

**Imaging Service Line**

Option #: 1 - Status Quo

<b>Manchester</b>		Existing workload and projections					
		In-House Manchester		CITC*		Non-Manchester VA Data**	
		2015	2025	2015	\$		
<b>Specialty</b>							
<b>Clinic Stops</b>							
Amb: Nuclear Medicine	428	493	227	45%			
Amb: Radiation Therapy			131	100%			
Amb: Radiology	17569	19521	3412	16%			

Outpatient (Ambulatory)

**Option Summary**  
 Currently offering most demanded diagnostic services (No PET/CT). Staffing levels are adequate for workload if there are no absences due to leave or attrition. Reading capacity could be supplemented with in-VISN teleradiology. Increased workload will most likely result in poor performance measures and delays in access.

Resource Impacts			
Space	Clinical Staff***	Equipment	Other
None	None	None	

**Pros**  
 Zero cost impact to budget

**Cons**  
 Staffing not adequate for full coverage. WHEN hours coverage will be by on-call and NVCC. Any changes in patient/exam volume will result in decreased access and poor performance scores. Space and infrastructure

**References**

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

Imaging Service Line

Option #: 2- Right Size Space and Staffing

Outpatient (Ambulatory)	Manchester		Existing workload and projections					
			In-House Manchester		CITC*		Non-Manchester VA Data**	
			2015	2025	2015	\$		
	<b>Clinic Stops</b>							
	Amb: Nuclear Medicine	428	493	227	45%			
	Amb: Radiation Therapy			131	100%			
	Amb: Radiology	17569	19521	3412	16%			

**Option Summary**  
 Add space to close existing space gaps and expand for future workload projections. Offer the current range of services with on-call coverage for after-hours. Explore contract services for PET/CT utilizing existing mobile pad. Increase staffing to provide for better coverage and flexibility handling slight increases in workload.

Resource Impacts			
Space	Clinical Staff***	Equipment	Other
Investment in infrastructure	Add 1 FTE Radiologist. Up to 7 FTE Technologists. 1.5 FTE MSA	Mobile PET/CT contract with Technologist	Mobile PET/CT contract = \$30,000/month
Space improvements for safety and patient flow			~\$325,000/ rad fte
			~\$80,000/tech fte
			~\$35,000/MSA fte

**Pros**  
 Increased coverage for stable capacity and increase access. More adaptable program for increased workload.

**Cons**  
 Increased cost and inefficiency

**References**

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

Imaging Service Line

Option #: 3- Inpatient Med/Surg

Manchester		Existing workload and projections					
		In-House Manchester		CITC*		Non-Manchester VA Data**	
Specialty	2015	2025	2015	\$			
	<b>Clinic Stops</b>						
Amb: Nuclear Medicine	428	493	227	45%			
Amb: Radiation Therapy			131	100%			
Amb: Radiology	17569	19521	3412	16%			

Outpatient (Ambulatory)

**Option Summary**  
 If a full-service hospital is built: Offer current services with shift coverage (possible on-call third shift). Contract services for PET/CT utilizing existing mobile pad. Increase staffing to provide for better coverage and flexibility handling slight increases in workload and redundant coverage for off shifts. Depending on surgical acuity may need to add Interventional Radiology services and 24/7 on-site coverage.

Resource Impacts			
Space	Clinical Staff***	Equipment	Other
Interventional Radiology (IR) Services require 1355 sq ft (full IR services)	Add 1 FTE Radiologist (contract and/or staff interventional coverage 1.5 fte). Up to 21 FTE Technologists. 1.5 FTE MSA	Mobile PET/CT contract with Technologist Interventional (IR) room plus supplies	290 IR procedures required to qualify for new service (500 preferred)
	Will need nursing coverage for IR		~\$325,000/ rad fte
			~\$80,000/tech fte
			~\$35,000/MSA fte
			IR equipment = \$3,000,000 Mobile PET/CT contract = \$30,000/month

**Pros**  
 Increased coverage for stable capacity and increased access. More adaptable program for increased workload. Shift coverage for critical inpatient needs. Staffed WHEN hours. Able to provide diagnostic and treatment services (IR)

**Cons**  
 Increased cost and inefficiency during lulls in workload demand. Large space and supply requirements for interventional services. Lack of academic affiliation (residency/fellowship) would make staffing a 24/7 service difficult to execute and maintain.

**References**

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



Imaging Service Line

Option #: 5- CBOC Imaging Services

Manchester		Existing workload and projections					
		In-House Manchester		CITC*		Non-Manchester VA Data**	
		2015	2025	2015	\$		
	<b>Specialty</b>						
<b>Clinic Stops</b>							
	Amb: Nuclear Medicine	428	493	227	45%		
	Amb: Radiation Therapy			131	100%		
	Amb: Radiology	17569	19521	3412	16%		

Outpatient (Ambulatory)

**Option Summary**  
 Could be in additiona to any of the previous Options. Offer VA provided imaging services at key CBOCs in NH. Space would be needed to install basic radiology services and at least part-time Ultrasound. Mobile or modular service could be provided if space is limited. Additional services such as MRI and CT could be offered via mobile services contracts. Due to regulatory and follow up concerns mammography services should not be offered at the CBOCs. At issue are the Keene and Littleton CBOCs under WRJ control but within NH borders.

Resource Impacts			
Space	Clinical Staff***	Equipment	Other
Radiology space = 300 sqft	Additional 1.5-2.0 FTE per radiology suite and .5-1.5 fte per ultrasound	"U" arm DR radiology room	Contract for mobile MR/CT services to include tech staffing
Ultrasound space =180 sqft		Diagnostic US machine	~\$325,000/ rad fte
Changing areas x2 = 70 sqft		Mobile pad site	~\$80,000/tech fte
Subwaiting x2 = 45sqft			~\$35,000/MSA fte
Staff work area = 60 sqft			Mobile pad construction \$150-\$250,000
			Diagnostic US equipment = \$180,000
			DR rad room = \$250,000

**Pros**  
 Provide most general radiology studies at key CBOCs. Better patient compliance and meets most stakeholder requests. Could provide expanded service offerings (improved access) for patients seen at Manchester and/or other facilities (WRJ, Togus, Bedford, Boston) Point of care testing could potentially shorten time to diagnose

**Cons**  
 Space could be a concern. Staffing could be difficult for remote sites. Difficult to monitor and maintain consistency at remote sites. Would need medical back-up for contrast related emergencies.

**References**

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