# PLAN PHASING

Phase 1: Efficient Core Services (0-24 Months)

One Contiguous Main Campus for the Network

Regional Community Strategy System Prototype

Phase 2: Accommodate Growth (24-36 Months)

Accommodate Patient Volumes at the Main Campus and in Clinics

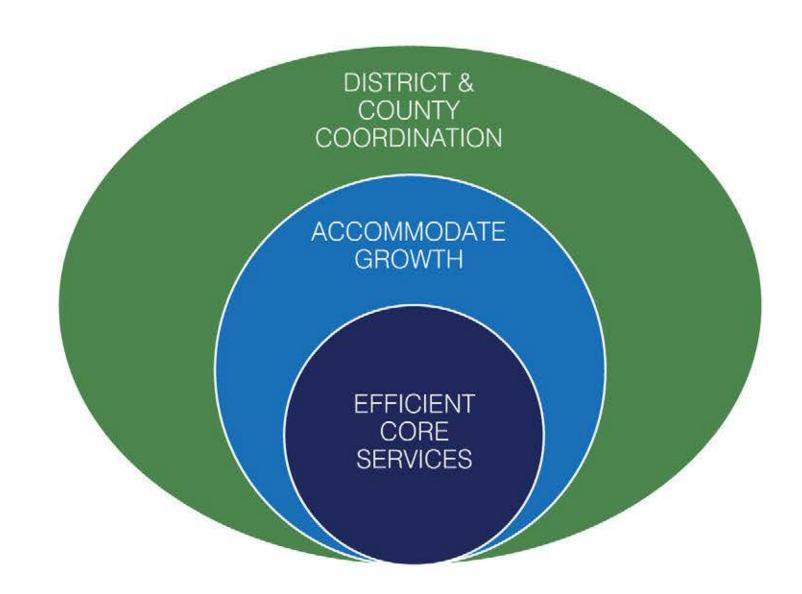
Regional Community Strategy Expansion

Phase 3: District & County Coordination (36-60 Months)

Operational Consolidations

Growth & Service Line Development

Regional Community Strategy Expansion



# PRIORITY RECOMMENDATIONS

Regional Community Network Strategy

Emergency Dept/ Urgent Care/ Clinics Reorganization

Invasive Services/ Endoscopy Reorganization

Inpatient Beds Reorganization

Academic Services Expansion

Internal Campus Circulation/ Support Improvements

Campus Development Strategy

Phase One EFFICIENT CORE SERVICES

#### Plan Components

Regional Medical Home "Hub": Arlington DSHA Ambulatory Surgery / Surgical Clinic Release of Select Clinic Leases

Urgent Care Relocation/New Central ED Triage Relocate Admit/ Chest Pain/Psych ED Family Practice/Surgical Clinic Reorganization

> Minor Procedure/ Endo Suite Renovation Surgery Reorganization: Major vs. Minor Mobile Unit Adjacent to Pavilion

> Bed Reorganization: Medical vs. Surgical Renovation of NICU & Gyn Prep-Recovery Prisoner Unit Expansion/ Consolidation

Clinic Reorganization Teaching Teams in Bed Grouping Plan Repurpose Spaces for Support/ Conference

Construct Connection on Main Street Rework Entrance / Centralized Registration Renovation for Pharmacy & Orthopedic Clinic

District Boundary Identification MetroWest Services Relocate/ MetroWest Demo Other Land Development Possible

### Benchmarks to Meet Before Moving to Phase 2

- Cost Savings from Eliminated Leases
- √ Increased Capacity / Reduced per Visit Cost
  √ Reduced Costs due to Rerouted ED Visits.
- The second second
- ✓ 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 LOS especially Surgical Beds ✓ Reduced Patient Transports
- ✓ Reduced Patient Transports
   ✓ Reduced Cost per IP stay
- ✓ Improved Scheduling Efficiency for Residents
- √Improved Physician Satisfaction
- ✓ Conference Volumes / Capacity
- ✓ Improved Patient Satisfaction
  ✓ Pharmacy Efficiency
- √ Reduced Registration FTE Need
- √Reduced MEP Costs
- ✓ Revenue from MetroWest Development
- √ Revenue from Other Developments

### Phase Two ACCOMMODATE GROWTH

#### Plan Components

Regional Medical Home "Hub" Implemented Rationalization of Existing Clinics Clinic Lease(s) Released

Operational Improvement & Ongoing Implementation of New Central Triage & ED Reorganization with Urgent , Psych, Chest Pain

Operational Improvement & Ongoing Separation of Minor Procedures from Major Surgery Cath/ Angio Fit-Out Adjacent to Surgery

> Operational Improvement & Ongoing Implementation of Bed Grouping Strategy

OPC Designated as Academic Services Zone Convert Ortho Offices to Conference Space

Renovate NICU for Doctors Offices

Ongoing Implementation Demo St. Joe's Relocate Eligibility & Enrollment

### Benchmarks to Meet Before Moving to Phase 3

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

  ✓ Reduced IP Visits
- ✓ Reduced Costs due to Adjacency of All Invasive ✓ Increased Throughput / Saved Costs
- ✓ Decreased Surgical Bed LOS
- ✓NICU / Women's Services Volume
- ✓ Reduction in Patient Transports
- ✓ Resident Scheduling Efficiency
  ✓ Measured Conference Volumes/ Capacity
- ✓ McDonald's lease is released.
- ✓ Reduced MEP Costs
- √ Availability of Land for New Tower
- ✓ Availability of Trinity Springs Land



#### Plan Components

Regional Medical Home "Hub" Implemented Rationalization of Existing Clinics Clinic Lease(s) Released

> Operational Improvement & ED Expansion as Needed

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

New Bed Tower Construction/Consolidation of Beds on East side of Main Street/Psych Beds Relocate to BT/ Expand Women's & NICU Beds

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

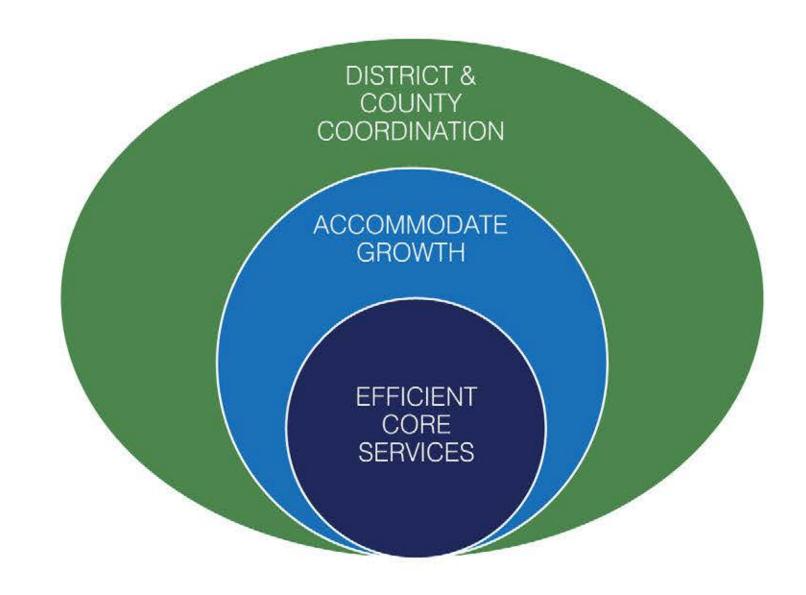
Relocate Dining to Level One from basement Campus Circulation Improvements Administration Office Relocation to BT 11

> Trinity Springs is Closed/ Demo Trinity Springs Site Development Eligibility & Enrollment Site Development

PHASE ONE: Efficient Core Services

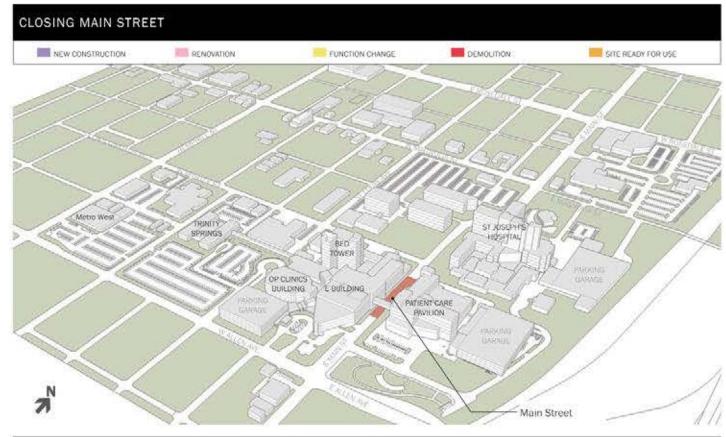
One Contiguous Main Campus

Regional Community Care Strategy



## PHASING: PHASE ONE

Phase One starts with the Community Healthcare Strategy that outlines a systematic, regional approach to implementation of community services. It utilizes the medical home model as the "hub" of care in each region, focusing on primary and preventative patient care, supported by a network of specialty and school based clinics. Urgent care services would be offered through extended gours and access to services at the "hub" and would act as a temporary "net" to capture patients who need the broader base of care and services provided through the medical home. This strategy's goal is to take the burden of unnecessary care at the acute level off of the main campus hospital and distribute care throughout the county in the community health clinics. The medical home model improves access to care to ensure that, where possible, patients receive appropriate, preventative care at the lowest level of cost to the network and to the community. This in turn reduces cost to the system at the main campus, acute care level (where the most costly care exists in the Emergency Department, Surgery, inpatient beds, etc).



MAIN ST CLOSED / DEMOLITION MAIN ENTRY & GARAGE CANOPY

REMOVATION

The cornerstone and first critical step of the plan is the closing or rerouting of Main Street. Main Street is a barrier to the efficient operations of the campus and is an impediment to JPS' future ability to serve its patient population and practice stewardship within the community.

#### Closing main street will:

- · Decrease patient transports between facilities
- · Improve efficient use of resources
- · Allow Urgent Care / ED consolidation and efficiency
- · Provide a connection between key hospital departments
- · Eliminate duplication of resources
- Eliminate the flow of traffic through the middle of the JPS campus and pedestrian areas

The existing front entry including the revolving entry door and garage canopy will be demolished to begin the process of improving access to the entry drive and front entry. Traffic will be redirected to a new circle drive at the front door with locations for drop off and a direct route into the garage that will reduce the congestion at the front entry.



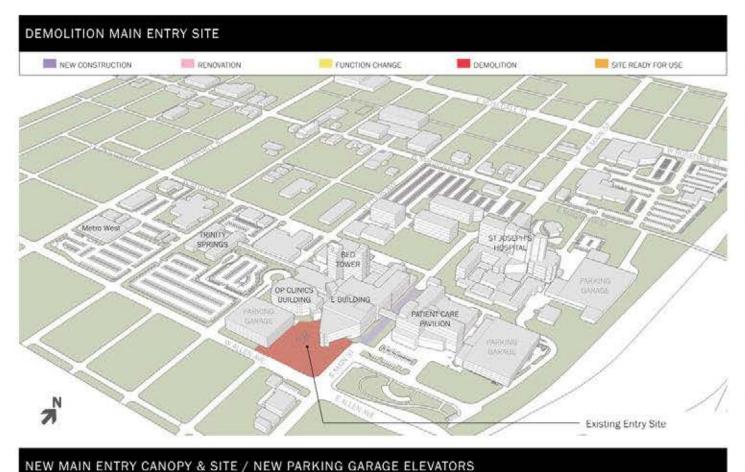
Main Street between main hospital and Pavilion



Pedestrians on Main Street



Revolving door at Main entry



FUNCTION CHANGE

E BUILDING

PATIENT CARE

DEMOLITION.

SITE READY FOR USE

New Main Entry &

Entry Drive

NEW CONSTRUCTION

RENOVATION

The existing entry drive is underutilized and will be demolished and reworked to improve access to the front door, allow for patient dropoffs and more seamless entry into the garage. The current configuration of the entry mixes automobile traffic with pedestrian traffic. The goal of the site rework at the entry is to allow direct entry into the garage, rerouting traffic from circling the garage and mixing with pedestrian traffic. This will reduce congestion at the front entry and improve throughput into and out of the garage.



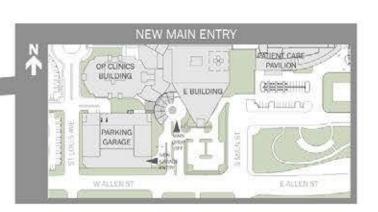
Parking garage elevator/parking garage traffic entrance

This image shows the new main entry to the facility and the new entry drive. This will address three plan criteria at the front door of the facility: quality, efficiency and environment.

Reworking of the drive and main entry will:



- · Separate pedestrian from automobile traffic.
- · Allow for improved wayfinding to the facility's entry.
- Eliminate the revolving door at the entry, that is burdensome for people on wheelchairs, crutches, and those who are having trouble moving quickly.
- · Refresh the look and feel of the entry for the public.

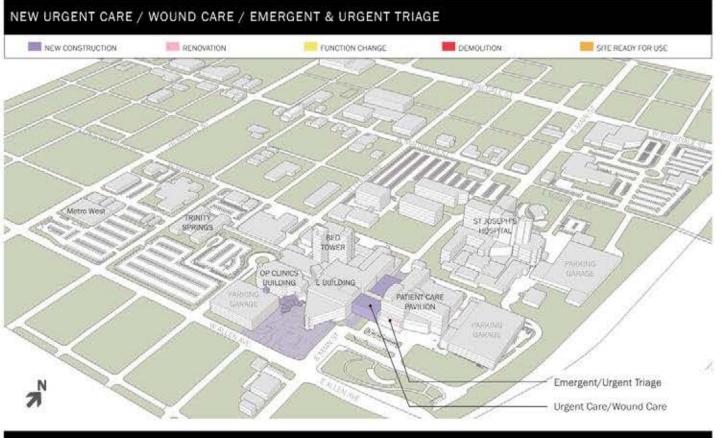




Entrance to parking main entry parking garage.



Street/walkway between front entry and main parking garage.



NEW PSYCH ED / CHEST PAIN NEW CONSTRUCTION RENOVATION FUNCTION CHANGE DEMOLITION. SITE READY FOR USE PATIENT CARE Psych ED / Chest Pain On the Main Street site, a connection will be built between the hospital and the Pavilion that will house Urgent Care, as a connection to the current ED. It will also allow space for the fit-out of a new Wound Care clinic.

The construction of this connection will:

- Allow for the consolidation of Urgent Care and the Emergency Department, and a shared triage that allows for filtering of patients to the appropriate care location, and reduced patient transports.
- · Allow for improved access to Urgent Care and reduced congestion at the entry to the main hospital.
- . Allow for initiation of the Wound Care clinic adjacent to the ED for follow up wound care for trauma patients.

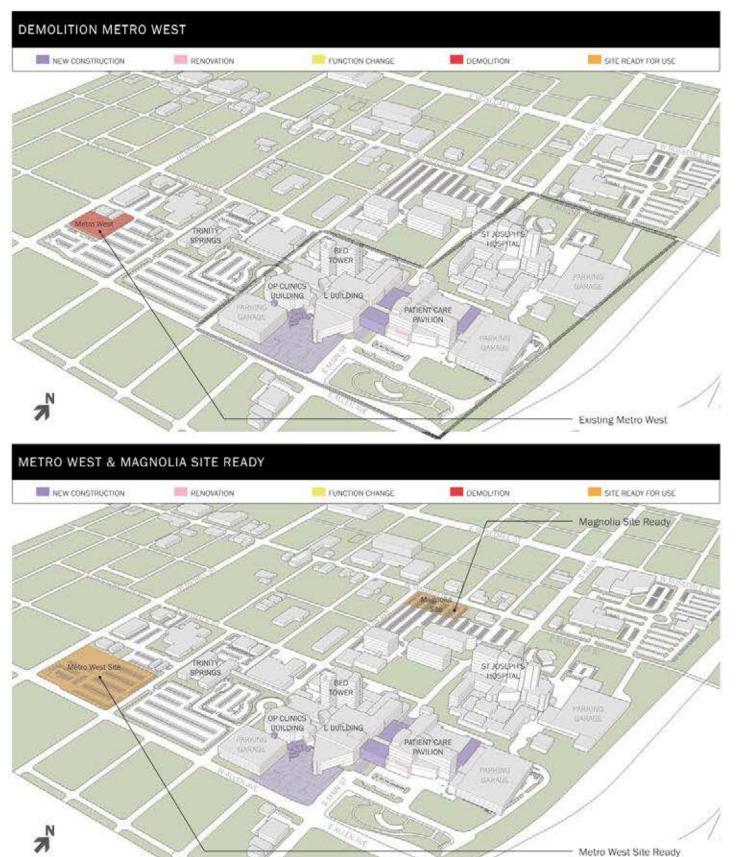


A new addition to the Patient Care Pavilion is proposed adjacent to the ED parking garage. This addition will provide a location for the Psych ED (with dedicated entrance) on the ground floor and a new more appropriate location for Chest Pain adjacent to the ED.

The new addition will:

- Allow for improved access to the Psych ED and a straight connection from Psych ED to the Trinity Springs Pavilion for inpatient Psych care, through the underground walkway, no elevator use and mixing with public.
- Allows for relocation of Psych ED from level 10 of the bed tower so that the bed tower unit can be utilized for inpatient acute care medical beds. This allows for increased and needed capacity for beds, and for the reorganization and separation of medical and surgical beds to take place, as proposed in the plan.
- Allow for the implementation of a Wound Care program, an extension of JPS trauma services.





The plan identified a boundary for the development of the future JPS campus. The MetroWest building on the West side of campus, along Hemphill, is not only outside of that boundary, but it is also sitting on a piece of land that will be prime for development in the future. The services in the MetroWest building, mainly support functions and physician recruitment offices, can be relocated. As a result, relocation of MetroWest services and demolition of the MetroWest building is recommended.

Demolition of the MetroWest building will:

- Allow JPS to take the first step toward consolidating the campus to a tighter, more efficient contiguous campus.
- Allow cost savings related to maintenance and MEP of a JPS-owned facility.

The site at Magnolia and St. Louis Ave. also falls outside of the long term JPS campus footprint, but is owned by JPS and is in a site that is prime for future development. It is recommended that this site be made available for future development in phase one of the facilities utilization plan.

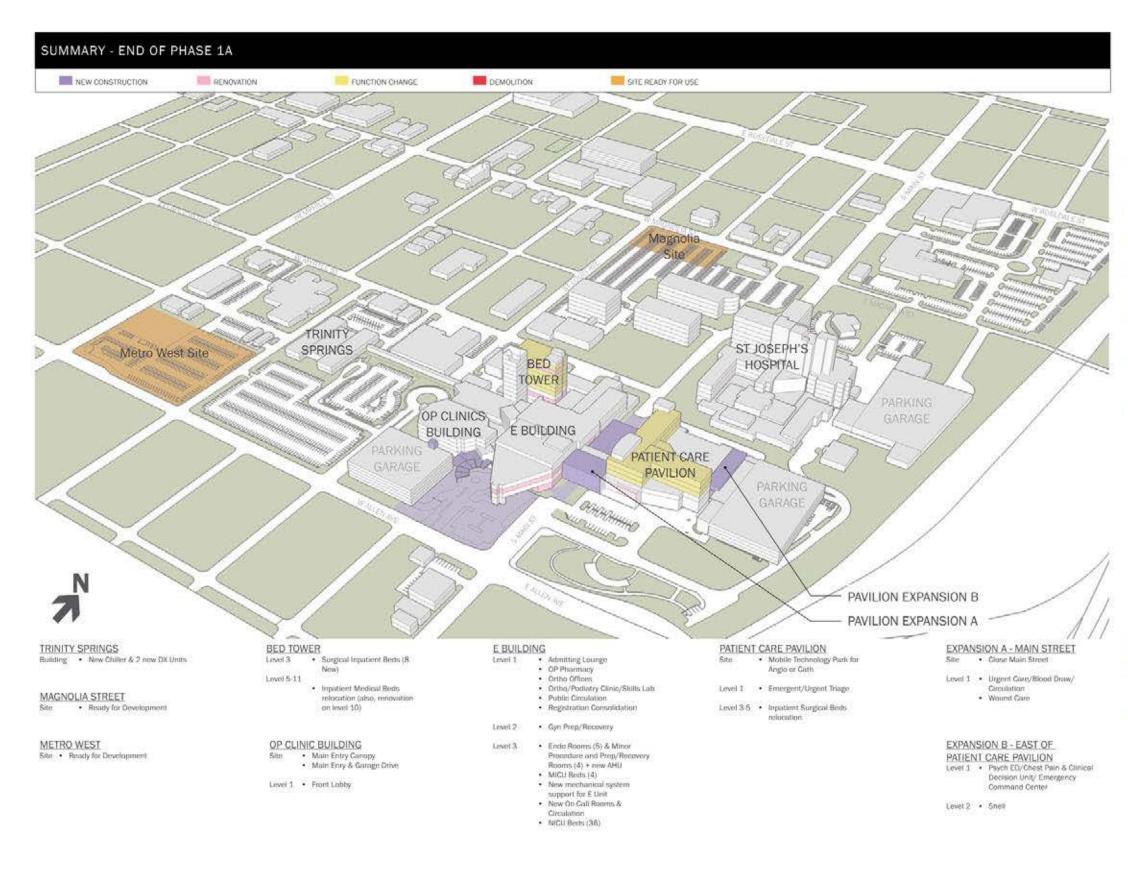
Availability of these two sites will:

- Allow revenue associated with development of the land along Hemphill (MetroWest land) to help with funding for plan-associated renovations and construction.
- Allow revenue associated with development of land along Magnolia to help with funding for plan-associated renovations & construction.









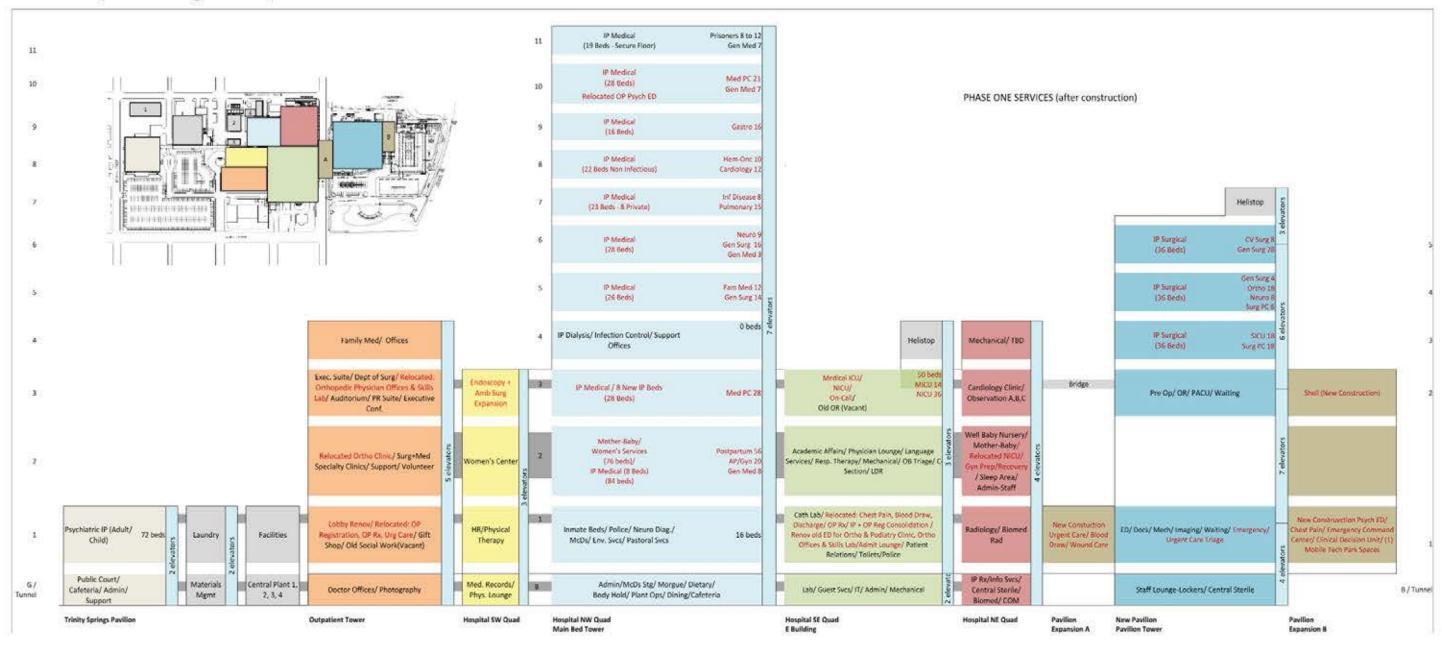
This image shows the JPS campus at the end of Phase One including areas of new construction, renovation, function change or reuse of existing space for another purpose, and sites ready for re-use.

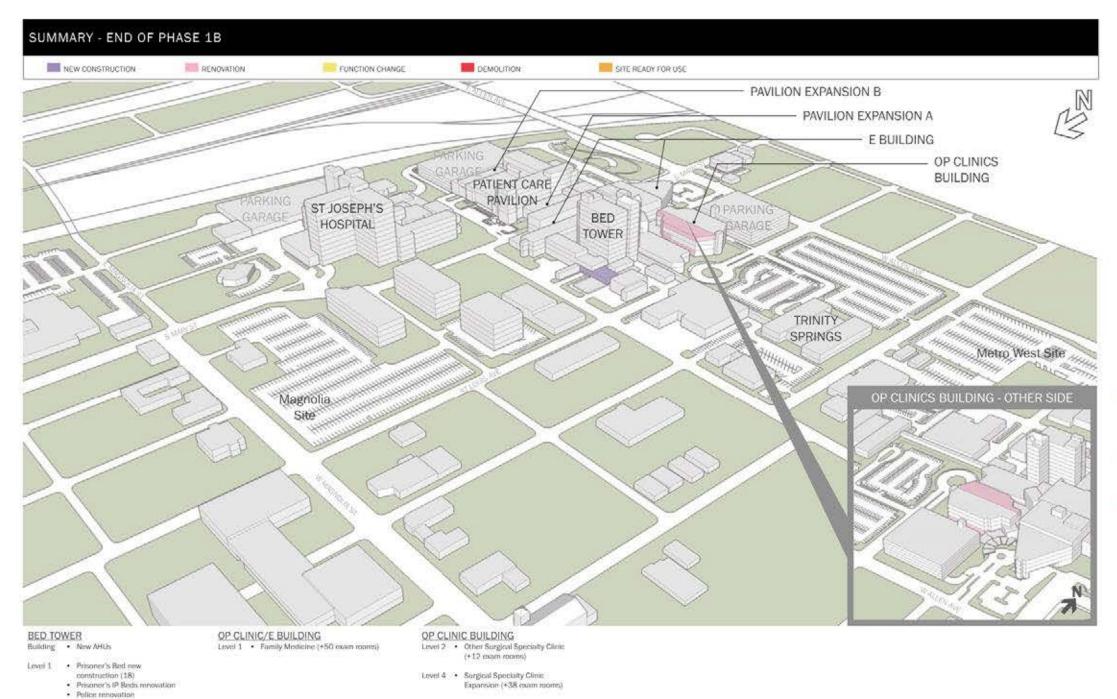
At the end of Phase One, JPS will have completed:

- Closing of Main Street and Construction of Urgent Care/
   Wound Care and new triage for ED & Urgent Care.
- Re-work of New Entry, New Entry Drive & Main Hospital Lobby
- Consolidation of Registration stations
- Relocation and expansion of the outpatient Pharmacy on ground level of hospital
- Relocation and expansion of Orthopedic / Podiatry clinic from level 2 of outpatient clinic building to level one of hospital
- Relocation and New Construction for Psych ED/ Chest Pain
- Bed Reorganization
- Separation of medical and surgical beds,
- New MICU in E Building.
- Renovation of levels 9 and 10 for medical beds,
- Medical beds stacked vertically in bed tower,
- Grouping of medical and surgical specialties on dedicated units,
- Grouping of teaching teams,
- Renovation for Gyn Prep Recovery Beds/ Expanded capacity for Womens services beds.
- Renovation for new NICU and NICU Relocation
- MetroWest demolished and pad site ready for development
- Magnolia pad site ready for development

#### SECTION PLAN FOR END OF PHASE ONE A

The operational section below shows the functions by building and by floor at the main campus at the end of Phase One A. The goal of vertical organization is apparent in this diagram which shows surgical services stacked on levels 2, 3, 4, and 5 of the Pavilion (Surgery on 2 and Surgical Beds on 3, 4 and 5). An extension of surgical services, outpatient surgery and Endoscopy, is separated but adjacent to Surgery in the E Unit. Medical beds are stacked in the main bed tower, with Medical ICU adjacent to them in the E unit. Adjacencies of the Emergency Department and Urgent Care are also apparent. Clinic reorganization is shown in the outpatient building with Family Medicine on the ground level and lower volume clinics vertically stacked, on the upper floors. Red text represents a change in function, renovation or new construction.





Phase One B entails the completion of the outpatient clinics, including renovation of the previous Urgent Care space for Family Practice and relocation of FP, the highest volume outpatient clinic, to the ground level with expansion for offices and exam rooms. Phase One B also includes the renovation of the previous Orthopedic Clinic space on level two and the previous family medicine space on level four, for expanded surgical clinic capacity.

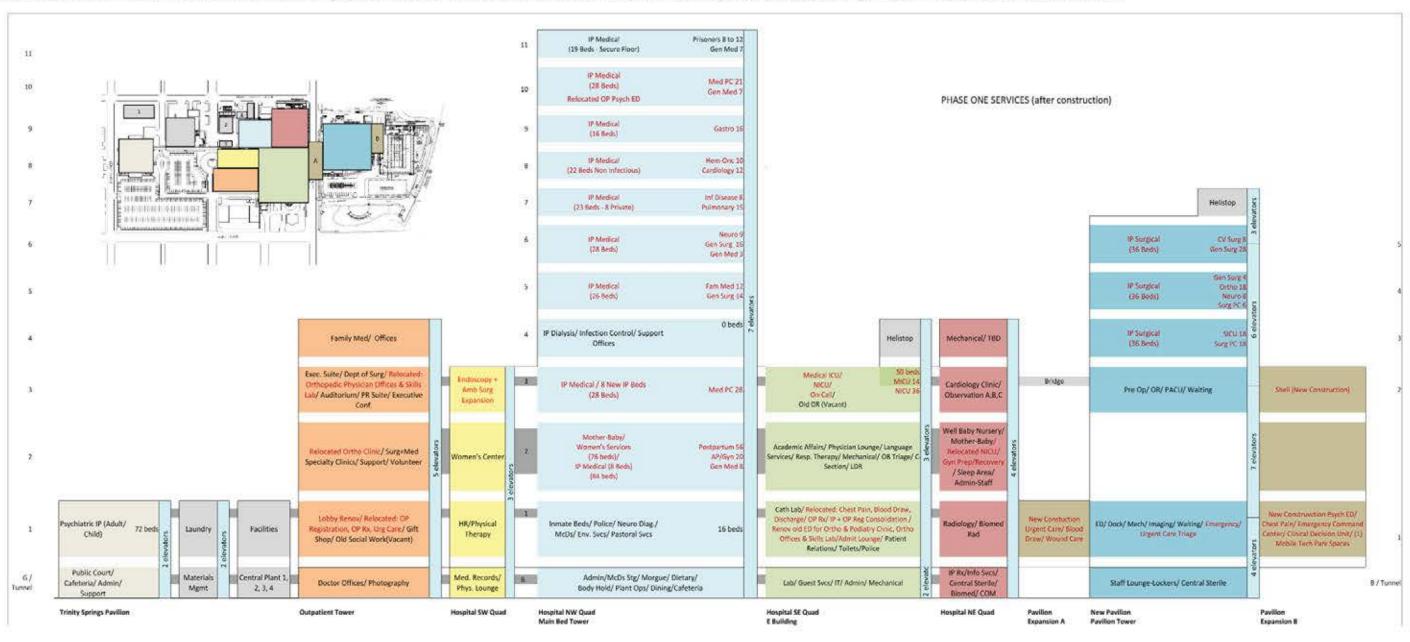
The final critical piece of the initial beds reorganization that is completed in Phase One B is consolidation of prisoners in one location. Expansion is needed for this to occur as well as a dedicated entrance to remove the prisoner population from traversing through the public areas of the hospital.

These renovations and the new construction:

- Relocates the highest volume clinic from level four to level one of the outpatient tower, relieving the elevators from intense congestion, and making the clinic more accessible to patients.
- Allows for needed surgical clinic expansion and improved flow and waiting areas for surgical clinics.
- Allows for consolidation of prisoner inpatients, and separation of this population from the general public. This allows for an improved environment for patient and public at JPS. It also allows JPS to bring the existing prisoner unit up to current code requirements.

#### SECTION PLAN FOR END OF PHASE ONE A&B

The operational section below shows the functions by building and by floor at the main campus at the end of Phase One A & B. Red text represents a change in function, renovation or new construction.



JPS Main Campus, 2010-2011



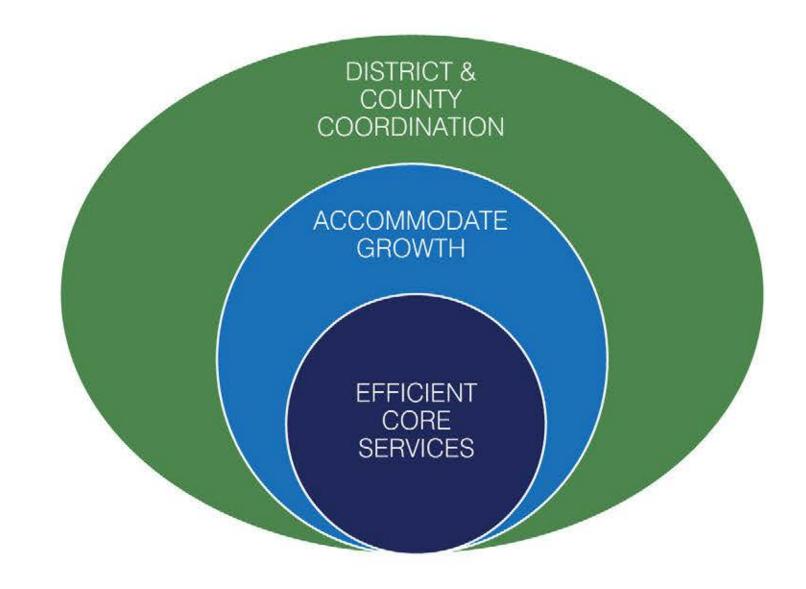
JPS Campus at End of Phase One A & B



PHASE TWO: Accommodate Growth

Accommodate Patient Volumes

Community Care Strategy Expansion



## PHASING: PHASE TWO

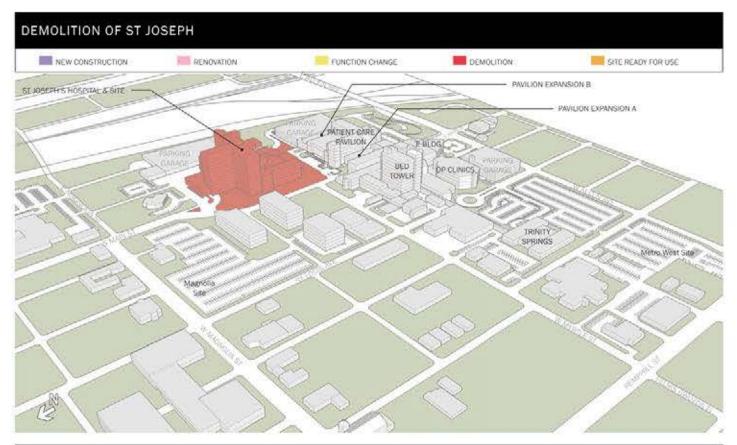
Once benchmarks have been met for Phase One of the SFUP, Phase Two can begin.

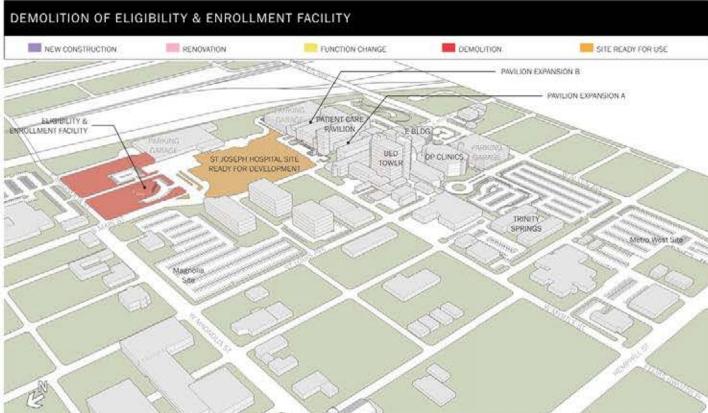
Phase Two includes three major components. One is ongoing implementation of the strategies and operational improvements initiated in Phase One. This includes expansion of the regional Community Clinic Strategy. The goal is to continue to build programs and services that improve patient health, reduce main campus volume and increase capacity & operational savings at the clinics.

Phase Two also includes ongoing implementation of the campus development strategy. In Phase One, demolition of MetroWest and development of that site presented the opportunity for cost savings from maintenance of an owned facility, revenue generation from development of the site, and tightening of the campus. In phase two, further implementation of that strategy includes demolition of the Eligibility and Enrollment building, and consolidation of those services outside of the main campus.

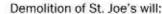
Operational elements of Phase Two include continued implementation of the bed reorganization strategy introduced throughout Phase One, further development of the invasive services strategy, continued improvement of wayfinding and ancillary components, and ongoing implementation of the campus development strategy.

## PHASING: Phase Two





Phase Two begins with the demolition of St. Joe's facility, land and power plant. The Demolition of St. Joe's removes an aging building from the middle of campus that has been, and is increasingly, an impediment to JPS growth and the advancement of the area as a whole. Renovation of the building for re-use is not cost effective due to costly abatement, facility deterioration, and a comparison to the cost of building a new facility form the ground up. Removal of the deteriorating hospital will allow hospital expansion where it is most cost effective and makes most operational sense, adjacent to the newest addition to the campus, the Pavilion tower.



- Eliminate the need for any upkeep or safety measures related to the deteriorating facility.
- Allow for future campus growth, and facility expansion where it makes operational and cost-effective sense.

Another option in Phase Two is demolition of the Eligibility & Enrollment building adjacent to the St. Joe's land on the main campus. This allows for further consolidation of the campus, consistent with the campus development strategy.

Demolition of the Eligibility & Enrollment site will make it available for future development and potential revenue for JPS to help fund the care the system provides.



Profile of St. Joe's that reveals size in relation to campus

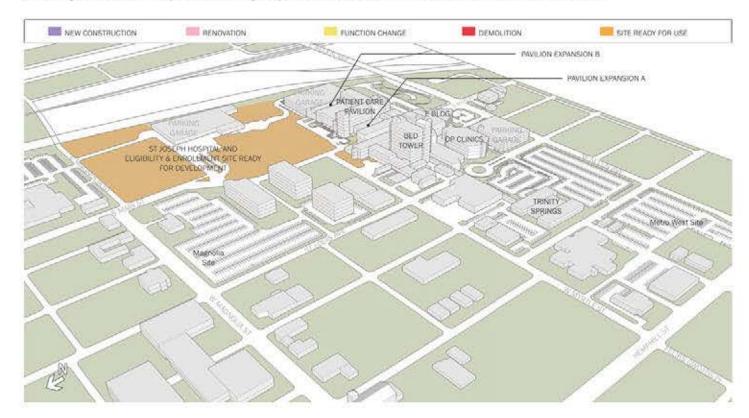




Eligibility & Enrollment Building

### ELIGIBILITY & ENROLLMENT FACILITY SITE READY FOR DEVELOPMENT

This image shows availability of both the Eligibility & Enrollment Site, and the St. Joe site for future development.

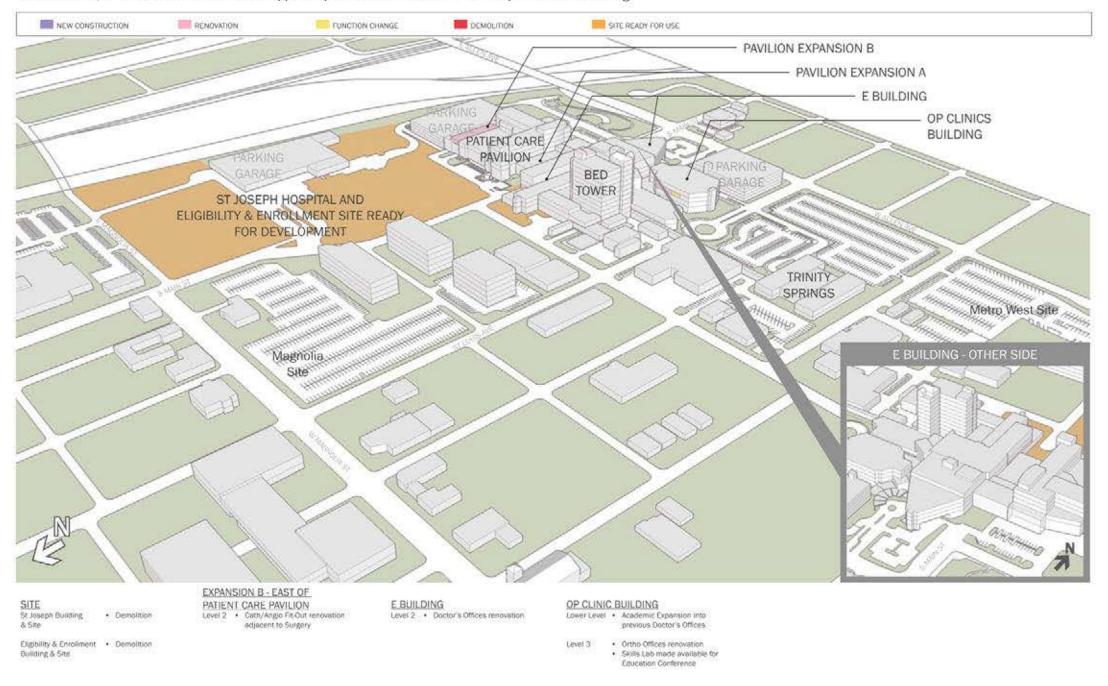


PHASING: Phase Two

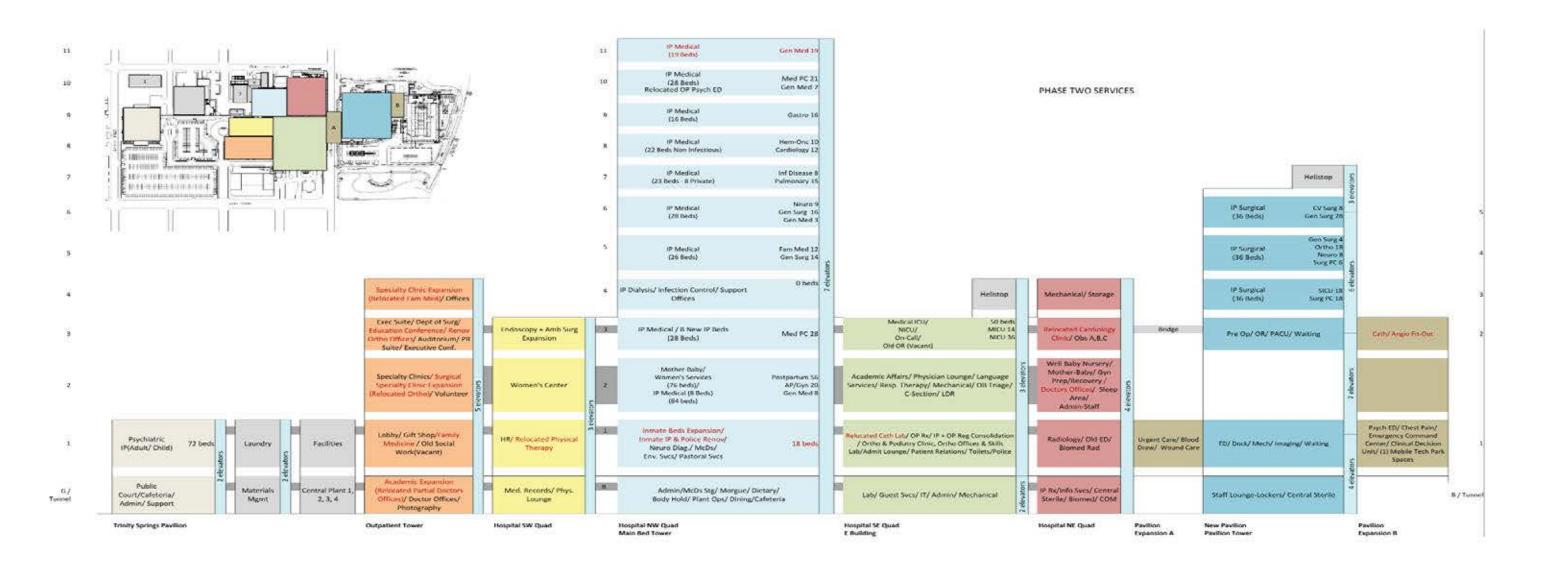
## PHASING: Phase Two

### SUMMARY - END OF PHASE 2

At the end of Phase Two, the land where St. Joe and the Eligibility & Enrollment buildings previously stood, is available for development. The second story of the newly constructed addition to the Pavilion (Pavilion B expansion), adjacent to the ED garage, is fit out in Phase Two for a new Cath / Angio Lab. This renovation and relocation of the Cath Lab places all acute cardiovascular services on the same side of Main Street. It also places Cath Lab adjacent to surgery, which is becoming more and more of a best practice in advancing healthcare facilities across the country. In this Phase, Academic Services receives support expansion on level three of the outpatient clinic building.



### SECTION PLAN FOR END OF PHASE TWO



## PHASING: Phase Two

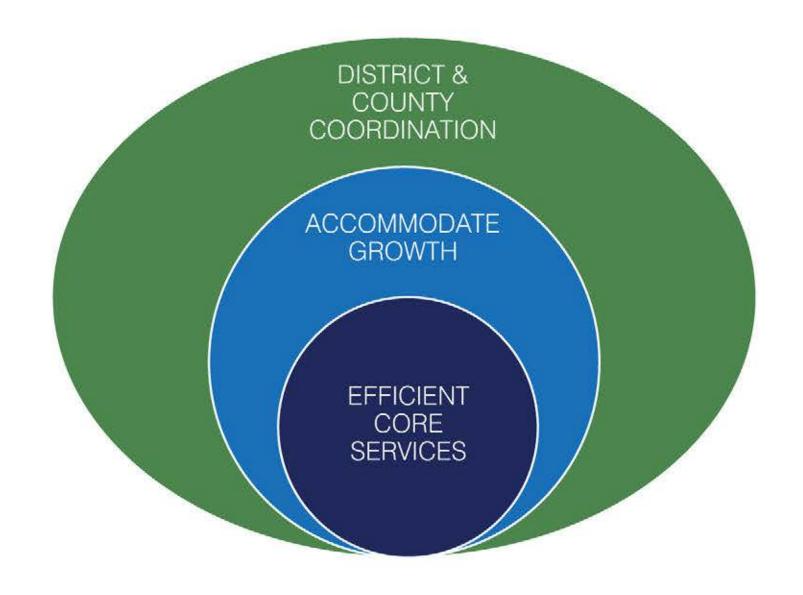
JPS Campus at End of Phase One A & B



JPS Campus at End of Phase Two



PHASE THREE : Community Coordination
Operational Consolidations
Community Care Strategy Expansion



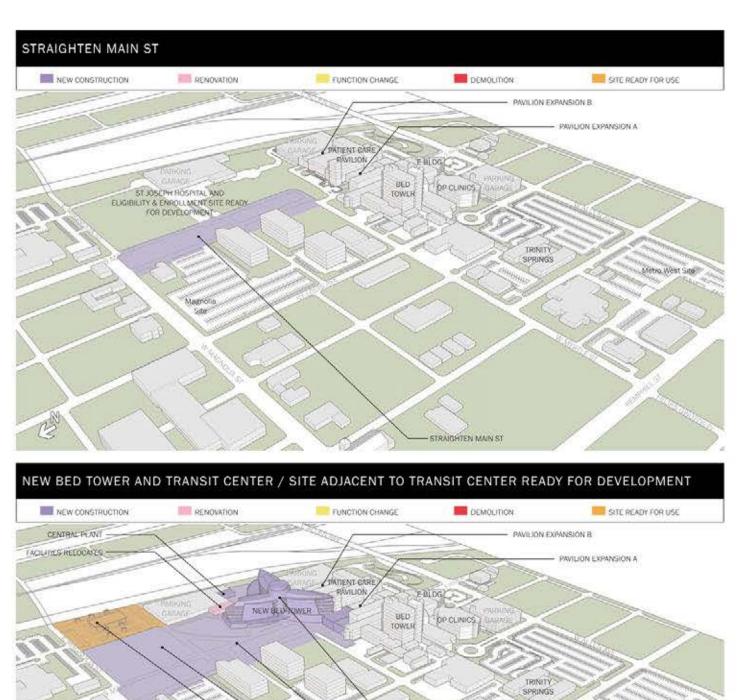
## PHASING: PHASE THREE

Phase Two prepared JPS for completion of the strategic facilities utilization plan, and the components of the plan that make up Phase Three. Phase Three allows for and completes the long term consolidation of the main campus and continues implementation of the regional community clinic strategy. It also allows for long term growth and service line development.

In Phase Three, all medical and surgical beds will relocate to the same side of Main Street, the Pavilion Side, which is the natural location for expansion of the facility now that the newest part of the facility is there. Psych beds will relocate to the main facility, the original JPS bed tower. All beds are private beds in Phase Three, a significant milestone that will allow JPS to do three things: increase efficiency of bed management and lower length of stay, increase patient satisfaction, and increase level and quality of care by implementing a standard best practice.

The campus development strategy progresses with the ability to relocate Psych beds from Trinity Springs Pavilion to the original JPS bed tower, and the demolition of Trinity Springs, the Materials Management facility and Power Plant. Maintenance and MEP costs associated with these buildings are eliminated for JPS and the land is available for development, which means revenue potential for the hospital that can go toward funding care and JPS ability to touch more lives in Tarrant County.

## PHASING: Phase Three



- NEW BED TOWER

MAIN ST STRAIGHTENED
SITE ADJACENT READY FOR USE

In Phase Two, land at the future entrance to JPS was cleared and prepared for the development that is planned in Phase Three.

The first step in Phase Three is the preparation and straightening of Main Street for the new main facility entry.

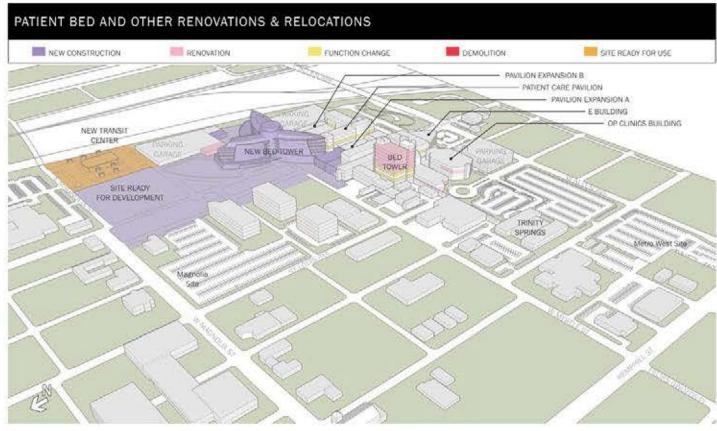
The use of Main Street as an entrance to the facility reorients the campus, moving the main entrance to the North, facing Main Street. The entrance facing south is reserved for Outpatient and Emergency Services.

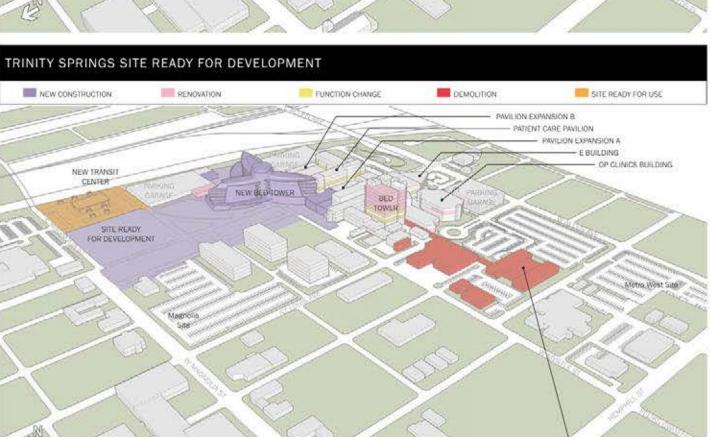


Once the entry is prepared, the next step in campus development and operational consolidation can be implemented. On the land that previously held St. Joe's Hospital, a new bed tower and central plant is built, and facilities relocate to the existing facilities building on the St. Joe site. Also, a transit center to serve as a central transfer station for the "T" bus system is proposed on the land adjacent to I-35, just North of the old St. Joe's parking garage.

#### These new additions will:

- Allow for the consolidation of medical and surgical beds on the same side of Main Street, and operational efficiencies / shared resources that apply.
- The conversion of all beds to private beds from semi-private and ward conditions that exist now, allowing for decreased length of stay, patient satisfaction and decreased patient transports.
- · The consolidation of surgical services on one side of main street with relocation of Cath Lab / Angiography.





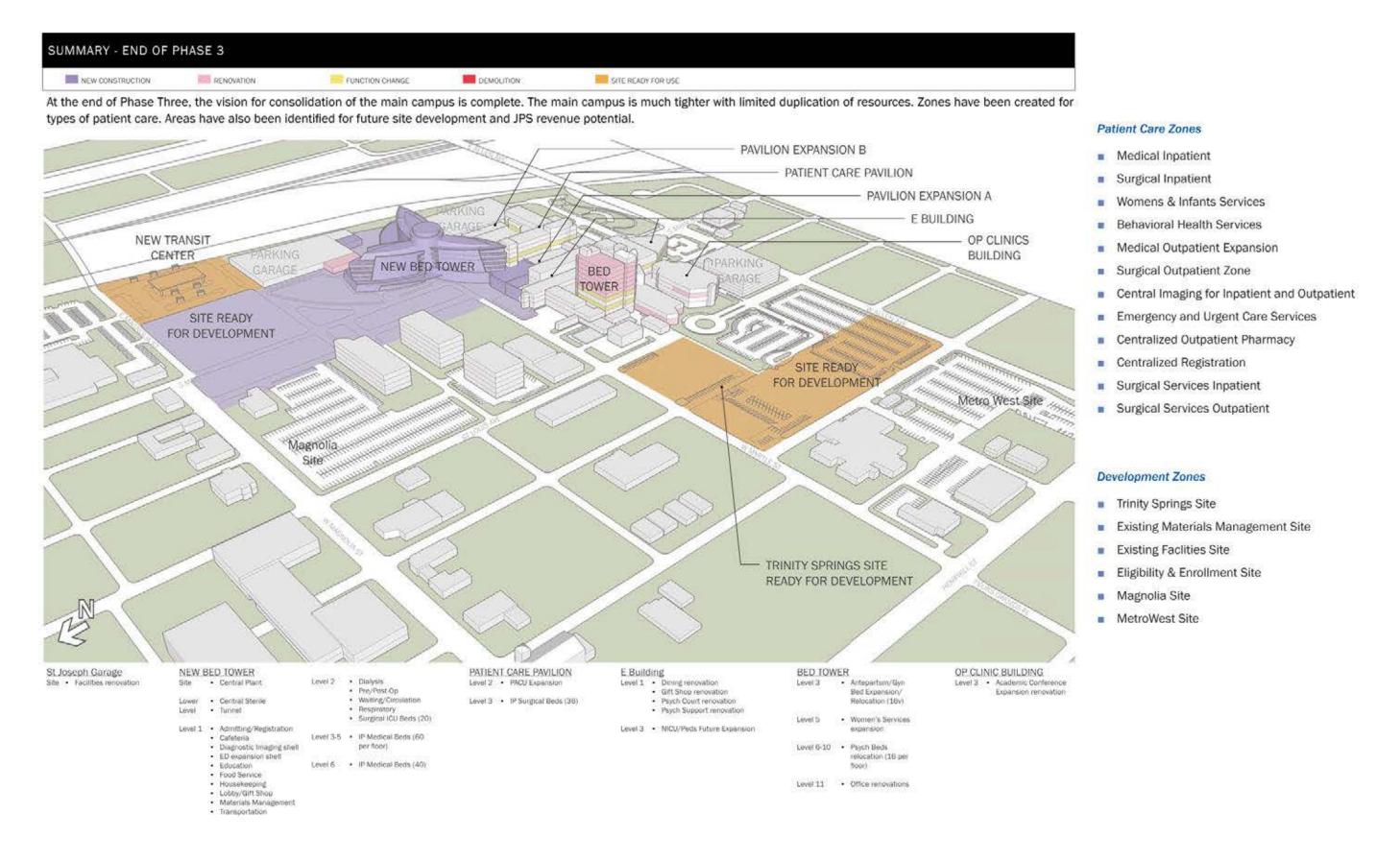
The consolidation of services continues toward one contiguous main campus. Once the bed tower is built, services will be relocated from the west side of campus (main bed tower) to the east side of campus (new bed tower). This, in turn, allows for renovation of the main bed tower floors for Psychiatric beds. Once the main bed tower floors are renovated, the Psychiatric beds will relocate from Trinity Springs to the main bed tower.

Once medical beds have consolidated in the new tower, NICU can expand into adjacent beds (previously designated as MICU in SFUP Phase One). OB/Gyn offices can also relocate from the basement to level two adjacent to Women's services.

In this phase, Academic Services can also expand. Once OB offices relocate from basement to level two, Academic Services can expand on the basement level and on level three of the outpatient clinic building, creating a vertical relationship between Academic Services and the outpatient clinics that are heavily supported by academic / teaching programs.

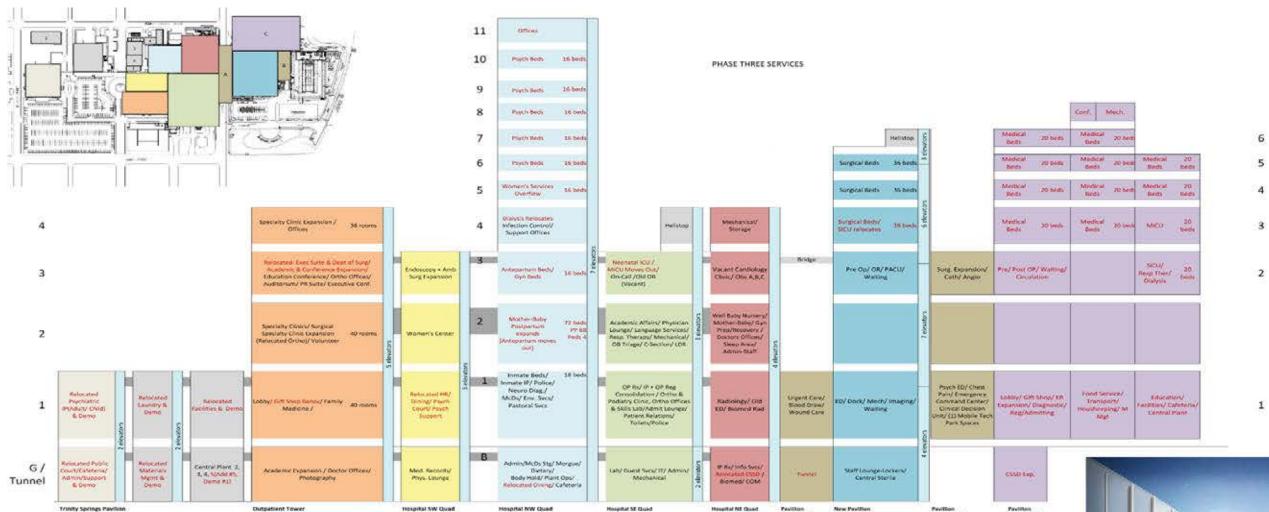
Trinity Springs, Facilities and Materials Management are all vacated buildings at this stage and can be demolished. This allows JPS to save on MEP and maintenance costs, ensures that the campus development plan that creates campus and operational efficiencies for JPS is adhered to, and opens the land for future development and revenue for JPS to continue to fund patient care in Tarrant County.

## PHASING: Phase Three



#### SECTION PLAN FOR END OF PHASE THREE

The section diagram demonstrates the vertical and horizontal adjacencies that are created through the plan and that exist at the end of Phase Three. Adjacencies created are listed below\*



Mospetal SE Quad E Building

\*ACADEMIC SERVICES & TEACHING CLINICS Outpatient Clinic Tower

Family Practice (on the ground floor) Vertical Stacking of Surgical Clinics

#### \*INPATIENT BEDS

Bed Towers: Main, E Building and Pavilion

Vertical Stacking of Psychiatric Beds: Main Horizontal & Vertical Adjacencies of Women & Infants: Main Vertical Stacking of Surgical Beds: Pavilion Vertical & Horizontal Adjacencies of Medical Beds: Main \*EMERGENCY DEPARTMENT/ URGENT CARE Patient Care Pavilion & Pavilion Expansion A

Adjacency of ED / Urgent Care Shared Triage for Urgent Care, Emergency Services Chest Pain adjacent to the Emergency Department

Main Bed Tower

\*SURGICAL SERVICES Patient Care Pavilion & E Building

Horizontal Adjacency of Main OR Suite Minor OR / Endoscopy Suite New Cath / Angio Lab Vertical Adjacency of Surgical Beds to the Main OR. \*ACADEMIC SERVICES Outpatient Clinic Building

Vertical Adjacency of Academic Services Resident Family Practice Clinic on the Ground Floor Surgical Clinics on levels two and four



## PHASING: Phase Three

JPS Campus at End of Phase Two



JPS Campus at End of Phase Three

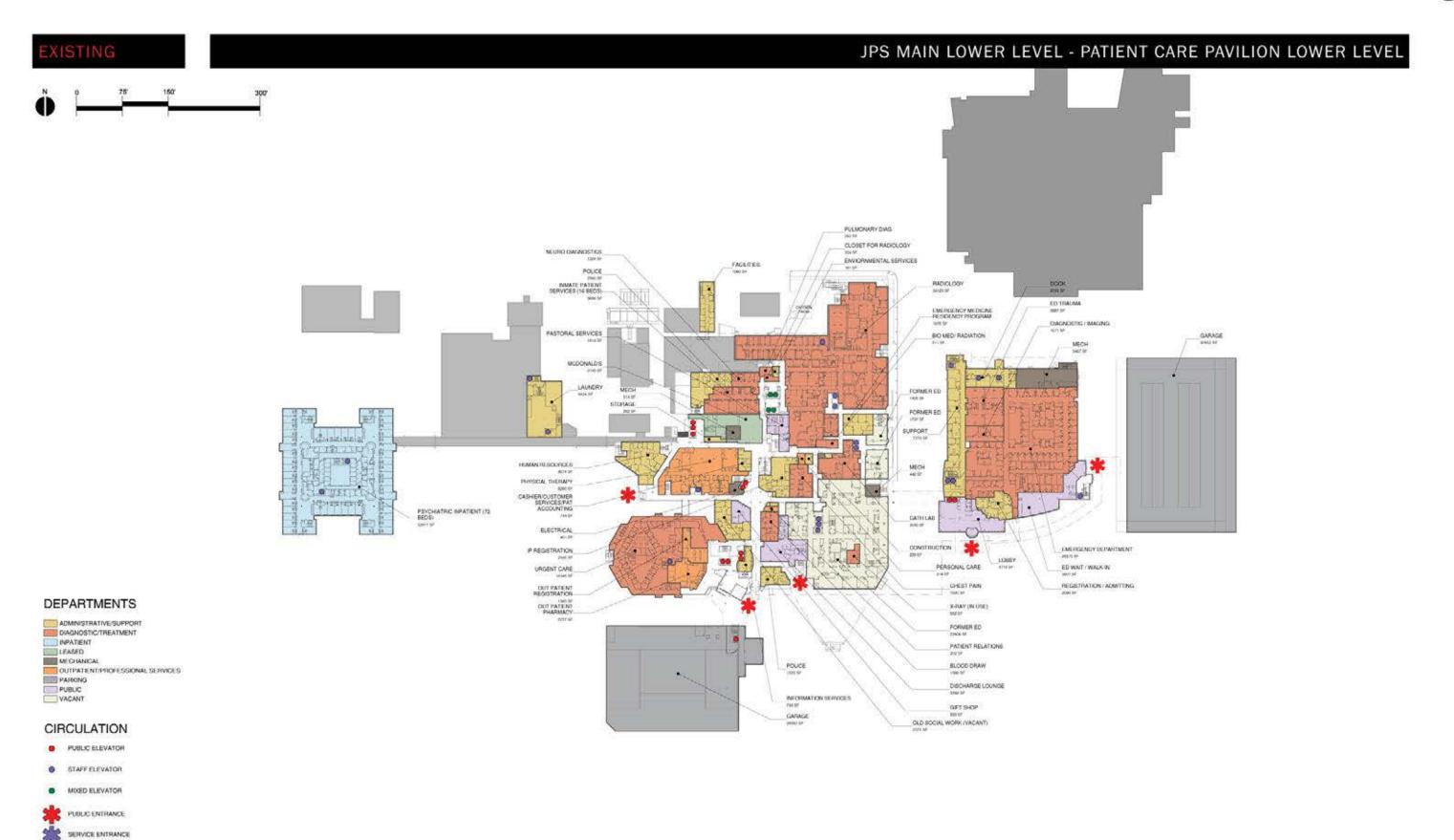


MAIN CAMPUS FLOOR PLANS: EXISTING

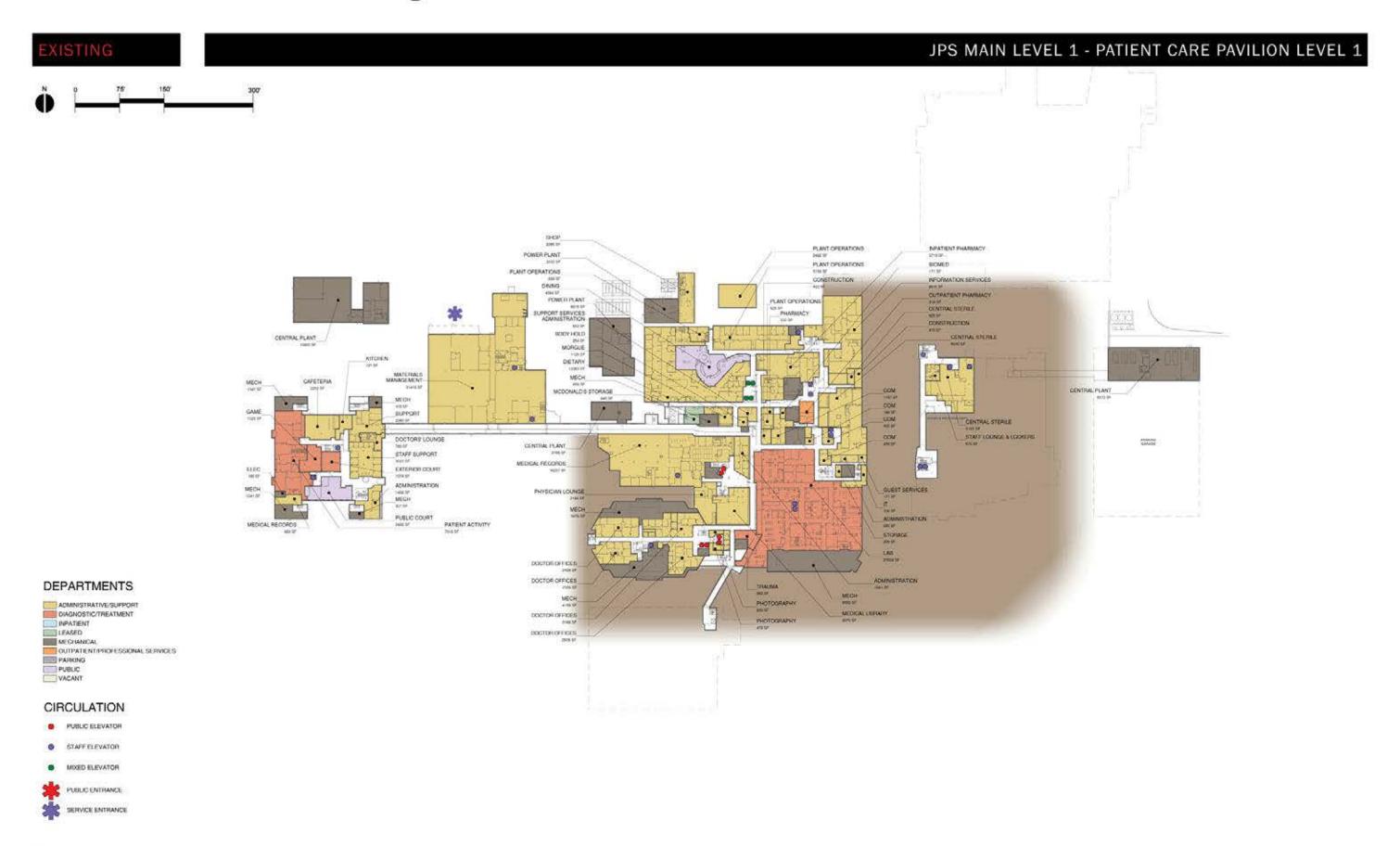
## MAIN CAMPUS FLOOR PLANS: Existing

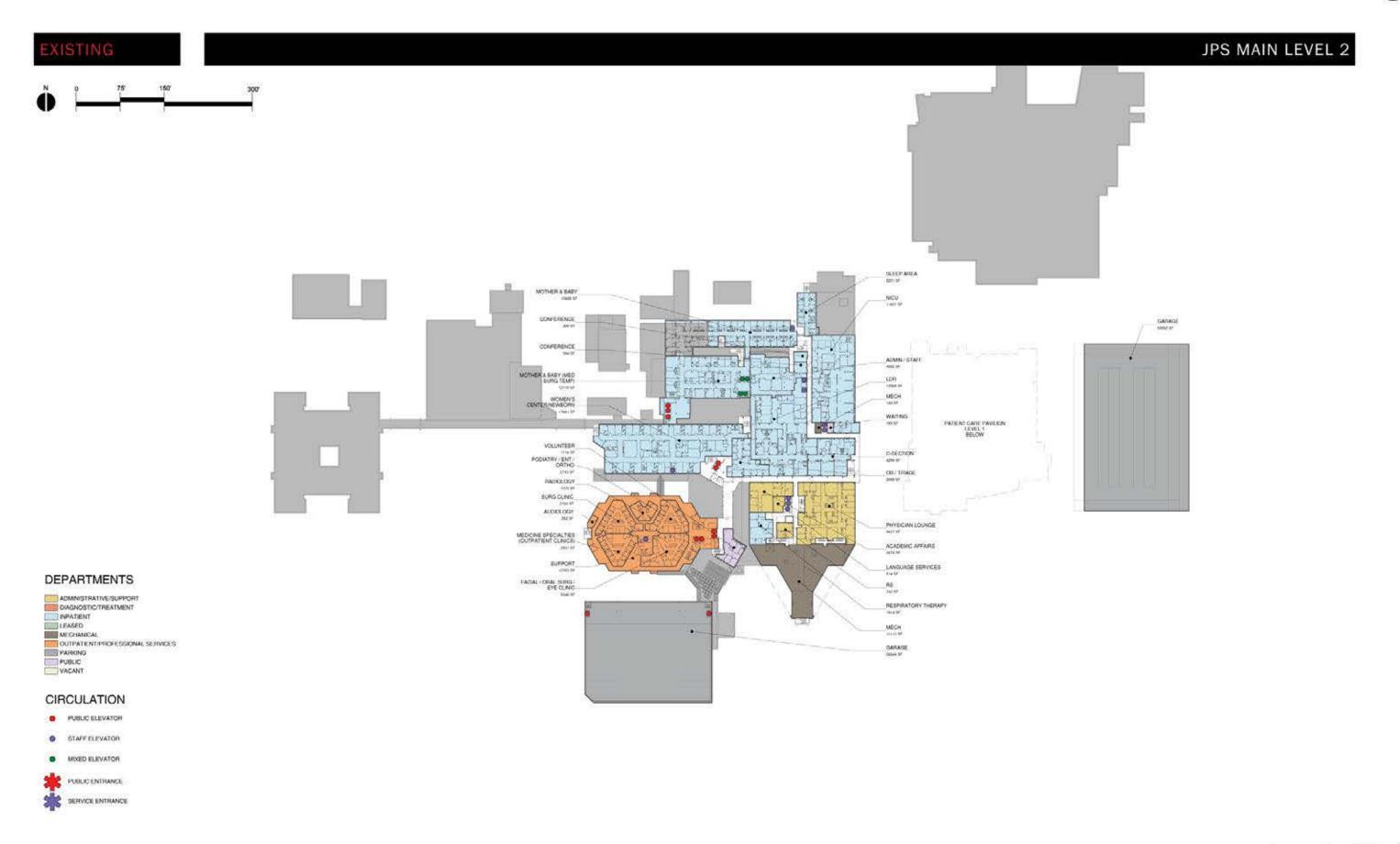
# JPS SITE PLAN EXISTING WITH CHRONOLOGY W. OLEANDER ST. E. OLEANDER ST. W. MAGNOLIA AVE. E. MORPHY ST. MINIM 1980's -FELIKS GWOZDZ PL. **LEGEND** 1950 - 1960 HEIL BOOK 1980's 1990 - 2000 2000 - 2010 E. ALLEN AVE. W. ALLEN AVE. JPS FACILITY UTILIZATION PLAN - MILESTONE TIMELINE SITE PLAN 12/6/10 Project No.: R10049.401

## MAIN CAMPUS FLOOR PLANS: Existing



## MAIN CAMPUS FLOOR PLANS: Existing

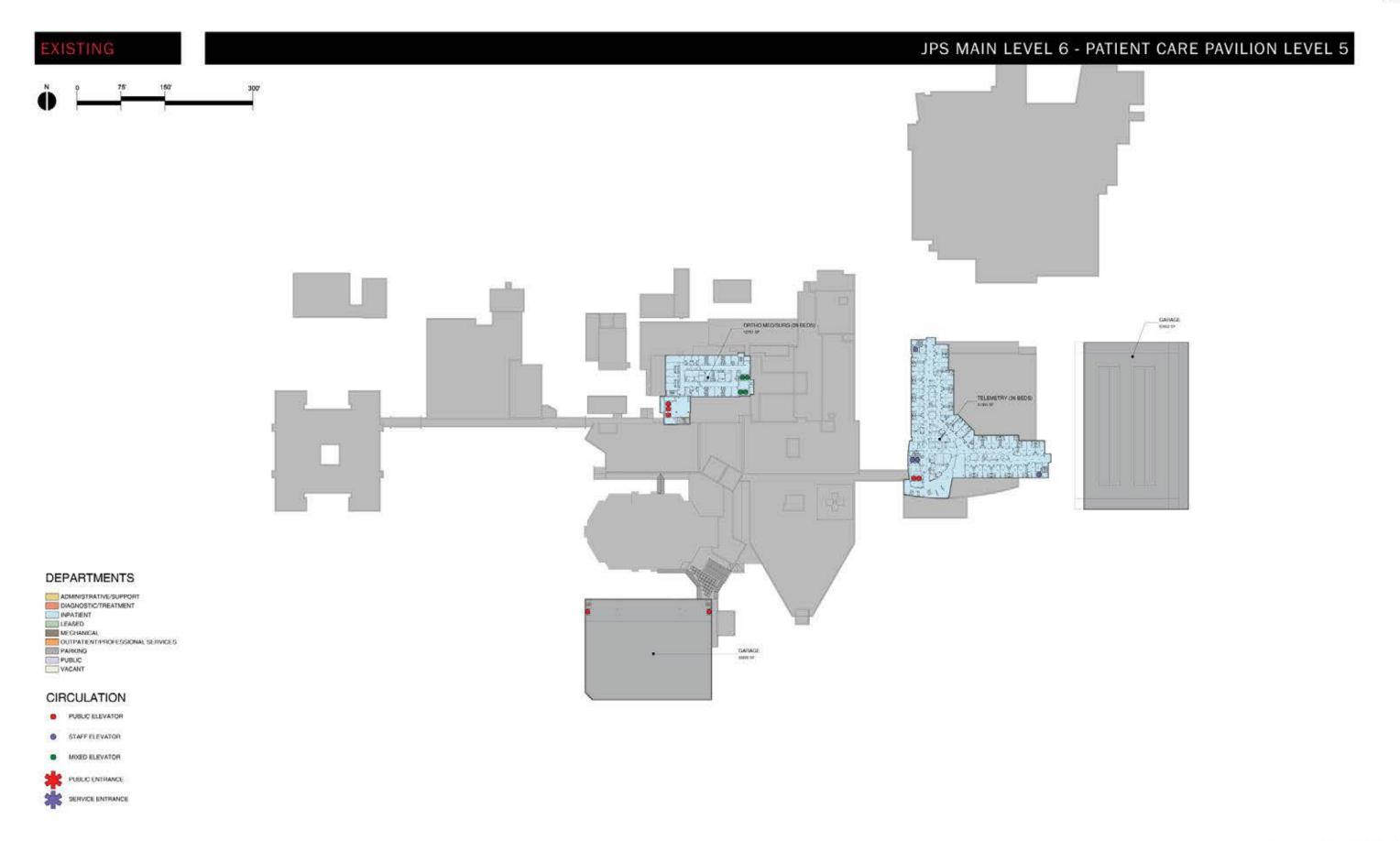








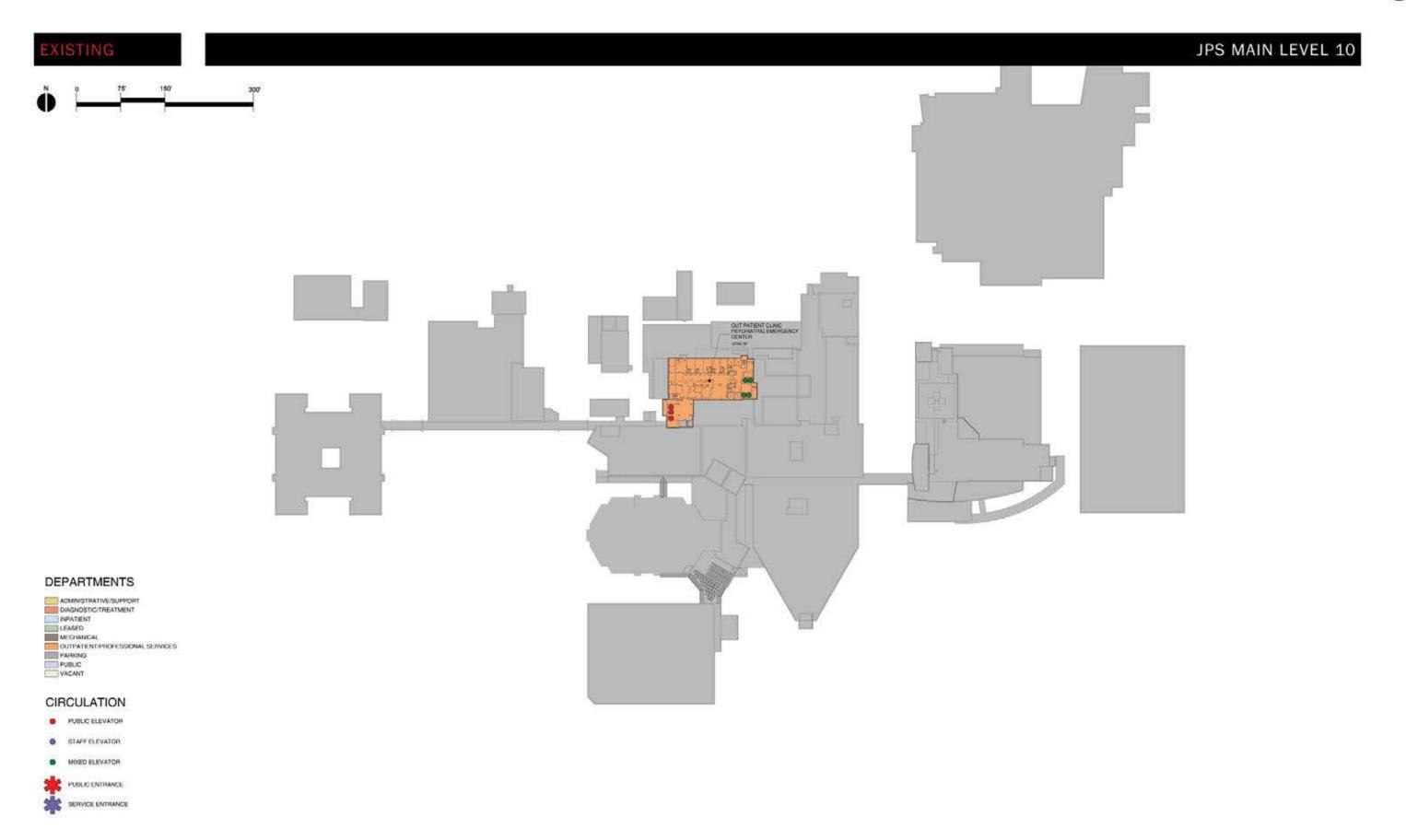












MAIN CAMPUS FLOOR PLANS: EXISTING & PHASE 1A

