

White Paper: Essential Revisions to VA Tri-Regional Ramp Procurement Requirements

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The proposed Tri-Regional Ramp Procurement BPA initiative presents a tremendous opportunity to improve the quality, efficiency and cost effectiveness of essential accessibility modifications for our veterans. However, if the specifications are not expanded to include criteria for allowable deviations from ADA guidelines, the resulting agreements will result in *higher costs and increased liability* to the VA. Furthermore, accreditation should be a pre-requisite of all bidders to ensure patient safety.

Proper Assessment - Slope & Platform Requirements

The draft of the Requirements currently state that “. . . ramp designs will comply with ADA guidelines. If property restrictions prohibit strict adherence to ASA ramp guidelines, communication with the Contracting Officer or Prosthetic Representative will be necessary before further action will be taken.” The Requirements do not include any further procedural guidelines on this matter, and at the Pre-Solicitation Conference, it was implied by VA staff that they would “rely upon the vendor for guidance in such situations.” A Requirement which stipulates ADA standards wherever possible and defers to vendor judgment when necessary will result in dramatically higher costs than necessary and potentially inappropriate solutions for our veterans respectively.

ADA standards are not applicable to private residences for practical reasons. In many instances, when an individual is assisted in a manual wheelchair, the 1:12 slope and platform at the top of the ramp requirements are not necessary and add significantly to the cost of the solution. And blindly adhering to a 1:12 slope requirement when a scooter or power chair is in use simply because the space is available also results in a waste of resources.

Example 1: When a 120lb patient is assisted by an able-bodied caregiver in a manual wheelchair, by national best practice standards, it is acceptable to have a 1:8 slope ramp without a platform at the top. In such an instance with a 12 inch rise, providing an ADA compliant ramp would more than **double the cost** without providing any additional benefit to the user.

Inappropriate deviations from ADA standards, however, often result in inappropriate and sometimes dangerous solutions being provided.

Example 2: We frequently see installations by national providers where an individual using a manual wheelchair unassisted is provided a ramp without a platform at the top making it difficult, if not dangerous, to try to operate the door while sitting on an incline. We also see cases where ramp slopes are too steep for the users either because the weight of the patient or the relative frailty of the caregiver was not taken into proper account.

Providing ramps that do not factor in the important variables of device usage, patient weight, caregiver ability and climate is a disservice to our veterans and opens the VA up to liability resulting from patient and/or caregiver injury. **Deviations from ADA standards provide both a cost savings opportunity when done appropriately and a liability when done inappropriately - the key is having a system in place to consistently determine when it is and when it is not appropriate to do so.** Fortunately, it is not all that difficult to do so. Table 1 provides an example of consistent method, based upon national best practice standards, for taking into account the critical variables of device usage, patient weight, caregiver ability and climate when evaluating deviations from ADA standards.

It is our strong recommendation that the Requirements and ultimately the BPAs should require evaluation and documentation such as this for each and every installation to ensure safety, consistency and cost efficiency. Without such a requirement, vendors will be incentivized to provide as much ramping as possible for each job (thereby driving up costs) and to dangerously deviate from standard when presented with challenges (thereby increasing liability). **Volume purchasing discounts (i.e. paying a lower cost per foot) is not a bargain if more ramp than necessary is provided or inappropriate solutions are provided.**

Table 1. Sample Ramp Specification Matrix

Usage Description Patient Weight: _____ Assistive Device Usage: <input type="checkbox"/> none <input type="checkbox"/> cane <input type="checkbox"/> walker <input type="checkbox"/> wheelchair independent <input type="checkbox"/> wheelchair assisted <input type="checkbox"/> scooter <input type="checkbox"/> power chair Caregiver Ability: <input type="checkbox"/> strong <input type="checkbox"/> able-bodied <input type="checkbox"/> frail Snow Climate: <input type="checkbox"/> yes <input type="checkbox"/> no	1:6 Maximum Slope Platform Not Required	1:8 Maximum Slope Platform Not Required	1:8 Maximum Slope Platform Required	1:12 Maximum Slope Platform Not Required	1:12 Maximum Slope Platform Required
<ul style="list-style-type: none"> Transportation of an unoccupied wheelchair, scooter or power chair. 	X				
<ul style="list-style-type: none"> Ambulatory with or without the use of a cane or walker, or Of modest weight (<250lbs.) and assisted in a manual wheelchair by an able-bodied caregiver. 		X			
<ul style="list-style-type: none"> Use of a scooter or power chair. 			X		
<ul style="list-style-type: none"> Of excessive weight (>250lbs) and assisted in a manual wheelchair by an able-bodied caregiver, or Of modest weight (<250 lbs.) and assisted by a less than able-bodied caregiver. 				X	
<ul style="list-style-type: none"> Independent in a manual wheelchair, or In a location susceptible to snow accumulation (with any device usage or caregiver capability). 					X
<ul style="list-style-type: none"> Other: _____ 					

Patient Safety – Accreditation

Accreditation is a practice, endorsed by the healthcare community and the VA, to ensure patient safety and requires detailed systems and procedures to be in place in order to ensure it. **As ramps are considered critical home medical equipment, the DME accreditation standards pertaining to equipment management, human resources, infection prevention and information management should be applied.** DME accreditation standards will be particularly useful in support of the removal and recovery process to ensure proper handling, sanitization and tracking of used equipment. **Accreditation is the established standard to ensure patient safety and should serve as a prerequisite to becoming a regional VA ramp solution provider.**

Conclusion

Failure to revise the Requirements as recommended herein will result in higher overall program costs rather than lower, inconsistent and inappropriate solutions being provided by unaccredited providers thereby opening the VA and its veterans up unnecessary risk and liability.

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