

# VISION

*For the future*



FISCAL YEAR 2007  
ANNUAL REPORT

*Caring:*

our only reason  
for being.



## Iowa Veterans Home Master Planning Details Sharing Our Vision for the Future

Before we begin, please consider the following 3 questions:

What conditions do I want to live in?

What conditions do I want my loved ones to live in?

What conditions should our state's veterans live in?

State Costs \$.35 Federal Costs \$.65 of every \$1.00

For 35 cents of every construction/remodel dollar, the state of Iowa can improve living conditions for those who served for our country, and enhance one of Iowa's icons, the Iowa Veterans Home (IVH). Averaging 720+ residents, providing long-term health care and domiciliary living for veterans and their spouses is the main purpose of the IVH.

The model for the IVH future focuses around the "person-centered care" philosophy. Person-centered care is based upon providing each resident with dignity and privacy while accommodating individual needs in a home-like atmosphere. In capital, this means a departure from our traditional "institutional" building structure with long double-loaded corridors, above ground level living, and 2 to 4 person bedrooms. Therefore, remodeling current buildings and constructing new buildings is necessary to surpass the inadequacies of the current infrastructure.

Regulations:

Iowa Administrative Code (IAC) 481, Chapter 61, Minimum Physical Standards for Nursing Facilities 61.5(7) j, permits no more than two beds per resident bedroom. Section 61.5(7) n states a toilet room shall serve no more than four beds and two rooms.

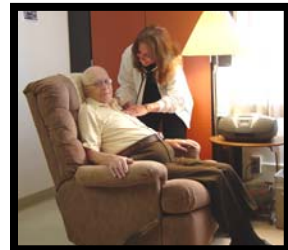


Department of Veterans Affairs 2006 Nursing Home Design Guide, 1.22.3 User Needs states, "Most nursing home residents need to be located at grade. For some specialty programs, such as dementia care, location is mandatory."

NOTE: IVH has only 37 nursing care beds at ground level.

Culture Change

In addition to capital needs, person-centered care also requires a culture shift for residents and the entire workforce. IVH moves forward daily to facilitate better care through this new philosophy. Staff are encouraging residents to be more involved with daily activities, events and communications. Pursuing the culture change activities is both proactive and innovative as we strive for the infrastructure to fully complete the transition.



## Four Capital Phases of the IVH Master Plan

### Phase I

#### Current conditions

Loftus Building residents have eight toilets and one shower for thirty-seven residents. Sheeler Building residents have two 3-bed rooms sharing one toilet and one shower per ten residents.

Sixty-six residents of Sheeler and thirty-seven of Loftus (total 103) are diagnosed with chronic, confusion, dementing illness.

Both Sheeler and Loftus Buildings were built in the 1960's using the traditional medical model of long-term care at that time. Both buildings feature straight double-loaded corridors with enclosed, centralized, secure nursing stations separating caregivers from the residents.

#### Phase I Project Description

Design and Construct a 132 Bed Nursing Facility

Design and Construct a 60 Bed Nursing Pavilion

Phase I construction will facilitate a shift from an institutional environment to a home-like atmosphere. The construction of these two nursing centers replaces the nursing care beds currently located in the Sheeler and Loftus Buildings. All new construction will be single level buildings, which provides easier mobility for IVH residents to get outdoors. The 132 bed nursing care facility features eight 15-bed nursing units and one 12-bed nursing unit. The 60 bed nursing pavilion will feature four 15-bed nursing units organized around a central core support area. Each unit will have its own dining and activity area with a "home-like" feel and look. Individual bedrooms and bathrooms will be the standard for newly constructed areas.

#### What this means to the veteran and their spouse

Improved quality of life, privacy and dignity with 100% private bedrooms and baths.

One story buildings providing direct access to the outdoors.

A living environment built to allow focus on the resident through person-centered care, which provides flexibility and adaptability to changing needs of the next generation of veteran residents.

Residents will have equal space and access to natural lighting and temperature controls in the room.

The new construction will be designed to meet current needs of expanded mental health care, spinal cord injuries, traumatic brain injury, ventilator dependent and chronically mental illness programming.

## Phase II

### Current Conditions:

75 beds in Dack are semi-private and 16 are private.

All Dack resident rooms are located above ground on floors 2 through 4. This makes emergency evacuation extremely difficult. Additionally, residents are less-likely to attend activities by themselves off the home unit or outside because of the distance and the need to travel by elevator.

Dack Building layout consists of the long double-loaded corridors.

### Phase II Project Description

Design and Construct a 60-bed facility

Relocate 40% of the residents from the Dack Building to this new facility.

Convert Dack from a nursing facility to a domiciliary

Demolition of the 108 year old Heinz Hall domiciliary

Phase II project includes constructing a new single story 60 bed facility that will feature that will feature four 15 bed units organized around a homelike core support area. All rooms will be private for living and bathing. The core support area will feature a centralized dining and activity area intended to promote socialization.

### What this means for the resident

Improved quality of life, privacy and dignity with 100% private bedrooms and bathrooms.

Increased independent mobility for each resident due to the single level building with direct access to the outdoors.

Raised comfort as each resident controls their own temperature for personalized comfort.

Elevated benefits from living in a “person centered care” facility design, which focuses care resources around the individual resident.

Enhanced flexibility for the changing needs of the next generation of veteran residents.

## Phase III

### Current Conditions Sheeler

Second and Third floors of Sheeler are locked units for residents with chronic confusion, dementing illnesses and a life skills unit.

With current resident counts, only 80 square feet of space is provided for each resident.

In 1999 the State of Iowa Vertical Infrastructure Study indicated upgrades to mechanical and electrical services in the Sheeler and Loftus Buildings as identified in the following:

**Sheeler Building**      94,383 GSF

*Age: 1960*

*Overall Rating = Average Condition (C)*

*Mechanical Rating = Non-Functional or Beyond Repair (F)*

*Electrical Rating = Deteriorating Condition (D) Possible Non-Compliance (X)*

*Cost of D, F & X Deficiencies Recommended in 1999:      \$3,091,225*

**Loftus Building** 45,936 GSF

*Age: 1966*

*Overall Rating = Good Condition (B)*

*Mechanical Rating = Deteriorating Condition (D)*

*Electrical Rating = Deteriorating Condition (D)*

*Extent of D, F & X Deficiencies Recommended in 1999: \$678,658*

NOTE: Deficiencies recommended do not include ADA items or Life Safety items.

### Project Description

Replace/renovate the Loftus Building

Remodel the Sheeler Building

Phase III project includes realignment of the Loftus Building's purpose from nursing units to a new main entrance and lobby area. The main entrance will be the focus of the realigned main drive and will house the switchboard, visitor reception, orientation tours and historic heritage archive and museum display. Phase III for the Sheeler Building includes remodeling to accommodate therapeutic and administrative services. Ground floor Sheeler will provide an excellent location for physical therapy, occupational therapy, speech therapy, audiology and the resident gym exercise program. Additionally, administrative services for the agency will be moved to the second and third floors of Sheeler.

### What this means for the resident

Residents can enjoy rehabilitative services while viewing the beautiful campus. These services were provided in the basement of the Loftus Building, which has limited square footage. More space and natural lighting will make therapies much more pleasing.

Centralized administration will provide better service to the residents.

A new Main Entry will guide visitors to a central entrance, and provide protection from the weather.

Visitor parking will be easily accessible to the new entry.

Staff will be present in the entry to guide visitors.

### Phase III Conclusion

In 1999 the State Infrastructure Committee conducted a study on Sheeler and Loftus Buildings. The cost to comply with their findings totals just under 3.8 million (1999) dollars. Phase III total costs to the state in 2007 dollars is just over 6.8 million, and provides both buildings compliance with the 1999 study. So much more is gained for the residents with Phase III of the Master Plan than is gained by mere fixes of the current structures, with use of the federal grant monies.

## Phase IV

### Current Conditions

Malloy Building nursing units and resident rooms are located on floors 2 through 4. Consequently, residents are less likely to attend outdoor or off-unit activities, and emergency evacuation extremely difficult.

152 of the 176 rooms are semi-private.

Malloy Building layout consists of the long double-loaded corridors with an isolated nursing station.

Heinz Hall has private bedrooms but shared bathrooms.

In 1999 the State of Iowa Vertical Infrastructure Study indicated upgrades to Heinz Hall as identified below:

**Heinz Hall** 74,328 GSF

*Age: 1898 Original, 1900 East*

*Overall Rating = Deteriorating Condition (D)*

*Mechanical Rating = Deteriorating Condition (D)*

*Electrical Rating = Average Condition (C)*

*Extent of D, F & X Deficiencies Recommended in 1999: \$1,852,271*

Heinz Hall is approaching 110 years of age.

### Phase IV Project Description

Relocate Heinz Hall residents to the remodeled Dack Building

Design and construct single story 60-bed facility

Relocate residents in semi-private rooms in Malloy to private rooms at this facility

Convert semi-private rooms in Malloy to private bedrooms and bathrooms

Once Heinz Hall residents are relocated this 100+ year old building will be demolished. A single story 60 bed facility with four 15 bed units organized around a homelike core support area will be constructed.

### What this means to the resident

Improved quality of life, privacy and dignity by providing 100% private bedrooms and bathrooms in the new construction.

All Malloy resident rooms are located above ground on floors 2 through 4. This makes emergency evacuation extremely difficult.

Provide direct access outside without use of an elevator. Residents are less-likely to attend activities by themselves off the home unit or outside because of the distance and the need to travel by elevator.

Malloy Building layout consists of the long double-loaded corridors.

Enhanced care through living in a person-centered care flexible and adaptable environment, which will meet the needs of the next generation of veteran residents.

Eliminate an energy inefficient, aged, inflexible structure that has significant deferred maintenance requirements (Heinz Hall) and construct a new building on the former building pad.

#### Phase IV Conclusion

This phase of the master plan allow the remodel of Malloy rooms to single person bedrooms with a bathroom, which is more cost effective than fully constructing a new building.

The Heinz Hall Building requires almost \$2 million dollars to meet recommendations of the State Infrastructure Committee. This money could go towards the state funds of \$.35 per every dollar spent for a new building and remodel of Malloy.

Total state share of the funding for Phase IV is \$20,555,329

The Iowa Veterans Home is the only state veteran's home in Iowa. Therefore, competing on a statewide basis for residents is necessary. If buildings are not reconfigured and updated to align with the person-centered care philosophy of care, IVH will suffer the loss of its resident base. It is necessary to maintain a home that far exceeds what is offered in the veteran's home town nursing facilities. It is a unique opportunity to apply for federal funding at a rate of \$.65 per every \$35 of state funds. Overall, the \$99.9 million dollar budget for these four phases of the master plan will only cost the state of Iowa \$34.9 million dollars.

The array of choices that will open to the resident with this master plan are too numerous to mention. Additionally, staff have been spearheading the way to person-centered care in an environment not conducive to the philosophy.

The Iowa Veterans Home administration hopes the Legislature this year will approve funding for the master plan. It is our goal to provide the best care for the veterans and their spouses in the state of Iowa.

Iowa Veterans Home  
Financials  
Fiscal Year 2007

**FY2007**  
**Actual**

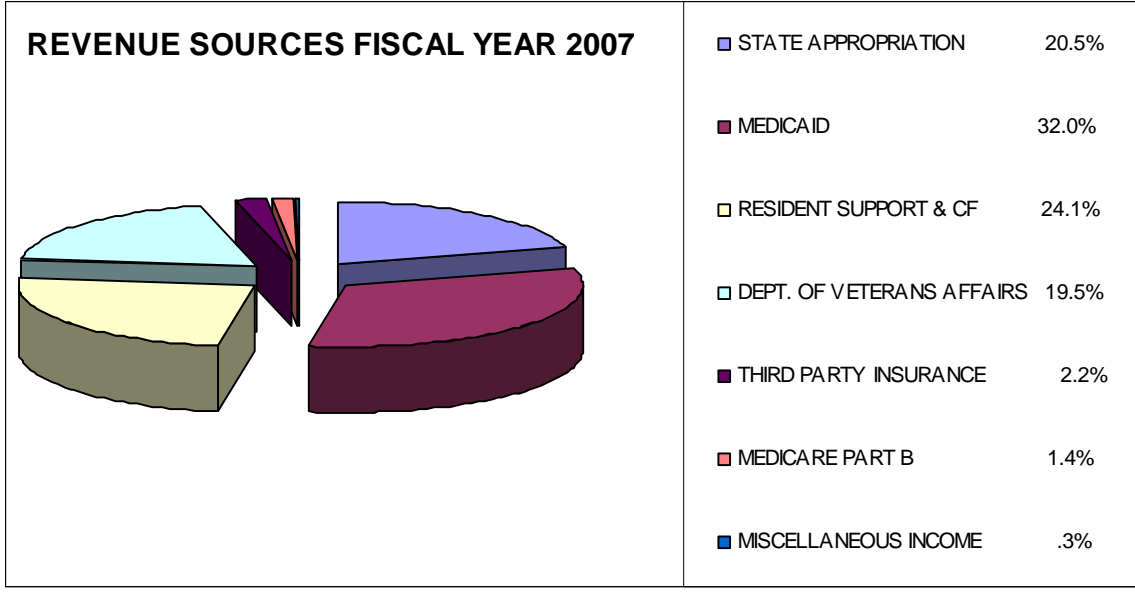
**REVENUES:**

State Appropriation & Salary Adjustment	\$15,030,248
Net Carryforwards between fiscal years	\$ 2,168,583
Medicaid	\$23,545,793
Resident Support	\$15,517,973
Federal Reimbursements	\$15,440,496
Insurance Companies	\$ 1,593,651
IntraState Reimbursements	\$ 115,434
Sales, Rents, and Fees	\$ 82,206
<b>Total Revenues</b>	<b><u><u>\$73,494,384</u></u></b>

**EXPENDITURES:**

Personnel Services	\$53,325,150
Professional & Outside Services	\$ 3,840,560
IntraState Transfers & Reimbursements	\$ 6,882,836
Drug Costs	\$ 2,340,954
Equipment (Purchased & Leased)	\$ 1,227,459
Food	\$ 1,406,402
Utilities	\$ 1,366,477
Workers Compensation	\$ 571,374
Other Supplies	\$ 589,563
Medical Supplies	\$ 880,716
Equipment Maintenance & Repairs	\$ 415,222
IntraState Reimbursements	\$ -
Travel & Vehicle Depreciation	\$ 229,366
Miscellaneous	\$ 180,126
Equipment Rentals	\$ 119,440
Communications	\$ 118,739
<b>Total Expenditures</b>	<b><u><u>\$73,494,384</u></u></b>





**2007**

**A. Operating Costs by Funding Source**

State's share	\$ 15,030,248	20.5%
Medicaid	\$ 23,545,793	32.0%
Resident's Participation & Net Carryforwards	\$ 17,686,556	24.1%
VA per diem, drug reimbursement & telemedicine	\$ 14,354,947	19.5%
Third Party Insurance	\$ 1,593,651	2.2%
Medicare Part B	\$ 1,085,549	1.4%
Other revenues	\$ 197,640	0.3%
* Total Operating Costs	\$ 73,494,384	100.0%

**B. Member Days**

Veteran Days	224,760	87.3%
Non-Veteran Days	32,823	12.7%
All Member Days	257,583	100.0%

**C. Average state share for cost of care (all levels)**

\$ 58.35
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Iowa Veterans Home  
Performance Plan  
Goals, Targets and Actuals  
Fiscal Year 2007

<b>Iowa Veterans Home</b>	<b>Performance Plan Goals</b>	<b>Target</b>	<b>FY 07 Actuals</b>
<b>Department Health Care &amp; Support Services</b>	<b>Goal</b>		
	Percent of the 12 CMS Quality Indicators found at medicare.gov Nursing Home Compare Website that IVH is the same as or better than state averages	<b>80.0%</b>	<b>76%</b>
<b>Nursing</b>	Increase resident satisfaction with IVH services	<b>85.0%</b>	<b>92%</b>
	Increase average nursing bed census	<b>600</b>	<b>610</b>
	Reduce the number of residents who have moderate to severe pain.	<b>7.0%</b>	<b>6.8%</b>
	<b>Reduce resident fall rate</b>	<b>6</b>	<b>6.3</b>
<b>Therapeutic Services</b>	Reduce med errors	<b>5.0</b>	<b>1.7</b>
	Reduce residents prescribed anti-psych or hypnotic meds who do not have medical or nursing diagnosis of psychosis or aggressive/psychotic behavior	<b>20.0%</b>	<b>20.7%</b>
	Reduce number of residents transferred out annually for mental health services that cannot be provided at IVH.	<b>8</b>	<b>22</b>
	Increase percent of incentive therapy position hours worked that are allotted.	<b>100.0%</b>	<b>97.5%</b>
	Increase employees educated on agency initiatives combating obesity.	<b>100.0%</b>	<b>100%</b>
<b>Domiciliary</b>	Increase number of residents who participate in the community Re-Entry Program	<b>10</b>	<b>19</b>

	Increase number of residents participating in the Community Re-Entry Program that secure employment	5	3
<b>Resource Management CFM</b>	Increase the average number of filled domiciliary beds	100	106
	Increase the percentage of IVH employees responding positively to job satisfaction on the FY07 employee survey	80%	78%
<b>Business Services</b>	Increase the percentage of residents satisfied with financial services	78%	82%
	Increase the number of employees who attend non-core training seminars.	487	447
	Increase percentage of dollars billed that will be collected from customers	99.0%	99%
	Increase the percentage of grant applications funded.	50.0%	0%
	Increase the number of public events attended by IVH staff to provide education on services offered at IVH	50	170
<b>Food Services</b>	Increase percent of County Commissioners educated on new and current IVH services through schools, contacts and mailings	100.0%	100%
	Increase the percent of kitchen equipment cleaned as scheduled	100.0%	83%
<b>Facilities Management</b>			
<b>Housekeeping</b>	Increase the percent of routine work orders that are completed within 3 days.	95.0%	76%
	Increase percentage of work orders within 48 hours.	90.0%	97%