but as yet has not been spent due to the complex factors surrounding the soundness of the infrastructure. Two consulting firms have provided conflicting views as to the structural soundness of the building. Currently there is a consulting firm evaluating suspect structural joint welds at the core of the building. In two weeks a final report will be provided that will answer if the welds are sound. It would appear then a decision needs to be made as to the next course of action. This is an emergent patient safety issue.
2. There has been constant communication with the stakeholders throughout the CARES process and Stakeholders in this VISN are knowledgeable and supportive of all planning initiatives.
3. There is a declining DoD presence on the Island that could leave VAMC as the only back up for all medical services in the island. It could also be an opportunity for DoD collaboration on a large scale.

iv. Outstanding Questions/Follow-up Items

1. What are the top CARES priorities for VISN 8?
2. Are the San Juan Medical Center safety issues so significant that emergency measures to provide funding to correct all needed deficits need to occur outside CARES process?
3. Have all alternatives been explored for further evaluation, such as Army Core of Engineers, etc to evaluate situation and have all possible solutions been identified?
4. Further information is requested from the Medical center when the consultant completes their review of the joint welds and makes recommendations.

5. Further information will be requested from CO Management Office as to history of \$50 million of appropriated money.
6. Are there unexplored opportunities for joint ventures with DoD given the enthusiasm of the base commander at Fort Buchanan and the declining presence the DoD in San Juan? How could the DoD and VA work collaboratively in building a new medical center at the Fort Buchanan site?
7. Given the VA is the backup facility for the DOD and all other medical facilities on the island, are there other opportunities for funding to meet the space needs/safety issues at the medical center?
8. What would be the best use of the Roosevelt Roads Naval facility, given its remote location and space limitations?

VI. Stakeholder Meeting

i. Stakeholders Represented

Unions:

Richard Caralto, NVAC VISN 8 representative

VSOs:

Samuel Paunetto PRPVA

Luiz Ramos PRPAVA

Arian Lamboy PVA

Political Representatives

Mr. Kevin Hanes, Rep Anibel Acevedo-Vila office

Mr. Samuel E. Crab Acebey, Rep. Anebel Acevdo-Vila office

VISN 8 and SJ staff

Same as above

Other Guests

Sonja Morena, Director VBA

ii. Summary of Stakeholder Meeting

An informal luncheon was held. Mr. Alvarez presented an overview of the purpose of the CARES Commission and individually sought input from each stakeholder.

Mr. Lamboy, PVA representative discussed the migration had not been factored into the model and many PR migrate back to San Juan either seasonally or permanently that were not included in the model. The censuses of 2000 was not a good census and given PR does not have counties, the CARES data does not reflect access. He also stated there are not space for women veteran services.

Mr Paunetto, the Veterans Director echoed the comments of Mr. Lamboy. He also commented that the travel time is an issue due to traffic and the mountain. The western part of the island involves a 4 hours travel time to get to SJ.

Mr. Ramos, PVA, stated the medical care at contract facilities was not as good as at the VAMC. He also felt that the female veteran population was not accurately represented in the census.

Ms. Morina, VBA, indicated VBA has adequate space and works well with the VAMC.

Mr Kevin Hanes, a staff member representing Rep. Anebel Acevdo-Vila office, appreciated the opportunity to participate in the informal meetings. He stated it was amazing what the VA staff do in the provision of quality care and the unity of the veterans groups was also amazing. Representative Anebel Acevdo-Vial is in support of construction at the Fort Buchanan site or use of the Roosevelt Roads facility (Cieba) and to sell off the VA in the current location. Construction of a replacement medical center at Fort Buchanan would certainly meet the needs of the island. Mr. Hanes stated Mr. Acevdo-Vila's support of a new medical center at the Fort Buchanan site.

VI. VISN Related Comments

none

Reviewed and approved by Everett Alvaraz July 11, 2003

Dr. Joseph Binard July 11, 2003

Charles Battaglia, July 15, 2003