Option #1:

Expand outpatient services to meet current demand at Manchester VAMC

		Existing	workload (enco	ounters) and pr	roiections			
	Manchester	•		Nanchester		CI	тс*	chester VA
	Specialty (Stop Code)	2015	2016	2021	2026	2016	\$	
				Clinic Stops				
	Audiology	6,505	8,025	13,636	14,679			
	Blind Rehab	310	325	278	497			
	Chiro		801	19,159	21,535	431		
	Complementary Integrated Health (CIH)					336		
	Occupational Therapy	7,318	6,690	3,414				
	Pain Clinic	73****	1,053****	310	343			
	Physical Medicine and Rehabilitation (PM&R)	1,050	1,095	8,003	9,095			
	Physical Therapy		7,111	14,881	16,607	570		
	Polytrauma/Traumatic Brain Injury (TBI)		1,547					
	Prosthetics		8,025					
	Recreation	5,769	5,788	796	648			
	Speech Language Pathology	727	705	476	539			
2	Spinal Cord Injury (SCI)		603****					
lator								
mpn								
Outpatient (Ambulatory)								
oatie								
Out								

VSSC Encounter Cube

Provider Profile - Summary of Measures

Corporate Data Warehouse Projected Utilization All Strategic Plng Cats BY15 and BY16 (VHA, VISN, Market, Sector)

- *CITC = Care in the Community; All CITC Combined

 ** Include VA Boston, Bedford VAMC and White River Junction VAMC

- "Include VA BOSSION, BEDITOR VANUE, AND WHITE ENVIRONMENTAL VANUE.
 ""Includes Clinical and non-clinical staffing implications

 """Pain numbers come from anesthesiology data, which includes surgery

 """Includes encounters from the following stop codes: Spinal Cord Injury (210), Telephone Spinal Cord Injury

 (224), and Spinal Cord Injury (SCI) Telehealth and Virtual Care (225)

Option Summary		
	Close existing space, staff, and equipment gaps	

Department	Space	Staff***	Equipment
•			
Audiology	Continue with current construction plan	Add 4 Audiologists; Add 1.0 Medical Support Assistant (MSA)	Continue with current constructio plan
Blind Rehab	Remodel current space; storage space for essential equipment; should be conveniently located for visually impaired veterans	Add 1.0 Blind Rehabilitation Outpatient Specialist (BROS)	1 vehicle (for BROS); **additiona equipment for BROS**
Chiro	Add 1 – 2 exam room(s)	Add 0.5 Chiropractor p.r.n.	1 -2 specialized treatment table(s
Complementary Integrated Health	Add 2 treatment rooms; add 1 group room	Add 1.0 Accupuncturist; Add 1.0 yoga instructor	Basic treatment tables
Occupational Therapy	Renovate current space; create wheelchair clinic	Add 1.0 Wheelchair Tech	Wheelchair lift
Pain Clinic	Add 4 exam rooms; add 2 interventional rooms	Add 2 Registered Nurses (RNs); Add 1.0 Licensed Practical Nurse (LPN)	**TBD**
Pain Rehab	Continue with current plan	Continue with current plan	Continue with current plan
Physical Medicine and Rehabilitation (PM&R)	Renovate current space to create 2 additional exam rooms	1.0 Physiatrist; 1.0 Nurse Practitioner (NP); 1.0 Registered Nurse (RN)	**TBD**
Physical Therapy	Renovate current space; create space for group clinic and amputation clinic care	1.0 Physical Therapist (PT)	Gait training track (EG ZeroG Device)
Polytrauma / Traumatic Brain Injury (TBI)	Renovate current space to create 2 - 3 additional exam rooms	Continue with current staffing	**TBD**
Prosthetics	Renovate entire space for proper short- and long- term storage of inventory and separation of clean and used/return items	Continue with current staffing	Continue with current equipment
Recreation	Dedicated space for inpatient recreation clinic	Increase by 1.5 Recreation Therapy Assistants (RTA)	Dedicated wheelchair van/bus (the meets Americans with Disabilities Act requirements)
Speech Language Pathology	Increase and renovate current	Increase to 1.5 Speech Language Pathologist (SLP)	Clinical tablet; cognitive communication devices
Spinal Cord Injury (SCI)	Renovate & Create 2 - 3 additional exam room	Continue with current staffing	**TBD**

Pros

Excellence in Population Health; Manchester VAMC will likely see an increase in each patient's overall health as a result of the increases in staff and equipment; Excellence in Patient Experience: patients will be able to receive care in a more timely fashion because Manchester VAMC will have staff to adequately meet the current needs of all veterans enrolled at the facility; Excellence in Workforce: satisfaction among SPRS employees wil increase as the demand on them decreases due to onboarding of new employees; <u>Excellence in Forrice to Our Communities</u>; n/a; <u>Excellence in Financial Stewardship</u>: this is the lowest cost option (given that it relies on much of the staff, space, and equipment that already exists within the facility) that still achieves the goal of meeting the current needs of all veterans enrolled at the Manchester VAMC

Cons

Excellence in Population Health: this may not have a large impact in this area because it does not increase the types of services available at Manchester VAMC; Excellence in Patient Experience: patients will still need to seek services in the community for almost all services not currently provided by Manchester VAMC; Excellence in Workforce: many SPRS employees may still feel limited in their ability to go above and beyond to provide services, since resources will continue to be limited in many areas; Excellence in Service to Our Communities: does not have research capabilities; Excellence in Financial Stewardship: this option will still place a financial burden on Manchester VAMC but will not increase the amount of services available

References	

Option #2:

		Existing	workload (enco	unters) and pr	ojections				
	Manchester		In-House N	In-House Manchester			CITC*		iter VA Data**
	Specialty (Stop Code)	2015	2016	2021	2026	2016	\$		
				Clinic Stops					
	Audiology	6,505	8,025	13,636	14,679				
	Blind Rehab	310	325	278	497				
	Chiro		801	19,159	21,535	431			
	Complementary Integrated Health (CIH)					336			
	Occupational Therapy	7,318	6,690	3,414					
	Pain Clinic	73****	1,053****	310	343				
	Physical Medicine and Rehabilitation (PM&R)	1,050	1,095	8,003	9,095				
	Physical Therapy		7,111	14,881	16,607	570			
	Polytrauma/Traumatic Brain Injury (TBI)		1,547						
	Prosthetics		8,025						
	Recreation	5,769	5,788	796	648				
	Speech Language Pathology	727	705	476	539				
	Spinal Cord Injury (SCI)		603****						
~									
Outpatient (Ambulatory)									
nbula									
t (An									
tien									
utpa									
0									
		·	L			I	1	I	1

VSSC Encounter Cube

Provider Profile - Summary of Measures

Corporate Data Warehouse Projected Utilization All Strategic Plng Cats BY15

and BY16 (VHA, VISN, Market, Sector)

- *CITC = Care in the Community; All CITC Combined
 ** Include VA Boston, Bedford VAMC and White River Junction VAMC

- **Include VA Boston, Bedrorr VAMC and White New Junction VAMC
 **Includes Clinical and non-clinical staffing implication
 ***Includes clinical and non-clinical staffing implication
 ***Includes concounters from the Glolowing stop codes: Spiral Cord Injury (210), Telephone Spinal Cord Injury
 (224), and Spinal Cord Injury (SCI) Telehealth and Virtual Care (225)

In addition to closing outpatient space gaps at Manchester campus, this option: Increases the current Manchester CARF Pain program from outpatient to residential service; Adds an Adaptive Sports Clinic and ALS Clinic at Manchester; and Expands Rehab services offered at CBOC locations.

Department	Space	Staff***	Equipment
Audiology	Add 1 – 2 booths in CBOC;	Add 2 – 4 Audiologists;	Sound suites
	create room(s) for consultations	Add 1 Health Tech	
	and hearing aids		
Blind Rehab	Create space in CBOC for BR	Add 0.2 - 0.5 BROS	1 vehicle for BROS; **additional
	Outpatient Specialists (BROS)		equipment **
Chiro	Add 3 exam rooms at Manchester VAMC	Add1.0 Chiropractor	3 specialized treatment tables
Complementary Integrated Health	Create space within CBOC to	Staff to be able to provide CIH	Basic treatment tables
	conduct CIH programs	services nights and weekends, at	
		CBOC	
Occupational Therapy	Create space in CBOC	Add 0.5 to 1.0 Therapist	**TBD**
Pain Clinic	Add telehealth room and	Add 1 Telehealth Tech	**TBD**
	capabilities at Manchester		
Pain Rehab	Expand CARF program to residential	Add 6 FTEE of interdisciplinary staff	To be incorporated into enhanced
	program at Manchester VAMC		wellness center plan
Physical Medicine and	Add at least 1 exam room in CBOC	Add 0.5 Physiatrist;	**TBD**
Rehabilitation (PM&R)		Add 0.5 Registered Nurse (RN)	
Physical Therapy	Add space in CBOC	Add 2.0 Physical Therapists (PTs);	Mats; Ultrasound; Electrical
		Add 1.0 PT Assistant	stimulation machines;Traction
			machines; Hydrocollator
Polytrauma / Traumatic Brain	Create space to co-locate	Continue with current staffing	**TBD**
Injury (TBI) Prosthetics	polytrauma staff		**TRD**
Prosthetics	Add space in CBOC for inventory	Add 1.0 Purchasing Agent;	**TBD**
		Add 0.2 – 0.5 Inventory Specialist	
Recreation	Dedicated space for adaptive sports	Add 2.0 Recreation/Creative Arts	**TBD**
	clinic at Manchester VAMC	Therapists (RCAT) (for outpatient	
		services)	
Speech Language Pathology	Administrative/Clinical space in	Add 1.0 SLP (for home visits/home	1 vehicle; Clinical Tablet; Cognitive
	CBOC	care)	Communication Devices
Spinal Cord Injury (SCI)	In addition to Polytrauma clinic	Add 1.0 Social Worker	**TBD**
	above: add space for Amyotrophic		
	Lateral Sclerosis (ALS) clinic at		
	Manchester]	

Excellence in Population Health, Manchester VAMC will likely see an increase in each patient's overall health as a result of increased use of telehealth services and services provided at Community Based Outpatient Clinic (ISOC); <u>Excellence in Patient Experience</u>, overall patient statisfaction will likely improve as patients gain access to more service to uterhealth and act CHOOS; <u>Excellence in NorMortors</u>; evices at CHOOS accompanied by the increase in available telehealth services will increase the amount of job opportunities available with the Manchester VAMC (and CBOC), as well as reduce the burden of work on many current provides (who provide inclinal services and must remain up-to-date with a variety of administrative task); <u>Excellence in Service to Amortion Communities</u>; some research capabilities accompany the implementation of this option; <u>Excellence in Patient Coulding Communities</u>; some research capabilities accompany the implementation of this option; <u>Excellence in Patient Coulding Couldin</u>

Cons

Excellence in Population Health: does not expand all services to provide an inpatient component, specifically the inpatient pain clinic, which may be Leadering in Negation of the Committee o

eferences	

Option #3:

Develop a comprehensive experience, including Inpatient level of service, to address Veteran needs with emphasis on special population

_									
		Existing	workload (enco	ounters) and p	rojections				
	Manchester	In-House Manchester				CITC*		Non-Manchester VA Data**	
	Specialty (Stop Code)	2015	2016	2021	2026	2016	\$		
				Clinic Stops					
	Audiology	3,750	4,059	13,636	14,679				
	Blind Rehab	139	153	278	497				
	Chiro		155	19,159	21,535	431			
	Complementary Integrated Health (CIH)					336			
	Occupational Therapy	7,318	6,690	3,414					
	Pain Clinic	73****	1,053****	310	343				
	Physical Medicine and Rehabilitation (PM&R)	1,050	1,095	8,003	9,095				
	Physical Therapy		7,111	14,881	16,607	570			
	Polytrauma/Traumatic Brain Injury (TBI)		1,547						
	Prosthetics		8,025						
~	Recreation	5,769	5,788	796	648				
ator	Speech Language Pathology	727	705	476	539				
mpn	Spinal Cord Injury (SCI)	TBD	603****						
t (A									
Outpatient (Ambulatory)									
Outp									
								1	1

Provider Profile - Summary of Measures Corporate Data Warehouse Projected Utilization All Strategic Plng Cats BY15 (VHA, VISN, Market, Sector)

*CITC = Care in the Community; All CITC Combined
** Include VA Boston, Bedford VAMC and White River Junction VAMC

***Includes clinical and non-clinical staffing implications

****Pain numbers come from anesthesiology data, which includes surgery
*****Includes encounters from the following stop codes: Spinal Cord Injury (210), Telephone Spinal Cord Injury (224), and Spinal Cord Injury (SCI) Telehealth and Virtual Care (225)

Option Summary

Additional services would include: 12-bed Inpatient CARF-accredited Pain Rehab Program (modeled after Tampa VA) with Enhanced Wellness Center at Manchester; Ability to support either Medicine/Surgery/Mental Health Inpatient beds OR a change in short-stay Community Living Center; Certified Prosthetics Lab

Department	Space	Staff***	Equipment
Audiology	Add room for ENT services at Manchester	Add 1 Otolaryngologist (ENT); and support staff	ENT service; vestibular equipment
Blind Rehab	Create space for intermediate low vision clinic at Manchester VAMC	Add 1.0 low-vision therapist; Add 0.5 Eye Care Practitioner; Add 0.5 Program Assistant	**TBD**
Chiro	Add 2 exam rooms in CBOC	Add 1.0 Chiropractor	2 specialized treatment tables
Complementary Integrated Health	Enhanced wellness center concept at Manchester VAMC	Possible need for multiple types of fee providers	**TBD**
Occupational Therapy	Add space at Manchester and CBOCs for administrative purposes	Add 2 – 3 OTs to provide home care (non-home base primary care (HBPC) services)	2 - 3 vehicles; **TBD**
Pain Clinic	Add space at Manchester to provide platelet-rich plasma (PRP) treatment and ketamine infusions	Add 2 – 3 Registered Nurses (RNs); Add 0.5 - 1.0 Nurse Practitioner (NP)	**TBD**
Pain Rehab	Add enhanced wellness center and 12-bed inpatient (CARF) rehab program; develop space for addiction and detox	Add 11.0 FTE of interdisciplnary clinical and admin staff; Add Nursing staff to cover 24/7 inpatient ward	To be incorporated into enhanced wellness center plan
Physical Medicine and	Add inpatient capability at	Add 0.5 - 1.0 Nurse Practitioner	**TBD; possible short-stay rehab*
Rehabilitation (PM&R) Physical Therapy	Manchester Add clinic space for inpatient therapy at Manchester	(NP) **TBD (based on amount of type of beds)**	Mats; Parallel bars
Polytrauma / Traumatic Brain Injury (TBI)	Dedicated telehealth and peer support capabilities at Manchester VAMC	Add 1.0 Telehealth Tech to support peer support	Telehealth equipment
Prosthetics	Add space for Certified Prosthetics Lab at Manchester VAMC	Add 1.0 Prosthetist; Add 1.0 Orthotist; Add 1.0 Health Tech	Ventilation system; sink; exam tables
Recreation	See enhanced wellness center design for Manchester VAMC	Add 2.0 Lifeguard/ Exercise Physiologist	To be incorporated into enhanced wellness center design
Speech Language Pathology	Add clinic space for inpatient therapy at Manchester	Add 0.5 – 1.0 SLP (based on amount and type of inpatient care to be	**TBD**
Spinal Cord Injury (SCI)	Dedicated telehealth and peer support capabilities at Manchester VAMC	Add 1.0 Telehealth Tech to support peer support	Telehealth equipment

Pros

<u>Incelance in Population Health.</u> Manchester VAMC will likely witness an increase in the health of the patient population by providing new services, such as platelet-rich plasma (PRD) teatment at Manchester, as well as by providing patient care via bethreath and in the home of patients, <u>Incelance in Patient Experience</u>, overall patients statistication will likely be patients part ascentiated to services. Such as Copyright of the patients and the patients are patients as well as a patient part of the patients. The patients is provided in the patients are patients and the patients of the patients are patients. As well as a patient patients are patients and the patients are patients and the patients are patients. The patients are patients are patients are patients are patients are patients. The patients are patients. The patients are patients. The patients are patients. Excelence in facine to patient patients are patients are patients are patients are patients are patients. The patients are patients. The patients are patients. The patients are patients. The patients are patients. The patients are patients are patients are patients are patients are patients are patients. The patients are patients are patients are patients are patients are patients. The patients are patients are patients are patients are patients

Cons

<u>Excellence in Population Health</u>: this option still fails to provide all services at the Manchester VAMC, meaning that some veterans may still need to drive outside off the state to seek services from other VAMCs and thus, potentially forgo pesential healthcare services due to a continued lack of access or inconvenience; <u>Funcilence in Patient Experience</u>, patients still continue to need to unlike community, are provided for some services, Excellence in Invidence: requires many mee employees to pot importagin training and cost one wyspace constraints, since this option may require current employees to share administrative and clinical space to allow for more cliniciants; <u>Excellence in Service to Our Communities</u>, full, <u>Excellence in Service to Our Communities</u>, full, <u>Excellence in Service</u> to miss still paties are affected by PSPS in addition to the recruitment of a variety of new providers, particularly the providers required for the inpatient Commission on Accreditation of Rehabilitation Facilities (CARF) program

References		