



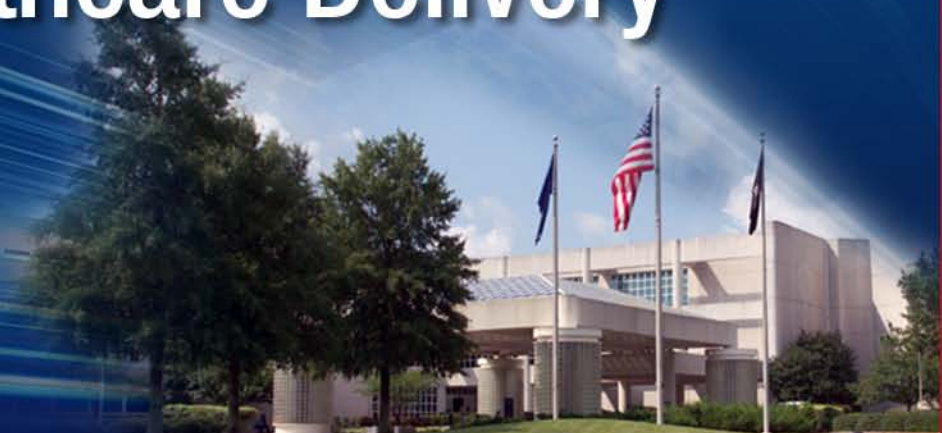
Innovative 21st Century Building Environments for VA Healthcare Delivery

Prepared for:
Department of Veterans Affairs
Office of Construction & Facilities Management

Prepared by:



National Institute of
BUILDING SCIENCES



*Department of Veterans Affairs
Medical Center*

The Task Group

- Over 25 recognized experts in hospital administration, doctors, healthcare professionals, academics, healthcare architects, engineers, and planners from the public and private sectors
- Advice from over 20 multi-disciplinary VA nationwide staff



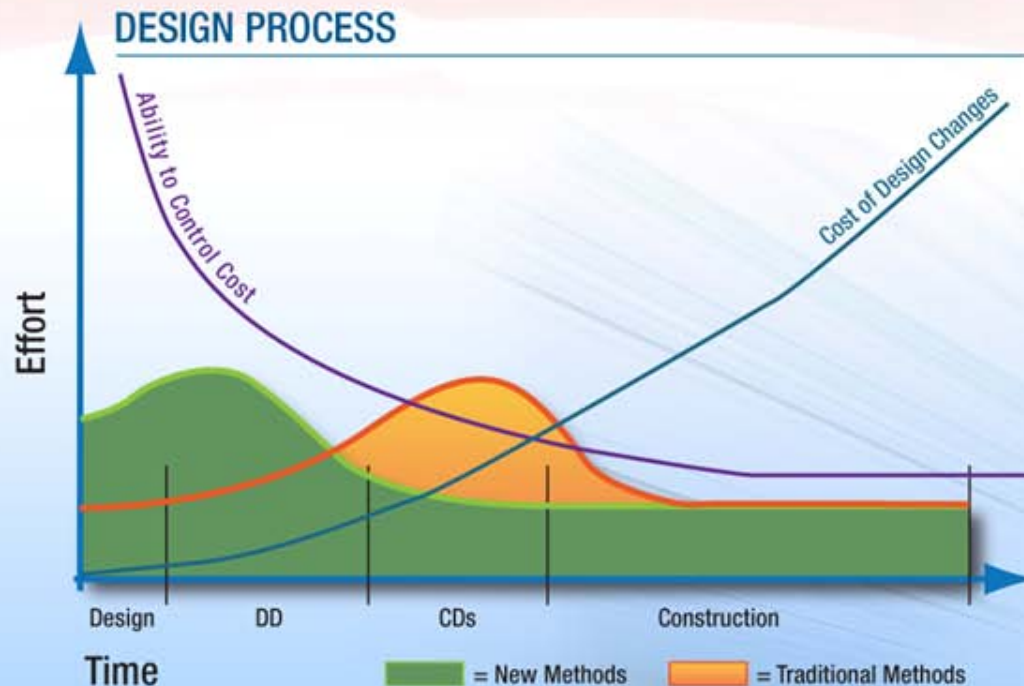
Task Group Assumptions

- Building design critically influences and can transform health outcomes and quality of care.



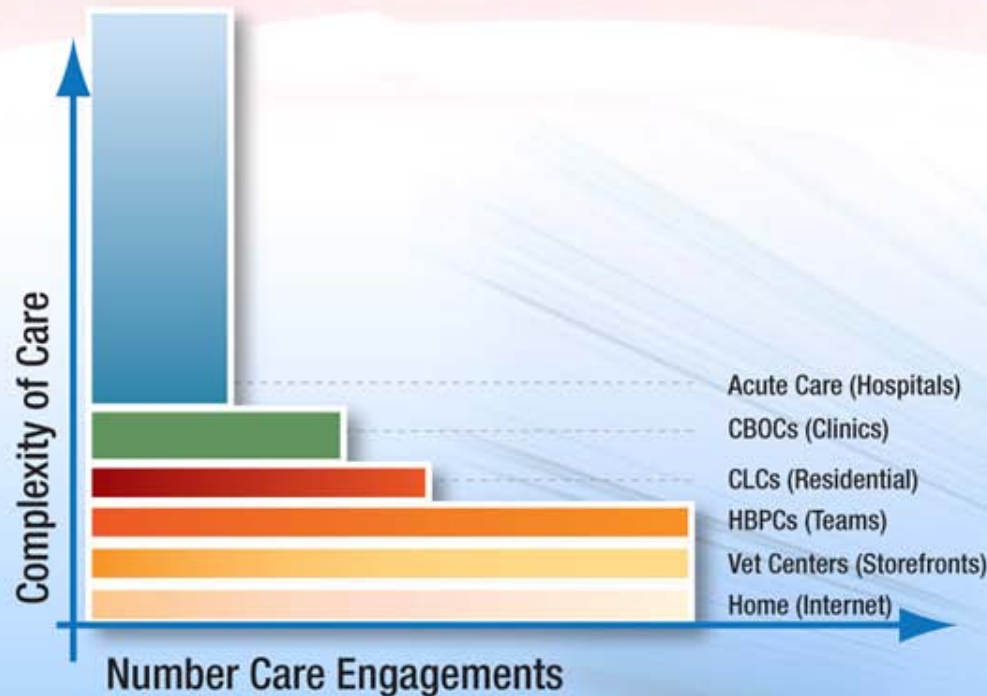
Task Group Assumptions

- Building design critically influences and can transform the nature of healthcare operations and the costs of services.



Task Group Assumptions

- VA healthcare delivery is transitioning from inpatient care to home- and community-based care.



VA Task Group Assumptions

- VA has a substantial inventory of facilities that may not meet current standards of care.
- VA needs near-term guidance on facility development, operations, and maintenance.



9 Task Group Committees

- **Care Optimization** – building environments that can flexibly accommodate and adapt to optimized processes
- **Healing Environments** – building environments that support optimal healing
- **Satisfaction** – building environments that respond to human needs and provide a satisfying healthcare experience



Task Group Committees

- **Adaptability** – building environments that can transform and accommodate changing needs and practices over time
- **Sustainability** – building environments that meet the needs of the present without compromising the ability of future generations to meet their own needs



Task Group Committees

- **Building Operations and Maintenance** – building environments that are effective and efficient through innovative monitoring, operations, and maintenance
- **Building Acquisition** – effective and efficient strategies for acquisition and delivery of new healthcare facilities and their ongoing adaptation and expansion



Task Group Committees

- **Data Acquisition** – building environments that are self-monitoring and a source of research data and information
- **Continuous Innovation** – new solutions for optimum coordination of best practices in healthcare provision and design for healthcare facilities that will transform VA healthcare for the 21st century



Principal Conclusion 1

- **Organizational collaboration is essential to transform VA healthcare.**
 - Collaboratively develop **healthcare services** system and **facility** system **performance metrics** and benchmarks
 - Evaluate and adopt **external** operational **“best practices”** as proven through assessment and evaluation
 - Collaborate with **industry partners** and **external groups** affected by VA operations



Principal Conclusion 2

- **Data acquisition, communication, and use are critical to clinical outcomes, cost of care, and effective operational evaluation.**
 - Establish **evaluation** as a separate and funded mandate
 - Provide facilities that support **research and training**
 - Create “**Living Laboratories**” within VA to gather clinical, financial, and facility information



Principal Conclusion 3

- **Coordinated decision-making is required to ensure VA goals and objectives are met.**
 - Reinforce **veteran- and family-centered** care in the design of VA facilities
 - Define and support the desired **veteran experience** in the VA care system
 - Emphasize environments that promote **health and safety**
 - Conduct case studies of **“best practice”** environments



Principal Conclusion 3

- **Coordinated decision-making is required to ensure VA goals and objectives are met.** (continued)
 - Investigate **business process** improvements for the optimization of healthcare service delivery
 - Assess **institutional barriers** that inhibit **adaptability** of facilities
 - Strengthen the relationship between **sustainability and healing**



Principal Conclusion 4

- **Implementation of new priorities requires new facility acquisition processes.**
 - Assess **alternative** facility **procurement** models
 - Establish ways of **investing in innovation** beyond budgetary “norms” in order to provide long-term operational savings
 - Investigate potential and actual design impacts of **merging** capital asset acquisition and operations & maintenance **funding**



Principal Conclusion 5

- **Testing and validation of new healthcare delivery concepts are necessary for implementing new ideas.**
 - Establish an **“Innovation Center”** to develop new solutions for the optimum coordination of best practices in healthcare and the transformation of the design and operation of facilities that will provide 21st century care
 - Create an on-going **Advisory Panel** to monitor and advise VA concerning new delivery methods and concepts



Questions?

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