
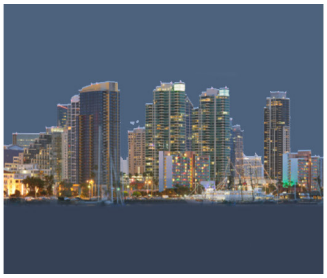

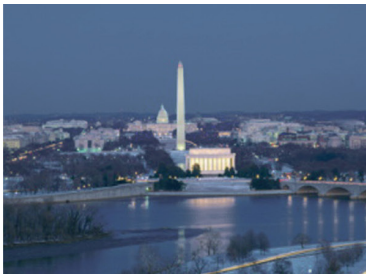

THE BROAD DIMENSION

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tbd consultants

Construction Management Specialists
111 Pine Street, Suite 1315
San Francisco, CA 94111
(415) 981-9430 (San Francisco office)

9705 Cymbal Drive, Vienna, VA 22182
(703) 268-0852 (Washington, DC, office)

3434 4th Avenue, San Diego, CA 92103
(619) 550-1187 (San Diego office)

8538 173rd Avenue NE, Redmond, WA 98052
(206) 571-0128 (Seattle office)

www.TBDconsultants.com

In this Edition:

VA Healthcare System

The VA can trace its ancestry back to the early years of the nation. The first Federal medical facility for veterans was the Naval Home, Philadelphia, PA, built in 1812, followed in 1853 by the Soldiers' Home and then St. Elizabeth's Hospital in 1855, the last two both being in Washington, DC.

World War I brought increased need for veterans' services and in 1930 the Veterans Administration (VA) was brought into being under President Hoover. World War II increased that need even more substantially and the number of VA hospitals rose accordingly.

In 1988 the VA gained cabinet status under President Ronald Reagan, and in 1989 Ed Darwinski became the first Secretary of Veteran Affairs under the George H. W. Bush administration. The largest section of the Department of Veteran Affairs (VA) is the Veteran Health Administration (VHA) which has more employees than the other two sections of the VA combined. Those other sections are the Veterans Benefits Administration (VBA) and the National Cemetery Administration (NCA).

The Department of Veterans Affairs Act, 1988, and a task force created in the early 1990s in relation to the Clinton Healthcare Reform proposal, led to an increase in primary care being made available through the VA.

In 1994, Dr. Kizer became Director of U.S. Veterans Health Administration, and under his direction the VA system was

decentralized into 22 regions known as Veterans Integrated Service Networks (VISNs).

Nowadays, based on hospital count alone, the VA Healthcare System would rank among the top ten hospital systems in the nation in size, and that is after it has actually been reducing the number of its hospitals in favor of providing more clinic facilities to better meet its needs. The VA healthcare system also scores highly in patient satisfaction ratings. Traditionally, veterans have been almost exclusively male, but with the opening up of the military to both sexes, women's health has been an additional service provided by the VA, but it is estimated that almost 50% of eligible women do not use the service because they are currently unaware of its availability.

The VA system is involved in research in many medical fields, the development of improved prosthetic limbs and the treatment of PTSD (post-traumatic stress disorder) being obvious ones, along with such things as Parkinson's Disease and spinal cord injuries.

The VA also provides nursing home or assisted living accommodation through Community Living Centers (CLCs). The last count of VA health care facilities that we can find lists 171 medical centers, over 350 clinics, 126 nursing home care units, and 35 domiciliaries.

Electronic medical records have proved to be extremely useful to patients and to medical practitioners, and the VA has developed its own low-cost open-source system, known as VistaA, that not only records a patient's medical history, but via the use of bar-codes on medicine containers and on patient wristbands, helps monitor the medications being given, to ensure that any errors are caught in time. Medical providers can also access the VistA system remotely with secure access.

Many of the VA's buildings are historic, and the VA Historic Preservation Office helps monitor compliance with Federal preservation requirements.

The wars in Iraq and Afghanistan, sadly, have led to another influx of veterans requiring medical attention, and the Fiscal Year 2014 Military Construction and Veterans Affairs Appropriation Bill provides $73.3 billion in discretionary funding ($1.4 billion more than for 2013). Fortunately, the VA is one area of government work that is largely immune to the automatic budget cuts resulting from sequestration.

For design professionals involved with new or renovation work to VA facilities, the VA provides Design Guides that clarify the scope requirements of the VA's various building types, and are designed to help speed the design process. The Design Guides are being constantly updated to conform to current practices and technology.

The fact that the VA is building the same kinds of structures throughout the US provides a valuable source of comparative cost data, and the VA publishes the costs for its various building types for each of its regions (for both new and renovation work), along with a comparative city cost index.

Nursing Homes

Advances in healthcare and improved lifestyle quality have led to people living longer, and consequently we now have an aging population. Sadly, the longer lifespan does not necessarily mean that everyone remains in a position to be fully independent, and so the need for nursing home facilities has been growing.

Nursing Homes share a number of similarities with hotels and with medical facilities, and indeed motels, hospitals and similar structures have been converted for use as nursing homes. However, while hotels and hospitals house people for a relatively short period of time, residents of nursing homes are often going to be there for the rest of their lives, so the 'home' aspect becomes much more important. And, since it is common for the residents to have ambulatory problems, many of them will seldom leave the facility, so the building needs to be as welcoming and accommodating as possible.

Not all residents of a nursing home are necessarily going to be there for life. Some may be there while recovering from an injury or other ailment, but again the atmosphere of the building should be one that aids the recuperation process.

The traditional image of a nursing home is of an institutional-type building, but nowadays the layout is more likely to resemble independent apartments where residents can look after themselves as far as they can, with communal areas for dining and recreation. This allows the residents to have a feeling of independence, while at the same time being looked after, as needed, by the staff.

Bringing natural light into the building has the advantage of reducing the life-cycle costs, plus, more importantly, it improves the environment for the residents. Adequate daylight has been linked to reduced risk of depression (as with SAD – seasonal affective disorder), improvements in health (through vitamin D production), better waking/sleeping cycles thanks to the visual clues to the time of day, and other benefits.

Since a large proportion of residents are likely to require the use of wheelchairs and walkers, circulation space should be wider than normal. This, along with the use of natural lighting where possible, also helps decrease the institutional feel. Having corridors that do not dead-end will allow ambulatory residents to get more exercise, and if these walking routes can be combined with landscaped areas outdoors, that can be even more therapeutic. Related to exercise, therapy facilities will also often be available within the building.

Clear signage, to help prevent residents becoming disoriented, is essential, and other visual clues, such as different painting schemes in different areas, or the use of artwork and interior landscaping can help differentiate commonly used areas. Back-of-house areas, where residents are not meant to go, should have adequate access control and either not have identifying signage or have different signage from the main areas.

Ideally, such facilities should be at one level, but if two or more levels are required, then the facilities for residents should be available at all levels.

Nursing homes are often classified under three main headings. Firstly there is the Intermediate Care Facility (ICF) or residential care home, catering for elderly, disabled or infirm residents who do not require an intensive level of nursing. Secondly there is the Assisted Living Facility (ALF) for people who need more assistance with regularly daily activities. And thirdly there is the Skilled Nursing Facility (SNF) where more intensive nursing and therapy is required.

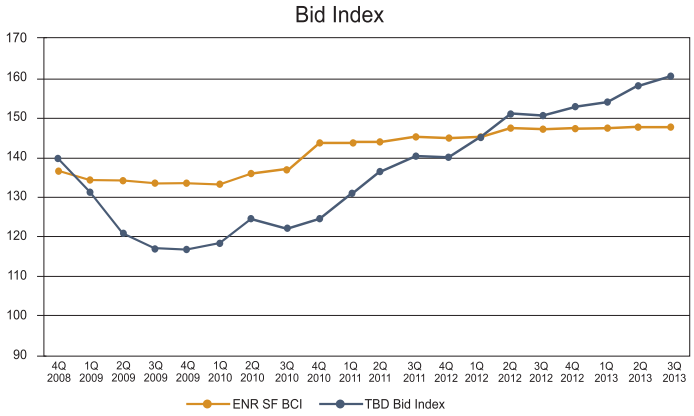
HUD (Department of Housing and Urban Development) is one source of funding for nursing home facilities (covering up to 85%, depending on facility type and property owner type), but one condition of a HUD loan is that labor rates must at least comply with Davis Bacon wage rates.

Battle-Weary Market

The Great Recession (sometimes called the Lesser Depression) started in December 2007 and officially ended in June 2009 (according to NBER, the National Bureau of Economic Research), yet we are still struggling along, trying to climb out of the pit we ended up in. Why is it taking so long?

The depth of the recession and the fact that it was global in nature, is part of the answer, and the US has been doing better than areas of the world like Europe and Japan. The Eurozone has only just emerged from recession again, and not all of the Eurozone nations are back in positive territory. But while we have been seeing growth in the U.S., it is commonly referred to as a 'jobless recovery'.

The unemployment rate has been decreasing, but that is only part of the story. Much of the growth in jobs has been in part-time positions, so the amount of people who are underemployed remains substantial. There are a number of scapegoats for this underemployment, one being the Affordable Care Act (a.k.a. ObamaCare) and its requirement for companies with more than 50 full-time staff to pay for employee healthcare or face fines. But if the need for employment was there, then only using part-time employees should be bringing the unemployment rate down even faster, so the root cause must go deeper than that.



Improvements in productivity might not sound like a bad thing, and this writer wouldn't want to say it is, but it appears to be fairly foundational to our current dilemma. Long before the current recession hit, employment in the manufacturing sector was dropping as productivity increased, and, since the start of the recovery, production has picked up nicely but employment in that sector has been basically flat. That has been partly a result of growing automation in production facilities, added to the fact that where manual labor is actually required, it is probably cheaper to have the work carried out in some place like China. And whatever you think of the practice of outsourcing, it has been part of the worldwide economy for a long time, and isn't going to go away.

The loss of labor requirement in these kinds of industries has led to the unemployment and underemployment, and while people are not fully employed they are less likely (or able) to spend freely, and so we find ourselves in a bit of a vicious circle. Low spending levels equal less need for production equals less need for employment equals low spending levels.

But the fact that some old jobs are gone and will not be coming back, is not the end of the world. We are seeing the rise of innovation, even in what might be considered old industries. Since the recession caused companies like General Motors and Chrysler to revamp their product lines, they have been doing well, and we are seeing new entries into the field, such as Tesla Motors. Getting into more esoteric fields, we are approaching the dawn of the space tourism industry. With these kinds of developments, and other innovative start-ups, there is and will continue to be a need for retraining of the workforce, providing more employment.

What is often reported as being an old Chinese curse says "May you live in interesting times", but interesting and innovative times can be very exciting and present plenty of opportunities.

Geoff Canham, Editor