

INDIANA VETERANS' HOME
Agency Overview (Transmittal Letter)
FY 2013



Mission Statement

The mission of the Indiana Veterans' Home (IVH) is to enhance the lives of veterans and their eligible dependents through excellent provision of compassionate healthcare.

The Indiana Veterans' Home is part of the Indiana Department of Veterans Affairs (IDVA).

Since 1896, the Indiana Veterans' Home in West Lafayette, Indiana, has provided residential care, nursing care, medical care, social services and activities services to its members. The campus includes three buildings that provide skilled care with 455 licensed skilled nursing beds and a domiciliary building that provides 80 beds.

Amenities include a snack bar, beauty salon, post office, library, computer lab, museum and chapel. The grounds include a cemetery for residents that have passed away.



Photo courtesy of IVH Volunteer Staff

History and Historic Buildings

The Indiana Veterans' Home was known originally as the Indiana State Soldiers' Home. The Home and the surrounding area are on the National Historic Register as the Indiana's Soldiers Home National Historic District.



Photo courtesy of IVH

The IVH is located on a hill overlooking the Wabash River, three miles southwest of the Tippecanoe battleground site just off of Indiana State Road 43 and Interstate 65. The IVH was intended as a retirement village and hospital for Indiana's aging Civil War veterans. The Home was established by the Grand Army of the Republic in the 1890s. At the State Encampment in 1891, a committee was appointed, consisting of one member from each congressional district and one at large. In 1892, the grounds for the complex were selected, and in 1895 construction of the complex began. The original monies allocated for the project through the General Assembly were for the construction of a commissary (now the Lawrie Library), the Administration Building and the Commandant's Residence. These three buildings remain intact in their original placement around the quad, known collectively today as the Commandant's Complex.



Photo courtesy of IVH

The IVH cemetery holds historic significance. It is the resting place of over 2,500 veterans dating back to the Civil War, including five (5) African American Civil War veterans.

Veterans the IVH Will Serve Over the Next 2-10 Years

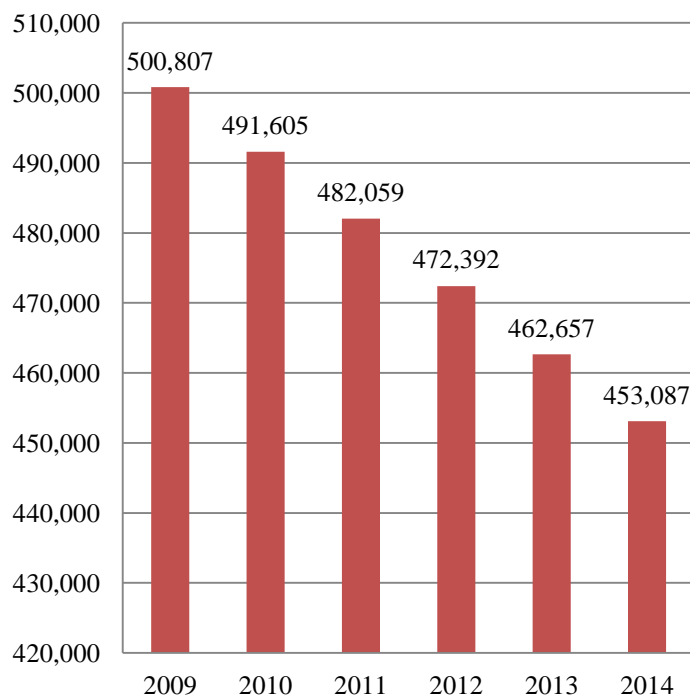
The IVH faces a significant challenge providing long-term care to the veterans, including those who served during World War II, the Korean War, the Vietnam War and the Gulf War, as they age and their health care needs change.



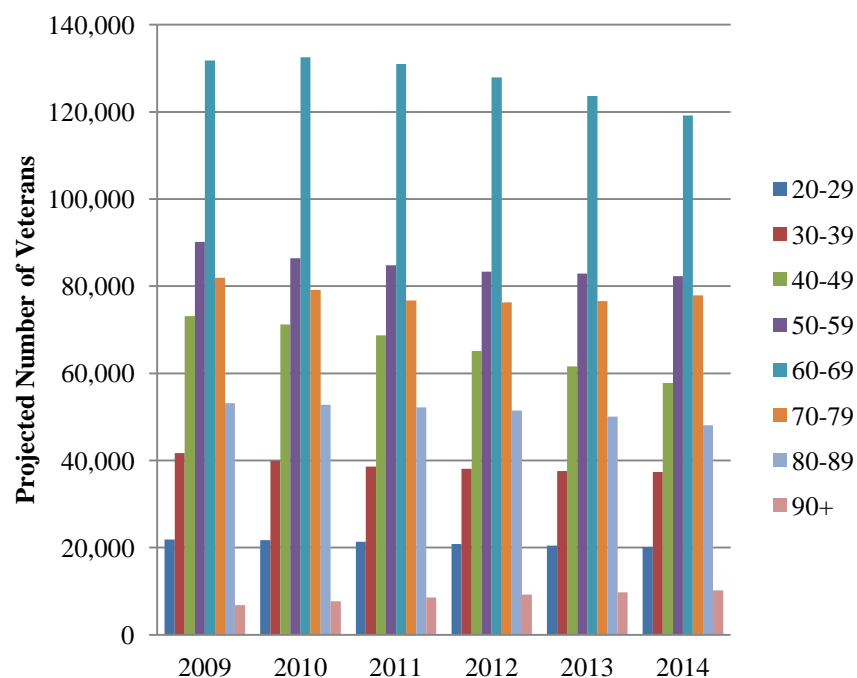
Over the next 20 years we will see an influx of veterans with increased dementia and younger veterans who were injured in the present day conflicts. The IVH must be prepared to continue to fulfill its mission to provide long-term health care to these veterans who have served our country.

Recent data shows that there is a strong need to provide behavior services for veterans of the Gulf War era and later. Post Traumatic Stress Disorder (PTSD) among returning veterans is a top concern with an estimate by the Veterans Administration of at least 30% of returning veterans exhibiting PTSD. In addition, Traumatic Brain Injury (TBI) is evident in Afghanistan and Iraq veterans. Substance abuse is another challenge that veterans face, which includes alcohol or drugs. All of these illnesses lead to a higher incidence of suicide attempts.

Indiana Veteran Population Projections



Indiana Projected Veteran Population by Age Groups



Notes: The veteran population data used in the creation of the previous charts was taken from the Veteran Population Model, VetPop 2007 (released January 2008. Office of the Assistant Secretary for Policy & Planning, Department of Veterans Affairs.) VetPop 2007 provides official estimates and projections of the veteran population.

Definition: "Veterans" ... "includes those who served in the active duty military, Coast Guard, uniformed Public Health Service, and the uniformed National Oceanic & Atmospheric Administration, reservists called to active duty, and those disabled while on active duty training. "Veterans" excludes current service members (i.e. active duty personnel who have not yet separated), those dishonorably discharged, those whose active duty was for training only, and those who have previously separated but are on active duty as of the estimation date."

Data to Support Facilities for Veterans

To continue to meet this challenge, it is essential that the IVH – its buildings, infrastructure and grounds – are maintained. The Indiana Department of Veterans Affairs has undertaken a comprehensive operational and capital project planning process for the IVH which includes the amendment of the Capital Projects Master Plan to meet the needs of the veterans the Home will be serving. When completed, the Capital Projects Master Plan will establish a baseline master plan for existing infrastructure of the Indiana Veterans’ Home and will provide the estimated remaining useful life of infrastructure assets, note repairs, renovations or replacements required to continue operations, and provide estimated costs of the same. It will guide the IDVA and the IVH in planning future capital project budgets.

Implementation of the vision shared by the Indiana Department of Veterans Affairs and the Indiana Veterans’ Home will result in a facility that embodies a community living center in its programs, staffing, buildings and environment.

Current & Anticipated Veteran Special Care Needs

Diagnosis	All Residents (N=9,618; 100%)	Serious Mental Illness (n=1,449; 15.1%)	Dementia (n=1,883; 19.6%)	Both (n=270; 2.8%)	Neither (n=6,016; 62.6%)
% with some behavior problem	59.6	65.8	68.7	67.8	54.9
% with some verbal disruption	15.9	29.3	22.3	23.3	10.4
% with physical aggression	10.5	15.5	19.2	18.9	6.2
% with inappropriate behavior	54.1	57.6	62.0	62.2	50.7

Data Based on SAMHSA's 2000 Treatment Episode Data Set (TEDS)

Mental Illness

- **30 to 40:** The percentage of Iraq veterans who will face a serious psychological wound, including depression, anxiety, or PTSD. Multiple tours and inadequate time between deployments increase rates of combat stress by 50 percent.

Traumatic Brain Injury (TBI)

Post-Traumatic Stress Disorder (PTSD)

- **One in five:** Number of troops returning from Iraq and Afghanistan who show signs and symptoms of Post Traumatic Stress Disorder.
- **Nearly 20,000:** The increase in the number of Iraq and Afghanistan war veterans seeking treatment for Post Traumatic Stress Disorder from the Department of Veterans Affairs in the 12 months ending June 30, 2007, VA records show. This represents a nearly 70 percent jump since June 30, 2006.
- **30 percent:** The percentage of troops returning from war zones who experience some level of PTSD, according to the Department of Veterans Affairs.

Substance Abuse

- **40,000:** The number of Iraq and Afghanistan veterans who have been treated at a VA hospital for substance abuse.

Homeless Veterans

The IVH will partner with Illiana VA, community organizations and other appropriate health providers to meet the special needs that are expected to increase. A substantial increase in the number of persons with Alzheimer's and related dementias is predicted over the next 20 years as the Baby Boomers age. Experts have referred to the expected increase as "an epidemic". Some individuals with Alzheimer's develop aggressive behaviors that are not tolerated in most nursing facilities. It is extremely difficult to place individuals who are diagnosed as dementia with Lewy Bodies. As mentioned above, an increasing number of veterans who return from Iraq and Afghanistan experience Post Traumatic Stress Disorder and other psychological wounds. VA records show an increase of 70% in the number of veterans who sought treatment for PTSD in the period June 2006 through June 2007. The IVH is ready to assist with creating an environment to provide treatment and looks forward to working with the VA and community partners to create a center of excellence for treatment of these conditions.

Indiana Veterans' Home Marketing and Admissions Plan

The IVH focuses its entire marketing efforts on veterans and their spouses to increase the overall census of the home. The increased number of resident veterans and spouses will be accomplished through the use of a variety of marketing tools and media outlets including internet, newspaper, facility newsletter, television and radio. The IVH will use earned media (press releases, public service announcement placements and interviews) to generate interest among constituent groups.

In May 2011, the IVH started accepting Medicare Part A benefits. The IVH's residents or veterans/spouses of veterans from the community, returning to IVH after a qualifying stay (3 day minimum inpatient hospital stay for a related illness or injury) at a hospital are eligible for up to 100 Medicare Part A days. During this time, the IVH does not collect the residents' normal maintenance charge, but bills Medicare Part A for the residents' stay. During these *up-to* 100 Medicare Part A days, the resident participates in therapies. In fiscal year 2012, the IVH received \$764,181 in Medicare Part A benefits.

Indiana Veterans' Home Accomplishments and Challenges

The IVH implemented Lean University, a powerful and staff empowering tool designed to identify and eliminate waste throughout the facility.

The IVH redesigned and reinstated the training of future Certified Nursing Assistants (CNAs.) The CNA training school was reestablished in the spring/summer of 2012.

The IVH strives to be a trend setter in the field of long-term care and believes with more access to specialty care and highly trained professionals it will deliver the best care in the field. In February 2012, the IVH changed its Medical Service provider. The new provider offers specialty care in areas such as pulmonology, nephrology, and psychiatry.

The IVH continues to provide an exceptional PPD (nursing hours allotted per day per resident) of 5.63, which is 52% higher than the industry average of 3.71.

The IVH will expand its strong domiciliary program. The IVH has worked with the Purdue University interior design department to create common areas that are more homelike and welcoming in the Lincoln Domiciliary Building. The recreation room will be studied to determine how to maximize its potential and to create inviting surroundings. A color palette of paint choices will be developed for resident rooms in Lincoln that incorporates the principles of PlaneTree. The IVH will work with auxiliary service organizations to update furnishings for the domiciliary. The IVH will explore the location of independent living unit or building on the campus. As buildings are renovated and remodeled or new construction is contemplated, the principle that architecture and design must promote health and healing will be fundamental.

In an effort to assist the Federal Veterans Affairs Administration in eliminating homelessness in veterans, the Indiana Veterans' Home admits qualified homeless veterans. Because this homeless veterans' population may demographically be different from the IVH's long-term care veterans and qualified spouses, the Indiana Veterans' Home will provide a different financial structure to serve this population of veterans. In assisting homeless veterans, the Indiana Veterans' Home's goal is to partner with the veterans to secure an income stream and eventually assist the veterans to acclimate into permanent community based housing. The Indiana Veterans' Home will assist the homeless veterans obtain employment in the community as well as employment opportunity through the IVH's Incentive Therapy Program.

The IVH submitted a grant package/request of \$5,757,728 to the Veterans Administration in February 2012. The funding for this project will be allocated between the State of Indiana and the Federal Veterans Administration in the amounts of \$2,015,205 (35%) and \$3,742,523 (65%), respectively.

In keeping with the IVH's agenda to be proactive in building upgrades, both in meeting current needs, and in anticipating future needs, the IVH's grant proposal focused on software and hardware for a complete installation of an electronic medical records (EMR) system, new telephone system, resident call light system, roam system, and renovation of floors 2, 3, and 4 of the MacArthur building.

Electronic Medical Records (EMR) System

An electronic medical records system is a set of databases that contain health information for residents/patients within an organization, compiled from a variety of sources. An EMR enables an organization and its staff to work more efficiently, allowing the organization to devote more time to resident care. The benefits of an electronic medical records system include:

- a. Reduction of costs & improved billing accuracy
- b. Reduction of administrative paperwork and optimization of regulatory compliance

- c. Improved staff satisfaction and performance with real-time dashboard of reminders
- d. Reduction of paperwork and improved accuracy of residents' charting by nurses, physicians, therapists, and clinicians
- e. Avoidance of medical errors with automatic, resident-specific, point-of-care alerts
- f. Facilitation of communication with staff members and residents' family members

The complexity of modern medicine has increased tremendously as a result of the explosion in biomedical knowledge; rapid growth in pharmaceuticals, medical technology, and genetics; multiple demands on the time health care providers spend with patients/residents; and mounting pressures to contain costs. This complexity, coupled with poorly designed healthcare delivery systems, has made it difficult for clinicians to provide safe, high-quality care on a consistent basis and has resulted in a health care system plagued by medical errors, inappropriate practice variations, and suboptimal care.

New telephone phone system

The IVH's current Nortel Networks system is old and outdated; supplies and parts are difficult to obtain. The current system will not allow for additional lines to be added (thereby, limiting the availability of the system in areas of the facility.)

Upgraded Resident Call Light system

Resident call systems are equipped to receive resident calls through a communication system from the residents' rooms, toilets and bathing facilities. The call system will be both audio and visual – both at the nurses' station and the patient's room.

The IVH would like to install the NC-300 Nurse Call System. The new system will be configured with one-single station in each room. The IVH would like to have a consistent system throughout its four (4) residential buildings. The current call system malfunctions on a regular basis.

Renovation of floors 2, 3, and 4 in the MacArthur building

The renovation of the MacArthur building will focus on developing each care floor into two distinct households of care (22 residents +/- per household, 44 total per floor). Additional features include but are not limited to the following: (a.) decentralizing staff centers of care to be adjacent to proposed living and dining spaces by expanding current lounge areas; (b.) implementing interior finish and lighting strategies that creates a home-like environment while considering the IVH's residents' unique visual and acoustic requirements; (c.) improving common space for residents and staff; (d.) renovating and manipulating space in resident rooms and updating finishes; (e.) upgrading building systems as required; and (f.) installing a roam alert system.

Grant:	Costs
1 MacArthur Renovation	\$ 4,893,362
Roam Alert	\$ 68,940
2 Call Light System	\$ 384,251
3 Phone System	\$ 120,355
4 EMR	\$ 290,820
Total	<u><u>\$ 5,757,728</u></u>

Indiana Veterans' Home Capital Projects

The IVH's grounds are park-like and beautiful in each season. The capital projects the IVH have identified will ensure that the environment is preserved and the residential buildings are maintained. The IVH campus includes 24 buildings owned by the State of Indiana. The various buildings age from 89 years to 15 years old. The four residential buildings range from 44 years to 20 years old. Except for the Laundry building, all buildings are needed for the operation of the long-term comprehensive care units and domiciliary units.

Progress made to the physical plants over the last several years include roof repairs, MacArthur elevator repairs, Dewey elevator replacement, various sidewalk repairs, wheel chair accessibility ramp installed at the Chapel, Lincoln steps replacement, heat exchanger replacements in Lincoln and MacArthur, HVAC system replacement in the commissary, steam line valves replacement and leak repairs in the tunnels, completion of the hill-side erosion project, balcony repairs, large expansion steam valve replacement in Power House, various generator repairs, and caulking of Dewey windows.

The IVH suggests the decentralization, which will involve the creation of individual plants within the existing mechanical rooms in the various buildings. High efficiency condensing hot water boilers will be placed in each facility and tied into the current hydraulic system where the existing heat exchangers are located. The new boilers will supply the heating to each building individually. The Power House is the oldest building on the IVH campus.

A second special challenge is the Generator Project. The IVH needs to install a new generator to replace two older generators (35 and 30 years old) that can not hold the IVH load.

Another special challenge facing the IVH is the implementation of electronic medical records. Currently, health care facilities must implement and upgrade themselves to electronic records by 2014. If facilities are not upgraded to electronic medical records, the

proposed penalty of claims is projected to be 1%, and this is likely to increase incrementally, up to 5% in the forthcoming years. This implementation is projected to take 9 to 12 months. It is critical that IVH start the selection and implementation process as soon as possible.

The criteria used to prioritize the requested projects is as follows: (a.) residents' safety and comfort; (b.) functionality and reliability of equipment; (c.) cost to maintain or upkeep; and (d.) results for the IVH's preventative maintenance program.

The following projects are IVH's top ten (10:) VA Grant, Generator Project, Switchgear Project, Decentralize the Power House Project, Cement Vents Project, Power House Steam Project, Renovate Lincoln Basement Project, Lincoln Window Repairs Project, Cemetery Sewers Project and Vacuum Suction System for Facility Project.

Refer to the attached Capital Project List.

Departments and Staffing

Refer to the attached Organization chart.