PRIORITY RECOMMENDATIONS : INVASIVE SERVICES

Invasive services are integral to every acute care campus. They can be the most costly spaces to build and operate, but also have the potential to generate some of the highest revenue of any service in the hospital.

At JPS, the main campus ORs handle 78% of surgical volume, but only 46% of surgeries are major inpatient surgeries. The remaining 54% of procedures are outpatient, and can be performed in a lower overhead, less resource-intensive environment. The main campus ORs have reached their schedule capacity and need operational modifications as well as opportunities to improve procedure throughput.

It is recommended that the vacant ORs that are located in the main building, adjacent to Endoscopy be renovated for a minor procedure/ endoscopy suite, and the existing Endoscopy suite renovated for patient prep and recovery. This allows a dedicated location, separate from the main surgical suite, for minor surgeries that require different operational procedures, take less time, cost and resources; this reorganization allows for increased efficiencies and capacity for major surgeries in the main surgery suite as well as improved throughput, capacity and cost savings related to minor procedures and endoscopies.

It is also recommended that a temporary mobile Cath / Angio unit be built adjacent to the ED for added capacity and contingency for the existing Cath Lab, which is nearing capacity and the existing Angio suite, which is near the end of its equipment life. In the long term, existing space would be renovated for a major invasive services suite that coordinates major Surgery, Cath and Angio services for improved operational efficiencies.

INVASIVE SERVICES

Invasive services are integral to every acute care campus. They can be the most costly spaces to build and operate, but also have the potential to generate higher revenues compared to other hospital services.

At JPS, the main campus ORs handle 78% of surgical volume, but only 46% of surgeries are major inpatient surgeries. The remaining 54% of procedures are outpatient, and can be performed in a lower overhead, less resource-intensive environment. The main campus ORs have reached their schedule capacity and need operational modifications as well as opportunities to improve procedure throughput.

Invasive Services at JPS comprise major and minor surgery, Endoscopy and Cardiovascular services at the main campus and surgery/endoscopy at the DSHA campus.

ISSUES/INTERVIEW FINDINGS

Surgery Issues at Main Campus

- The Surgery Suite at the Main Campus was relocated in 2007 to the Patient Care Pavilion, and 10 ORs on the old campus were left vacant. The new surgery suite has 12 ORs - 1 is dedicated to Trauma emergencies and another is dedicated to Caridovascular emergencies.
- The 12 existing ORs in the Patient Care Pavilion on the Main Campus have reached schedule capacity.
- There is no designated minor procedure location so the main ORs are utilized for minor procedures. As a result throughput and efficiency is compromised.
- Procedure times are slow due to resident activity and minor procedure volume.
- Surgical clinic volume is growing quickly and with that growth, additional surgery capacity will be required.
- Volume for the Emergency Department and Urgent Care is expected to continue to grow, especially with the planned adjacency of urgent care and the ED, which will allow for increased efficiencies, additional capacity and the staff's ability to handle additional volume.
- The vacant Surgery Suite, adjacent to the Endo Suite, is being utilized for Materials Management storage.
- The vacant surgery suite needs MEP updates.

Endoscopy Issues at Main Campus

- GI/Endoscopy department has 4 procedure rooms; and one room is dedicated to fluoro procedures.
- GI/Endoscopy has outgrown its space. Patients recover in open areas with limited access to tanked gases.
- GI/Endoscopy department has reached its capacity.
- GI Procedure room sizes do not meet current code and need to be updated.

Cardiovascular Invasive Issues

- The existing angiography suite is near end of its equipment life and needs a contingency plan.
- The Cath Lab is nearing capacity; it is overutilized according to benchmark standards.
- With the onset of the Cardiac Surgery program, there is a need for an additional Cath lab for both capacity and as an emergency contingency plan.

DSHA Issues

- DSHA is located in Arlington, houses 6 ORs, imaging capabilities and an established surgeries base. Bardin Road clinic is adjacent to DSHA and JPS has a network of clinics in the Arlington area.
- DSHA has an existing OR suite and sufficient imaging capacity to handle low-level OP surgeries.
- DSHA is currently underutilized as an OP surgery center.

Patient Care Pavilion: Surgery on Level 2 and bed tower above

Endoscopy / No gases on walls

Endoscopy unit with curtains as separators

Surgery Corridor

OPPORTUNITIES

Main Campus

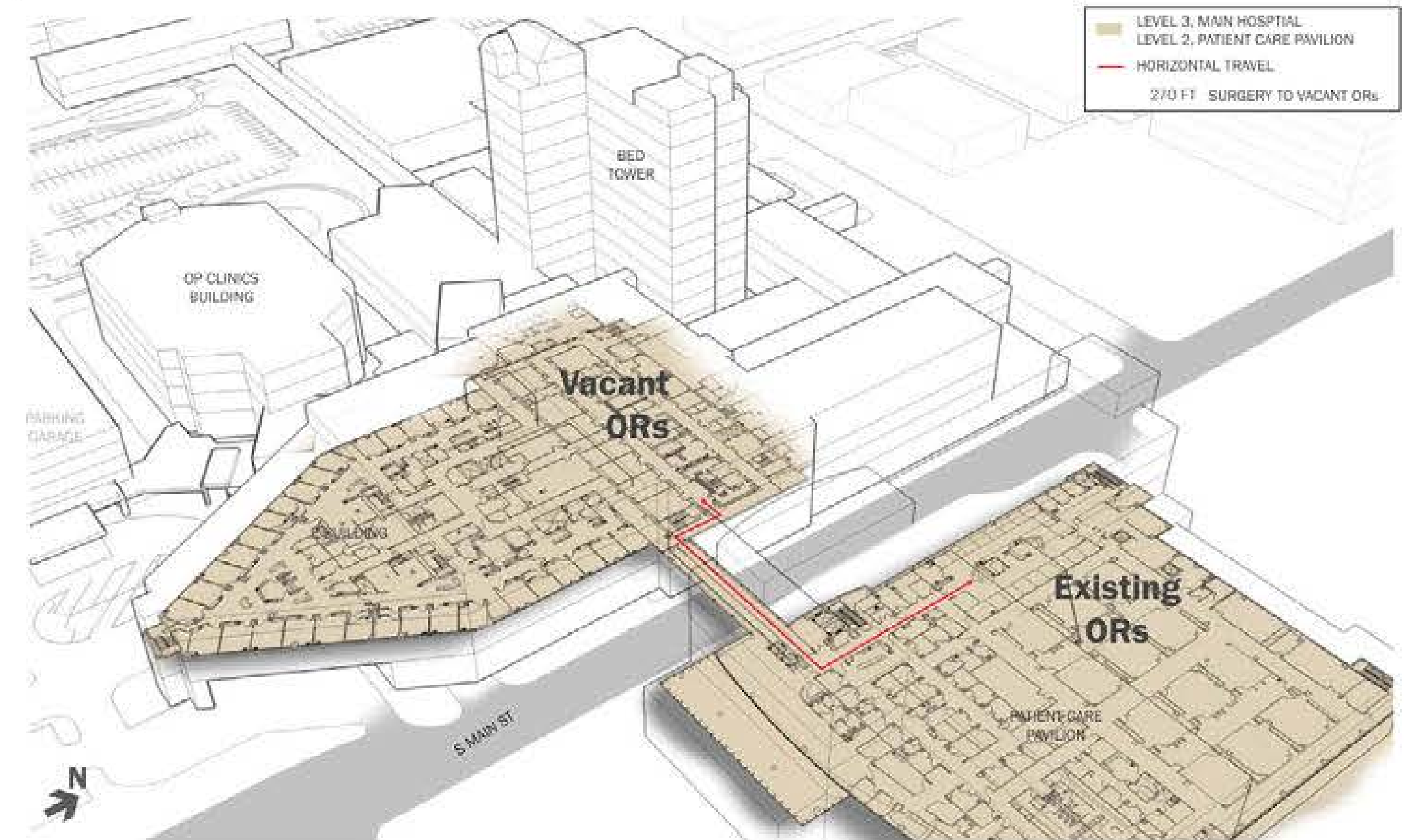
- Renovate and utilize existing vacant ORs for minor surgeries and procedures, allowing for additional major surgery capacity in the Main ORs and increased efficiency for both major and minor surgeries
- Add Cath/ Angio Capacity by leasing a mobile Cath unit in the short term
- Relocate Cath lab adjacent to the ED and surgery for increased efficiency and patient care access
- Cardiovascular Center of Excellence opportunity

DSHA / Arlington

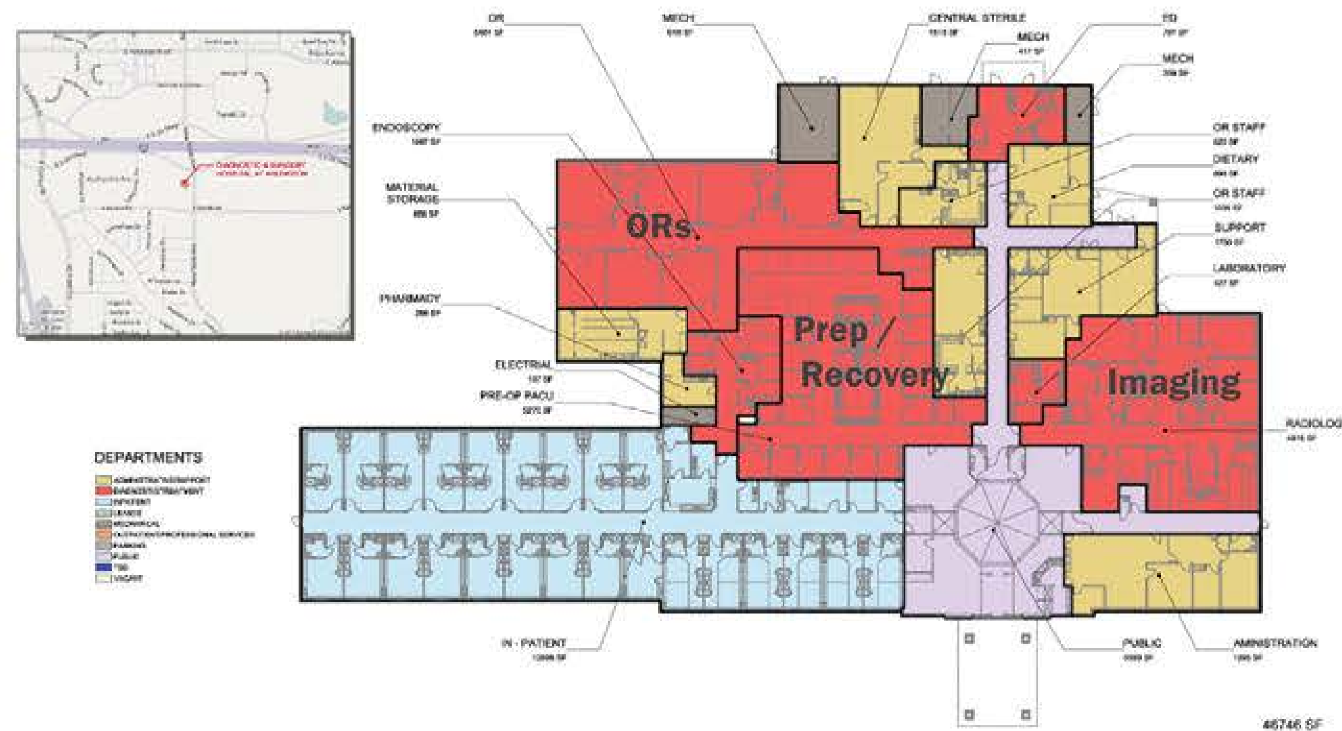
- Increase utilization of the underutilized ORs at DSHA, designate as outpatient ambulatory surgery to reroute minor surgeries and reduce operating room congestion at the main campus.
- Utilize JPS-owned facility space or land adjacent to DSHA as Surgical Clinic to build and direct Ambulatory Surgery referrals.

Vacant OR used for Materials Storage

RELATIONSHIP OF EXISTING SURGERY TO BRIDGE TO VACANT SURGERY



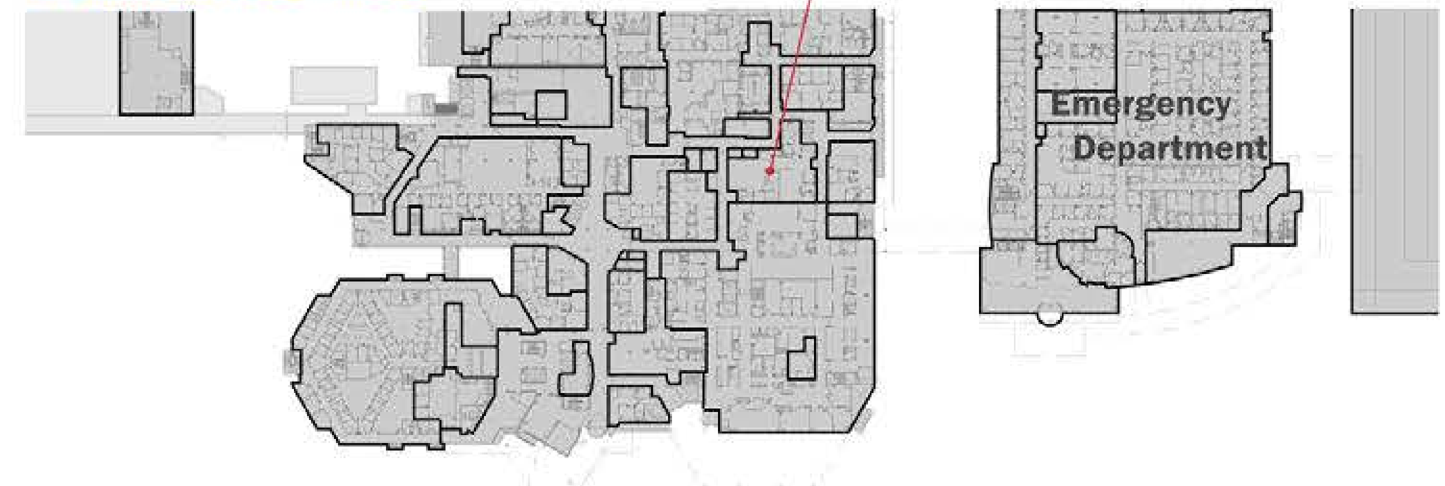
DIAGNOSTIC & SURGERY HOSPITAL ARLINGTON - DSHA



CATH LAB IS LOCATED ON JPS MAIN LEVEL 1

The existing Cath Lab is on level one adjacent to the vacant ED on the west side of Main Street, and it is separated from the Surgery suite in the Patient Care Pavilion by Main Street. Cath Lab is nearing capacity, must allow for back up capacity, and must be located in closer proximity to tinvasive services to allow for operational efficiency and cost savings.

JPS MAIN LEVEL 1 PHASE 2



INVASIVE SERVICES: Recommendations

SHORT TERM RECOMMENDATIONS
PHASES 1 & 2

The movement toward consolidation of major invasive services for shared resources is a priority at the main campus. This would mean relocation of the Cath lab from level one on the west side of Main street to the existing Main Surgery suite in the Pavilion, on the east side of Main. The first step toward this end is to allow for emergency backup capacity for Cath and Angio via a mobile port adjacent to the Pavilion. Once this is in place, the next step is relocation of Cath and Angio invasive services to the Pavilion, adjacent to surgery with the ability to share prep and recovery locations.

Impeding operational efficiency in the Pavilion Surgery ORs is the mixing of minor procedures with major surgeries. As a result, it is a priority to remove minor surgeries from the main surgery suite. This move would allow for the consolidation of minor surgeries with minor GI/endoscopy procedures with the renovation of the now vacant ORs on the west side of Main Street.

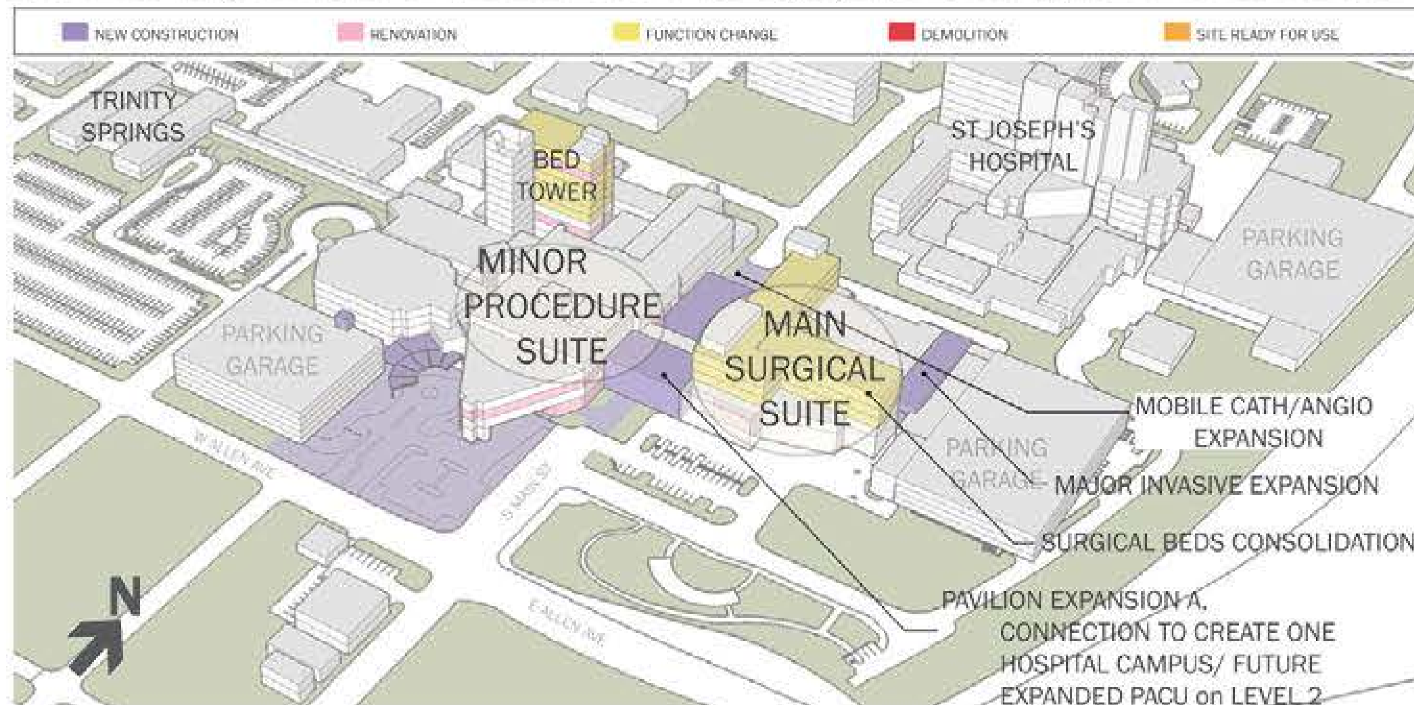
All opportunities for invasive services were filtered through the set of plan criteria and short term recommendations fulfilled each of the criteria. The plan criteria most significantly affected was operational ***Efficiency*** and recommendations that were identified as priorities follow.

Plan Criteria

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

SHORT TERM RECOMMENDATIONS: INVASIVE SERVICES - END OF PHASE 1A

This image shows the compilation of SFUP main campus recommendations at the end of phase one including floor renovations, facility / space function changes and areas of new construction. Zones for the Emergency Department and outpatient clinics are shaded below.



Main Campus: Main OR

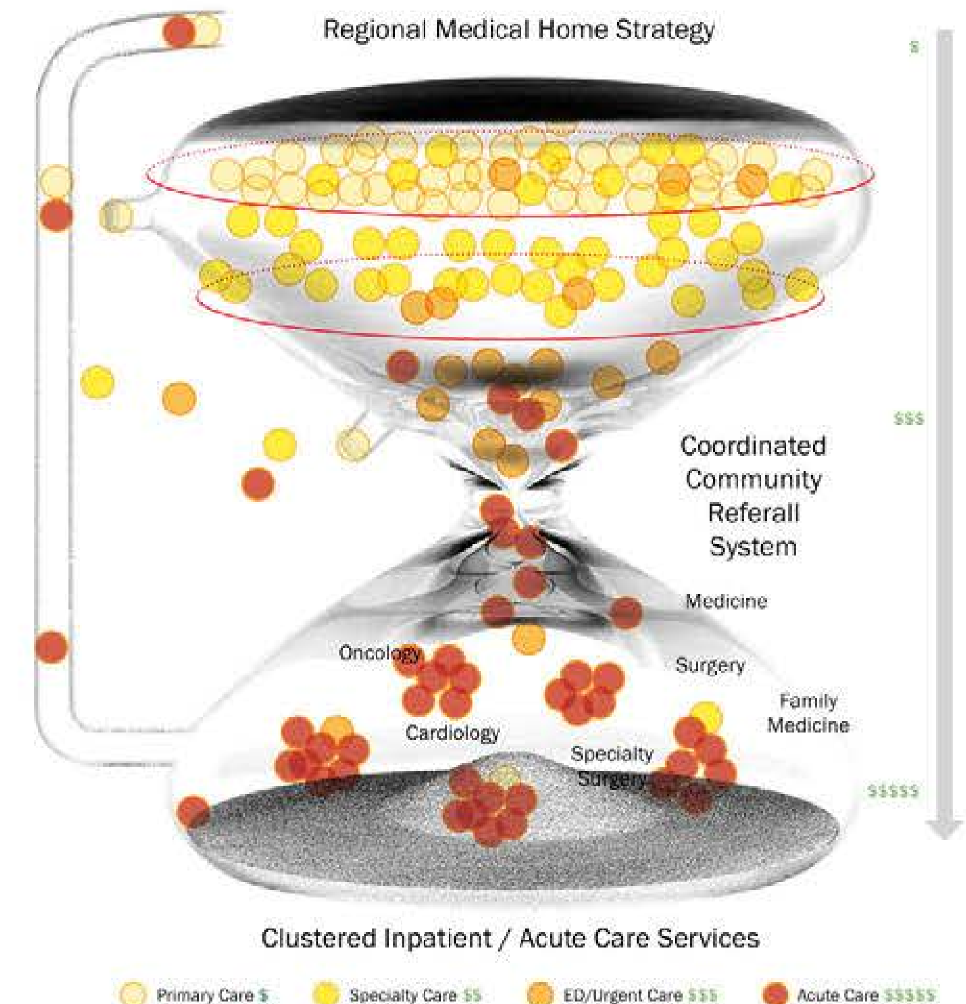
- Main OR Expansion: Add 2 New ORs adjacent to existing ORs for immediate Surgery capacity
- Increase throughput in Main OR by separating minor surgery from major surgery

Main Campus: Minor Surgery / Endoscopy

- OR/ Endoscopy Reorganization: Create a separate minor procedure/GI/Endoscopy area in the vacant surgery suite that will allow for increased throughput and capacity in the main ORs (6 Endoscopy rooms and 4 minor procedure rooms)
- Surgical Clinic reorganization to allow for increased access and efficiencies; expansion to allow for capacity needed immediately and for future growth
- Temporary mobile Angio/Cath unit constructed adjacent to Patient Care Pavilion for emergency contingency plan and peak overflow capacity.

DSHA/ Arlington Recommendations

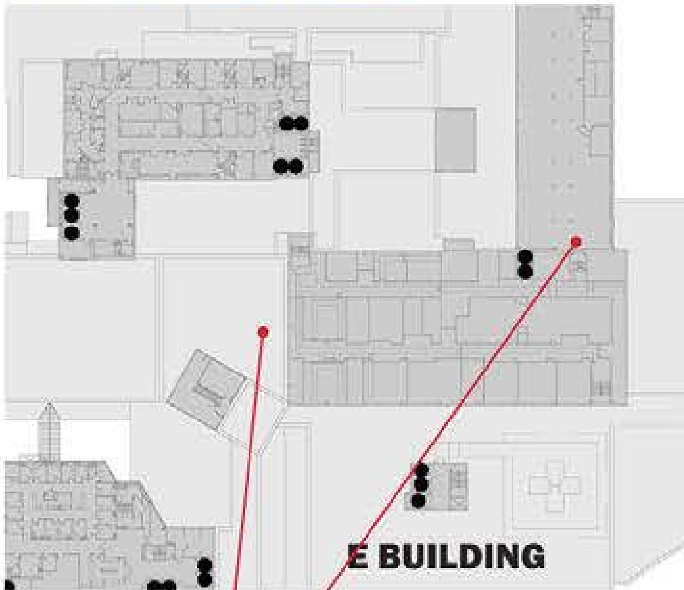
- Implement DSHA as an outpatient ambulatory surgery center, pulling ambulatory surgery volumes away from the main campus and allowing for both increased throughput and access for major surgeries on the main campus and minor surgeries at DSHA.
- Surgical Specialists relocate to Bardin Road Clinic to serve as the major referral source to support DSHA ambulatory surgery volumes.



MINOR SURGERY RENOVATION AND SUPPORTING MECHANICAL SYSTEM

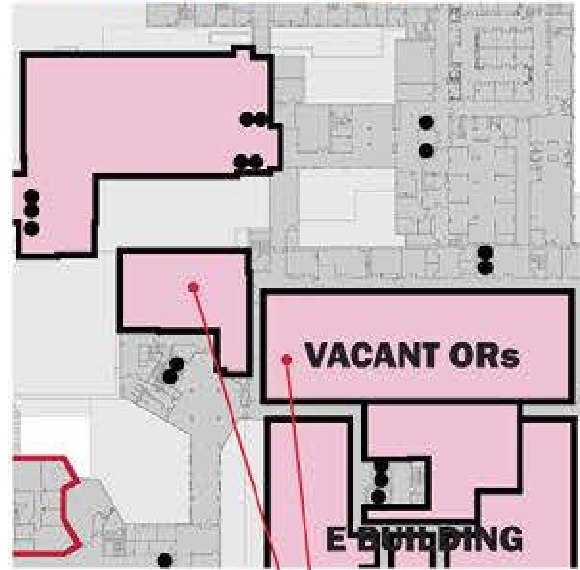
The existing vacant ORs on level 3 of the main hospital are renovated for a minor procedure/ endoscopy suite in phase 1A of the plan. The existing Endoscopy suite is renovated for pre-op and recovery to support the minor procedure suite.

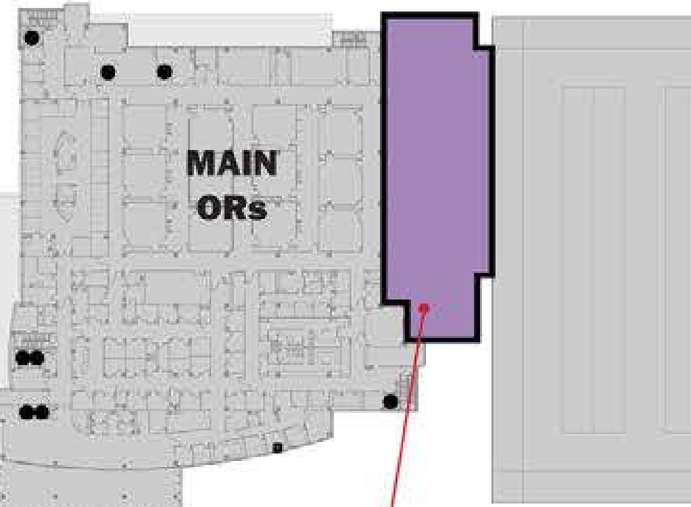
JPS MAIN LEVEL 4 PHASE 1A



NEW AHU FOR ENDO/MINOR PROCEDURE

JPS MAIN LEVEL 3 PHASE 1A





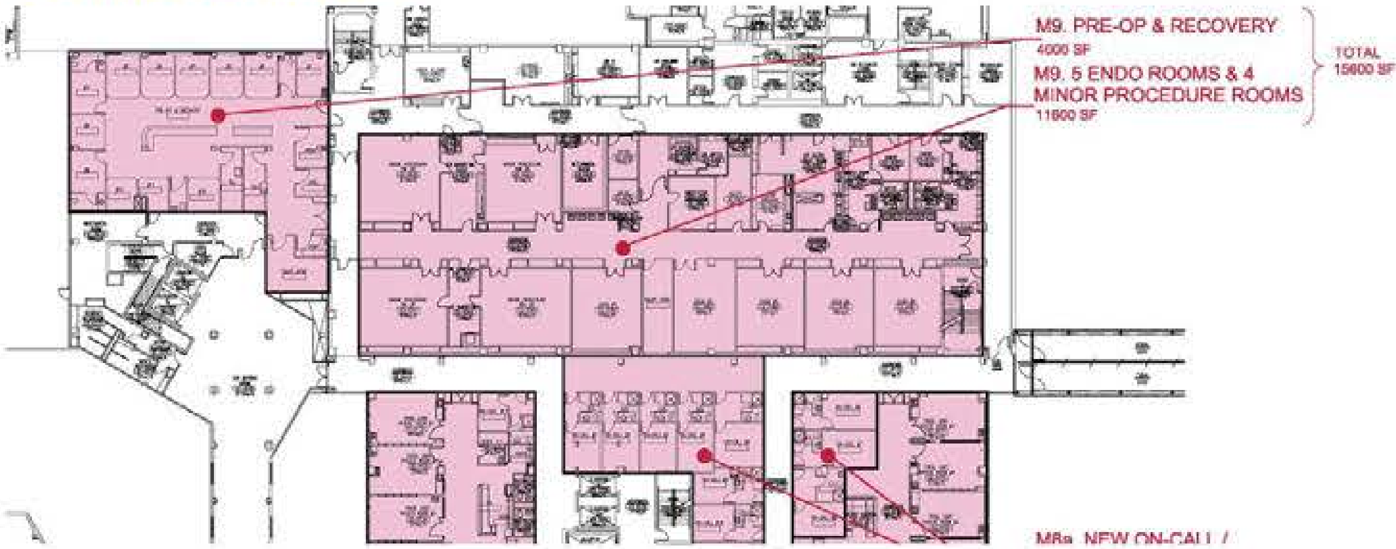
RENOVATION OF OLD ORs & ENDO SUITE FOR 5 ENDO ROOMS, 4 MINOR PROCEDURE ROOMS & PREP/RECOVERY 14,900 SF

MAJOR INVASIVE / CATH / ANGIO EXPANSION

LAYOUT FOR NEW MINOR PROCEDURE SUITE

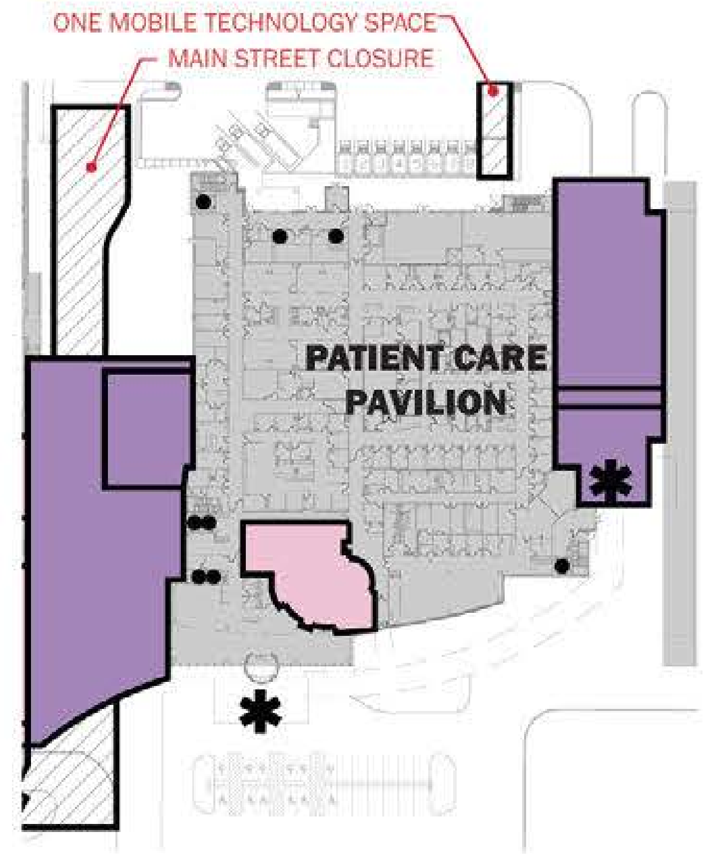
The existing vacant ORs on level 3 of the main hospital are renovated for a minor procedure/ endoscopy suite in phase 1A of the plan. The existing Endoscopy suite is renovated for pre-op and recovery to support the minor procedure suite.

JPS MAIN LEVEL 3 PHASE 1A



MOBILE CATH/ANGIO UNIT EXPANSION

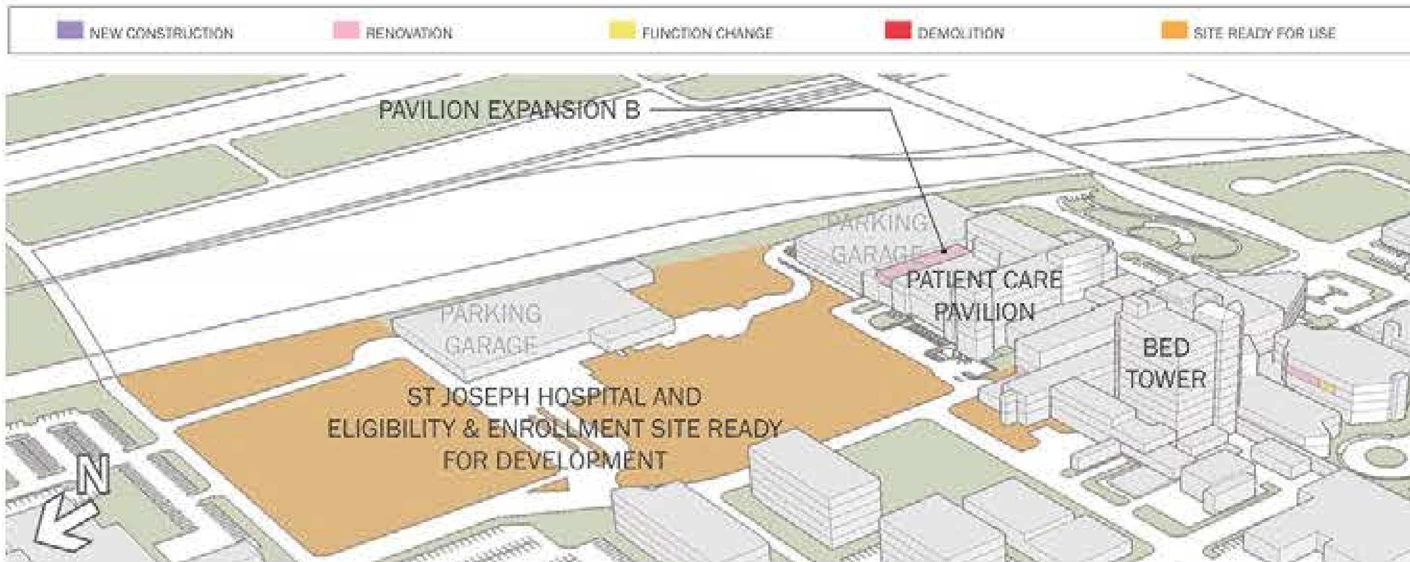
JPS MAIN LEVEL 1 PHASE 1A



Cath / Angio Mobile Technology location behind Patient Care Pavilion near ED Parking Garage

INVASIVE RENOVATIONS - PHASE 2

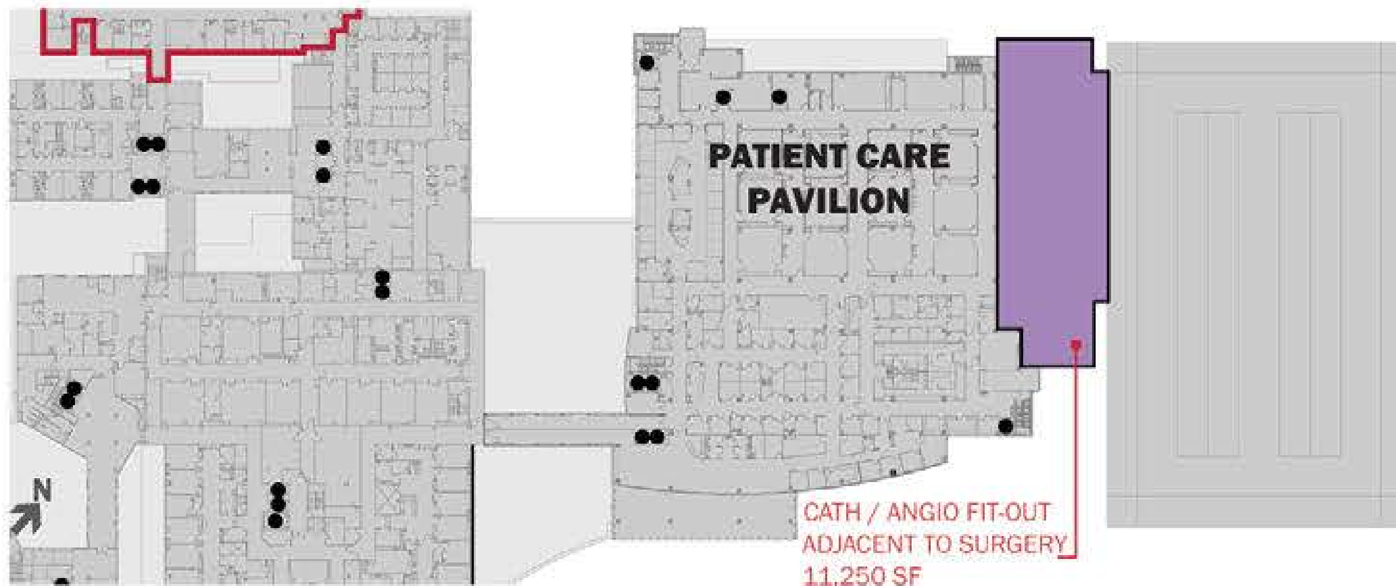
During Phase 1A, two levels of Pavilion Expansion B was constructed. Level one was recommended to house a new Chest Pain unit and Psych ED, to allow adjacency to the existing Emergency Department. In Phase 2, fit-out of level two of Pavilion Expansion B (recommended as shell space during Phase 1A) is recommended for a new Cath/ Angio Lab adjacent to the main surgery suite. 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.



INVASIVE EXPANSION FOR CATH/ANGIO

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.

JPS PAVILION LEVEL 2 PHASE 2



Phase One A&B Critical Path:

1. Provide Mobile Technology Park location for temporary invasive services (Angio/ Cath back-up)

2. Two new ORs are completed in existing Surgical suite.

3. Pavilion Expansion B is constructed with second floor shell space for future invasive/ Cath Lab-Angio expansion.

4. Relocate Materials Storage from existing old OR suite to vacant Human Resources area, allowing renovation in old OR suite.

5. Renovate old OR suite for new minor procedure / endoscopy (5 endoscopy rooms and 4 minor procedure rooms).

6. Relocate endoscopy to newly renovated procedure rooms and renovate existing endoscopy suite for prep and recovery for minor procedure suite.

Phase Two Critical Path:

1. Fit Out Level Two of Pavilion B Shell for Cath / Angio expansion (2 Cath / 2 Angio).

2. Relocate Cath from level one of Main Hospital to level two of Pavilion Expansion B, in the Invasive suite.

3. Repurpose Cath Lab and Angio for diagnostic expansion as needed.

Phase Three Critical Path:

Construct new tower with new orientation for invasive services and new waiting, pre-op / post-op area.

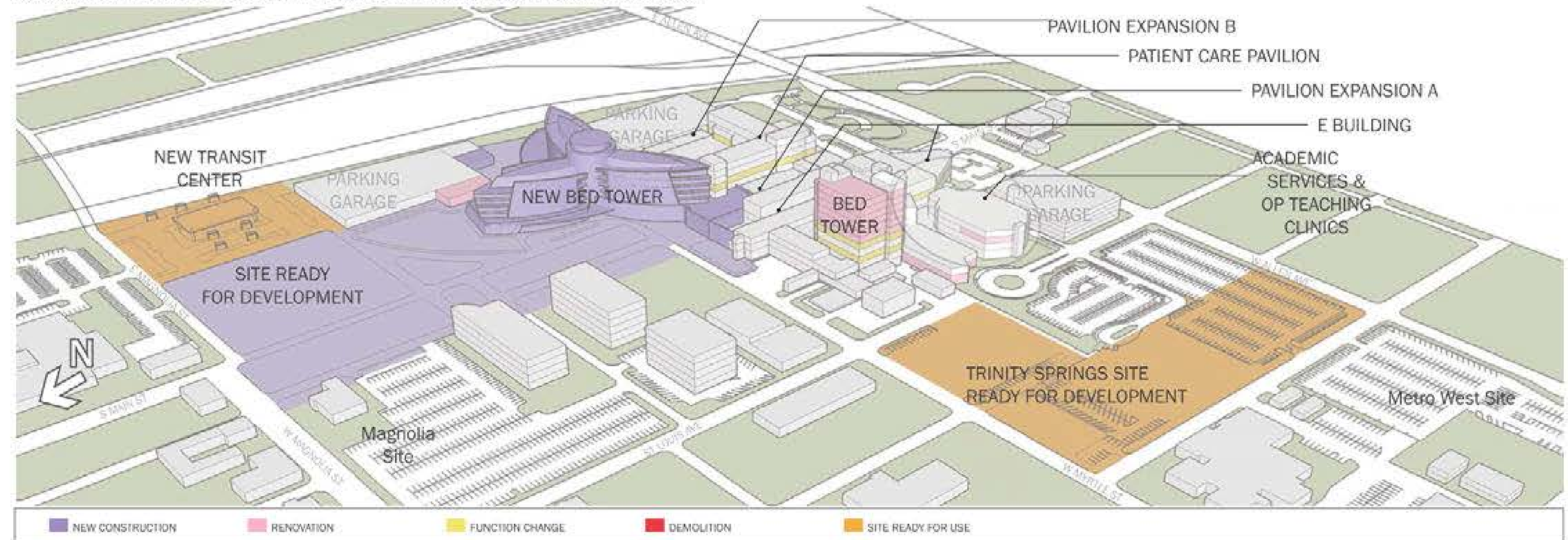
LONG TERM RECOMMENDATIONS PHASE THREE

Long term, JPS invasive services should follow best practices for optimal efficiency and quality of patient care. The proposed renovations allow for future implementation of best practices related to adjacency and coordination of services.

- Flexibility for growth/shared PACU in new bed tower
- New Cath/Angio Suite in Pavilion addition adjacent to Major Surgery Suite
- Regional Strategy implementation for ambulatory surgery and specialty support as appropriate
- A new surgical ICU is built in the new tower, adjacent to the existing Surgery suite. Surgical beds remain in the Pavilion and capacity grows when the ICU relocates and as operational improvements take place with the separation of medical and surgical beds. (See Priority Recommendation: Inpatient Beds for more detail.)

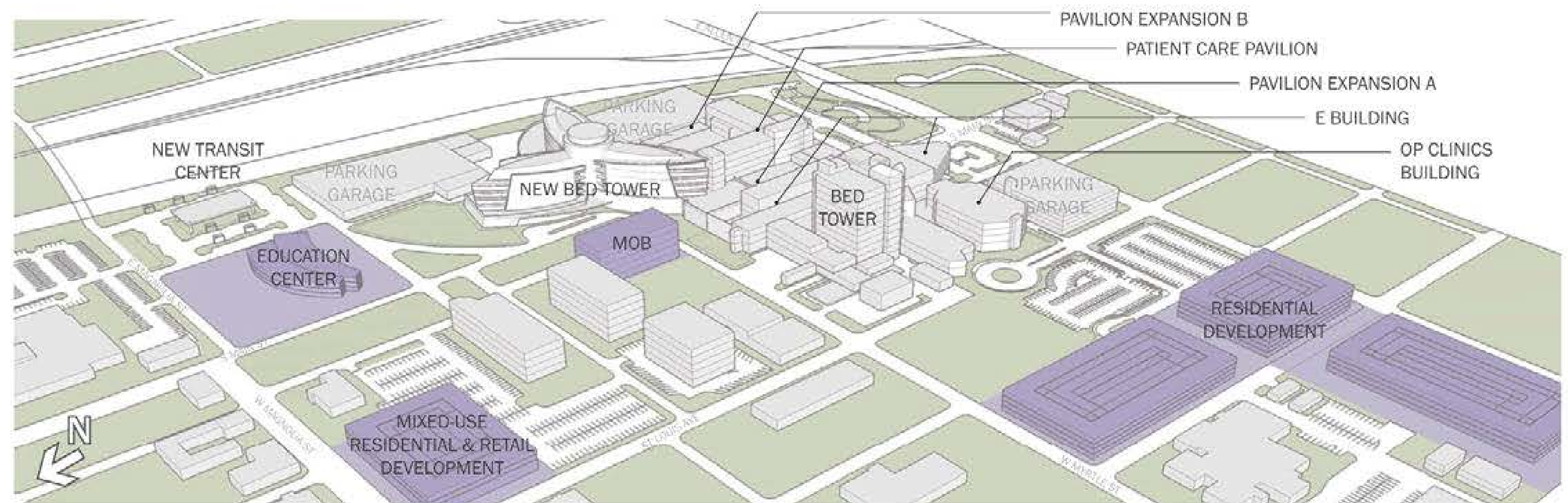
MAJOR INVASIVE SERVICES, SURGICAL ICU AND SURGICAL BEDS ORGANIZED IN PAVILION AND NEW TOWER - END OF PHASE 3

At the end of Phase Three, the vision for consolidation of the main campus is complete. The main campus is much tighter with limited duplication of resources. Zones have been created for types of patient care. Areas have also been identified for future site development and JPS revenue potential.



POST-PHASE 3 - LAND DEVELOPMENT & REVENUE POTENTIAL

After all phases are completed, land is available for development, creating revenue potential for JPS to continue funding patient care in Tarrant County.



PRIORITY RECOMMENDATIONS : INPATIENT BEDS

JPS has inpatient care facilities in two locations in Tarrant County, at the main JPS campus in Fort Worth, and at the DSHA campus in Arlington. The JPS main campus houses its beds in the main bed tower, in and adjacent to the E building and in the Patient Care Pavilion.

On the main campus, beds in the Pavilion and Main Facility are separated by Main Street, creating significant inefficiencies related to staff duplication and general operations. Patient bed types are mixed across specialties and medical vs. surgical, and there is an opportunity for a bed grouping strategy and increased efficiency of bed utilization.

A bed plan based on service line grouping is proposed, as well as a separation of medical from surgical beds, including separation of MICU from SICU; it is recommended that medical beds relocate to the main bed tower and the E unit and the surgical beds consolidate vertical to Surgery in teh Patient Care Pavilion.

Long term, it is recommended that medical beds relocate adjacent to the Pavilion in a new tower that allows for consolidation of all major hospital services in one contiguous facility. It is also recommended that the existing main JPS bed tower be utilized for Psych inpatient beds long term, to allow for the further consolidation of the campus into atighter, more efficient campus.

INPATIENT BEDS: Strategic Foundation

INPATIENT BEDS - STRATEGIC FOUNDATION

JPS has inpatient care facilities in two locations in Tarrant County, at the main JPS campus in Fort Worth, and at the DSHA campus in Arlington. The JPS main campus houses its beds in the main bed tower, in and adjacent to the E building and in the Patient Care Pavilion.

ISSUES/INTERVIEW FINDINGS

JPS has 502 beds (excluding infants). This includes Medical, Surgical, Progressive Care, ICU, Women's, Behavioral Health and Skilled Nursing.

Medical/Surgical/Skilled Nursing

- The Patient Care Pavilion and Main Bed Tower are separated from the main campus facility by Main Street.
- There is no bed grouping strategy; Medical and Surgical beds are mixed and spread throughout the facility on both sides of Main Street. As a result, there are a high number of patient transports, which leads to longer length of stay, decreased efficiency and quality of care, and higher utilization of staff and facility resources.

- Semi-private rooms make up the majority of the beds in the facility. Some rooms are 3-4 bed wards.
- Surgical bed length of stay is very high compared to benchmarks.
- Medical and surgical ICU share one unit, which is not a recommended best practice, can increase patient risk and can decrease quality of care.
- There is no clear intake strategy or admit holding unit for patients being admitted from the ED or otherwise. As a result, patients are held in the ED and/ or in hallway beds until a bed opens for them.
- The existing discharge unit is under-utilized, and difficult to control and a challenge to find staff who will take ownership of the unit.
- IP bed space in the main bed tower is being utilized for non-IP acute care, i.e. Psych ED, limiting growth and needed capacity for inpatient beds.
- Skilled Nursing is located in the main campus bed tower, not an appropriate use of beds in an acute care setting.
- In many cases, staff works in silos, which is worsened by the separation of facilities, which limits standardization, coordination and communication across bed floors and functions; as a result, there is a need for improved case management.

Behavioral Health

- Trinity Springs houses Behavioral Health beds in a facility that is separated from the remainder of the campus, creating some duplication of staff and resources.

- Psych ED Patient enters at main entrance and takes elevator to 10th floor (one of 3 elevators that go to 10th floor); or patient enters with police through back elevator; 25% of volume comes from police department.
- 21% to 22% of Psych ED patients are admitted to IP care.
- Triage happens at 10th floor; ED has to discharge so no transfers from ED to ED if patient needs acute care vs. behavioral health care.
- No substance abuse program is offered at JPS; there is very limited access to programs in Tarrant County; there is currently a 22 day wait to get into TC Program.
- Case management/follow-up is an issue; Nursing homes tie up inpatient beds.
- Cinder block construction at Trinity Springs inhibits renovation.

Women's/ Children's Services

- Women's services and NICU are landlocked and need adjacent space for expansion.
- The NICU has outgrown its current space and code requirements and must be updated.
- The NICU has high volume and limited capacity; in order to meet patient care needs, JPS must decrease length of stay in some cases which could lead to decreased quality of care and patient dissatisfaction.

- Women's Services beds are utilized for Gyn Surgery Prep & Recovery, and medical/surgical beds overflow; this limts bed throughput and capacity for true inpatients.
- Outcomes are better than expected in some JPS-served areas due to JPS' ability to provide prenatal care to a high percentage of its patients through education offered at Women's clinics.
- JPS has a level 3 NICU; 1 in 10 babies are NICU babies; 600 babies are referred out/month.
- 60%-70% of mom/babies have Medicaid, which is one of the only revenue sources for JPS.
- Low lengths of stay: vaginal births stay 1.2 days on average and C-Section births stay 2 days on average, due in part to JPS need to accommodate patient volume.
- The ED is not seeing many Pediatrics patients; Peds IP volumes are 68/year for 24-48 hours maximum stay. Peds exists to fulfill Family Practice Residency requirement, and must remain despite low volumes.

Federal / County Prisoners

- Prisoners are spread throughout the hospital and require a private room; each has 2 guards.
- Prisoner IPs are mixed with non-prisoner IPs on the same units, and use the same elevators with no clear strategy for coordinated placement or entry/exit from the facility.
- The prisoner unit on level one does not meet current code requirements and needs renovation.

MEP Issues

- There is a need for new air handling units in the bed tower on the main campus.
- MEP s connecting TSP to Main Campus is inefficient.

OPPORTUNITIES

Medical/Surgical/Skilled Nursing

- Separate medical from surgical beds, MICU from SICU; Implement service-based bed grouping strategy.
- Implement admit/discharge strategy for improved patient throughput and bed management.
- Designate appropriate utilization of beds including underutilized DSHA beds, beds on bed tower level 10, currently skilled nursing (SN) beds (relocate SN unit.).
- Implementation of all private beds would reduce the need to transport patients and improve efficiency.
- St. Joseph's hospital is located in a natural location for JPS bed tower expansion and is in such a state of disrepair/deterioration that it needs to be removed.

Behavioral Health

- Relocate Psych ED for improved access / efficient use of resources, patient safety and capacity for acute IP beds.
- Relocate Psych IP beds to main hospital to allow for shortened walking distances, decreased transports, and improved coordination with acute care services.

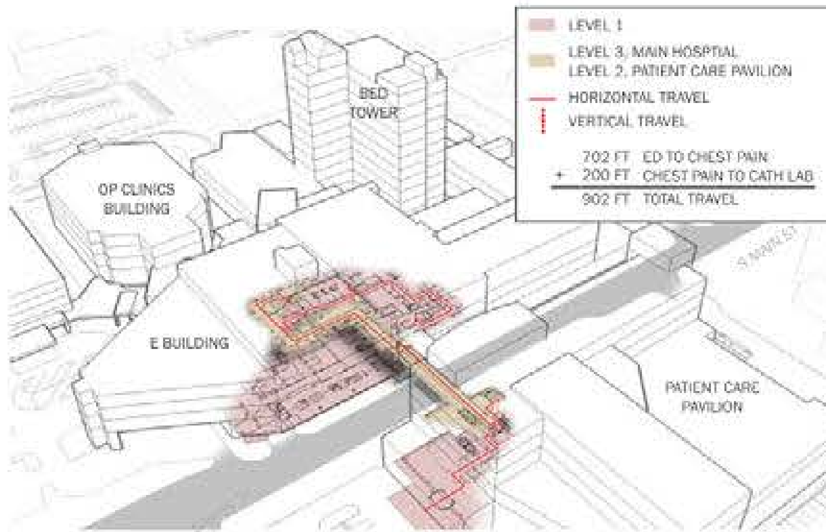
Women's Services

- Allow a Women's / Children's Care zone by relocating adjacent non-related services.
- Add Gyn Prep/Holding area to prep and recovery Gyn Surgery patients and to free up bed capacity.

Federal / County Prisoners

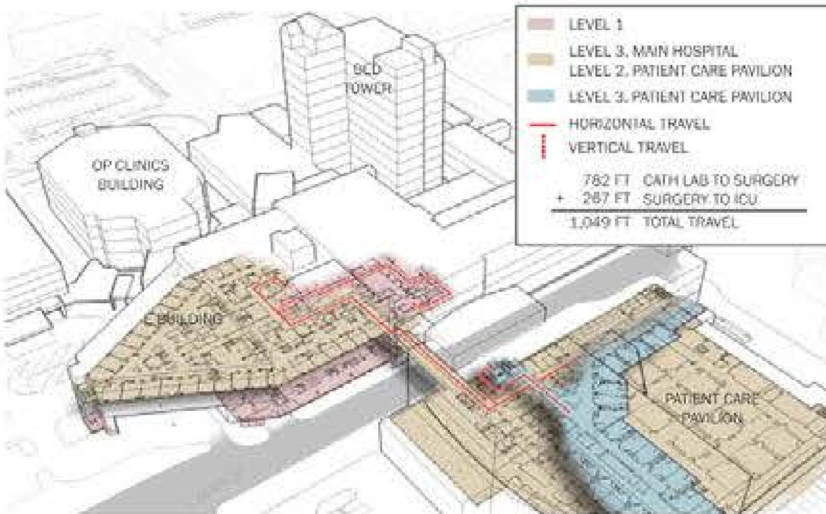
- Separate / Consolidate prisoners in expanded, renovated unit that meets code requirements.
- Create dedicated prisoner entrance that eliminates mixing with public / patients in hallways and elevators; Existing ramp leads to entrance near the existing prisoner unit and could serve as a dedicated entrance.

EXAMPLE OF CURRENT PATH FOR CARDIOLOGY PATIENT



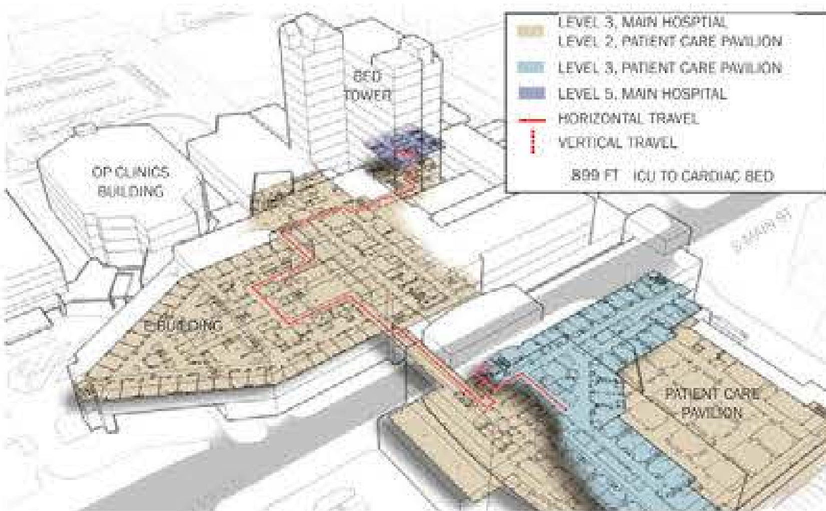
Patient walks into the ED and has chest pain; Patient is transported from Emergency Department, up the elevator, across the bridge (Main Street) to the nearest elevator, then through winding corridors to the Chest Pain Unit.

Patient needs emergency Cath procedure and is transported from Chest Pain Unit to Cath Lab.



Patient is in the middle of Cath procedure and needs emergency Surgery: Patient is transported through the corridor, up the elevator, across the bridge to the Main OR for emergency surgery.

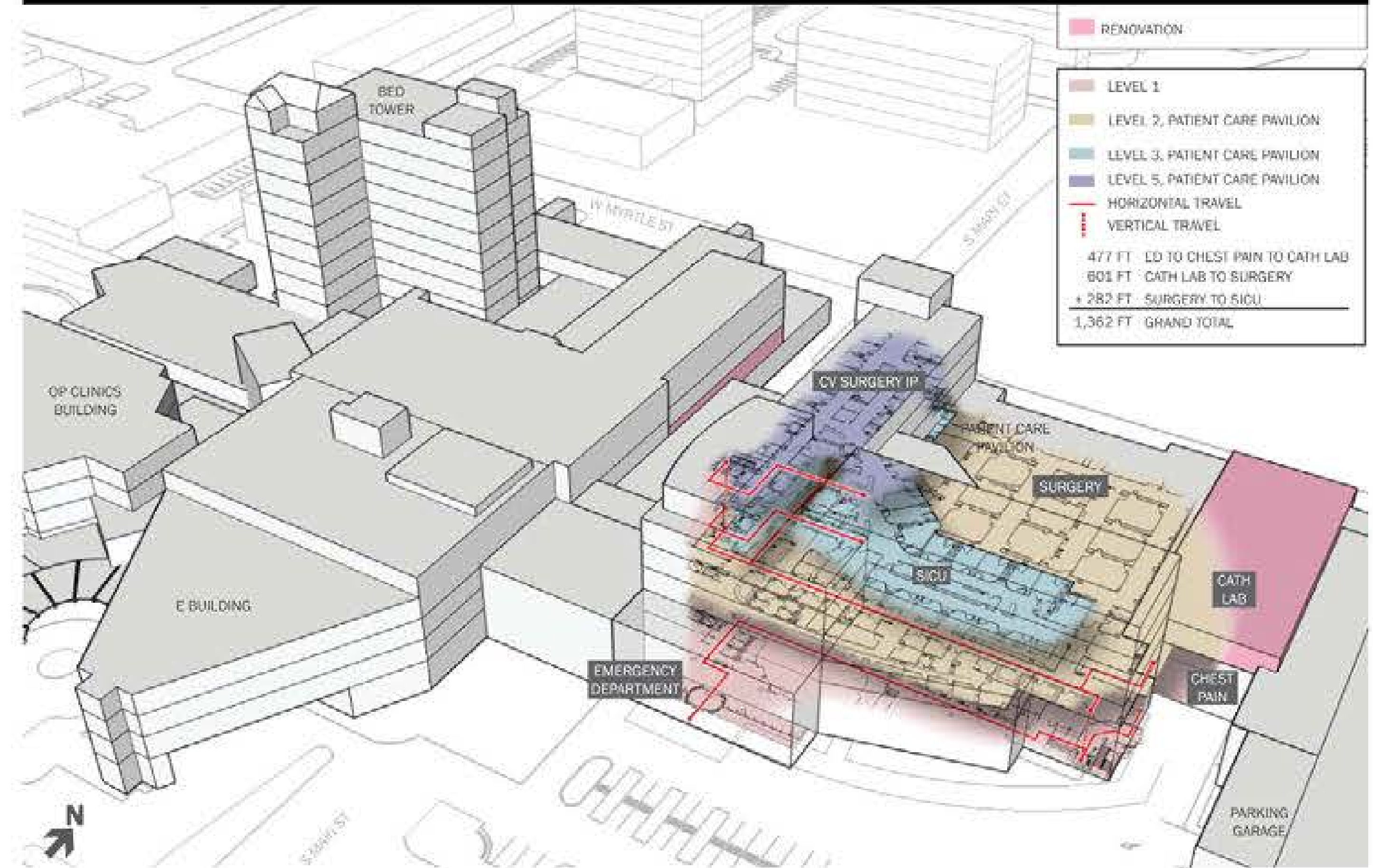
The patient is taken out of surgery to the PACU, then up to the ICU.



Once patient is stabile, the goal is to move her from the ICU to a more comfortable bed for continued care and observation. No beds are available in the Pavilion, so the patient must be placed in the bed tower.

The patient is transported from the ICU to the bed tower on level five, one of the designated Cardiac floors.

PATH OF TRAVEL - CARDIAC SURGERY PATIENT - PHASE 2



INPATIENT BEDS: Recommendations

SHORT TERM RECOMMENDATIONS PHASES ONE & TWO

The sustainable strategy for inpatient services at JPS begins with management of patient care at the community clinic level, creating a filter that gives patients an alternative to the ED, and that tries to capture and care for patients before conditions become more acute. Care is less expensive to the system and more appropriate for the patient if it happens in the location that was intended for the patient's care needs.

Once the patient arrives at JPS, services should be coordinated to provide the highest quality care for the patient and the most efficiency for the system. This includes:

- A bed grouping strategy that separates medical from surgical beds, and groups related patient types.
- Adjacencies to related services like Surgery and SICU for surgical beds, Dialysis and MICU for medical beds.
- A long term strategy to create adjacencies for inpatient beds and related services that provides the most efficient use of resources, a higher quality of care, and increased patient, employee and physician satisfaction.

The plan components related to inpatient beds were consistent with all plan criteria. However, the criteria most significantly addressed through the criteria was operational ***Efficiency.***

Plan Criteria

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

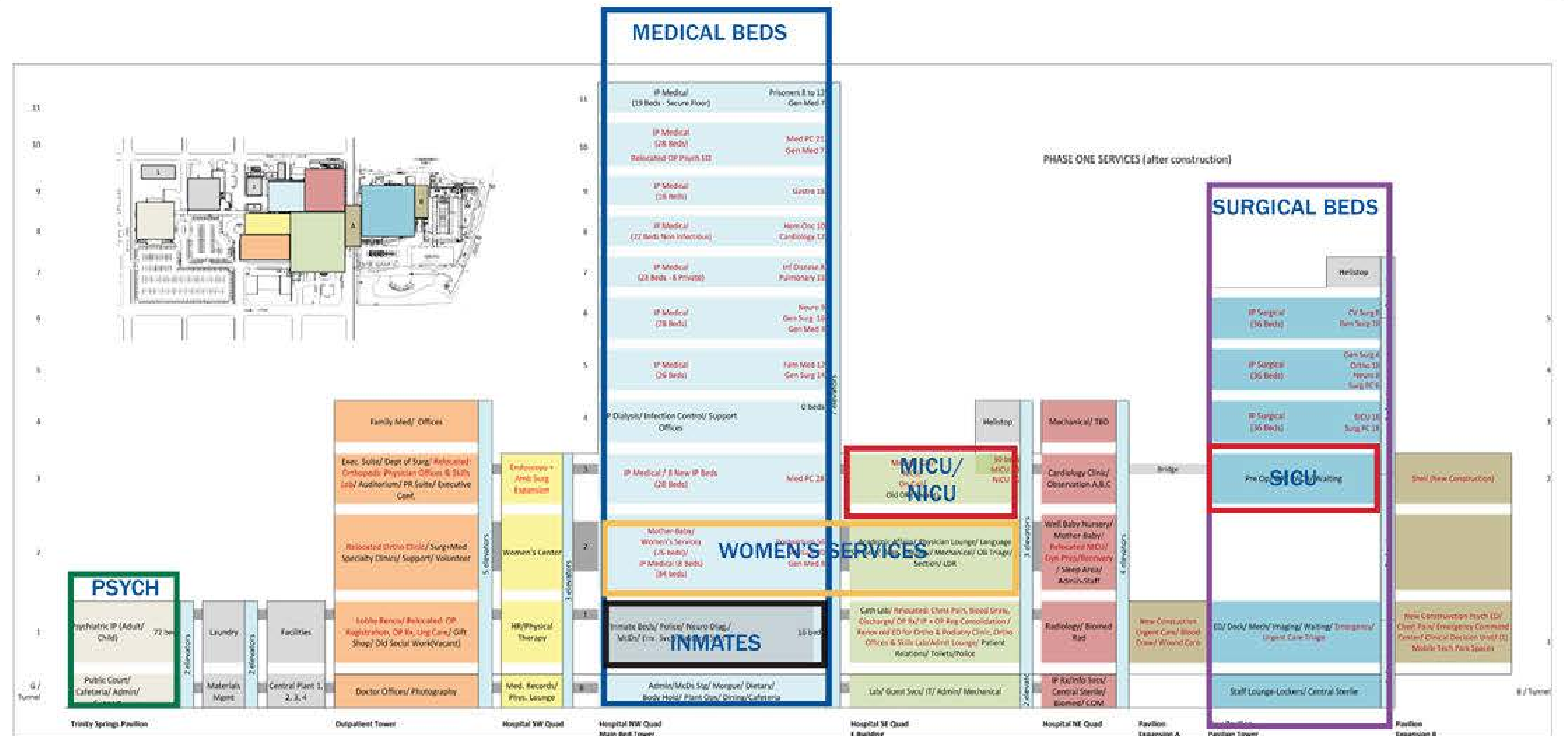
Bed Reorganization

- Implement separation and vertical coordination of medical and surgical beds. Organize Medical Beds in Bed Tower and Surgical Beds in the Patient Care Pavilion.
- Separate Medical ICU from Surgical ICU.
- Bed Grouping by major service lines & teaching teams.
- Build new NICU and Gyn Prep/ recovery area for expansion of Women's/ Childrens.
- Renovation of existing unit in Building E Level 3 for MICU relocation & NICU expansion.
- Implement a patient admit unit and begin to implement discharge of patients at bedside.
- Relocate Psych ED to ground level and renovate level 10 for inpatient beds.
- Potentially relocate Skilled Nursing beds from level 9 of main bed tower to DSHA.
- Separation of acute from non-acute inpatient care.
- Separation & consolidation of prisoners: Renovation and expansion of prisoner unit on ground level for consolidation of inpatient prisoner population into one zone with dedicated entrance.
- Implement admit unit in the old Chest Pain area; already designed for inpatient beds and central to bed units and ED.
- Demolish St. Joe's

MEP Recommendations

- Trinity Springs MEP Loop Fix
- New Air handlers for bed tower

PHASE ONE BED STACKING / BED REORGANIZATION



BED NEED/BED GROUPING ANALYSIS - FY 2009 AND FY 2014

	Days	Discharges	ALOS	LOS Adjust-ment	ALOS Adjusted	Adjusted Days	Target Utilization Semi-Private	Bed Need at Target Utilization & LOS decrease	Bed Need @ 90% confidence level (9.5%/ month)	% Average Annual Growth	Adjusted 5-yr Growth Rate	FY 2014 Projected Discharges	FY 2014 Adjusted Days	FY 2014 Projected Bed Need - Average	FY 2014 Projected Bed Need - 90% Peak
Bed Summary by Location															
Total Beds excl. infants	132,228	26,583	5.0	0.0-0.3 days		124,360	65% - 80%	449	502			27,900	134,008	483	540
Medical ICU	2,849	351	8.1			2,849		12	13					13	15
Surgical ICU	3,641	351	10.4			3,641		15	17					17	19
Medical PC/ Med	44,944	9,243	4.9			42,171		144	162					159	178
Surgical PC/ Surg	31,998	3,933	8.1			30,818		106	118					114	128
Prisoners - Towers	3,502	554	6.3			-									
Behavioral Health	19,406	3,815	5.1			19,406		71	79					75	83
SNU	5,068	301	16.8			4,978		17	19					18	21
Womens (M-B/ Gyn)	18,416	7,563	2.4			18,235		76	85					79	88
NICU	9,324	1,524	6.1			9,324		39	44					41	46
Prisoners - County	2,404	472	5.1			2,262		8	9					8	9
Beds Detail															
Behavioral Health	19,406	3,815	5.1	0.0	5.1	19,406	75%	70.9	79.3	1.9%	1.0%	4,010	20,396	74.51	83.34
												-			
Prisoners - County	2,404	472	5.1	0.3	4.8	2,262	80%	7.7	8.7	1.9%	1.0%	496	2,378	8.14	9.11
Prisoners - Federal/ Other	3,502	554	6.3	0.3	6.0										
												-			
MICU	2,849	351	8.1	0.0	8.1	2,849	65%	12.0	13.4	2.6%	2.0%	388	3,146	13.26	14.83
SICU	3,641	351	10.4	0.0	10.4	3,641	65%	15.3	17.2	2.6%	2.0%	388	4,020	16.94	18.95
												-			
Progressive Care Medicine	13,483	2,773	4.9	0.3	4.6	12,651	80%	43.3	48.5	2.6%	2.0%	3,062	13,968	47.84	53.51
Progressive Care Surgery	6,400	787	8.1	0.3	7.8	6,164	80%	21.1	23.6	2.6%	2.0%	868	6,805	23.31	26.07
												-			
Family Medicine	3,249	753	4.3	0.3	4.0	3,024	80%	10.4	11.6	1.9%	1.5%	811	3,257	11.16	12.48
Pulmonary Medicine	4,227	812	5.2	0.3	4.9	3,983	80%	13.6	15.3	2.6%	2.0%	897	4,398	15.06	16.85
Gastro Medicine	4,150	781	5.3	0.3	5.0	3,916	80%	13.4	15.0	1.9%	1.5%	841	4,219	14.45	16.16
Cardiology Medicine	3,275	680	4.8	0.3	4.5	3,071	80%	10.5	11.8	2.6%	2.4%	765	3,457	11.84	13.24
Hematology/ Oncology	2,503	391	6.4	0.3	6.1	2,386	80%	8.2	9.1	2.6%	1.5%	422	2,570	8.80	9.85
Neurosciences Medicine	2,436	540	4.5	0.3	4.2	2,274	80%	7.8	8.7	2.6%	2.0%	596	2,511	8.60	9.62
Infectious Disease	2,262	284	8.0	0.3	7.7	2,177	80%	7.5	8.3	1.9%	1.9%	311	2,391	8.19	9.16
General Medicine	9,359	2,231	4.2	0.3	3.9	8,690	80%	29.8	33.3	2.6%	2.0%	2,463	9,594	32.86	36.75
												-			
Orthopedic Surgery	5,007	726	6.9	0.3	6.6	4,790	80%	16.4	18.3	2.6%	1.5%	782	5,160	17.67	19.76
Neurosurgery	2,124	237	9.0	0.3	8.7	2,053	80%	7.0	7.9	2.6%	1.5%	255	2,212	7.57	8.47
Cardiovascular Surgery	1,845	372	5.0	0.3	4.7	1,733	80%	5.9	6.6	2.6%	1.5%	401	1,867	6.39	7.15
General Surgery	16,622	1,812	9.2	0.3	8.9	16,079	80%	55.1	61.6	2.6%	1.5%	1,952	17,321	59.32	66.35
												-			
Womens	16,577	6,959	2.4	0.0	2.4	16,577	65%	69.9	78.2	1.1%	0.8%	7,242	17,251	72.71	81.33
Gynecology	1,839	604	3.0	0.3	2.7	1,658	80%	5.7	6.4	1.1%	0.8%	629	1,725	5.91	6.61
												-			
NICU	9,324	1,524	6.1	0.0	6.1	9,324	65%	39.3	44.0	1.1%	0.8%	1,586	9,703	40.90	45.75
Newborns	9,249	5,177	1.8	0.0	1.8	9,249	65%	39.0	43.6	1.1%	0.8%	5,387	9,625	40.57	45.38
												-			
Skilled Nursing	5,068	301	16.8	0.3	16.5	4,978	80%	17.0	19.1	2.6%	1.5%	324	5,362	18.36	20.54

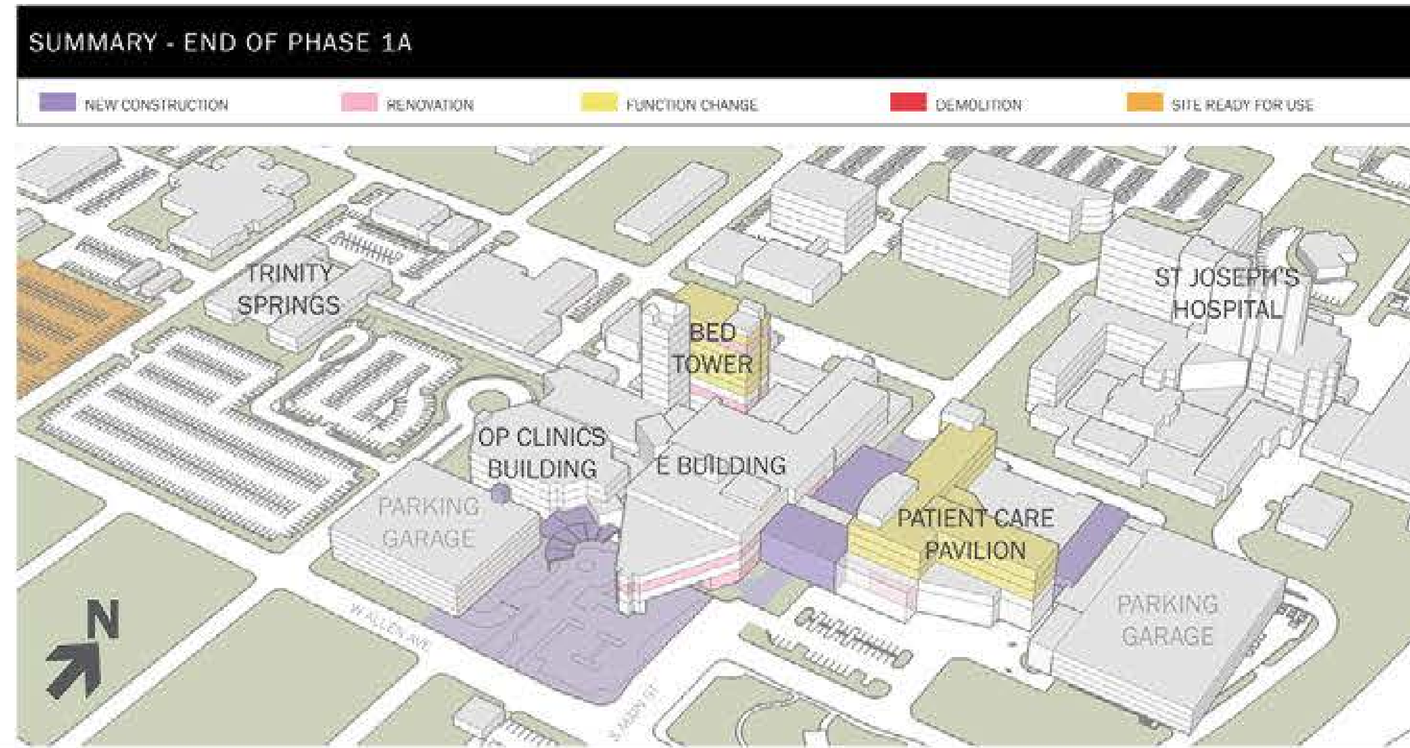
INPATIENT BEDS: Recommendations

Level One, Phase 1A

- Main Street is closed, creating a contiguous campus
- Admit Unit is implemented and easily accessible to medical bed tower
- Psych ED is relocated from bed unit on level 10 of bed tower to Pavilion Expansion B

SUMMARY - END OF PHASE 1A

NEW CONSTRUCTION | RENOVATION | FUNCTION CHANGE | DEMOLITION | SITE READY FOR USE



ASSOCIATED IP BED COMPONENTS - END OF PHASE 1A: MAIN STREET IS CLOSED, CREATING A CONTIGUOUS CAMPUS, ADMIT UNIT IS IMPLEMENTED AND PSYCH ED IS RELOCATED FROM BED UNIT TO PAVILION EXPANSION

JPS MAIN LEVEL 1, PAVILION LEVEL 1 PHASE 1A

ADMIT LOUNGE IN OLD CHEST PAIN UNIT
1,900 SF

MAIN STREET CLOSURE

PSYCH EMERGENCY DEPARTMENT
7,550 SF (relocated from bed tower level 10)

TRINITY SPRINGS MEP:
2 DX UNITS / NEW CHILLER
(Reduce length of the loop to improve system efficiency)

BED TOWER

PATIENT CARE PAVILION

TRINITY SPRINGS

OP CLINIC

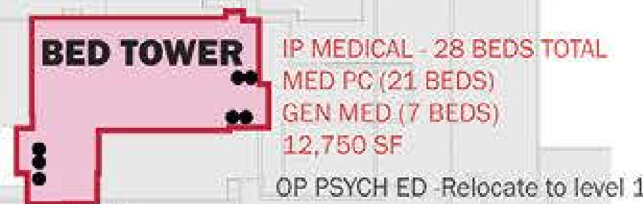
E BUILDING

ST. JOSEPH CT.

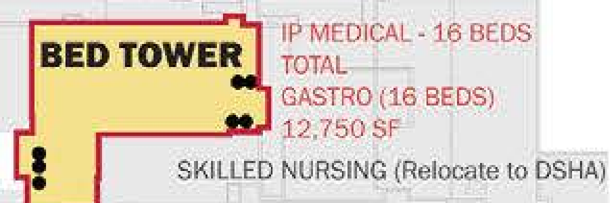
IP MEDICAL BEDS - BED TOWER LEVELS 11/10/9/8/7/6/4 (SOME SURGICAL OVERFLOW ON 6)

JPS MAIN BED TOWER LEVEL 11 PHASE 1A

JPS MAIN BED TOWER LEVEL 10 PHASE 1A



JPS MAIN BED TOWER LEVEL 9 PHASE 1A

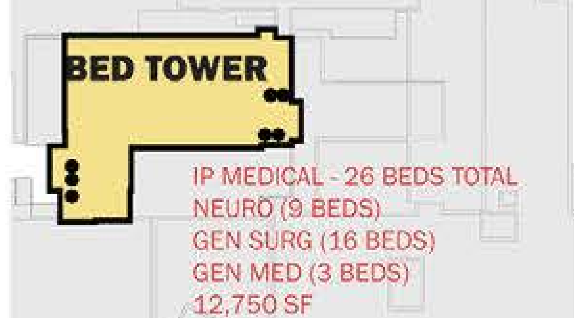


JPS MAIN BED TOWER LEVEL 8 PHASE 1A

JPS MAIN BED TOWER LEVEL 7 PHASE 1A

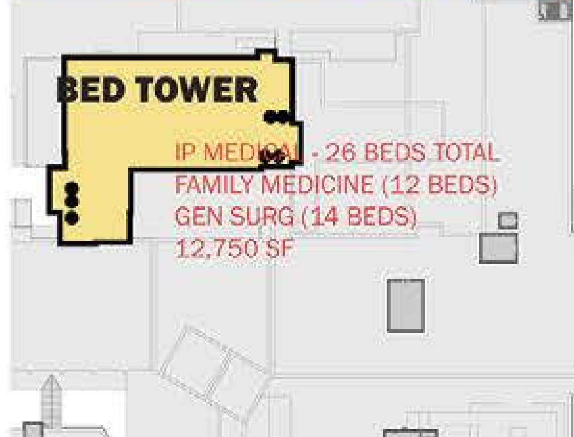
IP SURGICAL BEDS - PAVILION LEVELS 5/4/3

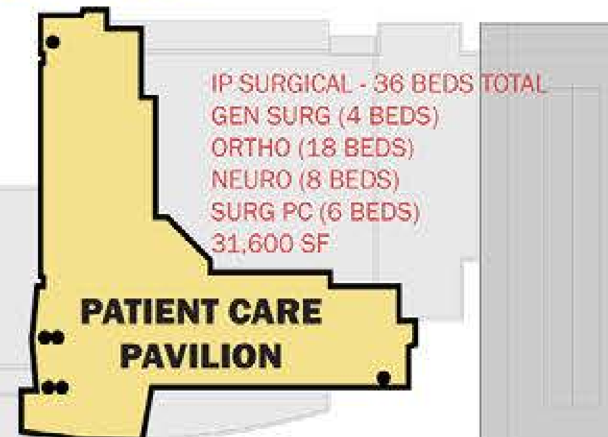
JPS MAIN BED TOWER LEVEL 6 / PAVILION LEVEL 5 PHASE 1A



JPS MAIN BED TOWER LEVEL 5 / PAVILION LEVEL 4 PHASE 1A

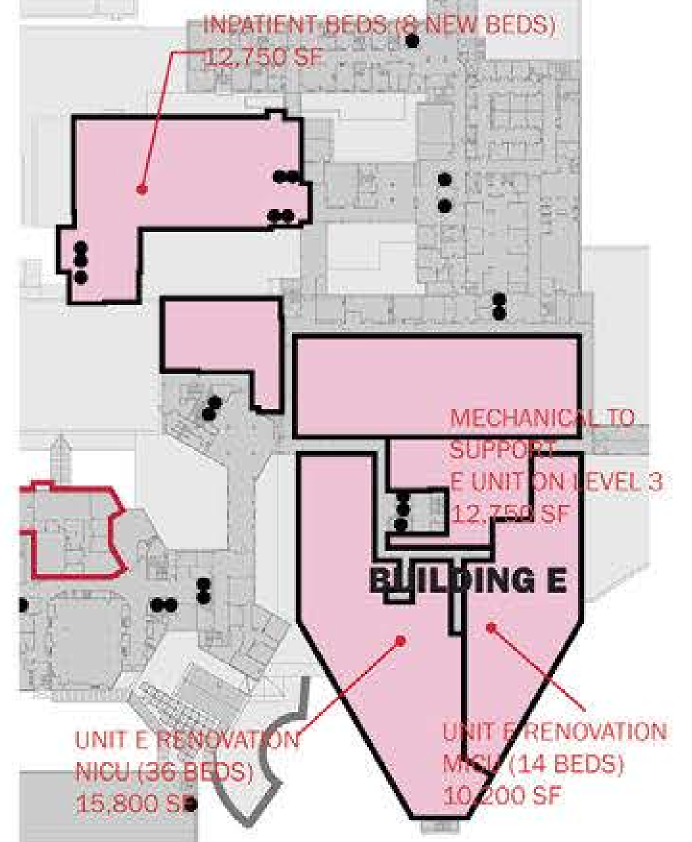
JPS MAIN BED TOWER LEVEL 4 / PAVILION LEVEL 3 PHASE 1A





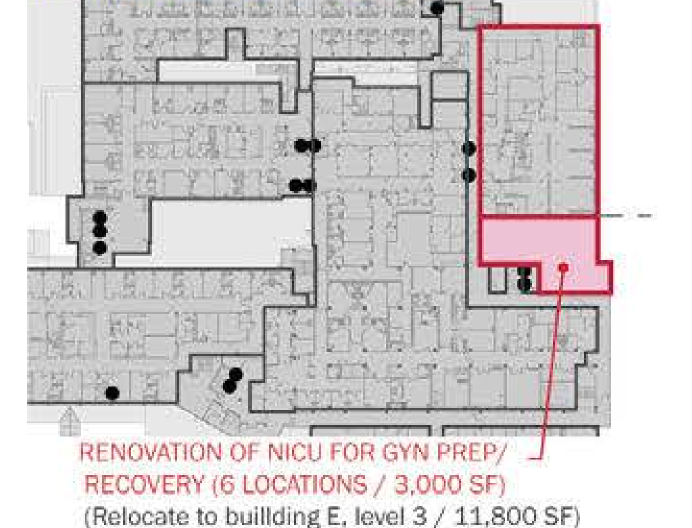
INPATIENT MEDICAL BEDS & MICU - LEVEL 3

JPS MAIN LEVEL 3 PHASE 1A



RENOVATION OF NICU FOR GYN PREP & RECOVERY

JPS MAIN LEVEL 2 PHASE 1A



RENOVATION OF NICU FOR GYN PREP/ RECOVERY (6 LOCATIONS / 3,000 SF)
(Relocate to buillding E, level 3 / 11,800 SF)

INPATIENT BEDS: Recommendations

Phase One A&B Critical Path:

1. (Option) Renovate beds at DSHA for Skilled Nursing; Relocate SNF beds from level 9 of bed tower to DSHA.

2. Renovate Main Campus E Building Level 3 for 14 MICU beds.

3. (Option) As needed, renovate level 3 of main bed tower for 8 additional beds.

4. Redistribute beds according to bed grouping strategy, utilizing main bed tower for Medical and Pavilion tower for Surgical. In this phase, MICU remains in Pavilion.

Phase One A&B Critical Path (continued):

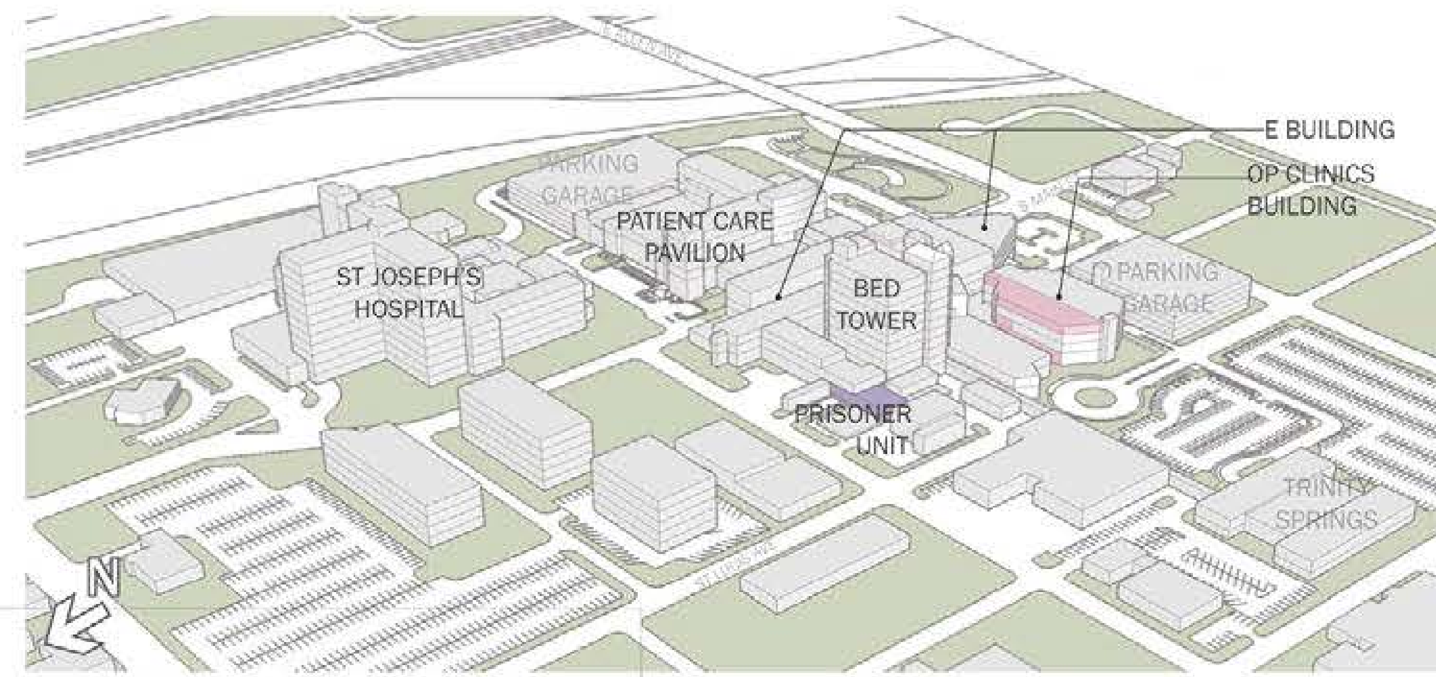
5. (Option) Relocate Psych ED and use for medical bed expansion.

6. Renovate remaining level 3 E unit for new NICU (36 beds).

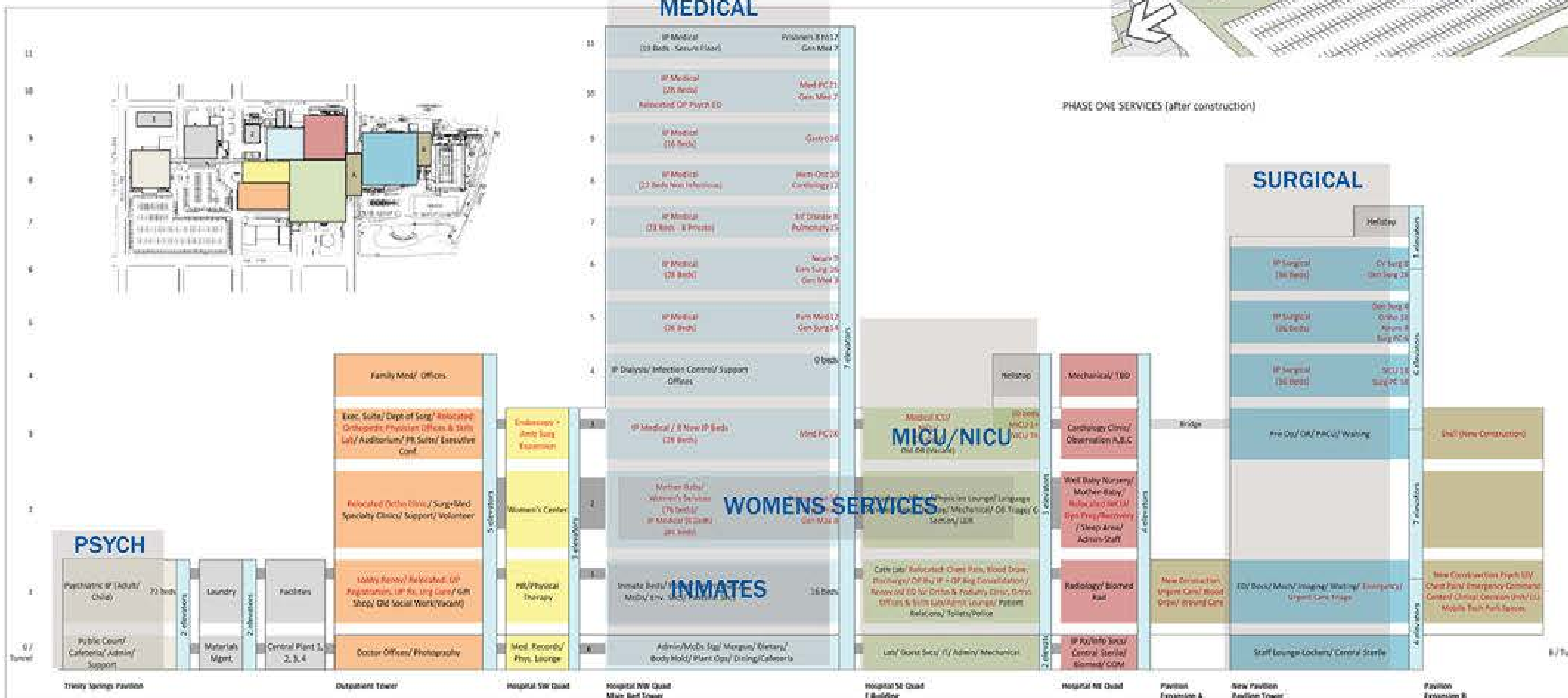
7. Relocate NICU to new unit and renovate portion of old NICU for Gyn Prep/ Recovery. (6 beds).

8. Renovate Prisoner Unit to bring up to code requirements and to allow for consolidation of prisoners.

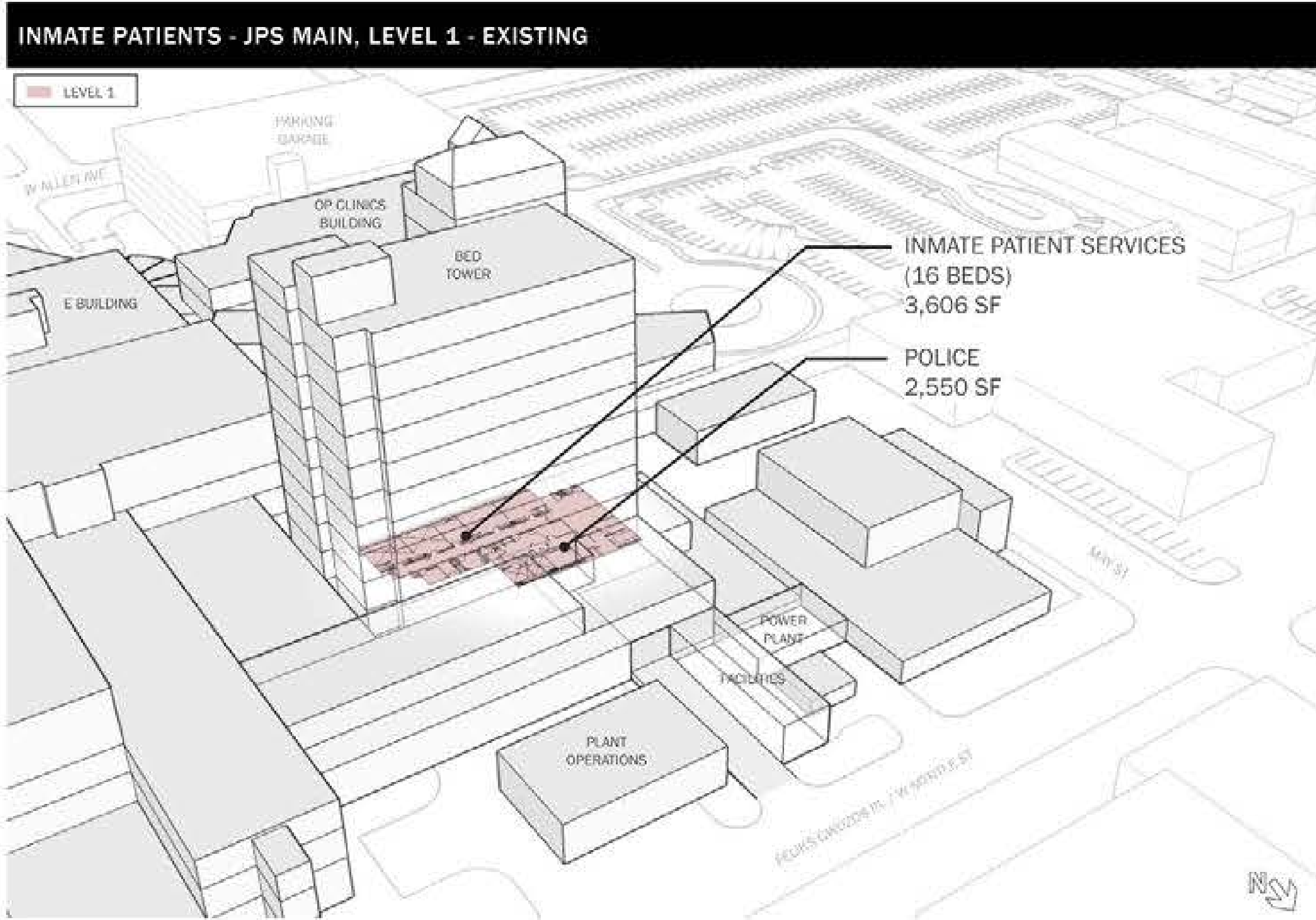
SUMMARY - END OF PHASE 1B



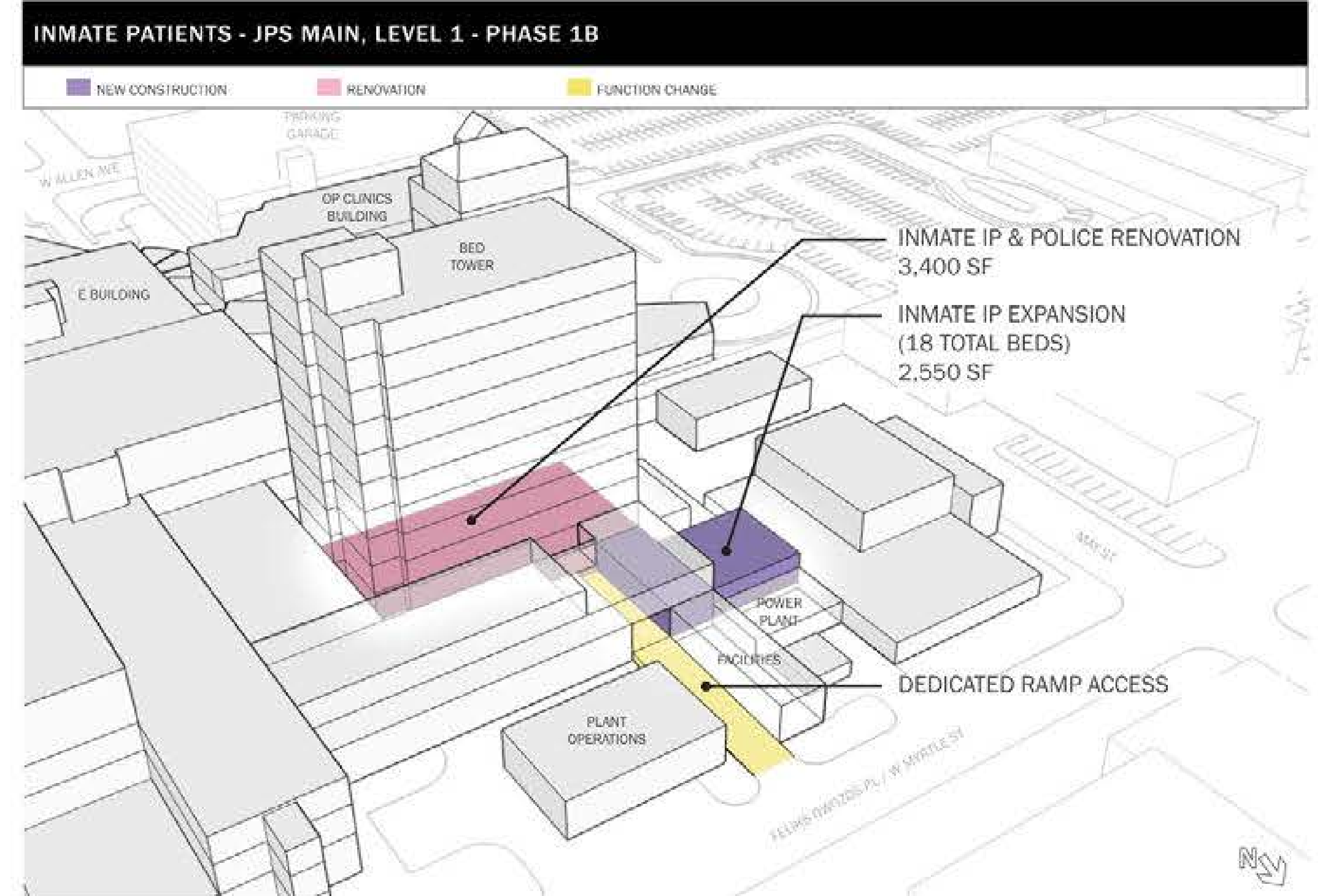
BED STACKING - END OF PHASE 1A & 1B



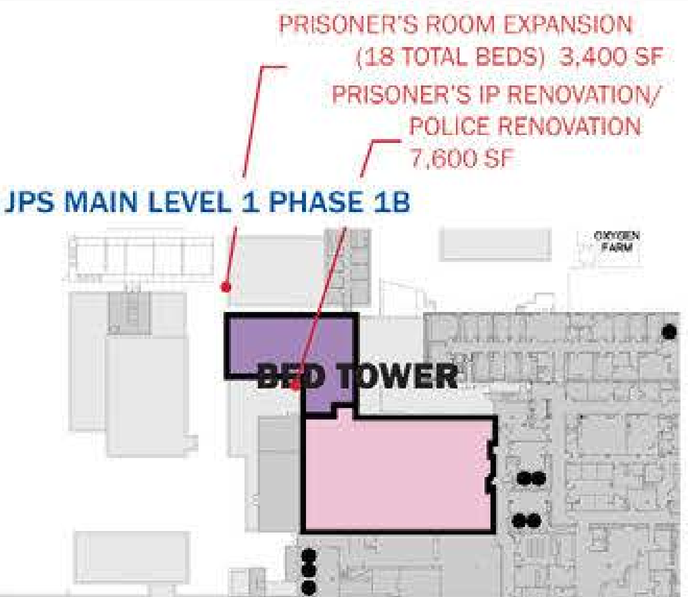
INMATE PATIENTS - JPS MAIN, LEVEL 1 - EXISTING



INMATE PATIENTS - JPS MAIN, LEVEL 1 - PHASE 1B



PRISONER UNIT EXPANSION/DEDICATED ENTRANCE

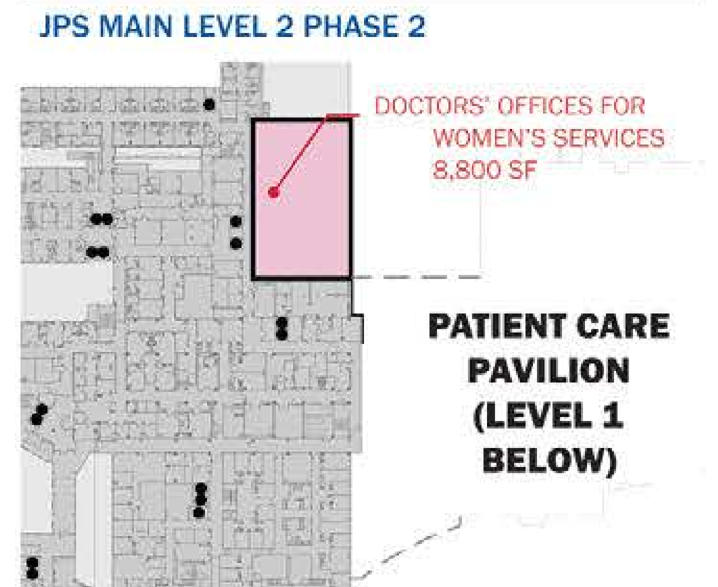


Phase Two Critical Path:

1. Renovate remaining old NICU for Womens Services doctors' offices.

2. Demolish St. Joseph's hospital.

RENOVATION OF NICU FOR DOCTORS OFFICES



INPATIENT BEDS: Recommendations

LONG TERM RECOMMENDATIONS

- Demolish Trinity Springs and prepare the land for development; Trinity Springs land becomes a revenue source for the hospital.
- Create new hospital entrance with construction of a new tower for Medical Beds / Admit Unit and dialysis relocate to new tower / Imaging expands and connects to the east
- Pavilion continues to be utilized for Surgical Beds only.
- West bed tower is now utilized for IP Psych Beds; dedicated entrance for Psych services is implemented.
- Womens Services expand on Levels 2 & 3.
- OPC remains expansion zone for outpatient clinics and academic services. Academic services moves into basement level with vertical access to outpatient clinics and other academic services.
- Academic services is also assigned dedicated space in the new tower for conference and support areas.

Phase Three Critical Path:

1. Construct New Medical Bed Tower (Pavilion Expansion C).

2. Relocate Medical Beds from Main Bed Tower to Pavilion Expansion C. Dialysis and Respiratory also relocate to central location as part of expansion.

3. Relocate Surgical ICU (20 beds) adjacent to Invasive Services as part of Pavilion Expansion C. Surgical Beds remain in Pavilion tower.

4. Main Bed Tower is renovated for Psych Services (5 levels / 80 beds).

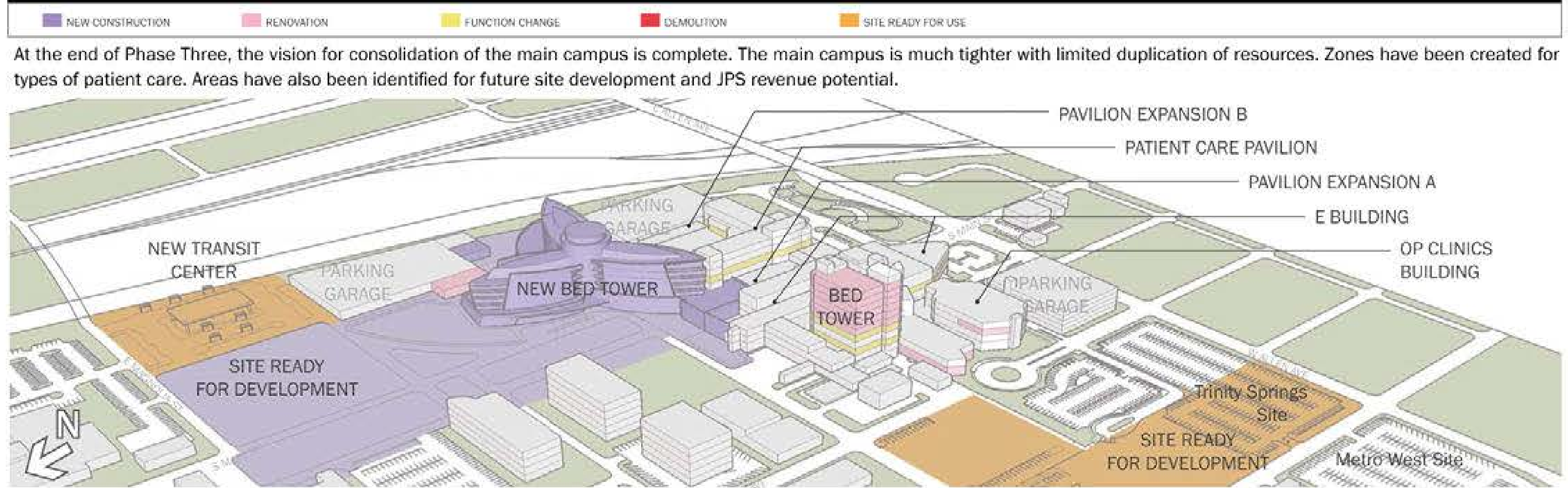
5. Psych Services and Inpatient Beds from Trinity Springs relocate to Main Bed Tower.

6. Womens Services Expansion on levels three and five of main facility as necessary.

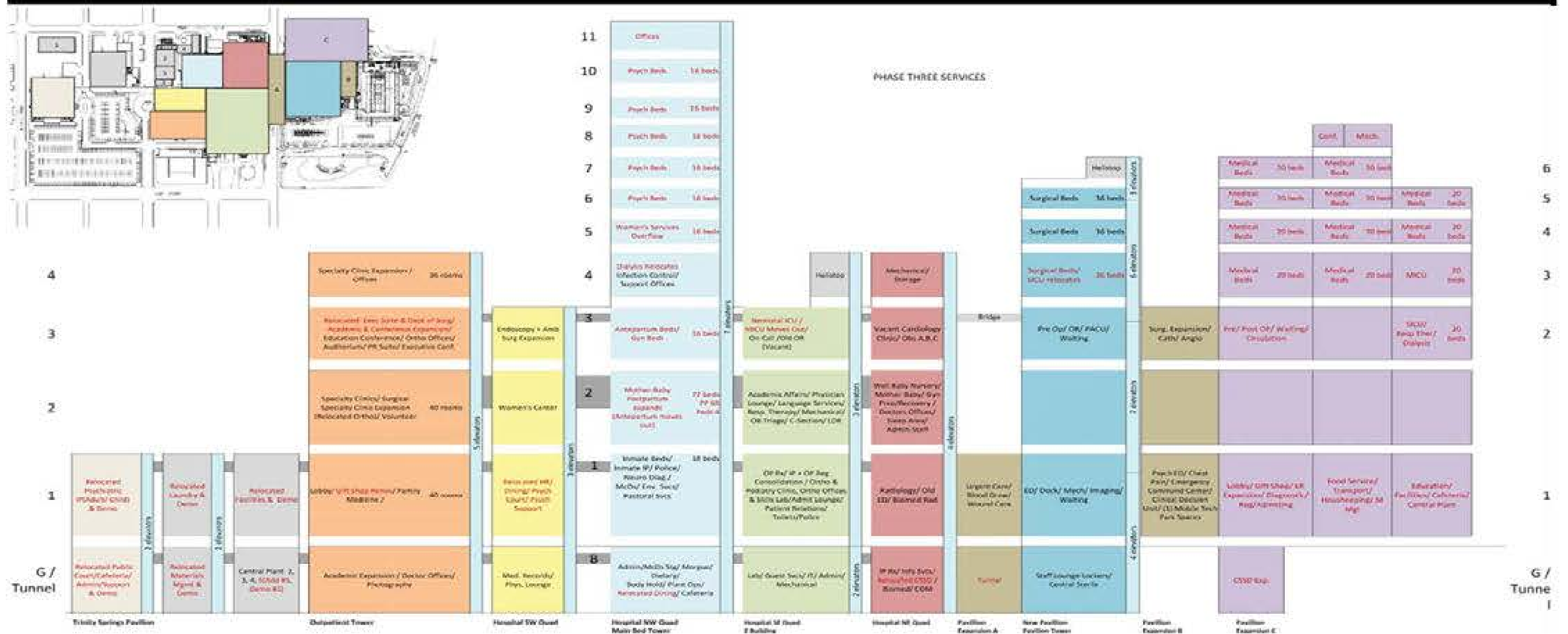
SUMMARY - END OF PHASE 3

NEW CONSTRUCTION | RENOVATION | FUNCTION CHANGE | DEMOLITION | SITE READY FOR USE

At the end of Phase Three, the vision for consolidation of the main campus is complete. The main campus is much tighter with limited duplication of resources. Zones have been created for types of patient care. Areas have also been identified for future site development and JPS revenue potential.



BED STACKING - END OF PHASE 3



PRIORITY RECOMMENDATIONS : ACADEMIC SERVICES

The Academic Programs are woven throughout the operations at JPS and were considered in every aspect of planning, including reorganization and expansion of the campus outpatient clinics, relocation of the Family Medicine Clinic to the ground level with academic office expansion, a new location for the ED residency program offices, long term academic zone designation and expansion as part of the main building and the new tower, a dedicated OR in the surgery suite for teaching, a dedicated inpatient bed unit for teaching teams, opportunities for exposure and participation in innovative programs like Centering in community clinics, and support/ office / conference expansion.

ACADEMIC SERVICES: Strategic Foundation & Recommendations

ACADEMIC PROGRAMS

The Academic Programs are woven throughout the operations at JPS and were considered in every component of planning. Residents see patients and impact departments throughout the hospital and consideration was given to how to blend the teaching processes with day to day operations, while maintaining patient throughput and efficiencies.

JPS has the largest family medicine residency program in the state, and one of the largest in the nation with 87 family medicine residents (67.7 FTEs). There are 12 accredited residency programs at JPS. JPS sponsors 8 programs including Family Medicine, Ob/Gyn, Orthopedic Surgery, Podiatry, Psychiatry, Radiology, Emergency Medicine and Transitional Year. The Emergency Medicine program began in 2011. JPS partners with the General Surgery program at Baylor and with the Ophthalmology, Oral Maxillary Facial Surgery, and Otolaryngology programs from UTSW.

Additionally, JPS hosts 324 medical school student rotations/ year and 36 FTEs in PA training (Nurses from UTA, TCU, etc.).

- Residents funds 1,600 students and sometimes it is a struggle due to the following process limitations and realities:
  - Only 1,300 remain in the state of Texas, 300 go to other states at a cost of $250K/ student for a total of $75MM.
  - Support from the state is $13MM total, $5.5MM of it is Medicare reimbursement, $7.5MM is JPS budget.
  - Medicare support is expected to decrease with new legislation.
  - Taxpayers pay $200-$250K/student; support from the state is $51K per student.
- The schedule for residents is roughly three days in the hospital, two days in clinics.
- Stop Six and FHC are the main residency teaching clinics; they are broad-based family medicine because of their locations and community need.

ISSUES

- Residency programs are growing and need additional support space and conference space.
- Residents have limited access to Pediatrics teaching environments. Some travel to Dallas, Ped Radiology travels to Houston; some travel to Cook Children's but even that is very limited because Cook's is not a teaching hospital.
- OB/Gyn residents do not get as much Gyn time as they could, due to limited OR space.
- Resident call rooms are needed (mandated).
- Dining is required 24/7, food is required to be provided at all times.
- Hotels and housing close-by are lacking. Currently, visiting residents live in the call rooms.
- Limited Public transportation is a major concern/clinic and care facilities have no connectivity.
- A plan is needed to deal with the growing chronic disease population.
- Program growth and program attendance is limited at least in part by limited access to conference / meeting locations. Spaces utilized currently for academic programs include the fourth floor conference room and the third floor of the OPC. Conference rooms are utilized for current volume of roughly 300 programs per year with 50 to 100 attendees each.

OPPORTUNITIES

- Reorganization of outpatient teaching clinics for efficiency and accessibility.
- Expansion for academic services support and conference space.
- Expanded simulation / skills labs.
- Centering healthcare programs as a teaching opportunity for residents needs more investigation.
- Housing close-by for residents would be a benefit for existing residents and recruitment of new residents.

SHORT TERM RECOMMENDATIONS

By addressing academic programs components of the plan, JPS is able to address all of the critical plan criteria in some way, and can most significantly impact ***Efficiency*** and ***Stewardship***.

Plan Criteria

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

Phase One A&B Critical Path:

1. Zone is identified for consolidation and future growth of Academic Services and Academic Teaching Clinics.
2. Zone identified for Emergency Residency program offices.
3. Reorganization of Academic Clinics (See Main Campus Clinics / ED section)
4. Relocate Family Practice clinic, conference space and support functions to level one of the outpatient clinic building.
5. Relocate Orthopedic/ Podiatry Clinic to level one in old ED space.
6. Renovate / expand surgical clinics on levels two and four of the outpatient clinic building.
7. Emergency Command Center is also added as part of Pavilion Expansion B.

Phase Two Critical Path:

1. (Option) Renovation of components of the old ED for Ortho offices and Skills lab to allow for Academic conference and office / support expansion in the outpatient clinic building, vertical to academic clinic activity.
2. Academic conference & support space relocates or expands to level three of the outpatient clinic building.

Phase Three Critical Path:

1. Level ten of the main bed tower will be renovated for Executive Offices.
2. Executive offices will relocate from level three of the outpatient clinic building to level ten of the main bed tower.
3. Level three of the outpatient clinic building will be renovated for Academic Conference support (10,000 SF).
4. The new tower is constructed and shell space is built on level one for Academic conference / support (8,000 SF).

SHORT TERM RECOMMENDATIONS: EMERGENCY DEPARTMENT & MAIN CAMPUS CLINICS SUMMARY - END OF PHASE 1A

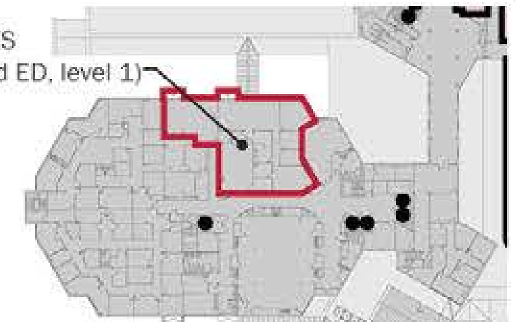
This image shows the compilation of SFUP main campus recommendations at the end of phase one including floor renovations, facility / space function changes and areas of new construction. Zones for the Emergency Department and outpatient clinics are shaded below.

NEW CONSTRUCTION | RENOVATION | FUNCTION CHANGE | DEMOLITION | SITE READY FOR USE

Magnolia Site
OP MEDICAL CLINICS
TRINITY SPRINGS
Metro West Site
BED TOWER
ST JOSEPH'S HOSPITAL
PARKING GARAGE
PARKING GARAGE
PARKING GARAGE
ACADEMIC SERVICES ZONE
OP SURGICAL CLINICS
PAVILION EXPANSION B
PAVILION EXPANSION A
N

ACADEMICS - JPS MAIN LEVEL 3 - PHASE 1A

ORTHO OFFICES
(Relocate to old ED, level 1)
3,800 SF



JPS MAIN LEVEL 3 - PHASE 2

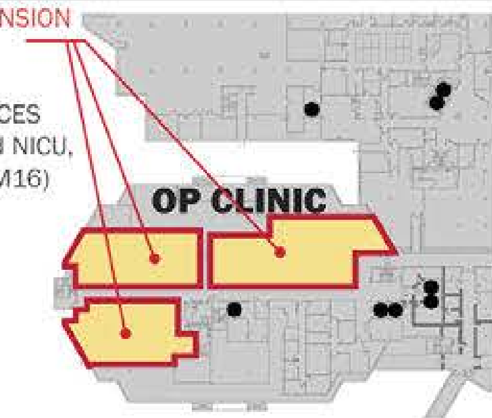
RENOVATE ORTHO OFFICES FOR ACADEMIC SUPPORT
3,000 SF

SKILLS LAB AVAILABLE FOR EDUCATION CONFERENCE
800 SF

JPS MAIN LEVEL3 - PHASE 3

ACADEMIC EXPANSION
10,000 SF

DOCTORS' OFFICES
(Relocated to old NICU, level 2, refer to M16)
8,000 SF



PRIORITY RECOMMENDATIONS : IMAGE, CIRCULATION & ANCILLARY

The hospital facility and support components surrounding the JPS acute care services not only connect the services to each other but have the potential to create a cohesive environment both functionally and aesthetically. The public areas are also the patient, employee and physicians' first impression of JPS and can serve two major purposes; allow for efficient circulation and wayfinding, and create a perception about the quality of care that is offered at JPS. This allows JPS to address two of the major criteria identified for the SFUP, Quality and Efficiency.

IMAGE/CIRCULATION/ANCILLARY: Strategic Foundation

IMAGE/CIRCULATION/ANCILLARY

Public areas are the patient, employee and physicians' first impression of JPS and can serve two major purposes: they allow for efficient circulation and wayfinding, and they create an immediate positive or negative perception about the quality of care that is offered at JPS.

ISSUES/INTERVIEW FINDINGS

Operational Issues - Circulation

- There are a host of facilities on the main campus that comprise the clinical, administrative, support and operational components related to services the hospital provides. Major facilities / structures include:
  - The main hospital facility compound consisting of the original central components, the main bed tower, the E Building (a triangular off-shoot of the central components), the outpatient clinic building (OPC), the newer Patient Care Pavilion (Pavilion) which is separated from the main hospital by Main Street but joined via a skybridge walkway from level three of the main hospital to level two of the Pavilion,
  - the main hospital garage and the Pavilion garage,
  - the Trinity Springs Pavilion (TSP),
  - the JPS Professional Office Complex (JPOC),
  - the Eligibility & Enrollment building,
  - the MetroWest building,
  - the Facilities Administration, Materials Management & Receiving buildings,
  - Clinic facilities: Womens Center, Cancer Center, Tarrant County Public Health and the Salvation Army Clinic,
  - the old, vacant St. Joseph's hospital and supporting facilities and garage components.
- Major acute care services are separated on two sides of main street; the separation and lack of physical coordination among campus facilities make circulation between facilities cumbersome and challenging for even those who are familiar with the campus Upon entrance to the main hospital, elevator visibility is limited.
- There are multiple entries, but no dedicated entries to encourage efficient, separated circulation and activity; There is no clear walk-in entrance to the ED.

Main Entrance Revolving Door

- There is significant mixing of public and staff in the same corridors, support areas, etc.
- Departmental adjacencies are lacking in some cases, resulting in lost efficiencies and opportunities for improved patient / staff satisfaction, quality of care and reduced costs.
- Elevator congestion is intensified due to high volume services located on upper floors.
- Lobbies are congested, with people sitting in hallways and wasted space at main reception desk.
- Cafeteria and dining in basement is difficult to access.
- Signage is limited, not standardized on the main campus and across the network (both external and internal).
- There are multiple registration locations spread throughout facilities which creates duplication of staff, resources, and confusion for patients.

Main Street separation between Pavilion and Main Hospital

Operational Issues - Image

- The facility is aging, which is more evident with the new Patient Care Pavilion in place.
- The main entry lobby is congested, with limited visibility to horizontal / vertical circulation points and wasted space, limiting visual appeal and welcome.
- Signage is not standardized

Main lobby / limited visibility to elevators / large reception

Drive between main parking garage and main hospital entry

Lobby area, limited visibility to elevators

Signage is not standardized

Long corridor connection from main facility to Trinity Springs

MAIN CAMPUS : Image, Circulation & Ancillary - Strategic Foundation

Pharmacy Work Area

Pharmacy Storage

Pharmacy Work Area

Pharmacy Waiting

Signage to cafeteria in basement

Operational Issues - Outpatient Pharmacy

Outpatient pharmacy needs space to operate; current space is not sufficient to accommodate the patient / prescription volume or the staff that utilizes the space.

- OP pharmacy needs to be near the patients it serves - emergency services, urgent care and outpatient clinics.
- Volume Mix: 20% of volume is ED discharges; 70% outpatients; 10% employees
- 22,000 prescription fills are prepared/month; 800-850 scripts per day.
- Growth: 17%-18% volume increase 2009-2010.
- Monthly, 1200-1500 bags (prepared prescription fills) are returned to stock.
- Average wait for prescription pick-up is 2 hours.
- New equipment "robot" for Pharmacy will be implemented; capable of filling 240 scripts/hour.

Operational Issues - Inpatient Pharmacy

The IP pharmacy is operationally out of date. It is located in the basement of the hospital, where there is no WiFi or IT connectivity and is almost completely manual in operations. When benchmarked against best practices for departments/facilities of similar volume and activity, the IP pharmacy at JPS is significantly less automated, physically oversized, and there is significant duplication of resources.

Operational Issues - Food Service/ Dining

- Food service/dining has not relocated from original setting in the basement.
- Food service department was recently renovated for $6M; Renovation layout was not ideal due to constraints of working within the existing space.
- There is no WiFi or IT connectivity in the basement and none was extended to the basement during renovation.
- McDonald's is located on the ground floor of the hospital and for the life of the lease, the hospital cafeteria can not be located on the same level as McDonald's.
- Between 1,500 - 2,000 meals are prepared daily; food is transported throughout the Main hospital, Trinity Springs and the Patient Care Pavilion.
- Visitors/employees will purchase food from cafeteria but will typically not stay and eat in cafeteria.

OPPORTUNITIES

- Close Main Street to allow for connection between main hospital and Pavilion
- Relocate Urgent Care adjacent to the ED for improved patient flow and decreased patient transports
- Establish clear Emergency Department / Urgent Care walk-in and combine triage for more efficient and effective assessment of patients
- Create new entry and renovate lobby entry to create a more open space and improve the "first impression" and aesthetic appeal, increase visibility to elevators and improve utilization of open space
- Relocate and expand pharmacy work area / pharmacy waiting to a more central location fror outaptient services
- Consolidate and centralize registration to reduce congestion in lobby, increase efficiencies and reduce duplication of resources.
- Relocate Family Medicine and Ortho Clinic to level one from upper floors to reduce elevator congestion and improve patient circulation and access to services
- Create standardized signage and branding opportunities throughout the main campus and outpatient clinics

IMAGE/CIRCULATION/ANCILLARY: Recommendations

SHORT TERM RECOMMENDATIONS

Addressing image, circulation and ancillary components of the plan allows JPS to address two of the major criteria identified for the SFUP, ***Quality*** and ***Efficiency***.

Plan Criteria

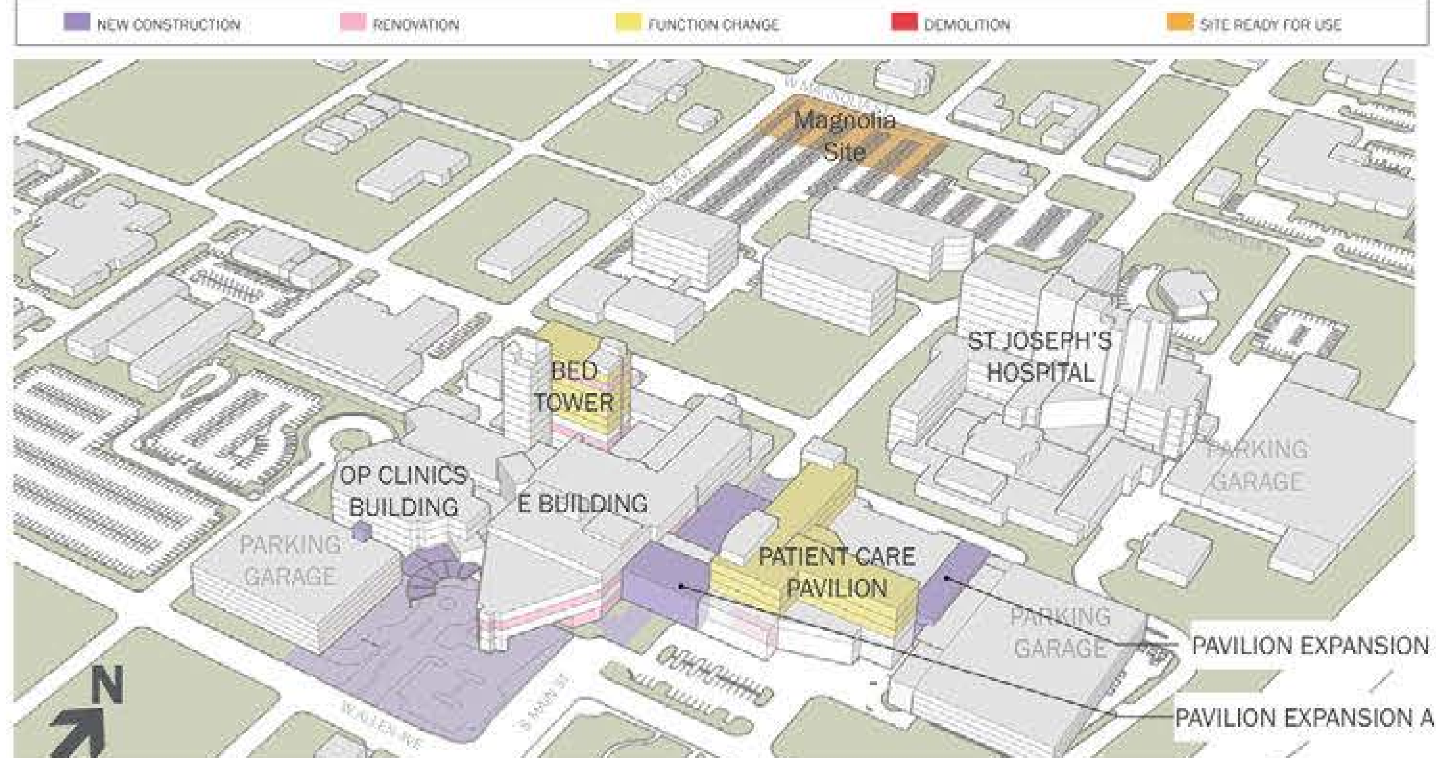
quality	improvements / maintain functionality
efficiency	optimize operational capacities & growth
environment	improve image, branding & satisfaction
stewardship	manage resources & sustainability

The acute care campus facilities should provide a tight, efficient connection for critical main campus clinical and support components, and should also create a cohesive environment both functionally and aesthetically for JPS public and staff.

- One Contiguous, Efficient Campus
- Create Departmental Adjacencies
- Open lobby with visibility to elevators, consolidated registration, expanded OP pharmacy, wayfinding to zones
- Reduce elevator congestion by relocating the two highest volume clinics to the ground floor (Family Medicine & Orthopedics/Podiatry)
- Group services by patient type and operational similarities including beds and invasive/ endoscopy
- Create standard signage for improved wayfinding
- Create clear ED/ Urgent Care walk-in with shared triage for improved appropriation of patient volume

JPS Campus at End of Phase One A & B

SUMMARY - END OF PHASE 1A



Phase One A&B Critical Path

1. Reorganize departmental adjacencies for improved campus circulation and wayfinding (i.e. Outpatient Clinic Building Clinic Reorganization; Bed Reorganization; ED/ Urgent Care adjacency)

2. Re-route main street, construct Pavilion Expansion A and relocate urgent care (see ED / Main Campus Clinics section)

3. Re-work front entry drive, garage drive and construct front entry canopy.

4. Renovate old ED for new outpatient pharmacy (centralized for ED and outpatient clinics) and Ortho / Podiatry Clinic. Create a corridor connection from Pavilion Expansion A to main hospital.

5. 5. Relocate outpatient pharmacy, Ortho / Podiatry Clinic to level one and consolidate multiple registration locations to central zone on level one.

6. Renovate main entry lobby, providing signage and kiosks for simplified public wayfinding. Provide separation of public and staff vertical circulation to main bed tower.

7. During renovation of level three of the E building for MICU, renovate corridor connection and add centralized on-call rooms to replace those that were displaced during the OR renovation.

Phase Two Critical Path

Demolish St. Joseph hospital allowing for simplified access and development zones around Patient Care Pavilion

Phase Three Critical Path

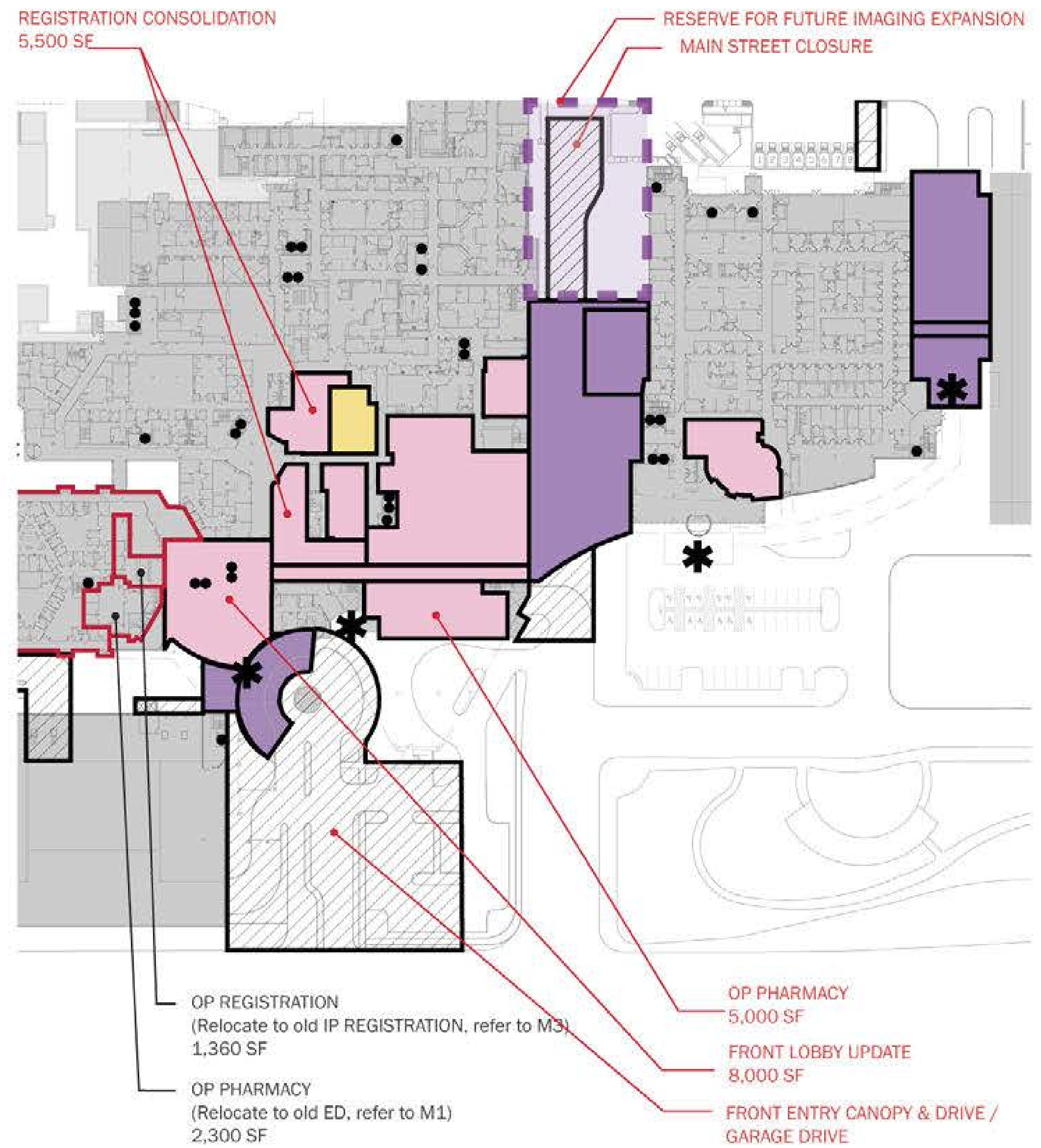
1. Straighten main street between Eligibility & Enrollment site and the Patient Care Pavilion. Re-orient campus to the North with new entry facing downtown Fort Worth.

2. Site available for medical office expansion east of cemetery that connects JPOC to main hospital and Pavilion Expansion C.

3. Consolidate campus and establish new bed zones for Medical beds (Pavilion Expansion C), Surgical beds (Pavilion tower), and Psych beds (main bed tower).

4. Continued implementation of future campus expansion zone.

8. Release or develop land that does not fall within future main campus footprint or regional community strategy.



IMAGE/CIRCULATION/ANCILLARY: Recommendations

NEW JPS MAIN ENTRY AT END OF PHASE 1A

NEW JPS MAIN LOBBY AT END OF PHASE 1A

LONG TERM RECOMMENDATIONS

- Dedicated Zoning/ entrances
- IP acute care on one side of the street
- Close Trinity Springs Pavilion Psych Zone
- Designate Academic Zone for growth
- ED / Urgent Care Zone
- Outpatient Care zones
- Standard signage at medical home / regional clinic / school-based center locations
- Dining relocates to the ground floor when McDonalds lease ends

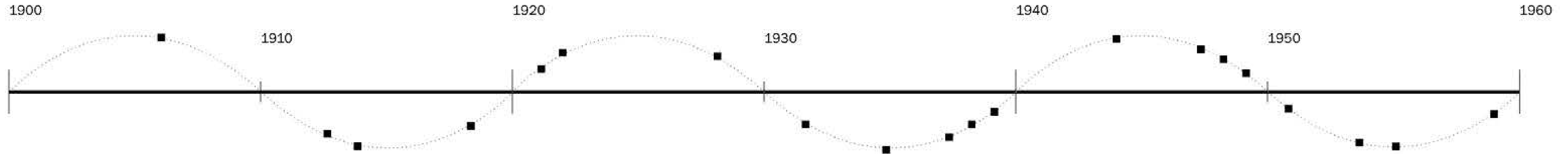
JPS Campus at End of Phase Three

PRIORITY RECOMMENDATIONS : CAMPUS DEVELOPMENT

In order for JPS to continue to live out its mission and its stewardship in the community, it must utilize its land and resources efficiently. JPS must implement a thoughtful approach for utilization and development of its land holdings. The JPS network is an economic engine for Tarrant County and, in order to fulfill its mission must allocate land appropriately for health care services and determine appropriate and responsible uses for the land that will not beb utilized for patient care.

CAMPUS DEVELOPMENT: Strategic Foundation

JPS Milestones



1906 - Hospital opened by Fort Worth Medical College "free to all accident cases and any other cases which the authorities will accept"

1906 - City County School of Nursing founded at Fourth and Jones

1913 - Agreement made between City and County to jointly operate 25-bed Emergency Hospital

1914 - Name changed to City County Hospital (CCH)

1918 - Flu epidemic overwhelms city

1921 - Outpatient clinic opened. Bed capacity increased to 80

1922 - First radiation (X-ray) laboratory in Tarrant County built at CCH

1928 - County Grand Jury recommends immediate enlargement of CCH

1932 - $1,000,000, 335-bed hospital proposed; no action taken

1935 - $500,000, 146-bed hospital proposed; grant application made to Public Works Administration

1937 - $225,000 grant obtained, City/County voted bonds for $137,500 to match & First iron lung in city donated to CCH

1938 - PWA funds received; construction begins at 1500 S. Main

1939 - New CCH opens with 166 beds

1944 - CCH designated by War Production Board as depot to fill civilian need for penicillin

1947 - Second floor of old CCH turned into polio ward to help handle patient load & Tumor Clinic opened

1948 - 50-bed polio ward opened & Infant polio respirator donated

1949 - Tumor clinic recognized as only one of 10 in Texas to receive ACS money

1951 - Expansion to 200 beds

1954 - Vote for Hospital District fails

1954 - Name officially changed to John Peter Smith Hospital

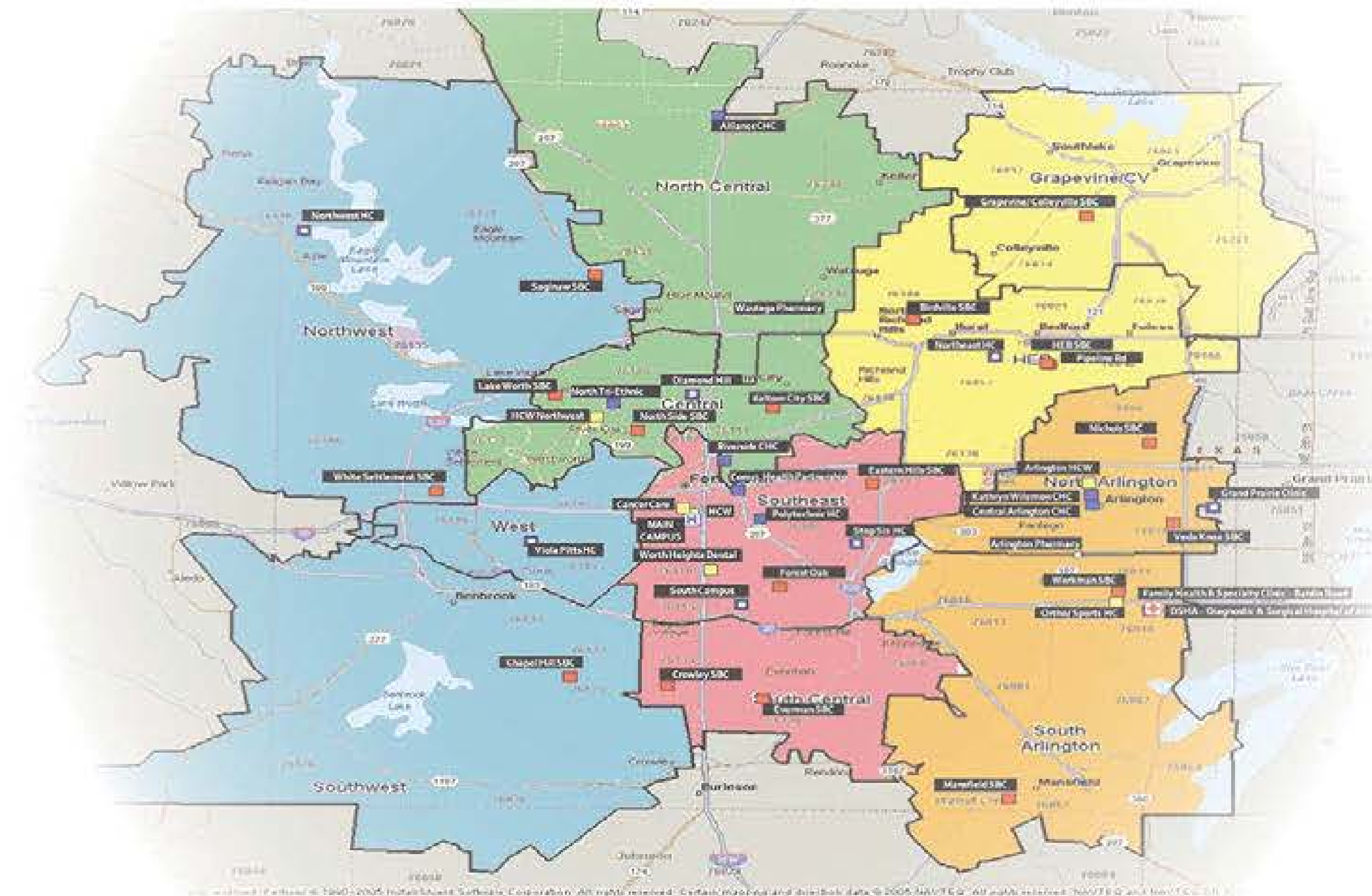
1954 - Cardiac clinic named as first teaching clinic

1955 - Second failed vote for Hospital District

1955 - Opening of Isotope center

1955 - CCH School of Nursing changes name to the John Peter Smith Hospital School of Nursing

1959 - Tarrant County Hospital District created



The History of JPS

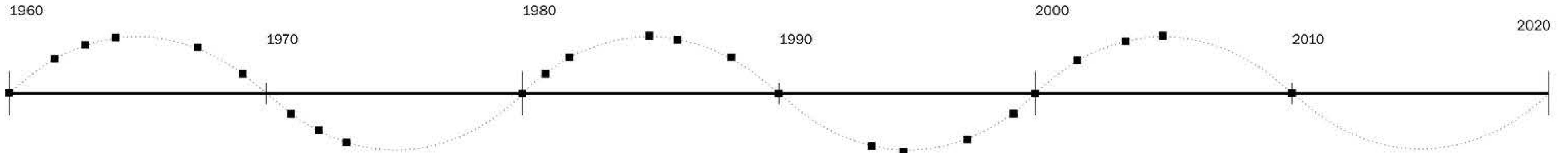
In October 1877, future Fort Worth mayor John Peter Smith deeded five acres of land at what is now 1500 South Main Street to provide a place where individuals from Fort Worth and Tarrant County "could have the best of medical care." It would be many years before his vision for a facility on that location would be realized, but not so long before the first public hospital for the community was established.

In 1906, a hospital affiliated with the Fort Worth Medical College was opened in Fort Worth free to all accident cases and any other cases the authorities would accept, and the foundation for JPS Health Network was laid. Seven years later, county commissioners agreed to match city funds for the operation of a city and county hospital, which soon opened with 25 beds.

The land donated by John Peter Smith, today's downtown location, was deemed an adequate location to support the demands of the region, and in 1938 became the site for construction of the new hospital. The 166-bed City-County Hospital rose to many challenges, including the polio epidemic, and served as the main trauma center for Tarrant County.

In 1954, the name of the hospital was officially changed to John Peter Smith Hospital, and in 1959 the Tarrant County Hospital District was created to give the organization a sound financial footing. The 1970s and 1980s saw tremendous expansion as John Peter Smith Hospital continued to grow. By the 1990s, the need for a presence in the surrounding communities was apparent, and health centers were established across the county.

MAIN CAMPUS : Campus Development - Strategic Foundation



1960 - Dedication of new mental observation wing

1962 - Outpatient center and education center construction begins

1963 - New outpatient center opened

1963 - Arthritis clinic expanded

1964 - JPSH handling more emergency cases than the rest of Tarrant County hospitals combined

1967 - JPSH handling 70 percent of all Tarrant County emergency cases

1969 - Phase one of construction completed

1971 - Eleven-story tower and in-house radiology construction completed

1971 - Nursing diploma program dissolved and moved to UTA - Arlington

1972 - New facility dedicated & JCAHO praises progress

1972 - TCHD assumes responsibility for TC MHMR

1972 - Arthritis Clinic was created with funds received from the Arthritis Foundation

1973 - Family Practice Residency Program and Clinic established

1973 - Hospital deep in red

1980 - $3.25 million set aside for construction of new outpatient building

1981 - Construction begins on two-story outpatient building

1982 - Outpatient building opens

1985 - First offsite clinic opened in Arlington

1985 - Voters approve $49.5 million in capital improvement bonds

1986 - JPS transferred property to the state for construction of a mental health facility on Hemphill Street

1988 - AIDS clinic was opened

1990 - JPS Health Center - Northeast opens

1990 - new Trauma Center was completed

1994 - JPS Health Center - Diamond Hill opens

1994 - JPS Health Center - Stop Six opens

1995 - JPS Health Center Riverside opens

1997 - JPS Health Center Northside transferred from city to JPS

1997 - JPS Health Center North Tri-Ethnic transferred from city to JPS

1997 - JPS Health Center - Northwest opens

1999 - Level II ER designation awarded - first in Tarrant County

2000 - Salvation Army Health Center opens

2000 - JPS Health Center - Viola Pitts opens

2002 - JPS Health Center for Women, Arlington opens

2004 - JPS Health Center for Women opens

2005 - JPS Health Center - Central Arlington opens

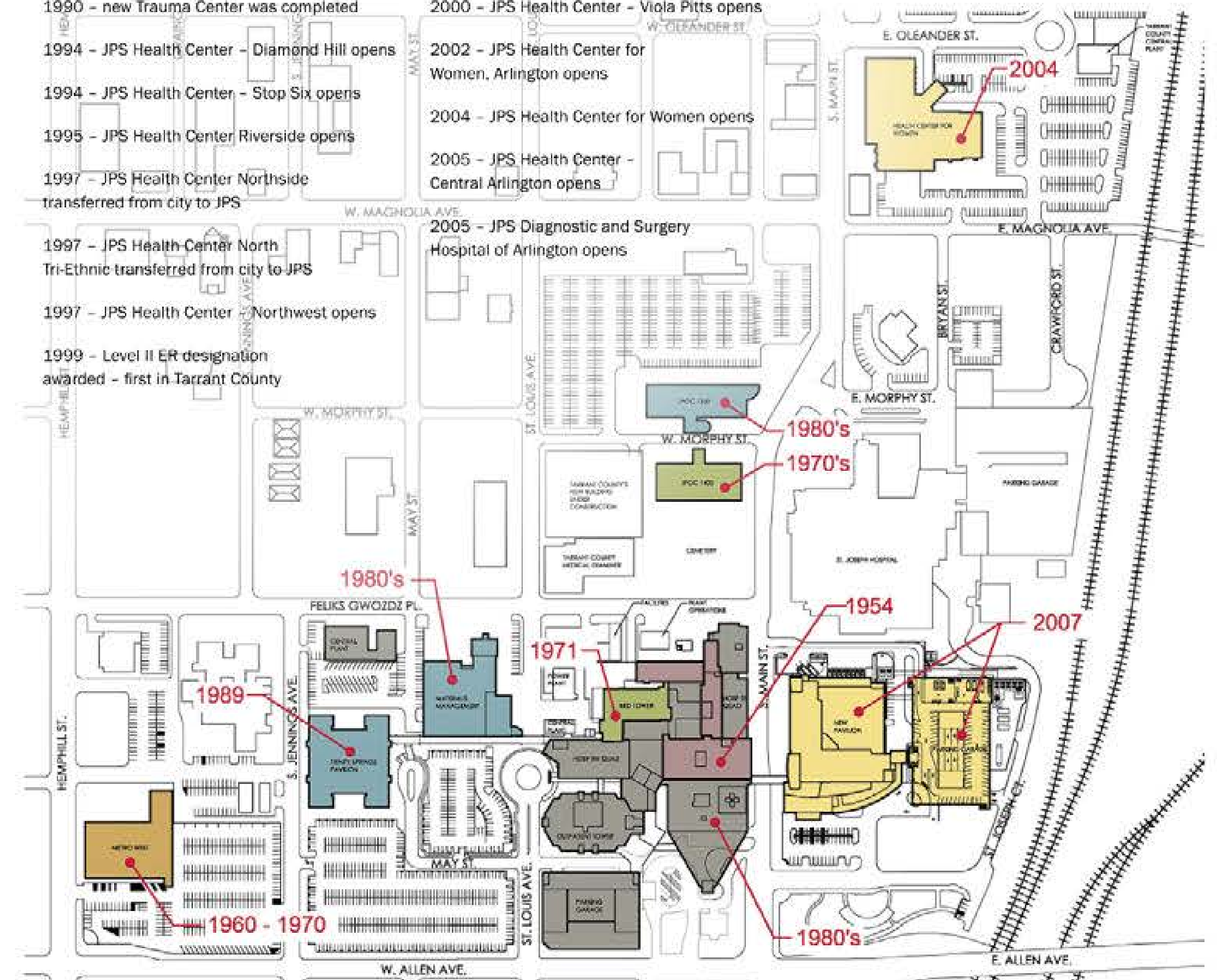
2005 - JPS Diagnostic and Surgery Hospital of Arlington opens

2010 - JPS earns Level 1 Trauma designation

Today, JPS Health Network continues to serve the needs of the families in Tarrant County, working to improve health status and access to health care. The facilities on Main Street have grown to a hospital licensed for 567 beds that is attached to a Patient Care Pavilion - a five-story acute care facility across Main Street from the original facility, along with an outpatient care center and a dedicated facility for psychiatric services.

LEGEND

- PRE - 1950
- 1950 - 1960
- 1960 - 1970
- 1970 - 1980
- 1980 - 1990
- 1990 - 2000
- 2000 - 2010



CAMPUS DEVELOPMENT: Strategic Foundation

CAMPUS DEVELOPMENT

In order for JPS to continue its good stewardship to the community, it must utilize its land efficiently. JPS must formulate a thoughtful approach for utilization and development of its land holdings. The JPS network is an economic engine for Tarrant County and, in order to fulfill its mission must allocate land appropriately for health care services and determine appropriate and responsible uses for the land that will not be utilized for patient care.

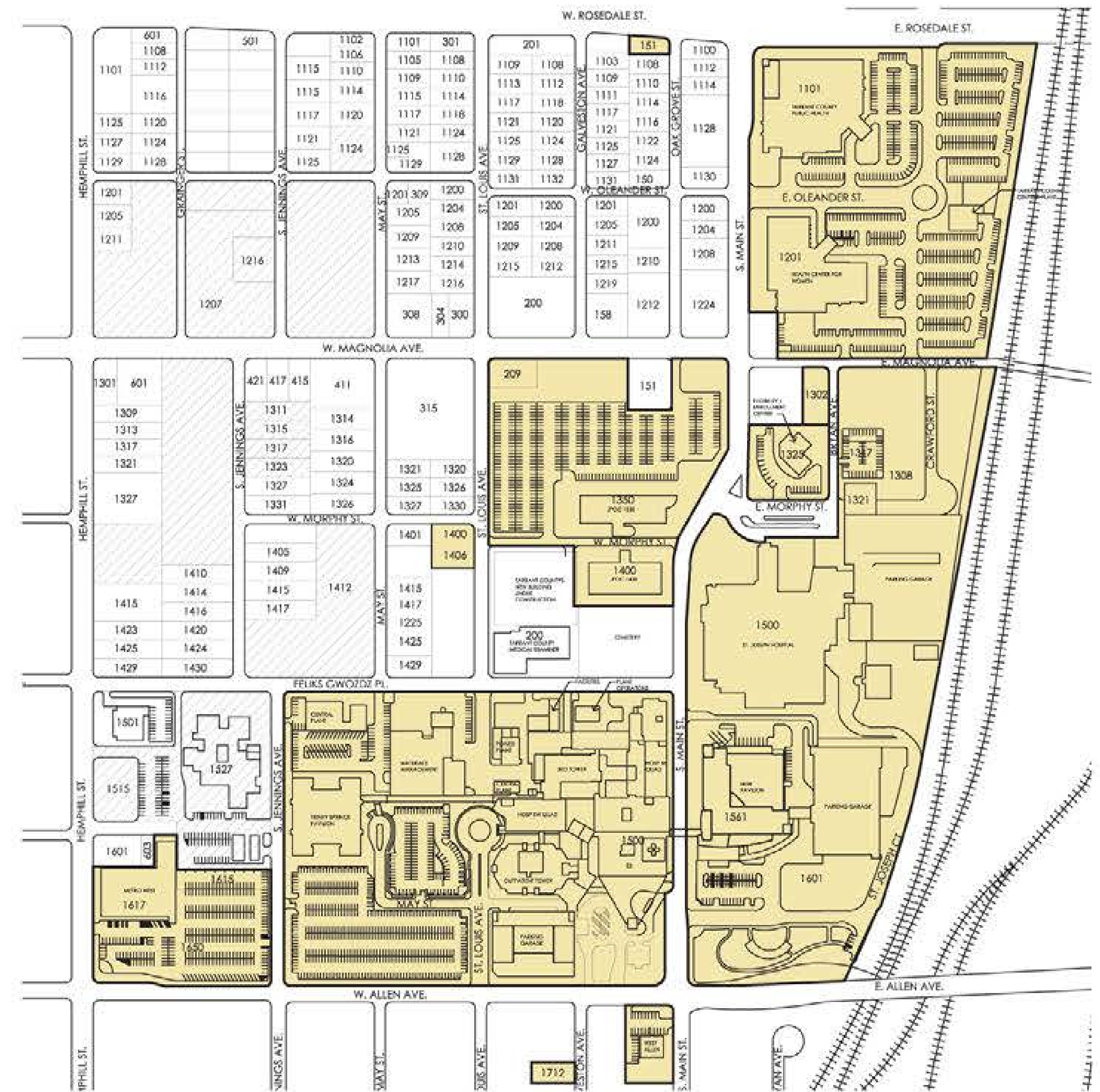
ISSUES

- Access to campus is limited for patients who use the bus
- Underutilized facilities in developable locations
- Underutilized land in developable locations
- Multiple entrances/ lack of dedicated entrances as appropriate
- Confusing campus circulation
- Lack of organization/ campus zoning
- Long travel distances
- Separated facilities limit efficiencies/ duplicate resources
- Duplicated/ inefficient MEP
- No developed district/ control of surrounding areas

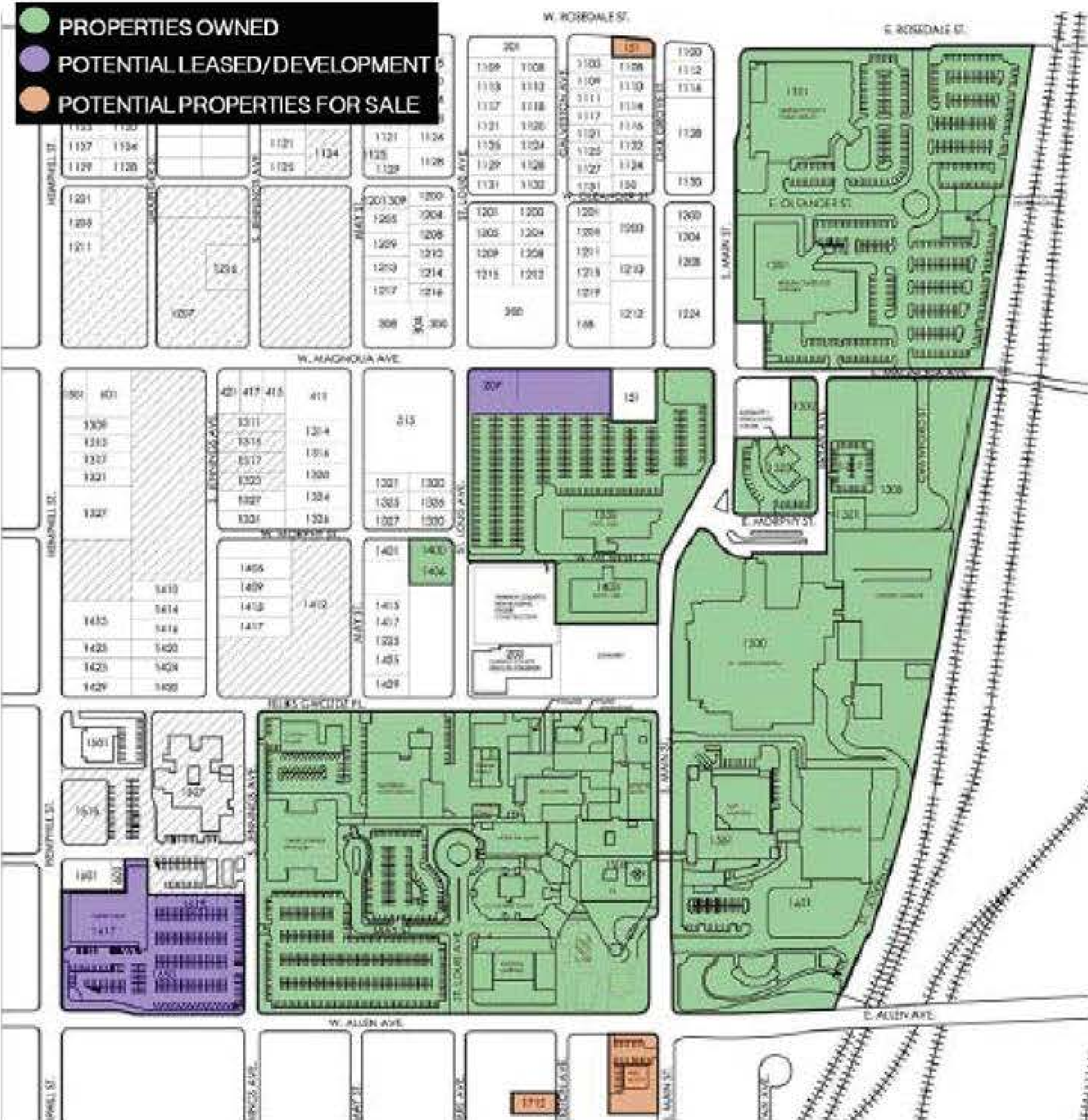
OPPORTUNITIES

- District development/ designate a campus area
- Site Development opportunities
  - MetroWest Site
  - Eligibility & Enrollment
  - Materials Management
  - Trinity Springs Pavilion
  - Land on Magnolia & Main
  - West Allen Lot
  - Lot 151 (see site map)
  - Lot 1712 (see site map)
- Consolidate/ Tighten Facilities/ Operations
- Coordinate with the "T" to improve campus access for patients, public and employees
- Designate campus entrances & zoning

EXISTING MAIN CAMPUS SITE PLAN



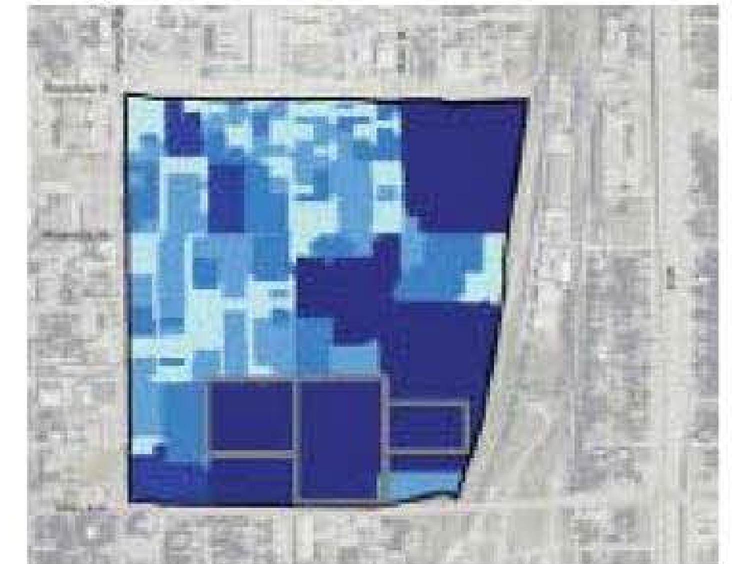
MAIN CAMPUS LAND HOLDINGS



JPS AS AN ECONOMIC ENGINE - LAND VALUE DETERMINANTS

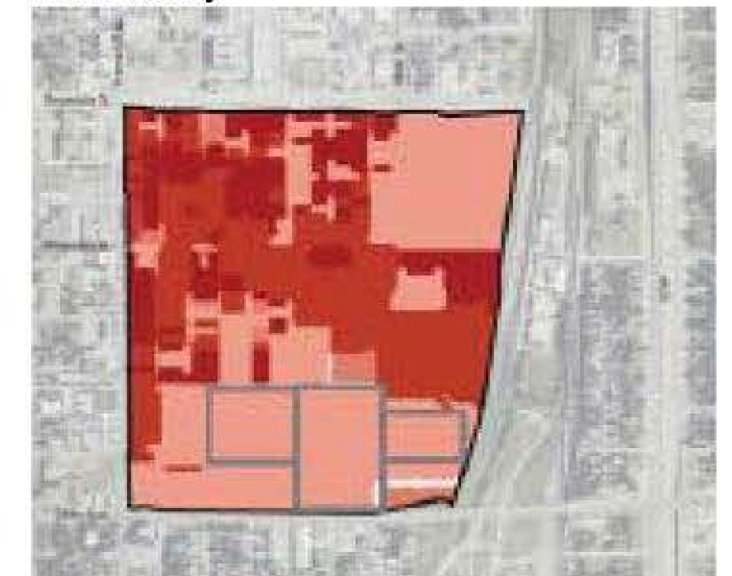
Proximity to Transportation

Fragmentation



Proximity to Development

Availability



CAMPUS DEVELOPMENT: Recommendations

SHORT TERM RECOMMENDATIONS

Addressing campus development most significantly meets the Stewardship Criteria, but also has a signifcant impact on Efficiency of the hospital campus, in that it encourages that the campus remaintight and efficient, as opposed to the sprawling and inefficient campus that has developed over many years.

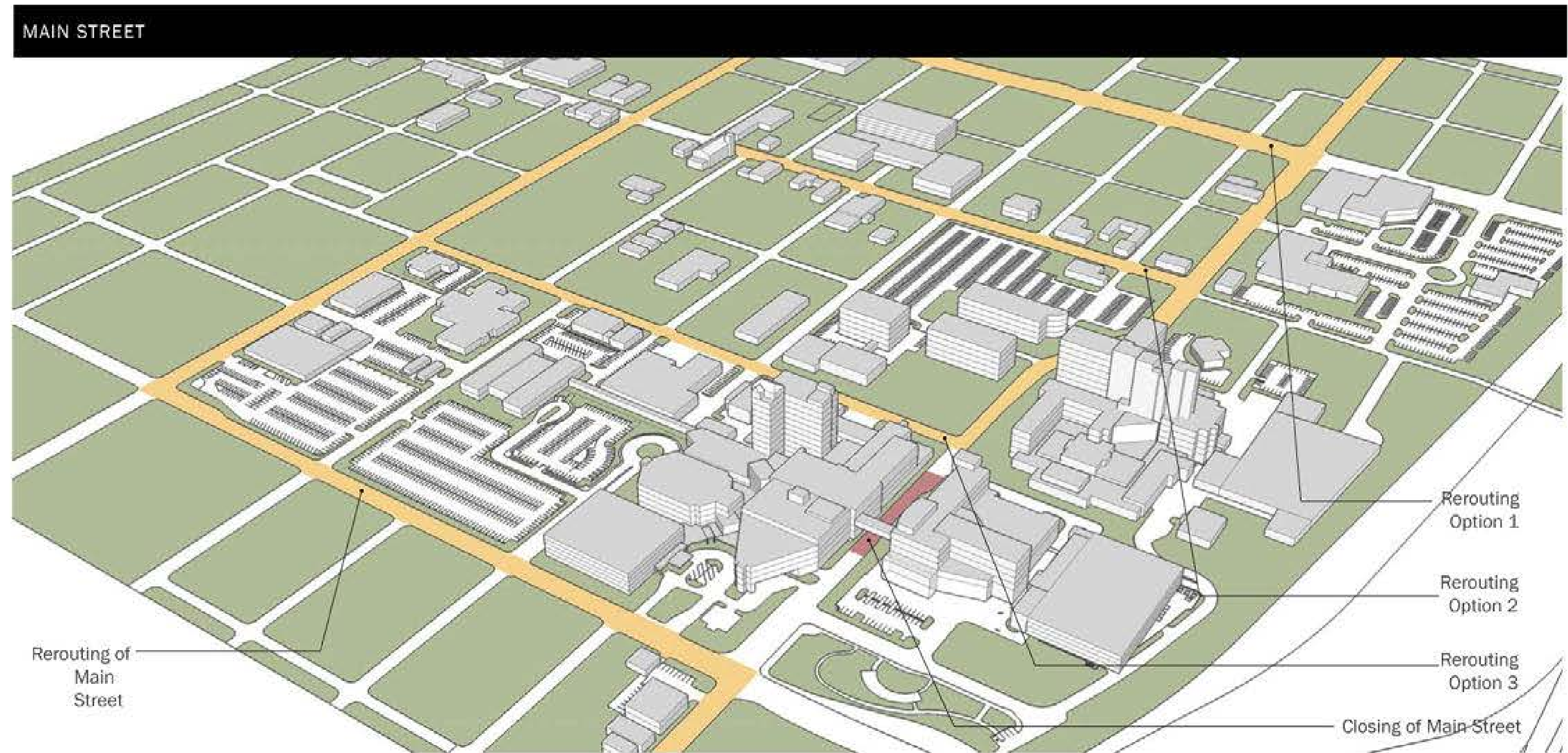
Plan Criteria

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

- Close Main Street/ Create one contiguous, consolidated JPS main campus
- Relocate Materials Management off the main campus
- Relocate MetroWest services to location off campus
- Demolish existing vacant St. Joseph's hospital
- Designate / evolve future campus entrances & zoning relative to each of the SFUP phases
- Designate JPS Main Campus Boundary and District Area

LONG TERM RECOMMENDATIONS

- Reorient campus to Main Street with construction of new JPS bed tower at St. Joseph's location
- Designate outpatient campus zone and medical vs. surgical
- Demolish Trinity Springs Pavilion
- Develop MmetroWest land, Materials Management & Facilities
- Add Transit Center/ transfer station in coordination with the "T"



Phase One A&B Critical Path

1. Re-route main street, construct Pavilion Expansion A for Urgent Care / ED Consolidation.

2. Construct Pavilion Expansion B for relocation/adjacencies of ED components.

3. Rework facility entry, entry drive and garage drive to improve circulation.

4. Fit out space to accommodate existing services housed in the MetroWest facility.

5. Relocate MetroWest services.

6. Demolish MetroWest facility.

7. (Option) Develop JPS-owned land on Magnolia & Main.

8. Develop land on MetroWest site.

9. (Option) Release or develop land that deos not fall within future main campus footprint. (West Allen, Lot 151, Lot 172)

Phase Two Critical Path

1. Demolish St. Joseph's Hospital.

2. Relocate Eligibility & Enrollment svcs; Demolish Eligibility & Enrollment Center; opportunity for development on site.

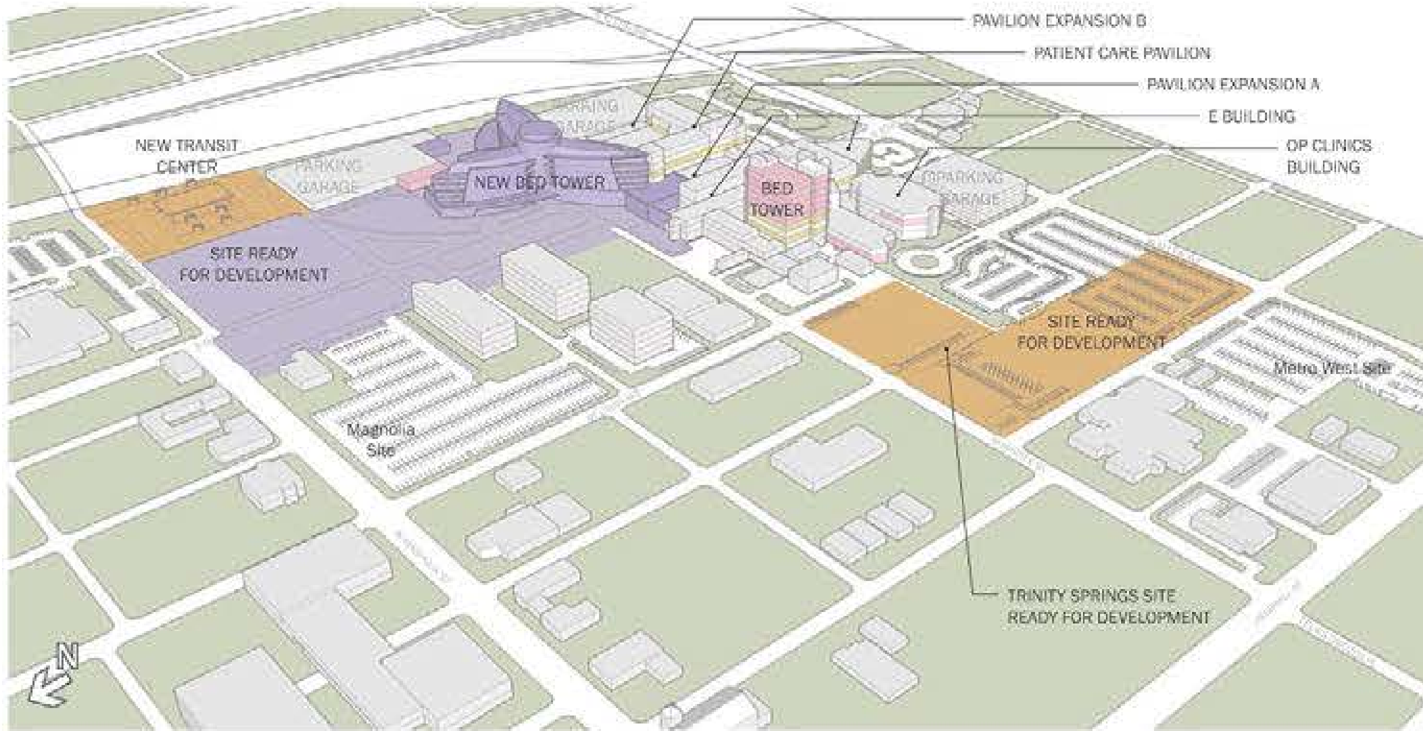
5. Work with the "T" to provide central transfer station east of Eligibility & Enrollment, adjacent to train tracks.

6. Release/develop land that does not fall in future campus or regional footprint.

SUMMARY - END OF PHASE 3

NEW CONSTRUCTION | RENOVATION | FUNCTION CHANGE | DEMOLITION | SITE READY FOR USE

At the end of Phase Three, the vision for consolidation of the main campus is complete. The main campus is much tighter with limited duplication of resources. Zones have been created for types of patient care. Areas have also been identified for future site development and JPS revenue potential.



St Joseph Garage
Site • Facilities renovation

NEW BED TOWER
Site • Central Plant

Lower Level • Central Sterile
• Tunnel

Level 1 • Admitting/Registration
• Cafeteria
• Diagnostic Imaging shell
• ED expansion shell
• Education
• Food Service
• Housekeeping
• Lobby/Gift Shop
• Materials Management
• Transportation

Level 2 • Dialysis
• Pre/Post Op
• Waiting/Circulation
• Respiratory
• Surgical ICU Beds (20)

Level 3-5 • IP Medical Beds (60 per floor)

Level 6 • IP Medical Beds (40)

PATIENT CARE PAVILION
Level 2 • PACU Expansion

Level 3 • IP Surgical Beds (36)

E Building
Level 1 • Dining renovation
• Gift Shop renovation
• Psych Court renovation
• Psych Support renovation

Level 3 • NICU/Peds Future Expansion

BED TOWER
Level 3 • Antepartum/Gyn Bed Expansion/ Relocation (16v)

Level 5 • Women's Services expansion

Level 6-10 • Psych Beds relocation (16 per floor)

Level 11 • Office renovations

OP CLINIC BUILDING
Level 3 • Academic Conference Expansion renovation

Proposed Future Bus Transfer Station Location

Phase Three Critical Path

1. Straighten Main Street between the Eligibility & Enrollment site and the Pavilion. Re-orient campus to North with new entry facing downtown Fort Worth. Construct the new bed tower on the east side of Main Street (Pavilion Expansion C).

2. Site is available for medical office east of the cemetery that would connect JPOC to the main hospital and new bed tower.

3. Relocate medical beds to new tower and Psych Services to bed tower west of Main.

4. Expand physical plant zone adjacent to hospital; Demolish Trinity Springs and connection corridor, Materials Management, and old Central Plant facility.

6. Develop land on Trinity Springs site.

7. Reuse materials management site for parking requirements.

8. (Option) Release or develop land that does not fall within future main campus footprint regional community strategy.