

Service

Growth

JPS HEALTH NETWORK

Strategic Facility Utilization Plan

People

Finance

Quality

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

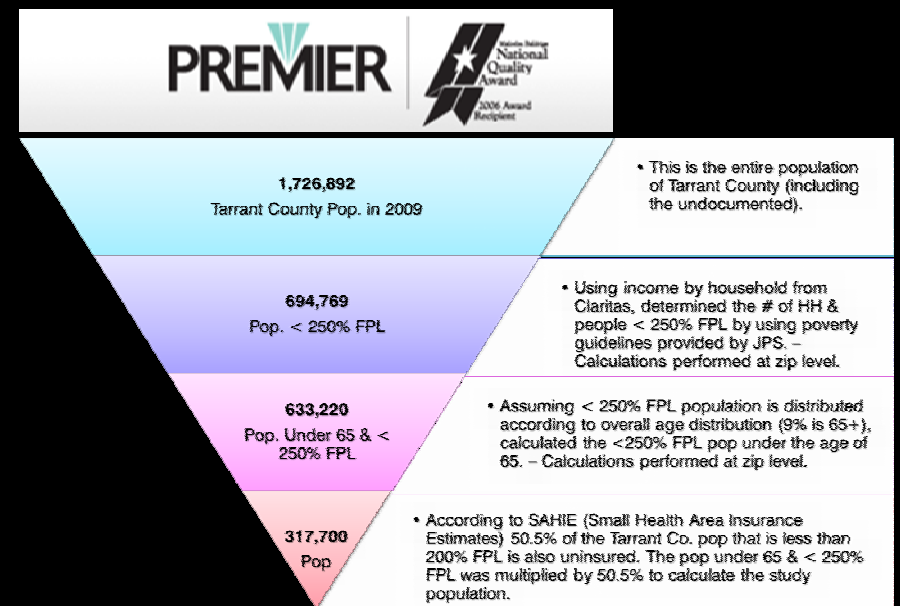
Health Status Needs Indicators

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

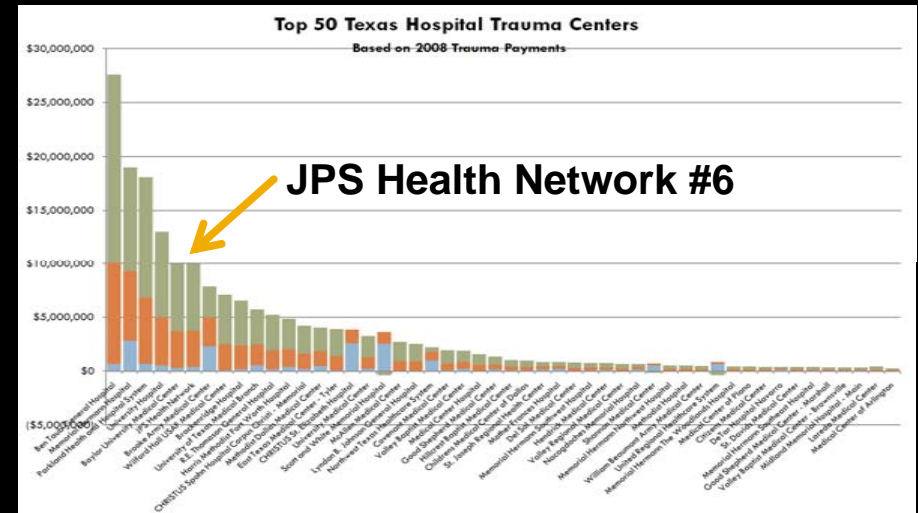
Increase in Uncompensated Care

Healthcare Reform

Federal Political Gridlock = Less Spending

States Reduction in Medicaid

Information Technology Spending



JPS Network Challenges

Disconnect between Providers and Demographics

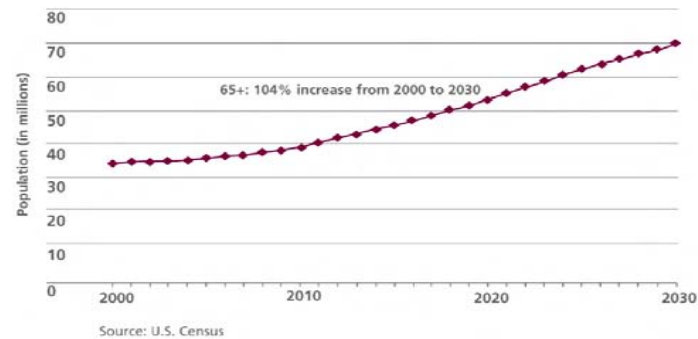


Help Wanted: More U.S. Doctors
Projections Indicate America Will Face Shortage of M.D.s by 2020

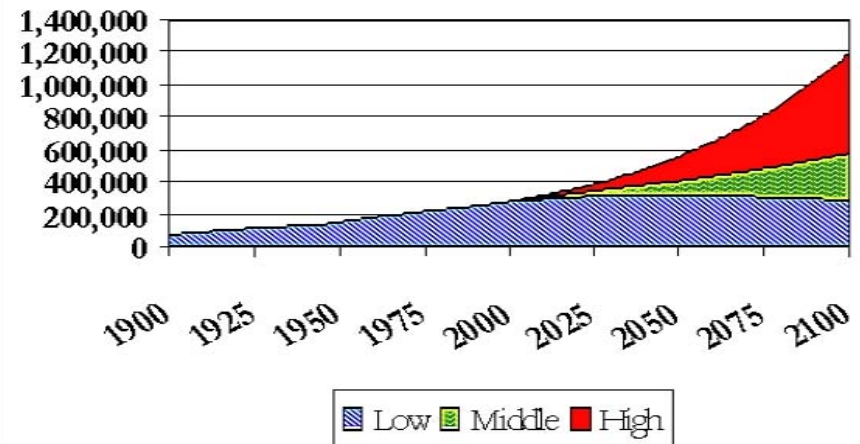


Association of American Medical Colleges

Number of Elderly Will Double by 2030



U.S. Population 1900 - 2100



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

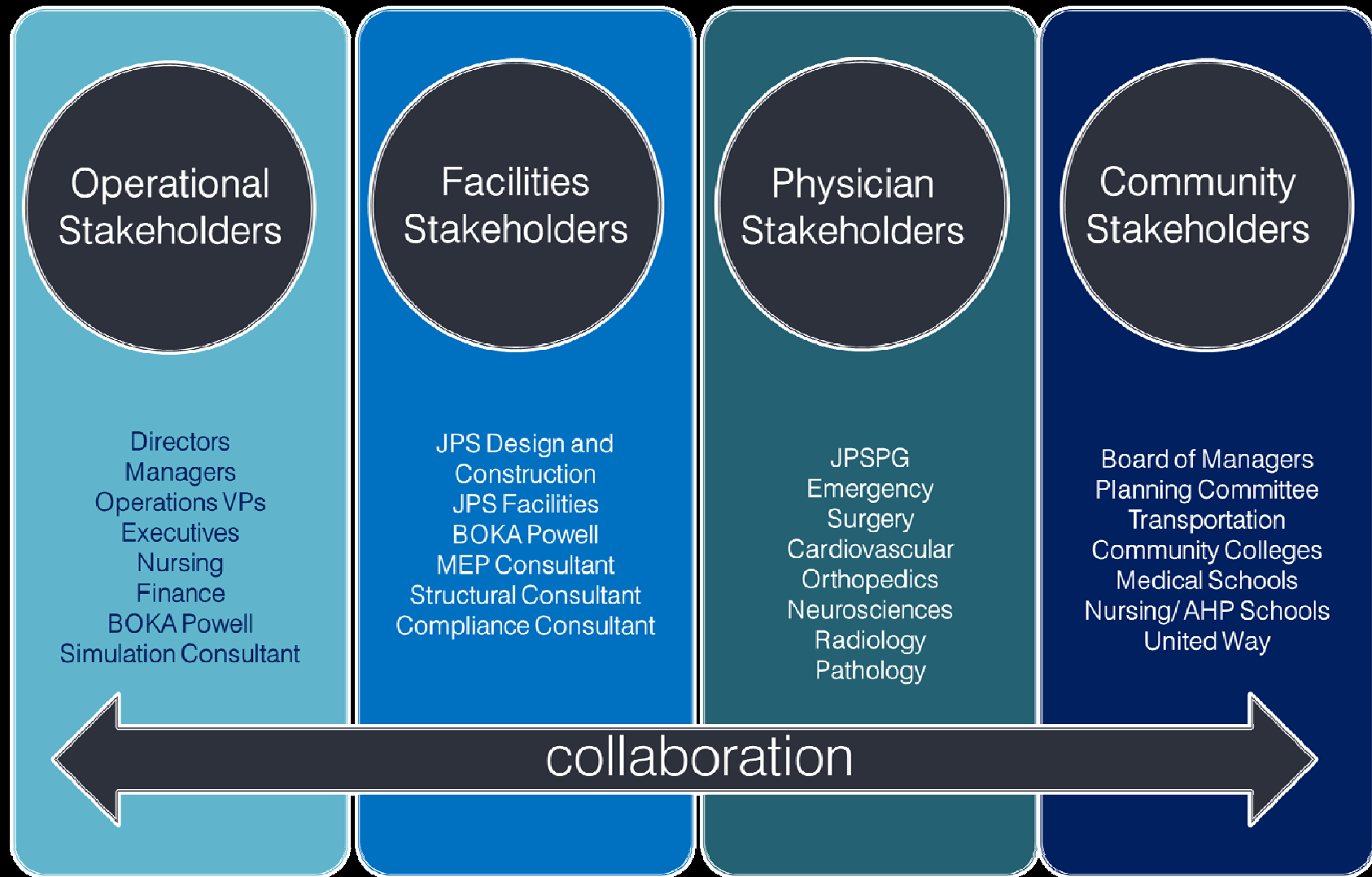
** Claritas 2010

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



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

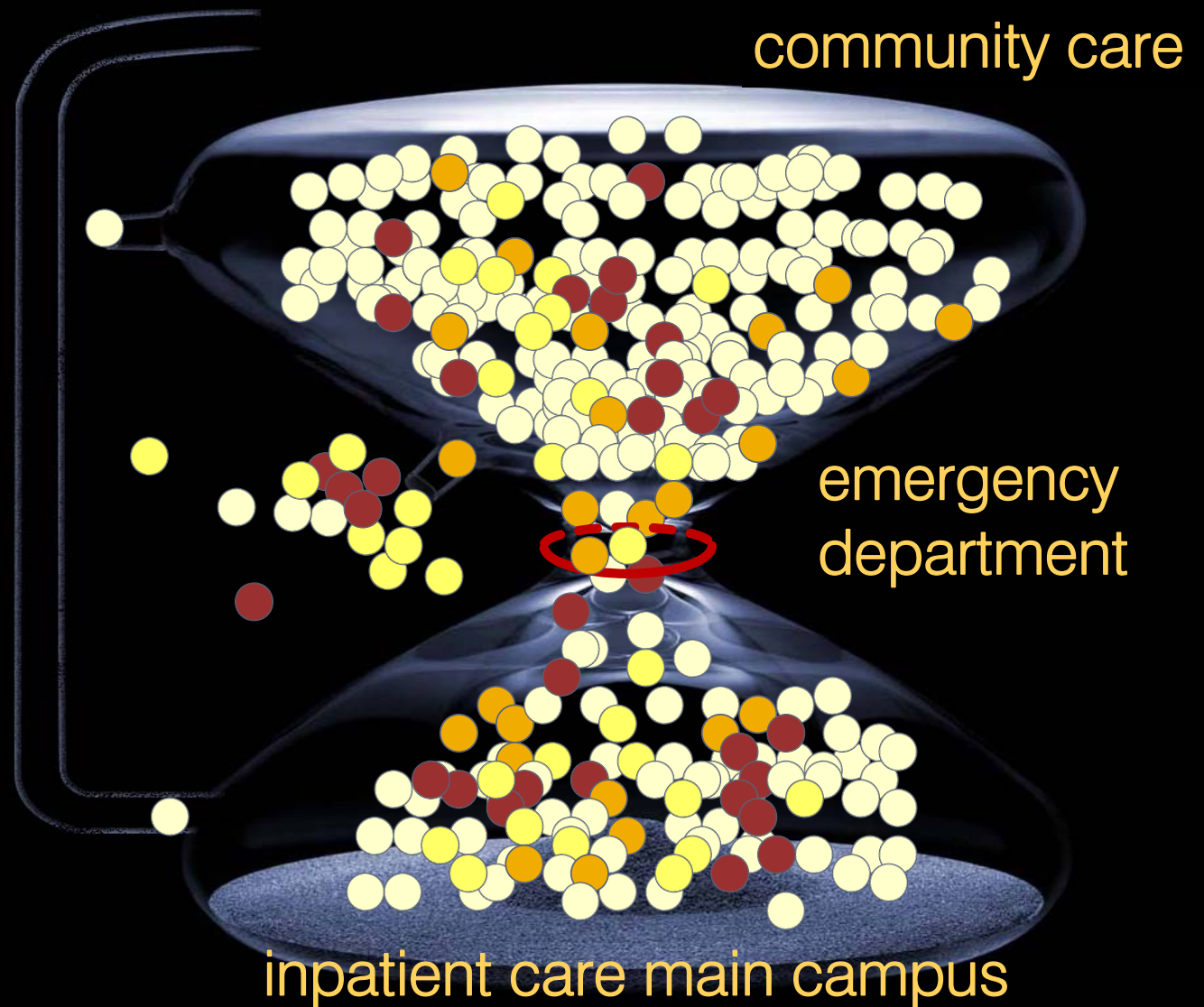
Historical Organizational Silos



JPS Network Challenges

Filter for the System

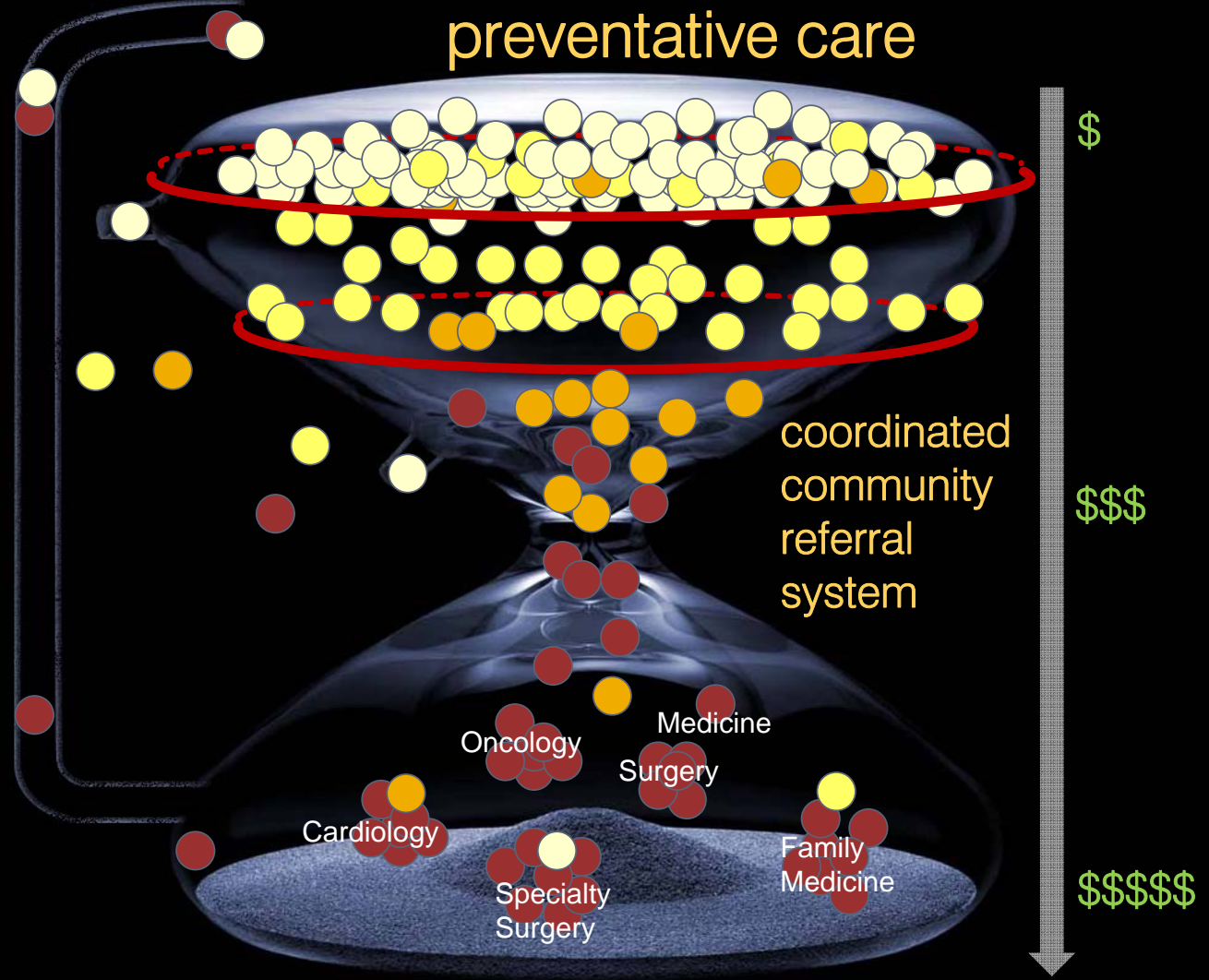
- KEY
- Primary Care \$
 - Specialty Care \$\$
 - ED/ Urgent Care \$\$\$
 - Acute Care \$\$\$\$\$



Solutions

Regional Medical Home Strategy

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



clustered acute care services

Solutions

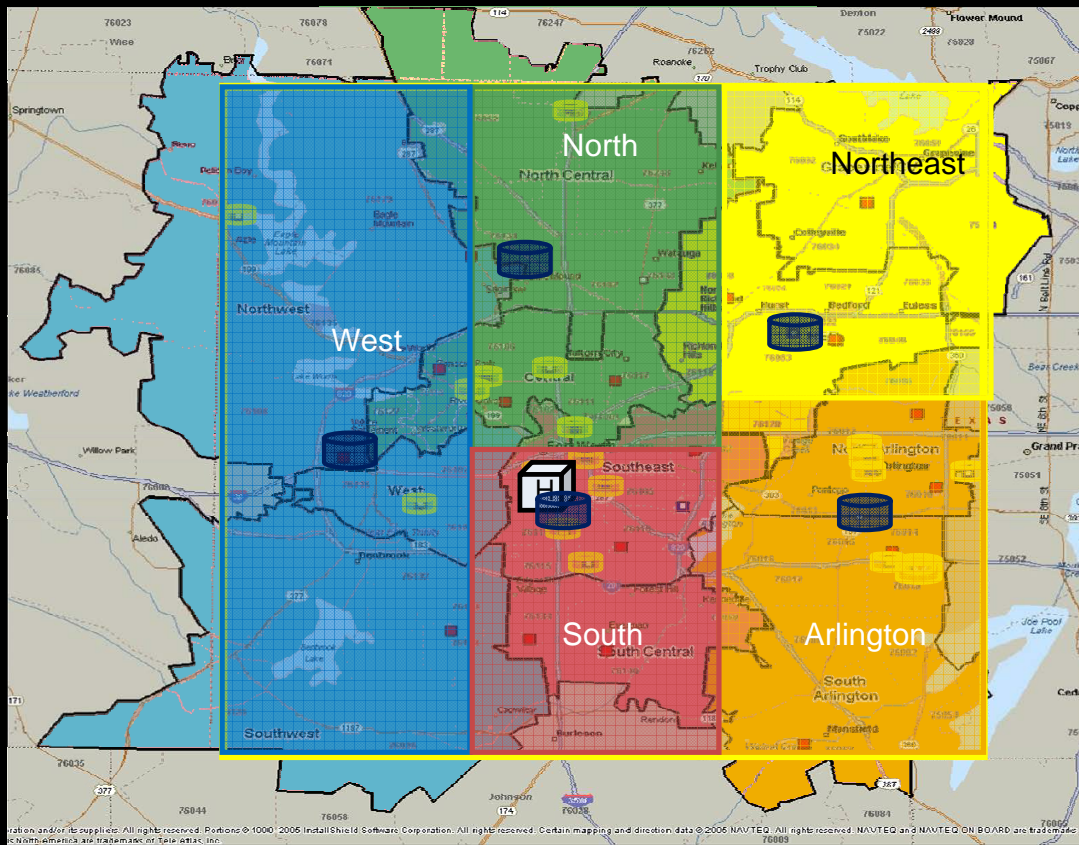
Patient Family Centered Medical Home Model

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

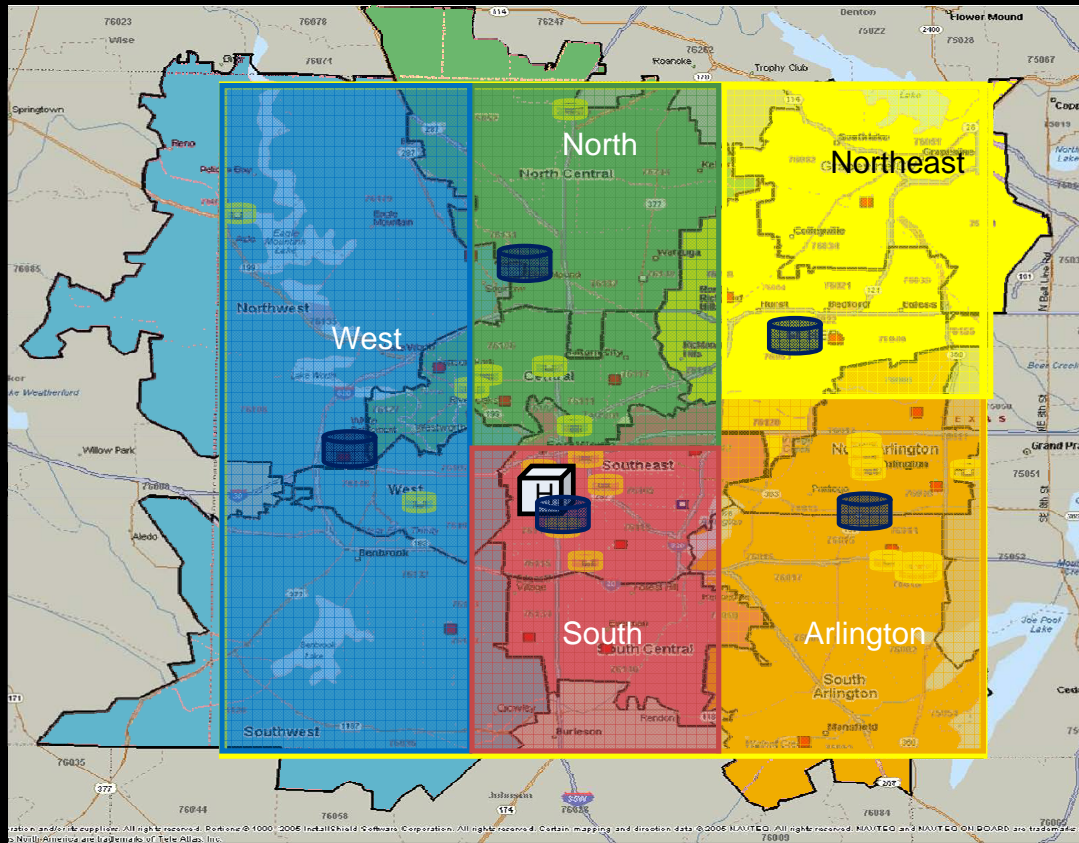


Continuing to Build on
Medical Home Concept

- Implementation of a Medical Home Model for Primary Care by Region
- Organization of Specialty Clinic Services

Solutions

The System must direct patient care appropriately



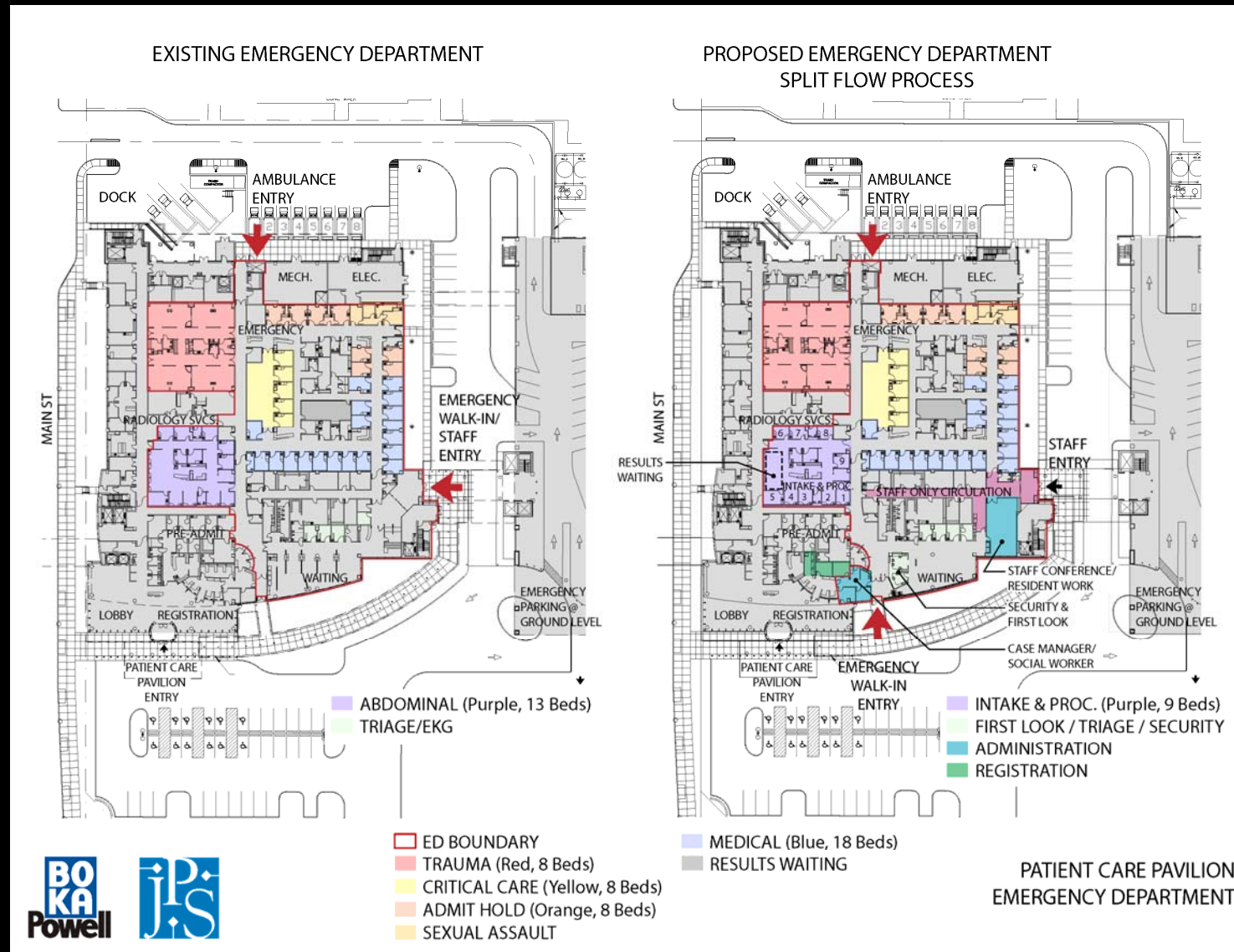
Coordinate Referrals to
Acute Care Campus

- Emergency Department
- Downstream Support for Acute Patient Care

Solutions

ED Split Flow Process

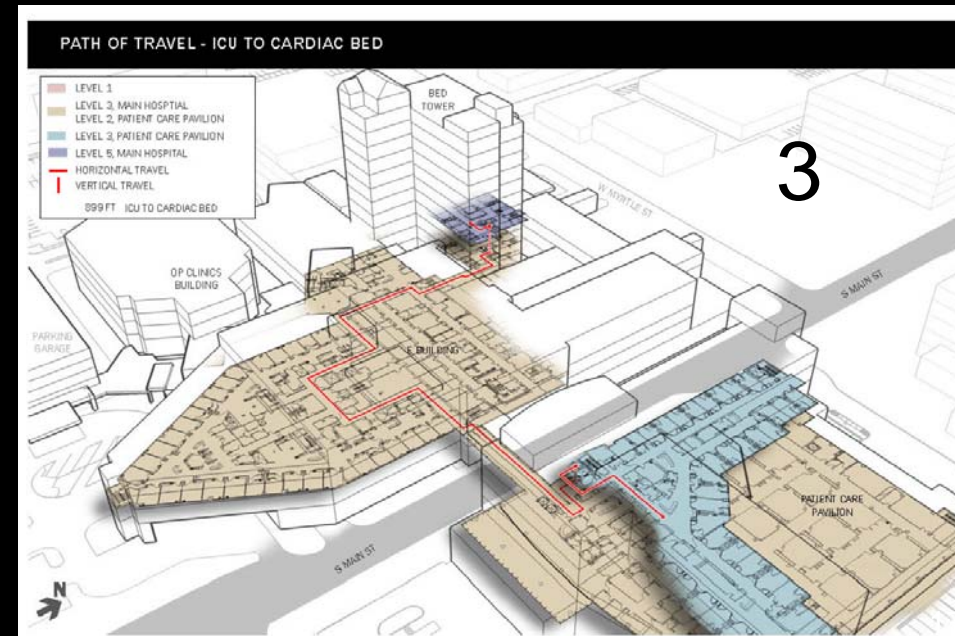
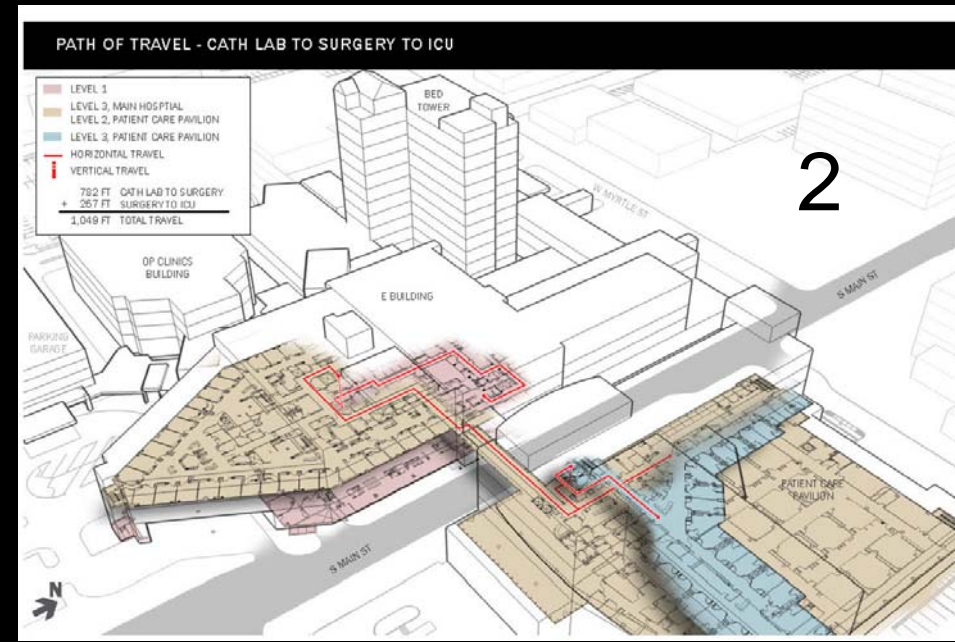
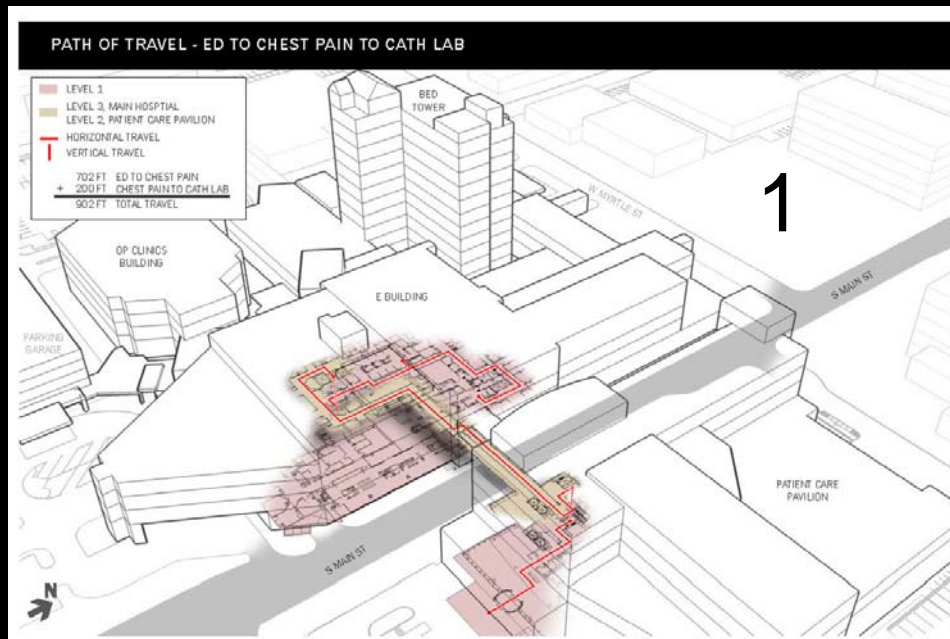
Creating increased efficiency and throughput in the emergency room



JPS Network Challenges

Downstream Process

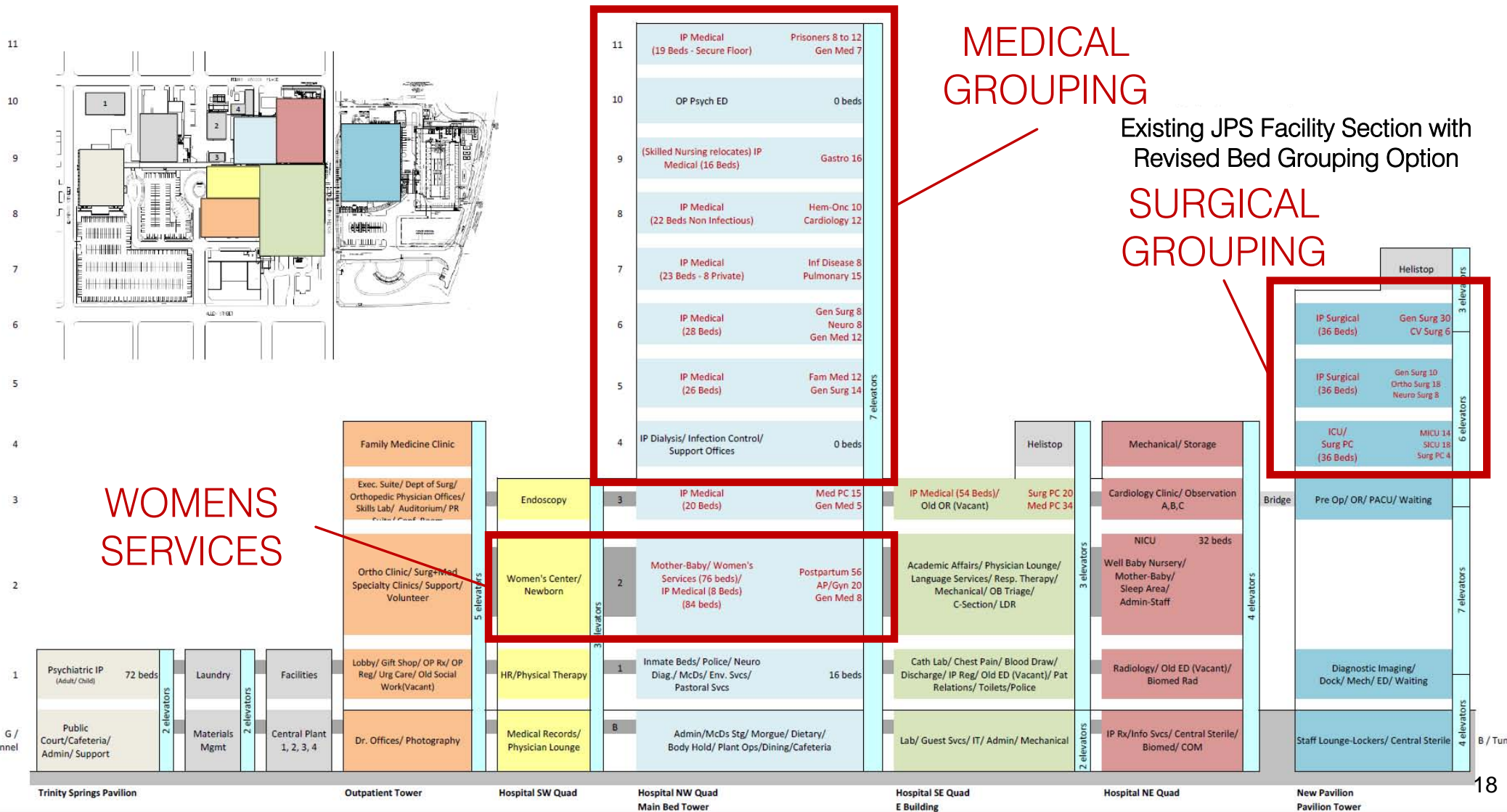
The Cardiac Experience



2,850 ft is the travel distance

Solutions

Grouped Acute Care Services

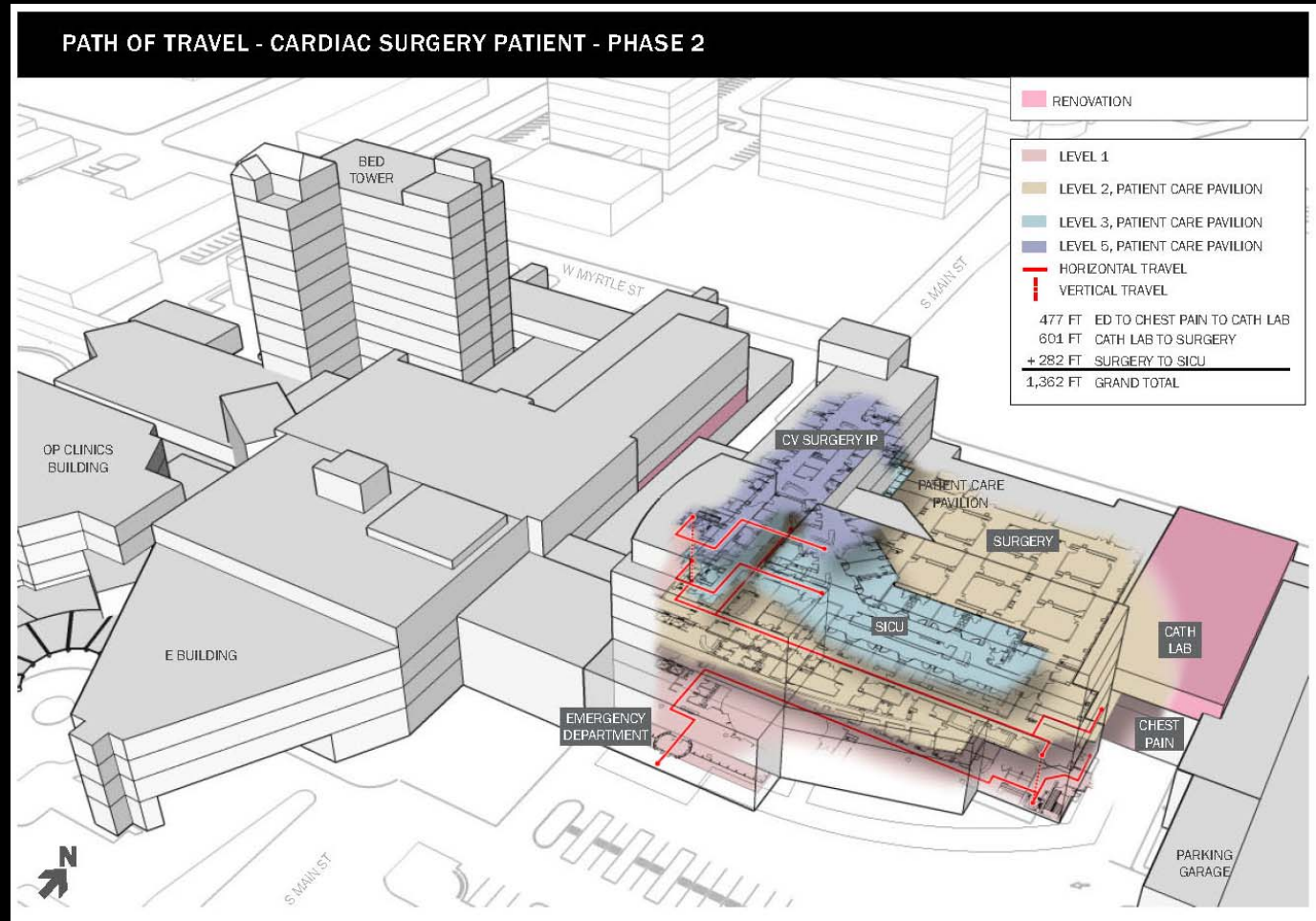


Solutions

Downstream Opportunity

The Cardiac Experience

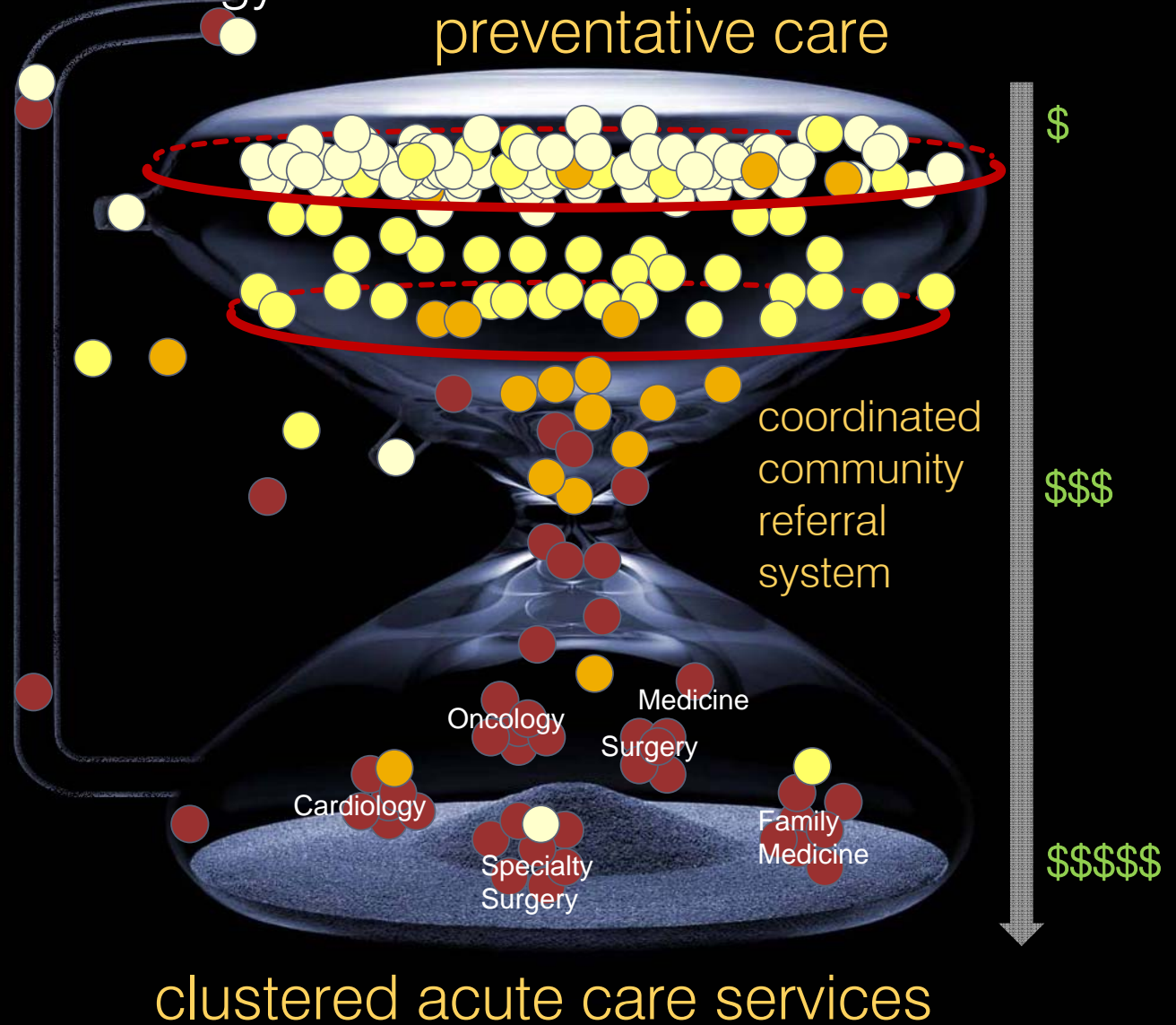
1,360 ft is the
new travel
distance



Solutions

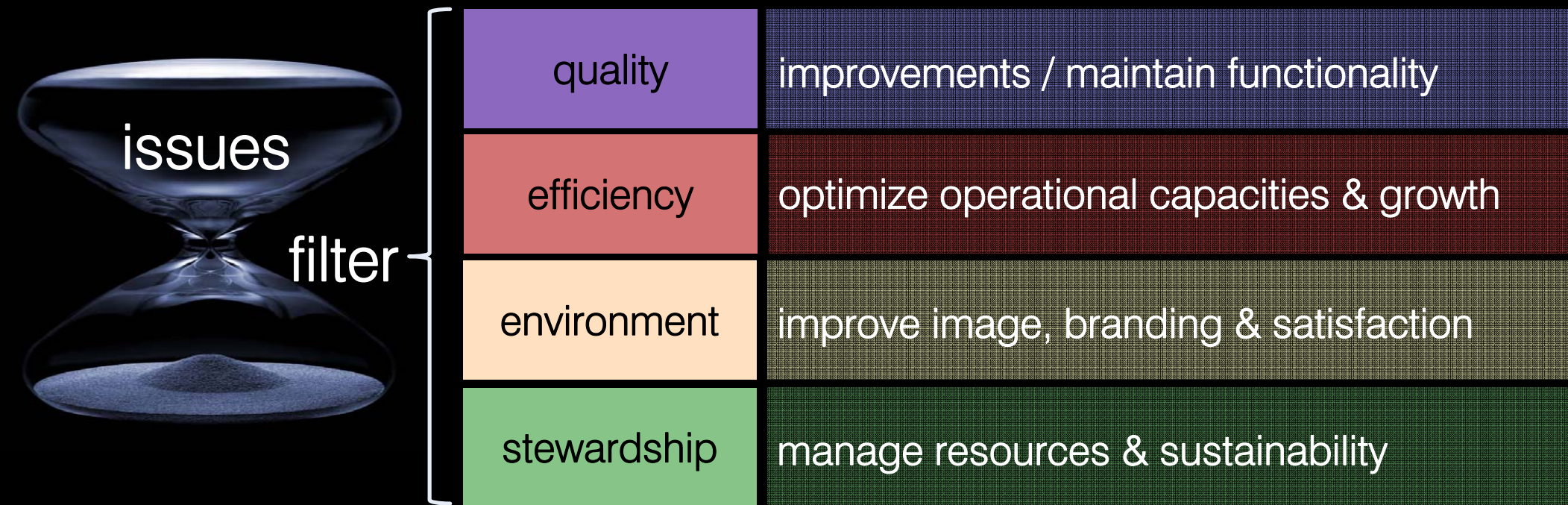
Regional Medical Home Strategy

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



Planning Criteria

Filtering



Issues

efficiency

optimize operational capacities & growth

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

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

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



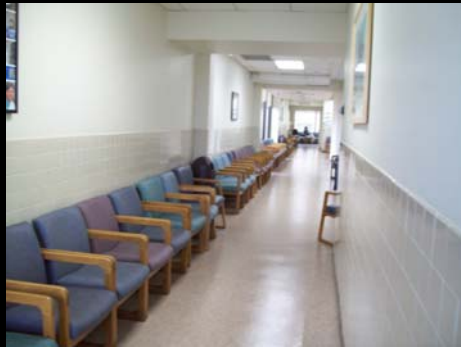
- Registration occurs at several locations and is confusing for visitors
- Urgent Care, ED, and Psych have separate triage areas
- Women's area uses patient rooms for OB/GYN Surgery prep and recovery removing beds for operations

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
efficiency	optimize operational capacities & growth
environment	improve image, branding & satisfaction
stewardship	manage resources & sustainability

Outpatient Pharmacy

Endoscopy

NICU

Chest Pain Unit

Garage Repairs (complete)

Public Circulation

Mechanical Systems

Mobile Unit for Major Medical Modalities

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

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

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

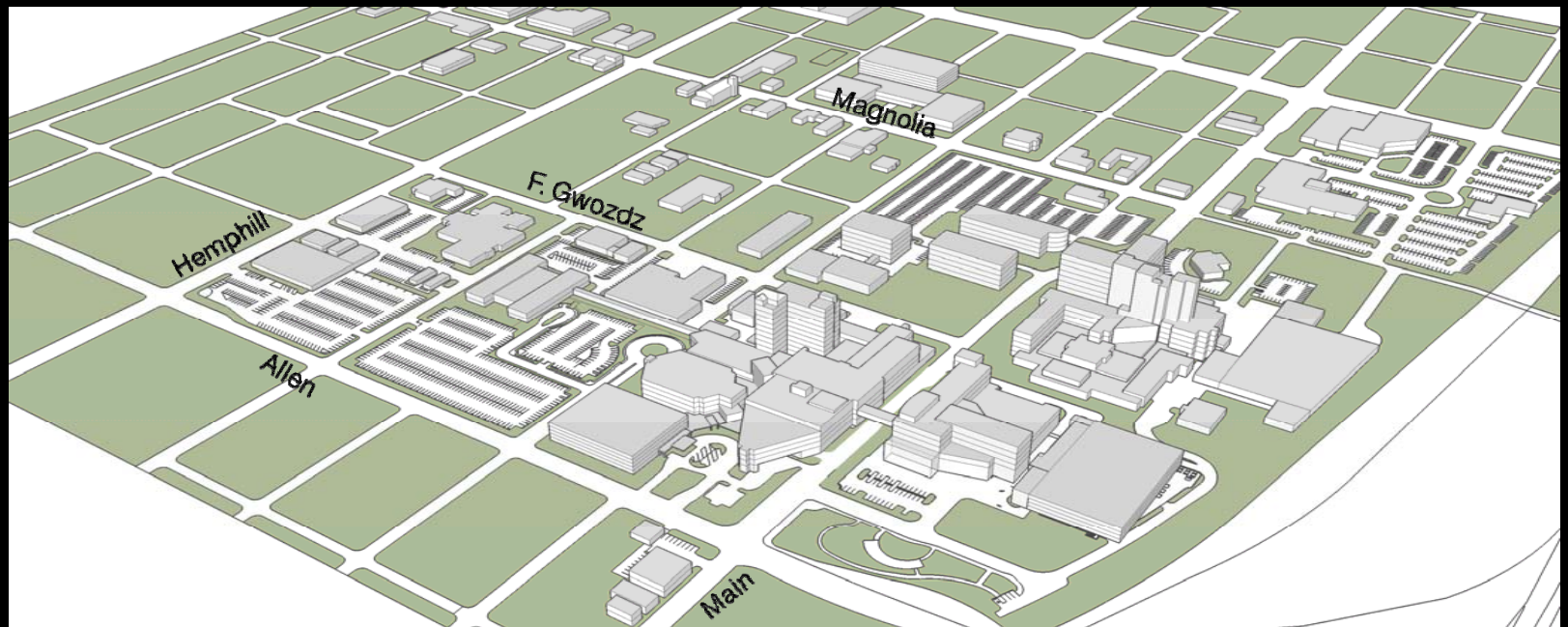
Issues

stewardship

manage resources & sustainability

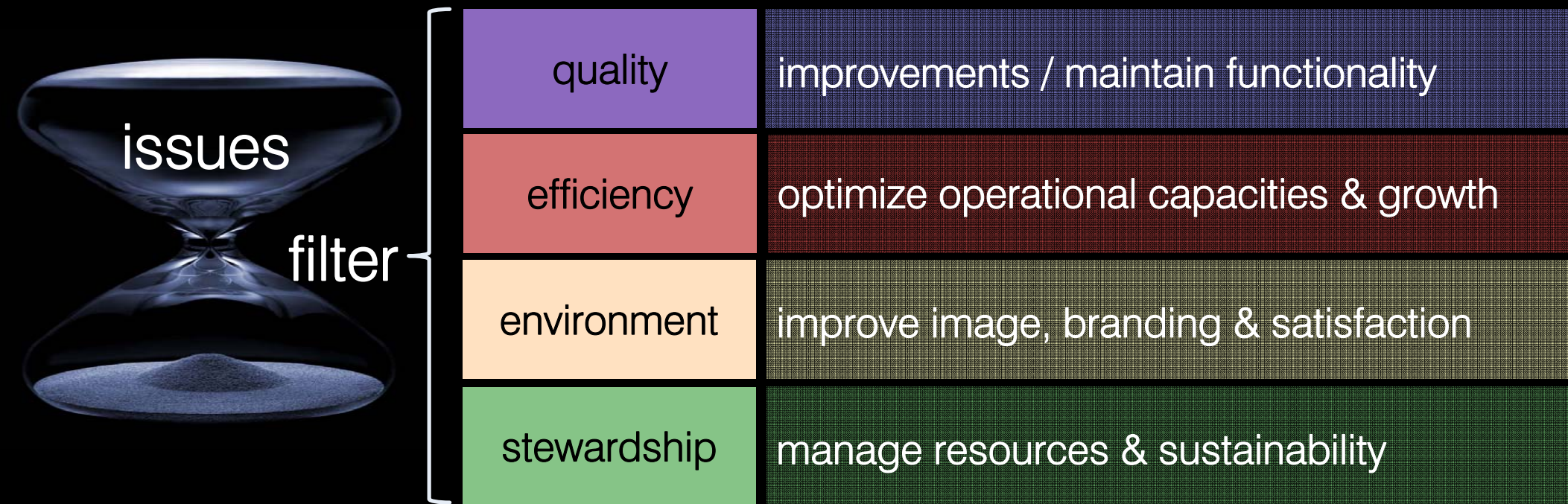
Encourage Vertical Expansion

Create More Efficient Adjacencies



Planning Criteria

Filtering



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

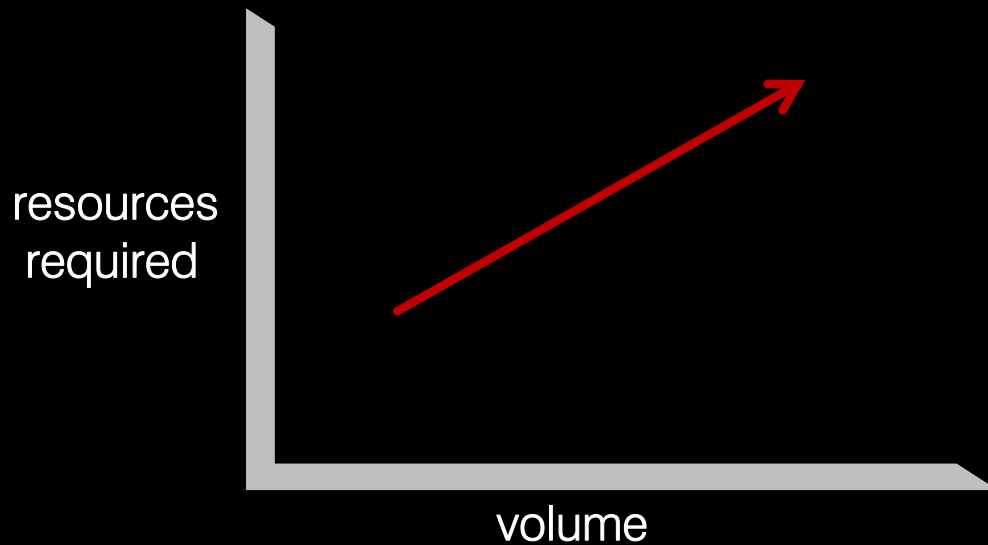
Phase 3

Operational Consolidations, Growth & Service Line Development
Regional Community Strategy Expansion

Benchmarks to Measure Progress

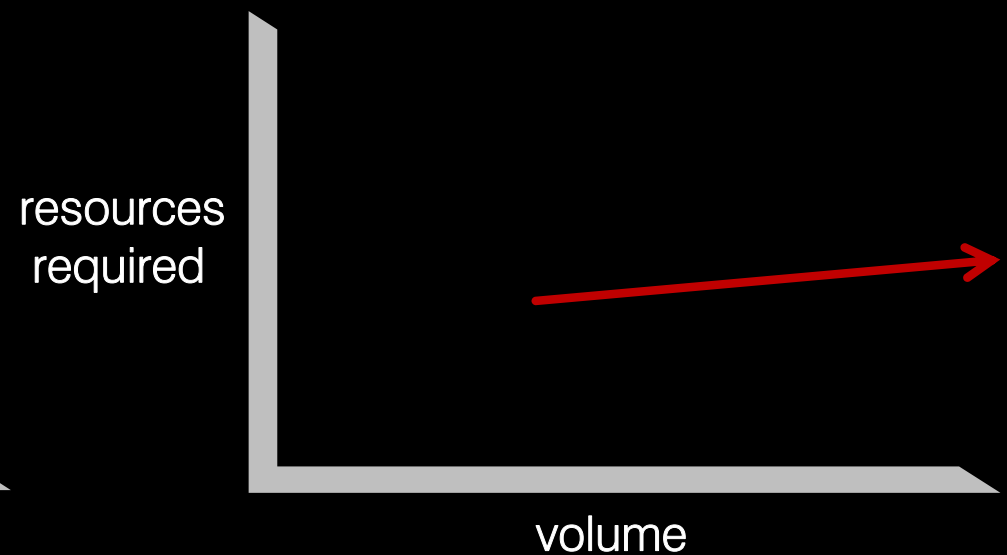
Staff, Support, Equipment and Facility Resources

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

Phase 1 Components

Benchmarks before moving to Phase 2

Regional Community Network Strategy	Regional Medical Home Hub Arlington Bardin Road / DSHA Ambulatory Surgery Reorganization of Clinics	<ul style="list-style-type: none"> ✓ Reduced Costs due to Rerouted ED Visits ✓ Reduced per Visit Cost / Increased Capacity ✓ Cost Savings from Reduced Leases
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	<ul style="list-style-type: none"> ✓ Increased ED Efficiency ✓ Decreased Transports ✓ Reduced Cost Per ED Visit
Invasive Services/ Endoscopy Reorganization	Minor Procedure / Endo Suite Renovation Surgery Reorganization: Major vs. Minor Mobile Unit for Cath / Angio	<ul style="list-style-type: none"> ✓ Operational Separation of Minor Procedures ✓ Increased Throughput / Saved Costs ✓ Utilization of Mobile Unit & Measured Use
Inpatient Beds Reorganization	Bed Reorganization: Med vs. Surg Renovation for MICU & NICU & Gyn Prep-Recovery Prisoner Unit Expansion/ Consolidation	<ul style="list-style-type: none"> ✓ Decreased Inpatient LOS ✓ Reduced Patient Transports ✓ Reduced Cost per Inpatient Stay
Academic Services Expansion	Clinic Reorganization Teaching Teams in Bed Grouping Plan Support/ Additional Conference Space	<ul style="list-style-type: none"> ✓ Scheduling Efficiencies for Residents ✓ Improved Physician Satisfaction ✓ Conference Volumes / Capacity
Internal Campus Circulation/ Support Improvements	Open Lobby / Canopy at Front Door / Site Circulation Renovation for Outpatient Pharmacy Centralized Registration	<ul style="list-style-type: none"> ✓ Improved Patient Satisfaction ✓ Pharmacy Efficiency ✓ Reduced Registration FTE Need
Campus Development Strategy	Reroute Main Street Mechanical Upgrades as Needed MetroWest Services Relocate /Other Land Development Possible	<ul style="list-style-type: none"> ✓ Decreased Transports ✓ Reduced MEP Costs ✓ Revenue from Development

Recommendations / Phasing / Benchmarks

Strategic Initiative

Phase 2 Components

Benchmarks before moving to Phase 3

Regional Community Network Strategy

Additional Regional Medical Home Hub
Reorganization of Existing Clinics

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

Emergency Dept/ Urgent Care/ Clinics
Reorganization

Ongoing Operational Improvement
Renovation of FP Clinic for Surgical Specialty Clinic

- ✓ Increased ED Efficiency
- ✓ Reduced IP Visits
- ✓ Reduced Cost Per ED Visit

Invasive Services/ Endoscopy Reorganization

Operational Improvement
in Major/ Minor Surgery Suites
Cath/ Angio Fit-Out Adjacent to Surgery

- ✓ Reduced Costs due to Invasive Adjacencies
- ✓ Increased Throughput / Saved Costs

Inpatient Beds Reorganization

Operational Improvement & Ongoing
Implementation of Bed Grouping Strategy

- ✓ Decreased Surgical Bed LOS
- ✓ NICU / Women's Services Capacity
- ✓ Reduction in Patient Transports

Academic Services Expansion

OPC Designated as Academic Services Zone
Renovate Ortho Offices for Conference

- ✓ Resident Scheduling Efficiency
- ✓ Measured Conference Volumes / Capacity

Internal Campus Circulation/ Support
Improvements

Renovate NICU for Doctors Offices

- ✓ McDonald's Lease is Released

Campus Development Strategy

Mechanical Upgrades as Needed
Demo St. Joe's / Possible Transfer Station for the "T"
Relocate Eligibility & Enrollment

- ✓ Reduced MEP Costs
- ✓ Availability of Land for New Tower
- ✓ Availability of Trinity Springs Land

Recommendations / Phasing / Benchmarks

Strategic Initiative

Phase 3 Components

Regional Community Network Strategy

Additional Regional Medical Home Hub
Reorganization of Existing Clinics

Emergency Dept/ Urgent Care/ Clinics
Reorganization

Operational Improvement &
ED Expansion as Needed

Invasive Services/ Endoscopy Reorganization

Best Practice Implementation for
Major Surgery / Invasive Services blending
Surgery, Cath, Angio, Advanced Imaging

Inpatient Beds Reorganization

New Bed Tower Construction / Consolidation of Beds on
East Side of Main Street / Psych Services Relocate to
Old Medical Bed Tower / Expand Women's & NICU Beds

Academic Services Expansion

Education Expansion Option in New Tower &
Conference Space on Level 3 of OPC

Internal Campus Circulation/ Support
Improvements

Relocate Dining Level One from Basement
Campus Circulation Improvements
Administration Office Relocation to BT 11

Campus Development Strategy

Trinity Springs is Closed / Demo
Site Development Locations Identified through Campus
(Trinity Springs, Eligibility & Enrollment, JPOC Parking, Materials Management)

Existing JPS Campus



Proposed Phase One Consolidation



Proposed Phase Two Progression



Proposed Phase Three Development

