JPS HEALTH NETWORK
Strategic Facility Utilization Plan
Why do this Plan?
Because . . .

JPS Network has never visualized facility strategy this way

2010 Community Needs Assessment

Key trends in healthcare

Challenges at the main campus
JPS has Never Visualized Facility Strategy this Way

Large Asset Base in the Community
One of Tarrant County’s largest employers
$600M is value of JPS-owned buildings

Medical Facilities are Economic Engines
JPS is an Employment Leader in People, Salaries, Benefits
Potential for creating redevelopment area around JPS
27,000 total admissions*
1.08 million outpatient visits*
(includes 722,000 Health Center Visits & 87,000 ER +Triage visits) *

Provides Extensive Medical Services
Provides $409M in uncompensated care
Receives $272M in Ad Valorem tax revenue
Provides $16.0M in Unfunded Medical Education Costs*

*FY 2010 Data
JPS Network Community Needs Assessment

Demographic Assessment / Population Study

Health Status Needs Indicators

Mortality / Natality Gaps

Tarrant County Supply vs. Demand

Clinic Capacity

Health Services Utilization
JPS Network Challenges

Healthcare Trends Change

Lower reimbursement

Start of Medicaid RAC’s
*Recovery Audit Contractors

Increase in Uncompensated Care

Healthcare Reform

Federal Political Gridlock = Less Spending

States Reduction in Medicaid

Information Technology Spending
JPS Network Challenges
Disconnect between Providers and Demographics

Help Wanted: More U.S. Doctors
Projections Indicate America Will Face Shortage of M.D.s by 2020

Number of Elderly Will Double by 2030

Source: U.S. Census

U.S. Population 1900 - 2100

- Low
- Middle
- High
JPS Network Challenges
Tarrant County

Tarrant County has 1,809,034 people*.
25% growth from 2000 to 2010

By 2015, Tarrant County will see significant growth**

168,300 people

57,700 new households

Age 65+ growth greater than 28%

* 2010 US Census
** Claritas 2010
JPS Network Challenges

Public Health Systems in Texas

1. Harris County Hospital District
2. Parkland Health & Hospital System
3. University Health System
4. JPS Health Network
5. UMC El Paso
JPS Planning Involvement

Operational Stakeholders
- Directors
- Managers
- Operations VPs
- Executives
- Nursing
- Finance
- BOKA Powell
- Simulation Consultant

Facilities Stakeholders
- JPS Design and Construction
- JPS Facilities
- BOKA Powell
- MEP Consultant
- Structural Consultant
- Compliance Consultant

Physician Stakeholders
- JPSPG
- Emergency
- Surgery
- Cardiovascular
- Orthopedics
- Neurosciences
- Radiology
- Pathology

Community Stakeholders
- Board of Managers
- Planning Committee
- Transportation
- Community Colleges
- Medical Schools
- Nursing/AHP Schools
- United Way

collaboration
JPS Network Challenges

Access to Services (Public Transportation / Wayfinding)
Disease Management / Rapid Medical Assessment
Patient Satisfaction / Choice
Value to Taxpayers
Strategic Growth of Key Service Lines
Academic Programs / Clinical Simulation
Productivity Challenges
Wellness / Patient Education
Communication / Case Management
Historical Organizational Silos
JPS Network Challenges
Filter for the System

KEY
- Primary Care $
- Specialty Care $$
- ED/ Urgent Care $$$
- Acute Care $$$$$

community care
emergency department
inpatient care main campus
Solutions
Regional Medical Home Strategy

KEY
- Primary Care $
- Specialty Care $$
- ED/ Urgent Care $$$
- Acute Care$$$$$

preventative care
coordinated community referral system
clustered acute care services
Solutions
Patient Family Centered Medical Home Model

A patient-centered health care entity that provides individualized continuous & comprehensive primary medical care.

Care is provided through a relationship with a personal physician and physician-directed team, taking collective responsibility for the patient’s medical care throughout the continuum of life.
Solutions

The System must direct patient care appropriately

Continue to Build on Medical Home Concept

• Implementation of a Medical Home Model for Primary Care by Region

• Organization of Specialty Clinic Services
Solutions
The System must direct patient care appropriately

Coordinate Referrals to Acute Care Campus

• Emergency Department
• Downstream Support for Acute Patient Care
Solutions
ED Split Flow Process

Creating increased efficiency and throughput in the emergency room
JPS Network Challenges
Downstream Process

The Cardiac Experience

PATH OF TRAVEL - ED TO CHEST PAIN TO CATH LAB

1,702 FT. SKE TO CHEST PAIN
2,301 FT. SKE TO CATH LAB
2,850 FT. TOTAL TRAVEL

PATH OF TRAVEL - CATH LAB TO SURGERY TO ICU

2,850 FT. TOTAL TRAVEL

PATH OF TRAVEL - ICU TO CARDIAC BED

2,850 FT. TOTAL TRAVEL

2,850 ft is the travel distance
Surgeon Grouping

Medical Grouping

Existing JPS Facility Section with Revised Bed Grouping Option

Women's Services

Surgeon Grouping

Women's Services

Medical Grouping

Women's Services

Surgeon Grouping

Women's Services
Solutions
Downstream Opportunity

The Cardiac Experience

1,360 ft is the new travel distance
Solutions

Regional Medical Home Strategy

Key
- Primary Care $
- Specialty Care $$
- ED/ Urgent Care $$$
- Acute Care $$$$$

Preventative care

Coordinated community referral system

Clustered acute care services
Planning Criteria

Filtering

- quality: improvements / maintain functionality
- efficiency: optimize operational capacities & growth
- environment: improve image, branding & satisfaction
- stewardship: manage resources & sustainability
Issues

Two Campuses Separated by Main Street

Triage / Urgent Care / ED / Psych ED/ Adjacencies

Patient Beds / Grouping

OB/ Gyn Prep and Recovery Location

Registration / Admit Staging

Inadequate Storage / Use of Space

Materials Management Location & Space

Clinic Organization / Orthopedics / Surgical Specialties / Family Medicine

Coordination of Off-Campus Primary / Specialty / School Based Clinics
Existing Conditions

- The campus is separated into 2 components on either side of Main St challenging operations

- Urgent Care acts like a separate ED with approx. 600 transfers a month to ED and 150 transfers from ED to Urgent Care

- Medical and Surgical patients are mixed on many floors increasing transfers and inconsistency
Existing Conditions

- Registration occurs at several locations and is confusing for visitors

- Urgent Care, ED, and Psych have separate triage areas

- Women’s area uses patient rooms for OB/GYN Surgery prep and recovery removing beds for operations
Existing Conditions

- No existing Admit Staging, so patients back up in the ED
- Existing Hospital Space used for storage
- Materials area undersized and not central to all facilities
Existing Conditions

• Psych patients transported to the 10th floor Psych ED
• Med / Psych Patients transferred back to ED

• The highest volume clinic, Family Medicine is located on level four
• Surgical Clinics are landlocked on level two
• Clinic waiting occurs in corridors and is remote from clinic access
Issues

- **quality**: improvements / maintain functionality

- **Outpatient Pharmacy**
- **Endoscopy**
- **NICU**
- **Chest Pain Unit**
- **Garage Repairs (complete)**
- **Public Circulation**
- **Mechanical Systems**
- **Mobile Unit for Major Medical Modalities**

- **quality**: improvements / maintain functionality
- **efficiency**: optimize operational capacities & growth
- **environment**: improve image, branding & satisfaction
- **stewardship**: manage resources & sustainability
Existing Conditions

- Pharmacy area congested and not enough space for work stations
- Existing NICU spaces too small and multiple bassinet locations were added without gases
- Chest Pain Unit (CPU) not adjacent to ED
Existing Conditions

- Endoscopic prep and recovery not separated. Patient recovery areas do not have piped gases. Endoscopy rooms are too small.

- Crossing of pedestrian and vehicular circulation. Lack of adjacent connectivity from main entry drop-off to garage.
Existing Conditions

• Plan for scheduled replacement and build upon unit efficiency

• Renovation will require AHU replacement

• Cath Lab is nearing capacity & Angio equipment is near end of life
Issues

- Environment
  - Improve image, branding & satisfaction

Front Entry & Lobby

Wayfinding & Signage

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvements / maintain functionality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficiency</td>
<td>Optimize operational capacities &amp; growth</td>
</tr>
<tr>
<td>Environment</td>
<td>Improve image, branding &amp; satisfaction</td>
</tr>
<tr>
<td>Stewardship</td>
<td>Manage resources &amp; sustainability</td>
</tr>
</tbody>
</table>
Existing Conditions

- Canopy does not cover patients during inclement weather and front entry drop-off and lobby are congested and disorienting

- Inconsistent signage throughout facility
Issues

stewardship

manage resources & sustainability

Encourage Vertical Expansion

Create More Efficient Adjacencies
Planning Criteria
Filtering

quality | improvements / maintain functionality
efficiency | optimize operational capacities & growth
environment | improve image, branding & satisfaction
stewardship | manage resources & sustainability
Plan Phasing

**Phase 1**
Develop One Contiguous Acute Care Campus for the Network
Implement Regional Community Strategy (Medical Home)

**Phase 2**
Allow for Acute Care Reorganization and Future Development
Regional Community Strategy Expansion

**Phase 3**
Operational Consolidations, Growth & Service Line Development
Regional Community Strategy Expansion
Benchmarks to Measure Progress
Staff, Support, Equipment and Facility Resources

WHEN EFFICIENCY DOES NOT IMPROVE

Increase in volume = Increased cost to the system

WHEN EFFICIENCY IMPROVES

Increase in volume + efficiency = Similar cost
# Recommendations / Phasing / Benchmarks

## Strategic Initiative

### Regional Community Network Strategy

- Regional Medical Home Hub Arlington
  - Bardin Road / DSHA Ambulatory Surgery
  - Reorganization of Clinics

### Emergency Dept/ Urgent Care/ Clinics Reorganization

- Urgent Care Relocation / New Central ED Triage
- Implement Admit Lounge / Relocate Chest Pain & Psych ED to ED
- Family Practice / Ortho-Podiatry Clinic / Surgical Clinic Reorganization

### Invasive Services/ Endoscopy Reorganization

- Minor Procedure / Endo Suite Renovation
- Surgery Reorganization: Major vs. Minor
- Mobile Unit for Cath / Angio

### Inpatient Beds Reorganization

- Bed Reorganization: Med vs. Surg
- Renovation for MICU & NICU & Gyn Prep-Recovery
- Prisoner Unit Expansion/ Consolidation

### Academic Services Expansion

- Clinic Reorganization
  - Teaching Teams in Bed Grouping Plan
  - Support/ Additional Conference Space

### Internal Campus Circulation/ Support Improvements

- Open Lobby / Canopy at Front Door / Site Circulation
- Renovation for Outpatient Pharmacy
- Centralized Registration

### Campus Development Strategy

- Reroute Main Street
- Mechanical Upgrades as Needed
- MetroWest Services Relocate / Other Land Development Possible

## Phase 1 Components

### Benchmarks before moving to Phase 2

- Reduced Costs due to Rerouted ED Visits
- Reduced per Visit Cost / Increased Capacity
- Cost Savings from Reduced Leases

- Increased ED Efficiency
- Decreased Transports
- Reduced Cost Per ED Visit

- Operational Separation of Minor Procedures
- Increased Throughput / Saved Costs
- Utilization of Mobile Unit & Measured Use

- Decreased Inpatient LOS
- Reduced Patient Transports
- Reduced Cost per Inpatient Stay

- Scheduling Efficiencies for Residents
- Improved Physician Satisfaction
- Conference Volumes / Capacity

- Improved Patient Satisfaction
- Pharmacy Efficiency
- Reduced Registration FTE Need

- Decreased Transports
- Reduced MEP Costs
- Revenue from Development
<table>
<thead>
<tr>
<th>Strategic Initiative</th>
<th>Phase 2 Components</th>
<th>Benchmarks before moving to Phase 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Community Network Strategy</td>
<td>Additional Regional Medical Home Hub</td>
<td>✓ Reduced Costs due to Rerouted ED &amp; IP Visits</td>
</tr>
<tr>
<td></td>
<td>Reorganization of Existing Clinics</td>
<td>✓ Reduced per Visit Cost / Increased Capacity</td>
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<td></td>
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<td>✓ Cost Savings from Reduced Leases</td>
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<tr>
<td>Emergency Dept/ Urgent Care/ Clinics Reorganization</td>
<td>Ongoing Operational Improvement</td>
<td>✓ Increased ED Efficiency</td>
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<tr>
<td></td>
<td>Renovation of FP Clinic for Surgical Specialty Clinic</td>
<td>✓ Reduced IP Visits</td>
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<td>✓ Reduced Cost Per ED Visit</td>
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<td>Invasive Services/ Endoscopy Reorganization</td>
<td>Operational Improvement</td>
<td>✓ Reduced Costs due to Invasive Adjacencies</td>
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<tr>
<td></td>
<td>in Major/ Minor Surgery Suites</td>
<td>✓ Increased Throughput / Saved Costs</td>
</tr>
<tr>
<td></td>
<td>Cath/ Angio Fit-Out Adjacent to Surgery</td>
<td></td>
</tr>
<tr>
<td>Inpatient Beds Reorganization</td>
<td>Operational Improvement &amp; Ongoing Implementation of Bed Grouping Strategy</td>
<td>✓ Decreased Surgical Bed LOS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ NICU / Women’s Services Capacity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✓ Reduction in Patient Transports</td>
</tr>
<tr>
<td>Academic Services Expansion</td>
<td>OPC Designated as Academic Services Zone</td>
<td>✓ Resident Scheduling Efficiency</td>
</tr>
<tr>
<td></td>
<td>Renovate Ortho Offices for Conference</td>
<td>✓ Measured Conference Volumes / Capacity</td>
</tr>
<tr>
<td>Internal Campus Circulation/ Support Improvements</td>
<td>Renovate NICU for Doctors Offices</td>
<td>✓ McDonald’s Lease is Released</td>
</tr>
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<td></td>
<td>✓ Reduced MEP Costs</td>
</tr>
<tr>
<td>Campus Development Strategy</td>
<td>Mechanical Upgrades as Needed</td>
<td>✓ Availability of Land for New Tower</td>
</tr>
<tr>
<td></td>
<td>Demo St. Joe’s / Possible Transfer Station for the “T”</td>
<td>✓ Availability of Trinity Springs Land</td>
</tr>
<tr>
<td></td>
<td>Relocate Eligibility &amp; Enrollment</td>
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## Recommendations / Phasing / Benchmarks

### Strategic Initiative

<table>
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<tr>
<th>Component</th>
<th>Phase 3 Components</th>
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<td>Regional Community Network Strategy</td>
<td>Additional Regional Medical Home Hub Reorganization of Existing Clinics</td>
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<td>Operational Improvement &amp; ED Expansion as Needed</td>
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<tr>
<td>Invasive Services/ Endoscopy Reorganization</td>
<td>Best Practice Implementation for Major Surgery / Invasive Services blending Surgery, Cath, Angio, Advanced Imaging</td>
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<tr>
<td>Inpatient Beds Reorganization</td>
<td>New Bed Tower Construction / Consolidation of Beds on East Side of Main Street / Psych Services Relocate to Old Medical Bed Tower / Expand Women's &amp; NICU Beds</td>
</tr>
<tr>
<td>Academic Services Expansion</td>
<td>Education Expansion Option in New Tower &amp; Conference Space on Level 3 of OPC</td>
</tr>
<tr>
<td>Internal Campus Circulation/ Support Improvements</td>
<td>Relocate Dining Level One from Basement Campus Circulation Improvements Administration Office Relocation to BT 11</td>
</tr>
<tr>
<td>Campus Development Strategy</td>
<td>Trinity Springs is Closed / Demo Site Development Locations Identified through Campus (Trinity Springs, Eligibility &amp; Enrollment, JPOC Parking, Materials Management)</td>
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</table>
Existing JPS Campus
Proposed Phase One Consolidation
Proposed Phase Two Progression
Proposed Phase Three Development