

Task Force Subgroup Report: Geriatrics and Extended Care Service Line

VA New Hampshire VISION 2025 Task Force

Peggy Becker, VISN 1 GEC Director

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Membership

- Peggy Becker, LCSW – VISN 1, Geriatrics and Extended Care Director
- Leandro DaSilva – VISN 1, Health Systems Specialist, Informatics
- Ritamarie Moscola, MD - Manchester VA Medical Center, Geriatrics and Extended Care Lead
- Erik Johannessen, LICSW- Manchester VA Medical Center, Social Work Executive
- Jonathon Bean, MD - Director New England Geriatric Research, Education and Clinical Center (GRECC)
- Matt Russell, MD – VA Boston Healthcare System, Medical Director Community Living Center
- Tamara Yaselsky, RN MS- - Manchester VA Medical Center, Acting Clinical Nurse Manager
- Donna Charbonneau, RN BSN - Manchester VA Medical Center, Acting Director Home Based Primary Care
- Kristen Lucier, LICSW- Manchester VA Medical Center, Veteran Directed Care Coordinator
- Eric Stauffer, MA, SAC – Manchester VA Medical Center, Geriatrics and Extended Care Administrative Officer
- Mary Reagan, RN BSN - VA Boston Healthcare System, Patient Bed Flow Coordinator
- Lisa Felix – VISN 1, Acting Health Systems Specialist Geriatrics and Extended Care

Options

1. Shift all Community Living Center beds to Contract Nursing Homes
2. Current arrangement of Community Living Center beds and Contract Nursing Home beds
3. Expand Community Living Center beds from 41 to 46
4. Shift all long term beds to Contract Nursing Homes. Keep short term beds to 17

Option 1

Shift all Community Living Center beds to Contract Nursing Homes

- Geriatrics and Extended Care referral tool streamlines referrals for contract nursing homes
- Unknown impact of the national contract nursing home Request For Proposal
- Increase Home Based Primary Care / Home Care to reduce hospital admissions and may reduce contract nursing homes referrals

Option 2

Current arrangement of Community Living Center beds and Contract Nursing Home beds

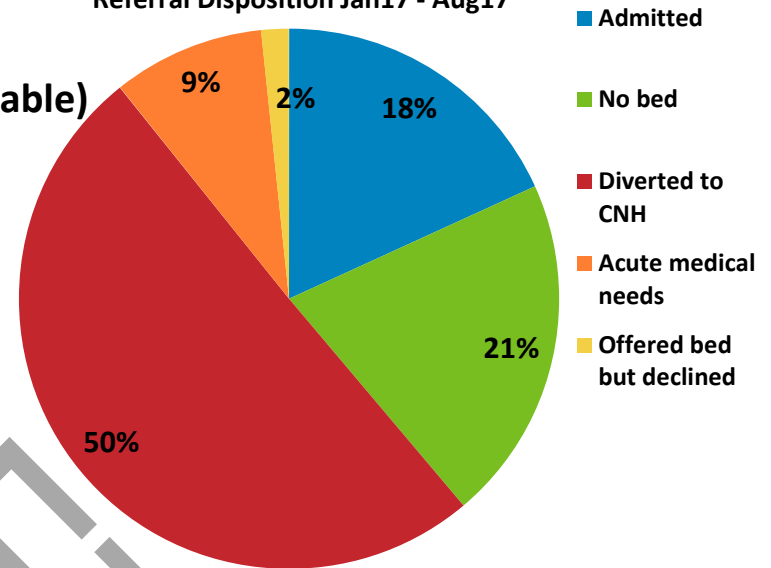
- Recommended functional changes to Community Living Center:
 - Bed capacity per room (limit 2 beds per room)
 - Community Living Center relocated to ground floor
 - Access to gated outside common area
 - Dedicated space for social and recreational for Community Living Center patients separate from dining area
- If no Community Living Center beds available, continue to refer to Contract Nursing Homes

Option 3

Expand Community Living Center beds from 41 to 46.
 (Current contract Nursing Homes beds are not always available)

Admitted	24
No bed	29
Diverted to CNH	75
Acute medical needs	12
Offered bed but declined	2
Behavioral	12
Total	154

Referral Disposition Jan17 - Aug17



Report 1		Filter Selection: (Other Subacute Beds)			
Other Subacute Beds by Fiscal Year (Fiscal Year) and Funding Source (Funding Source) on columns; and Facility (Parent Facility) and Planning Categories (Planning Categories) on		FY2016 Modeled		FY2026 Modeled	
		In-house (See notes on data limitations)	Community (See notes on data limitations)	In-house (See notes on data limitations)	Community (See notes on data limitations)
(1V01) (608) Manchester, NH HCS	LTSS - Community Living Center (Long) (Days)	25		29	
	LTSS - Community Living Center (Short) (Days)	14		17	
	LTSS - Community Nursing Home (Long) (Days)		40		61
	LTSS - Community Nursing Home (Short) (Days)		7		10
	Subtotal	39	47	46	71
	FY Total	86		117	

Option 4

Shift all long term beds to Contract Nursing Homes

Projected short term beds (17) located in Community Living Center

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Recommendation

Based on Task Force voting, the majority of Task Force members voted for Option 3 (Expand Community Living Center beds from 41 to 46)



Questions & Discussion

DRAFT