

Manual M-9, Strategic Planning

(Veterans Health Administration)

Chapter 7, Strategic Planning Data Table Instructions

(MEDIPP was crossed out in ink with “Strategic Planning” written above it)

(Paragraphs 7.01 through 7.05)

Annotated text reflects revisions through Change 2 dated July 26, 1991

This document includes:

Title page and p. ii for M-9, dated **July 26, 1991**

Contents page for M-9, dated **June 5, 1992** (Change 9)

Rescissions page for M-9, dated **May 4, 1992** (Change 4)

Contents page for Chapter 7, dated **October 2, 1989**

Text for Chapter 7, dated **October 2, 1989**

Transmittal sheets located at the end of the document:

Change 2, dated **July 26, 1991**

Sheet dated **October 2, 1989**

Transmittal sheets for changes prior to 1989 also located at the end of the document:

Reference Slip, dated **January 27, 1986**

Memorandum dated **April 3, 1984**



Department of
Veterans Affairs

Strategic Planning

July 26, 1991

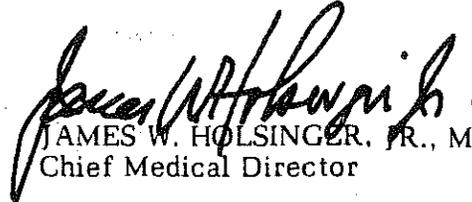
Veterans Health Administration
Washington DC 20420

Department of Veterans Affairs
Veterans Health Administration

Department of Veterans Affairs
Veterans Health Administration
Washington, DC 20420

July 26, 1991

Department of Veterans Affairs, Veterans Health Administration Manual M-9, "Strategic Planning," is published for the information and compliance of all concerned.


JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

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RESCISSIONS

The following material is rescinded:

Complete rescissions:

Circulars

10-87-113 and Supplement No. 1

10-87-147

10-88-3

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Strategic Planning
CHAPTER 7. MEDIPP DATA TABLE INSTRUCTIONS

7.01 INTRODUCTION

a. MEDIPP Data Tables are the vehicles to be used to display the current, projected, and allocated long-range planning workload levels for all existing facilities having recorded workload in the previous MEDIPP cycle and for new facilities proposed through MEDIPP.

b. Summary Data Tables will also be generated to display Medical District and Region workload totals.

c. Computer programs have been developed for Medical Districts and/or Regions to input necessary data to generate the MEDIPP Data Tables.

7.02 INPATIENT DATA TABLES

a. The inpatient data tables are to show the following information by VA medical center and by bed section (including VA nursing home and VA domiciliary):

(1) current average operating bed levels;

(2) model projected bed levels at 5-year increments out to the target year;

(3) target year bed level allocations; and

(4) the change between the current average operating bed levels and the target year allocated bed levels.

b. In addition, inpatient data tables are to show the current and the allocated census levels for the CNH (Community Nursing Home), SH (State Home) nursing and domiciliary programs.

c. VA nursing home bed allocations associated with SOCs are to be included on the parent facility's inpatient data table. Because projections for nursing home beds/census are developed in total, rather than by individual program type, no input of model projections can be made.

d. An inpatient data table is to be generated for each new VA medical center and is to show bed levels projected and allocated for the target year.

e. Projections for SCI (Spinal Cord Injury) beds will be based on the results of applying the SCI planning model.

7.03 OUTPATIENT DATA TABLES

a. Outpatient data tables are to be generated for every facility having or projected to have an ambulatory care activity and are to show by facility and by purpose of outpatient visit:

(1) current visit levels;

(2) model projected visit levels for 5-year increments out to the target year;

- (3) the target year outpatient visit allocations; and
 - (4) the change between current visits and the target year allocated outpatient visit levels.
- b. Outpatient data tables for new VA medical centers and new OPCs are also to be generated but need only show the model projections and allocations updated for the target year.
- c. The outpatient visit allocations are to capture all types of outpatient visits, including staff visits and visits associated with any program for which there is a program identifier code that shows outpatient visits as a valid workload reporting category.

7.04 DATA TABLE CONTENT DEFINITIONS

a. Inpatient Data Table

- (1) Facility Number: the unique three digit station number assigned for the VA medical center. For new VA medical centers, use the station number previously assigned.
- (2) District Number and Region Number: these fields will be generated from the facility number entered. No input is necessary.
- (3) Average Operating Beds: all average operating bed (and census) data will be computer generated from facility reported AMIS (Automated Management Information System) data.
- (4) Hospital Planning Model Projections: the number of beds projected by the Hospital Planning Model (Table 1). Computer input will be necessary for:

Internal Medicine	Acute Surgery
Extended (Intermediate) Medicine	Extended Surgery
Acute Neurology	Spinal Cord Injury
Extended Neurology	Acute
Acute Rehabilitation Medicine	Sustaining
Extended Rehabilitation Medicine	Long-Term
Acute Blind Rehabilitation Medicine	Acute Psychiatry
Extended Blind Rehabilitation Medicine	Extended Psychiatry

The bed section totals, hospital totals, and summary information will be computer generated.

- (5) Planning Allocations - target year: enter, by bed section, the bed/census levels allocated by the medical district. In addition to the list shown above, the following are to be entered:

- VA Nursing Home
- Community Nursing Home (census)
- State Home Nursing Home (census)
- VA Domiciliary
- State Home Domiciliary (census)

- (6) Change: this field will be computer generated based on the information already entered.

b. Outpatient Data Table

(1) Facility Number: Enter the three-digit facility number and appropriate character designation for the facility. There are to be separate outpatient data tables for each VA medical center, for each division of multi-division VA medical centers, for each SOC, and for each independent OPC for which there is workload reported through the AMIS system. For new VA facilities, use the facility number previously assigned.

(2) District Number and Region Number: will be generated from the facility number.

(3) Current OP Visits: this field will be generated from facility reported AMIS data.

(4) OP Model Projections: for the 5-year increments to the target year, enter the projected outpatient visits from the OP Planning Model Table 8-C. The model projection columns are to show the "pure" model projections. Any adjustments or "overrides" may be included in the allocations, but do not constitute model projections. For new facilities, model projections need only be shown for the target year.

(5) Allocations - target year: enter, by category of visit, the outpatient visits allocated to each facility for the target year. Justification for the target year allocations must be predicated on the target year model projections.

(6) Change: this field will be generated from previous entries.

7.05 COMPUTER INPUT INSTRUCTIONS

a. To minimize data entry, only selected elements are needed. To facilitate the data entry process, data for computer entry should be prepared in a method similar to that shown on pages 7-4 and 7-5. Entries are to be in whole numbers and commas are not permitted.

b. Separate computer programs are available to input data and to generate the data tables.

INPATIENT DATA TABLE CODE SHEET/FIELD LOCATION KEY

STATION NUMBER _____		BED MODEL PROJECTIONS			ALLOCATIONS
		1990	1995	2000	2000
Internal Medicine		1) _____	2) _____	3) _____	4) _____
Extended Medicine		5) _____	6) _____	7) _____	8) _____
Neurology	Acute	9) _____	10) _____	11) _____	12) _____
	Extended	13) _____	14) _____	15) _____	16) _____
Rehab Medicine	Acute	17) _____	18) _____	19) _____	20) _____
	Extended	21) _____	22) _____	23) _____	24) _____
Blind Rehab	Acute	25) _____	26) _____	27) _____	28) _____
	Extended	29) _____	30) _____	31) _____	32) _____
Surgery	Acute	33) _____	34) _____	35) _____	36) _____
	Extended	37) _____	38) _____	39) _____	40) _____
Psychiatry	Acute	41) _____	42) _____	43) _____	44) _____
	Extended	45) _____	46) _____	47) _____	48) _____
SCI	Acute				49) _____
	Sustaining				50) _____
	Long-Term				51) _____
Nursing Home	VA				52) _____
	Community				53) _____
	State				54) _____
Domiciliary	VA				55) _____
	State				56) _____

OUTPATIENT DATA TABLE CODE SHEET/FIELD LOCATION KEY

STATION NUMBER _____

	OUTPATIENT MODEL PROJECTIONS			ALLOCATIONS
	<u>1990</u>	<u>1995</u>	<u>2000</u>	<u>2000</u>
C&P	<u>1) _____</u>	<u>2) _____</u>	<u>3) _____</u>	<u>4) _____</u>
10-10	<u>5) _____</u>	<u>6) _____</u>	<u>7) _____</u>	<u>8) _____</u>
All Other	<u>9) _____</u>	<u>10) _____</u>	<u>11) _____</u>	<u>12) _____</u>
Drug	<u>13) _____</u>	<u>14) _____</u>	<u>15) _____</u>	<u>16) _____</u>
Alcohol	<u>17) _____</u>	<u>18) _____</u>	<u>19) _____</u>	<u>20) _____</u>
Day Treatment	<u>21) _____</u>	<u>22) _____</u>	<u>23) _____</u>	<u>24) _____</u>
Day Hospital	<u>25) _____</u>	<u>26) _____</u>	<u>27) _____</u>	<u>28) _____</u>
Mental Hygiene	<u>29) _____</u>	<u>30) _____</u>	<u>31) _____</u>	<u>32) _____</u>
Dialysis	_____			<u>33) _____</u>

July 26, 1991

1. Transmitted is a change to Department of Veterans Affairs, Veterans Health Administration Manual M-9, "MEDIPP," which is changed to M-9, "Strategic Planning."

2. Principal reason for this manual change is to delete the term "MEDIPP":

a. In chapters 1 through 11, delete the term "MEDIPP" and replace it with "Strategic Planning."

b. Changes to all M-9 chapters are in process to update to current procedures.

3. Filing Instructions:

Remove pages

Insert pages

Cover page through iv

Cover page through iv


JAMES W. HOLSINGER, JR., M.D.
Chief Medical Director

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PUBLICATIONS AND
DIRECTIVES MANAGEMENT
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October 2, 1989

1. Transmitted is a new Veterans Health Services and Research Administration Manual M-9, "MEDIPP," chapter 1 through chapter 11. Changes will be made to incorporate the recent reorganization in the near future.

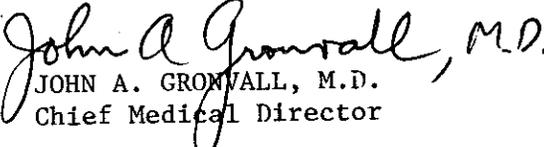
2. Principal reason for this manual is to provide a description of and issue guidance concerning VHS&RA planning process.

3. Filing Instructions:

Insert pages

Cover page through v
1-1 through 11-3

4. RESCISSIONS: Circular 10-87-113, dated October 10, 1987 and Supplement No. 1 dated April 4, 1988; Circular 10-87-147, dated December 30, 1987; Circular 10-88-3, dated January 13, 1988; Circular 10-88-150, dated December 9, 1988; and Circular 10-89-31, dated March 23, 1989.


JOHN A. GRONVALL, M.D.
Chief Medical Director

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Veterans Administration

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REMARKS

SUBJ: Departmental Manual M-9

1. In DM&S Supplement MP-1, Part II, Changes 35 dated November 13, 1984, the title of M-9 is "Medical District Initiated Program Planning."

2. This is to request that the title of this manual be changed to:

"Planning and Evaluation and Systems Development"

We expect to be submitting a number of items to be included in this manual during the coming year.

3. Thank you for your assistance.

Approved Disapproved

John W. Ditzler
JOHN W. DITZLER, M.D.
Chief Medical Director

2-3-86
Date

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FROM

MARJORIE R. QUANDT

ACMD for Planning Coordination (17A)

Regulations and Publications
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3331

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MAY 1980

EXISTING STOCKS OF VA FORM 3230, ★ U.S. G.P.O. 1984-709-228
AUG 1976, WILL BE USED.



Veterans
Administration

Memorandum

APR 03 1984

From: Director, Program Analysis and
Development (10C2B)

To: Chief Medical Director (10)
Publications Control Officer (101B2)

Subj: Establishment of M9-MEDIPP

1. Request permission to establish a new manual (M9-MEDIPP) to formalize MEDIPP (Medical District Initiated Program Planning) as a permanent DM&S Policy.
2. MEDIPP has in its two year cycle become an effective mechanism for DM&S planning purposes. MEDIPP has become the management tool providing comprehensive information directly from the medical districts. This allows prudent decision making in order to meet the health care veterans needs of the 1990's and beyond.
3. The '84 MEDIPP Planning Guidance has been reviewed and concurred in by appropriate program offices, therefore, in order to expedite the process, I would recommend that Volume I: Medipp Purpose, Structure, and Process and Volume II: Plan Development, of the '84 MEDIPP Planning Guidance be accepted as the M9-MEDIPP Manual without further circulation. (Appropriate formatting would be instituted.) I anticipate no changes to these two volumes in the near future.

Volume III: Needs Assessment Methodology and Volume IV: MEDIPP Reference Documents will by necessity be revised annually and will therefore have to be issued annually as a CMD Circular.

4. It is timely that M9-MEDIPP be developed in order to firmly establish its important place in DM&S as a consistent, and permanent policy.

Murray G. Mitts M.D.
MURRAY G. MITTS, M.D.

Donald L. Custis
DONALD L. CUSTIS, M.D.
Chief Medical Director (10)

Approve
~~Disapprove~~

4/17/84
Date