JPS Strategic Facilities Utilization Plan
2010-2011
BOKA Powell
# Plan Phasing

## Phase One

## Phase Two

## Phase Three

# Appendices

- Floor Plans & Operational Sections
  - Existing & Phase One A / B
  - Phase One A / B & Phase Two
  - Phase Two & Phase Three
- Cost Estimates by Phase
EXECUTIVE SUMMARY & VISION
EXECUTIVE SUMMARY: Vision - Directing Care

JPS HEALTH NETWORK
FACILITIES UTILIZATION PLAN

As part of the John Peter Smith Health Network (JPS) commitment to deliver health care services that meet the current and future medical needs of the residents of Tarrant County, JPS commissioned a Facilities Utilization Assessment and Plan. The goal of this plan is to ensure that JPS continues to provide the value expected by both the JPS patient and the Tarrant County community taxpayer.

What is the plan and what does it do?
The plan evaluates and proposes a strategic vision for two major components of the JPS network: the main JPS hospital campus and the community services located throughout Tarrant County.

The plan provides a foundation from which JPS can assess its main campus in terms of maximizing efficiency, utilization, and impact on the surrounding neighborhoods in a financially responsible manner. It addresses immediate needs and looks into JPS future to recommend a comprehensive strategy for utilizing facilities, maximizing operational capacities and organizing services across the network.

The plan also proposes an approach to maximize the value of the JPS campus as an economic engine in the South Main community with recommendations for the development of an urban community surrounding the main campus.

The strategic facilities utilization plan provides benchmarks that allow JPS to continually monitor its progress and reevaluate its priorities as appropriate. It provides a flexible pathway for growth, including identification of short term and long term priorities, and phased implementation.

Why do the plan now?
- The JPS Network, the 4th largest public health system in Texas, has never visualized facility strategy this way, and must plan strategically for its future to continue to be a good steward to the community.
- The 2010 Community Medical Needs Assessment (CNA), an evaluation of the health status and health services utilization in Tarrant County, pointed to specific needs.
- Existing and anticipated facility and operational network challenges need to be addressed. These challenges significantly affect the value demonstrated by JPS for the patient and taxpayer. Emerging healthcare trends and legislation also continue to force JPS to reevaluate its needs and processes.
- In order for JPS to sustain its mission and accommodate its growing target population in Tarrant County, as well as any future extension of its target population, it will be necessary to improve processes and optimize capacities to support the future patient base.

The filter diagram represents the JPS patient care network in its current state. Varying levels of care and patient acuities represent a range of costs to the system. Today, many different acuity levels can be found in any given location in the system (e.g., primary care patient in the ED), which means that there are a high number of low cost or low acuity patients seeking care unnecessarily in a high cost environment.

Uncoordinated Patient Care is More Costly to the System

Acute / Inpatient Care Main Campus

JPS MISSION / VISION / VALUES

JPS Mission
- To improve the health status of the families and individuals in the communities we serve.
- To provide care in a manner that is compassionate, caring, and culturally relevant.
- To ensure all patients receive the best possible care in a safe environment.

JPS Vision
- JPS will be recognized for its commitment to excellence in health care and medical education, delivered with sensitivity and compassion, anytime, anywhere, to anyone, in Tarrant County.

JPS Values
- People
- Quality
- Integrity
- Accountability
- Caring
- Compassion
- Cultural Diversity
- Leadership
NETWORK CHALLENGES

The network assessment identified the following key themes:

- Access to Services
  - Capacity of Primary and Specialty Clinics
  - Circulation & wayfinding on and around main campus
- Disease Management
  - Rapid medical assessment
  - Wellness & patient education
- Economic Barriers
  - Expanding indigent population
  - Public funds & changing legislation
- User Satisfaction
  - Concern for patient and their future choice
  - Employee and physician satisfaction and loyalty
- Community Stewardship
  - Value to the Taxpayer
  - Mission fulfillment
  - Operational responsibility
- Quality of Resources to Provide Care
  - Accommodate patient care with adequate resources
  - Best practices & future centers of excellence
- Academic Program Excellence
  - Resident, teaching and conference support
  - Clinical simulation as a best practice
- Productivity Challenges
  - Limited capacities due to facility and operational inefficiencies
  - Lack of standardization
- Organizational Silos
  - Lack of coordination and communication across services
  - Case management limitations
- Tarrant County Growth
  - County will add 168,000 people from 2010 to 2015
  - Age 65+ growth at 29%
- Public Transportation throughout the County

As a result of these issues, JPS ability to continually improve the quality and efficiency of care is limited, access to timely and appropriate care decreases, patients as a whole are sicker and a greater number end up in an acute care environment, which results in more expensive care.

IMPACT OF JPS IN ITS COMMUNITIES

Despite JPS challenges, it has a positive impact at its main campus and in its communities throughout Tarrant County. The impact does not stop at health care; JPS acts as an economic engine in the communities it serves and especially at the main campus in South Fort Worth. As a result of its rich history and strong foundation, JPS has the capacity to continue to provide quality, cutting edge healthcare through best practices while being a catalyst for the growth of Tarrant County communities. JPS strong foundation includes:

- JPS is the Fourth (4th) Largest Public Health System in Texas
- One of Tarrant County’s Largest Employers and is an Employment Leader in Salaries and Benefits
- The Sixth (6th) Largest Trauma Center in Texas, and only one in Tarrant County serving areas to the west of the metropolis.
- One of the Largest Family Medicine Residency Programs in the Country
- A Long Term Teaching Relationship with Physician Programs at Neighbor University University of North Texas Health Science Center
- A Large Asset Base in the Community
  - $356 million is the value of JPS-owned buildings
  - The Potential for Creating a Redevelopment Area surrounding its Main Campus:
    - 1,112 million patient encounters per year
    - 27,000 total admissions
    - 1,089 million outpatient visits: 722,00
    - Health Center Visits: 82,000 ER visits
    - Provides Extensive Medical Services: Provides $400 million in uncompensated care
    - Receives $381 million in Ad Valorem tax revenue
- Campus Accessibility / Visibility
  - Fort Worth’s Main Street Runs through the Center of the Main Campus
  - The Campus is bordered on the East by I-35, on the North by Magnolia, and on the West by Hemphill.

EXECUTIVE SUMMARY: Vision - Directing Care
EXECUTIVE SUMMARY: Vision - Directing Care

PRIORITY RECOMMENDATIONS & PLAN PHASING

Priority recommendations were developed based on how strongly they met one or more of the following criteria. As a result, these criteria serve as the basis for the direction, recommendations, progression and phasing of the Plan.

Plan Criteria
- Quality: Improvements/maintain functionality
- Efficiency: Optimize operational capabilities & growth
- Environment: Improve image, branding & satisfaction
- Stewardship: Manage resources & sustainability

PLAN PHASING

- Phase One: Efficient Core Services
  - One Contiguous Main Campus for the Network
  - Regional Community Strategy/System Prototype
- Phase Two: Accommodate Growth
  - Improve Patient Health, Reduce Main Campus Volume and Increase Cost Savings at the Clinics
- Phase Three: District & County Coordination
  - Campus & District Development
  - Expansion of Community Care Strategy

PRIORITY RECOMMENDATIONS

The priority recommendations can be categorized into seven (7) major network planning initiatives. Below is a brief summary of the major plan components that fall under each.

Community Care
- Regional Medical Home strategy
- Coordinate referrals

Emergency Department (ED) & Campus Clinics
- ED and Urgent Care shared triage
- Clinic reorganization

Invasive Services
- Capacity and separation of major & minor procedures

Inpatient Beds
- Bed reorganization strategy
- Case management

Academic Services
- Academic zoning
- Teaching environments

Image & Circulation
- Coordinated entrances
- Patient Movement & Operational Zoning

Campus Development
- Consolidation of main campus footprint

THE RESULT

- Value to the JPS Patient: Higher Quality of Care and Greater Capacity for Patient Care in the Future
- Value to the JPS Taxpayer/Community: Increased System Efficiency & Less Costly Care Overall

THE PLAN: NETWORK VISION

JPS will manage the health of its population providing quality health care efficiently, in a patient and family-centered Medical Home model, building upon its existing volume & service base. Strategically located regional care hubs will be focused on providing primary care in the communities where patients live, supported by and coordinated with a referral network of specialty services, urgent care and school based centers.

Long term regional implementation of the community strategy is based on the stratification of Tarrant County into five relatively homogenous regions that were identified based on target population, patient origin and patient access. The regions are Arlington, West, South, North, and Northeast.
THE PLAN: MAIN CAMPUS VISION

The plan envisions the center of the JPS Health Network as a one contiguous, coordinated main campus that serves as an acute health care hub for all of Tarrant County. The plan recommends that JPS provide care in the most appropriate locations, keeping non-emergent, non-acute care in the Medical Home and community clinics promoting patient education, wellness and disease management.

The goal for the main campus is to first create a connection between existing facilities that mitigates long walking distances, separation and duplication of services. Main components of the plan include operational efficiencies and optimizing capacity for the ED/Urgent Care, Specialty Clinics, Family Medicine Clinic, Inpatient Beds, Surgery, Endoscopy, Cardiovascular services, Academic programs and all support components. Improved circulation, shorter walking distances, and patient satisfaction will come from renovation of the lobby and front entrance, and consolidation of facilities outside of the long term main campus footprint.

Vision for the Main Campus

Executive Summary: Vision - Directing Care

Care is Directed through a Coordinated Network

Regional Medical Home Strategy

Coordinated Community Referral System

Medicine

Surgery

Family Medicine

Oncology

Cardiology

Specialty Services

Clustered Inpatient / Acute Care Services

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

This filter diagram represents the JPS patient care network once the plan is implemented and the JPS vision is realized. Varying levels of care and patient acuity represent a range of costs to the system. Patients are filtered appropriately throughout the system as they receive care in the most appropriate location, with the opportunity to receive the highest quality care resulting ultimately in reduced costs to JPS and the taxpayer.
PLANNING PROCESS & FOUNDATION
PLANNING PROCESS & FOUNDATION

STRATEGIC FACILITIES UTILIZATION

PLANNING PROCESS

The strategic facilities utilization planning process for JPS Health Network was a collaborative, evidence-based process. The strategic process builds on an existing knowledge base, the strategic foundation, then looks into the future to develop a vision for a comprehensive network-wide plan, recommendations, and a tactical, phase-based approach.

TEAM

The knowledge base developed by the team serves as a strategic foundation for the plan, and involves the culmination of information, as well as the benchmarking and analysis of the information as appropriate. Information gathered includes existing and prospective insight taken from stakeholder interviews, financial and operational data, campus contextual information, facilities data, and infrastructure assessment.

Planning Team

BOKA Powell formed a well-rounded team to complete the facilities utilization process for JPS. The team allowed for expert representation through each phase of the process.
- BOKA Powell led the process on both the strategic and facilities planning sides.
- McAfee 3 supported BOKA Powell under both the strategic and facilities umbrella on information gathering, issues identification, recommendations, and facility drawings.

Stakeholder Involvement

Acquiring qualitative insight through stakeholder involvement is a critical first step in the planning process. Not only do stakeholders offer input that plays a key role in forming the strategic foundation for the plan, but they also become owners of the process and plan through their involvement. Ultimately, the stakeholders should take responsibility for implementation of plan recommendations and key operational drivers that are discussed during the process. The degree of stakeholder involvement ultimately determines the plan outcome and its success.

There are four major stakeholder groups that are part of the process. BOKA Powell conducted more than 100 interviews with stakeholders across these four categories and across approximately 40 service lines and hospital departments.
- Operational Stakeholders
- Facilities Stakeholders
- Physician Stakeholders
- Community Stakeholders

ISSUES IDENTIFICATION

Issues and operational bottlenecks are identified based on an aggregate of interview findings, facility tours, facility and key facility unit assessments and future growth influencers. The following key themes were identified for the overall network and an explanation of the sources of this information follow.

- Accommodate patient care with adequate resources
- Best practices & future centers of excellence
- Productivity challenges
- Limited capacities due to inefficiencies
- Lack of standardization
- Organizational silos
- Lack of coordination/communication across services
- Case management
- Tarrant County population growth
  - From 2010 to 2015, 168,000 additional people & 57,000 new households will be in Tarrant County
  - Age 65+ plus growth will occur at 29%
- Academic program excellence
  - Resident and teaching, conference support
  - Clinical simulation needs
- Economic Barriers
  - County hospital serving an indigent population
  - Public funds & changing legislation

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- Access to Services
- Clinical resource availability
- Circulation & ease of wayfinding to services
- Disease management
- Rapid medical assessment
- Wellness & Patient Education
- User satisfaction
- Patient satisfaction and increasing ability to choose
- Employee, physician satisfaction and loyalty
- Community stewardship
- Mission fulfillment
- Operational responsibility
- Quality of Resources to Provide Care

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Interviews were conducted throughout the organization. More than thirty percent (30%) of interviews were with clinical directors and managers. Twenty-three percent (23%) of interviews were with physicians, nineteen percent (19%) were with operational VPs and executives, eighteen percent (18%) were with other departmental directors and managers, and ten percent (10%) were with community stakeholders.
Throughout the interview and data gathering process, future influencers related to service lines, departments, and key planning units across the JPS network were documented and evaluated. Estimates of future needs for each of the key planning units are formulated based on our findings.

**Global Influencers**

At the time this study was completed, following were the major factors that had an overall impact on market volumes and across the JPS Network. These are largely external to JPS and, as a result, are outside of JPS control.

- Tarrant County Population Growth & Population Trends
- Changing (Lower) Reimbursement
- Start of Medicaid RACs (Recovery Audit Contractors)
- Increase in Uncompensated Care
- The Fate of Healthcare Reform
- Federal Political Gridlock - Less Spending
- State Reduction in Medicaid Reimbursement
- Mandated IT Spending

**Departmental Influencers**

These have a more direct impact on specific departmental volumes. They are both external and internal to the organization and JPS has varying levels of control over each.

- Strategic Emphasis
- Physician Recruitment/ Clinical Workforce Availability
- Emergency Department Volumes
- Success of the Community-Based Medical Home
- Operational Efficiencies / Facility Capacity
- Adoption of Centering
- Technology Adoption / Effects of EMR Implementation

Operational and volume scenarios are formulated based on the “tilt” factor. This means that each influencer’s effect on the baseline will “tilt” the growth rate either to the left or to the right (negatively or positively). The relative impact of each influencer must also be determined. The degree at which the baseline “tilts” depends on the influence’s relative impact on the key planning unit compared to other influencers.

**Volume Scenarios**

From this process, volume scenarios for the future evolve. Scenarios and their operational implications are reviewed with operational stakeholders. Volume scenarios become inputs in the utilization model to determine future facility requirements.

**TRENDS: GLOBAL INFLUENCERS**

The elderly population in the US will double by the year 2030.

- Number of Elderly Will Double by 2030

Between 2010 and 2015, Tarrant County will see significant growth:

- 168,000 additional people
- 57,000 new households
- Age 65+ growth more than 25%

**KEY PLANNING UNITS**

Key planning units are calculated based on operational data, facilities input and interview findings. Assumptions about future global and departmental influencers are made to formulate and support a plan for growth, and key planning units for the future are established as a basis for facility sizing.

Data is gathered based on how patients utilize the JPS facility either as an inpatient or outpatient, and the department and service line that is required for their care. Major departments that are central to the functioning of the hospital, and are ultimately integral to the planning of the facility as a whole, are identified.

**Utilization Modeling**

Utilization models are developed for each patient and space-related department function to obtain a sufficient understanding of the existing operational details and key operational drivers. Many times, the model reveals process bottlenecks and issues inherent in the patient care process.
KEY PLANNING UNIT DEVELOPMENT

The process below describes how hospital volumes are categorized and filtered into key planning units for strategic facility planning. The graphic below describes how patients are categorized and look at data to determine facility, service line, and resource needs.

<table>
<thead>
<tr>
<th>PATIENT TYPES</th>
<th>INPATIENTS</th>
<th>OUTPATIENTS</th>
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BED AND ROOM NEED CALCULATIONS

The graphic here illustrates the process for calculating inpatient bed needs and diagnostic & treatment room needs. The basis of inpatient bed need calculations are patient days. The basis of diagnostic, treatment and ancillary departmental volumes are visits.

Discrete Event Simulation Modeling

Another method of process evaluation is discrete event simulation modeling, which offers unique computerized simulation modeling tools and a proven method for determining the appropriate number, type, and mix of beds or rooms for inpatient and outpatient services.

- Advances beyond the mathematical model and ratio formulas used to analyze bed needs and determines the impact of practice changes on both bed need and staffing requirements.
- Is based on classic task flow diagrams and analyzes the flow of patients and the processes they experience as they move through care delivery.
- Can determine resource requirements (staff and facilities).
- Evaluates and tests service delivery models/processes prior to implementation.
- Understand the effect of new facilities, before construction.

The assessment includes data collection and discussion of the various types of what-if scenarios that should be run. The final product of the simulation process is a written report that describes the assumptions, results, and potential implications of these results.

Model Parameters

- A year equals 8,760 hours.
- Mean, minimum and standard deviation values are based on an hourly "inflow" of bed need.
- Patient arrivals are estimated using an exponential distribution, which is frequently used to represent the time between random occurrences.
- Patient flows are estimated using a gamma distribution, which is often used to model non-negative random variables, such as the time for a human operator to complete a task.
- Results follow a normal distribution, shown in a "bell curve," which is a continuous distribution that is unbounded.

JPS Obstetric Task Flow Process Map

ED Process Current
### KEY PLANNING UNITS - JPS MAIN CAMPUS INPATIENT BEDS

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<tr>
<th>Need Today</th>
<th>Coating Ops</th>
<th>Need Today - Revised Ops</th>
<th>Need Future</th>
<th>Revised Ops</th>
<th>Capacity Today</th>
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<th>Key Inputs - Operations Frequency</th>
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### KEY PLANNING UNITS - JPS MAIN CAMPUS DIAGNOSTIC & TREATMENT

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<th>Need Today</th>
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Refer to Main Campus - Priority Recommendations: Inpatient Beds for details.

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**BOKAPowell**: JPS Health Network Strategic Facilities Utilization Plan
Once opportunities are identified, they are filtered through key planning concepts to establish priority recommendations.

**Plan Criteria**

- **Quality**: improvements / maintain functionality
- **Efficiency**: optimize operational capacities & growth
- **Environment**: improve image, branding & satisfaction
- **Stewardship**: manage resources & sustainability

The opportunities that most strongly meet these criteria become priority recommendations. Priority recommendations are grouped based on associated key planning units, and are presented in the “Priority Recommendations” section in this book. Each of the Priority Recommendations has an accompanying strategic foundation section and priority recommendations section.

1. Regional Network Strategy / Community Clinics
2. Emergency Department / Main Campus Clinics
3. Major and Minor Invasive Reorganization
4. Bed Reorganization
5. Academic Programs
6. Image & Circulation
7. Campus Development
Based on plan criteria Quality / Efficiency / Environment / Stewardship, the plan’s priority recommendations were developed and the following sections provide an explanation of key issues and opportunities, or “Strategic Foundation” and “Recommendations” associated with each of the plan’s identified strategic priorities. The structure of each of the following sections is as follows:

**Strategic Foundation: Issues / Interview Findings & Opportunities**

**Recommendations: Short Term (Phases 1 & 2) & Long Term (Phase 3 & Beyond)**

Following the Strategic Priorities sections, the phasing for the plan’s components is explained.
SAMPLE LAYOUT OF A PRIORITY RECOMMENDATIONS SECTION

PRIORITY RECOMMENDATIONS: SECTION EXAMPLE

This summary provides a summary of the priority recommendation section that follows including the significance of the related plan components and a summary of key issues and recommendations.

ISSUES / INTERVIEW FINDINGS

This section introduces key issues discovered in stakeholder interviews, data gathering and analysis, facility tours and key strategic findings.

These are the core building blocks of the strategic foundation for the vision and resulting plan.

OPPORTUNITIES

This section presents key opportunities that were identified during the strategic process as the initial data and information was gathered.

Not all opportunities were adopted as part of the plan. Instead, opportunities had to be filtered through a set of criteria "plan criteria" identified in the next section, to become a recommendation.

SHORT TERM RECOMMENDATIONS (PHASE ONE & PHASE TWO)

Once opportunities are filtered through the plan criteria, some are identified as recommendations, and are incorporated into the plan.

Recommendations qualify as short term if they 1 - address immediate issues/concerns or 2 - are the first steps (phased approach) toward achieving the long term solution that is integral to the plan's vision.

In any case, the plan recommendation must address the quality, efficiency, environment and/or stewardship criteria.

LONG TERM RECOMMENDATIONS (PHASE THREE)

This section explains the long term solution(s) related to this section’s priority recommendation.

The long term recommendations reflect the overall JPS Strategic Facilities Utilization Plan vision that is set out in the executive summary/vision section of the book.
Uncoordinated Patient Care is More Costly to the System

Care is Directed through a Coordinated Network

Community Care

Regional Medical Home Strategy

- Main Campus
- Coordinated Emergency Department & Urgent Care

- Acute/Inpatient Care Main Campus
- Clustered Inpatient/Acute Care Services

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

- Coordinated Community Referall System
- Medicine
- Oncology
- Surgery
- Cardiology
- Specialty Care
- Family Medicine
- Acute Care $$$$$
Community Care should consist of a network of primary and specialty outpatient services that manages the health of the Tarrant County population and filters, or directs patients toward the appropriate care.

The Regional Healthcare Strategy takes the burden of unnecessary care at the acute level off of the main campus hospital and distributes care throughout the county in the community health clinics. The purpose is to improve 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, which reduces cost to the system at the main campus, acute care level (Emergency Department, Surgery, inpatient beds, etc.).
The Regional Strategy recommends the grouping of eleven existing Tarrant County service areas into five homogenous regions to be strategically assessed for provision of health care services by JPS. The Community Medical Needs Assessment completed prior to the strategic facilities utilization plan identified health needs and gaps in the county. These findings, in conjunction with demographic, referral and clinic utilization information, can be utilized to identify future needs in each of the five regions.

The Arlington region (North Arlington and South Arlington service areas) has been identified as a priority for the plan, and as Phase One of the long term regional implementation strategy for community care due to:

1. Opportunities for improved system efficiency, resource utilization and cost savings related to the Diagnostic & Surgery facility in Arlington.
2. Opportunities for services coordination between the Euclid Road Clinic and the Diagnostic & Surgery Facility.
3. Opportunities for efficiencies related to duplication of services (3 clinics within a 3 mile radius) in Arlington.
4. Significant healthcare and specifically chronic disease needs among the region’s population, coupled with a high proportion of JPS target population in this region.
REGIONAL STRATEGY: Strategic Foundation

COMMUNITY CARE - STRATEGIC FOUNDATION

The JPS Community Care Network consists of twenty-six (26) clinic locations including primary care, medical and surgical specialty care, dental care, behavioral health, nineteen (19) school based clinics, a standalone pharmacy, and a diagnostic/surgery hospital in Arlington. The clinic and network as a whole are facing significant operational and coordination challenges. There is a need for a comprehensive organizational strategy that allows for improved access to care and sustainable long term clinic capacity.

ISSUES/INTERVIEW FINDINGS

Current Clinic Components

The JPS Community Care Network comprises the main hospital campus, a small hospital in Arlington, community clinics, specialty clinics, dental clinics, pharmacies and school-based centers.

Clinics and school based centers have a variety of resources in place including social workers, case managers, education classes, exam rooms, procedure rooms, and blood draw. Lab work is sent out to the main hospital. Mobile Diagnostic services are offered once a quarter. A complete list of network locations is listed and mapped in this section.

Operational Issues

There is a need for a regional strategy for placement and operational consolidation of clinics. Clinics and other community services are working in silos with limited coordination.

There is a need to strategically locate clinics to serve the JPS target population and eliminate duplicated or unnecessary resources.

There is a need to standardize processes and branding across the network, especially in clinics and school based health centers.

There is a need to coordinate the JPS referral network.

Clinics are not strategically located for accessibility and to serve concentrations of patient population. An example is in Arlington, where there are three clinics located within a 1.2 mile driving distance.

There are high no-show rates in specialty and primary care throughout the network. This can be attributed to limited transportation, patient work schedule, and patients' limited access to another person to accompany them to the doctor.

- At the Sanford Clinic in Arlington, no-show rate is 18%.
- At the Diagnostic & Surgery Hospital of Arlington (DSHA), OP Surgery no-show rate is 10% to 20%.
- Long wait times and crowded waiting areas are realities in the JPS clinics and support areas such as pharmacies and imaging today.
- There are two-hour waiting room times at the Health Center for Women, Health Center Arlington.

Physician access to clinics, particularly in Arlington, physician availability and willingness to travel long distance to the facility from JPS main or nearby competitor facilities is an issue.

- No surgical ambulatory component in the network to relieve pressure from the main campus by rerouting minor ambulatory cases to a setting that is structured to provide ambulatory services.

- High rate of non-emergent ED visits implies issues inherent in the community health network.

- Limited coordination and utilization of academic programs with clinics.

- JPS Diagnostic & Surgery Hospital of Arlington (DSHA) is relatively new, built in 2002-2003, and is underutilized.
  - Pharmacy on site, kitchen/no cafeteria, low volumes
  - Inpatient Beds 30 beds (24 Private, 6 Semi Private)
  - Low volume - have 10 inpatients/year on average
  - The Emergency Department is expensive to operate and sees very low volume
  - Surgery has 6 ORs, sees approx 2800 surgeries/year; most are same day surgeries, very few spend the night
  - There is a JPS clinic (Bardin Road) adjacent to the DSHA facility with imaging (1 CT, 1 MRI, 2 R&F rooms), Family Practice and GI/Specialty services.

Facility Issues

- Problems with HVAC system at some clinics
- Covered walkways as appropriate lacking in some clinics
- Need for improved aesthetics in some cases
- Facilita are not always conducive to providing patient-centered care

BOKAPowell: JPS Health Network Strategic Facilities Utilization Plan
The Community Needs assessment presented a demand needs summary that scored each of the service areas on demographics and health status as it relates to healthcare demand and needs. The service areas were ranked based on their scores. The JPS Facilities Utilization Plan referenced and overlaid the healthcare demand findings presented in the community needs assessment when developing the regional community strategy and future priorities for implementation.

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**JPS CLINIC VISITS PATIENT ORIGIN BY SERVICE AREA**

**COMMUNITY CARE : Regional Strategy - Strategic Foundation**

**JPS Patient Origin**
- The centralized clinic in the West region is pulling patients from both the North West and South West; North and South Arlington pull patients from the same areas.
- The Southeast has a significantly sized target population: South Central is significantly smaller but 75% of South Central patients seek care in the Southeast region. Central & North Central patients are heavily using the Central Clinics and are going south to the Southeast clinics, likely due to limited access to services in clinics in their regions.
- HEB has a high target population compared to Grapevine, but more than half (56%) of JPS patients from Grapevine go to the HEB clinic.

**Community Needs Assessment**
JPS commissioned a study to evaluate the health status and needs of Tarrant County related to services that the network provides. The Community Needs Assessment included a definition of the Tarrant County Study Population based on evaluation of eleven (11) service areas. These were utilized as a basis of the community care planning process, and are referenced throughout the community care foundation and plan. The following evaluation components in the community needs assessment were also referenced throughout the community needs plan:
- Demographic Assessment
- Health Status Needs Indicators
- Tarrant County Health Care Service Providers Supply
- Health Services Utilization
- Clinic Capacity and Wait Times

**Public Transportation/Access**
- The "T" is Fort Worth's Public Transportation System, and it serves the Southeast, West, and Central Sections of Tarrant County well.
- The North West, South West, South Central, HEB, Grapevine, North Central, and Arlington regions have little to no access to the "T" in their service areas.
- The Main JPS Campus is well served by "the T" bus system.
OPPORTUNITIES

Regional Strategy Implementation

There is a need to develop a regional, strategic approach to clinic and community-based care. It should fulfill the need for a stronger primary and specialty care referral network, that will encourage quality, accessible and preventative care, at the appropriate time, in strategic locations to serve the JPS target population.

The strategy should incorporate JPS current knowledge base from the CNA, including health status needs, demographic observations, target population identification and strategic organization of the eleven designated service areas.

Regional Opportunities

- Identify target population (CNA-defined)
- Understand patient origin (Service Area/Zip Defined)
- Encourage improved patient access (Related to both transportation and available care resources)

Based on the rationale for the regional analysis, the eleven community needs assessment-defined service areas naturally fell into five regions: Arlington, West, South, North and Northeast.

Priorities for phasing implementation were identified based on a combination of findings from the CNA, gaps in patient visits to JPS clinics vs. target population that should be receiving care from JPS clinics, and opportunities for increased efficiency in provision of care by region.

- The CNA revealed that the highest JPS target population centers were in Southeast, Central, North Arlington and HEB service areas.
- The CNA also revealed that the Community Needs Index (CNI) was highest for Central, Southeast, West and North Arlington service areas.
- In the Arlington, West and Northeast regions, patient access to or awareness of JPS services may be lacking because the proportion of JPS clinic visits from the region are lower than the proportion of the target population in the region.
- Arlington region was identified as the first priority for implementation of the regional community strategy based on a combination of target population size for the

REGIONAL STRATEGY IMPLEMENTATION

AREAS OF FOCUS: 5 Regions

ARLINGTON: North Arlington / South Arlington
WEST: West / South West / North West
SOUTH: South East / South Central
NORTH: North Central / North Northeast
NORTHEAST: Grapevine-CYP / HEB

Table: Service Area Population Analysis

<table>
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<tr>
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<td>14,861</td>
<td>12,948</td>
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<td>5,288</td>
<td>3,247</td>
<td>36,477</td>
<td>20,047</td>
</tr>
</tbody>
</table>
region, an identified opportunity gap in clinic visits vs. target population, high community needs index within the region and significant opportunity for operational and facility consolidation efficiencies.

- Also, demographics and health status needs identified in each of the regions imply specific service line needs which may include:
  - Arlington: Women's Services and Primary Care
  - West: Geriatrics (age 65-plus) and Internal Medicine
  - South: Geriatrics (age 65-plus) and Primary Care
  - North: Pediatrics (age 0-17)
  - Northeast: Primary Care and Women's Services
  - Also, see the CNA for more information on specific disease category needs by service area.

**Medical Home Implementation**

- JPS community health administration has identified a strategy to improve access and quality of care for patients. There is an opportunity to begin a phased implementation of the medical home model.
- There is an opportunity for clinics to build availability of in-house services versus referring to other clinics/hospital, offer a fuller range of available services to improve access to services for patients.
- Implementation of the Medical Home model is also the first step in improving the JPS physician referral network.

**Process Standardization**

- Standardize processes at community health clinics and school based health centers.
- Develop referral network throughout the county.
- Utilize session-based schedules models across all clinics to demonstrate visit standards across specialties, services, and clinical levels.

**Centring**

- Centring, group visits for patients with similar symptoms, diseases or conditions, is an opportunity to build flexibility in the clinic environment
- Chronic disease or certain conditions in which patients would benefit from hearing and learning from others with similar experiences to their own, is ideal for Centring.

**Services in the Arlington Region**

- Arlington has been identified as the highest priority need/opportunity for implementation of the regional community strategy. Arlington implementation would:
  - Eliminate duplication or unnecessary use of resources (three JPS clinics in North Arlington are located within 0.6 miles of each other, and provide many of the same resources and services)
  - Patient origin for the three major primary care clinics in North Arlington is similar (from both North and South Arlington zip codes) and a single, centralized location could serve both service areas well.

**COMMUNITY CARE : Regional Strategy - Strategic Foundation**

A surgical specialties clinic located at Bardin Road would provide a referral path for DSHA surgeons and is located adjacent to DSHA.

Utilize DSHA beds for the highest and best use. Relocation of Skilled Nursing Unit (SNU) beds from the main campus would allow for needed medical vs. surgical bed reorganization on the main campus and would remove the non-acute care SNU, with different resource requirements, away from the acute care campus and to a more appropriate environment conducive to better care and patient/family satisfaction.

**PROXIMITY OF ARLINGTON CLINICS**

The distance between Arlington Clinics is no greater than 0.6 miles. Three clinics are located between Abram Street and Randol Mill Rd along Cooper St in Arlington.

**PATIENT ORIGIN: ARLINGTON PRIMARY CARE**

There is similar patient volume coming out of North & South Arlington so a centralized clinic location is ideal
REGIONAL STRATEGY: Recommendations

SHORT TERM RECOMMENDATIONS
PHASES ONE & TWO

After filtering issues and opportunities through the plan criteria, recommendations were developed, which included strategies for long term regional implementation, and more immediate short term opportunities. The recommendations met all the plan criteria, but each of the plan components most specifically addressed Efficiency of operations.

Medical Home: Primary Care Model Hubs supported by a network of Specialty Care and Supporting School Based Health Centers

- A Medical Home Model that increases access to primary care, builds a referral network to specialty clinics and the acute care campus, and creates the opportunity for introduction to new models of care that will increase access, patient education and capacity for care.

Regional Community Health Strategy Implementation

A community health strategy that utilizes the medical home model as a primary health care hub, supported by a network of specialty services and school based centers. Urgent care services will also be provided at the hub through increased hours and access to services. Once patients utilize the urgent care service, the goal is to integrate them into the medical home system and the JPS care network.

- Develop a prototype facility and implement it in Arlington.
- Find an existing facility that is accessible, strategically located to service the JPS population, and is appropriate to accommodate needed programs and services.

This approach will encourage appropriate distribution of

BOKA Powell: JPS Health Network Strategic Facilities Utilization Plan

Medical Home Guiding Principles

- BRANDED AS JPS HealthCenter
  - The HealthCenter will establish a new standard look and feel for JPS Community Health facilities.
  - Pursue LEED certification if it can be achieved practically and affordably.

- FOCUSED ON PATIENT & FAMILY NEEDS
  - The HealthCenter will promote & exhibit the patient and family-centered principles that are practiced throughout JPS.
  - The HealthCenter will promote protection of patient privacy, visual and auditory

- CENTERED ON PRIMARY & PREVENTATIVE CARE
  - The HealthCenter will reflect greater emphasis on education, prevention, wellness and group visits.
  - The HealthCenter will house primarily primary care services.
  - The HealthCenter will also house subspecialties as "neighbors" and support to primary care.

- DESIGNED FOR OPERATIONAL EFFICIENCY
  - The ideal space is contiguous and one story to create greater efficiency and ease of navigation for patients and families.
  - Room for expansion is essential.
  - Accessibility to ample, convenient, safe parking and a sufficient amount of handicap parking is essential.
  - The design will promote flexibility, with uniformity of room sizes where possible to afford the opportunity to change room use.
  - The design includes separate staff and public areas – "off stage" (staff only entrance, office areas) and "on stage" (public entrance, clinic areas).
  - The design will facilitate ease of clinician to patient face to face interaction WITH computer data entry into the EHR clinical documentation system.
  - The design will afford optimal efficiency and seek to share as many rooms, functions and staff between various components as possible.
PROPOSED ARLINGTON MEDICAL HOME HUB PROTOTYPE

COMMUNITY CARE: Regional Strategy - Recommendations

Program Summary
54 exam rooms
+Six (6) pods of Nine (9) rooms
Procedure Suite
Centering/Education Rooms
Family Resource Room
Imaging
Dental Lab
PT Dept/Gyn
Stat Lab/Phlebotomy
Doctors Offices (30)
Administrative Offices (3)
Nutrition Office
Case Management
Social Work
Health Coach
Pharmacy

MEDICAL HOME SESSION-BASED VOLUME ESTIMATE & SCHEDULE FOR IMPROVED EFFICIENCIES

The model is session based and can be used by the clinic manager as a tool to reach specified operational targets. This model was built based on volumes by specialty specified in the chart below, but is flexible and easily changed to reflect new scenarios and changes in session requirements and volumes. This model shows 85% utilization of the clinic exam rooms.

Session-Based Schedule
Session - 4 hour time slot & defined FTE grouping

Peak Sessions per Clinic
- Primary Care
- Pediatrics
- Behavioral Health
- Women’s Services
- Dentistry
- Specialties
- Ophthalmology/ENT
- OBGYN
- Occupational Therapy
- Radiation Oncology

Facility Needs
- Exam Rooms - 54; Six (6) pods of Nine (9) rooms
- Most Clinic sessions operate in groups of 3 exam rooms

Strategic Priorities
Regional Strategy: Recommendations

- This plan continues to utilize existing valuable OR space at the OSHA campus, and provides an opportunity for utilization of the Barin Road facility, owned by JPS, as a referral source.
- Barin Road/DSHA/Main Campus relationship would create a referral network that directs patient to the appropriate location based on care needs.
- This plan will increase surgery throughput and capacity at the main campus.

Patient Origin for Arlington Surgical / Procedural Clinics

Patient origin was evaluated for the existing surgical/procedural services currently located in the Arlington region. The highest volume of Orthopedic & Sports Medicine Center patients were relatively evenly spread among South Arlington, North Arlington, and the Southeast region (where the main hospital is located). Since patients living in the Southeast are already traveling to South Arlington to see their doctor, there is potential for physicians to refer patients living in the Southeast region to DSHA for minor surgeries and procedures, as an alternative to going to the main hospital. This would allow for reduced wait times and a more appropriate care environment for these patients.

Proposed Surgical/Procedural Clinic Volume & Schedule

JPS Arlington Ambulatory Surgery Center

- Minor Outpatient Surgery (Level HI-III)
- GI - Endoscopy Procedures

JPS Arlington Surgical/Procedural Clinics

Supported by Adjacent Surgical Specialty Clinic
- General Surgery
- GI - Endoscopy
- Pain Management
- Urology/Oncology
- Orthopedics/Podiatry
- Sports Medicine
- Minor Imaging/Treatment

Projected Clinical Visits/ Sessions

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<tr>
<th>Service</th>
<th># of visits/ year</th>
<th># of visits/ week</th>
<th># of room/ session</th>
<th># of room/ week</th>
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With the implementation of ambulatory surgery at DSHA and surgical clinic care and referral support at Barin Road, JPS has a means to more appropriately direct patient care through its network. In the Arlington, Northeast, and South regions, patients can be directed to an ambulatory surgery environment for minor surgeries and procedures OR to the main campus for major procedures. Both JPS campuses are accessible to them and care will become more accessible as the referral system and patient care processes are honed.
Beds at OSHA converted to Skilled Nursing Beds

- Thirty (30) existing beds at OSHA are in good condition and facility renovation is needed to add code-required skilled nursing support and PT areas.
- Skilled Nursing Beds at OSHA allows for needed acute care medical bed capacity at the main campus.

Skilled Nursing Relocates to OSHA

As part of the bed reorganization plan (see Inpatient Beds section of facilities utilization plan) Skilled Nursing will relocate to Diagnostic & Surgery Hospital of Arlington Campus. This move makes the bed reorganization plan possible, allowing needed capacity for consolidation of acute care inpatient medical beds in the main bed tower.

Prototype Medical Home In Arlington & Reorganization of Arlington Facilities

- A prototype medical home facility in Arlington which demonstrates proposed facility type, program and layout.
- Re-purposed OSHA facility, including ambulatory surgery and the highest and best use for existing patient beds. The recommended highest and best use is skilled nursing beds, mainly due to resource and operational efficiency at the main campus associated with removing non-acute care patients from an acute care environment.
- Implementation of both services at OSHA support efforts on the main campus to increase capacity and improve operational efficiency.
- Re-purposed Bardin Road clinic as a surgical clinic to support OSHA ambulatory surgery referrals and to provide additional specialty support within the referral network to the future medical home and JPS network as a whole.

Program Summary

12,513 SF
24 exam rooms
4 procedure rooms
2 X-Ray
1 Ultrasound
Physician Work Area
5 Offices
Gym
Waiting/ Sub-waiting
REGIONAL STRATEGY: Recommendations

Relocation for Materials Management & MetroWest Administration / Physician Offices

- Materials Management is currently utilizing vacant ORs in the main hospital building for storage, which could be more productive providing OP surgical procedures. Hospital space is costly to build and represents an opportunity for increased capacity of clinical services.
- There is no need for Materials Management to have a large presence on the hospital campus, provided on time delivery and minor storage on site is available.
- Utilize the vacant ORs for minor OP procedures.
- The MetroWest facility on the main campus houses physician recruitment and administrative offices, which also do not need to be located on the main hospital campus; it is recommended that these offices are relocated.
- MetroWest is located along Hemphill which is expected to become a major thoroughfare in the next 5 years. This land is expected to become prime for development, and therefore, a potential future revenue source for JPS provided a land lease or a public private partnership is created.

LONG TERM RECOMMENDATIONS

PHASE THREE

The long term strategy for JPS community care should continue to incorporate findings from the CNA, continue to implement the regional community medical home strategy, and should set benchmarks for operational improvement. Continued utilization and implementation of the strategies in this plan will result in:

- Stewardship to the community.
- Break-down of operational & physical barriers.
- Appropriate & strategic allocation of resources.

Future Regional Strategy Implementation

The plan has identified areas of opportunity for future implementation of the regional strategy. However, as time progresses, areas will be re-evaluated based on community needs, demographics and JPS ability and opportunity to provide increased access to care. Again, the three criteria that contributed to the development of the regional strategy will be addressed in future opportunity identification and strategy implementation.

- Identify target population (CNA-defined)
- Understand patient origin (Service Area/ Zip Defined)
- Encourage improved patient access (Related to both transportation and available care resources)
JPS Regional Community Care Strategy
Manage the health of our population providing quality health care efficiently,
in a patient and family centered medical home model,
building upon existing volume & service base.

COMMUNITY CARE: Regional Strategy - Recommendations

Phase Two Critical Path
1. Expand Medical Home Model to other region by first identifying new location.
2. Evaluate JPS owned and leased properties in the region for the discontinuation of leases or change in facility utilization.
3. Consolidate services to new medical home hub.

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Uncoordinated Patient Care is More Costly to the System

Care is Directed through a Coordinated Network

Community Care

Main Campus
Emergency Department & Urgent Care

Regional Medical Home Strategy

Coordinated Community Referall System
Medicine
Surgery
Family Medicine
Cardiology
Specialty Care

Acute/Inpatient Care Main Campus

Clustered Inpatient/Acute Care Services

Primary Care $$
Specialty Care $$$
ED/Urgent Care $$$$
Acute Care $$$$$$
The Vision for the Main Campus is an efficient and coordinated campus that directs patients toward the appropriate care. Services are consolidated as appropriate to direct patients to central triage and registration locations. Services that are located in buildings on the outlying edges of the campus are pulled back in toward the main campus facilities, allowing for decreased traveling distances, tighter more efficient operations and the release of outlying buildings for taxpayer savings, hospital revenue, or non-acute care related use.

Short and long term recommendations presented in each of the following priority recommendations sections each are integral to achieving this vision of a tighter, more efficient coordinated JPS Main Campus.
There are many resources dedicated to providing care and support for outpatient services on the main campus, and outpatient care is provided in many disparate locations across the main campus. Outpatient volumes account for 97% of patient encounters at the JPS main campus per year. As a result, quality and efficient delivery of these services is critical.

The plan recommends consolidation of the ED and Urgent Care functions, requiring Urgent Care to relocate adjacent to the ED over what is now Main Street, with a new triage area that will direct patients to the appropriate level of care before they enter the ED or urgent care. The plan also recommends coordination and adjacencies of ED components including Psych ED, Chest Pain, and a new Wound Care Clinic. A new patient admission area is recommended to allow direct admit patients currently in the ED to move out and increase ED capacity so that only true ED patients are seen in the ED.

The plan also recommends reorganization of outpatient services in the outpatient clinic building to allow for increased facility and operational efficiencies. The moves begin with the closing of Main Street and relocation of Urgent Care followed by the relocation of Family Medicine, the highest volume clinic, from level four to the ground floor. This relocation of the Orthopedic/Podiatry Clinic from level two to the ground floor with accessible to the facility entry, follows, then expansion of Surgical Clinics on levels two and four.
EMERGENCY DEPARTMENT & MAIN CAMPUS CLINICS: Strategic Foundation

EMERGENCY DEPARTMENT/ CAMPUS CLINICS

The Emergency Department is currently acting as the front door to the JPS network, when it should be the front door to the acute care campus. Community and Primary Care clinics should be the front door to the network and filter patients through the system. Patients who go to the ED should already have a "home" at a clinic in the community. Until the Community strategy is implemented and successful, the emergency room will not operate as efficiently as it could.

ED visits account for 70% of hosp admissions (incl. Urgent, Psych 30%, ED 40%)

ISSUES/INTERVIEW FINDINGS

The Need for an Urgent Care / ED Solution

- The Urgent Care and the ED are located in separate facilities on the main campus, yet the two departments see many of the same patients. As a result, many resources like triage and registration are duplicated.
- The Emergency Department was relocated in 2007 to the newly constructed Patient Care Pavilion. Previously, it was located in the main hospital building. Patients still look for the ED in the main hospital.
- There is a high number of patient transports between ED and Urgent Care. Urgent Care transfers 650 patients per month to the ED (10% - 12% of ED volume) and the ED transfers 150 patients per month to Urgent Care.
- The LWOBs rate can be as low as 1.5% or an average of 4.3%. This may be due to patients' limited access to transportation and in many cases no insurance, so they do not have the choice to go elsewhere for care.

The Need for Elimination of ED / Related Component Silos

- Limited flexibility in ED layout: The Emergency Department operates in discrete zones, designated for the level of patient care. Zoning separation creates operational silos that make it more difficult for staff to adjust to fluctuating volumes.
- The orange patient holding unit holds a large number of direct admits from nursing homes that should be in a patient bed under inpatient nursing care, but instead are monopolizing ED exam rooms and creating nurse staffing inefficiencies. The nursing staff in the ED is not ideally equipped to handle these inpatients and in turn, care can suffer.

ED components are spread throughout the facility; Chest Pain, Psych ED, and Urgent Care.

Emergency Preparedness Coordinator: Needs room near the ED; needs office with emergency power and a computer with a knowledge base of the entire hospital.

BOKAPowell: JPS Health Network Strategic Facilities Utilization Plan
The Need for Campus Clinics Reorganization

- Surgical Specialty Clinics
  - Capacity is 60,000 visits and as many as 115,000 visits may come to the clinic in FY 2011.
  - Patients who leave without being seen (LWBS) and patients who did not keep their appointment (DNKA) are expected to significantly reduce actual visits closer to 77,000. LWBS rate is at least 15%.
  - Clinics are landlocked on level two of the OPC. The space is overutilized, with six overflow spaces allowing for 54 exam areas, in space designed for 48.
  - There are narrow hallways, and patient areas do not always accommodate wheelchairs, gurneys, etc.
  - There is no central waiting so many times staff has difficulty finding patients when it is their turn to be seen.
  - A central core elevator mixes public and staff circulation and separation is needed.
  - There are multiple registration areas and patients are confused about where to go to register.
  - Growing residency programs means more residents to fit into the existing clinic schedule; in some cases, clinic hours must expand to accommodate schedule needs.

- Orthopedic Clinic
  - Despite difficulties walking, Ortho patients have to go to the second level of the OPC for care.
  - Physicians have aggressive growth plans.

At the time this study was completed, patients were waiting up to 55 days to see a physician. The DNKA rate is 26%; the clinic has poor patient and physician satisfaction scores.

- Referrals from CHCs make up 83% of the volume in the Orthopedic clinic so there is an established referral network for this specialty.
- Many times, orthopedic patients have not completed their imaging work before they got to the clinic, so a significant number of patients are sent back to OP Radiology from their clinic visit.

The Family Medicine Clinic
- It is the highest traffic single clinic and is located on the top level of the OPC, which results in unnecessary elevator congestion.
- Family Medicine is landlocked on level four and has not been remodeled or expanded in 25 years.
- The no-show rate is 22% at the Family Health Clinic.
- Long registration lines are an issue when a bus arrives or patients arrive all at once.

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OPPORTUNITIES
- Consolidation of triage for ED and Urgent Care: this would reduce patient transports, eliminate resource duplication and allow for flexible use of patient rooms.
- Relocate Psych ED/Chest Pain/Urgent Care/Command Center/New ED Residency Program offices adjacent to the ED.
- Zone sliding and flexible use of exam rooms in the ED, to accommodate need by level of patient care.
- Implement patient admit unit to area that is more accessible to IP beds and IP bed staff to remove non-ED patients from the “orange” zone of the ED.
- Relocation of Family Medicine to a more patient-accessible location and so it is not landlocked.
- Relocation of the Ortho Clinic to a more accessible location for patients on the ground level, allowing for more efficient clinic on level two for the surgical clinics.
- Group care for follow up ED visits including trauma, psychiatric, and chronic disease to reduce clinic volume.
- Develop a residency fellowship for trauma and critical care, and a nursing internship for bed side ER nurses.
- Wound Care and evolution of a burn program; Follow-up care for trauma, burn patients (beyond the trauma clinic).

MAIN CAMPUS : Emergency Department & Main Campus Clinics - Strategic Foundation

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EMERGENCY DEPARTMENT

The Emergency Department and on campus clinics are all integral parts of the community network and should not work in silos but coordinate referrals, operations and resources while maintaining their unique patient care functions.

Issues were filtered through the plan criteria and the following recommendations sufficiently met the criteria. The immediate, short term recommendations related to the ED most significantly met operational Efficiency criteria, and the recommendations related to clinics most significantly met the Environment criteria.

SHORT TERM RECOMMENDATIONS

Consolidation of ED Functions

- A connection between the Pavilion and the main campus is built where Main Street currently exists.
- A renovated patient triage that will direct the patient to appropriate care, either Emergency or Urgent Care will be constructed at the present entrance to the ED.
- Urgent Care relocates adjacent to the ED in the newly constructed addition.
- Wound Care Clinic space is added adjacent to Urgent Care and the ED in the newly constructed space.
- An addition is constructed between the current ED and the Pavilion garage to house the Psych ED, a Chest Pain/ Clinical Decision Unit and Emergency Command Center.
- The current chest pain area is utilized for an admit unit, which allows for additional capacity in the ED “Orange” unit for emergency exam locations.
- Consistent with Discrete Event Simulation Modeling findings, the ED is reorganized to allocate appropriate sized ED zones, allowing for additional capacity and patient throughput.

BOKA Powell: JPS Health Network Strategic Facilities Utilization Plan
CLOSE MAIN STREET & CONSTRUCT PAVILION EXPANSION A / PAVILION EXPANSION B - PHASE 1

Main Street Closes: Emergency Department and Urgent Care are consolidated and Shared Triage is created for ED and Urgent Care. Space between Pavilion and garage to the east is utilized to relocate Psych ED, Chest Pain Unit and Emergency Command Center.

Main Street / Location for Pavilion Expansion A

Space between Pavilion & Parking Garage / Location for Pavilion Expansion B

URGENT CARE / ED ADJACENCY & NEW ED TRIAGE IN PHASE 1A

Phase One A&B Critical Path:

1. Main Street is re-routed or closed
2. Construct Pavilion Expansion A for Urgent Care, Wound Care and ED/Diagnostic Connection.
3. Urgent Care relocates from Level 1 of Outpatient Clinic Building.
4. Renovate Old ED for Pharmacy, Ortho/ Podiatry Clinic, Registration and Circulation to connect Pavilion Expansion A to Main Hospital.
5. Relocate Pharmacy, Ortho/ Podiatry Clinic, and Registration to Old ED.

Phase One A&B Critical Path (Cont.):

6. Family Medicine relocates from Level 4 to Level 1 of the OP Clinic building.
7. Renovate (minor) old Family Medicine clinic on level 4 for specialty clinic expansion.
8. Renovate level 2 (old Ortho/ Podiatry clinic) for surgical clinic expansion.
10. Utilize Old Chest Pain Unit as New Admit Unit / Relocate "Orange" Zone beds from the ED to new unit.
EMERGENCY DEPARTMENT & MAIN CAMPUS CLINICS: Recommendations

Reorganization of Main Campus Clinics: Family Medicine & Surgical Specialty

- **Orthopedic/ Podiatry Clinic Relocation & Expansion**
  - Relocation to ground floor (old ED) allows for easier access to entrance and adjacency to outpatient radiology and urgent care/ED functions.
  - Allows for needed expansion for Ortho / Podiatry and separation from other surgical clinics to allow for their expansion.

- **Surgical Specialty Clinics Renovation & Expansion**
  - Relocations of Ortho / Podiatry and Family Medicine allow expansion zone for Surgical Specialty Clinics and Academics on levels two and four of the outpatient clinic building through Phase One and Two of the plan.
  - Renovation of the surgical specialty clinics would allow for improved circulation and wayfinding including designated entry points, registration areas, and waiting zones.
  - Surgical Clinics will have 88 exam rooms in the OPC and 20 in the new Orthopedic/ Podiatry Clinic for a total of 108 exam rooms for Surgical Specialty Clinic expansion. Family Medicine Relocation & Expansion

- **Family Medicine Clinic and offices / support relocate to existing Urgent Care space, old social work and old PT**
  - Allows expansion for Family Medicine Clinic, improved access on the ground floor.
  - Brings the highest traffic single clinic to ground floor to reduce elevator congestion.

**RELOCATION OF ORTHO/ PODIATRY CLINIC TO OLD ED / ADJACENT TO EXISTING ED**

The Ortho/ Podiatry Clinic and relocation to the Old ED (adjacent to the existing ED) with adjacent physician and administrative offices. Skills Lab and Registration are also centrally located among the ED and clinics, to allow for ease of utilization by teaching programs.

**NEW FUNCTION FOR ORTHO OFFICES SPACE**

Relocation of the Ortho offices and change of use for academic support services.

**PROPOSED NEW ORTHO / PODIATRY CLINIC LAYOUT**

The image below shows a preliminary conceptual layout of the Ortho/ Podiatry Clinic with adjacent offices. Skills Lab and Registration consolidation are also centrally located among the ED and clinics, to allow for ease of utilization by teaching programs.
CURRENT: OUTPATIENT CLINIC LAYOUT
Surgical Clinics utilize 54 exam rooms on level two of the Outpatient Clinic Building (OPC).

FAMILY MEDICINE TEACHING CLINIC
40 exam rooms
35,000 visits per year

ADMINISTRATIVE & PHYSICIAN OFFICES
There are 8 pods of 12 exam rooms and 6 overflow rooms being used. Designed like the Ortho Clinic, surgical areas are decentralized.

SURGICAL SPECIALTY CLINICS
54 exam rooms
58,000 visits per year

URGENT CARE
26 exam rooms
41,000 visits per year

END OF PHASE 1B: OUTPATIENT CLINIC LAYOUT
Surgical Clinics will have 108 exam rooms total: 88 in the OPC and 20 in the new Ortho Clinic. Family Medicine will have 60.

SURGICAL SPECIALTY CLINICS
40 exam rooms
44,000 visit capacity per year

ADMINISTRATIVE, PHYSICIAN AND ACADEMIC SUPPORT OFFICES
Academic Services expands support presence on this floor with surgical expansion into adjacent spaces.

SURGICAL SPECIALTY CLINICS (NO ORTHO)
40 exam rooms
60,000 visit capacity per year

FAMILY MEDICINE
50 exam rooms
48,000 visit capacity per year

LEVEL 1 PHASE 1B
The plan below shows the proposed relocation and expansion of Urgent Care to level one. The existing Urgent Care space will be converted to other clinical services.

LEVEL 4 PHASE 1B
The proposed Family Medicine layout has 40 exam rooms on level one with expansion in adjacent spaces for administrative and physician offices, support and registration.
**SURGICAL SPECIALTY CLINIC EXPANSION**
Surgical Clinics can expand into previous Family Medicine Clinic space on level four and add 38 exam rooms.

**LEVEL 4 PHASE 1B**

RENOVATE OLD FAMILY MEDICINE FOR SURGICAL SPECIALTY CLINIC EXPANSION (+38 EXAM ROOMS) 8,100 SF

**PROPOSED NEW CONCEPTUAL LAYOUT FOR SURGICAL SPECIALTIES CLINIC - OPC LEVELS TWO AND FOUR**
The proposed layout shows Surgical Clinics with designated entry points, registration areas and waiting zones. Levels two and four are proposed to be renovated for improved circulation and wayfinding.

**JPS OPC LEVELS 2 & 4 PHASE 1B**

**SHORT TERM RECOMMENDATIONS: EMERGENCY DEPT & MAIN CAMPUS CLINICS - 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

Phase Two Critical Path:
1. Old ED space is renovated for Ortho Offices & Skills Lab (if not completed with Ortho Clinic renovation in Phase 1); Skills Lab and Ortho Offices are relocated to renovated space in Old ED.

2. On level three of the outpatient clinic building, old skills lab is repurposed as academic conference space and Ortho offices are repurposed as Academic offices.

Phase Three Critical Path:
1. Construct new tower with shell expansion for Emergency Department and Imaging.
LONG TERM RECOMMENDATIONS

ED Component Expansion
- The Emergency Department expands into the new tower at the current St. Joseph site
- Admit unit relocates to the new tower

Continued Implementation of Outpatient Building Zone
- Outpatient Building becomes academic clinics/support growth zone including:
  
  **BASEMENT LEVEL:** Resident Lounge/Academic Offices
  **GROUND LEVEL:** Family Medicine Academic Clinic
  **LEVEL 2:** Surgical Specialty Clinics
  **LEVEL 3:** Academic Offices/ Skills Lab
  **LEVEL 4:** Surgical Clinics Expansion

MAIN CAMPUS: Emergency Department & Main Campus Clinics - Recommendations

LONG TERM RECOMMENDATIONS: EMERGENCY DEPT & CAMPUS CLINICS - END OF PHASE 3
Dedicated zone for Academic / Outpatient Clinics, new tower construction for consolidation & expansion of emergency services; all Psych services (Psych ED and Psych beds) are part of one contiguous campus for improved efficiency and shorter transport distances.

PATIENT CARE PAVILION

PAVILION EXPANSION A

PAVILION EXPANSION B

E BUILDING

ACADEMIC SERVICES & OP TEACHING CLINICS

TRINITY SPRINGS SITE
READY FOR DEVELOPMENT

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.