

SITE VISIT REPORT

- I. **VISN 23 VA Central Iowa Health Care System**
- II. **Dates of Visit: July 10 and 11, 2003**
- III. **Sites Visited During Trip**
 - a. Knoxville, IA
 - b. Des Moines, IA
- IV. **Commissioners/Staff in Attendance**

Commissioner John Kendall
Commissioner Richard McCormick
Commission Staff: Nicheole Amundsen, Carolyn Adams
- V. **Summary of Meeting with VISN/Medical Center Leadership**
 - a. **Names and titles of Attendees**

VSIN Staff
Rob McDivitt
Kathleen Harrison

Medical Center Staff
Don Cooper, Medical Center Director
Chris Gregory, Associate Director
Russ Glynn, MD, Chief of Staff
Bruce Sienon MD, Director Mental Health Service Line
Usha Jaioaul, MD, Extended Care and Rehabilitation Service Line Director
Marlyn Hollingshead, Administrative Coordinator, Mental Health Service Line
Mary Walker, Clinical Coordinator Mental Health
Raymonda Pisut, Associate Chief Nurse/Clinical Coordinator Extended
Care/Rehabilitation
Andrew Hazer, Administrative Coordinator Extended Care/Rehabilitation
Sara Battwa MD, Physician
Doug Keifer, Chief Engineer
Jan L. Szlachetya, Program Analyst
David Edge, Chief of Fiscal
Marilyn Carlson, Administrative officer, Laboratory and Imaging Service
Marcy Wilfon, Administrator/Clinical Coordinator Medical Specialty Service
Vicki Berardi, Clinical Coordinator, Primary Care Service Line
Linda Baker, Clinical Coordinator, Surgical Service Line
Dennis Barrett, Administrative Coordinator, Surgical Service
Maury Vind, Project Engineer
Sara Ackert, AA to Chief of Staff
Barnett Devine, Planner/Public Affairs Officer
 - b. **Summary of Meeting with VISN and Health Care System Leadership ~ Des Moines:**
 - i. **Meeting Forum:**

The meeting was informal with VISN and facility leadership in attendance. Two meetings were held, one at Knoxville and one at Des Moines.

ii. What did we learn about Knoxville:

Knoxville is an older facility that has an average daily census of about 175 patients, most of which are long-term geriatric and long-term psychiatric patients. There are 17 operating domiciliary beds but the average daily census is 33.

The Nursing Home Care Units (NHCU) has a wide mix of patients, with over 50% having either primary or secondary psychiatric diagnoses. Many of the patients located at this facility are long-term patients of the most difficult type including diagnoses such as severe dementia and Huntington's Chorea. One of the NHCU wards is an acute rehabilitation unit that is CARF accredited. This unit provides the only inpatient rehabilitation services in the Iowa Market. This campus also cares for Traumatic Brain Injury patients. Long-term patients are transferred to the facility from all over the VISN. One NHCU ward also has palliative care beds for end of life care.

Acute inpatient psychiatry is located at the Knoxville campus. There is a sense by leadership of the Mental Health Care Line that acute psychiatry should be located with other acute services, in Des Moines. However, he also points out that there are many long term care psychiatric patients at Knoxville and there needs to be acute inpatient psychiatric services nearby to admit the long-term care patient quickly when the need arises.

Over the past few years, Knoxville has been consolidating patients into as few buildings as possible. Currently there are 12 buildings that are totally or partially vacant, which equals 176,126 square feet and they project another 366,000 feet becoming excess as a result of CARES initiatives. Plans are to demolish buildings at Knoxville.

The CARES plan calls for closing Knoxville and moving all patients to Des Moines. There is currently no vacant space in Des Moines and new construction will be required before the move can occur. The plan calls for building a 120 bed Nursing Home Care Unit and an acute inpatient psychiatry unit. Between the decrease in the NHCU beds and the elimination of the domiciliary beds at Knoxville the overall long term care (LTC) beds are to be reduced by about 80.

Over the past several years, the Mental Health Care Line leadership has had success in discharging many long-term psychiatric and geriatric patients or placing them in the community. Similarly, the Extended Care Line is seeing a slightly decreased Average Daily Census (ADC) since 2000, when the ADC was 187.9. In 2003 it is 173. Turnover rates have increased from 17% in 2000 to 21.8% in 2003 to date. The overall census has decreased over time and outcomes are good with readmission rates less than national rates. Leadership believes there is no need for the replacement NHCU to have as many beds as currently exist in Knoxville.

iii. Commissioner/Staff Impressions of Tour of Knoxville:

Commissioners and staff toured the facilities and saw a number of NHCU wards. They also toured the acute psychiatry units. Commissioners spoke with a number of employees and some patients.

Staff seemed to be generally aware of the CARES plan. Commissioners saw a number of patients in the units they visited and one Commissioner commented on the fact that many of patients require a great deal of care and were the most challenging types of patients. He praised a number of staff for their commitment and recognized the significant challenges these patients presented.

The facility was well maintained for its age but significant shortcomings were identified. The acute psychiatry ward does not meet today's JCAHO standards and is only able to be accredited because of waivers. Some environmental issues were identified, e.g., fire doors with gaps at the bottom of the doors. NHCU wards do not meet community standards and privacy standards are minimally met. Communal bathrooms are common as are four-bed wards. Only a small portion of the NHCU is modern. Many buildings do not have air conditioning.

iv. What did we learn about Des Moines

The Des Moines division provides most of the acute care services including inpatient medicine and surgery. They have a residential outpatient treatment program for substance abuse and PTSD as well as a domiciliary that houses primarily homeless patients.

Primary Care is provided in both Knoxville and Des Moines. To improve their access to primary care, there is a plan to open two new CBOCs that will be attached to the Des Moines facility. A Commissioner asked if the decrease in the enrollment of category 8 veterans would impact the CARES Plan. The Medical Center director indicated that he did not think so, noting that about 26% of current patients are Category 8 but even with the cut off of enrollment for these veterans, there continues to be a growth in enrollment. He indicated that a number of years ago this area had cut off enrollment of Category C veterans so when rules changed and these patients were allowed to enroll, they did so in large numbers. He indicated that with the growth rates, meeting the waiting time standards has been difficult. Currently waiting times for specialty clinics vary, cardiology wait times are 11-15 days and GI clinics have the longest waits; about 54 days. Primary care waiting time is about 50 days and staff have been added to address these issues.

There is no vacant space that is appropriate for clinical use. There is some vacant space available in out buildings but it is not appropriate for patient care. Currently there is a small project approved for construction of 11,000 square feet for medical specialty clinics. At the end of the CARES process there is likely to be about 18,500 square feet of excess space and this is targeted to be demolished. The only way to achieve additional space to accommodate patients from Knoxville is new construction. The plan to build in four phases starting in 2005 with the building of a new basement and first floor along with internal renovation of current space and will be used for clinics. In 2006 a floor would be added to provide more space for specialty services. In 2007 further additions would be made for needed new inpatient space and in 2008 a separate building on the West side of the campus would be added for the new NHCU and acute psychiatry.

One Commissioner asked questions about the work the Network had done to evaluate the cost-benefits involved in closing Knoxville in terms of dollars saved over time. Network staff indicated that little work has been done in this area to date. The facility has 21 residency slots in medicine and surgery. There are also trainees in a number of allied health professions, including nursing, imaging, dental and podiatry.

v. Commissioner/Staff Impressions of Tour of Des Moines

Commissioners and staff toured inpatient medical and surgical space and ambulatory care space. They spoke to a few employees during the tour.

Current inpatient space is adequate. In general, there are one to two exam rooms for providers in ambulatory care space, which is not consistent with the two to three exam rooms per provider in the private sector. Inadequate numbers of exam rooms does not allow the facility to maximize its productivity and ability to see patients. Some current ambulatory care space consists of old inpatient wards and provides some challenges to efficient clinic flow.

vi. Findings/Outstanding Questions/Follow-up Items

1. Space in Knoxville is minimally acceptable and does not currently meet JCAHO standards in acute psychiatric units and in NHCUs. Neither meets current community standards.
2. Significant capital expenditures are needed to address the inpatient psychiatry and NHCU issues to bring them up to standards. This might be accomplished through either new construction in Des Moines or significant renovation in Knoxville. Construction at Knoxville is projected to be about \$9 million and new NHCU construction at Des Moines will be about \$12 million plus other construction costs to address other ambulatory and inpatient needs. There is a need to clarify the Networks business case analysis of cost savings and cost-benefits of the new construction in Des Moines versus rehabilitation of buildings in Knoxville.
3. It is preferable to have acute psychiatry located near other acute services but there is also a need to have acute psychiatry services close to long-term care psychiatry.
4. Current standards of care put an increased emphasis on placing patients in the community and patients prefer it. They also made a good case for not continuing to need the domiciliary beds in Knoxville; their projections indicate that the Des Moines Domiciliary can absorb these patients.
5. The NHCU units at Knoxville provide a number of services, including acute rehabilitation and palliative care. They also care for severely demented patients that will be difficult to send home or place elsewhere. There is a need to clarify and verify that a 120 bed NHCU at Des Moines will be adequate to care for existing patients without losing current capacity. Further exploration of how the Network plans to retain their current capacity to care for these patients is needed.

6. Current legislation in the Millennium Bill requires that the number of VA run NHCUC beds not be decreased. There is a need to explore this issue further with the Network to understand their plan if the requirements of the law are not reversed.
7. There is no vacant space at Des Moines that is acceptable for patient care. Construction and/or reconfiguration of space will help work flow and provide more exam rooms for providers.
8. Clarify exactly the goals of the first three phases on construction and why these are required before the fourth phase, which call for the construction of a separate building.

b. Summary of Stakeholder Meeting(s)

i. Describe Meeting Forum

Met over an informal lunch at the Des Moines VAMC.

ii. Stakeholders Represented

Jon Schneider, Veterans Liaison to Secretary
Patrick Palmersheim, Iowa Commission of Veterans Affairs
Kurt Sickles, Iowa City VAMC
Jason Clements, Iowa City VAMC
Elaine Brewster, VACT HAS
Michelle Moore, DAV
Tom Lynch, VA Regional Office
Marie Crook, DAV
Monica Moore, Iowa Nursing Association Union
Jay Byers, Congressman Boswell's Office
Janice Goode, Senator Grassley's Office
Christine Lindgren, Iowa Veterans Home
Margaret Vesnon, Senator Harkin's Office
Lonnie Brackett, AFGE Local 1226

iii. Topics of Discussion

Stakeholders were generally knowledgeable about the CARES Plan for the Network and many were supportive. Employees were concerned that closing Knoxville will cause them to lose their jobs and to diminish the care they currently provide to veterans at Knoxville.

The State Home is very large and is interested in assuming some of the Knoxville workload. They would like to have further discussions this with Knoxville. They have just received the governor's approval to formally discuss this with VA.

Congressional staff indicated that they were primarily interested in good care for veterans. One Congressional staff member wanted to know what the Commissioners' impressions were with the existing Knoxville facility. One Commissioner responded that there are advantages to having acute psychiatry near acute medicine but he also said it is important to keep Long Term Care (LTC) and acute psychiatry close due to the nature of a number of the LTC patients. He indicated that clinical staff were competent and had a lot of experience in taking care of these types of patients. The Commissioner also said

that the facilities at Knoxville are marginal and something has to be done. He said that inpatient psychiatry and the NHCU are on the low side of an acceptable environment for nursing homes. He said there is a compelling argument to move as planned but it is also important to maintain the level of care these patients are currently receiving and to maintain current capacity.

A Senator's staff member indicated that there was a concern about access to care in the far reaches of the state and wondered about Fee Basis or purchasing care in these areas, if a CBOC was not possible. A Commissioner indicated that CBOCs and contracts for care do not require large capital investments but do require ongoing dollars for staff, etc. He said this could be done as money is appropriated by Congress.

Union members suggested that there is plenty of room for construction at Knoxville and would like the CARES Commission to look at the possibility of expanding at Knoxville, as the space is adequate. The nursing union representative indicated that there is a nursing shortage but there are no problems with staffing at Knoxville. She was not sure if that would be the case if the facility was closed and all nurses must come from the Des Moines area. One Commissioner commented that space was not adequate at Knoxville. He also praised a number of staff for their commitment and recognized the significant challenges caring for these patients presented. He said there are clearly quality line staff caring for these patients and was impressed by the willingness of the facility and staff to care for these very difficult patients.

A Commissioner asked about how much employees had been involved in the development of the CARES plan and the union staff responded, very little. One union representative indicated that people were worried about losing their jobs.

A Congressman's staff member asked about the possibility of holding a hearing in Iowa or at least in making sure stakeholders have a way to provide their comments and testimony. A Commissioner described the process for providing comments to the Commission through its Web site or through letters.

iv. Findings/What did we learn?

1. Congressional staff were primarily interested in assuring that patients continue to receive the care they need. They are concerned about access to care.
2. There is some interest in having a hearing in Iowa.
3. Staff at Knoxville are concerned about losing their jobs and may not feel they were involved in the CARES process. Clarify the impact closing Knoxville will have of staff and the community.
4. The State Home would like to take on some of the workload currently provided in Knoxville and are going to begin talks with the facility about further collaborations.

v. Outstanding Questions/Follow-up Items

None

Submitted by Nicheole Amundsen, Commission Staff

Approved by: Dr. John Kendall, Commissioner
Dr. Richard McCormick, Commissioner