PROGRAM RESTRUCTURING AND INPATIENT BED CHANGE PROCEDURES

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook establishes procedures for the implementation of the Department of Veterans Affairs (VA) VHA's program restructuring and any change impacting the inpatient beds program.

2. SUMMARY OF CHANGES. This VHA Handbook provides updated procedures:

a. Guiding Veterans Integrated Service Networks (VISNs) in the development and approval of bed and program change proposals, including utilization of the web-based National Bed Control Database.

b. Reflecting the change in title from the Assistant Deputy Under Secretary for Health to the Deputy Under Secretary for Health for Operations and Management (10N) effective May 24, 2002.

c. Regarding approval levels for bed requests.

3. RELATED ISSUES. None.

4. FOLLOW-UP RESPONSIBILITY. The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for the contents of this Handbook. Questions may be referred the Office of the Deputy Under Secretary for Health for Operations and Management.

5. RESCISSIONS. VHA Directive 1000.1, Program Restructuring and Inpatient Bed Change Policy, dated January 31, 2001, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for re-certification on or before the last working day of April 2010.

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PROGRAM RESTRUCTURING AND INPATIENT BED CHANGE POLICY

1. PURPOSE

This Veterans Health Administration (VHA) Handbook establishes procedures guiding Veterans Integrated Service Networks (VISNs) in the development and approval of bed and program change proposals, including utilization of the web-based National Bed Control Database.

2. BACKGROUND

a. Since 1995, VHA facilities have undergone extensive restructuring and realignment in order to improve health care service delivery and administrative operations. In response, the Department of Veterans Affairs (VA) Central Office has issued numerous directives and memoranda in an effort to coordinate and provide appropriate oversight to program restructuring, to ensure that a full continuum of care and the uniform benefits package is available to enrollees in each VISN, and to maintain capacity in special programs.

b. The Veterans Millennium Health Care and Benefits Act, Public Law (Pub. L.) 106-117, Section 301 amended Title 38 United States Code (U.S.C.), Section 8110, creating new requirements for reporting and documenting bed changes to Congress for specific categories of beds.

c. Pub. L. 106-117, Section 101(c)(1) requires that staffing and levels of extended care services remain, at a minimum, at levels provided during fiscal year (FY) 1998. In order to improve the management and oversight of bed levels in compliance with the Millennium Health Care and Benefits Act, VA's bed control database has been converted from the Veterans Health Information Systems and Technology Architecture (VistA) database to a web database. This new system automatically tracks and processes bed change requests through different review and approval levels in VA Central Office, enables accurate reporting of current authorized and operating beds and/or changes to bed numbers over time at all organizational levels, and identifies bed requests that meet the Millennium Bill thresholds and that require Under Secretary for Health approval and/or Congressional notification.

NOTE: *This VHA Handbook incorporates requirements of recent policy documents and legislation and specifies the procedures, documentation, and reporting requirements for bed changes and program restructuring, to ensure that services offered in field facilities support VHA's strategic goals.*

d. **Definitions**

(1) **Program Restructuring.** The term "program restructuring" refers to reorganizations and consolidations of clinical or administrative services or major programs offered at VHA facilities. ***NOTE:*** *Those requiring VHA Central Office level approval are described in paragraph 5 of this Handbook.*

(2) **Special Disability Programs.** Title 38 U.S.C. Section 1706(b) requires VA to maintain capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans within distinct programs or facilities that are dedicated to the specialized needs of those veterans in a manner that provides reasonable access to care and ensures that overall capacity is not reduced below that capacity nationwide as of October 1996. VA, in consultation with stakeholders, identified five disabling conditions that require such specialized treatment and rehabilitation:

(a) Spinal Cord Injury and Disorders (SCI/D);

(b) Blindness;

(c) Traumatic Brain Injury (TBI);

(d) Amputations; and

(e) Serious mental illness, including substance abuse disorders, disorders resulting in homelessness, and post-traumatic stress disorder (PTSD).

3. SCOPE

Facilities and networks proposing to restructure programs or make changes to authorized or operating beds or program capacity are responsible for:

a. Ensuring conformance with all legislative requirements.

b. Collaboration with and/or concurrence from Patient Care Services prior to submission of proposals.

c. Communicating the changes to external stakeholders such as Veterans Service Organizations (VSOs) and congressional offices, as appropriate, through the local planning and stakeholder communication process.

d. Complying with all VA labor-management relations policies, national and local partnership agreements, as well as applicable labor-management contractual arrangements.

e. Complying with requirements of:

(1) VHA Directive 1176;

(2) Present VHA policy regarding SCI/D system of care, staffing and beds for spinal cord injury; and

(3) Present VHA policy regarding the authority to make changes in Mental Health Programs.

f. Ensuring that facilities do not make changes to Gains and Losses reports unless a bed change request has been entered into the web-based national bed control system and received

appropriate approvals outlined in this policy. Each facility is responsible for ensuring that its bed levels in local Gains and Losses reports match the approved bed levels in the VA National Bed Control System.

4. VA NATIONAL BED CONTROL DATABASE

a. All bed change requests must be entered electronically into the web-based VA National Bed Control Database http://vaww.bedcontrol.med.va.gov/ to obtain appropriate approvals. Bed change requests entered into the database must be accompanied by an electronic justification memo and spreadsheet that displays changes to bed numbers (see App. C and App. D).

b. The VA National Bed Control database automatically processes these requests and updates bed numbers upon the Under Secretary for Health's electronic approval, which is entered into the web-based system upon completion of the Under Secretary for Health's 10-day notification period.

c. The Network Director, Deputy Under Secretary for Health for Operations and Management, Patient Care Services, and final Under Secretary Health approvals, concurrences, disapprovals, or cancellations must be entered into the web-based national bed control system.

5. RESPONSIBILITIES OF THE UNDER SECRETARY FOR HEALTH

The Under Secretary for Health is the approving official for the following program restructuring or bed change proposals:

a. Management reorganizations at the VISN level (e.g., development of a new VISN-Level Service Line).

b. Reductions in capacity or other significant changes in Special Disability Programs.

c. Closure or relocation of a facility, service or major program (i.e., neuro-surgery, cardiac surgery).

d. Any bed change requests (closures and openings) for all bed sections that result in changes to operating and authorized bed levels. When SCI monthly survey staffed beds are less than those required for a consecutive 6-month period, formal bed change requests must be entered into the web-based national bed control system for Under Secretary for Health's approval.

e. Any bed changes resulting in temporary closure of beds for longer than 30 days in all bed sections:

f. Changes in bed capacity that require Congressional notification and a 21-day waiting period prior to implementation per the requirements of 38 U.S.C. § 8110(d).

(1) This includes the closure of more than 50 percent of the beds during any FY that occurs within a bed section of twenty or more beds for the following bed sections: Mental Health

(including substance abuse and PTSD), Intermediate Medicine, Neurology, Rehabilitation Medicine, Extended Care, and Domiciliary.

(2) This does not include the conversion of intermediate beds to nursing home care beds for the purposes of JCAHO requirements or regulations which results in a net zero change in total intermediate and nursing home operating and authorized beds.

6. RESPONSIBILITIES OF THE VISN DIRECTOR

Each VISN Director is responsible for:

a. Ensuring that facilities:

(1) Prepare program restructuring and bed change proposals requiring Under Secretary for Health approval in the format shown in Attachment C and D, and

(2) Submit program restructuring and bed change proposals electronically into the web-based VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov. The database will automatically notify Network approving officials and the Deputy Under Secretary for Health for Operations and Management (10N) of the request. ***NOTE:*** *SCI program change proposals need to be submitted into the web-based VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov. The system will automatically notify the Chief Consultant SCI/D of this request/change for recommendations. Prior to entering an official bed change request, Networks should make Patient Care Services aware of the nature of the bed change or program proposal request.*

b. Notifying the Deputy Under Secretary for Health for Operations and Management (10N) via outlook e-mail 10-days prior to implementation, of program restructuring and bed changes that do not require Under Secretary for Health approval includes: ***NOTE:*** *Notification e-mail needs to include type and purpose of change, impact on veteran health care services, Patient Care Services' comments, and stakeholder comments as applicable.*

(1) Management reorganizations at the facility level (e.g., development of a new service line or restructuring of services within a facility).

(2) Consolidation of two or more services (e.g., Surgical Service) or major programs (e.g., cardiac catheterization laboratory) across more than one facility.

NOTE: *The national bed control system needs to be updated, as appropriate, to reflect program or facility changes.*

c. Ensuring proposals affecting senior management positions are submitted for Executive Resources Board approval.

d. Ensuring advanced consultation with congressional stakeholders where congressional approval is required for bed or program changes.

e. Ensuring that all bed changes resulting in closure of beds for longer than six months, are entered by facilities into the web-based VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov prior to implementation. When SCI monthly survey staffed beds are less than those required for a consecutive 6-month period, formal bed change requests must be entered into the web-based national bed control system for Under Secretary for Health approval.

f. Ensuring that, prior to implementation, all bed changes for all bed actions resulting in either permanent closure or the temporary closure of beds for longer than 30 days are entered into the web-based VA National Bed Control Database at http://vaww.bedcontrol.med.va.gov,

g. Reviewing, revising and taking action (approvals, disapprovals, cancellations) on all bed request changes entered into the web-based national bed control system by facilities. VISN approving officials are electronically notified of a bed change request that has been entered by a facility into the web-based national bed control system. VISN approving officials are responsible for:

(1) Reviewing the request;

(2) Ensuring the appropriate and complete justification documents (see App. C and App. D) have been entered into the system; and

(3) Approving, disapproving, or canceling the request in the web-based national bed control system.

7. RESPONSIBILITIES OF THE DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT

The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

a. Reviewing all bed change and program restructuring requests and entering Deputy Under Secretary for Health for Operations and Management and Under Secretary for Health approvals into web-based National Bed Control System. This process also includes preparing final submission to the Under Secretary for Health of all requests requiring Under Secretary for Health approval, with the input and recommendations of Patient Care Services.

b. Referring requests through the web-based VA National Bed Control Database to Patient Care Services as appropriate (including mental health bed changes) and tracking the 10-workday comment period.

c. Entering the final Under Secretary for Health approval of a bed request or program change into the web-based VA National Bed Control System following the completion of the Under Secretary for Health's 10-day notification period. Once the approval has been entered into the web-based bed control system, the system sends an automated email message to the facility initiators of the request and VISN, Patient Care Services, and Deputy Under Secretary for Health for Operations and Management approvers of the request.

8. RESPONSIBILITIES OF THE PATIENT CARE SERVICES, VHA CENTRAL OFFICE

Patient Care Services, VHA Central Office, is responsible for:

a. Providing advice and consultation to networks in the development of proposals or bed change requests; and

b. Providing comments and recommendations to the Deputy Under Secretary for Health for Operations and Management (10N) within a 10-workday period for proposals and bed change requests. Patient Care Services representatives review a request, provide feedback and concur or not-concur on a request through the web-based VA National Bed Control Database, http://vaww.bedcontrol.med.va.gov.

9. RESPONSIBILITIES OF VISN SUPPORT SERVICE CENTER (VSSC)

The VISN Support Service Center (VSSC) is responsible for:

a. Maintaining the web-based VA National Bed Control Database and monitoring the processing of bed changes to the electronic system.

b. Providing technical support for utilizing the VA National Bed Control Database, via the (KLF) Help Desk.

c. Producing bed control reports on the VSSC web page.

d. Producing an annual report for Congress utilizing data from the web-based VA National Bed Control Database.

10. REFERENCES

a. VHA Directive 1176, Spinal Cord Injury and Disorders System of Care.

b. Deputy Under Secretary for Health for Operations and Management Letter on Program and Bed Change Policy dated February 20, 2002.

c. Under Secretary for Health Approval of Bed Closures Letter dated December 17, 2001.

d. Assistant Deputy Under Secretary for Health Letter on Program and Bed Change Policy dated January 29, 2002.

DEFINING THE GERIATRIC AND EXTENDED CARE CONTINUUM OF CARE PROGRAMS AND SERVICES

The Veterans Health Administration's (VHA) Policy Board recommended and the Under Secretary for Health approved the following programs and services for inclusion in the Geriatrics and Extended Care Continuum.

1. CASE MANAGEMENT AND CARE MANAGEMENT

a. Case Management, and

b. Care Management.

2. RESIDENTIAL PROGRAMS. Community Residential Care

3. COMMUNITY-BASED LONG-TERM CARE

a.* Home-based Primary Care,

b.* Homemaker and/or Home Health Aide (H/HHA),

c.* Skilled Home Care (Fee-Basis and Contract Home Care),

d.* Adult Day Health Care (ADHC) (both Department of Veterans Affairs (VA)-operated and contract),

e.* Hospice Care,

f.* Respite, and

g. Palliative Care.

4. GERIATRIC CARE

a. Geriatric Screening,

b. Geriatric Primary Care,

c.* Geriatric Evaluation and Management (GEM) Program - (both Inpatient and Outpatient),

* Programs marked with an asterisk are those for which staffing and level of services will be maintained in accordance with Public Law-106-117, Section 101 (c) (1) (b).

d. Geriatric Research, Education and Clinical Centers (GRECCS), and

e. Alzheimer's Care.

5. NURSING HOME CARE

a.* VA Nursing Home Care,

b. Contract Community Nursing Home Care, and

c. State Veterans Home Program.

* Programs marked with an asterisk are those for which staffing and level of services will be maintained in accordance with Public Law-106-117, Section 101 (c) (1) (b).

BED CONTROL DEFINITIONS

1. <u>Bed Capacities.</u> All beds regularly maintained for assignment of inpatients will be counted in bed capacities, except beds that exist for periodic occupancy of patients concurrently assigned to other beds in the facility (e.g. recovery room beds, electrocardiograph beds, dialysis beds).

2. <u>Isolation, Intensive Care, and Seclusion Beds.</u> Isolation, intensive care, and seclusion beds to which patients may be directly admitted are examples of types of beds to be counted. Beds in admitting areas, recovery rooms, electrocardiograph (EKG), electroencephalograph (EEG), dialysis, and those in pulmonary function laboratories are examples of beds not to be counted. Seclusion rooms configured and used exclusively for control of disturbed patients already assigned a hospital bed are not to be counted in bed capacities.

3. <u>Department of Veterans Affairs (VA) Contracted Beds, Extended Care Beds, Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Beds and Shared Beds.</u> VA contracted beds, PRRTP beds, and shared beds need to be counted in bed capacities as follows:

a. **VA-Owned but Contracted Beds.** VA-owned beds that are unavailable to veteran beneficiaries due to contracting or sharing agreements with other agencies (e.g., universities' medical facilities, Department of Defense (DOD). All VA-owned beds will be included in the authorized bed level. Operating beds will be reported as unavailable under the "unavailable due to other category."

b. **Extended Care Beds**: Extended care beds are included in the facility's authorized and operating bed levels but treated as a separate bed service. Extended care beds include Nursing Home Care Unit.

c. **PRRTP Beds.** PRRTP beds are included in the facility's authorized and operating bed levels but treated as a separate bed service in the same manner that domiciliary and nursing home care unit beds are reported.

d. **Shared Beds**

(1) Shared beds are beds that are staffed by VA personnel, located off-site and available through sharing agreements or joint ventures. *Sharing agreements and joint ventures are authorized with the DOD under Title 38 United States Code (U.S.C.) 8111. Agreements with DOD cover a wide variety of uses from occasional use of beds (and space) to beds paid for by one Department with construction money in the other Department's medical facility*.

(2) Beds must be counted according to the appropriate bed section and included in the facility's authorized, operating and unavailable bed totals.

4. <u>Authorized Beds.</u> Authorized beds are the potential bed capacity of a medical center, which is the sum of operating beds and beds that are temporarily unavailable (see pars. 6 and 7).

5. Spinal Cord Injury (SCI) Available Beds. SCI available beds are defined and specified in present VHA policy. Operating beds reported in the monthly SCI staffing survey vary from that contained in the national bed control system. When SCI monthly survey staffed beds are less than those required for a 6-month period, formal bed change requests must be entered into the web-based national bed control system for Under Secretary for Health approval.

6. Operating Beds. Operating beds are those that are staffed and available for admission of patients. Operating beds should exclude unavailable beds that are closed for any reason. Occupancy rates are determined for each facility based on current approved operating bed levels. Therefore, it is important to ensure beds not staffed and not available for admission of patients are identified as "unavailable" and are not included in the operating bed levels.

7. Unavailable Beds. Beds that are closed for any reason, 30 days or longer due to:

a. **Construction.** Space currently subject to construction, repair, or renovation. If construction projects have been completed, but activation funds were not sufficient to open beds, these unavailable beds should be reported under "Resources" upon completion of the construction.

b. **Recruitment.** Beds unavailable due solely to the inability to recruit staff.

c. **Workload.** Beds unavailable due to reduced demand or improved productivity. This category should include reduced length-of-stay, reduced demand, consolidation, shift to alternative levels, or methods of care (e.g., shift from inpatient to outpatient).

d. **Resources.** Beds unavailable due to lack of resources. This category should not be used to report beds closed because of the inability to recruit staff. Only beds that can or will reopen, given additional resources, are to be reported in this category.

e. **Other.** VA-owned and operating beds that are unavailable due to contracting to other agencies. This category will include beds that are unavailable due to military mobilization of staff in response to a VA-DOD contingency and/or national emergency (e.g., Desert Shield, Desert Storm).

SAMPLE FORMAT FOR BED CHANGE AND PROGRAM RESTRUCTURING REQUESTS REQUIRING UNDER SECRETARY FOR HEALTH APPROVAL

1. NAME OF FACILITY

2. INDICATE TYPE OF REQUEST (Operating Bed Change, Authorized Bed Change, and/or Program Change**)**

3. DESCRIPTION OF PROPOSED CHANGES

a. **For bed changes include:**

(1) Number of beds being opened or closed.

(2) Purpose (specify temporary or permanent increase, decrease, realignment).

(3) Duration (for temporary changes).

(4) Reason (i.e., construction, staffing shortage, move from inpatient to outpatient care, etc.).

b. **For program changes include:**

(1) Impact on staffing, workload, budget, space, leases, capital equipment, future capacity, number of veterans treated, etc.

(2) Current and proposed organizational chart (if applicable).

(3) Measures to assure continuation of high-quality care to affected patients.

4. EFFECTIVE DATES FOR REQUESTED CHANGES

5. JUSTIFICATION FOR THE PROPOSED CHANGE

a. **For Bed Closure and Program Changes.** For bed closure and program changes, describe delivery changes that will allow the change to occur, how care will continue for eligible veterans, and the effect on veterans and access to care. Describe why change is appropriate and advisable and how outcomes will be monitored.

b. **For Bed Changes Involving Construction.** For bed changes involving construction identify project number and timeframes for completion. For program or mission change and/or conversion, indicate what will become of space. Include current average daily census and occupancy rates for involved bed sections.

c. **For Mental Health Program Bed Changes.** For mental health program bed changes, as specified in present VHA policy, include as appropriate, plans for ensuring:

(1) The availability of intensive case management services and community-based services;

(2) Increased access to outpatient follow-up care;

(3) Uniform access to appropriate anti-psychotic or substance abuse therapies, including medications and psychotherapy;

(4) Ready access to crisis management support comparable to that available to patients with other conditions or healthcare needs; and

(5) Continuity of care.

6. STATEMENT OF NOTIFICATION AND COMMENT FROM PATIENT CARE SERVICES IS REQUIRED. Include identification of any concerns or outstanding issues.

7. STATEMENT OF NOTIFICATION OF INTERNAL AND EXTERNAL STAKEHOLDERS (E.G., LOCAL CLINICAL STAFF, VETERANS SERVICE ORGANIZATIONS, CONGRESSIONAL STAKEHOLDERS, UNIONS) AS REQUIRED. Include the identification of any stakeholder concerns or outstanding issues.

8. CONCURRENCE. Statement of concurrence by affected facilities or Networks, if applicable.

9. REGULATORY OR LEGISLATIVE REQUIREMENTS. Statement of any regulatory or legislative requirements.

10. APPROVAL AND/OR NOTIFICATION REQUIREMENTS. Statement that proposed program and/or bed change meets the definition requiring the Under Secretary for Health's approval and/or Congressional notification, if applicable.

11. SPREADSHEET. Applies only for bed change requests, showing present approved bed distribution and request for new distribution in the following format in Appendix C (this format can be accessed electronically at http://vssc.med.va.gov).

SAMPLE SPREADSHEET

VISN: (Name)

VAMC: (Name)

AUTHORIZED/OPERATING BED CHANGE REQUEST SUMMARY

	HOSPITAL		NHC		DOM		PRRTP		TOTAL	
	Current	New	Current	New	Current	New	Current	New	Current	New
OPERATING	0	0	0	0	0	0	0	0	0	0
UNAVAILABLE	0	0	0	0	0	0	0	0	0	0
AUTHORIZED	0	0	0	0	0	0	0	0	0	0

***NOTE:** Operating Beds + Unavailable Beds = Authorized Beds*

	OPERATING BEDS		UNAVAILABLE BEDS										TOTAL UNAVAILAB	
			CONSTRUCTION		RECRUITMENT		WORKLOAD		RESOURCES		OTHER			
Hospital Bed Service	Current	New	Current	New	Current	New	Current	New	Current	New	Current	New	Current	Ne
Internal Medicine													0	0
Neurology													0	0
Surgery													0	0
Spinal Cord Injury													0	0
Blind Rehabilitation													0	0
Rehabilitation Medicine													0	0
Intermediate Medicine													0	0
Mental Health													0	0
Total Hospital Beds	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nursing Home Care Beds													0	0
Domiciliary Beds													0	0
PRRTP Beds													0	0
Grand Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

VISN DIRECTOR SIGNATURE DATE