JPS Strategic Facilities Utilization Plan

2010-2011

BOKAPowell

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JPS STRATEGIC FACILITIES UTILIZATION PLAN

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 the 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 ***fiscally 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 Fort Worth South 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.

PLAN GOAL

JPS Strategic Facilities Utilization Plan

Assess JPS campuses,
Rationalize operations,
Maximize quality and clinical efficiency,
Improve utilization and capacity,
Develop uniform brand for facilities, and
Contemplate product line growth –
In order for JPS to sustain its mission,
Provide economic, operational and quality benefits,
and Support its surrounding neighbors.

JPS MISSION / VISION / VALUES

JPS Mission

To improve the health status of the families and individuals in the communities we serve.

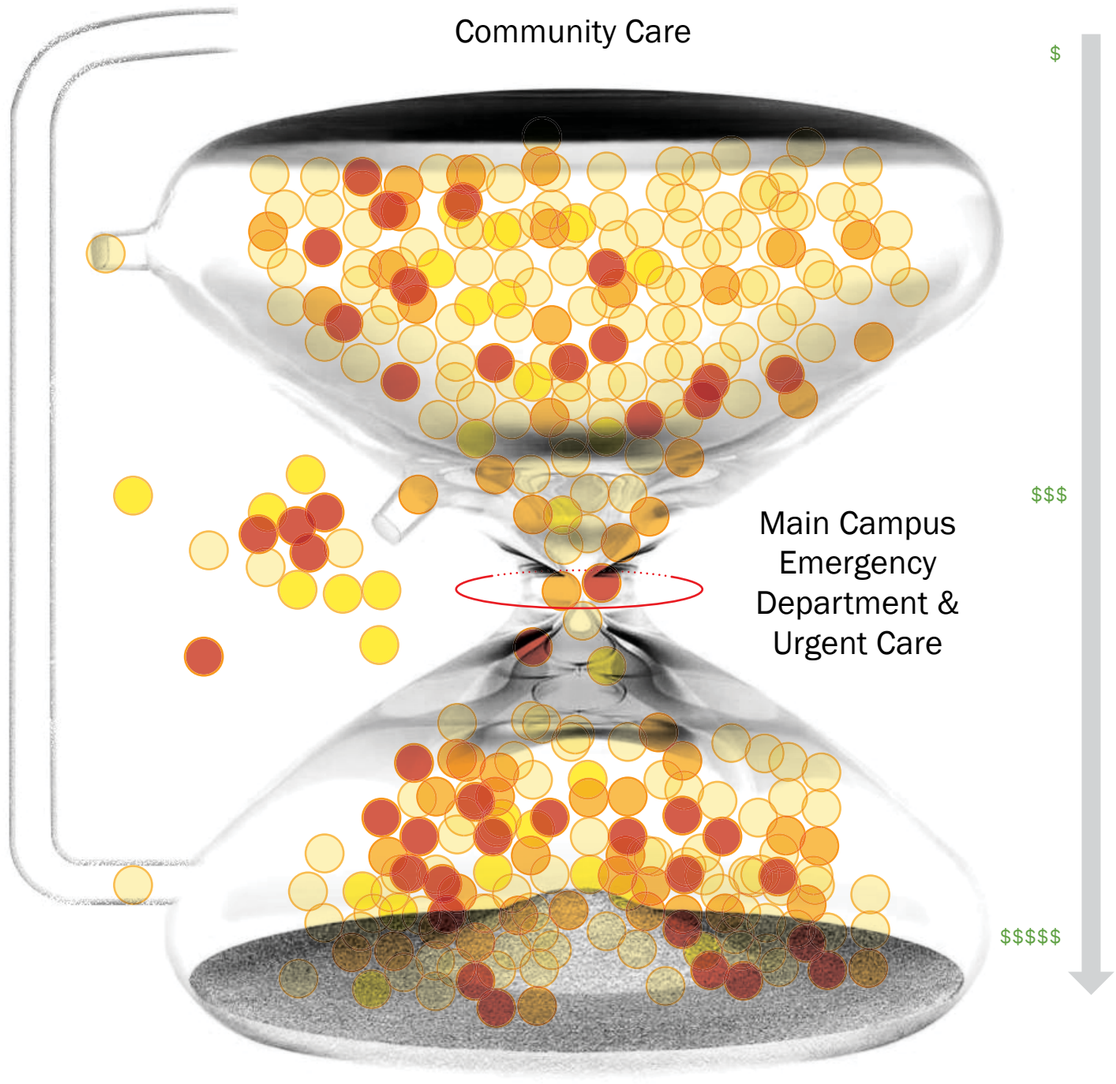
JPS Vision

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

JPS Values

People/Quality/Integrity/Accountability/Caring & Compassion/Cultural Diversity/Leadership

Uncoordinated Patient Care is More Costly to the System



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 satifaction 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-plus growth at 29%
- Public Transportation throughout the County

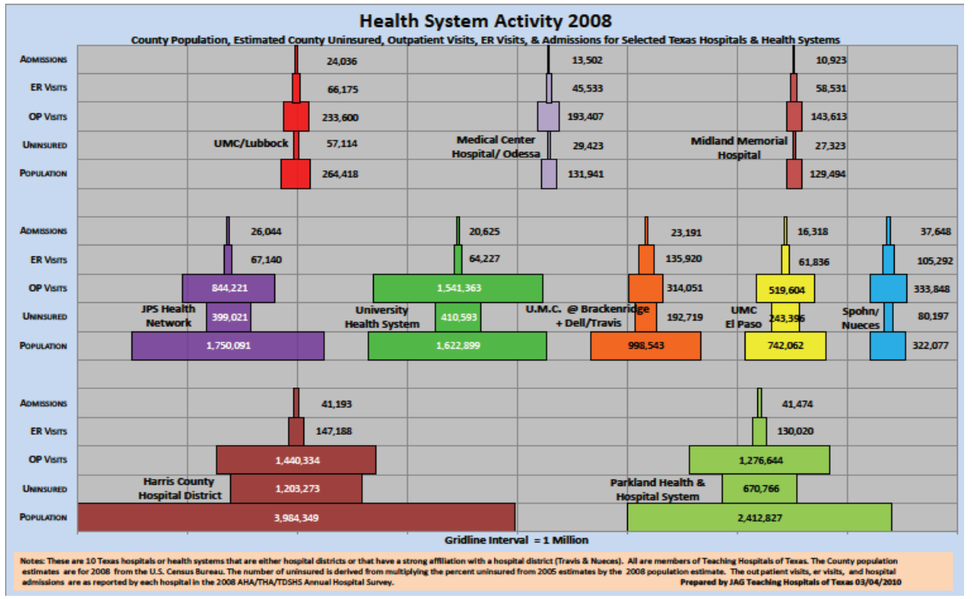
As a result of these issues, JPS ability to continually improve the quality and efficiency of care is limited, access to timely and appropriate care decreases, patients as a whole are sicker and a greater number end up in an acute care environment, which results in more expensive care.

IMPACT OF JPS IN ITS COMMUNITIES

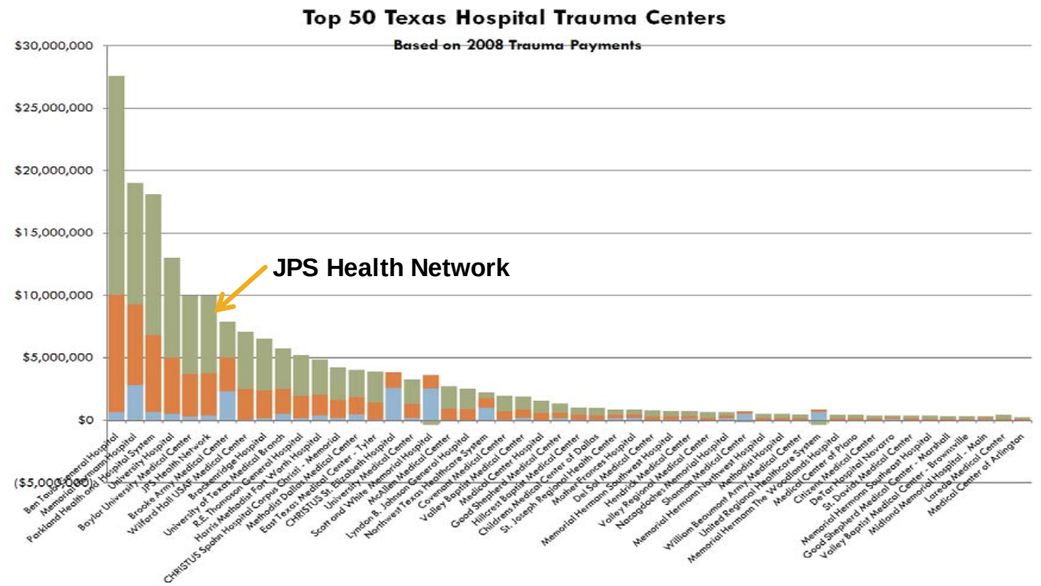
Despite JPS challenges, it has a positive impact at its main campus and in its communities throughout Tarrant County. The impact does not stop at health care; JPS acts as an economic engine in the communities it serves and especially at the main campus in South Fort Worth. As a result of its rich history 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 metroplex.
- 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
  - $450 million is the value of JPS-owned buildings
- The Potential for Creating a Redevelopment Area surrounding its Main Campus:
  - 1.12 million patient encounters per year
  - 27,000 total admissions
  - 1.08 million outpatient visits: 722,00 Health Center Visits & 82,000 ER visits
  - Provides Extensive Medical Services: Provides $409 million in Uncompensated Care
  - Receives $281 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 Rosedale, and on the West by Hemphill.

JPS IS THE 4TH LARGEST PUBLIC HEALTH SYSTEM IN TEXAS



JPS HAS THE 6TH LARGEST TRAUMA CENTER IN TEXAS



EXECUTIVE SUMMARY: Vision - Directing Care

PRIORITY RECOMMENDATIONS & PLAN PHASING

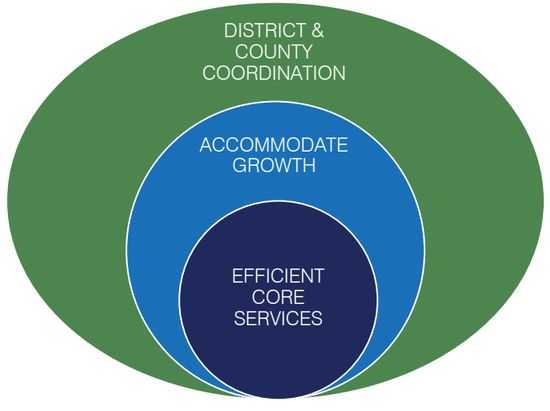
Priority recommendations were developed based on how strongly they met one or more of the following criteria. As a result, these criteria serve as the basis for the direction, recommendations, progression and phasing of the Plan.

Plan Criteria

quality	improvements / maintain functionality
efficiency	optimize operational capacities & 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

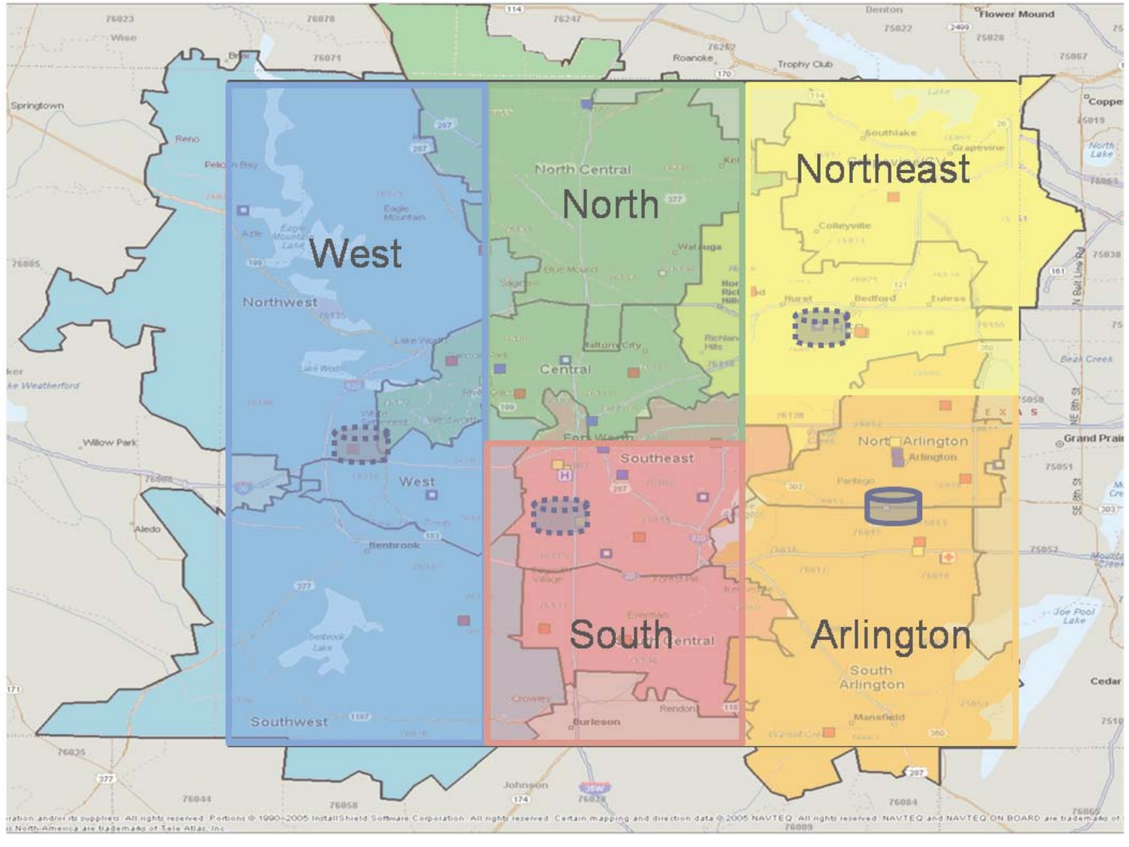
- *Value to the JPS Patient*: Higher Quality of Care and Greater Capacity for Patient Care in the Future
- Value to the JPS Taxpayer/Community: Increased System Efficiency & Less Costly Care Overall

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 should be focused on providing primary care in the communities where patients live, supported by and coordinated with a referral network of specialty services 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.

Vision for the Community Network



THE PLAN : MAIN CAMPUS VISION

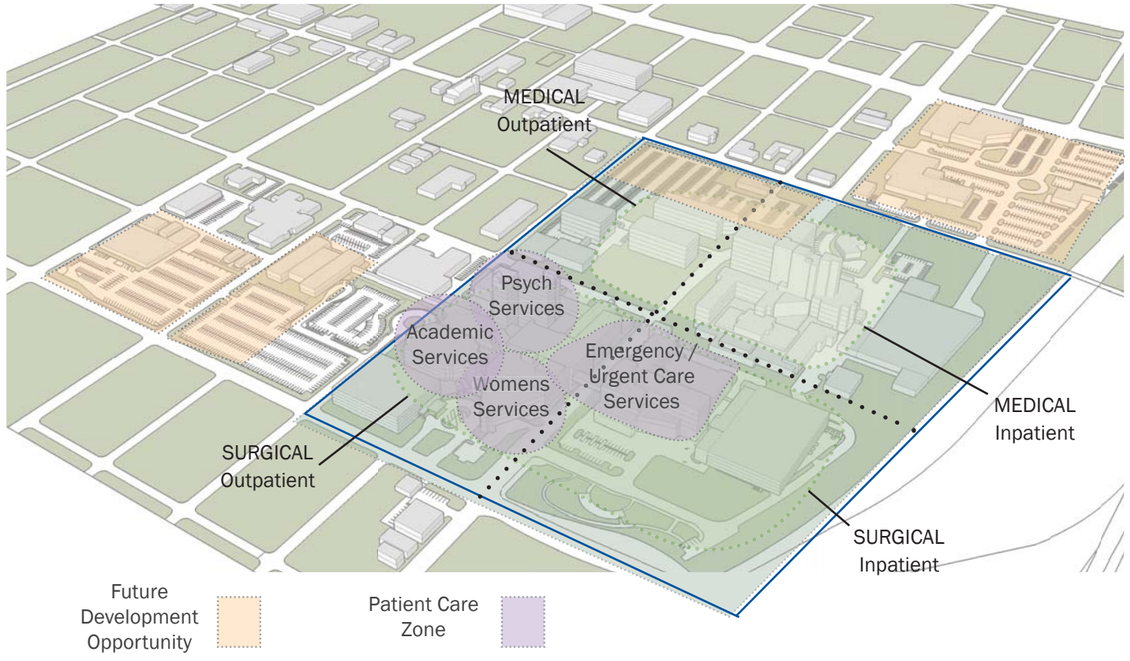
The plan envisions the center of the JPS Health Network as one contiguous, coordinated main campus that serves as an acute health care hub for all of Tarrant County. The plan recommends that JPS provide care in the most appropriate locations, keeping non-emergent, non-acute care in the Medical Home and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

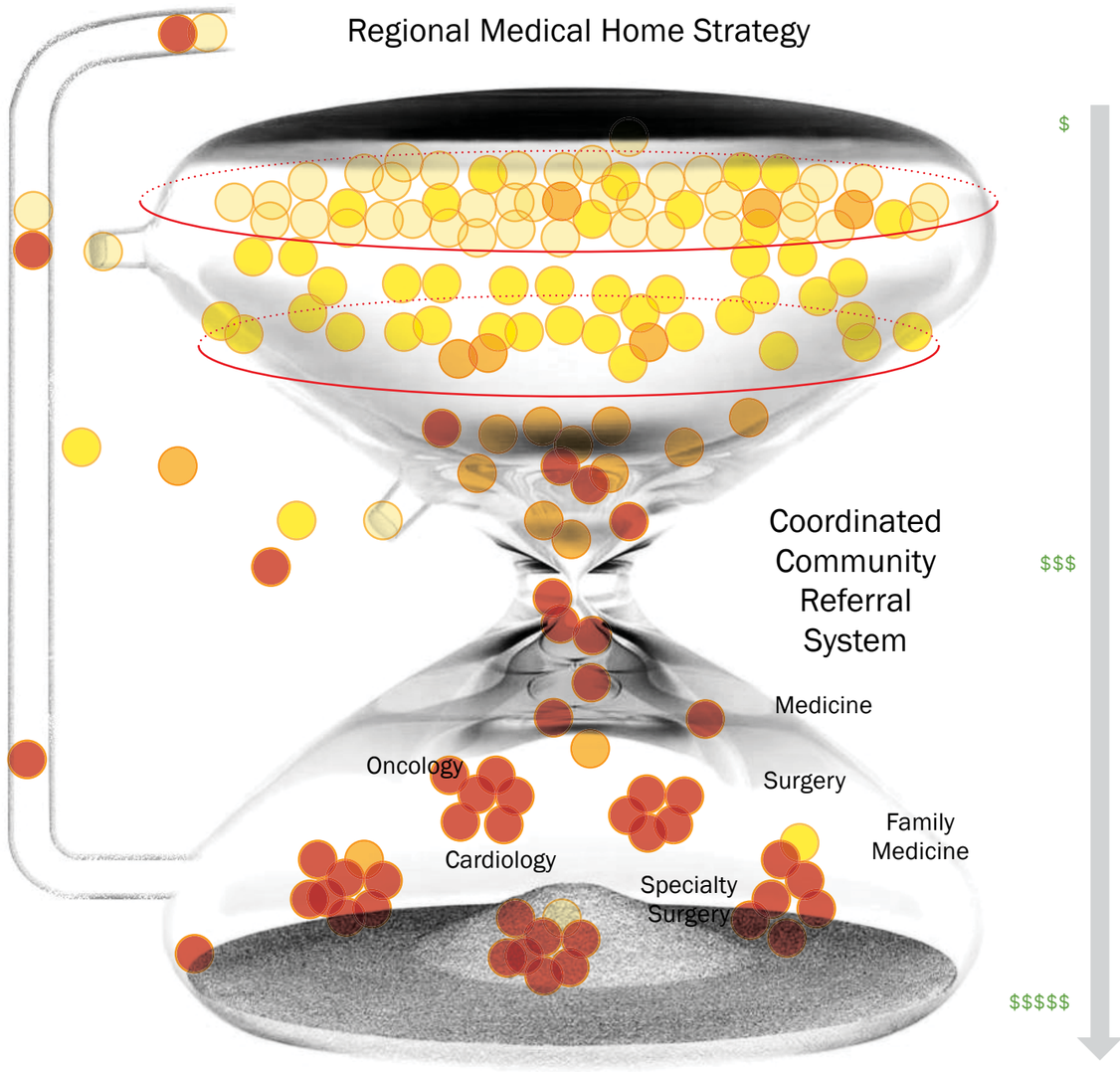
The recommended facility connection, operational improvements and facility renovations will allow for necessary departmental adjacencies, improved campus circulation, operational efficiencies, and increased patient, employee and physician satisfaction and safety. Long term, and as long as appropriate benchmarks are met, a new bed tower adjacent to the Pavilion will allow for the elimination of unnecessary costly facilities outside of the main campus footprint, necessary growth, departmental adjacencies, and complete consolidation of services into a tightly organized contiguous campus.

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 acuities represent a range of costs to the system. Patients are filtered appropriately throughout the system so 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.

Vision for the Main Campus



Care is Directed through a Coordinated Network



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 contectual 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.

BOKA POWELL PLANNING TEAM

Strategic	Facilities
JPS	
BOKA Powell	
McAfee 3 Consulting	
IDI	MEP Consulting
MESA Design Group	Access by Design
Smith Hager Bajo	Jaster-Quintanilla

- Smith Hager Bajo completed Simulation Modeling Studies for Womens Services, NICU and the Emergency Department, and was a key partner in developing the strategic foundation and recommendations for the plan.
- MESA Design and IDI, Innovative Development, Inc., collaborated on information gathering, opportunities identification and recommendations related to both the facilities utilization plan and real estate and land development opportunities.
- MEP Consulting, Access by Design and Jaster Quintanilla supported the facilities assessment by conducting assessments of JPS facilities and infrastructure, and consulting on facilities issues that arose throughout the project.

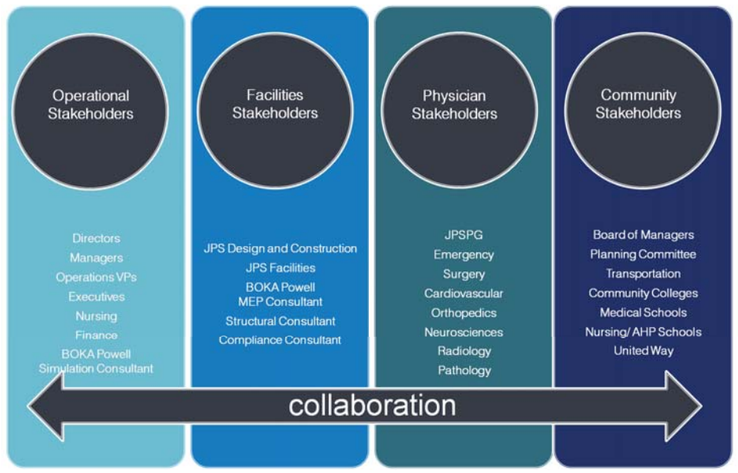
Stakeholder Involvement

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

STAKEHOLDER INVOLVEMENT



ISSUES IDENTIFICATION

Issues and operational bottlenecks are identified based on an aggregate of interview findings, facility tours, facility and key planning 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.

- Transportation
  - Public transportation throughout the county
- 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 satifaction and loyalty
- Community stewardship
  - Mission fulfillment
  - Operational responsibility
- Quality of Resources to Provide Care
  - 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

JPS INTERVIEWEES

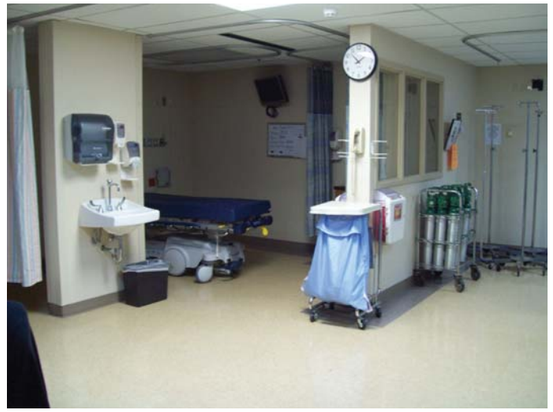
13 Executives/ Operational VPs	16 Physician Interviews	23 Clinical Directors/ Managers	12 Other Directors/ Managers	5 Community Stakeholders
• Dr. Gary Floyd • Regina Berman • David Salsberry • Bill Whitman • Robert Earley • Kathleen Whelan • Nora Frasier • Rick Stevens • Charles Williams • Jamey Pennington • Dr. Fowler • Scott Rule • Dr. Haynes	• Ob/ Gyn • NICU/ Peds • Emergency • Radiology • Surgery • Urgent Care • Trauma • Family Medicine • Pathology • Psych • Cardiovascular	• Obstetrics/ OB Triage • NICU • Emergency Department • Cancer • SBCs • Surgery • JPSPG • Women's Services • Radiology • ICU • Trauma Services • Clinics • Urgent Care	• Dietary • Finance • Security • Patient Transport • Transportation • JPSPG • Lab • Purchasing/ Receiving • Human Resources • Organizational Development • Pharmacy IP/OP • Behavioral Health • Academic Affairs	• The "T" • Premier • Jail • Developer • Rev. Emerson

Interviews

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 VP's and executives, eighteen percent (18%) were with other departmental directors and managers, and ten percent (10%) were with community stakeholders.

Facility Tours and Assessments

An accurate assessment of existing conditions must include visual assessment of facilities, operations and activity. The JPS BOKA Powell Team made many visits over a period of 12 months to the JPS main campus, surrounding areas, and community clinics to evaluate campus operations and facilities. Some of the most significant plan findings came out of these visits.



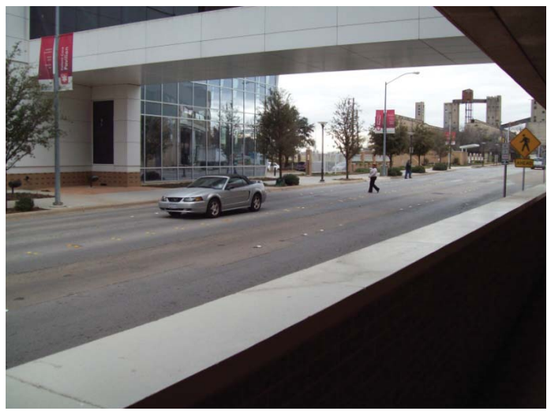
Hallway Bed: Quality & Efficiency Opportunity

Neonatal Intensive Care Unit: Need for Strategic Growth

Main Campus Urgent Care waiting: Efficiency Opportunity

Main Campus OP Pharmacy: Productivity Challenges

Entrance / Main Lobby: User Satisfaction



Main Street separation of JPS facilities: Organizational Silos

MetroWest Office Building: Community Stewardship Opportunity

The T Bus Stop on Main Street: Access to Services

PLANNING PROCESS & FOUNDATION

GLOBAL & DEPARTMENTAL INFLUENCERS

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, the following were the major factors that had an overall impact on market volumes 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 Contractor)
- Increase in Uncompensated Care
- The Fate of Healthcare Reform
- Federal Political Gridlock = Less Spending
- State Reduction in Medicaid Reimbusement
- Mandated IT Spending

Departmental Influencers

The departmental influencers 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

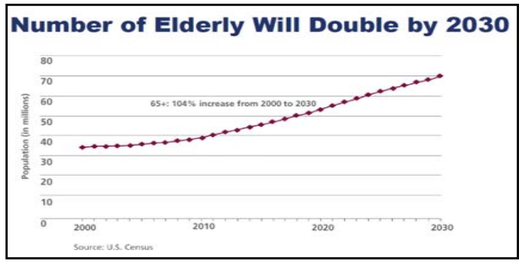
Operational and volume scenarios are formulated based on the "tilt" factor. This means that each influencer's effect on the baseline will "tilt" the growth rate either to the left or to the right (negatively or positively). The relative impact of each influencer must also be determined.The degree at which the baseline "tilts" depends on the influencer'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.

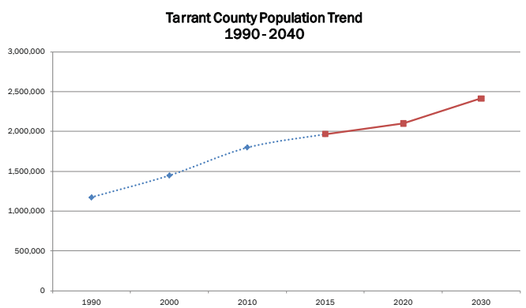
TRENDS: GLOBAL INFLUENCERS

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

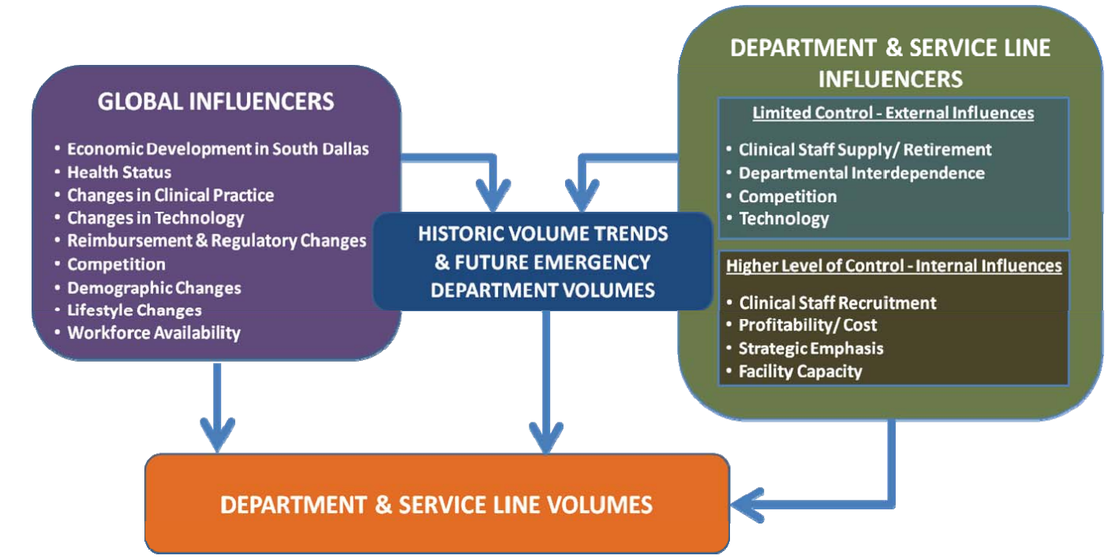


Between 2010 and 2015, Tarrant County will see significant growth:

168,000 additional people
57,000 new households
Age 65+ growth more than 29%



GLOBAL & DEPARTMENTAL INFLUENCERS



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.

- Inpatient Bed Requirements
  - Volume is measured in days and discharges
  - Key determinants of bed need are percent (%) utilization and patient length of stay (days)
- Diagnostic & Treatment Requirements
  - Volume is measured in visits, exams or procedures
  - Key determinants of need are peak utilization and decreased utilization e.g. due to DNKA rates.

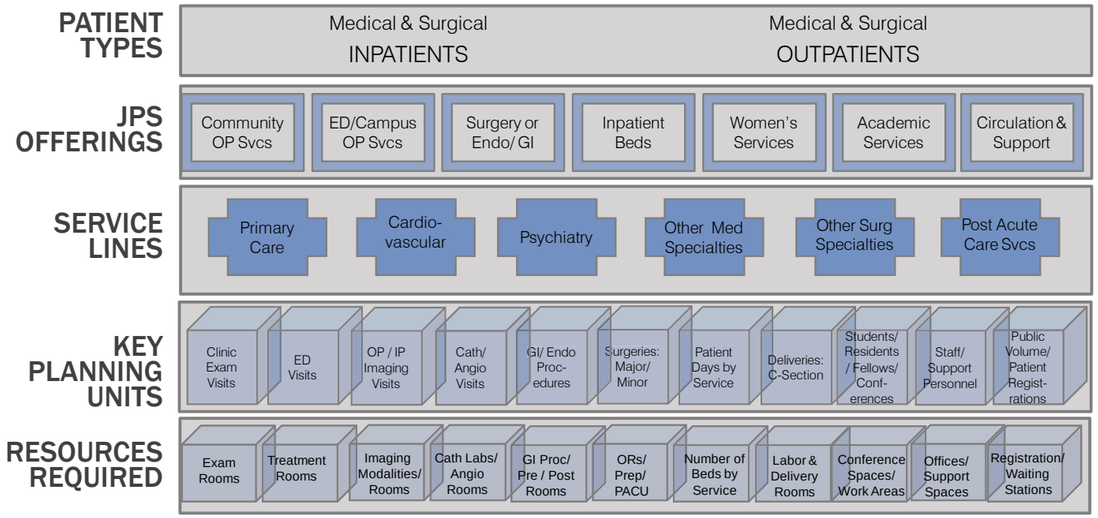
The existing model is compared to benchmarks for utilization, patient visits, length of stay, treatment time, etc., and operational targets and capacities are established. The model can also be utilized as a departmental tool to test scenarios for operational improvements.

Future Growth Requirements

Once the existing model is built, modifications must be made for future scenarios that include operational improvements, facilities utilization plan implications and other future global and departmental influencers on volume and facility needs. Capacity is calculated for departments based on current utilization and expected future utilization scenarios.

KEY PLANNING UNIT DEVELOPMENT

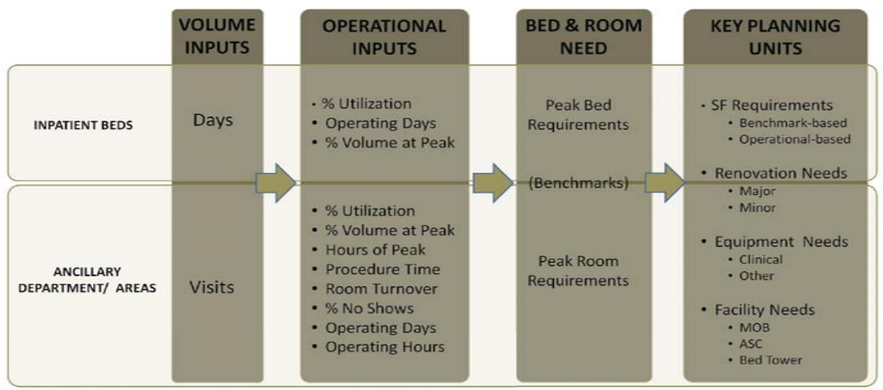
The process below describes how hospital volumes are categorized and filtered into key planning units for strategic facility planning. The graphic below describes how patients are categorized and look at data to determine facility, service line and resource needs.



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.

A model that emulates existing operations is created first. Operational inputs are compared to established regional benchmarks and operational bottlenecks are identified. A balance between regional benchmarks and organizational realities creates new operational targets. Operational inputs are modified accordingly, influencers are applied to determine projected volumes, and key planning units are developed from the model.



Discrete Event Simulation Modeling

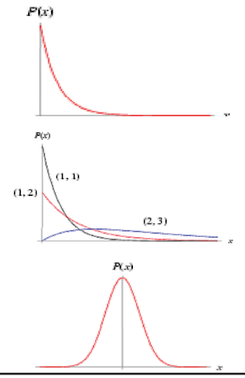
Another method of process evaluation is discrete event simulation modeling, which provides the most added value (beyond linear operational modeling) when applied to hospital departments with randomized operations. Discrete event simulation modeling:

- 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 resouorce requirements (staff and facilities)
- Evaluates and tests service delivery models/ processes prior to implementation
- Understand the effect of new facilities, before construction.

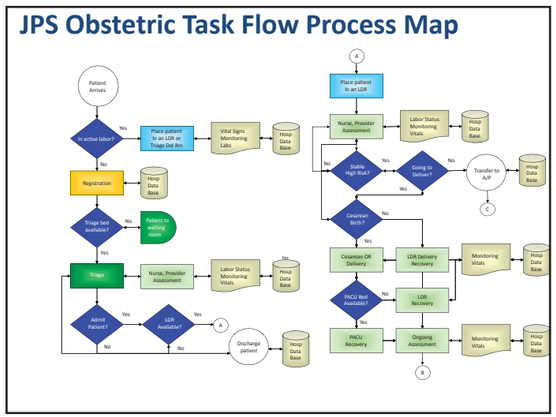
The assessment includes data collection and discussion of the various types of what-if scenarios that should be run. The final product of the simulation process is a written report that describes the assumptions, results and potential implications of those results.

Model Parameters

- A year equals 8,760 hours
- Mean, maximum and standard deviation values are based on an hourly "snapshot" 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 nonnegative random variables, such as the time for a human operator to complete a task.
- Results follow a normal distribution, also known as a "bell curve", which is a continuous distribution that is unbounded.

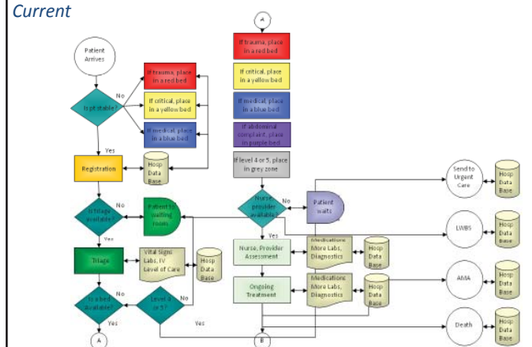


JPS Obstetric Task Flow Process Map



ED Process

Current



KEY PLANNING UNITS - JPS MAIN CAMPUS INPATIENT BEDS

	Need Today - Existing Ops (Annual Procedures/ Visits)			Need Today - Revised Ops (Annual Procedures/ Visits)			Need Future - Revised Ops (Annual Procedures/ Visits)			Capacity Today (FY 2009 Annual Procedures/ Visits)			Planned Capacity (Annual Procedures/ Visits)			Key Inputs - Operations Today		Key Inputs - Operations Revised		Key Inputs - Operations Future				Growth Scenarios (Annual Growth over a 5 to 10 year period)			
	FY 2009 Current Annual Procedures	Current Visits per Room	Current Room Need	Current Annual Procedures	Current Visits per Room	Room Need with Operational Changes	Projected Annual Procedures	Projected Visits/ Room	Room Need with Operational Changes	Current Total Capacity	Current Capacity per Room	Existing Rooms	Planned Capacity	Planned Capacity per Room	SFUP Planned Rooms	No Show Rate (DNKA) or LWBS	Calculated Utilization Rate	No Show Rate	Expected Utilization Rate	Projected % Growth	#1 Influencer	#2 Influencer	#3 Influencer	Historic Annual Growth	Conservative Growth	Moderate Growth	Aggressive Growth
			+ 2 Dedicated ORs: CV/Trauma			+ 2 Dedicated ORs: CV/Trauma			+ 2 Dedicated ORs: CV/Trauma			+ 2 Dedicated ORs: CV/Trauma			+ 2 Dedicated ORs: CV/Trauma												
Surgery	9,495		16	9,495		13	12,066		17	11,560		10	12,253		16												
Inpatient Surgery	5,570	612	9.1	5,570	835	6.7	6,995	835	8.4	11,560	612	10	10,021	835	12	28%	50%	20%	50%	4.7%	CV Program	ED Growth	Improved Ops	4.7%	2.0%	4.7%	5.8%
Outpatient Surgery	3,925	544	7.2	3,925	620	6.3	5,071	620	8.2		544		2,232	558	4	28%	85%	10%	75%	5.3%	Surg Clinic Growth	DSHA growth	ED Growth	7.9%	3.0%	5.3%	9.9%
Endoscopy												+ 2 Dedicated ORs: Trauma / CV			+ 2 Dedicated ORs: Trauma / CV												
Endoscopy	6,272	1,755	3.6	6,272	1,271	4.9	9,045	1,271	7.1	7,022	1,755	4	5,285	1,057	5	30%	100%	10%	75%	7.6%	Capacity/ Improved Ops	DSHA growth	Demo/ Clinic growth	12.7%	3.0%	7.6%	15.9%
Emergency Department/ Urgent Care*																											
Emergent ED	34,944	781	45	34,944	529	66	44,598	676	66	50,010	781	64	44,598	676	66	8.8%	30%-76%	Simulation study completed that proposed reorganization potential for the ED and Urgent Care (see plan).		5.0%	Medical Home	Demo/ Capacity Growth	Legislation	2.5%	1.0%	5.0%	8.0%
ED (Fast Track Chairs)	37,243	1,117	33	37,243	3,724	10	48,336			22,336	1,117	20	101,946	2,832	36		30%-76%			5.4%	Medical Home	Legislation	Limited Capacity	7.7%	2.0%	5.4%	6.0%
Urgent Care	41,306	1,286	32	41,306	1,589	26	53,610	2,832	36	41,153	1,286	32				4.8%	70%			5.4%				14.7%	2.0%	5.4%	7.0%
Psych ED	17,067			* Psych ED data not included here because it can not be evaluated within this structure. Much of the Psych ED patients are evaluated in an open ward environment, to allow for visibility and more suitable care for these patients. Psych ED has taken over a previous bed unit so is landlocked and working within the space that is allotted to them. Once the Psych ED is relocated (see plan), its space can be planned to accommodate its true needs and unique functions.															5.0%	Demos	Limited Capacity	Relocation	6.3%	2.0%	4.0%	6.0%
Imaging - Main																											
MRI	11,187	5,947	1.9	11,187	5,594	2	12,351	5,594	2.2	11,894	5,947	2	11,894	5,947	2	5% to 22%	85%	10%	85%	2.0%	DSHA Focus	Medical Home	Limited Capacity	7.8%	1.0%	2.0%	3.0%
Nuclear Medicine	5,633	2,441	2.3	5,633	2,817	2	5,633	2,817	2.0	4,882	2,441	2	4,882	2,441	2	5% to 20%	85%	10%	85%	0.0%	DSHA Focus	Technology Trend	Limited Capacity	5.8%	0.0%	1.0%	1.5%
CT Scan	83,934	17,208	4.9	83,934	16,787	5	92,926	16,787	5.5	86,040	17,208	5	86,040	17,208	5	5% to 18%	90%	10%	85%	2.1%	Portable Capacity	OP Clinic Capacity	Medical Home	6.9%	2.0%	2.1%	3.0%
Diagnostic X-Ray (Main)	93,527	16,997	5.5	93,527	15,588	6	104,962	15,588	6.7	84,985	16,997	5	101,982	16,997	6	5% to 21%	90%	10%	90%	2.3%	Medical Home	ED Capacity	Demos	5.0%	2.0%	2.3%	3.0%
Diagnostic X-Ray (OPX)	22,947	8,288	2.8	22,947	7,649	3	29,287	7,649	3.8	16,575	8,288	2	24,863	8,288	3		90%	3%	90%	5.0%	Ortho Clinic Capacity	ED Capacity	Medical Home	5.0%	2.0%	3.5%	5.0%
Ultrasound	23,153	3,932	5.9	23,153	3,859	6	26,841	3,859	7.0	15,729	3,932	4	23,594	3,932	6	5% to 20%	90%	10%	90%	3.0%	Medical Home	ED Capacity	Demos	22.2%	2.0%	3.0%	4.0%

KEY PLANNING UNITS - JPS MAIN CAMPUS DIAGNOSTIC & TREATMENT

	Discharges	Days	Bed Need Today	Discharges	Revised Days	Bed Need Today	Projected Discharges	Projected Days	Bed Need Today	Disharges	Days	(estimated by type)	Discharges	Days	Beds	ALOS	Calculated Utilization Rate	Reduction in ALOS	Expected Utilization Rate	% Growth	#1 Influencer	#2 Influencer	#3 Influencer	Annual Growth	Conservative Growth	Moderate Growth	Aggressive Growth
Inpatient Beds	28,107	141,552	513	28,107	137,110	498	30,913	152,136	551	28,218	141,730	513	31,039	153,302	556												
MICU	351	3,245	14	351	3,245	13.7	399	3,689	15.6	462	4,271	18	525	4,855	20.5	9.2	65%	-	65%	2.6%	Demo Growth	Limited Capacity	Community Strategy	6.2%**	2.6%	4.0%	5.0%
Progressive Care Medicine	2,773	13,483	46	2,773	12,651	43.3	3,153	14,384	49.3	2,773	14,600	50	3,153	14,384	49.3	4.9	80%	0.3	80%	2.6%	Demo Growth	Limited Capacity	Community Strategy	NA	2.6%	4.0%	5.0%
Medical Beds	6,470	31,461	108	6,470	29,520	101.1	7,231	32,994	113.0	6,470	35,624	122	7,231	32,994	113.0	4.9	80%	0.3	80%	2.3%	Demo Growth	Limited Capacity	Community Strategy	4.7%*	2.3%	3.0%	5.0%
SICU	351	3,245	14	351	3,245	13.7	399	3,689	15.6	351	4,271	18	399	3,689	15.6	9.2	65%	-	65%	2.6%	CV Program	Limited Capacity	Community Strategy	6.2%**	2.6%	4.0%	6.0%
Progressive Care Surgery	787	6,400	22	787	6,164	21.1	894	7,008	24.0	787	7,300	25	894	7,008	24.0	8.1	80%	0.3	80%	2.6%	CV Program	Limited Capacity	Community Strategy	NA	2.6%	4.0%	6.0%
Surgical Beds	3,146	25,598	88	3,146	24,654	84.4	3,577	28,031	96.0	3,146	21,024	72	3,577	28,031	96.0	8.1	80%	0.3	80%	2.6%	CV Program	Limited Capacity	Community Strategy	6.4%*	2.6%	4.0%	6.0%
Prisoners	1,026	5,906	20	1,026	5,598	19.2	1,127	6,151	21.1	1,026	4,672	16	1,127	6,151	21.1	5.8	80%	0.3	80%	1.9%	Demo Growth	Economic Climate	Delivery Methods	-8.9%	0.0%	1.0%	1.9%
Behavioral Health	3,815	19,406	71	3,815	19,406	70.9	4,191	21,321	77.9	3,815	19,710	72	4,191	21,321	77.9	5.1	75%	-	75%	1.9%	Demo Growth	Limited Capacity	Community Strategy	6.6%	1.9%	3.0%	6.0%
Skilled Nursing	301	5,068	15	301	5,068	15.4	342	5,762	17.5	301	5,256	16	342	5,762	17.5	16.8	90%	-	90%	2.6%	Delivery Strategy	Limited Capacity	Demo Growth	-0.6%	0.0%	1.0%	2.6%
Womens	6,959	16,577	70	6,959	16,577	69.9	7,350	17,509	73.8	6,959	14,710	62	7,350	17,509	73.8	2.4	65%	-	65%	1.1%	Limited Capacity	Community Strategy	Demo Growth	-2.2%*	0.0%	1.1%	2.0%
Gynecology	604	1,839	6	604	1,658	5.7	638	1,751	6.0	604	1,752	6	638	1,751	6.0	3.0	80%	0.3	80%	1.1%	Limited Capacity	Community Strategy	Demo Growth	-1.2%*	0.0%	1.1%	2.0%
NICU	1,524	9,324	39	1,524	9,324	39.3	1,610	9,848	41.5	1,524	8,541	36	1,610	9,848	41.5	6.1	65%	-	65%	1.1%	Limited Capacity	Community Strategy	Demo Growth	-2.6%*	0.0%	1.1%	2.0%
Newborns	5,177	9,249	39	5,177	9,249	39.0	5,468	9,769	41.2	5,177	-		5,468	9,769	41.2	1.8	65%	-	65%	1.1%	Limited Capacity	Community Strategy	Demo Growth	1.2%	0.0%	1.1%	3.0%

OPPORTUNITIES

Once issues are evaluated, opportunities are identified. Specific opportunities related to each of the priority recommendations are recognized throughout the book. Generally, recommendations addressed the following:

- Operational efficiency targets and benchmarks for improved throughput and departmental capacity.
- Facility improvements discovered in facility walkthroughs and MEP evaluation.
- Quality improvements related to code issues, maintenance of safe environments, and aesthetic improvements.
- Network coordination.
- Best practices, practice improvements.
- Circulation, wayfinding needs and improved accessibility to services.
- Consolidation of services for improved efficiencies.
- Implementation of new programs that improve quality of care and allow JPS to sustain its mission while increasing cost efficiencies.

PRIORITY RECOMMENDATIONS

Once opportunities are identified, they are filtered through key planning concepts to establish priority recommendations.

Key Planning Criteria (The Filter)

The plan's aim is to propose a strategic framework based on the need to address immediate facility and operational maintenance issues, the opportunity to implement ongoing and timely strategic initiatives, and the urgency to maximize operational capacities in order to accommodate current and future patient needs through conservative and efficient use of facilities and resources. With these goals in mind, there are four key planning concepts that serve as a filter for evaluating opportunities.

Plan Criteria

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

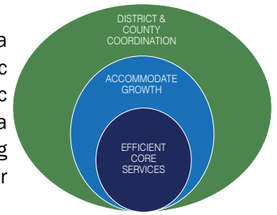
The opportunities that most strongly met these criteria became priority recommendations. Priority recommendations are grouped based on associated key planning units, and are presented in the "Priority Recommendations " section in this book. Each of the Priority Recommendations has an accompanying strategic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

PHASED CAPITAL PLAN

Priority Recommendations are assigned a phase based on priority, need and logical progression. Cost of each of the priority plan components is estimated based on construction or renovation cost per SF, plus a factor for MEP, equipment, professional fees, and contingencies. A summary of all priority recommendations, associated costs and phasing are presented in the "Cost Analysis" section of the appendix.

The phased capital plan is a culmination of the strategic foundation, resulting strategic and facility plan, and a realistic cost and phasing structure that is assigned for plan implementation.

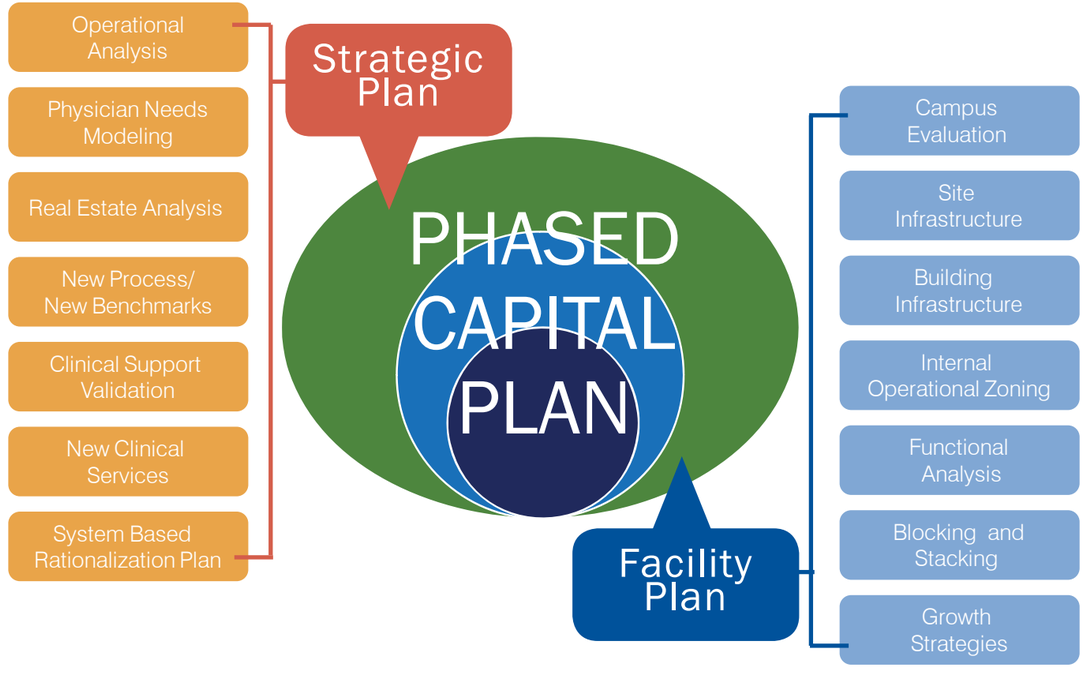


Phase One A & B: Efficient Core Services
One Contiguous Campus
Regional Community Care Strategy Implementation

Phase Two: Accommodate Growth
Accommodate Volumes through Operational Improvements
Regional Community Strategy Expansion

Phase Three: District & County Coordination
Physical & Operational Consolidation
Quality / Service Development
Regional Community Strategy Expansion

STRATEGIC PLANNING PROCESS AND PHASED CAPITAL PLAN



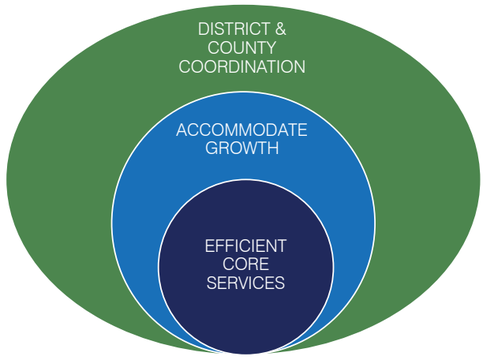
PRIORITY RECOMMENDATIONS & PHASING

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.

Plan Phasing
Priority Recommendations
Plan Components



Phase One A & B: Efficient Core Services

One Contiguous Campus
Regional Community Care Strategy Implementation

Phase Two: Accommodate Growth

Accommodate Volumes through Operational Improvements
Regional Community Strategy Expansion

Phase Three: District & County Coordination

Physical & Operational Consolidation
Quality / Service Development
Regional Community Strategy Expansion

PRIORITY RECOMMENDATIONS

Phase One
EFFICIENT CORE SERVICES

Phase Two
ACCOMMODATE GROWTH

Phase Three
DISTRICT & COUNTY COORDINATION

PRIORITY RECOMMENDATIONS	Plan Components	Benchmarks to Meet Before Moving to Phase 2	Plan Components	Benchmarks to Meet Before Moving to Phase 3	Plan Components
Regional Community Network Strategy	Regional Medical Home “Hub”: Arlington DSHA Ambulatory Surgery / Surgical Clinic Release of Select Clinic Leases	✓Cost Savings from Eliminated Leases ✓Increased Capacity / Reduced per Visit Cost ✓Reduced Costs due to Rerouted ED Visits	Regional Medical Home “Hub” Implemented Rationalization of Existing Clinics Clinic Lease(s) Released	✓Cost Savings from Eliminated Leases ✓Increased Capacity / Reduced per Visit Cost ✓Reduced Costs due to Rerouted ED & IP Visits	Regional Medical Home “Hub” Implemented Rationalization of Existing Clinics Clinic Lease(s) Released
Emergency Dept/ Urgent Care/ Clinics Reorganization	Urgent Care Relocation/New Central ED Triage Relocate Admit/ Chest Pain/Psych ED Family Practice/Surgical Clinic Reorganization	✓Increased ED Efficiency ✓Decreased Transports ✓Reduced Cost per ED Visit	Operational Improvement & Ongoing Implementation of New Central Triage & ED Reorganization with Urgent , Psych, Chest Pain	✓Increased ED Efficiency ✓Reduced Cost per ED Visit ✓Reduced IP Visits	Operational Improvement & ED Expansion as Needed
Invasive Services/ Endoscopy Reorganization	Minor Procedure/ Endo Suite Renovation Surgery Reorganization: Major vs. Minor Mobile Unit Adjacent to Pavilion	✓Operational Separation of Minor Procedures ✓Increased Throughput / Saved Costs ✓Utilization of Mobile Unit & Measured Use	Operational Improvement & Ongoing Separation of Minor Procedures from Major Surgery Cath/ Angio Fit-Out Adjacent to Surgery	✓Reduced Costs due to Adjacency of All Invasive ✓Increased Throughput / Saved Costs	Best Practice Implementation for Major Surgery / Invasive Services blending Surgery, Cath, Angio, Advanced Imaging
Inpatient Beds Reorganization	Bed Reorganization: Medical vs. Surgical Renovation of NICU & Gyn Prep-Recovery Prisoner Unit Expansion/ Consolidation	✓Decreased LOS especially Surgical Beds ✓Reduced Patient Transports ✓Reduced Cost per IP stay	Operational Improvement & Ongoing Implementation of Bed Grouping Strategy	✓Decreased Surgical Bed LOS ✓NICU / Women’s Services Volume ✓Reduction in Patient Transports	New Bed Tower Construction/Consolidation of Beds on East side of Main Street/Psych Beds Relocate to BT/ Expand Women’s & NICU Beds
Academic Services Expansion	Clinic Reorganization Teaching Teams in Bed Grouping Plan Repurpose Spaces for Support/ Conference	✓Improved Scheduling Efficiency for Residents ✓Improved Physician Satisfaction ✓Conference Volumes/ Capacity	OPC Designated as Academic Services Zone Convert Ortho Offices to Conference Space	✓Resident Scheduling Efficiency ✓Measured Conference Volumes/ Capacity	Education Expansion option in New Tower & Conference Space on Level 3 of OPC
Internal Campus Circulation/ Support Improvements	Construct Connection on Main Street Rework Entrance / Centralized Registration Renovation for Pharmacy & Orthopedic Clinic	✓Improved Patient Satisfaction ✓Pharmacy Efficiency ✓Reduced Registration FTE Need	Renovate NICU for Doctors Offices	✓McDonald’s lease is released	Relocate Dining to Level One from basement Campus Circulation Improvements Administration Office Relocation to BT 11
Campus Development Strategy	District Boundary Identification MetroWest Services Relocate/ MetroWest Demo Other Land Development Possible	✓Reduced MEP Costs ✓Revenue from MetroWest Development ✓Revenue from Other Developments	Ongoing Implementation Demo St. Joe’s Relocate Eligibility & Enrollment	✓Reduced MEP Costs ✓Availability of Land for New Tower ✓Availability of Trinity Springs Land	Trinity Springs is Closed/ Demo Trinity Springs Site Development Eligibility & Enrollment Site Development

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)

PLAN CRITERIA

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

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 acheiving the long term solution that is integral to the plan’s vision.

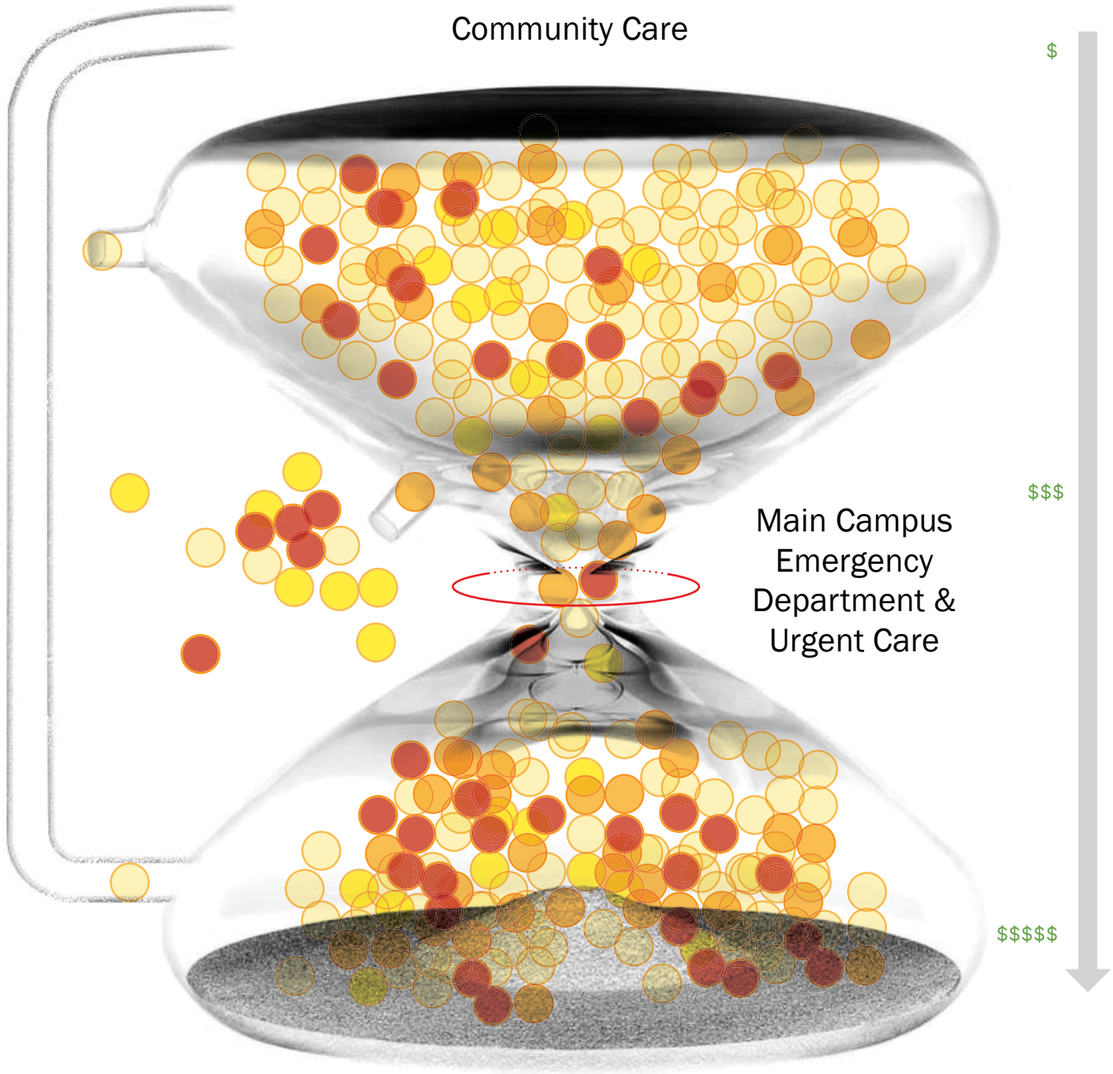
In any case, the plan recommendation must address the quality, efficiency, environment and/or stewardship criteria.

LONG TERM RECOMMENDATIONS (PHASE THREE)

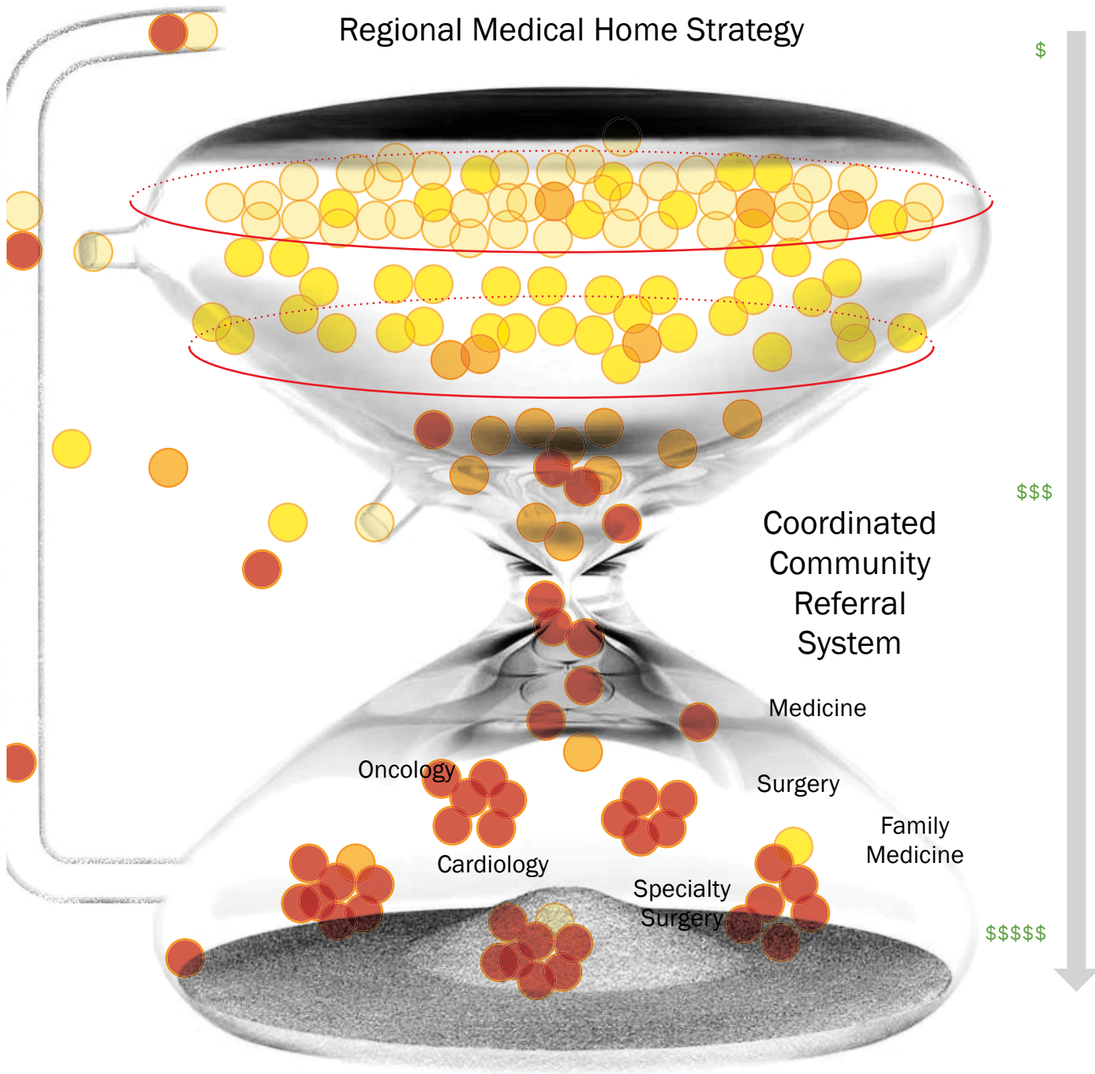
This section explains the long term solution(s) related to this section’s priority recommendation.

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



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

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

COMMUNITY 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).

PRIORITY RECOMMENDATIONS : REGIONAL STRATEGY

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 utiulized 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 bardin 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 stand alone pharmacy, and a diagnostic/surgery hospital in Arlington. The clinics 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 are listed and mapped in this section.

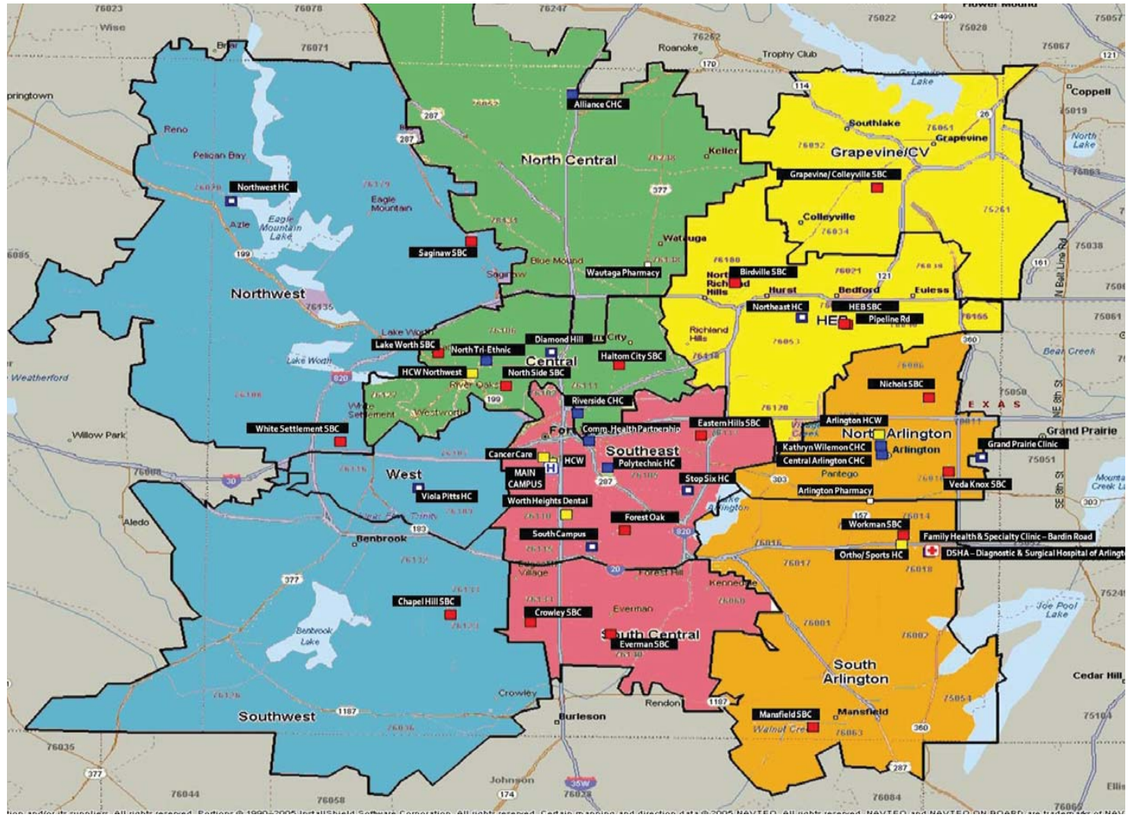
Operational Issues

- 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 imply 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 Semiprivate)
  - Low volume - have 10 inpatients/year on average
  - The Emergency Department is expensive to operate and sees very low volume
  - Surgery has six 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
- Facilities are not always conducive to providing patient-centered care

EXISTING PATIENT CARE NETWORK



CLINICS / PHARMACIES

South Region
Main Campus Surgical & Medicine Specialty Clinics
Main Campus Pediatrics Clinic
Main Campus Family Medicine
Main Campus HIV Clinic
Cancer Care Clinic
Health Center for Women
Community Health Partnership – Tarrant County
Polytechnic Health Center
Stop Six Health Center/ Pharmacy
South Campus Health Center/ Pharmacy
Worth Heights Dental
West Region
Northwest Health Center/ Pharmacy
Viola Pitts Health Center/ Pharmacy
North Region
Riverside Health Center
Diamond Hill Health Center/ Pharmacy
North Tri-Ethnic Health Center
Northwest Health Center – Women
North Tri-Ethnic Health Center
Alliance Health Center
Wautaga Pharmacy

Arlington Region
Diagnostic & Surgery Hospital of Arlington
Central Arlington Health Center
Kathryn Wilemon Health Center
Arlington Health Center – Women
Arlington Family Health Center/ Specialty Clinic
Ortho/ Sports Medicine Clinic
Arlington Pharmacy
Grand Prairie Clinic/ Pharmacy
North Region
Riverside Health Center
Diamond Hill Health Center/ Pharmacy
North Tri-Ethnic Health Center
Northwest Health Center – Women
North Tri-Ethnic Health Center
Alliance Health Center
Wautaga Pharmacy
Northeast Region
Northeast Health Center/ Pharmacy

SCHOOL BASED CENTERS

South Region
Eastern Hills SBC
Forest Oak SBC
Crowley SBC
Everman SBC
West Region
Saginaw SBC
White Settlement SBC
Chapel Hill SBC
North Region
Haltom City SBC
North Side SBC
Lake Worth SBC
Arlington Region
Veda Knox SBC
Nichols SBC
Workman SBC
Mansfield SBC

Land Holdings
H Hospital
School-based centers
Clinics

North Region
Haltom City SBC
North Side SBC
Lake Worth SBC
Northeast Region
Grapevine/ Colleyville SBC
Birdville SBC
HEB SBC
Pipeline Rd SBC

COMMUNITY NEEDS ASSESSMENT

The Community Needs assessment presented a demand needs summary that scored each of the service areas on demographics and health status as it related 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.

Demand Needs Summary				
Service Area	**Demographic**	**Health Status**	**Demand Total**	**Demand Score**
SOUTH EAST	10.5	9.9	20.4	**10.2**
CENTRAL	10.5	9.1	19.6	**9.8**
NORTH ARLINGTON	8.5	4.4	12.9	**6.5**
NORTH WEST	5.5	7.4	12.9	**6.5**
SOUTH CENTRAL	4.5	8.1	12.6	**6.3**
WEST	6.5	5.5	12.0	**6.0**
SOUTH ARLINGTON	5.0	6.8	11.8	**5.9**
HEB	6.0	4.2	10.2	**5.1**
SOUTH WEST	5.5	3.4	8.9	**4.5**
NORTH CENTRAL	2.5	4.9	7.4	**3.7**
GRAPEVINE/CV	1.0	2.3	3.3	**1.7**

JPS CLINIC VISITS PATIENT ORIGIN BY SERVICE AREA

	Total Clinic Visits		N. Arlington Clinic Visits	S. Arlington Clinic Visits	Grand Prairie Clinic Visits	West Clinic Visits	Northwest Clinic Visits	Southeast Clinic Visits	Central Clinic Visits	North Central Clinic Visits	HEB Clinic Visits
Arlington	50,505	NORTH ARLINGTON	28,978	10,237	437	263	3	8,718	1,285	51	533
	48,010	SOUTH ARLINGTON	20,932	13,688	335	538	10	10,866	1,151	16	474
West	31,168	WEST	277	813	3	13,779	175	12,492	3,468	22	139
	32,401	NORTH WEST	203	1,369	5	5,446	4,882	8,463	11,349	240	444
	32,043	SOUTH WEST	503	1,267	5	9,749	141	17,753	2,471	28	126
South	138,790	SOUTH EAST	2,871	4,346	45	6,309	110	118,286	5,665	245	913
	21,724	SOUTH CENTRAL	622	1,292	10	2,439	47	16,261	925	17	111
North	76,500	CENTRAL	562	2,426	8	3,283	1,042	21,039	44,646	1,185	2,309
	29,833	NORTH CENTRAL	474	3,302	4	446	178	7,236	11,380	4,080	2,733
Northeast	68,557	HEB	3,025	4,280	49	454	104	13,175	24,625	2,892	19,953
	4,074	GRAPEVINE/CV	186	446	4	25	3	879	84	179	2,268
	10,901	IN AND OUTSIDE TARRANT	3,215	2,577	79	580	37	3,337	772	65	239
	10,486	OUTSIDE SVC AREAS	805	1,048	14	736	581	5,085	1,749	132	336

** South Central and Grapevine/CV are not listed in the columns because there are no clinics in these service areas.*

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.

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.

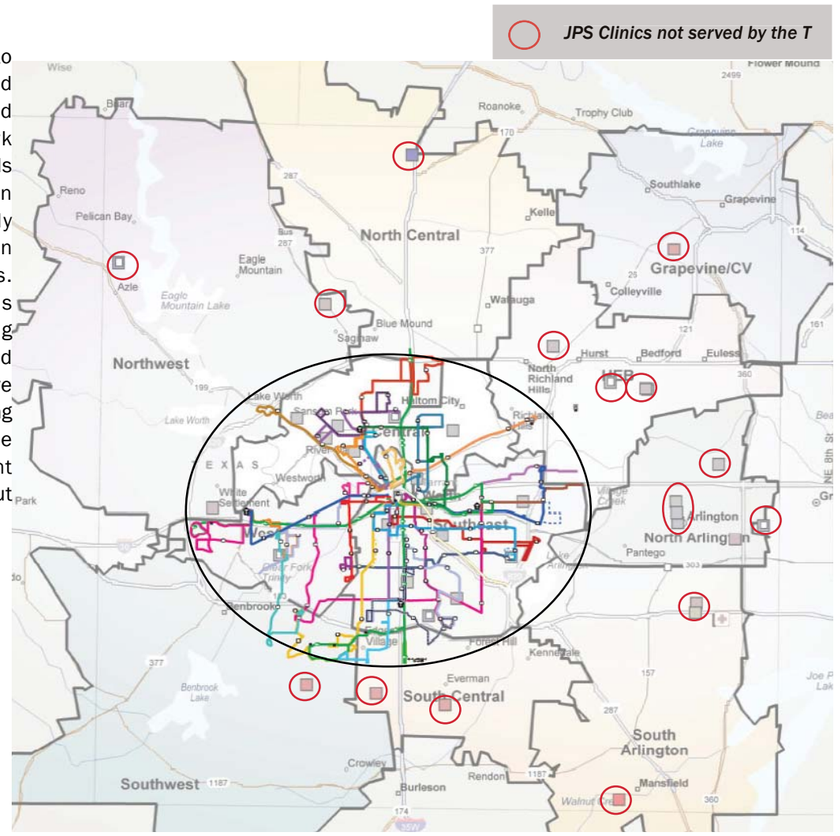
“T” BUS ROUTES / SERVICE AREAS OVERLAY

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.

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



REGIONAL STRATEGY: Strategic Foundation

OPPORTUNITIES

Regional Strategy Implementation

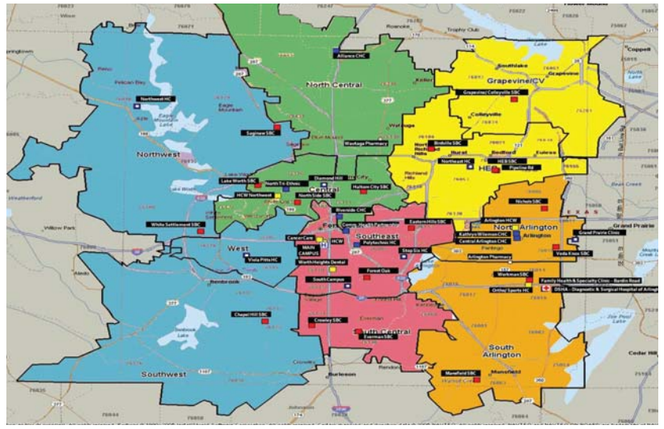
There is a need to develop a regional, strategic approach to clinic and community-based care. It should fulfill the need for a stronger primary and specialty care referral network, that will encourage quality, accessible and preventative care, at the appropriate time, in strategic locations to serve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

- A rationale was developed for Regional Analysis:
  - ***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
Central / North Central

NORTHEAST
Grapevine-CV / HEB

REGION IDENTIFICATION BASED ON DEMOGRAPHICS BY SERVICE AREA

Service areas are aggregated into regions to achieve homogeneity of population base, patient origin and access to major thoroughfares and existing/ future healthcare hubs.

Region	Arlington		West			South		North		Northeast		
Service Area	North Arlington	South Arlington	West	South West	North West	South East	South Central	Central	North Central	Grapevine/ CV	HEB	Total
Total Area Population (2009)	163,370	257,241	107,236	141,338	119,080	213,942	49,563	134,713	195,000	100,035	245,374	1,726,892
JPS Target Population (2009) Pop. Under 65, <250 FPL, & Uninsured	37,955	30,302	19,791	25,350	24,305	61,066	11,028	42,159	18,970	8,948	37,824	317,698
Target Population as % of Total (2009)	23.2%	11.8%	18.5%	17.9%	20.4%	28.5%	22.3%	31.3%	9.7%	8.9%	15.4%	18.4%
JPS Target Pop of Region as % of Total Pop	*21.6%*		*21.8%*			*22.7%*		*19.2%*		*14.7%*		*18.4%*
JPS Clinic Visits from Region as % of All JPS Clinic Visits	*19.6%*		*17.3%*			*32.0%*		*19.0%*		*10.1%*		
Total Region Target Pop (CNA)	*68,257*		*69,446*			*62,094*		*61,129*		*46,772*		
CNI for Service Areas within Region (CNA) *Average CNI for Region (CNA)*	*3.88 / 2.34* *Average is 3.11*		*4.15 / 2.85 / 3.39* *Average is 3.46*			*4.69 / 3.45* *Average is 4.07*		*4.75 / 2.12* *Average is 3.43*		*1.70 / 2.85* *Average is 2.28*		*3.30*
Total PQIs for Service Areas (CNA) *Total unique PQIs for Region (CNA)*	*5 / 2* *Total is 6*		*8 / 12 / 13* *Total is 15*			*14 / 16* *Total is 16*		*12 / 3* *Total is 15*		*1 / 3* *Total is 3*		
Population Age 0-17	43,367	76,751	25,559	36,306	31,965	63,856	14,256	40,692	61,559	29,399	60,835	484,545
% of Total Area Population (2009)	26.5%	29.8%	23.8%	25.7%	26.8%	29.8%	28.8%	30.2%	31.6%	29.4%	24.8%	28.1%
Population Age 18-44	73,185	98,632	43,332	52,494	43,468	85,501	18,206	54,815	75,268	33,038	98,118	676,057
% of Total Area Population (2009)	44.8%	38.3%	40.4%	37.1%	36.5%	40.0%	36.7%	40.7%	38.6%	33.0%	40.0%	39.1%
Population Age 45-64	33,167	65,191	24,304	36,588	31,126	43,139	11,824	26,354	47,860	30,779	62,974	413,306
% of Total Area Population (2009)	20.3%	25.3%	22.7%	25.9%	26.1%	20.2%	23.9%	19.6%	24.5%	30.8%	25.7%	23.9%
Population Age 65-plus	13,651	16,667	14,041	15,950	12,521	21,446	5,277	12,852	10,313	6,819	23,447	152,984
% of Total Area Population (2009)	8.4%	6.5%	13.1%	11.3%	10.5%	10.0%	10.6%	9.5%	5.3%	6.8%	9.6%	8.9%
Female Age 18-34	22,872	28,297	12,868	15,547	13,099	25,673	5,452	16,166	21,450	9,003	31,899	202,325
% of Total Area Population (2009)	14.0%	11.0%	12.0%	11.0%	11.0%	12.0%	11.0%	12.0%	11.0%	9.0%	13.0%	11.7%

Urgent Care Waiting

Emergency Waiting

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 schedule models across all clinics to demonstrate visit standards across specialties, services, and clinical levels.

Centering

- Centering, 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, are ideal for Centering.

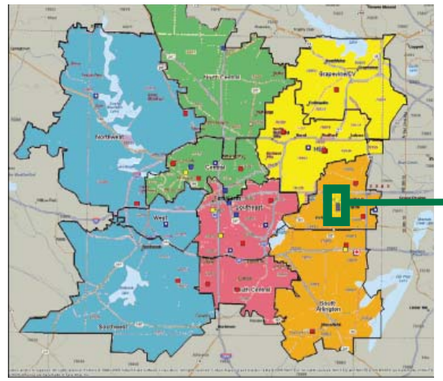
- Currently, the Central Arlington clinic is offering group classes with taxi vouchers, averaging ten (10) patients per visit, for smoking cessation, safety, child birth, HIV intervention, and diabetes. A more extensive and strategic rollout of this type of care, coupled with a regional strategy for all of JPS community care, is an option for both improved quality of care and sustainable long term capacity in clinics.

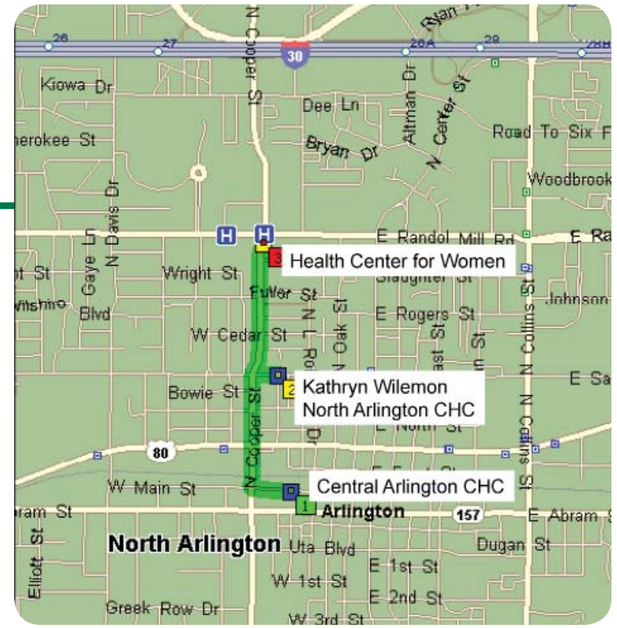
Services in the Arlington Region

- 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 1.2 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.
  - Arlington has better payer mix than the JPS system as a whole; 70% Connection + Uninsured/6-7% Commercial/23-24% Medicare-Medicaid.
  - The CNA and this plan's regional opportunity assessment identified key indicators of need in Arlington (see Regional Opportunities in this section)
- DSHA is currently performing 2,800 minor surgical procedures per year in six ORs, with capacity for growth. At the same time, the ORs on the main campus are approaching capacity and performing a significant number of minor procedures that could be performed in an ambulatory, outpatient envoronment, at a lower cost to the system.
  - Therefore, maximize DSHA ORs for ambulatory surgery, to take pressure off ORs at the main campus
- A surgical specialties clinic located at Bardin Road would provide a referral path for DSHA surgeries 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

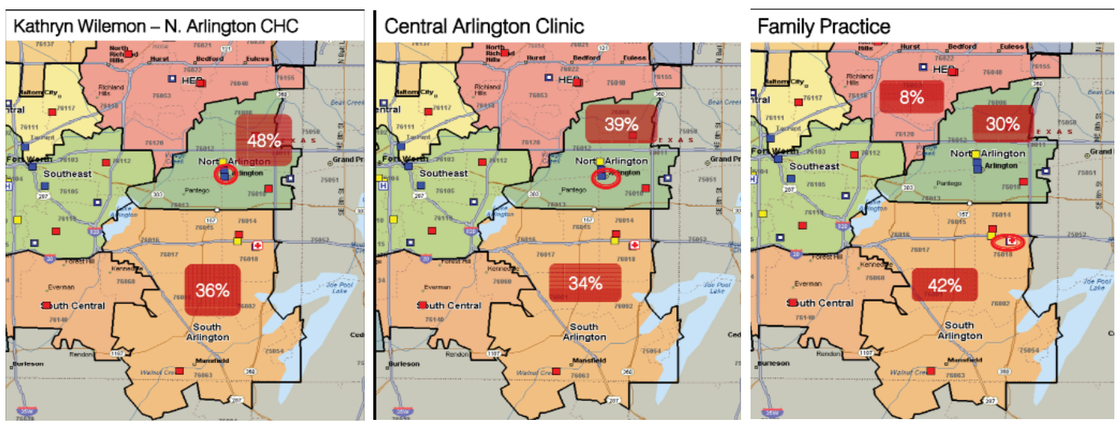
The distance between Arlington Clinics is no greater than 0.6 miles. Three clinics are located between Abram Street and Randol Mill Rd along Cooper St in Arlington.





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.

Plan Criteria

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

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

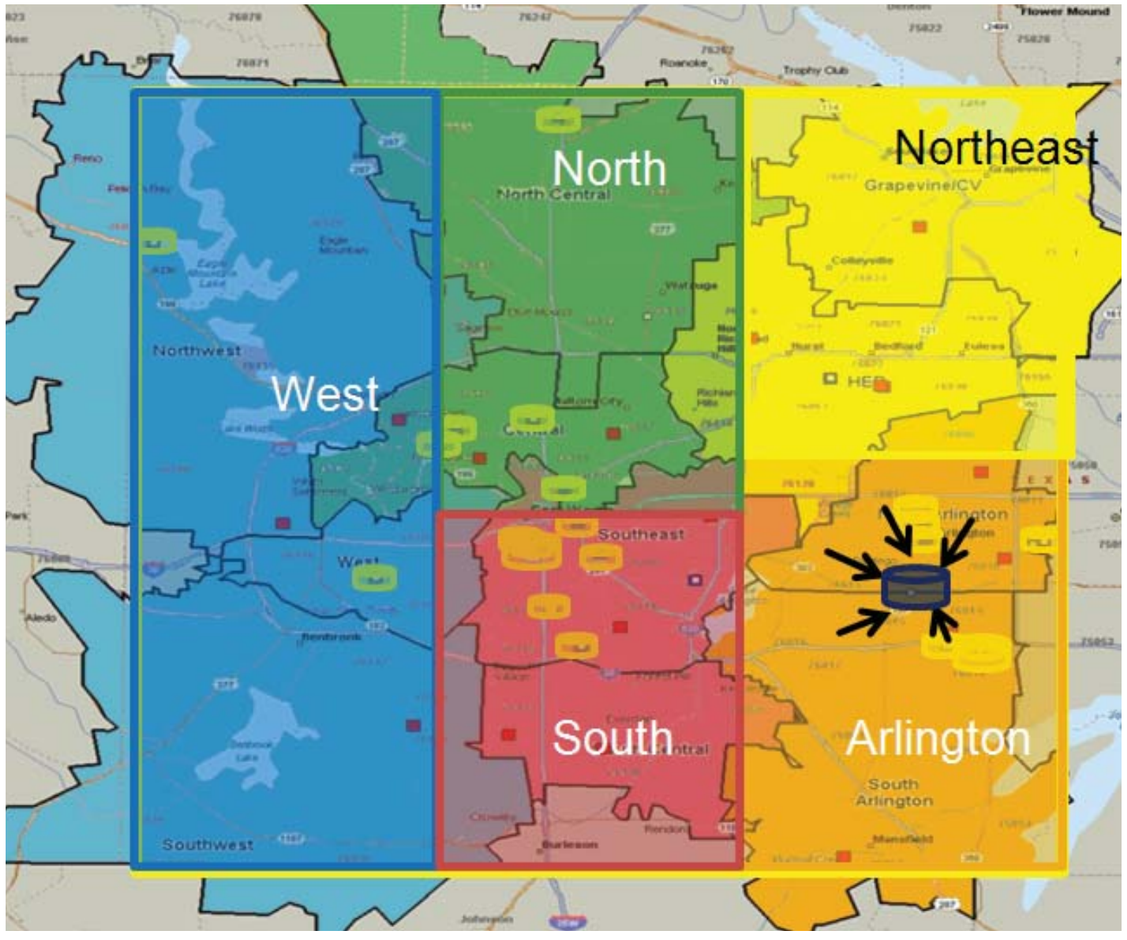
A community health strategy that utilizes the medical home model as a primary health care hub, supported by a network of specialty services and school based centers. Urgent care services will also be provided at the hub through increased hours and access to services. Once patients utilize the urgent 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. Once benchmarks are met proving value to the system, extend the community health strategy to other regions.
- 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

JPS Community Health Strategy

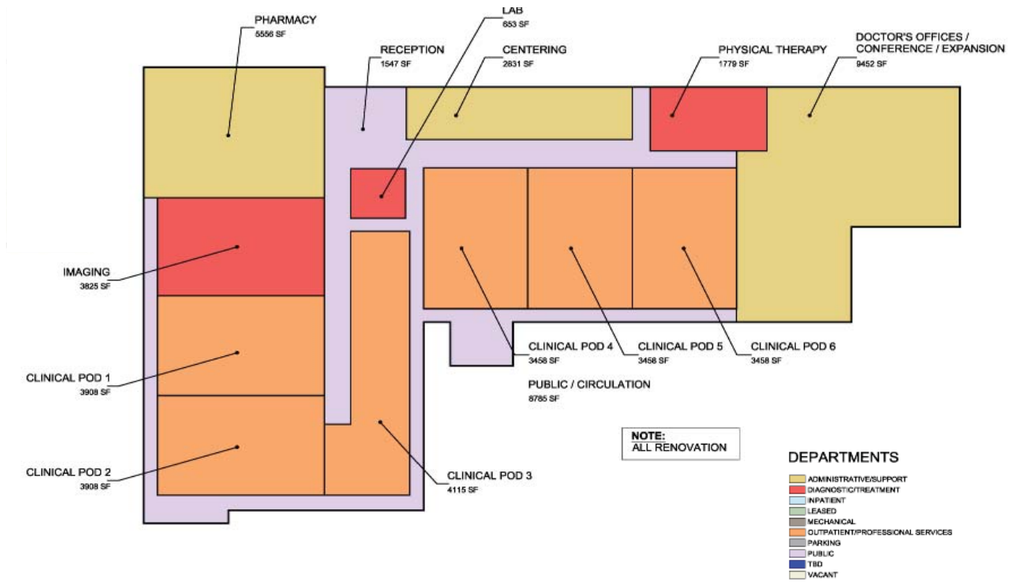
Manage the health of our population providing quality health care efficiently, in a patient and family-centered medical home model, building upon existing volume & service base.



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 can be acheived 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 Health Center 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 concurrent data entry into the Epic 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



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/Gym
Stat Lab/Phlebotomy

Doctors Offices (30)
Administrative Offices (3)
Nutrition Office
Case Management
Social Work
Health Coach

Pharmacy

services based on community need as determined from the CNA and patient utilization of JPS services.

Process Standardization and Operational Improvements

- JPS patients who live in each region are identified and aggregated by zip code of origin and ICD-9 diagnosis.
- A session-based operational schedule and facility program is built around service/provider demand for primary care, specialty services, established operational benchmarks and standards, innovative programs, and future growth of the region.
- The session based scheduling model can be used for operational benchmarking, scheduling standardization, improved efficiencies, facility planning and programming.

Ambulatory Surgery Focus at DSHA campus supported by a surgical specialty clinic at Bardin Road

- Minor outpatient, ambulatory surgical services, will be provided at DSHA to the Arlington region, a high target population center for JPS, and significant volume center for surgical services.
- The Bardin Road campus, currently owned by JPS would serve as referral clinic for ambulatory surgeries at DSHA.

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

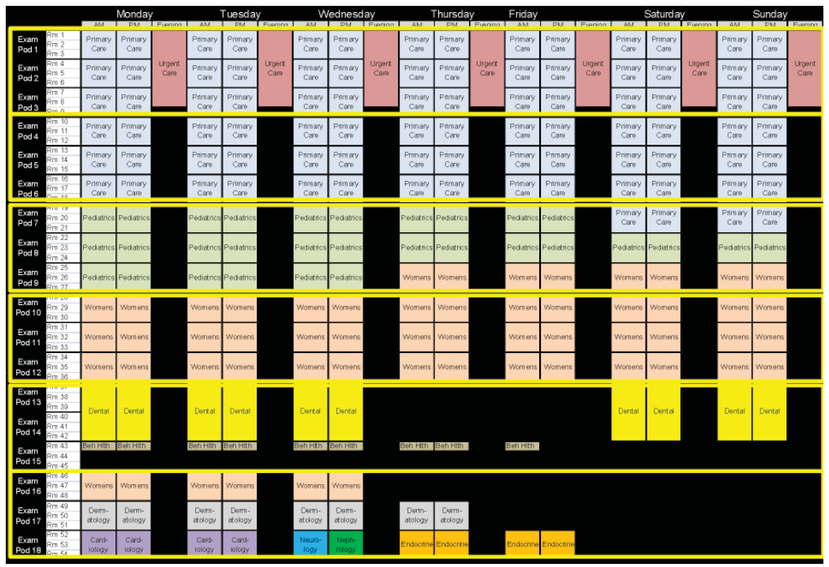
Peak Sessions per Clinic

Primary Care - 7, Pediatrics - 3, Behavioral Health - 1, Womens Services - 4, Dental Services - 1, Specialties - 1, *Cardiology/ Neurology/ Nephrology/ Endocrine/ Dermatology

Facility Needs

Exam Rooms - 54, Six (6) pods of Nine (9) rooms
Most Clnic sessions operate in groups of 3 exam rooms

Service	# sessions/ week	# rooms/ session	# room sessions/ week	# visits/ session	# visits/ year
Primary Care	88	3	264	10	38,720
Urgent Care/After Hours	8	8	64	12	4,224
Pediatrics	30	3	90	9	11,880
Women's Health	56	3	168	12	29,568
Dental	10	6	60	12	5,280
Behavioral Health	9	1	9	5	1,980
PFCMH Neighbors Clinic					
Endocrine	4	3	12	9	1,584
Cardiology	4	3	12	9	1,584
Neurology	1	3	3	10	440
Nephrology	1	3	3	9	396
Dermatology	8	3	24	13	4,576
TOTALS	***219***		***709***		100,232



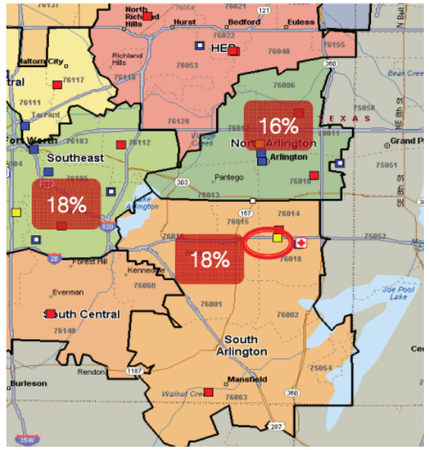
REGIONAL STRATEGY: Recommendations

- This plan continues to utilize existing valuable OR space at the DSHA campus, and provides an opportunity for utilization of the Bardin Road facility, owned by JPS, as a referral source.
- Bardin 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.

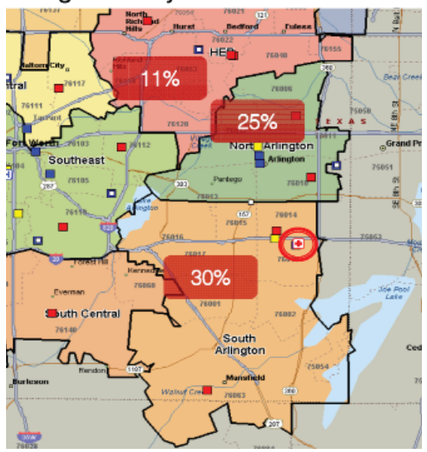
PATIENT ORIGIN FOR ARLINGTON SURGICAL / PROCEDURAL CLINICS

Patient origin was evaluated for the existing surgical / procedural services currently located in the Arlington region. The highest volume of Orthopedic & Sports Medicine Clinic 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 travelling to South Arlington to see their doctor, there is potential for physicians to refer patients living in the South 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.

Orthopedic & Sports Medicine Center

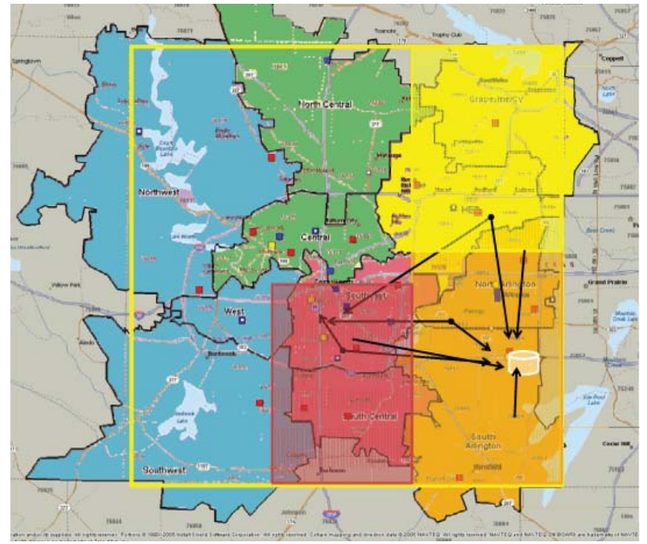


Arlington Family Medicine - GI



PATIENT ORIGIN STRATEGY FOR DSHA / BARDIN ROAD

With the implementation of ambulatory surgery at DSHA and surgical clinic care and referral support at Bardin 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.



PROPOSED SURGICAL/PROCEDURAL CLINIC VOLUME & SCHEDULE

JPS Arlington Ambulatory Surgery Center

Minor Outpatient Surgery (Level I-II-III)
GI – Endoscopy Procedures

JPS Arlington Surgical/Procedural Clinics

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

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.

Projected Clinical Visits/ Sessions

Service	# of sessions/	# of rooms/ session	# of room sessions/ week	# of visits/ session	# of visits/ year
Other Surgeries (FP/ Oto/ Eye/ Oncology, etc)					
General Surgery	14	4	56	6	3,696
GI	10	4	40	10	4,400
Pain Management	11	4	44	8	3,872
Uro/Gyn	1	3	3	10	440
Podiatry	3	6	18	25	3,300
Orthopaedics	6	6	36	25	6,600
Sports Medicine	10	6	60	8	3,520
Acupuncture	2	2	4	5	440
Botox	2	1	2	5	440
EMG	4	1	4	4	704
TOTALS	***63***		***267***		27,412

		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Exam Pod 1	Rm 1	GS	GS	GS	GS	GS	GS	GS	GS	EMG	EMG	EMG	EMG
	Rm 2												
	Rm 3												
	Rm 4												
Exam Pod 2	Rm 5	GS	GS	GS	GS	GS	GS		UroGyn				
	Rm 6												
	Rm 7								BoTox	BoTox			
	Rm 8												
Exam Pod 3	Rm 9	GI	GI	GI	GI	GI	GI	GI	GI	GI	GI		
	Rm 10												
	Rm 11											Acup	Acup
	Rm 12												
Exam Pod 4	Rm 13	Pain	Pain	Pain	Pain	Pain	Pain	Pain	Pain	Pain	Pain		Pain
	Rm 14												
	Rm 15												
	Rm 16												
Exam Pod 5	Rm 17	SportsMed	SportsMed	SportsMed	SportsMed		SportsMed	SportsMed	SportsMed	SportsMed		SportsMed	SportsMed
	Rm 18												
	Rm 19												
	Rm 20												
Exam Pod 6	Rm 21												
	Rm 22												
	Rm 23												
	Rm 24												
Exam Pod 7	Rm 25	Ortho	Ortho	Podiatry	Podiatry	Ortho	Ortho	Podiatry		Ortho	Ortho		
	Rm 26												
	Rm 27												
	Rm 28												

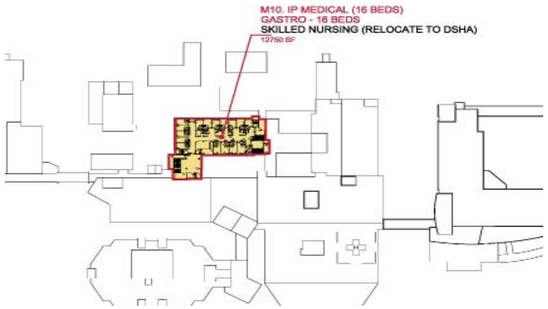
Beds at DSHA converted to Skilled Nursing Beds

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

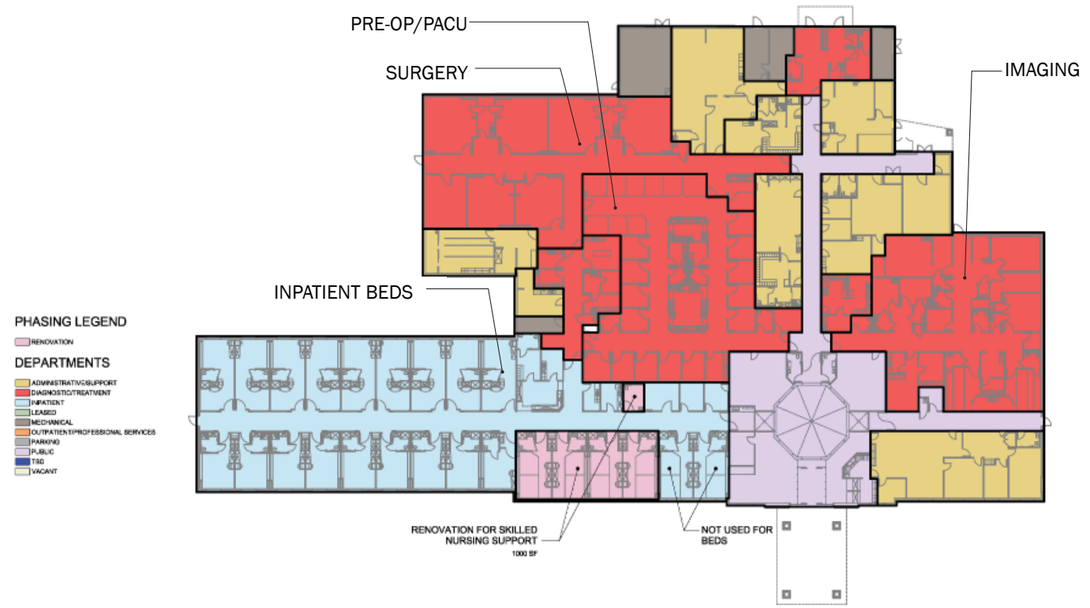
MAIN CAMPUS BED TOWER LEVEL 9 - PHASE 1A

Skilled Nursing Relocates to DSHA

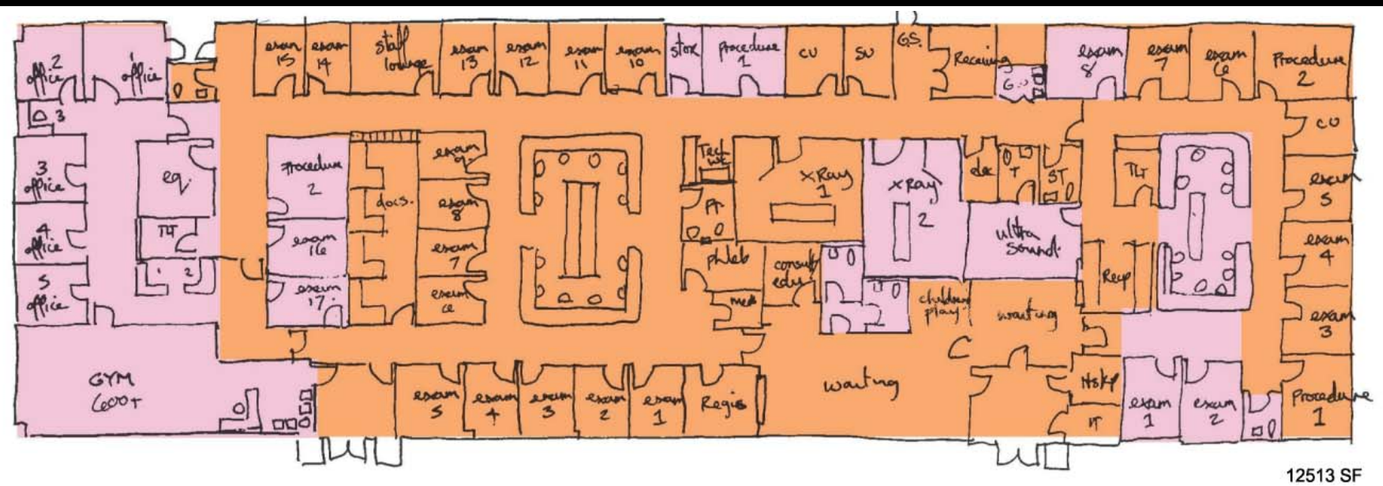
As part of the bed reorganization plan (see Inpatient Beds section of facilities utilization plan) Skilled Nursing will relocate to Diagnostic & Surgery Hospital of Arlington Campus. This move makes the bed reorganization plan possible, allowing needed capacity for consolidation of acute care inpatient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



PROPOSED DSHA LAYOUT



PROPOSED SURGICAL/PROCEDURAL SPECIALTY CLINIC



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

Prototype Medical Home in Arlington & Reorganization of Arlington Facilities

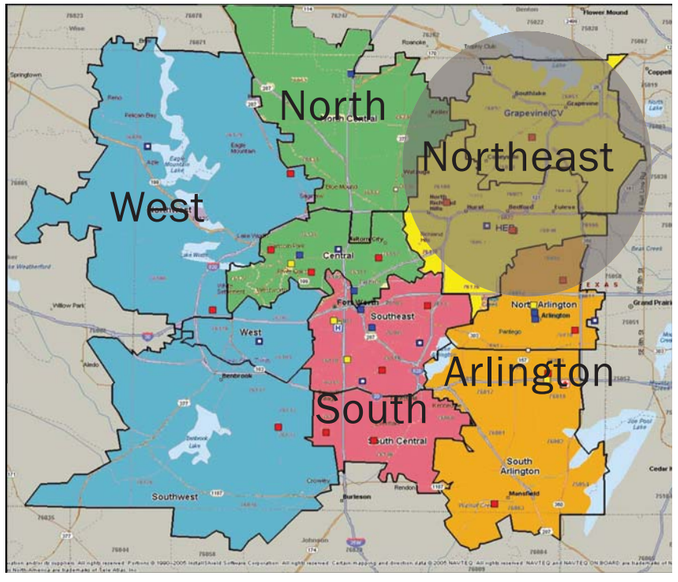
- A prototype medical home facility in Arlington which demonstrates proposed facility type, program and layout.
- Re-purposed DSHA facility, including ambulatory surgery and the highest and best use for existing patient beds. The recommended highest and best use is skilled nursing beds, mainly due to 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 DSHA support efforts on the main campus to increase capacity and improve operational efficiency.
- Re-purposed Bardin Road clinic as a surgical clinic to support DSHA ambulatory surgery referrals and to provide additional specialty support within the referral network to the future medical home and JPS network as a whole.

REGIONAL STRATEGY: Recommendations

Relocation for Materials Management Storage & 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.

NORTHEAST CLINIC HUB - PROPOSED LOCATION



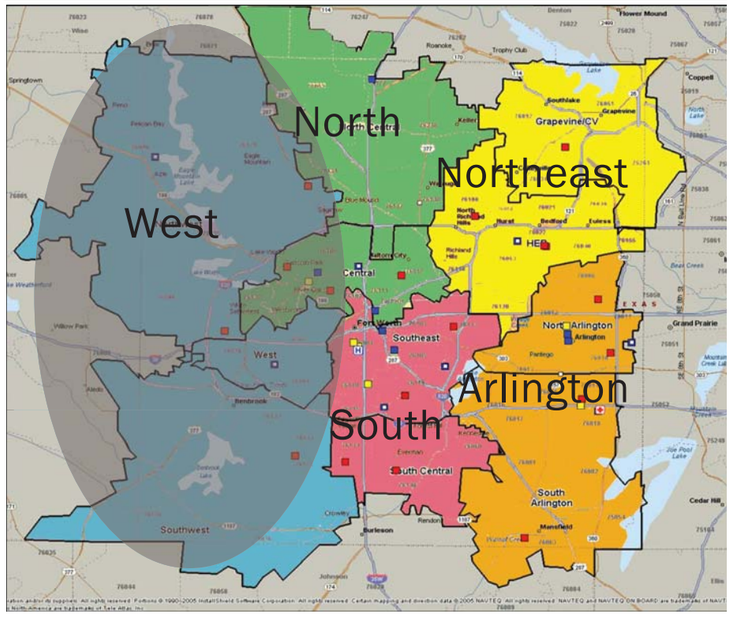
Phase Two Critical Path

1. Expand Medical Home Model to other region by first strategically 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.

WEST CLINIC HUB - POTENTIAL LOCATIONS



Phase Three Critical Path

1. Expand Medical Home Model to other region by first strategically 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.

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.

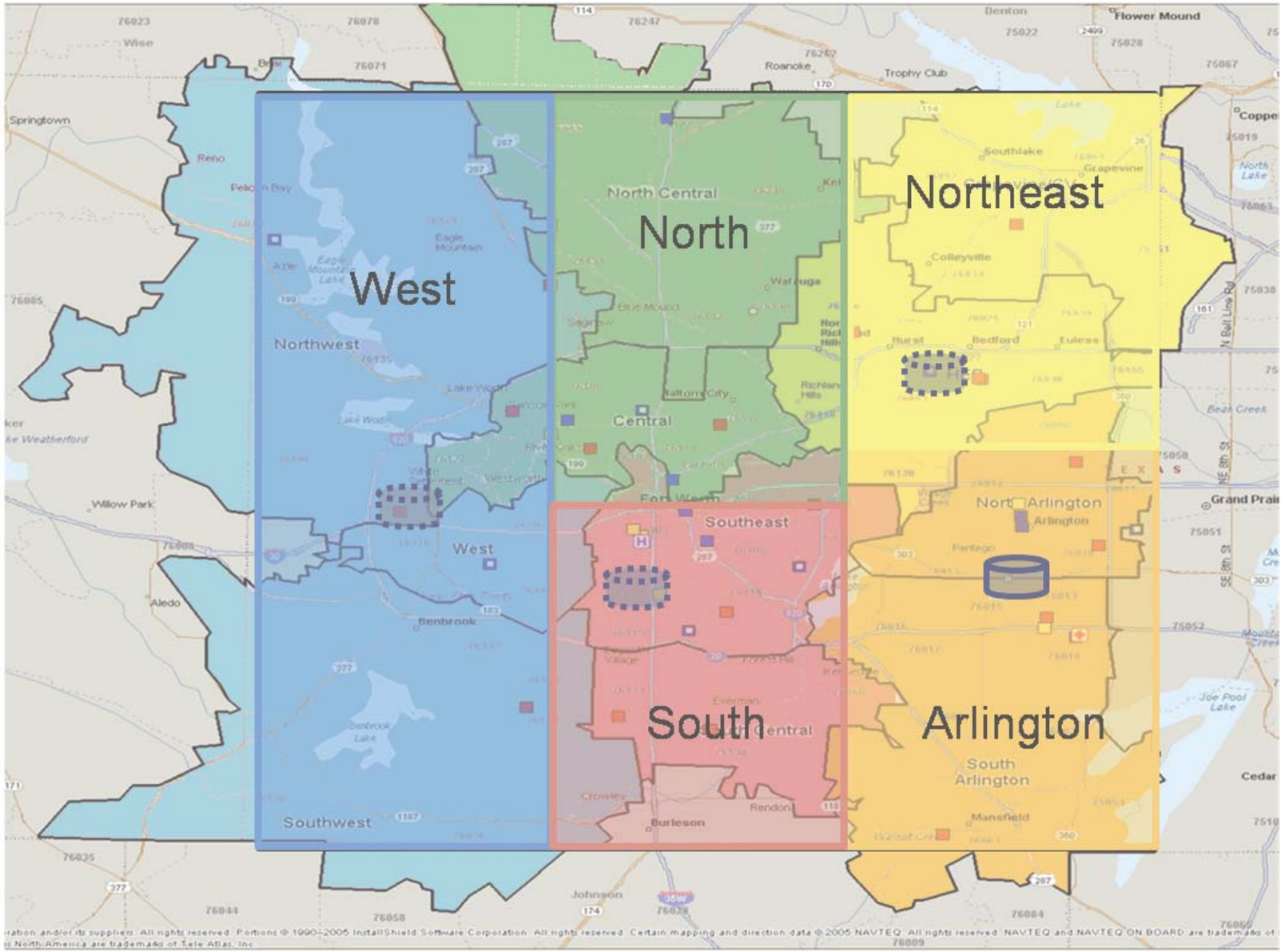
Future Regional Strategy Implementation

The plan has identified areas of opportunity for future implementation of the regional strategy. However, as time progresses, areas will be re-evealuated 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.

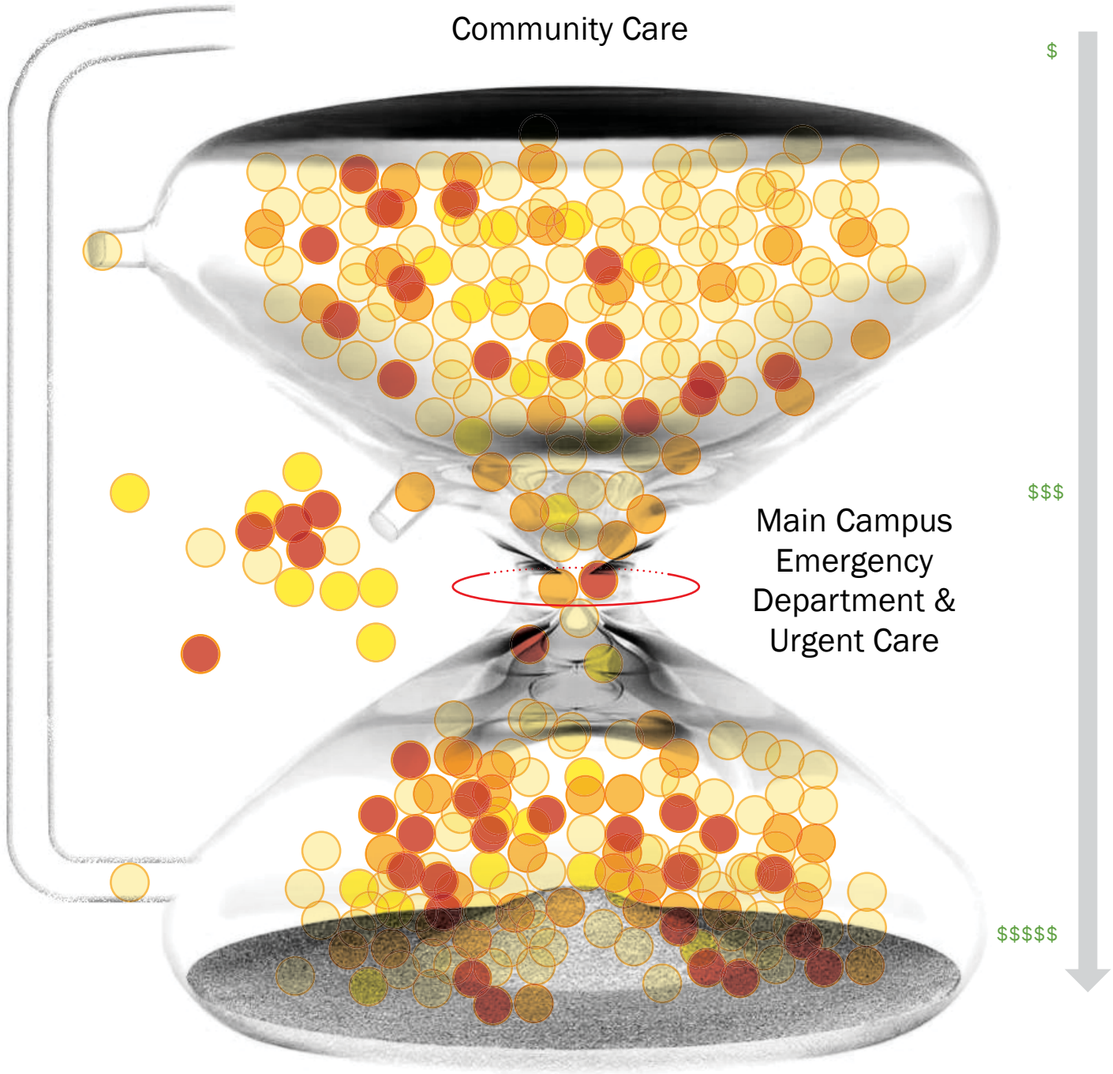
- ***Identify target population (CNA-defined)***
- ***Understand patient origin (Service Area/ Zip Defined)***
- ***Encourage improved patient access (Related to both transportation and available care resources)***

JPS Regional Community Care Strategy

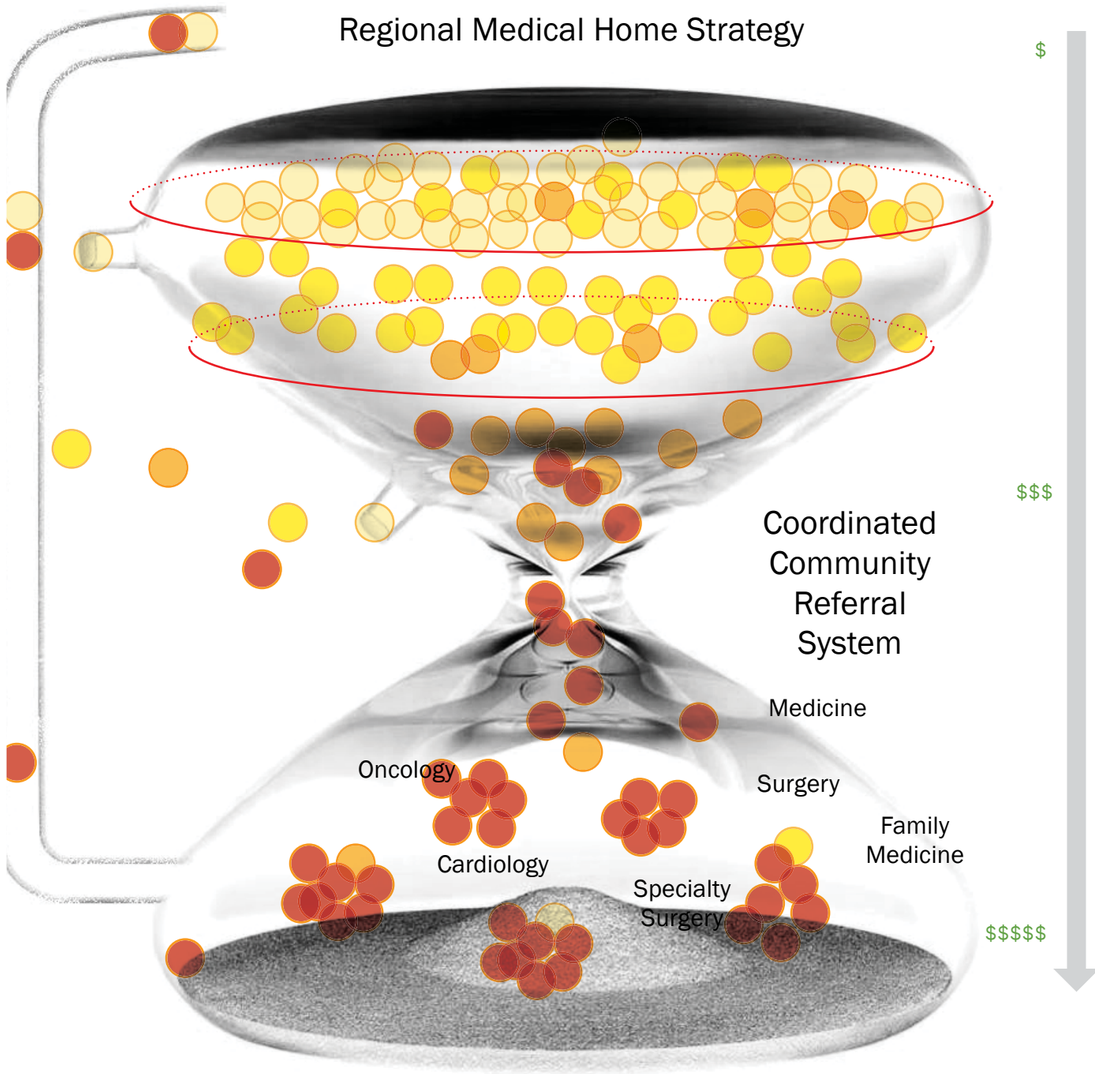
Manage the health of our population providing quality health care efficiently, in a patient and family-centered medical home model, building upon existing volume & service base.



Uncoordinated Patient Care is More Costly to the System



Care is Directed through a Coordinated Network



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

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

MAIN CAMPUS

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.

PRIORITY RECOMMENDATIONS : EMERGENCY DEPARTMENT/MAIN CAMPUS CLINICS

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 admit 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. The 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 i.e. 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 are a high number of patient transports between ED and Urgent Care. Urgent Care transfers 600 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.

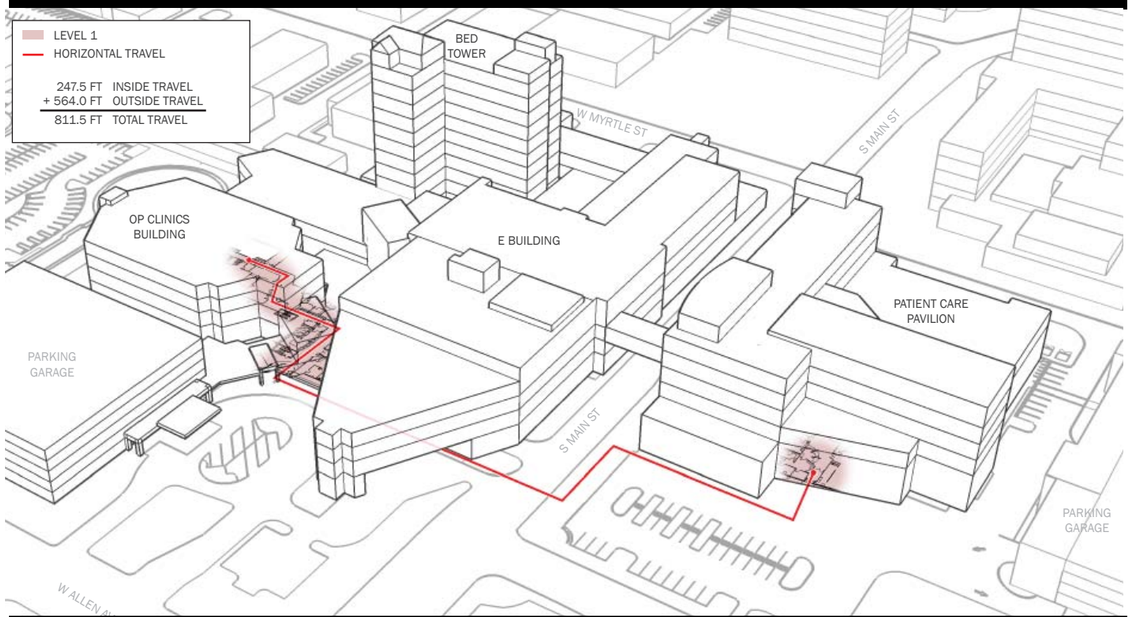
The Need for Elimination of ED / Related Component Silos

- 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 care for 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 ER; needs office with emergency power and a computer with a knowledge base of the entire hospital.

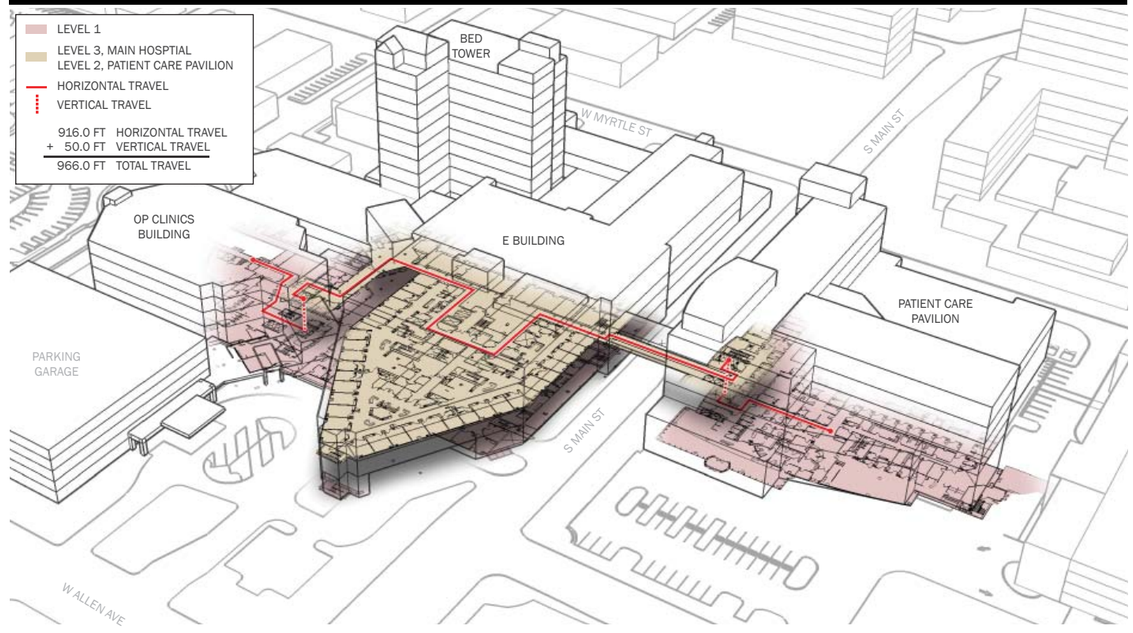
Emergency Department Waiting

Urgent Care and OP Clinic Waiting

CURRENT URGENT CARE TO ED TRAVEL DISTANCE - ACROSS MAIN ST



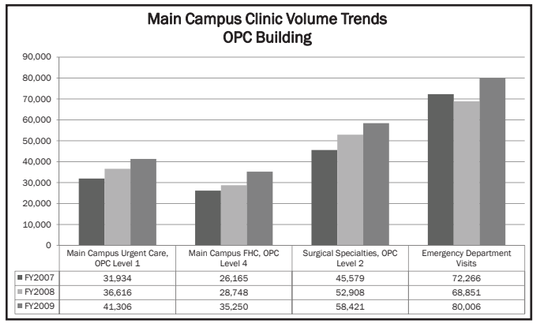
CURRENT URGENT CARE TO ED TRAVEL DISTANCE - ACROSS SKY BRIDGE



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

MAIN CAMPUS CLINIC VOLUMES - HISTORIC

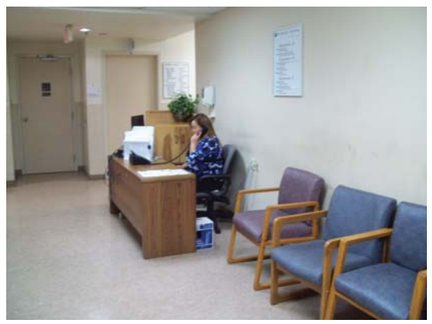
Growth is significant for all OP services on the main campus, which suggests a continued need for a stronger community care network, and operational improvements to reduce network costs.



The Need for Campus Clinic Reorganization

- Surgical Specialty Clinics
  - Capacity is 60,000 visits and as many as 115,000 visits may come to the clinics 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, halos, 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 get 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 a high traffic clinic 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.

Narrow Clinic Corridor



Clinic Registration in Elevator Lobby

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

The highest traffic clinic is on level 4 of the OPC, creating congestion and landlocking the clinic.

ADMINISTRATIVE & PHYSICIAN OFFICES

Surgical and Ortho Physician Offices are located on this level.

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

There are 4 pods of 12 exam rooms and 6 overflow rooms are being used; limited access for Ortho patients; surgical clinics are landlocked.

URGENT CARE
26 exam rooms
41,000 visits per year

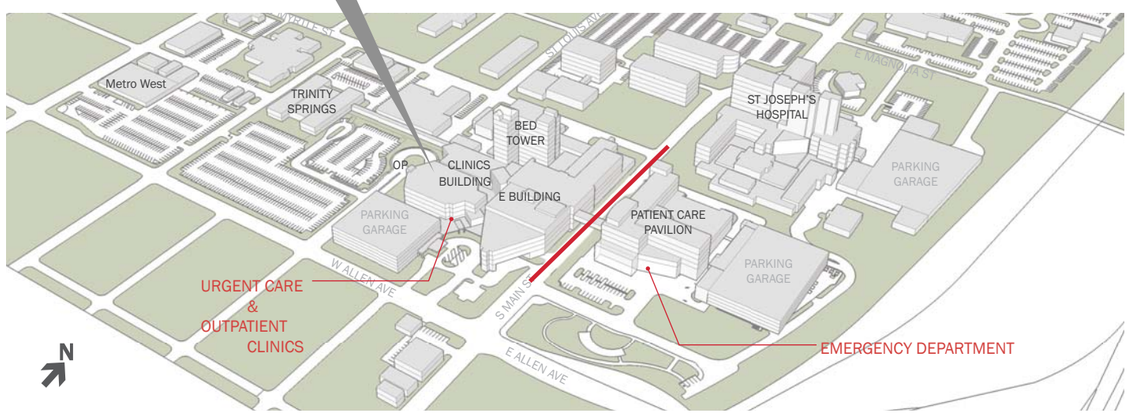
Urgent Care/ ED have overlapping patient base with; would be more accessible to patients and efficiencies created if adjacent to the ED.

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/Emergency Command Center/New ED Residency Program offices adjacent to the ED.
- Zone sizing 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).

ED / MAIN CAMPUS CLINICS ORIENTATION

Main Street separates Urgent Care per month to the ED and the ED at the main facility from the ED at the Pavilion. Urgent Care currently transfers 600 patients transfers 150 patients per month to the main campus Urgent Care.



EMERGENCY DEPARTMENT& MAIN CAMPUS CLINICS: Recommendations

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

Plan Criteria

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

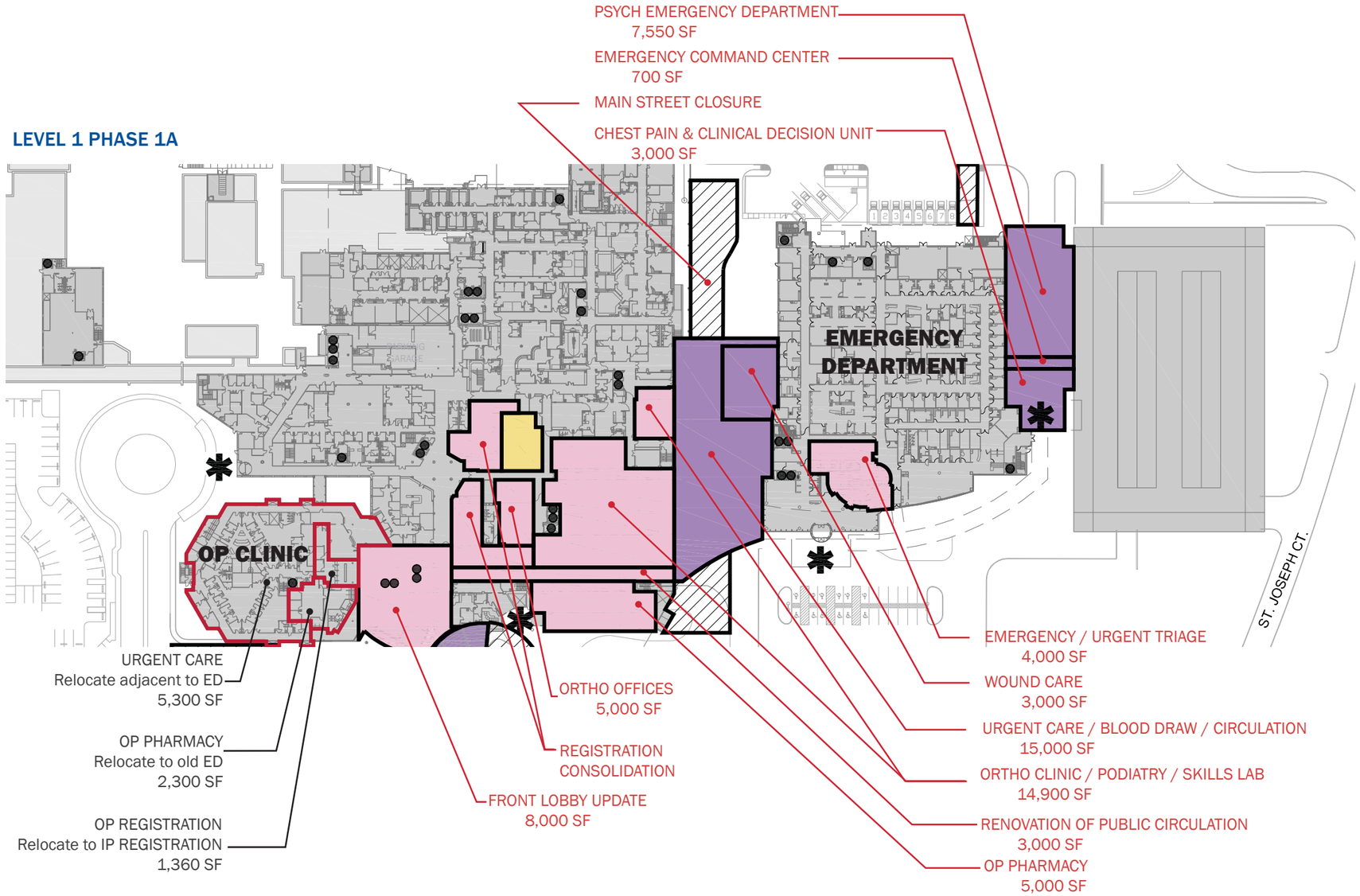
Consolidation of ED Functions

- 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 Emergent 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.

CONSOLIDATE EMERGENCY DEPARTMENT FUNCTIONS & REORGANIZE OUTPATIENT CLINICS

Consolidation of ED Functions on Level One adjacent to the existing ED. A new Urgent Care is constructed over the site that is currently Main Street, and a new shared triage for ED and Urgent Care is created. The Patient Care Pavilion is expanded on the East side allowing for appropriate adjacencies of emergency-related components including, the relocated Psychiatric ED, a new Emergency Command Center and the relocated Chest Pain / Clinical Decision Unit. The outpatient pharmacy will also be relocated so that it is more central to Emergency Services and the clinics in the outpatient clinic building.

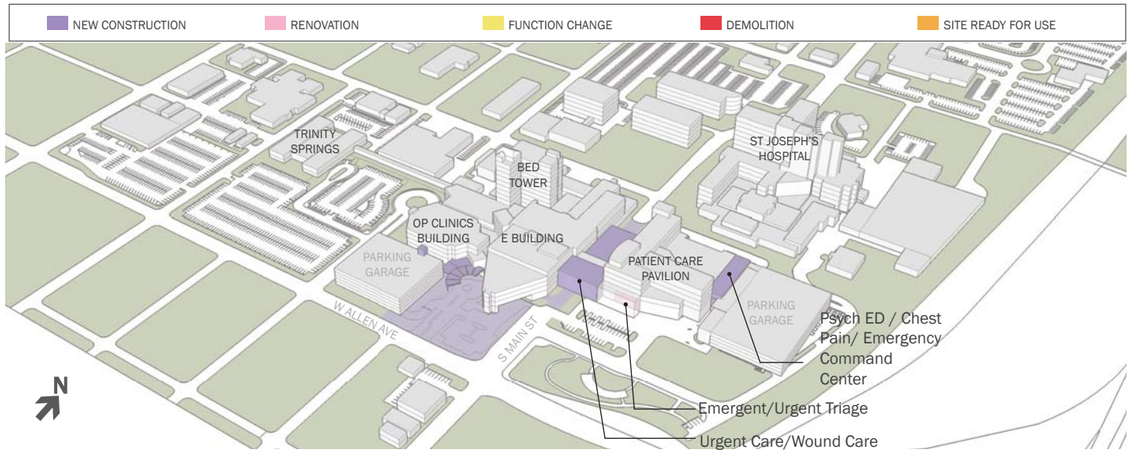
LEVEL 1 PHASE 1A

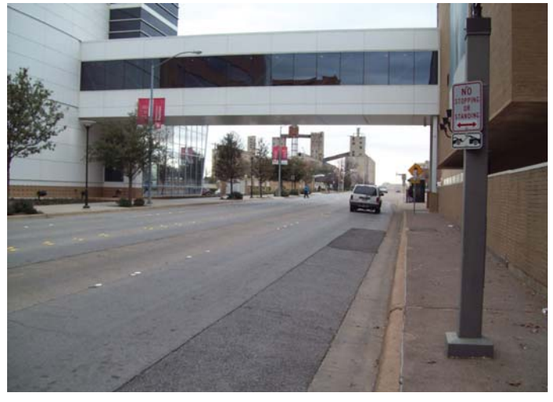


MAIN CAMPUS : Emergency Department & Main Campus Clinics - Recommendations

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.

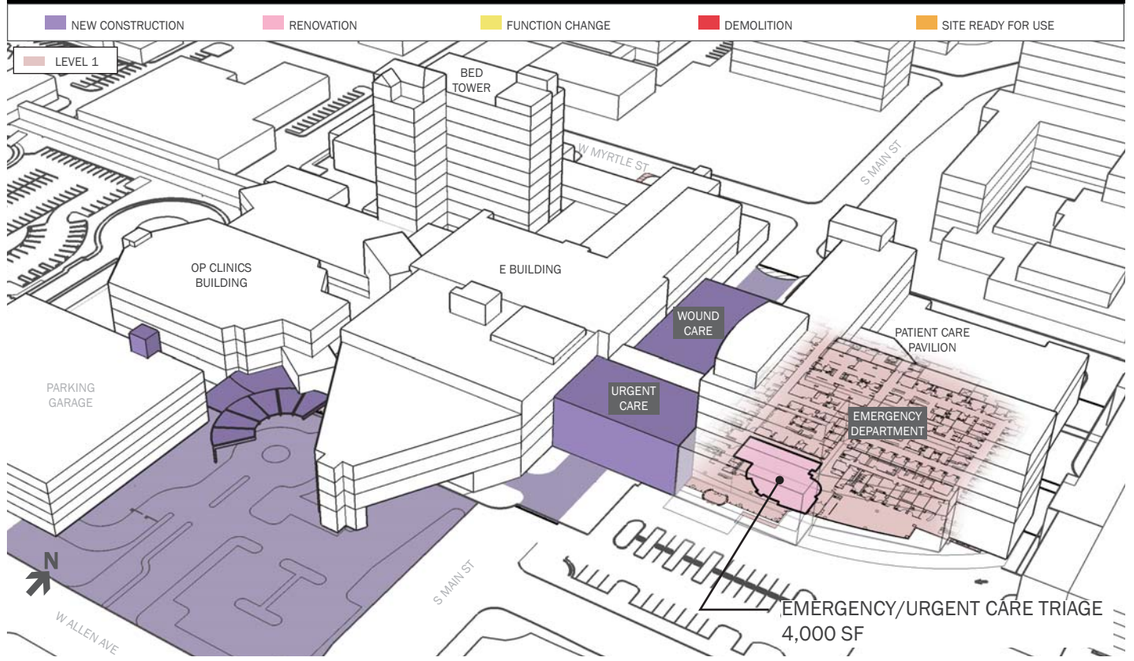




Main Street / Location for Pavilion Expansion A

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.

9. Construct Pavilion Expansion B for Psych ED and Chest Pain / Clinical Decision Unit.

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

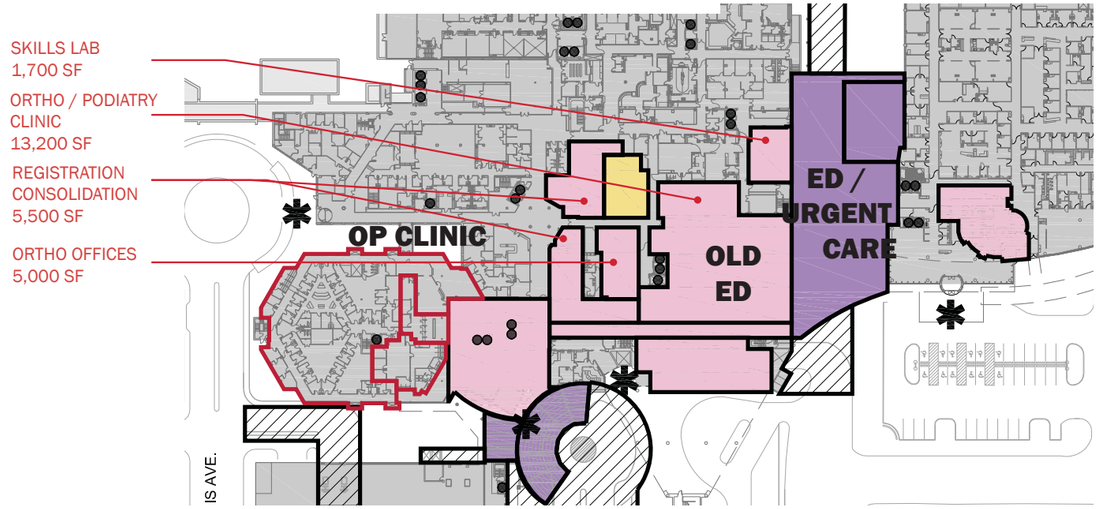
Reorganization of Main Campus Clinics: Family Medicine & Surgical Specialty

- 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.

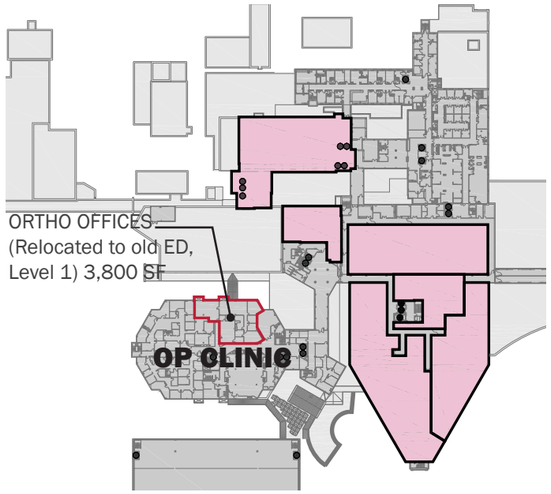
JPS MAIN LEVEL 1 PHASE 1A



NEW FUNCTION FOR ORTHO OFFICES SPACE

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

JPS MAIN LEVEL 3 PHASE 1A



PROPOSED NEW ORTHO / PODIATRY CLINIC LAYOUT

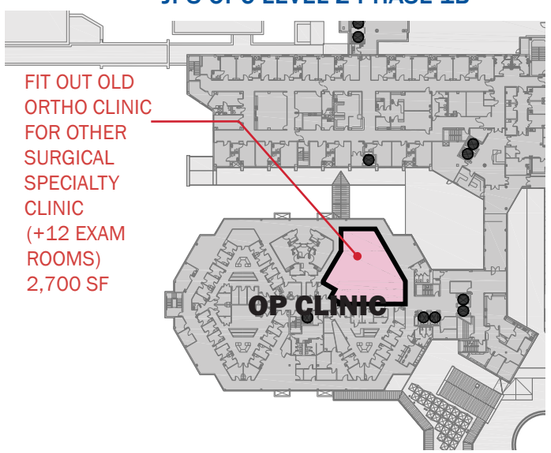
The image below shows a preliminary conceptual layout of the Ortho/ Podiatry Clinic with adjacent offices. Skills Lab and Registration consolidation are also centrally located among the ED and clinics, to allow for ease of utilization by teaching programs.

JPS MAIN LEVEL 1 PHASE 1A

SURGICAL CLINIC EXPANSION IN OPC LEVEL TWO

The plan below shows proposed renovation of the existing Ortho / Podiatry Clinic space for surgical specialty clinic expansion after Ortho/ Podiatry clinic relocates.

JPS OPC LEVEL 2 PHASE 1B



MAIN CAMPUS : Emergency Department & Main Campus Clinics - Recommendations

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

The highest traffic single clinic is on level 4 of the OPC, creating congestion and landlocking the clinic.

ADMINISTRATIVE & PHYSICIAN OFFICES

Surgical and Ortho Physician Offices are located on this level.

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

There are 4 pods of 12 exam rooms and 6 overflow rooms are being used; limited access for Ortho patients; surgical clinics are landlocked.

URGENT CARE
26 exam rooms
41,000 visits per year

Urgent Care/ ED have overlapping patient base with; would be more accessible to patients and efficiencies created if adjacent to the ED.

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 50.

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

Surgical Specialty Clinics expand on level four when Family Medicine relocates.

ADMINISTRATIVE, PHYSICIAN AND ACADEMIC SUPPORT OFFICES

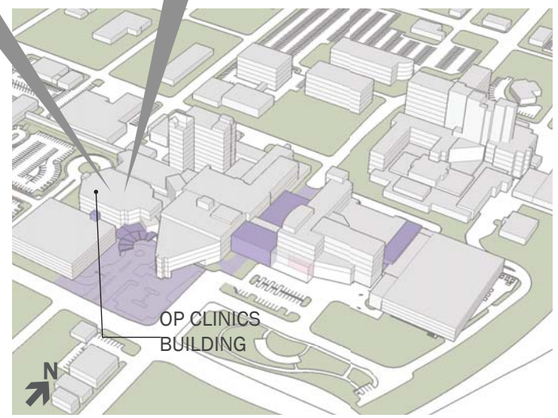
Academic Services expands support presence on this floor when Ortho Clinic relocates.

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

Surgical Specialty Clinics expand when Ortho Clinic relocates for increased accessibility on level one.

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

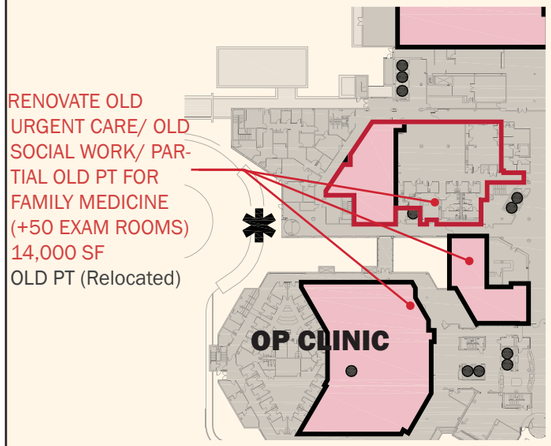
Family Medicine relocates and expands in renovated space on level one when Urgent Care relocates.



FAMILY MEDICINE RELOCATION TO OPC LEVEL ONE

The plan below shows proposed renovation of the existing Urgent Care space for Family Medicine clinic relocation and expansion into adjacent spaces after Urgent Care relocates.

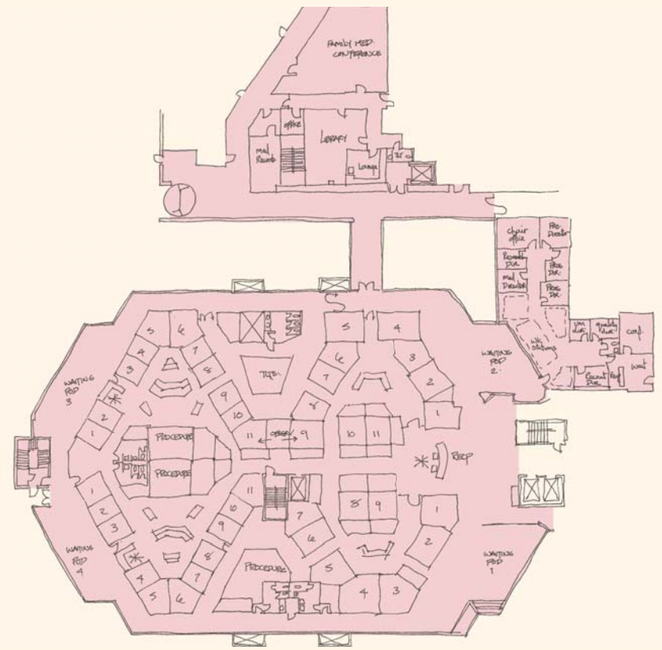
LEVEL 1 PHASE 1B



PROPOSED LAYOUT FOR FAMILY MEDICINE CLINIC

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.

LEVEL 4 PHASE 1B

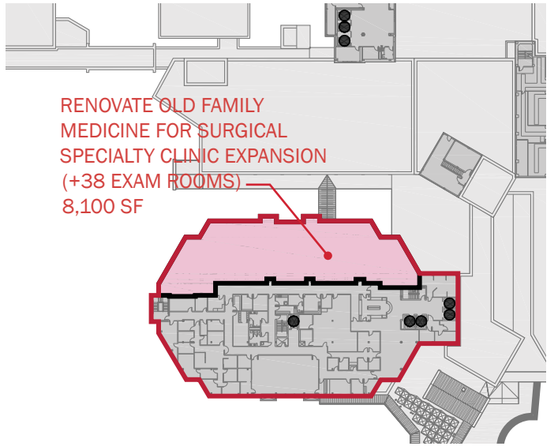


EMERGENCY DEPARTMENT & MAIN CAMPUS CLINICS: Recommendations

SURGICAL SPECIALTY CLINIC EXPANSION

Surgical Clinics can expand into previous Family Medicine Clinic space on level four and add 38 exam rooms.

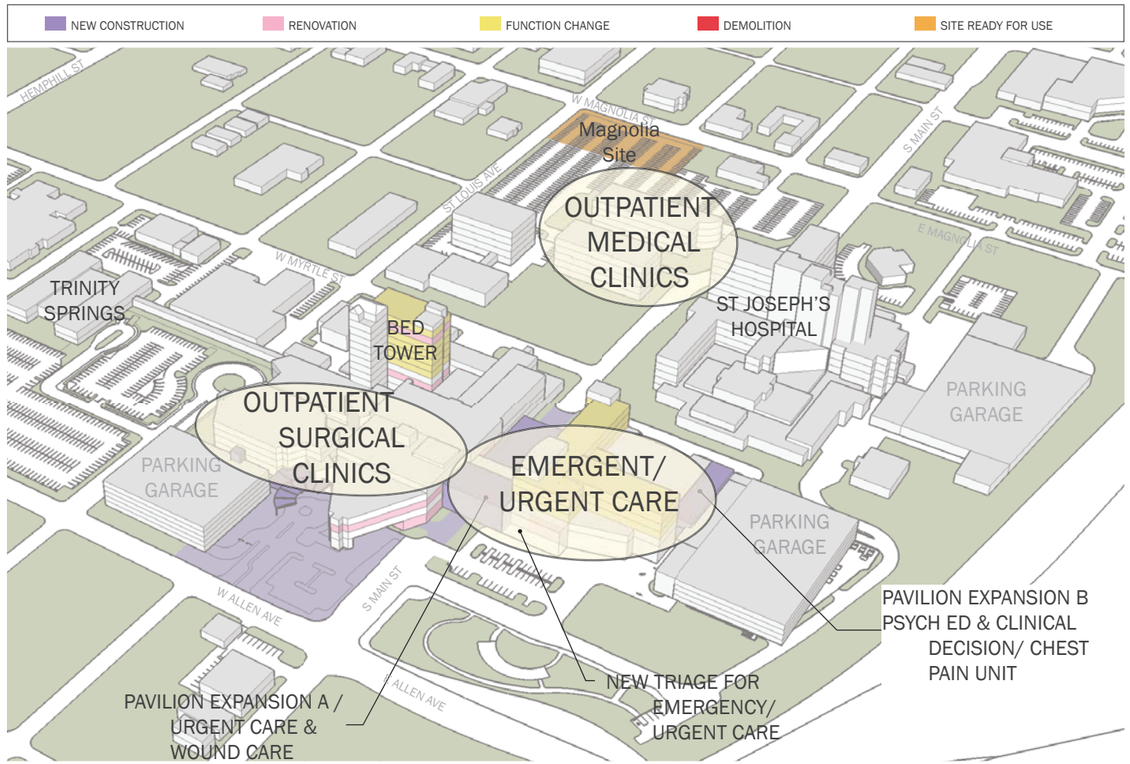
LEVEL 4 PHASE 1B



Clinic Waiting

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.



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

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.

MAIN CAMPUS : Emergency Department & Main Campus Clinics - Recommendations

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

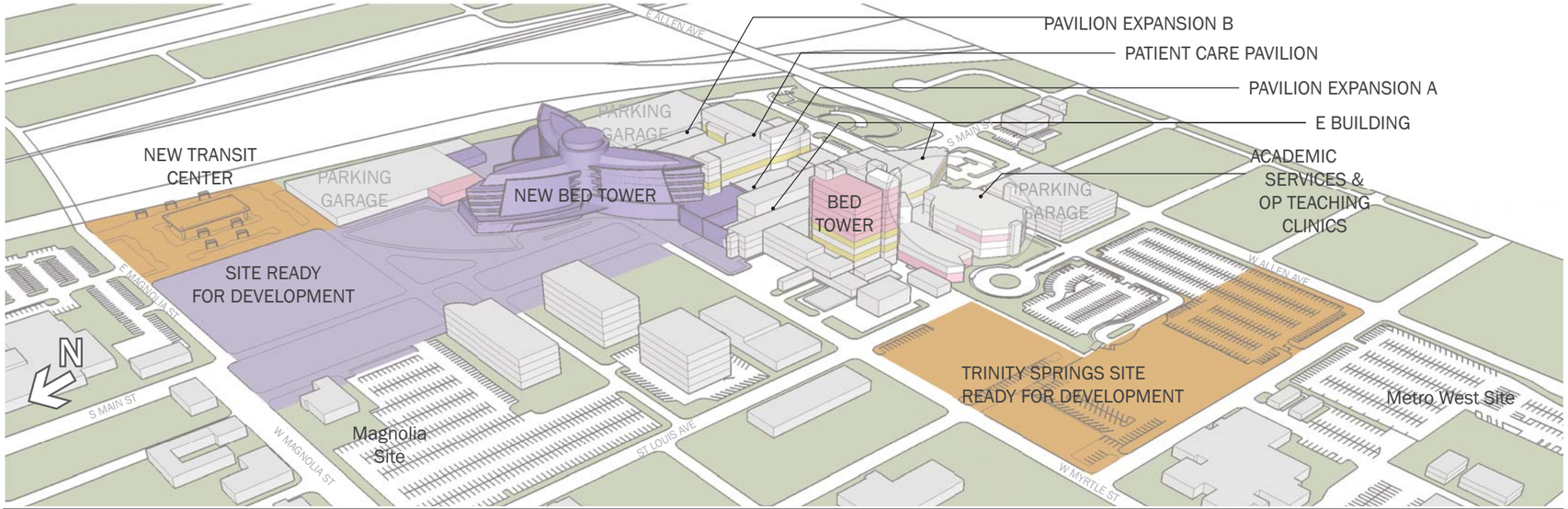
Continued Implementation of Outpatient Building Zone

- 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*

LONG TERM RECOMMENDATIONS: EMERGENCY DEPT & CAMPUS CLINICS - END OF PHASE 3

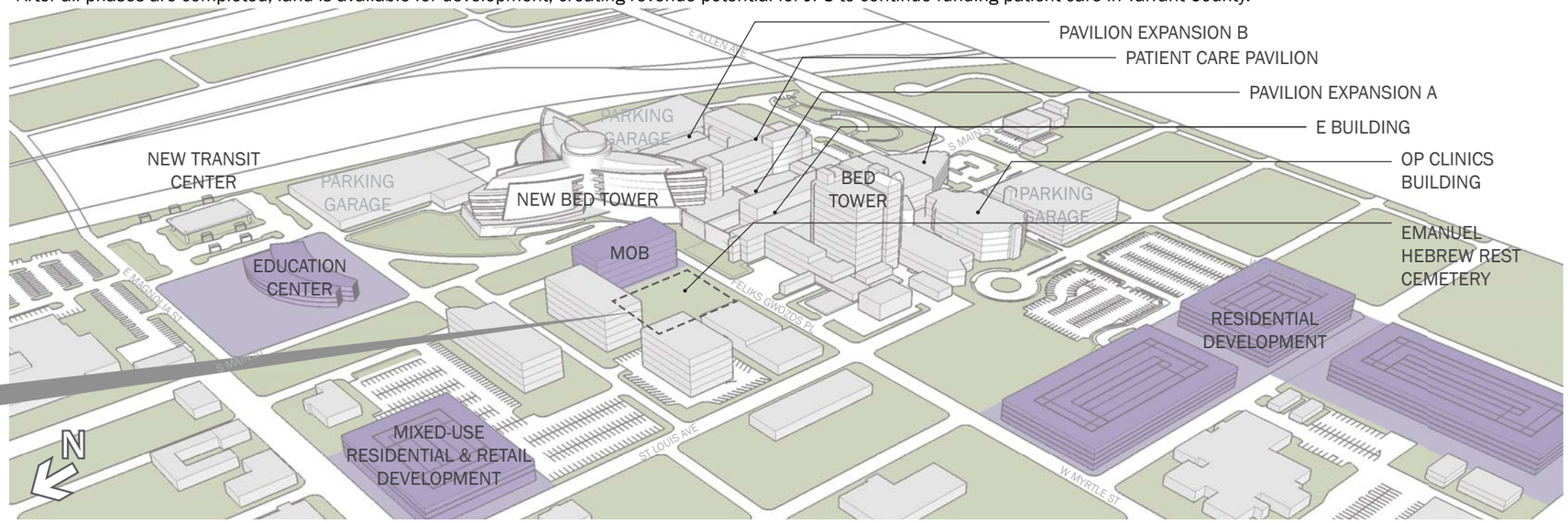
Dedicated zone for Academic / Outpatient Clinics, new tower construction for consolidation & expansion of emergency services; all Psych services (Psych ED and Psych beds) are part of one contiguous campus for improved efficiency and shorter transport distances.

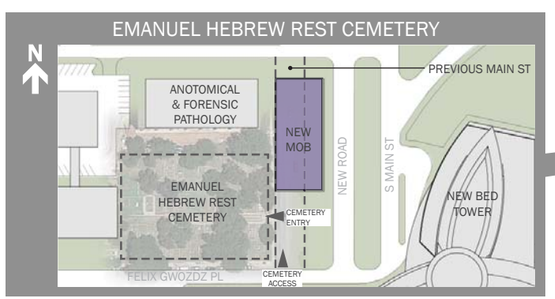


NEW CONSTRUCTION | RENOVATION | FUNCTION CHANGE | DEMOLITION | SITE READY FOR USE

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 : 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: Strategic Foundation

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.

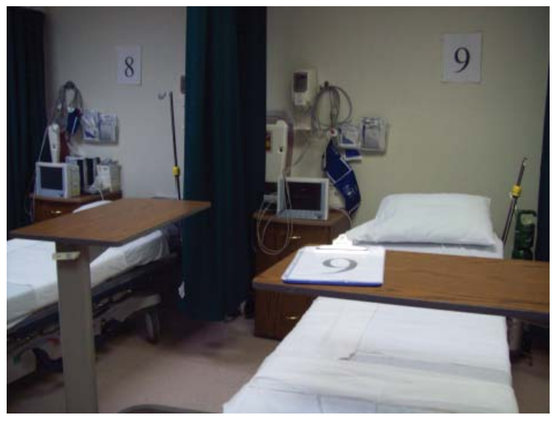
Cardiovascular Invasive Issues

- 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

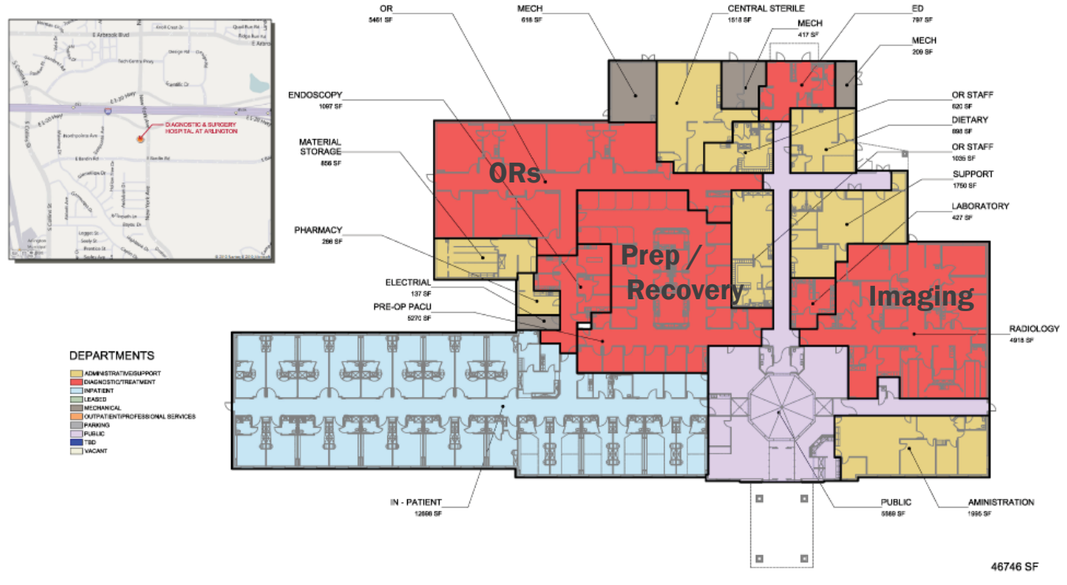
- Renovate and utilize existing vacant ORs for minor surgeries and procedures, allowing for additional major surgery capacity in the Main ORs and increased efficiency for both major and minor surgeries
- Add Cath/ Angio Capacity by leasing a mobile Cath unit in the short term
- Relocate Cath lab adjacent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

DSHA / Arlington

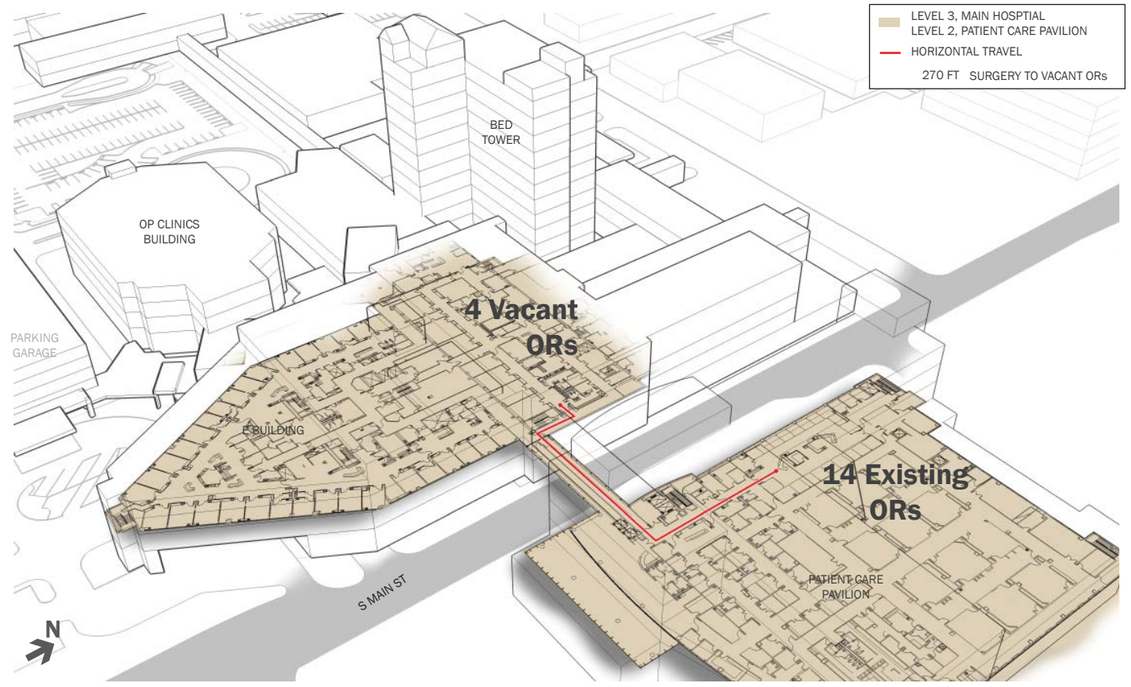
- Increase utilization of the underutilized ORs at DSHA, designate as outpatient ambulatory surgery to reroute minor surgeries and reduce operating room congestion at the main campus.
- Utilize JPS-owned facility space or land adjacent to DSHA as Surgical Clinic to build and direct Ambulatory Surgery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

Vacant OR used for Materials Storage

DIAGNOSTIC & SURGERY HOSPITAL ARLINGTON - DSHA



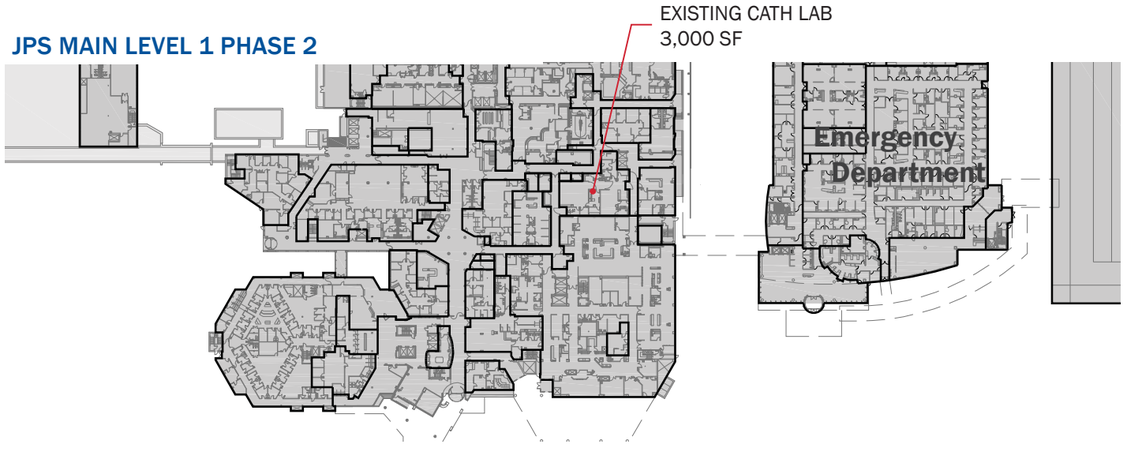
RELATIONSHIP OF EXISTING SURGERY TO BRIDGE TO VACANT SURGERY



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.

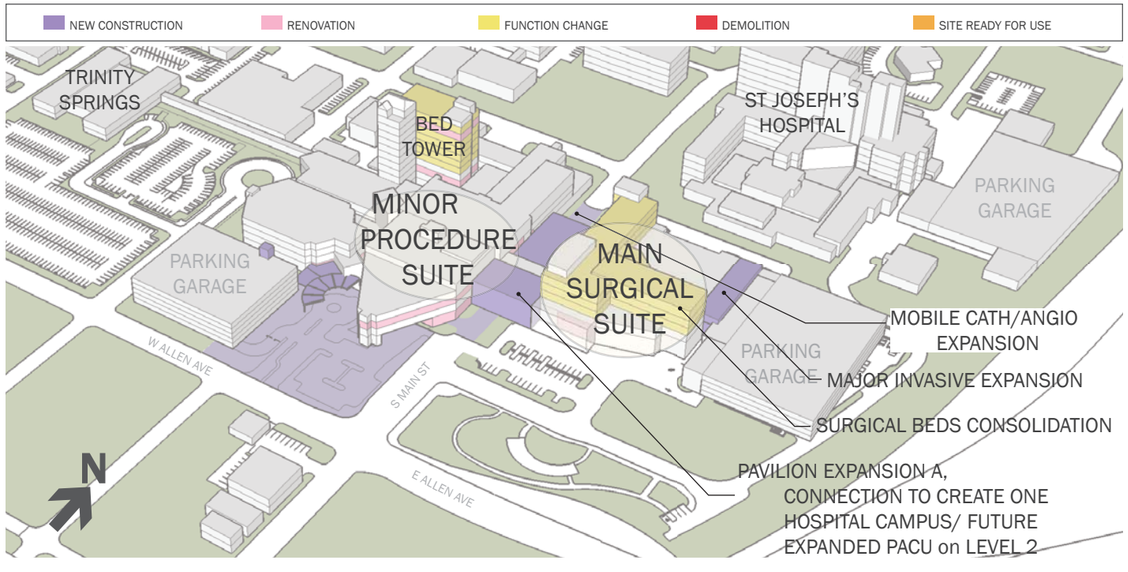
All opportunities for invasive services were filtered through the set of plan criteria and short term recommendations fulfilled each of the criteria. The plan criteria most significantly affected was operational ***Efficiency*** and recommendations that were identified as priorities follow.

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

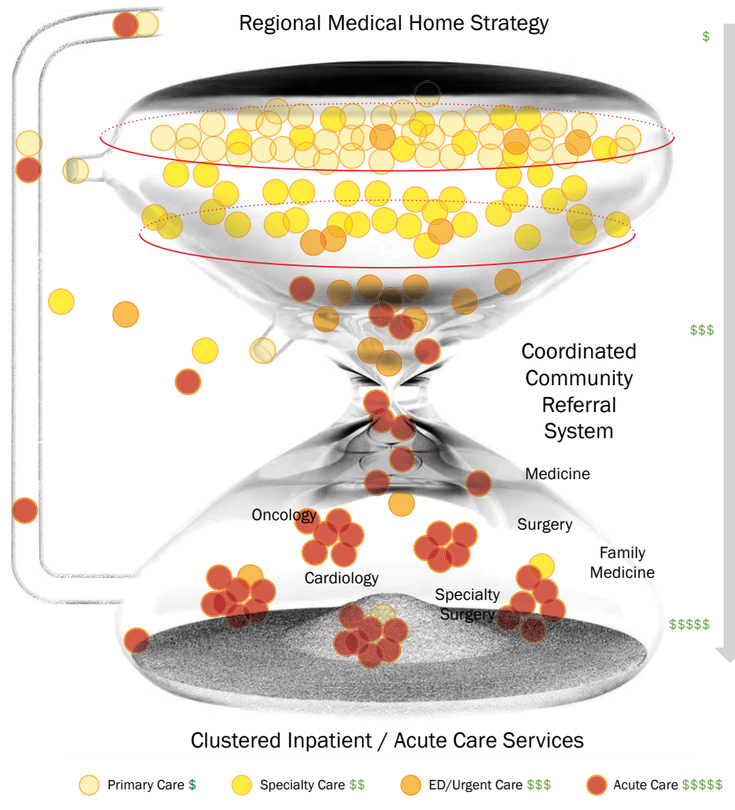
Main Campus: Minor Surgery / Endoscopy

- 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.

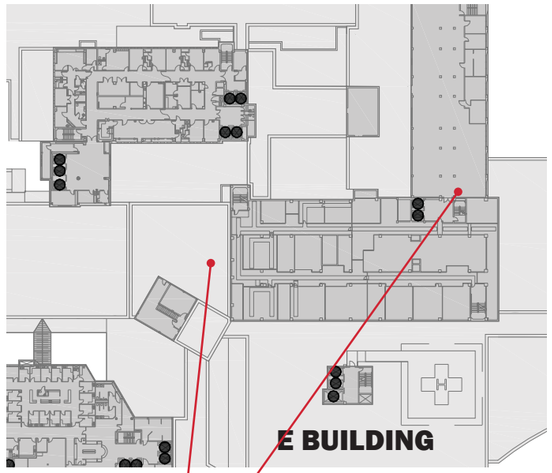
Care is Directed through a Coordinated Network



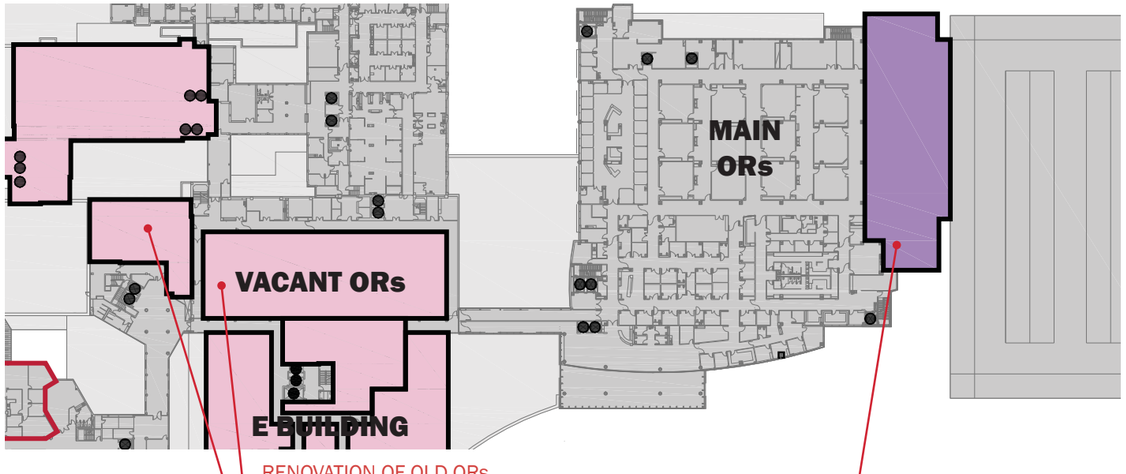
MINOR SURGERY RENOVATION AND SUPPORTING MECHANICAL SYSTEM

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



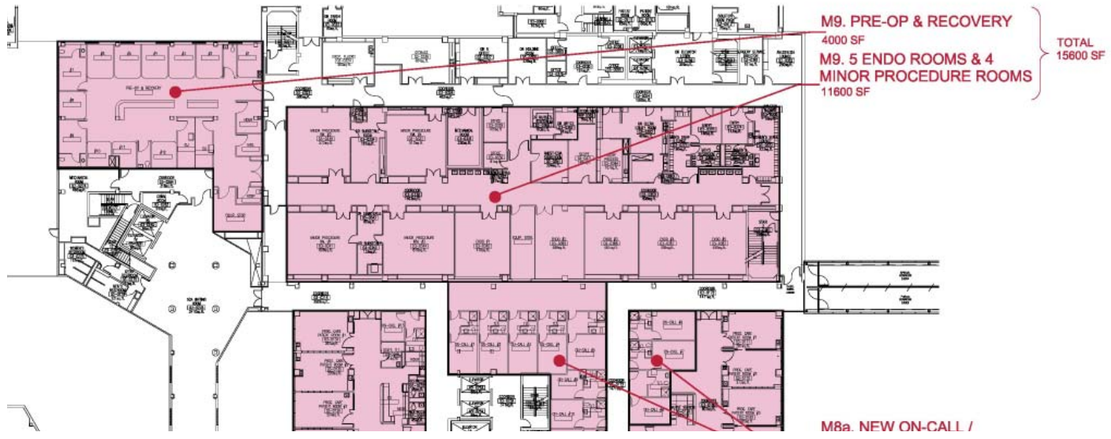
JPS MAIN LEVEL 3 PHASE 1A



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.

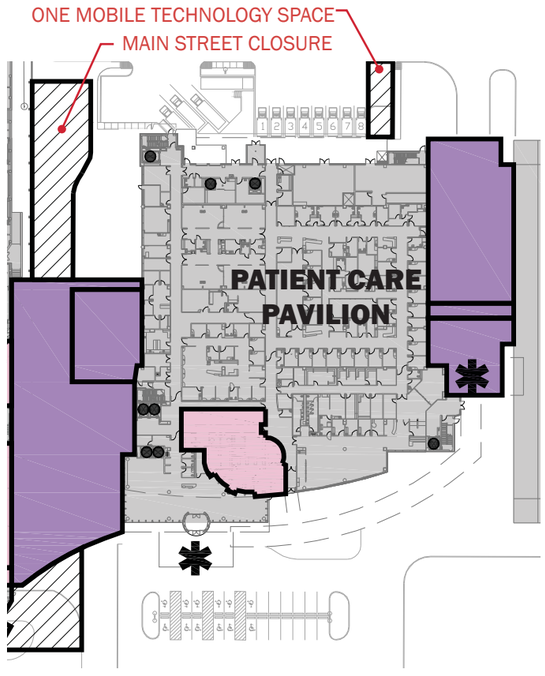
JPS MAIN LEVEL 3 PHASE 1A



MOBILE CATH/ANGIO UNIT EXPANSION

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

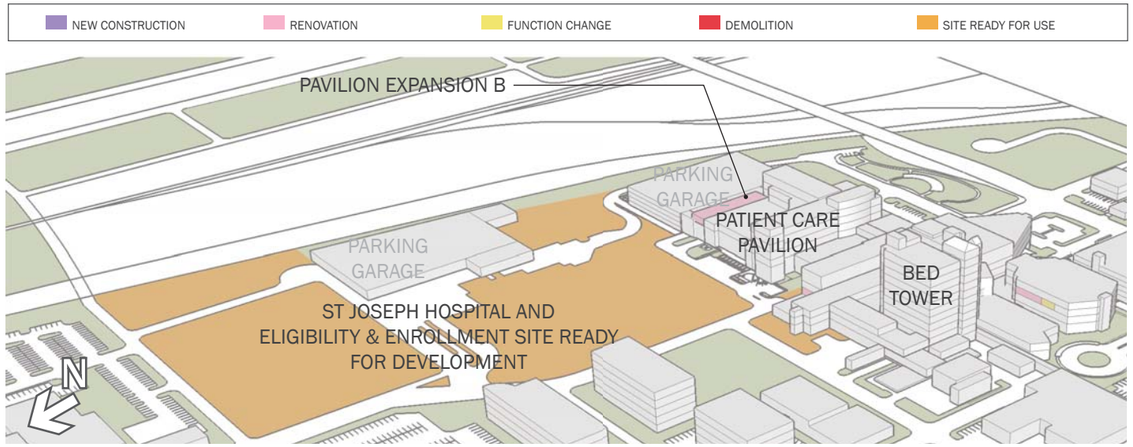
JPS MAIN LEVEL 1 PHASE 1A



INVASIVE SERVICES: Recommendations

INVASIVE RENOVATIONS - PHASE 2

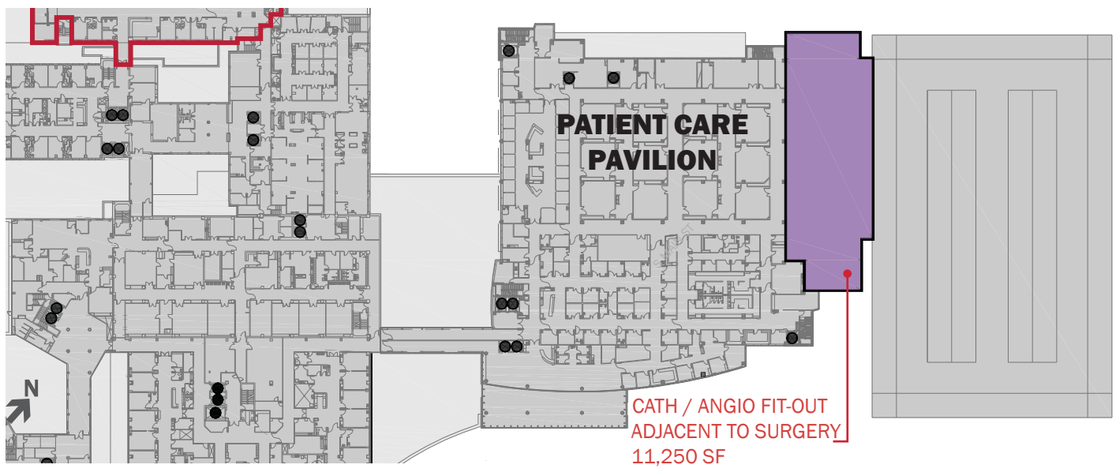
During Phase 1A, two levels of Pavilion Expansion B was constructed. Level one was recommended to house a new Chest Pain unit and Psych ED, to allow adjacency to the existing Emergency Department. In Phase 2, fit-out of level two of Pavilion Expansion B (recommended as shell space during Phase 1A) is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

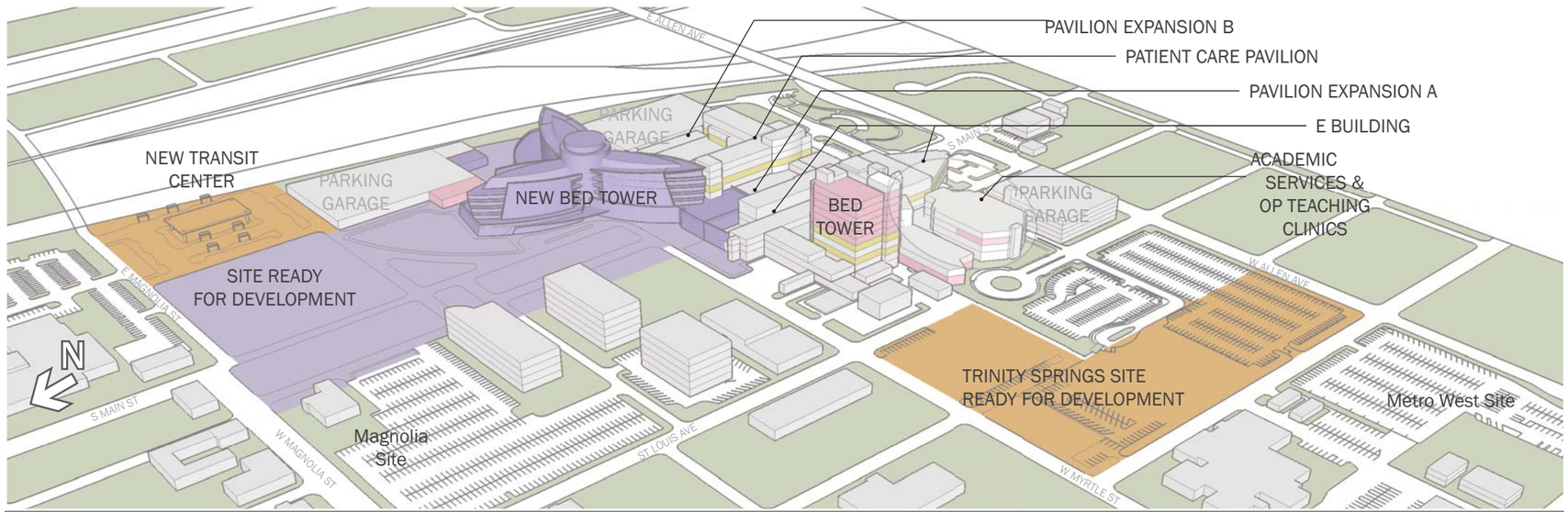
LONG TERM RECOMMENDATIONS PHASE THREE

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

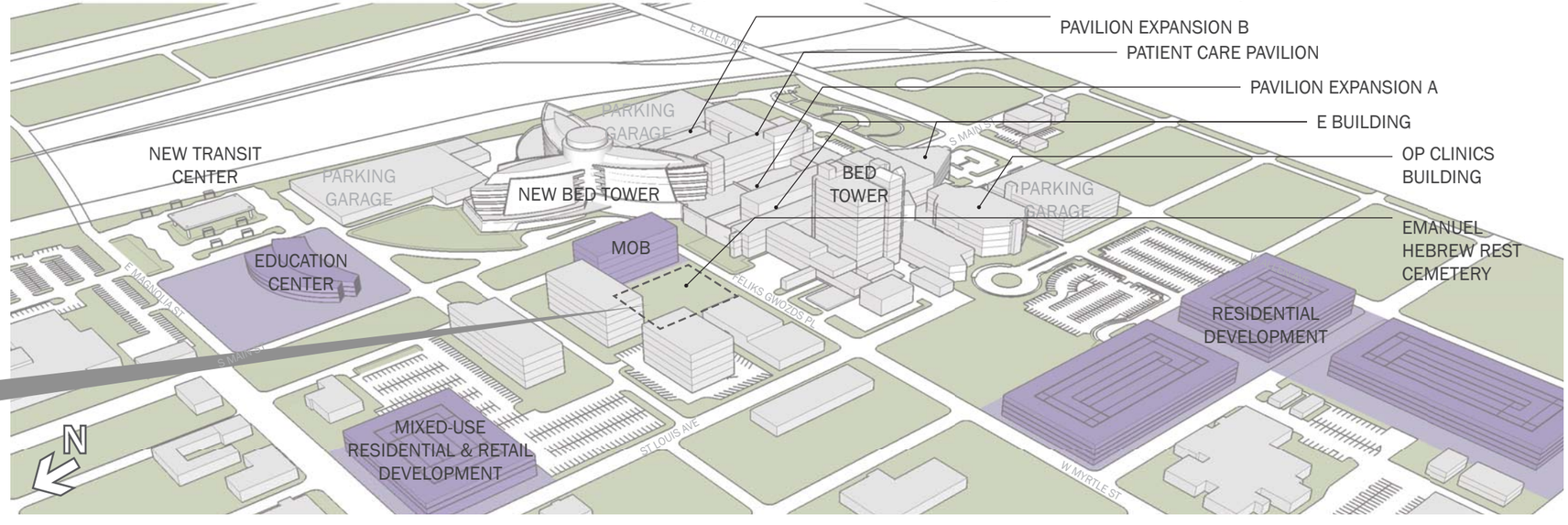
At the end of Phase Three, the vision for consolidation of the main campus is complete. The main campus is much tighter with limited duplication of resources. Zones have been created for types of patient care. Areas have also been identified for future site development and JPS revenue potential.

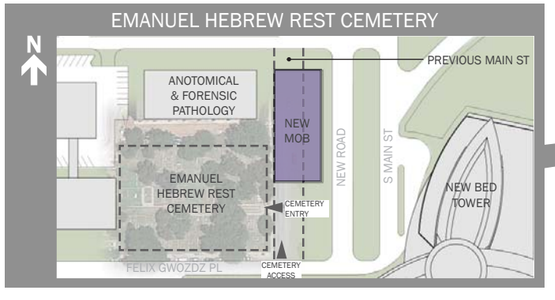


NEW CONSTRUCTION | RENOVATION | FUNCTION CHANGE | DEMOLITION | SITE READY FOR USE

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.

Connecting Bridge across Main Street

- 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.

Trinity Springs IP Psych Connection

- 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.

Neonatal Intensive Care

- 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

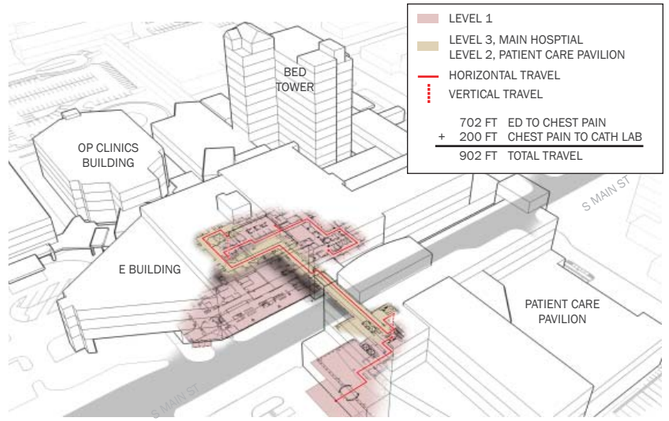
- Allow a Women's / Children's Care zone by relocating adjacent non-related services.
- Add Gyn Prep/Holding area to prep and recovery Gyn Surgery patients and to free up bed capacity.

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.

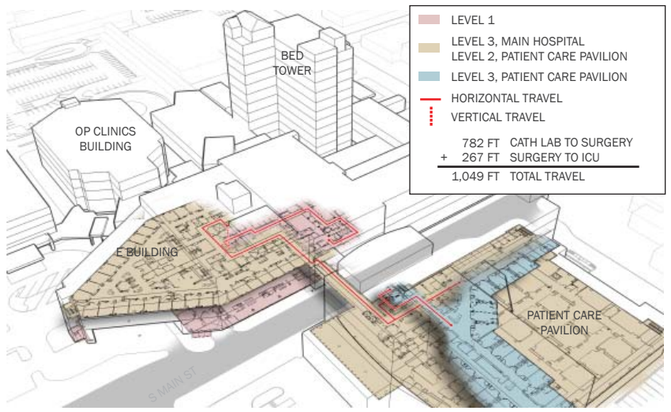
Police Entrance Ramp

EXAMPLE OF CURRENT PATH FOR CARDIOLOGY PATIENT



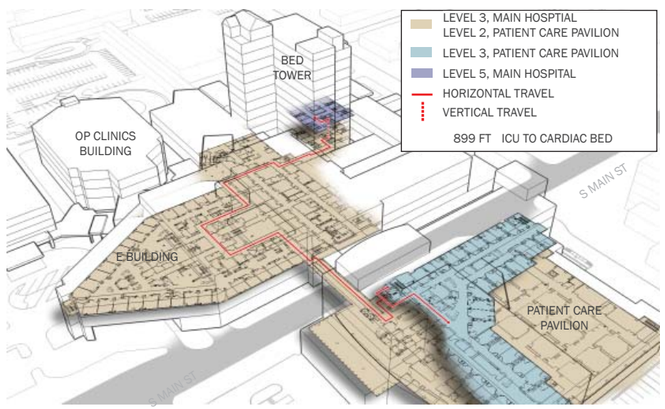
Patient walks into the ED and has chest pain; Patient is transported from Emergency Department, up the elevator, across the bridge (Main Street) to the nearest elevator, then through winding corridors to the Chest Pain Unit.

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.

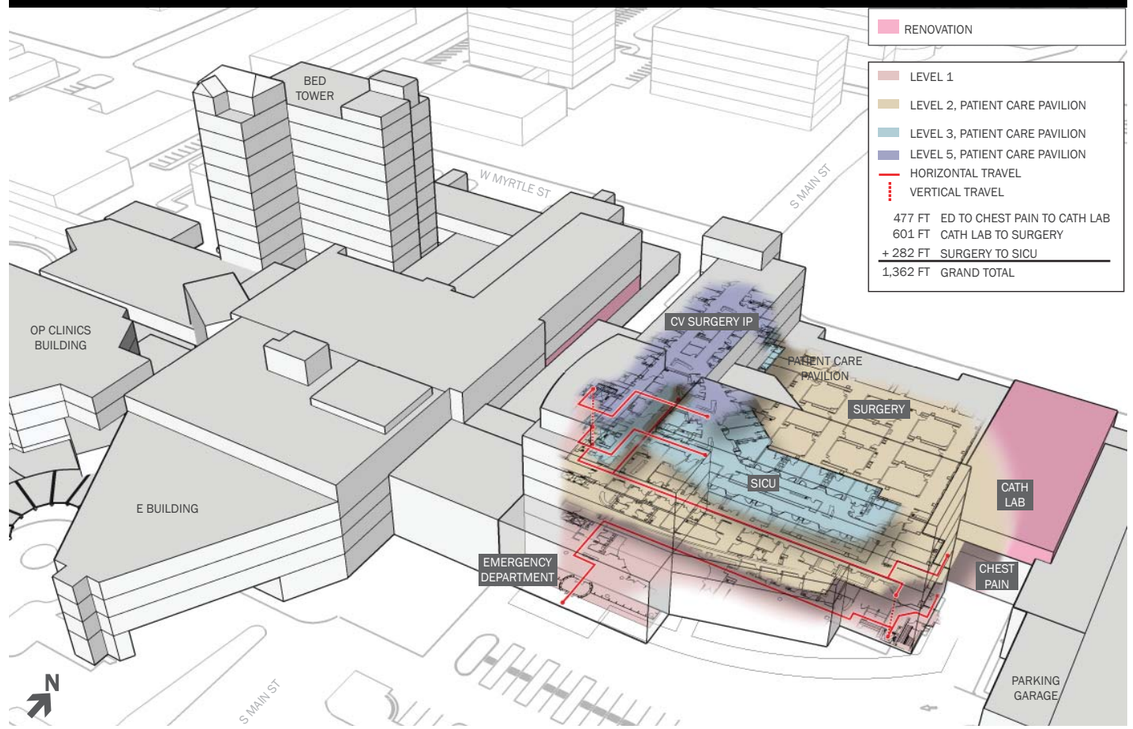
The patient is taken out of surgery to the PACU, then up to the ICU.



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.

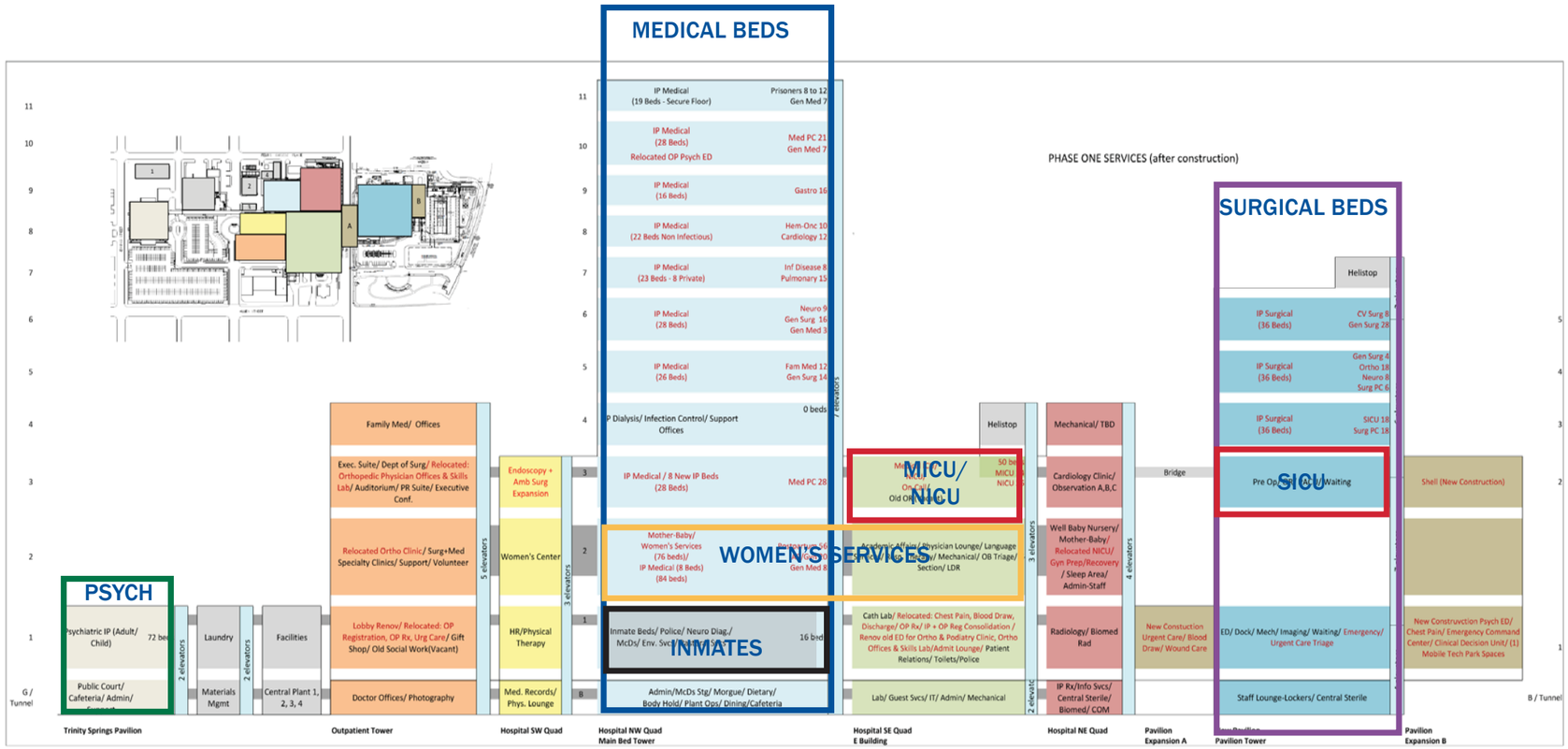
- Build new NICU and Gyn Prep/ recovery area for expansion of Women's/ Childrens.
- Renovation of existing unit in Building E Level 3 for MICU relocation & NICU expansion.
- Implement a patient admit unit and begin to implement discharge of patients at bedside.
- Relocate Psych ED to ground level and 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 vacant St. Joseph's Hospital

MEP Recommendations

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

Vacant St. Joseph's Hospital

PHASE ONE BED STACKING / BED REORGANIZATION



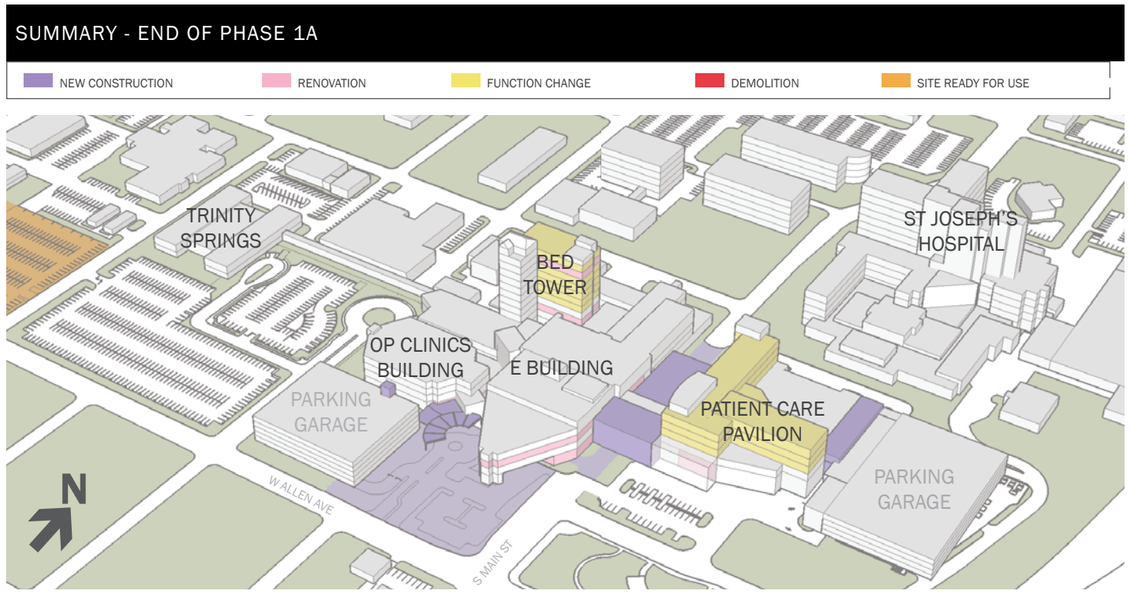
BED NEED/BED GROUPING ANALYSIS - FY 2009 AND FY 2014

	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

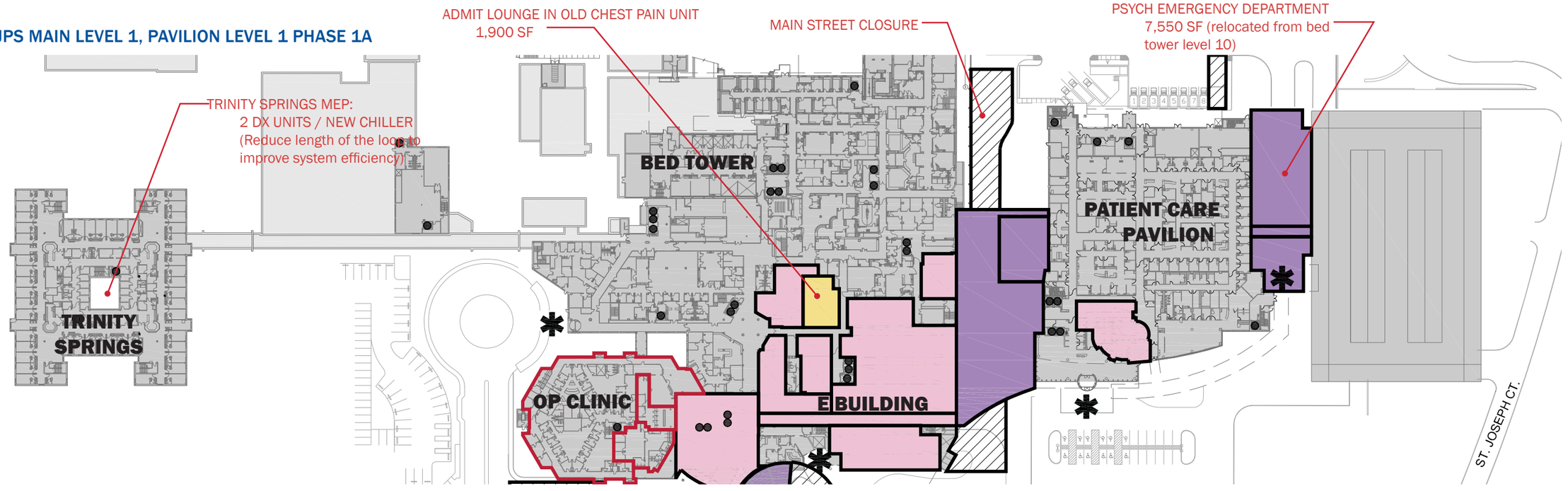
Level One, Phase 1A

- 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



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

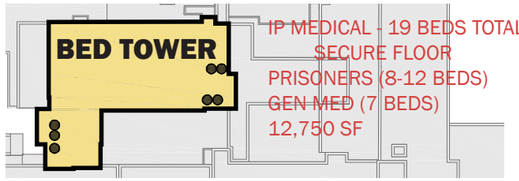
JPS MAIN LEVEL 1, PAVILION LEVEL 1 PHASE 1A



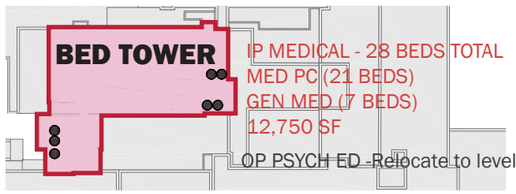
MAIN CAMPUS : Inpatient Beds - Recommendations

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

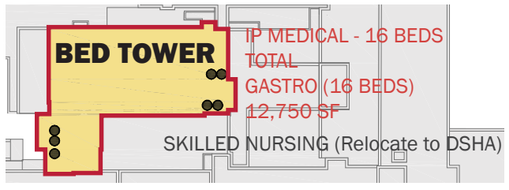
JPS MAIN BED TOWER LEVEL 11 PHASE 1A



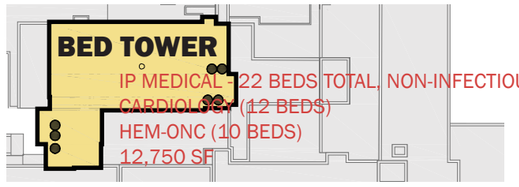
JPS MAIN BED TOWER LEVEL 10 PHASE 1A



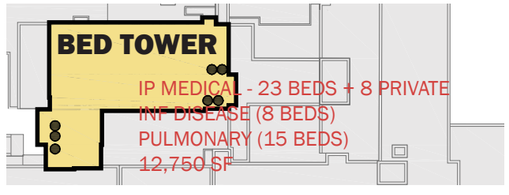
JPS MAIN BED TOWER LEVEL 9 PHASE 1A



JPS MAIN BED TOWER LEVEL 8 PHASE 1A

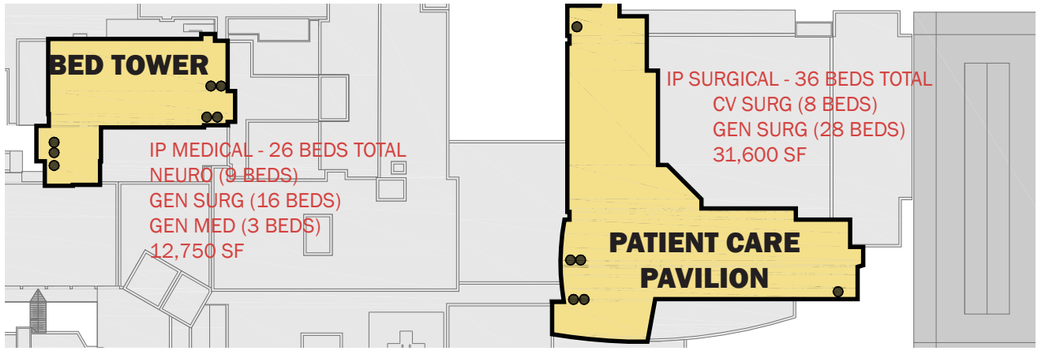


JPS MAIN BED TOWER LEVEL 7 PHASE 1A

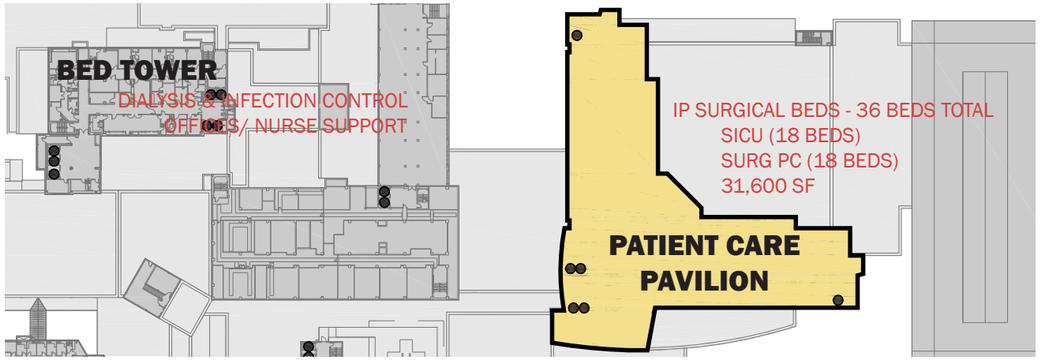


IP SURGICAL BEDS - PAVILION LEVELS 5/4/3

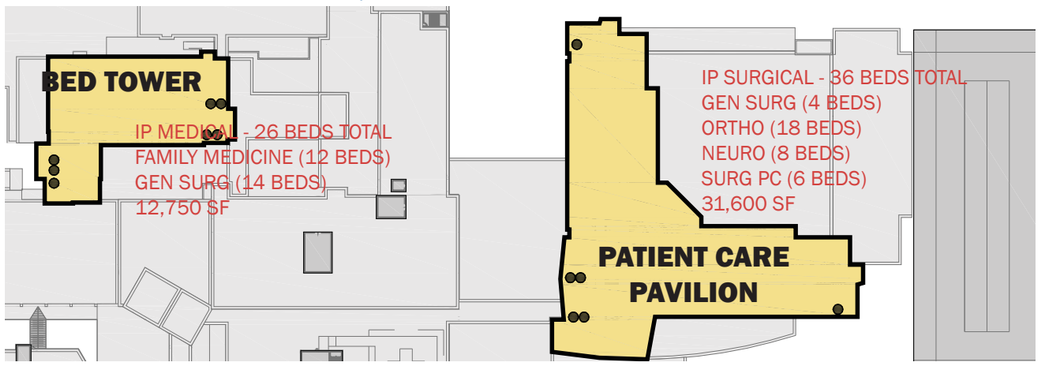
JPS MAIN BED TOWER LEVEL 6 / PAVILION LEVEL 5 PHASE 1A



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

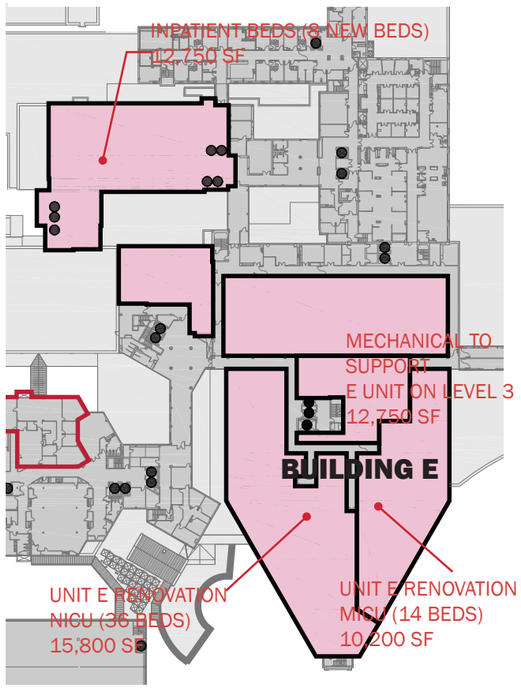


JPS MAIN BED TOWER LEVEL 4 / PAVILION LEVEL 3 PHASE 1A



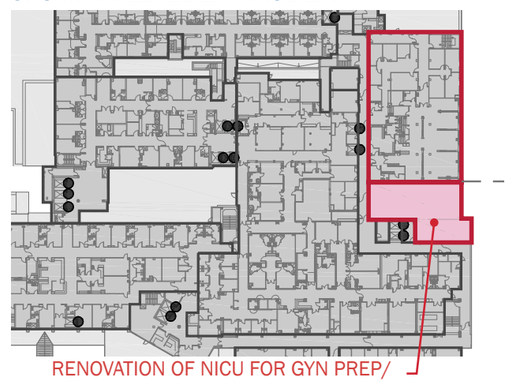
INPATIENT MEDICAL BEDS & MICU - LEVEL 3

JPS MAIN LEVEL 3 PHASE 1A



RENOVATION OF NICU FOR GYN PREP & RECOVERY

JPS MAIN LEVEL 2 PHASE 1A



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):

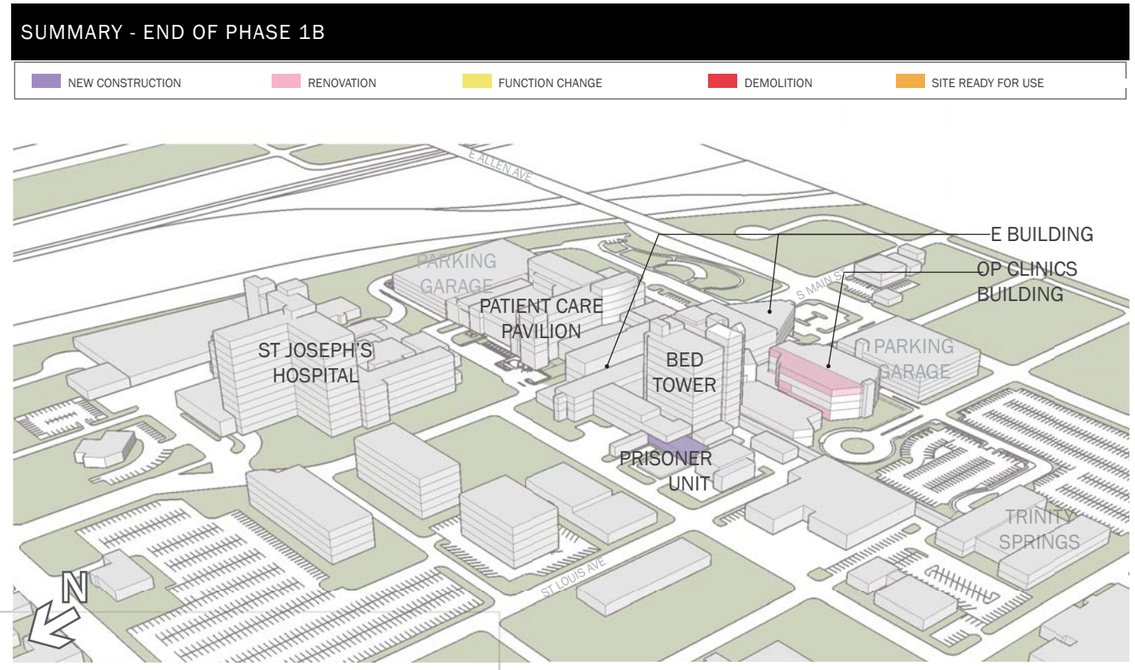
5. (Option) Relocate Psych ED and use for medical bed expansion.

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

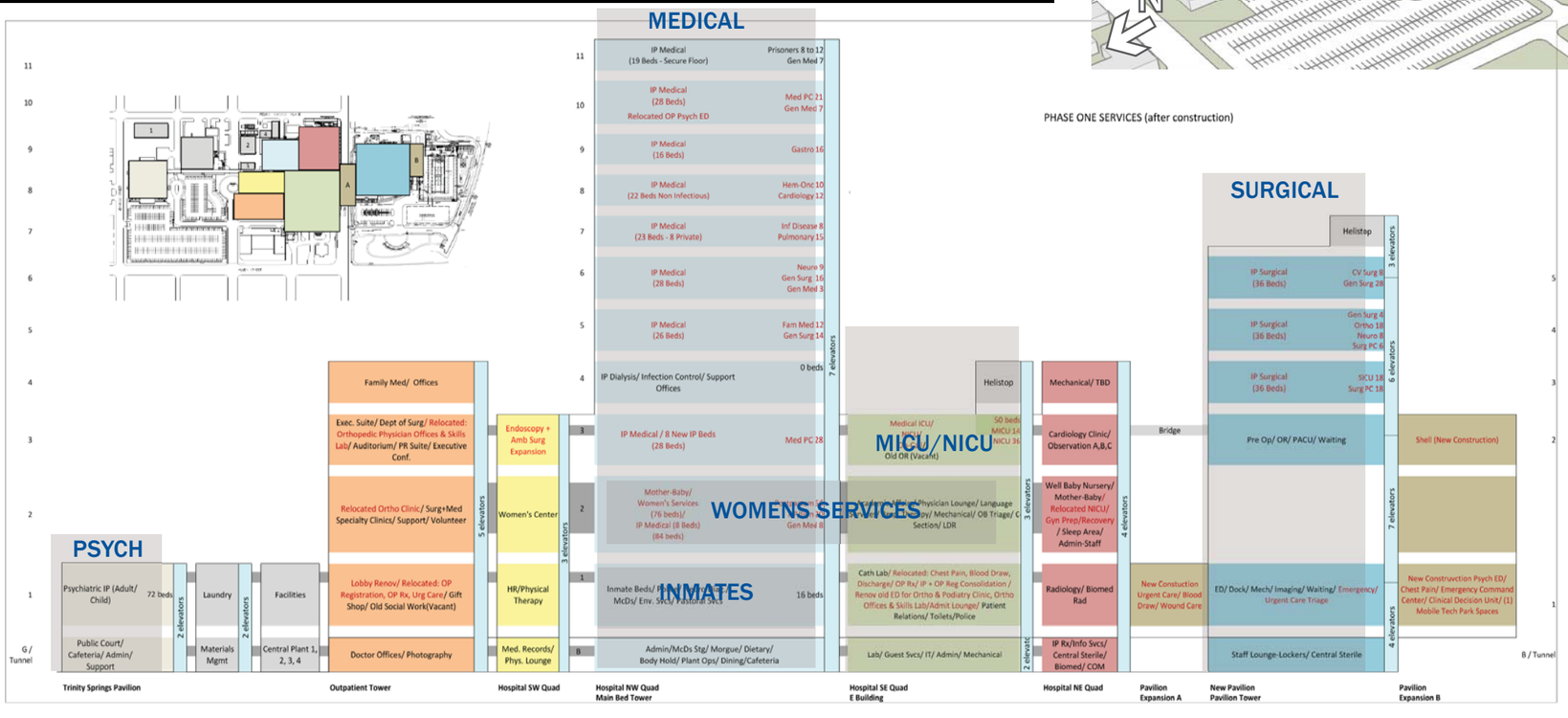
7. Relocate NICU to new unit and renovate portion of old NICU for Gyn Prep/ Recovery. (6 beds).

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

SUMMARY - END OF PHASE 1B

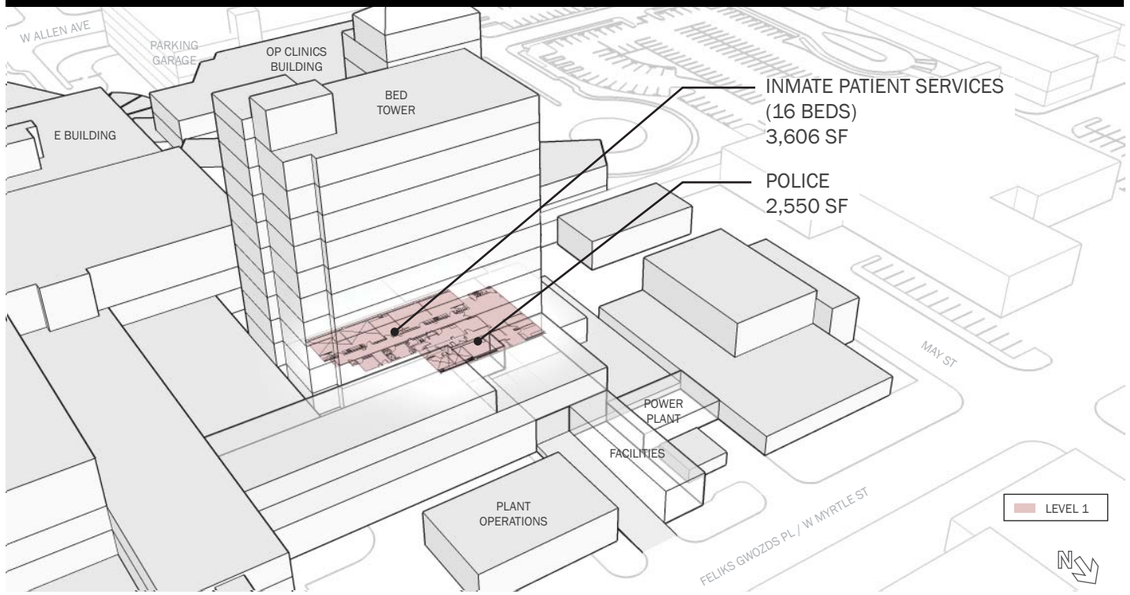


BED STACKING - END OF PHASE 1A & 1B

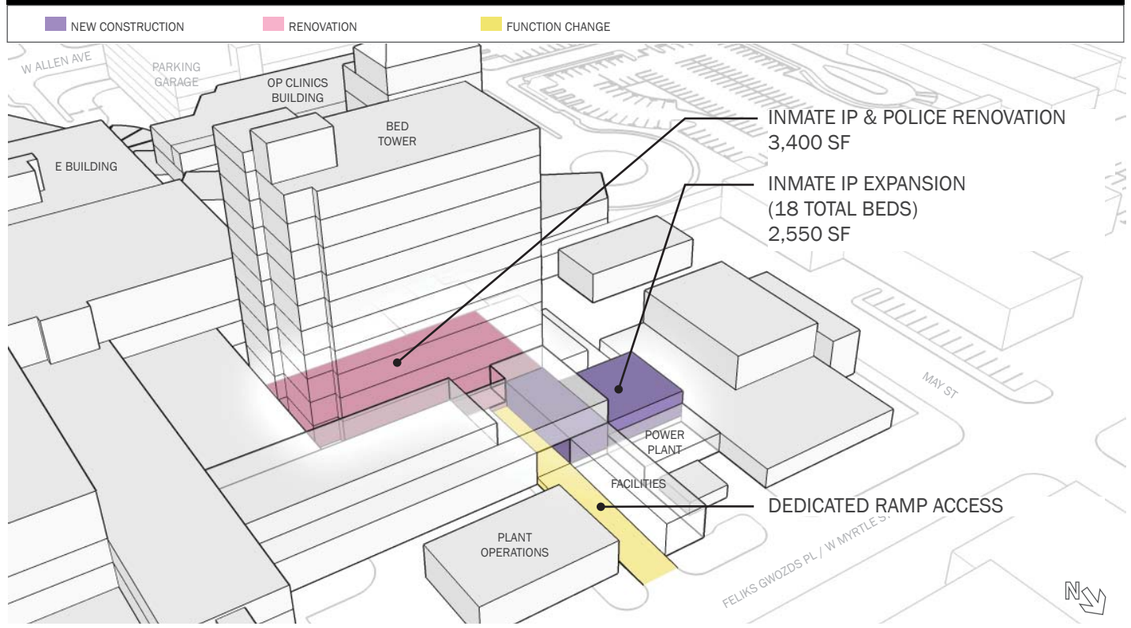


MAIN CAMPUS : Inpatient Beds - Recommendations

INMATE PATIENTS - JPS MAIN, LEVEL 1 - EXISTING

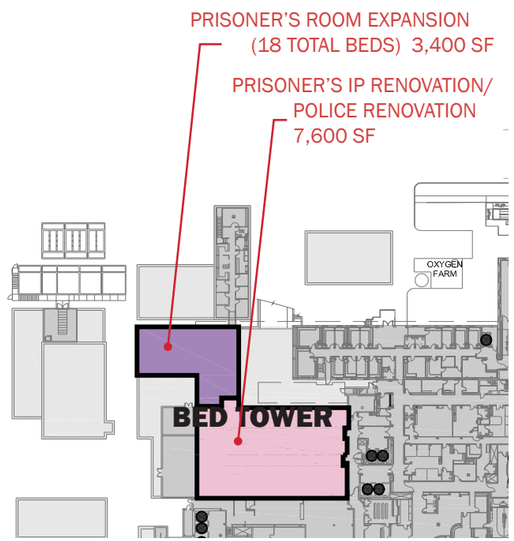


INMATE PATIENTS - JPS MAIN, LEVEL 1 - PHASE 1B



PRISONER UNIT EXPANSION/DEDICATED ENTRANCE

JPS MAIN LEVEL 1 PHASE 1B



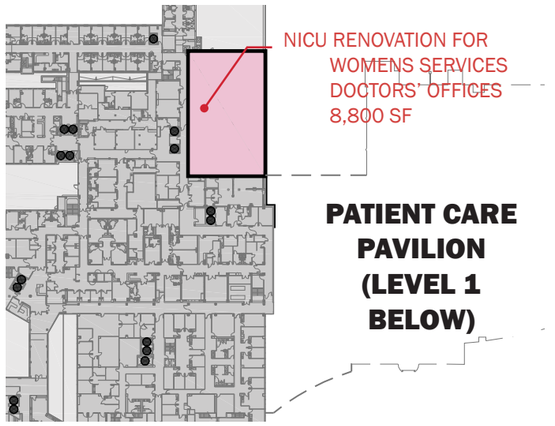
Phase Two Critical Path:

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

2. Demolish St. Joseph's hospital.

RENOVATION OF NICU FOR DOCTORS OFFICES

JPS MAIN LEVEL 2 PHASE 2



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).

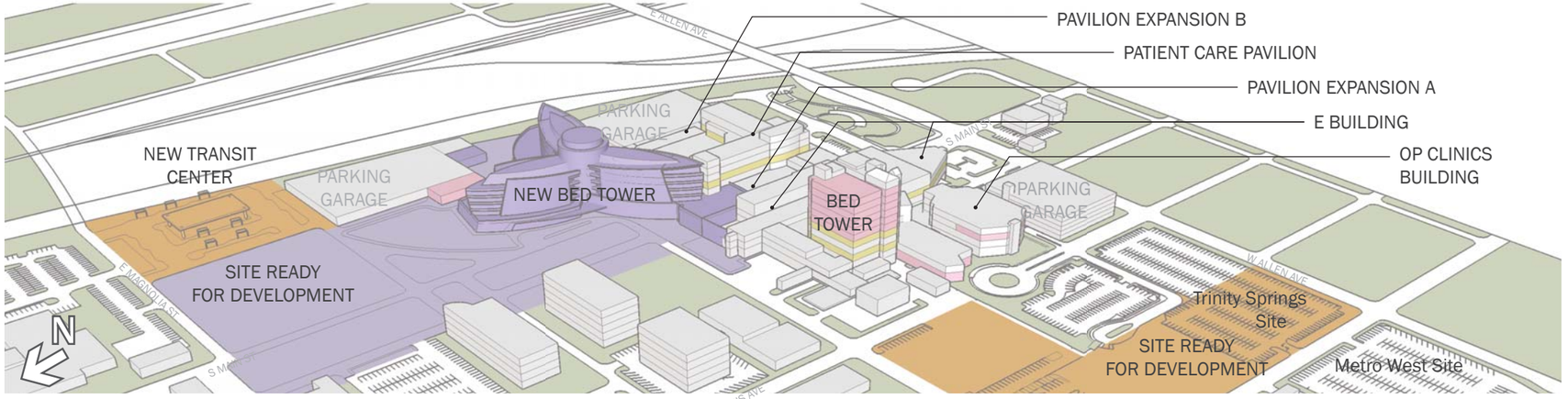
5. Psych Services and Inpatient Beds from Trinity Springs relocate to Main Bed Tower.

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

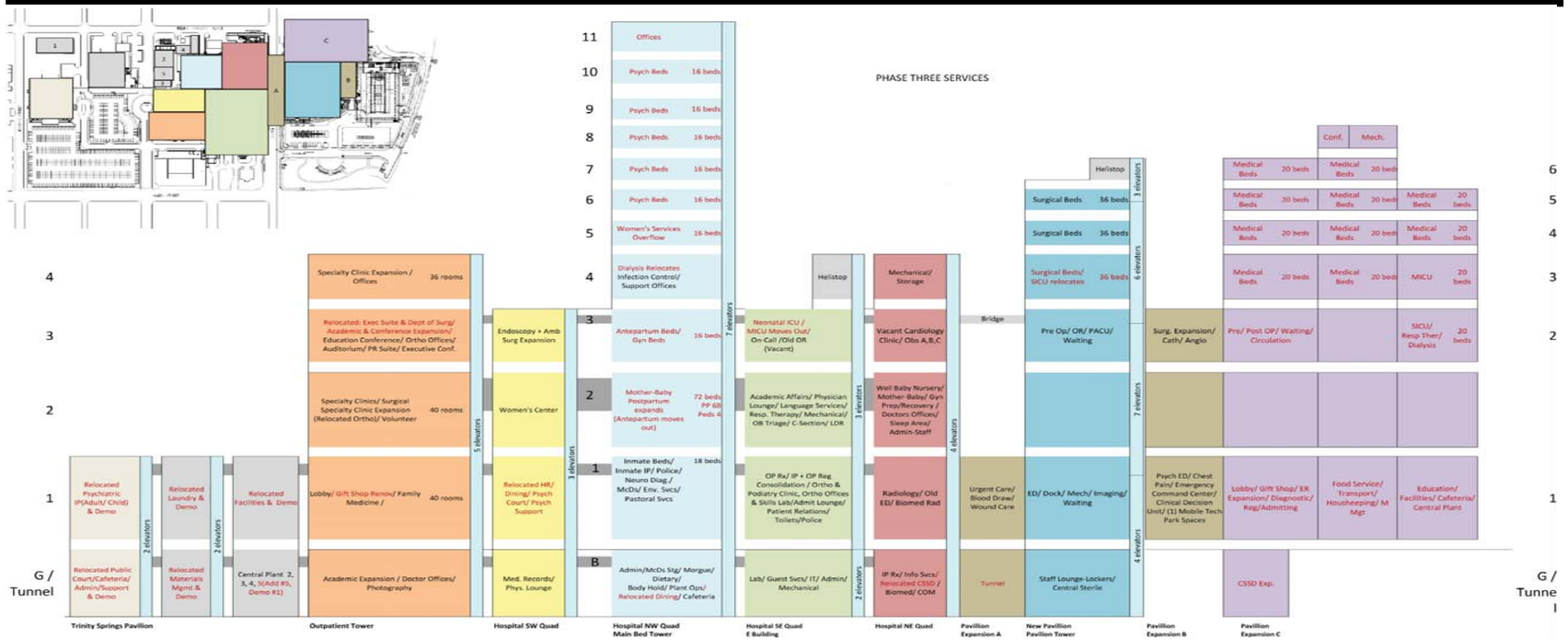
SUMMARY - END OF PHASE 3

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



Proposed New Inpatient Bed Tower

Proposed New Inpatient Bed Tower and connection to adjoining existing JPS hospital

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 envoronments. 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.

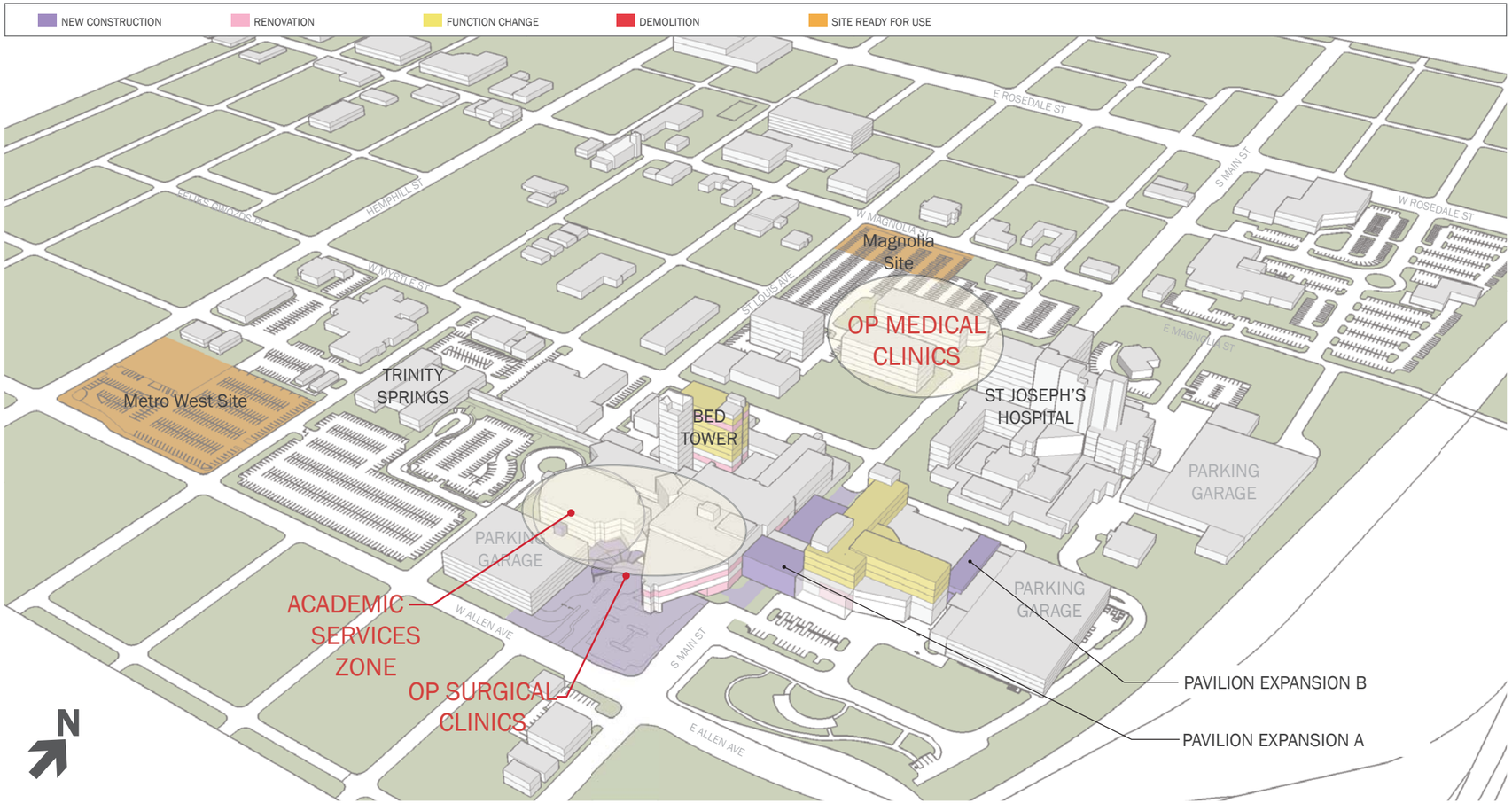
2. Executive offices will relocate from level three of the outpatient clinic building to level ten of the main bed tower.

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).

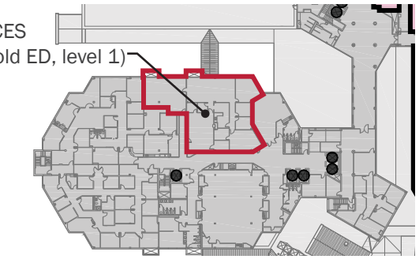
SHORT TERM RECOMMENDATIONS: EMERGENCY DEPARTMENT & MAIN CAMPUS CLINICS SUMMARY - END OF PHASE 1A

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.



ACADEMICS - JPS MAIN LEVEL 3 - PHASE 1A

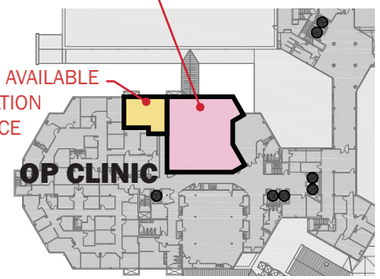
ORTHO OFFICES
(Relocate to old ED, level 1)
3,800 SF



JPS MAIN LEVEL 3 - PHASE 2

RENOVATE ORTHO OFFICES FOR ACADEMIC SUPPORT
3,000 SF

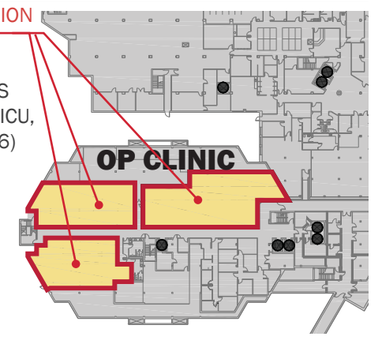
SKILLS LAB AVAILABLE FOR EDUCATION CONFERENCE
800 SF



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. 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***.

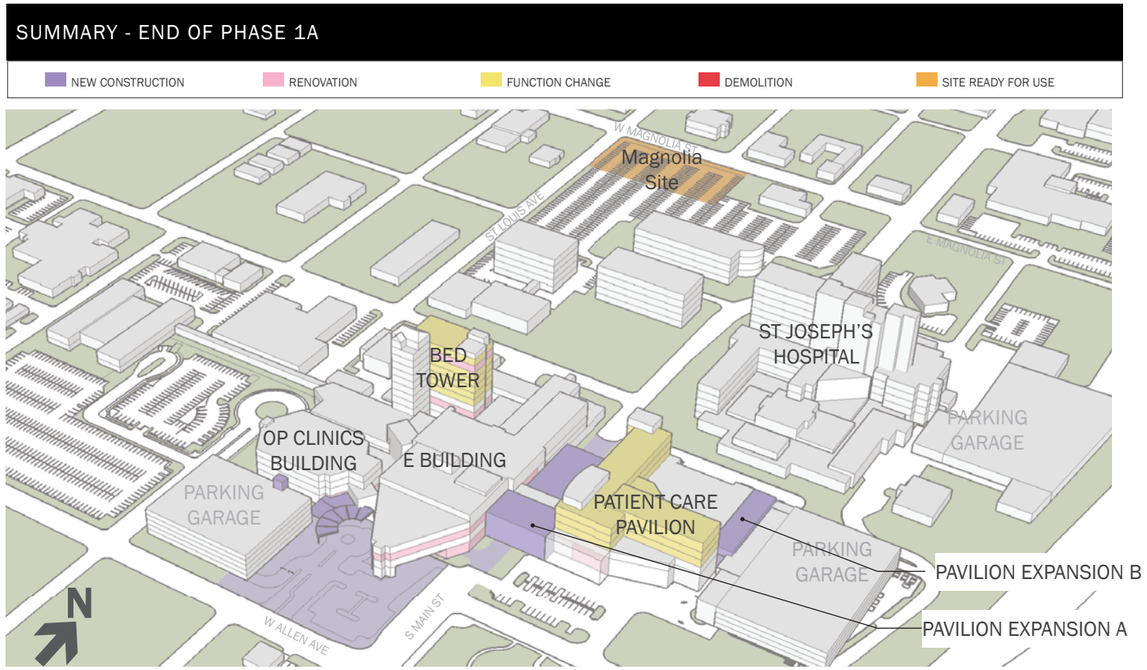
The acute care campus facilities should provide a tight, efficient connection for critical main campus clinical and support components, and should also create a cohesive environment both functionally and aesthetically for JPS public and staff.

Plan Criteria

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

- 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



Proposed New Main Entry

MAIN CAMPUS : Image, Circulation & Ancillary - Recommendations

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. 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.

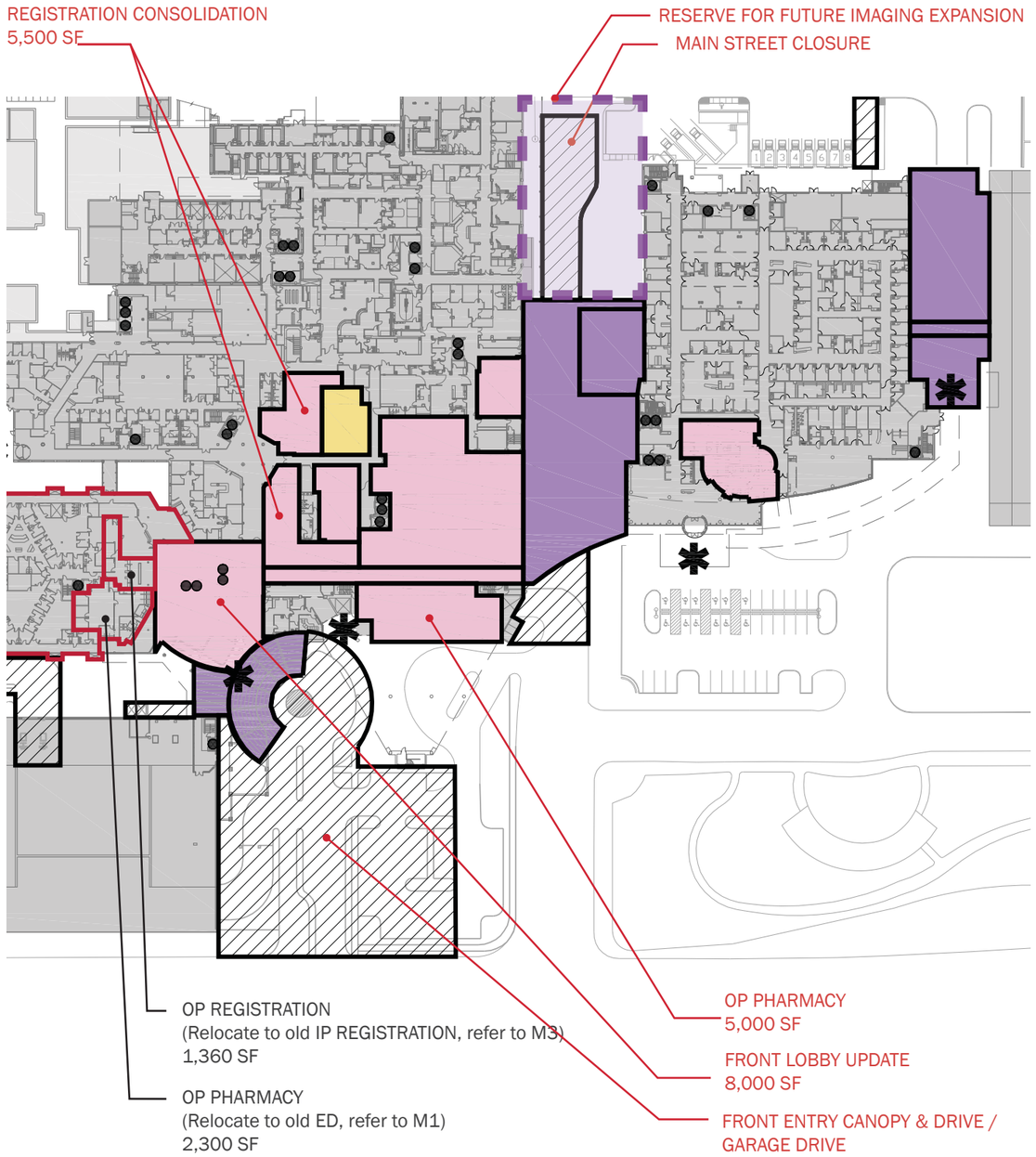
2. Site available for medical office expansion east of cemetery that connects JPOC to main hospital and Pavilion Expansion C.

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.

FRONT LOBBY COMPONENTS - JPS LEVEL 1 - AT END OF PHASE 1A



IMAGE/CIRCULATION/ANCILLARY: Recommendations

Proposed New Main Entry at End of Phase 1A

Proposed New 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

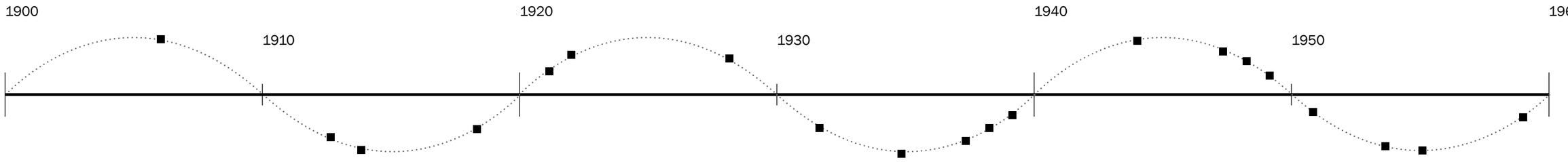
JPS Campus at End of Phase Three

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

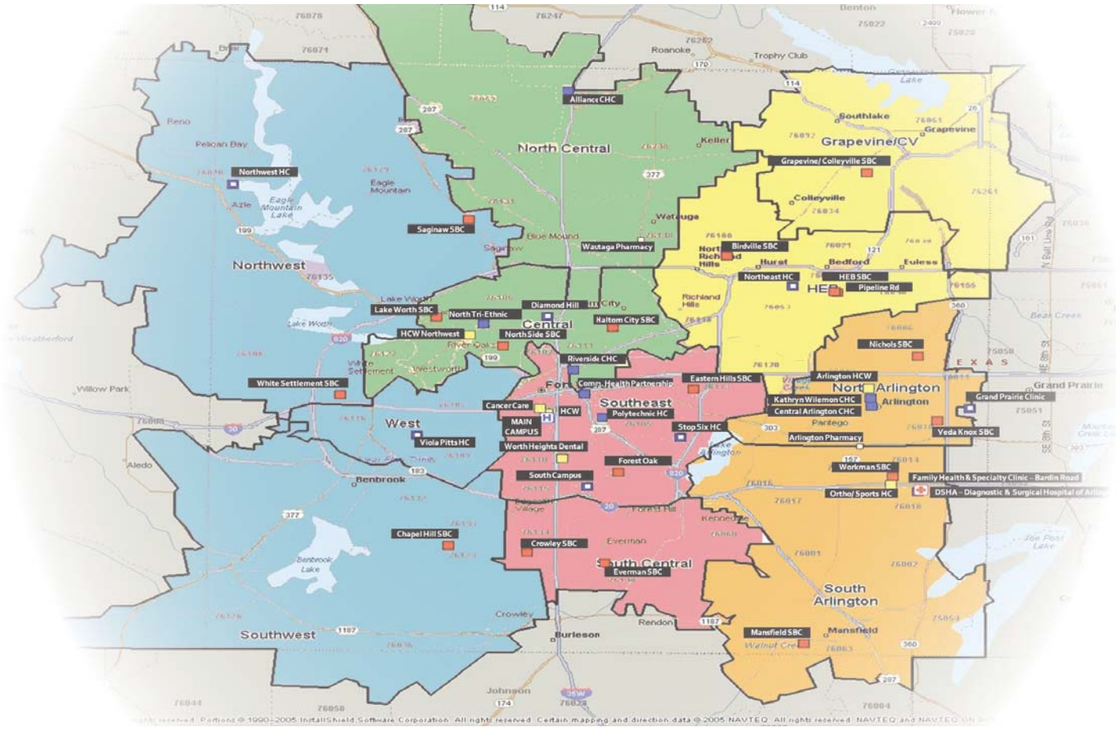
1954 – Cardiac clinic named as first teaching clinic

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

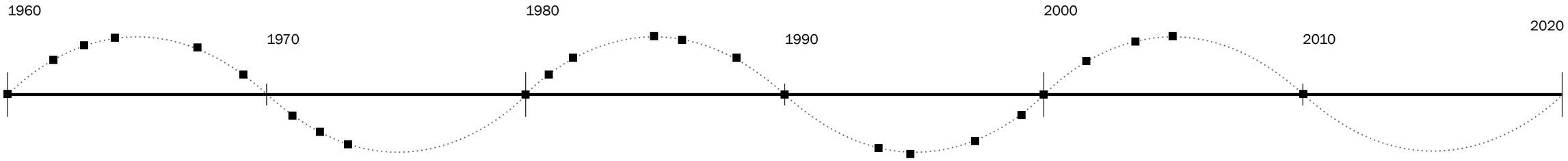
In October 1877, future Fort Worth mayor John Peter Smith deeded five acres of land at what is now 1500 South Main Street to provide a place where individuals from Fort Worth and Tarrant County “could have the best of medical care.” It would be many years before his vision for a facility on that location 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

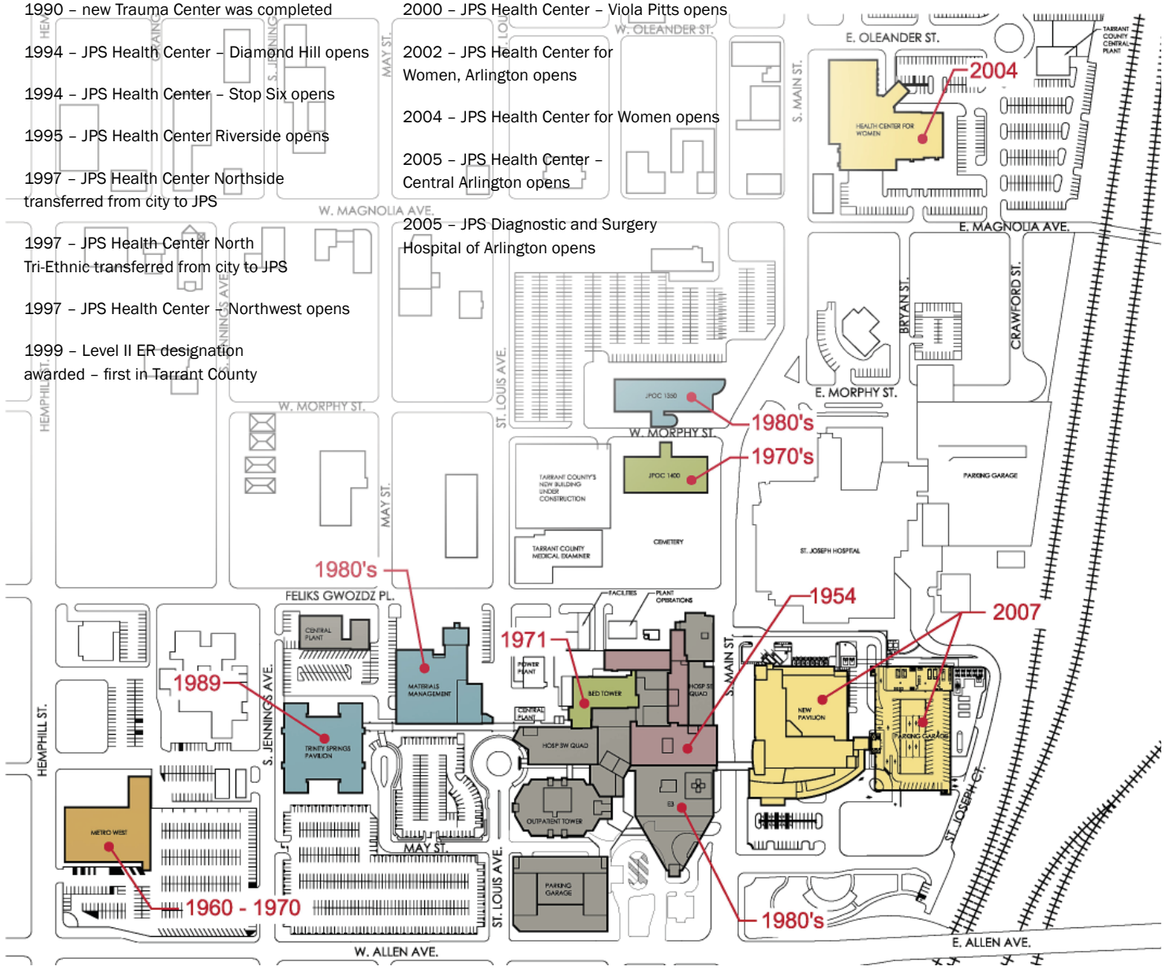
2005 – JPS Diagnostic and Surgery Hospital of Arlington opens

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.

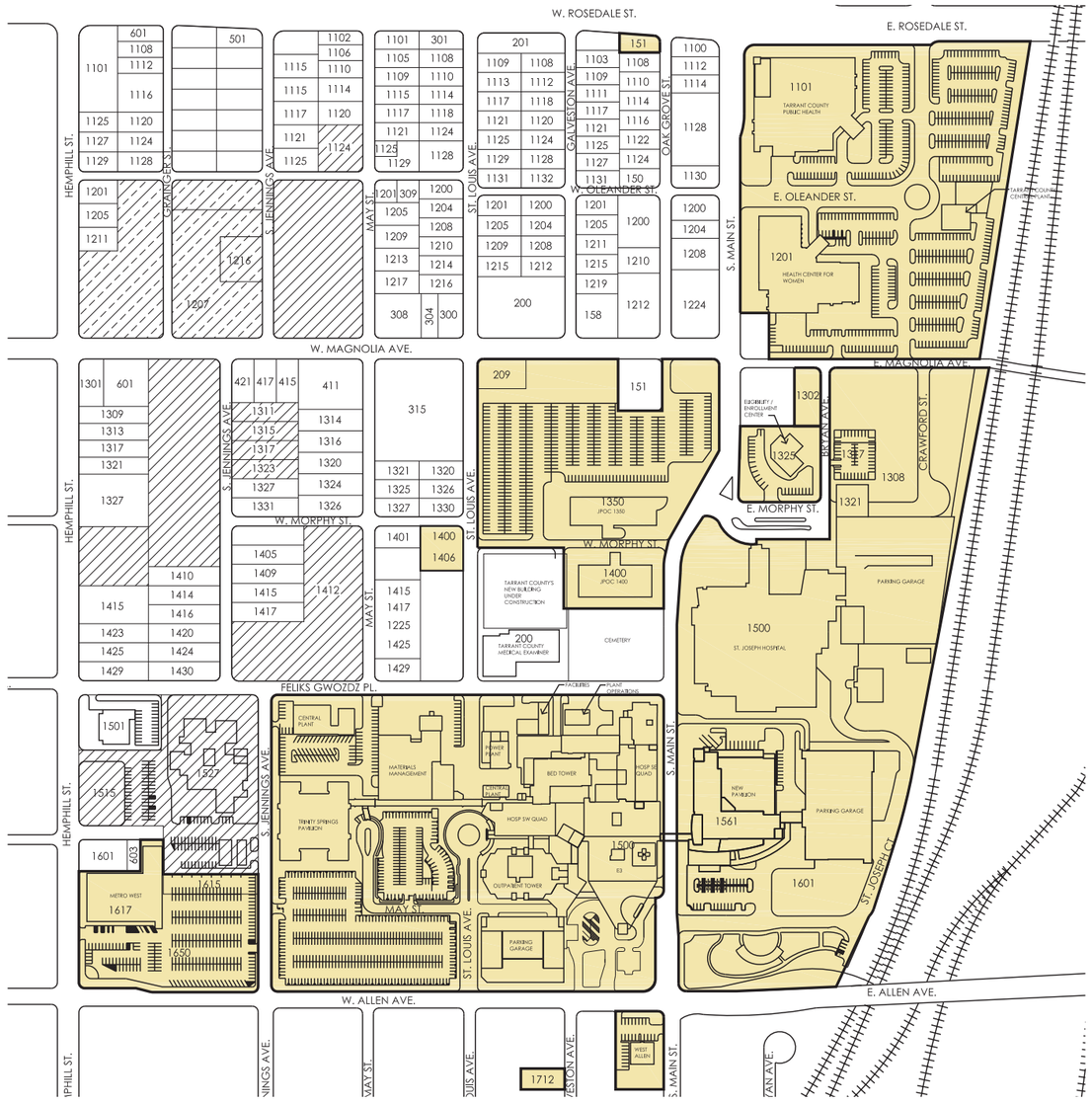
ISSUES

- 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

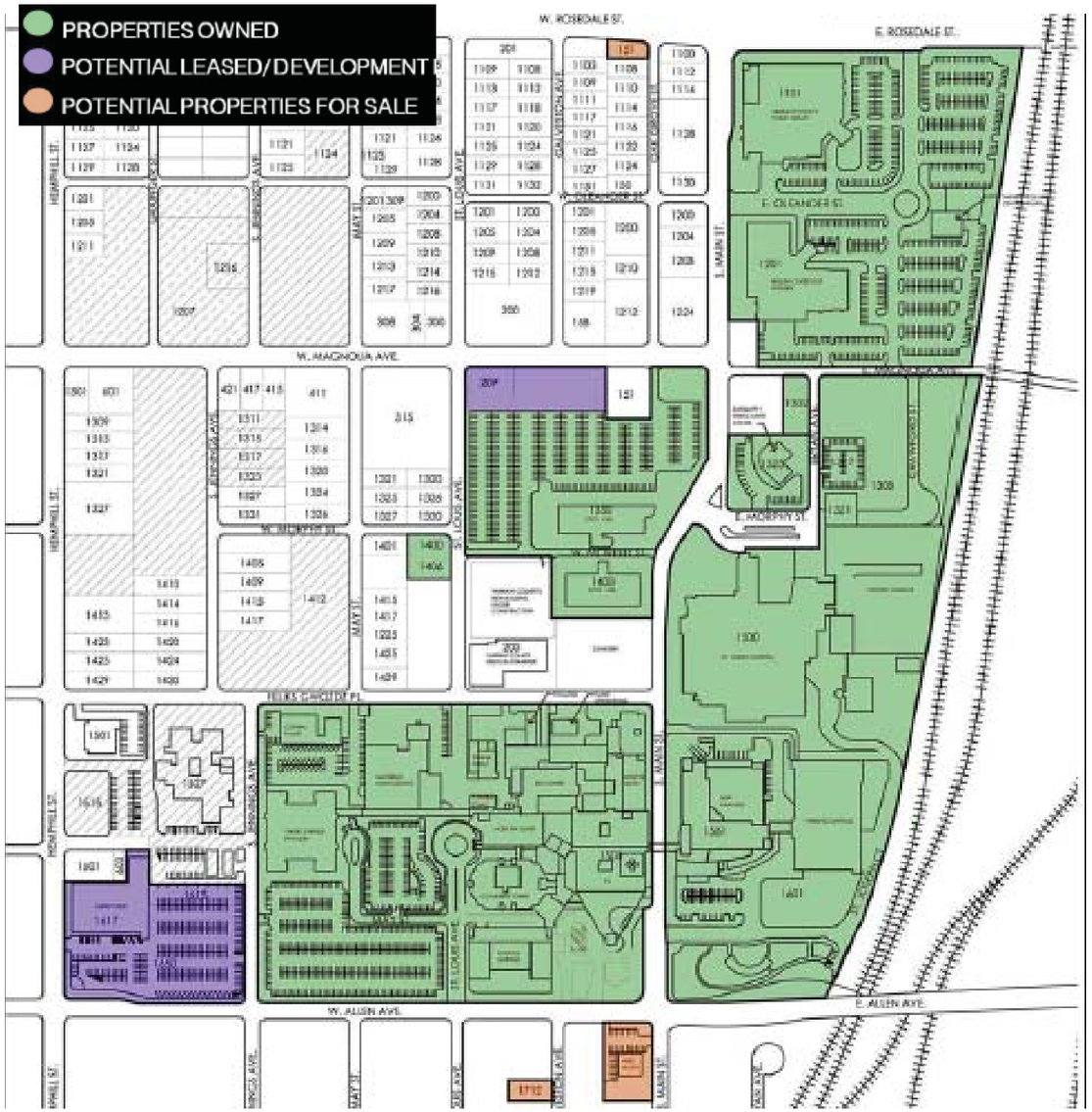
OPPORTUNITIES

- 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 1712 (see site map to the right)
- 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



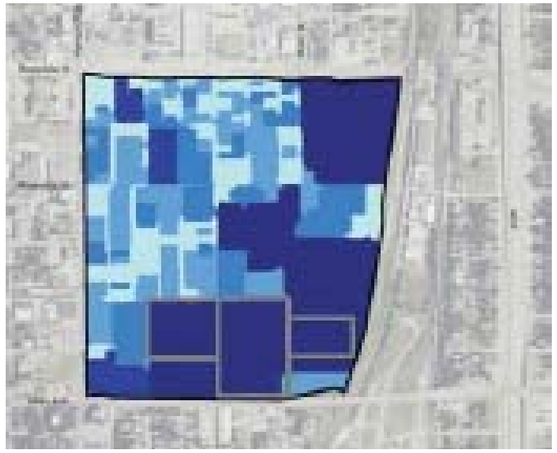
MAIN CAMPUS LAND HOLDINGS



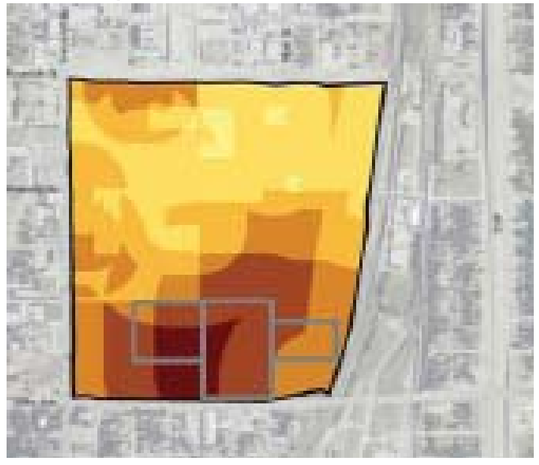
JPS AS AN ECONOMIC ENGINE - LAND VALUE DETERMINANTS

Proximity to Transportation

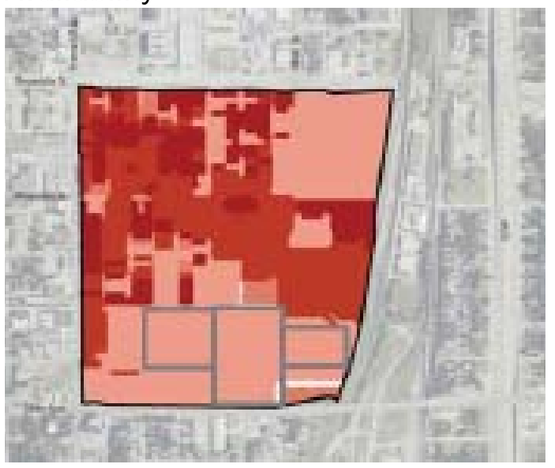
Fragmentation



Proximity to Development



Availability



CAMPUS DEVELOPMENT: Recommendations

SHORT TERM RECOMMENDATIONS

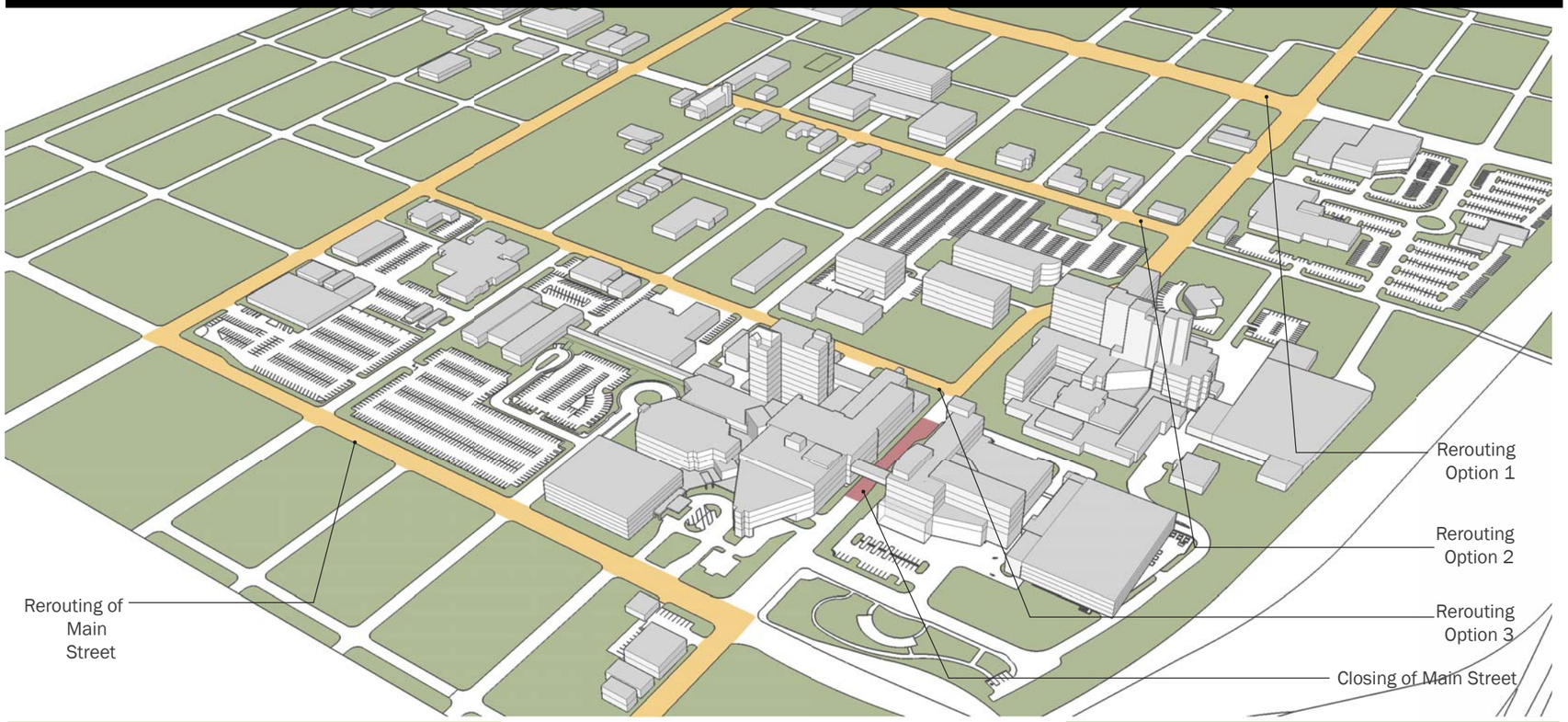
Addressing campus development most significantly meets the Stewardship Criteria, but also has a signifcant impact on Efficiency of the hospital campus, in that it encourages that the campus remaintight and efficient, as opposed to the sprawling and inefficient campus that has developed over many years.

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

CLOSING AND REROUTING OF MAIN STREET



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 does not fall within future main campus footprint. (West Allen, Lot 1712)

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.

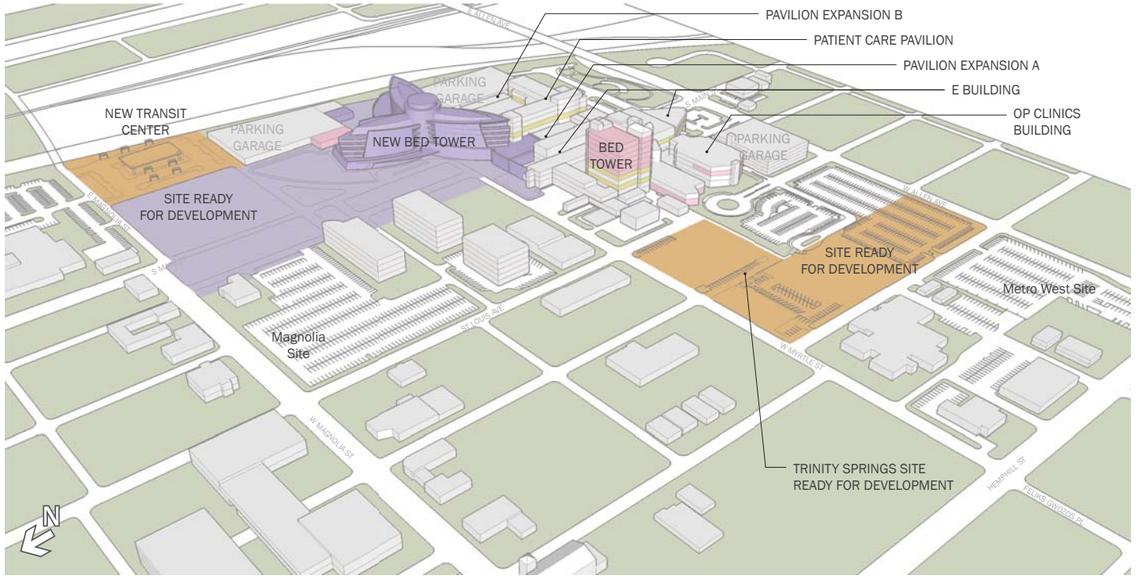
6. Release/develop land that does not fall in future campus or regional footprint.

MAIN CAMPUS : Campus Development - Recommendations

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)
- Office renovations

Level 11

OP CLINIC BUILDING
Level 3 • Academic Conference Expansion renovation

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"

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.

Phase Three Critical Path (cont.)

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.

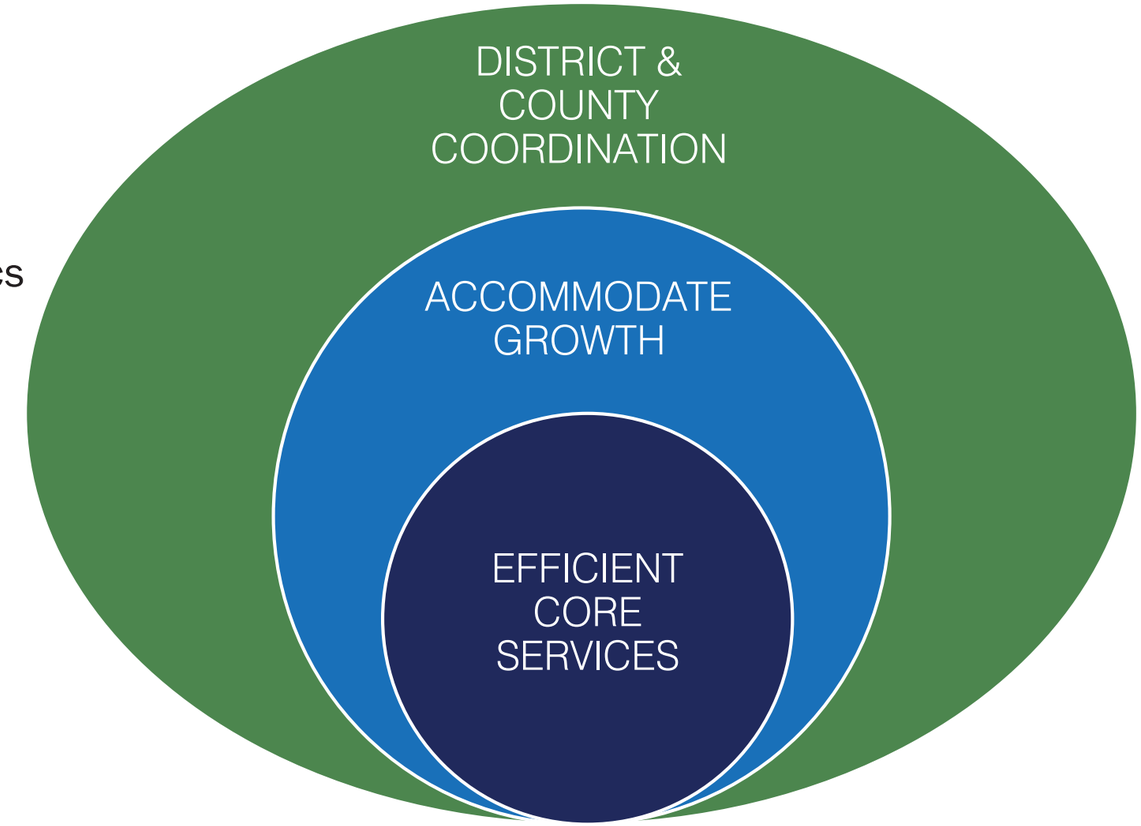
8. (Option) Release or develop land that does not fall within future main campus footprint or regional community strategy.

PLAN PHASING

Phase 1: Efficient Core Services *(0-24 Months)*
- One Contiguous Main Campus for the Network
- Regional Community Strategy System Prototype

Phase 2: Accommodate Growth *(24-36 Months)*
- Accommodate Patient Volumes at Main Campus and Clinics
- Regional Community Strategy Expansion

Phase 3: District & County Coordination *(36+ Months)*
- Operational Consolidations
- Growth & Service Line Development
- Regional Community Strategy Expansion



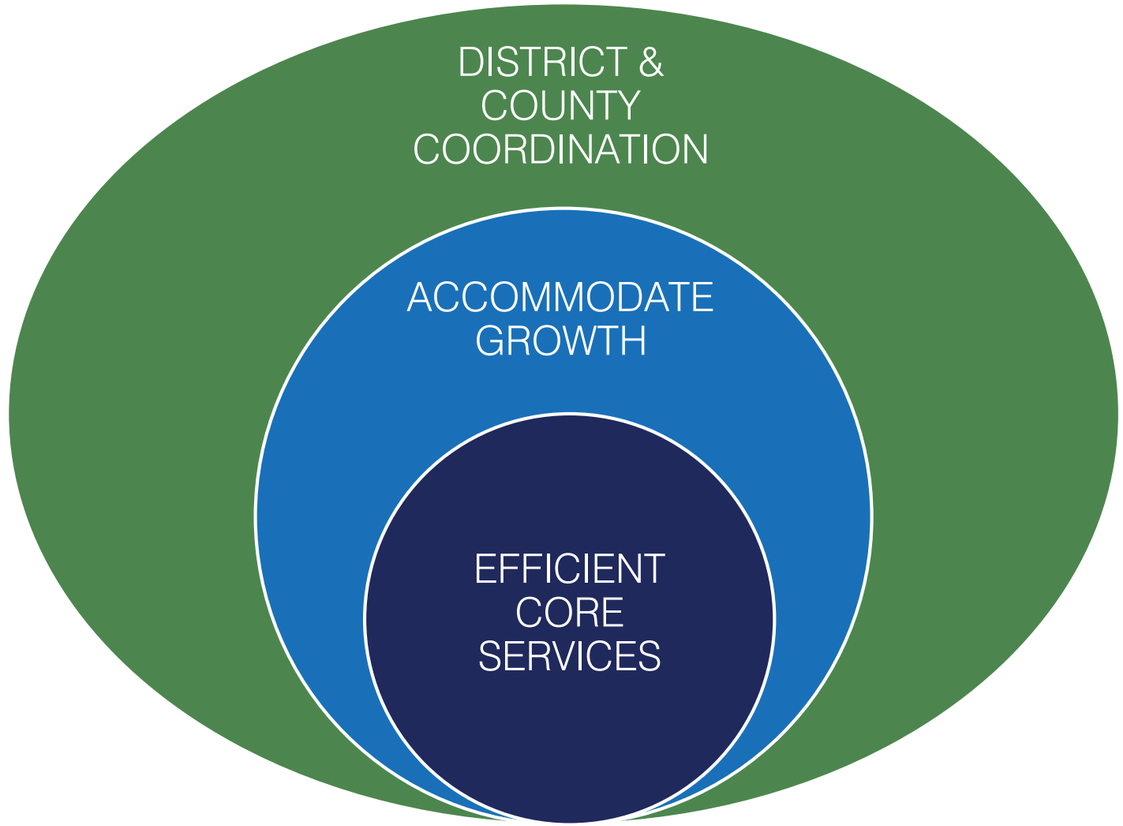
PRIORITY RECOMMENDATIONS

	Phase One EFFICIENT CORE SERVICES Plan Components	Benchmarks to Meet Before Moving to Phase 2	Phase Two ACCOMMODATE GROWTH Plan Components	Benchmarks to Meet Before Moving to Phase 3	Phase Three DISTRICT & COUNTY COORDINATION Plan Components
Regional Community Network Strategy	Regional Medical Home "Hub": Arlington DSHA Ambulatory Surgery / Surgical Clinic Release of Select Clinic Leases	✓Cost Savings from Eliminated Leases ✓Increased Capacity / Reduced per Visit Cost ✓Reduced Costs due to Rerouted ED Visits	Regional Medical Home "Hub" Implemented Rationalization of Existing Clinics Clinic Lease(s) Released	✓Cost Savings from Eliminated Leases ✓Increased Capacity / Reduced per Visit Cost ✓Reduced Costs due to Rerouted ED & IP Visits	Regional Medical Home "Hub" Implemented Rationalization of Existing Clinics Clinic Lease(s) Released
Emergency Dept/ Urgent Care/ Clinics Reorganization	Urgent Care Relocation/New Central ED Triage Relocate Admit/ Chest Pain/Psych ED Family Practice/Surgical Clinic Reorganization	✓Increased ED Efficiency ✓Decreased Transports ✓Reduced Cost per ED Visit	Operational Improvement & Ongoing Implementation of New Central Triage & ED Reorganization with Urgent , Psych, Chest Pain	✓Increased ED Efficiency ✓Reduced Cost per ED Visit ✓Reduced IP Visits	Operational Improvement & ED Expansion as Needed
Invasive Services/ Endoscopy Reorganization	Minor Procedure/ Endo Suite Renovation Surgery Reorganization: Major vs. Minor Mobile Unit Adjacent to Pavilion	✓Operational Separation of Minor Procedures ✓Increased Throughput / Saved Costs ✓Utilization of Mobile Unit & Measured Use	Operational Improvement & Ongoing Separation of Minor Procedures from Major Surgery Cath/ Angio Fit-Out Adjacent to Surgery	✓Reduced Costs due to Adjacency of All Invasive ✓Increased Throughput / Saved Costs	Best Practice Implementation for Major Surgery / Invasive Services blending Surgery, Cath, Angio, Advanced Imaging
Inpatient Beds Reorganization	Bed Reorganization: Medical vs. Surgical Renovation of NICU & Gyn Prep-Recovery Prisoner Unit Expansion/ Consolidation	✓Decreased LOS especially Surgical Beds ✓Reduced Patient Transports ✓Reduced Cost per IP stay	Operational Improvement & Ongoing Implementation of Bed Grouping Strategy	✓Decreased Surgical Bed LOS ✓NICU / Women's Services Volume ✓Reduction in Patient Transports	New Bed Tower Construction/Consolidation of Beds on East side of Main Street/Psych Beds Relocate to BT/ Expand Women's & NICU Beds
Academic Services Expansion	Clinic Reorganization Teaching Teams in Bed Grouping Plan Repurpose Spaces for Support/ Conference	✓Improved Scheduling Efficiency for Residents ✓Improved Physician Satisfaction ✓Conference Volumes/ Capacity	OPC Designated as Academic Services Zone Convert Ortho Offices to Conference Space	✓Resident Scheduling Efficiency ✓Measured Conference Volumes/ Capacity	Education Expansion option in New Tower & Conference Space on Level 3 of OPC
Internal Campus Circulation/ Support Improvements	Construct Connection on Main Street Rework Entrance / Centralized Registration Renovation for Pharmacy & Orthopedic Clinic	✓Improved Patient Satisfaction ✓Pharmacy Efficiency ✓Reduced Registration FTE Need	Renovate NICU for Doctors Offices	✓McDonald's lease is released	Relocate Dining to Level One from basement Campus Circulation Improvements Administration Office Relocation to BT 11
Campus Development Strategy	District Boundary Identification MetroWest Services Relocate/ MetroWest Demo Other Land Development Possible	✓Reduced MEP Costs ✓Revenue from MetroWest Development ✓Revenue from Other Developments	Ongoing Implementation Demo St. Joe's Relocate Eligibility & Enrollment	✓Reduced MEP Costs ✓Availability of Land for New Tower ✓Availability of Trinity Springs Land	Trinity Springs is Closed/ Demo Trinity Springs Site Development Eligibility & Enrollment Site Development

PHASE ONE : Efficient Core Services

One Contiguous Main Campus

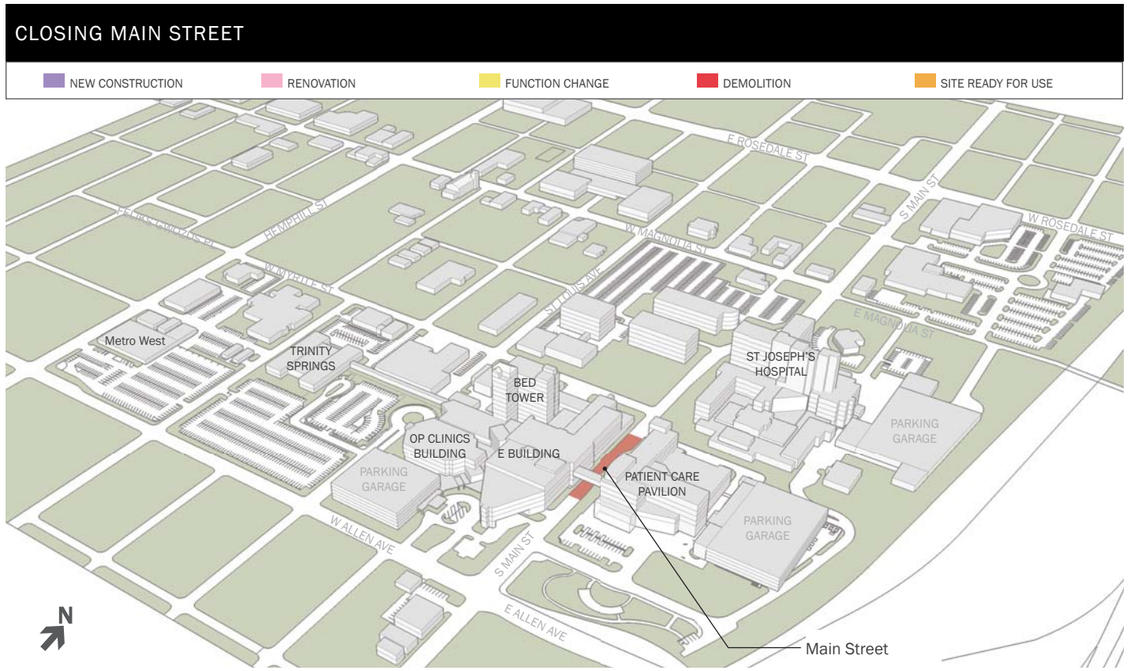
Regional Community Care Strategy

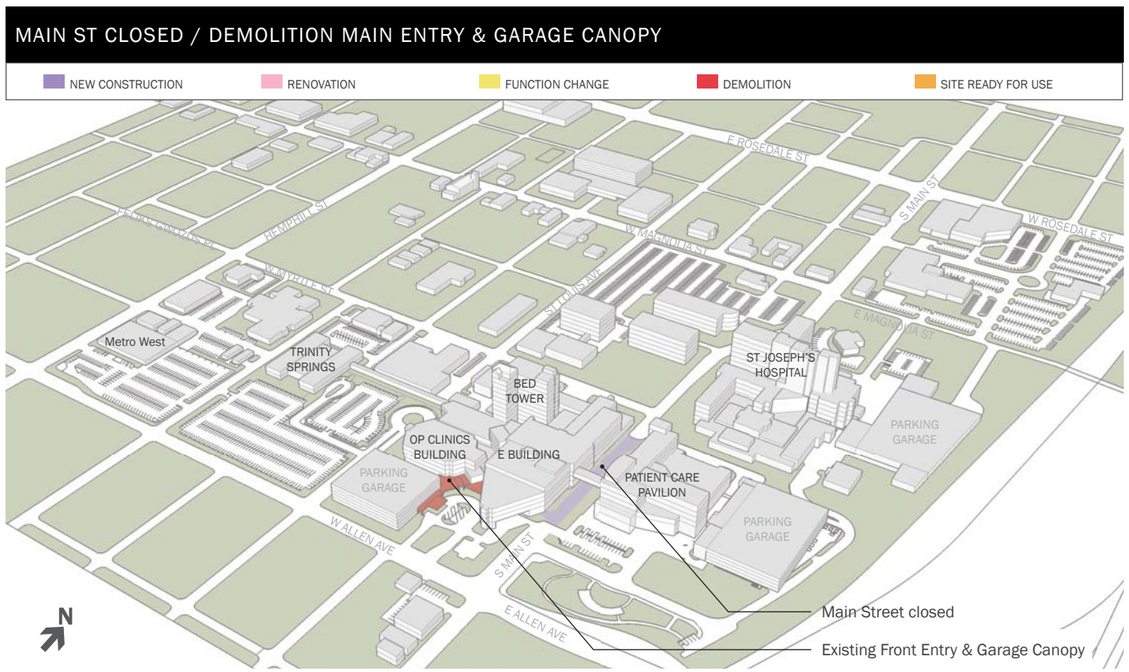


PHASING: PHASE ONE

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

PHASING: Phase One





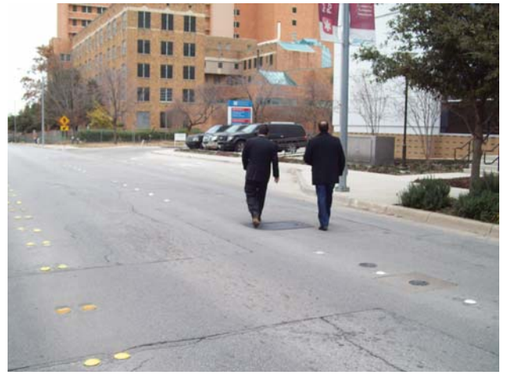
The cornerstone and first critical step of the plan is the closing or rerouting of Main Street. Main Street is a barrier to the efficient operations of the campus and is an impediment to JPS' future ability to serve its patient population and practice stewardship within the community.

Closing main street will:

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

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

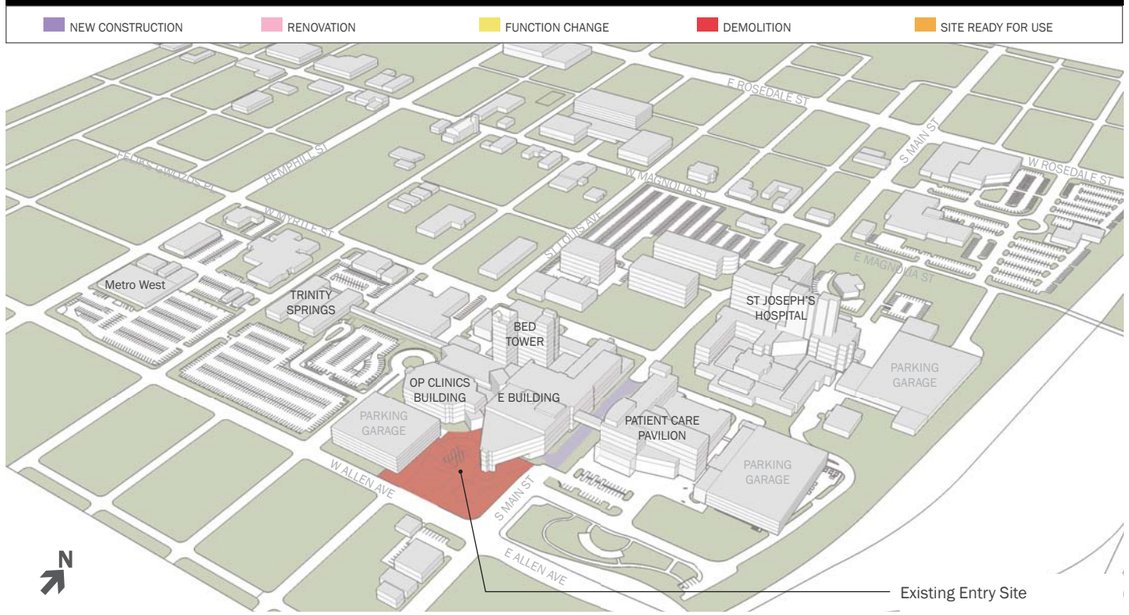
Main Street between main hospital and Pavilion



Pedestrians on Main Street

Revolving door at Main entry

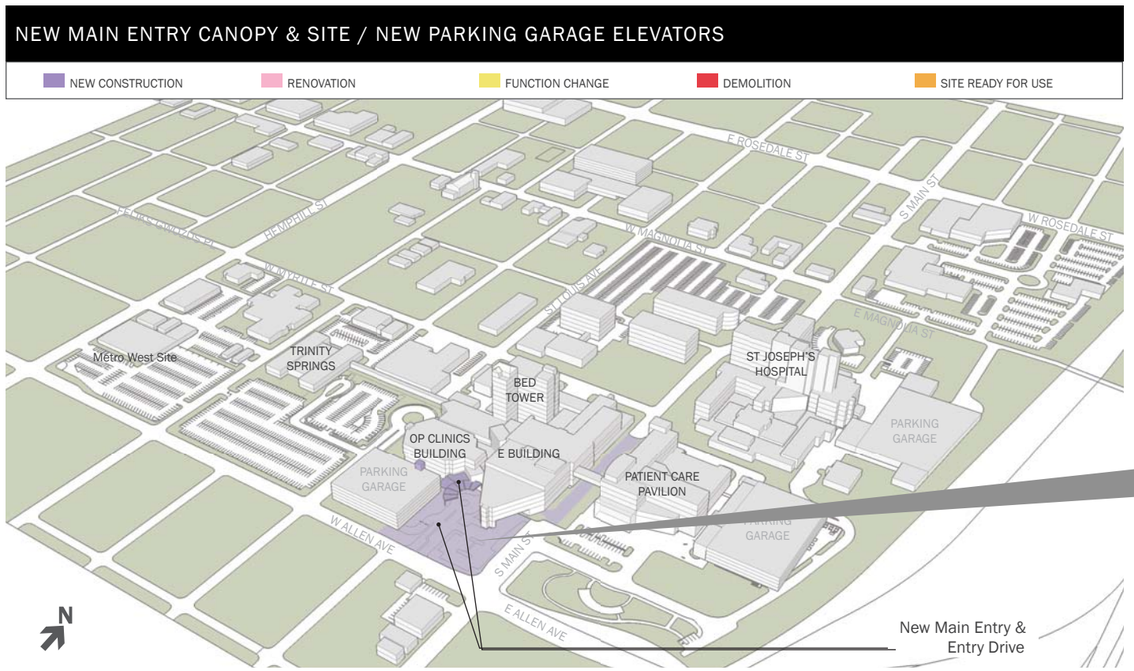
DEMOLITION MAIN ENTRY SITE



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

Parking garage elevator/parking garage traffic entrance

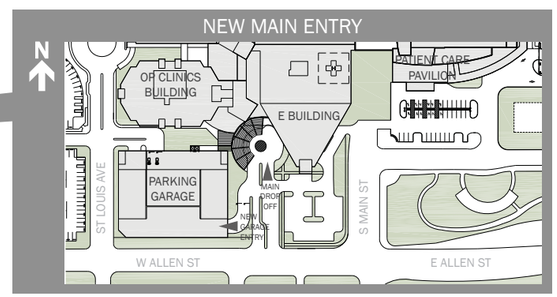
NEW MAIN ENTRY CANOPY & SITE / NEW PARKING GARAGE ELEVATORS



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

Reworking of the drive and main entry will:

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



Entrance to parking main entry parking garage.

Street/walkway between front entry and main parking garage.

PHASING: Phase One

On the Main Street site, a connection will be built between the hospital and the Pavilion that will house Urgent Care, as a connection to the current ED. It will also allow space for the fit-out of a new Wound Care clinic.

The construction of this connection will:

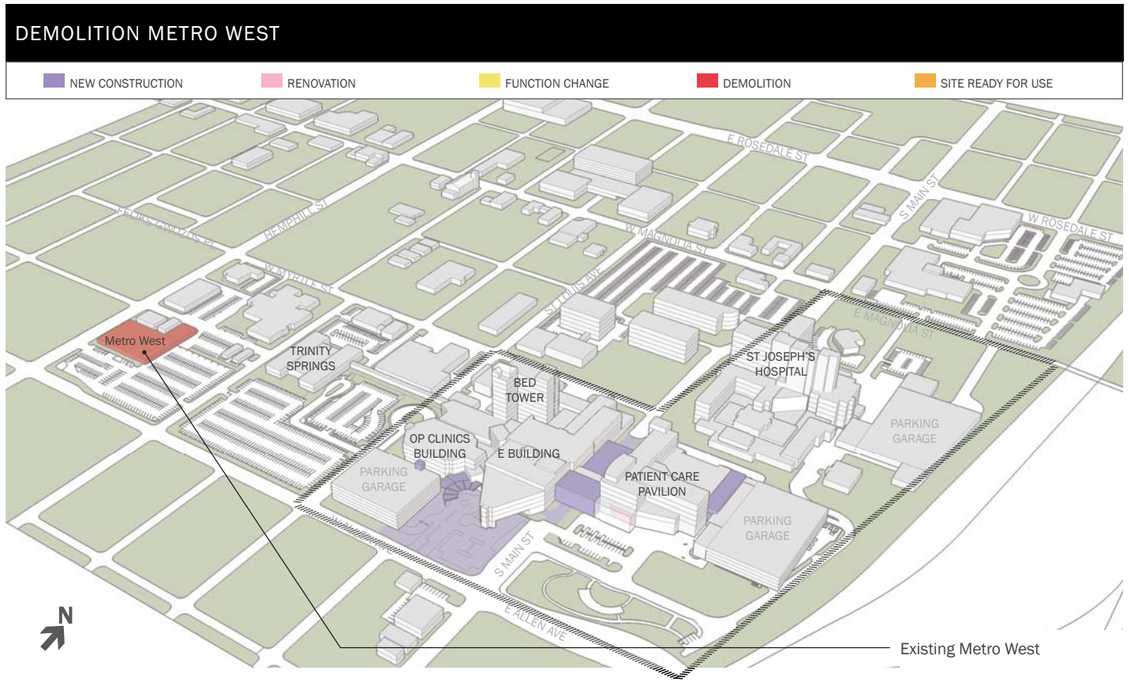
- Allow for the consolidation of Urgent Care and the Emergency Department, and a shared triage that allows for filtering of patients to the appropriate care location, and reduced patient transports.
- Allow for improved access to Urgent Care and reduced congestion at the entry to the main hospital.
-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

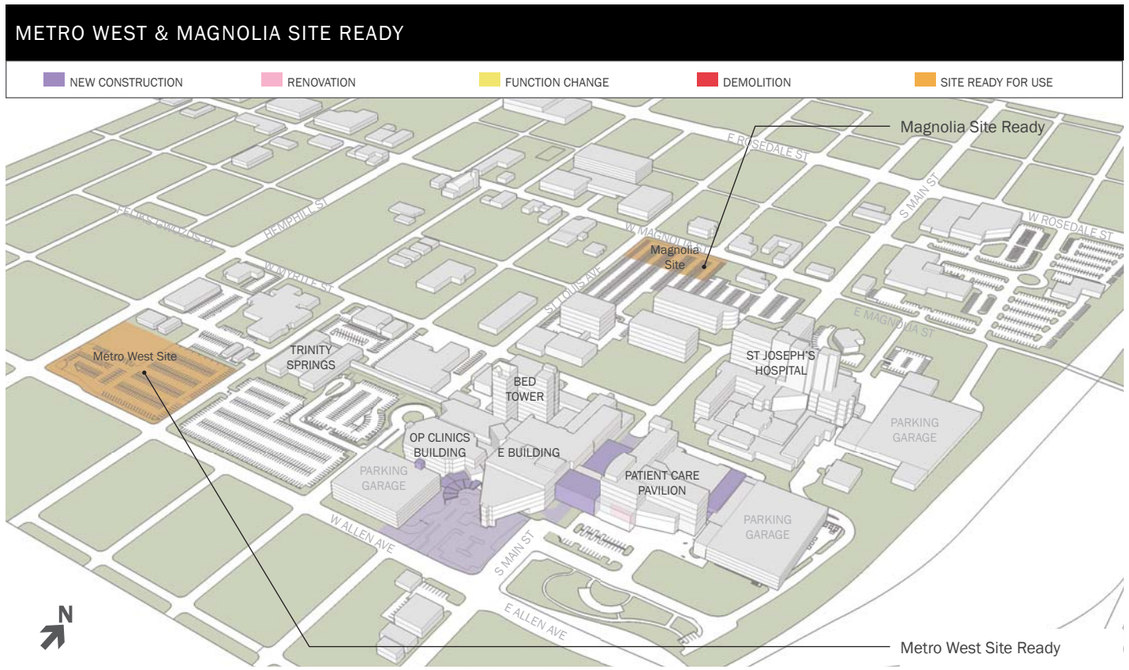
Current Urgent Care Waiting

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

The new addition will:

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





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

Demolition of the MetroWest building will:

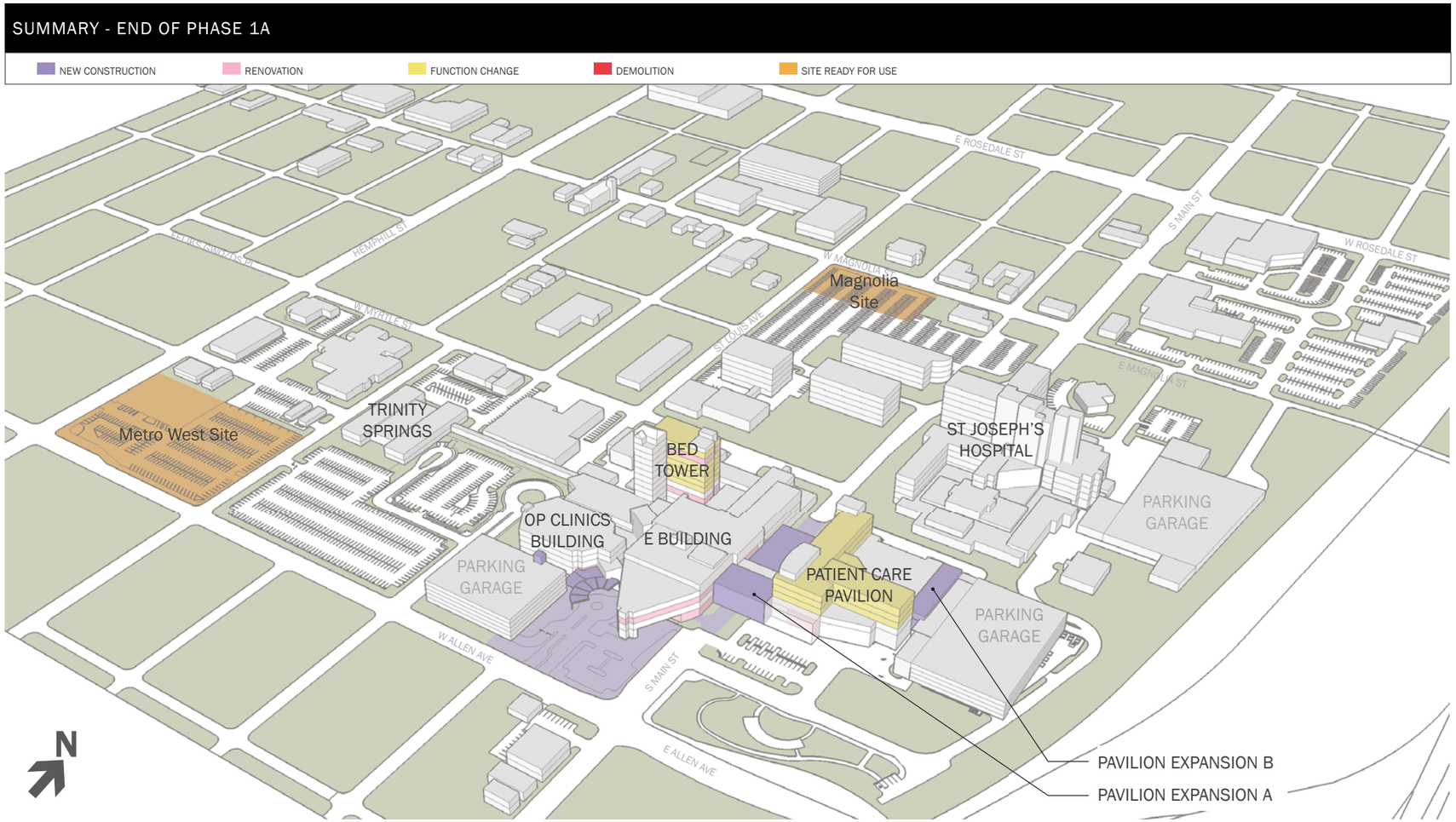
- Allow JPS to take the first step toward consolidating the campus to a tighter, more efficient contiguous campus.
- Allow cost savings related to maintenance and MEP of a JPS-owned facility.

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

Availability of these two sites will:

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

PHASING: Phase One



TRINITY SPRINGS
Building • New Chiller & 2 new DX Units

MAGNOLIA STREET
Site • Ready for Development

METRO WEST
Site • Ready for Development

BED TOWER
Level 3 • Surgical Inpatient Beds (8 New)
Level 5-11 • Inpatient Medical Beds relocation (also, renovation on level 10)

OP CLINIC BUILDING
Site • Main Entry Canopy
• Main Enry & Garage Drive
Level 1 • Front Lobby

E BUILDING
Level 1 • Admitting Lounge
• OP Pharmacy
• Ortho Offices
• Ortho/Podiatry Clinic/Skills Lab
• Public Circulation
• Registration Consolidation
Level 2 • Gyn Prep/Recovery
Level 3 • Endo Rooms (5) & Minor Procedure and Prep/Recovery Rooms (4) + new AHU
• MICU Beds (4)
• New mechanical system support for E Unit
• New On-Call Rooms & Circulation
• NICU Beds (36)

PATIENT CARE PAVILION
Site • Mobile Technology Park for Angio or Cath
Level 1 • Emergent/Urgent Triage
Level 3-5 • Inpatient Surgical Beds relocation

EXPANSION A - MAIN STREET
Site • Close Main Street
Level 1 • Urgent Care/Blood Draw/ Circulation
• Wound Care

EXPANSION B - EAST OF PATIENT CARE PAVILION
Level 1 • Psych ED/Chest Pain & Clinical Decision Unit/ Emergency Command Center
Level 2 • Shell

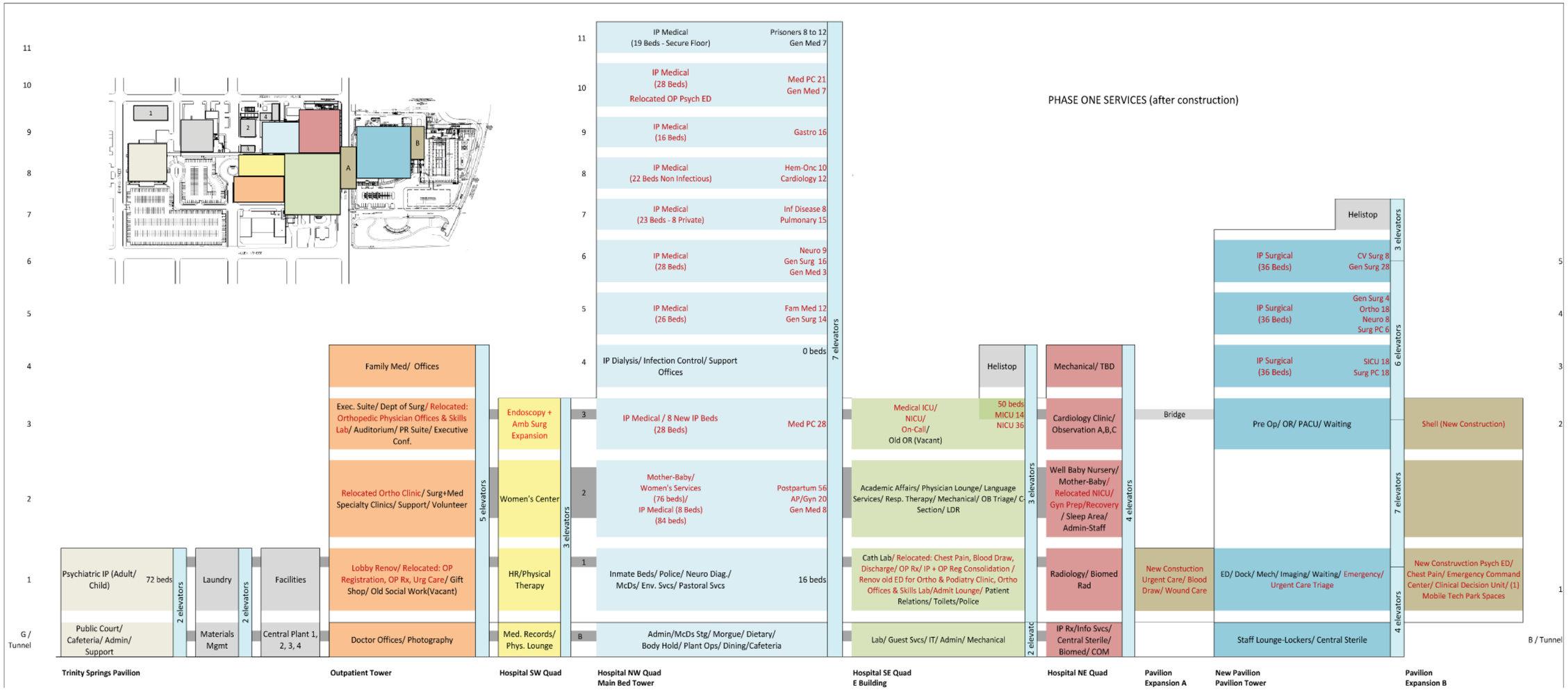
This image shows the JPS campus at the end of Phase One including areas of new construction, renovation, function change or reuse of existing space for another purpose, and sites ready for re-use.

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

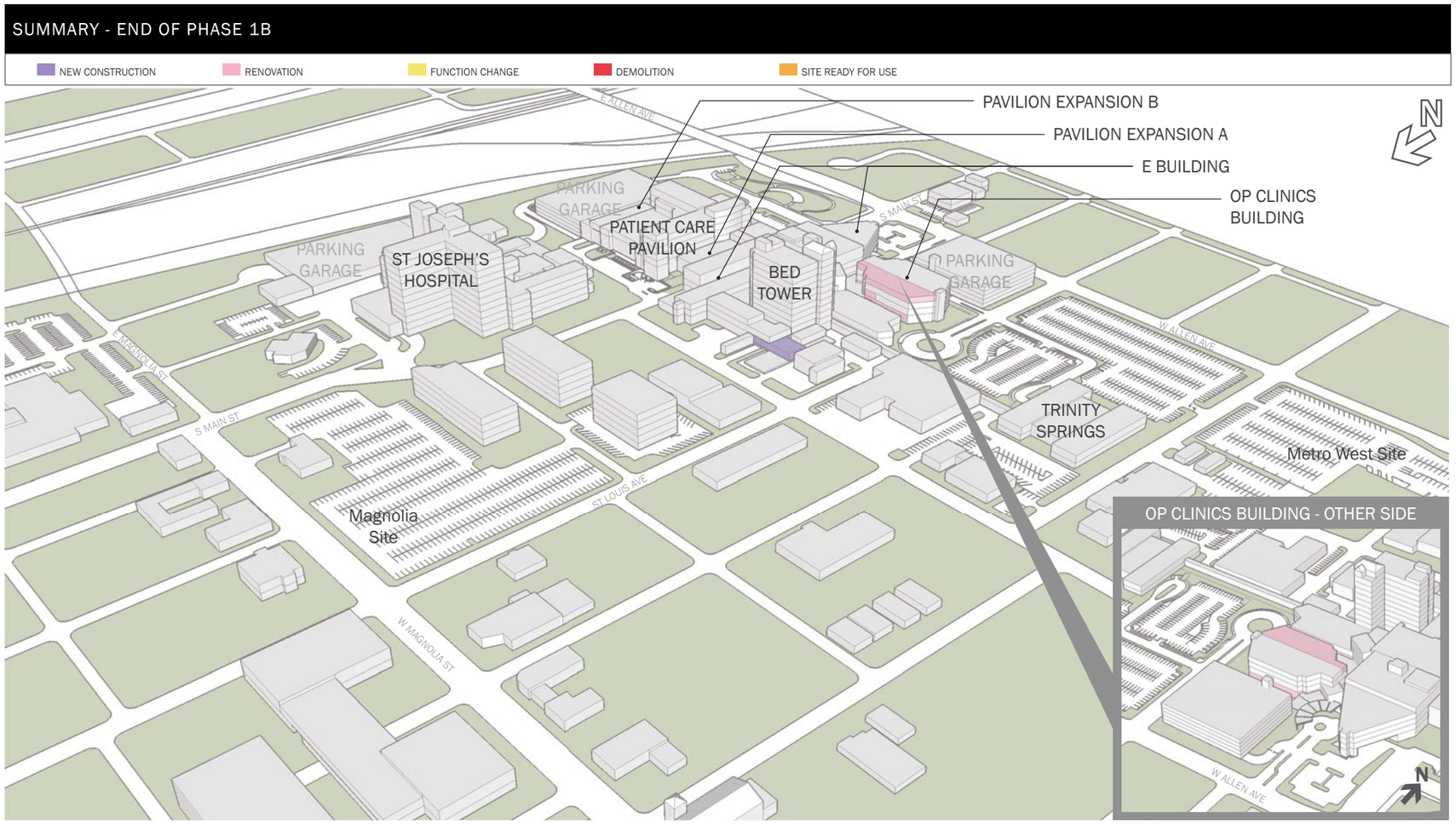
- Closing of Main Street and Construction of Urgent Care/ Wound Care and new triage for ED & Urgent Care.
- Re-work of New Entry, New Entry Drive & Main Hospital Lobby
- Consolidation of Registration stations
- Relocation and expansion of the outpatient Pharmacy on ground level of hospital
- Relocation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

SECTION PLAN FOR END OF PHASE ONE A

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



PHASING: Phase One



BED TOWER

Building
- New AHUs

Level 1
- Prisoner's Bed new construction (18)
- Prisoner's IP Beds renovation
- Police renovation

OP CLINIC/E BUILDING

Level 1
- Family Medicine (+50 exam rooms)

OP CLINIC BUILDING

Level 2
- Other Surgical Specialty Clinic (+12 exam rooms)

Level 4
- Surgical Specialty Clinic Expansion (+38 exam rooms)

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

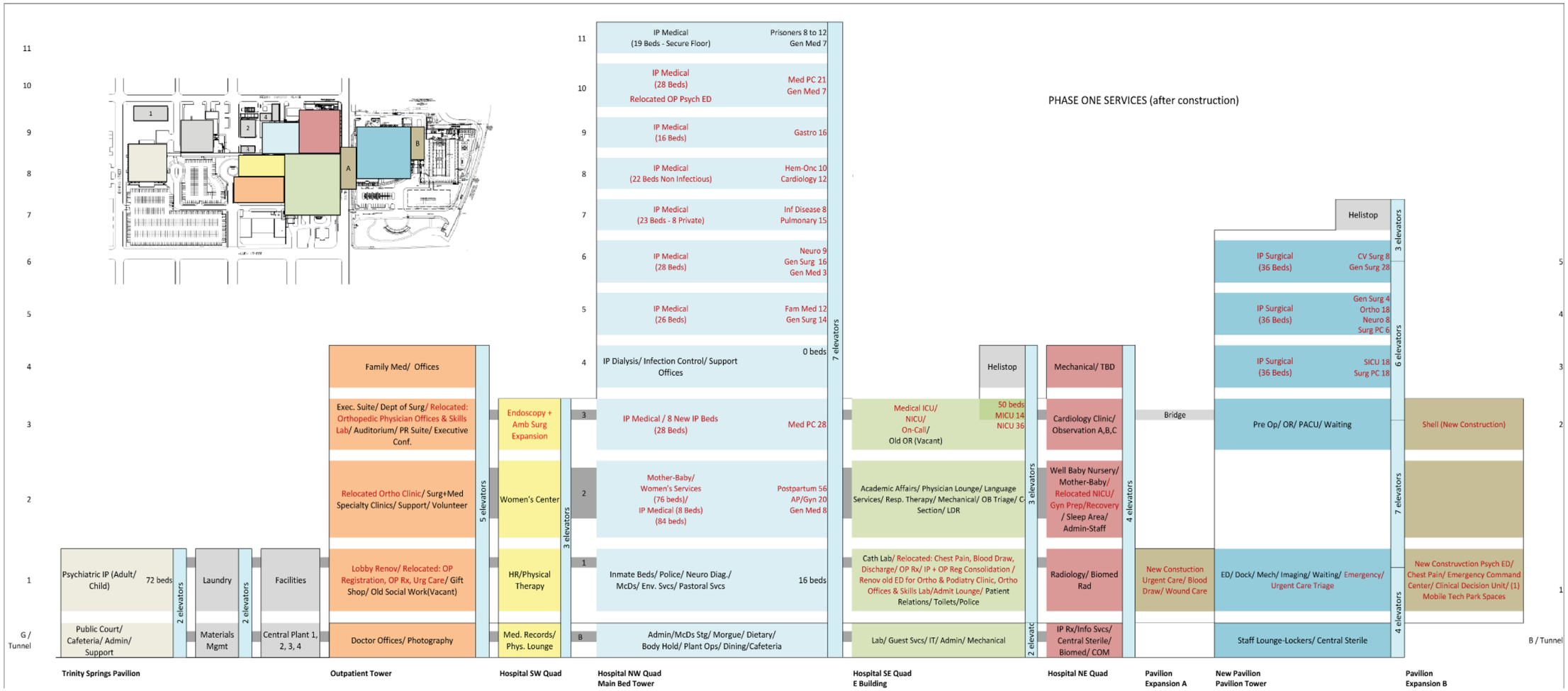
The final critical piece of the initial beds reorganization that is completed in Phase One B is consolidation of prisoners in one location. Expansion is needed for this to occur as well as a dedicated entrance to remove the prisoner population from traversing through the public areas of the hospital.

These renovations and the new construction:

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

SECTION PLAN FOR END OF PHASE ONE A&B

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



PHASING: Phase One

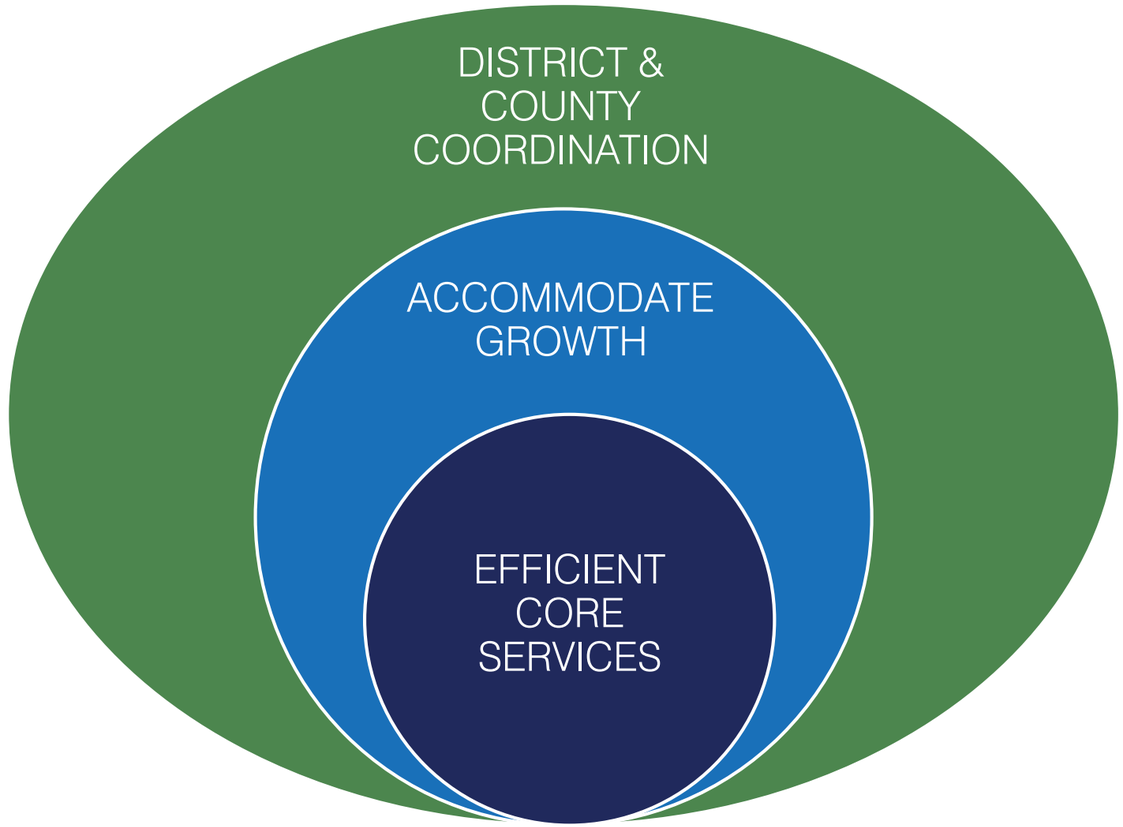
JPS Main Campus, 2010-2011

JPS Campus at End of Phase One A & B

PHASE TWO : Accommodate Growth

Accommodate Patient Volumes

Community Care Strategy Expansion



PHASING: PHASE TWO

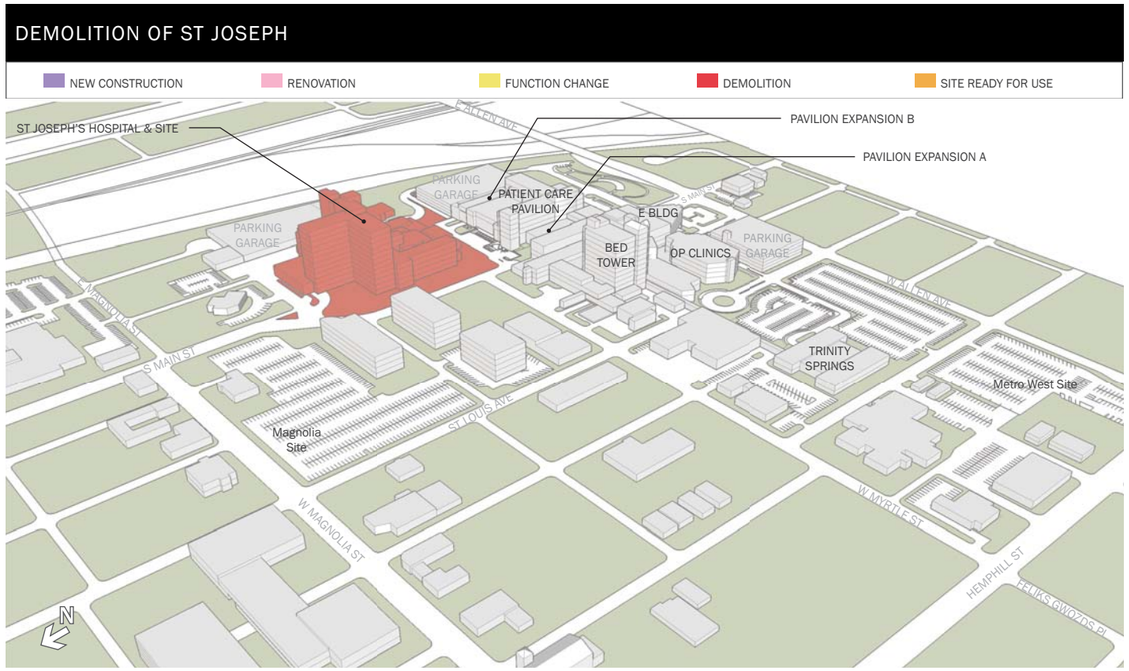
Once benchmarks have been met for Phase One of the SFUP, Phase Two can begin.

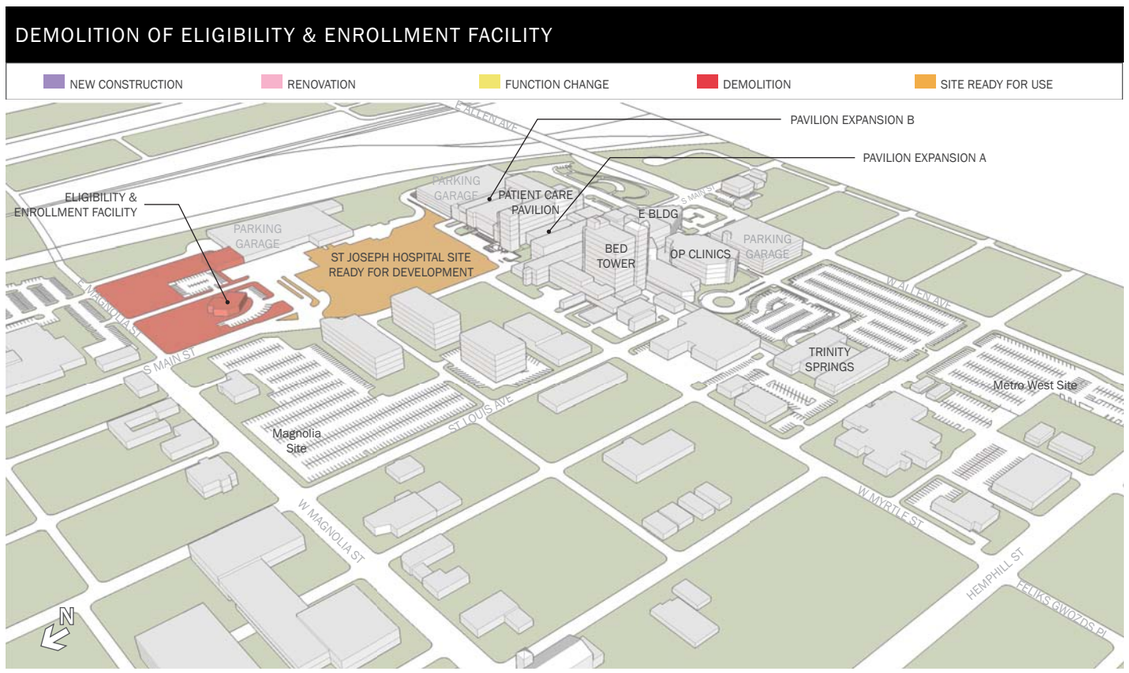
Phase Two includes three major components. One is ongoing implementation of the strategies and operational improvements initiated in Phase One. This includes expansion of the regional Community Clinic Strategy. The goal is to continue to build programs and services that improve patient health, reduce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

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

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

PHASING: Phase Two





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

Demolition of St. Joe's will:

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

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

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

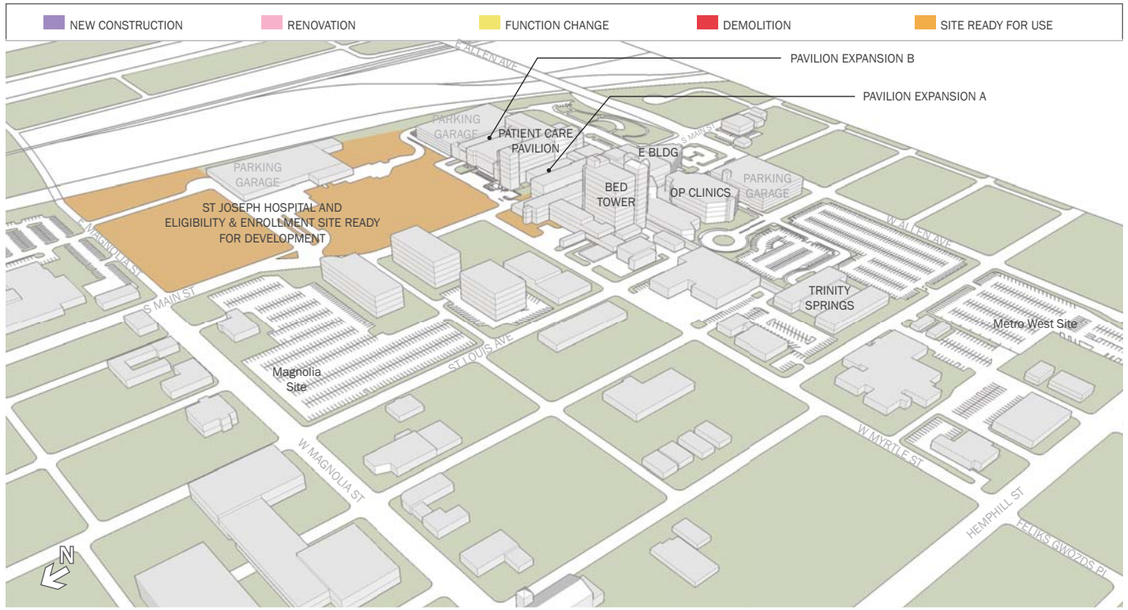
Profile of St. Joe's that reveals size in relation to campus

Close-up image of St. Joe's hospital

Eligibility & Enrollment Building

ELIGIBILITY & ENROLLMENT FACILITY SITE READY FOR DEVELOPMENT

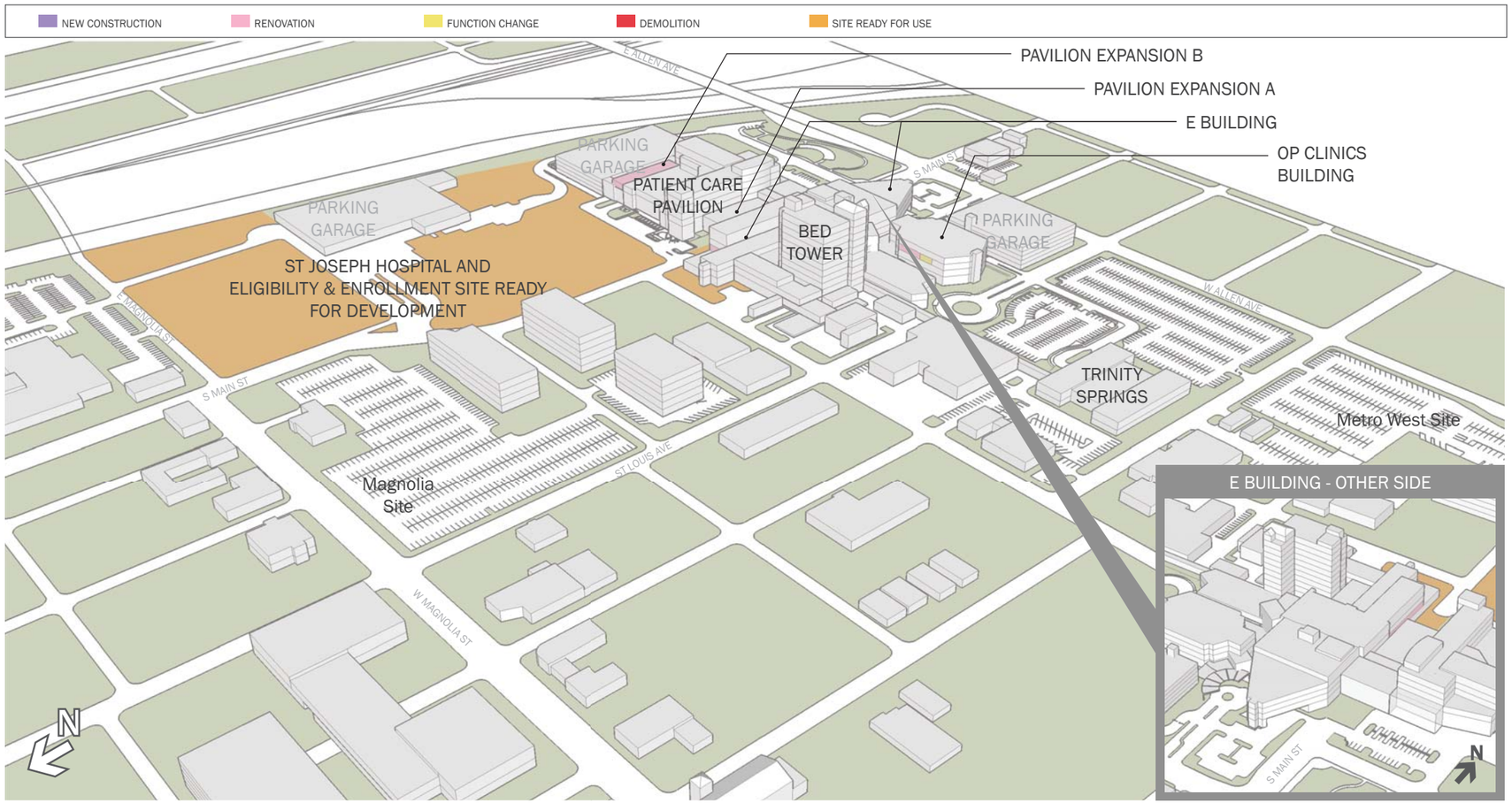
This image shows availability of both the Eligibility & Enrollment Site, and the St. Joe site for future development.



PHASING: Phase Two

SUMMARY - END OF PHASE 2

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



SITE

St Joseph Building & Site
- Demolition

Eligibility & Enrollment Building & Site
- Demolition

EXPANSION B - EAST OF PATIENT CARE PAVILION

Level 2
- Cath/Angio Fit-Out renovation adjacent to Surgery

E BUILDING

Level 2
- Doctor's Offices renovation

OP CLINIC BUILDING

Lower Level
- Academic Expansion into previous Doctor's Offices

Level 3
- Ortho Offices renovation
- Skills Lab made available for Education Conference

SECTION PLAN FOR END OF PHASE TWO

PHASE TWO SERVICES

	Trinity Springs Pavilion	Outpatient Tower	Hospital SW Quad	Hospital NW Quad Main Bed Tower	Hospital SE Quad E Building	Hospital NE Quad	Pavilion Expansion A	New Pavilion Pavilion Tower	Pavilion Expansion B
11				IP Medical (19 Beds) — Gen Med 19					
10				IP Medical (28 Beds) Relocated OP Psych ED — Med PC 21, Gen Med 7					
9				IP Medical (16 Beds) — Gastro 16					
8				IP Medical (22 Beds Non Infectious) — Hem-Onc 10, Cardiology 12					
7				IP Medical (23 Beds - 8 Private) — Inf Disease 8, Pulmonary 15					
6				IP Medical (28 Beds) — Neuro 9, Gen Surg 16, Gen Med 3					
5				IP Medical (26 Beds) — Fam Med 12, Gen Surg 14					
4		Specialty Clinic Expansion (Relocated Fam Med)/ Offices		IP Dialysis/ Infection Control/ Support Offices — 0 beds		Helistop; Mechanical/ Storage		IP Surgical (36 Beds) — CV Surg 8, Gen Surg 28	Helistop
3		Exec Suite/ Dept of Surg/ Education Conference/ Renov Ortho Offices/ Auditorium/ PR Suite/ Executive Conf.	Endoscopy + Amb Surg Expansion	IP Medical / 8 New IP Beds (28 Beds) — Med PC 28	Medical ICU/ NICU/ On-Call/ Old OR (Vacant) — 50 beds, MICU 14, NICU 36	Relocated Cardiology Clinic/ Obs A,B,C	Bridge	IP Surgical (36 Beds) — Gen Surg 4, Ortho 18, Neuro 8, Surg PC 6; Pre Op/ OR/ PACU/ Waiting	Cath/ Angio Fit-Out
2		Specialty Clinics/ Surgical Specialty Clinic Expansion (Relocated Ortho)/ Volunteer	Women's Center	Mother-Baby/ Women's Services (76 beds)/ IP Medical (8 Beds) (84 beds) — Postpartum 56, AP/Gyn 20, Gen Med 8	Academic Affairs/ Physician Lounge/ Language Services/ Resp. Therapy/ Mechanical/ OB Triage/ C-Section/ LDR	Well Baby Nursery/ Mother-Baby/ Gyn Prep/Recovery / Doctors Offices/ Sleep Area/ Admin-Staff		IP Surgical (36 Beds) — SICU 18, Surg PC 18	
1	Psychiatric IP(Adult/ Child) — 72 beds; Laundry; Facilities	Lobby/ Gift Shop/Family Medicine / Old Social Work(Vacant)	HR/ Relocated Physical Therapy	Inmate Beds Expansion/ Inmate IP & Police Renov/ Neuro Diag./ McDs/ Env. Svcs/ Pastoral Svcs — 18 beds	Relocated Cath Lab/ OP Rx/ IP + OP Reg Consolidation / Ortho & Podiatry Clinic, Ortho Offices & Skills Lab/Admit Lounge/ Patient Relations/ Toilets/Police	Radiology/ Old ED/ Biomed Rad	Urgent Care/ Blood Draw/ Wound Care	ED/ Dock/ Mech/ Imaging/ Waiting	Psych ED/ Chest Pain/ Emergency Command Center/ Clinical Decision Unit/ (1) Mobile Tech Park Spaces
G / Tunnel	Public Court/Cafeteria/ Admin/ Support	Academic Expansion (Relocated Partial Doctors Offices)/ Doctor Offices/ Photography	Med. Records/ Phys. Lounge	Admin/McDs Stg/ Morgue/ Dietary/ Body Hold/ Plant Ops/ Dining/Cafeteria	Lab/ Guest Svcs/ IT/ Admin/ Mechanical	IP Rx/Info Svcs/ Central Sterile/ Biomed/ COM		Staff Lounge-Lockers/ Central Sterile	B / Tunnel

Materials Mgmt; Central Plant 1, 2, 3, 4

2 elevators; 2 elevators; 5 elevators; 3 elevators; 7 elevators; 3 elevators; 2 elevators; 4 elevators; 6 elevators; 7 elevators; 4 elevators

PHASING: Phase Two

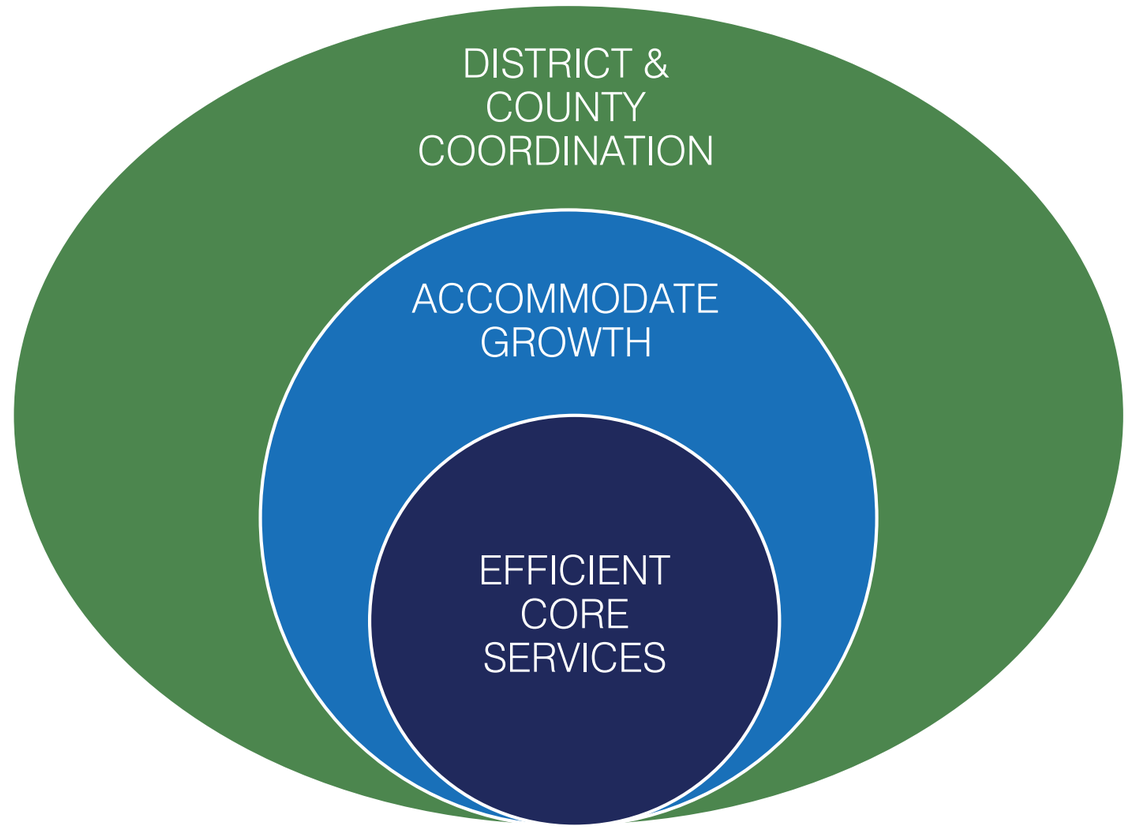
JPS Campus at End of Phase One A & B

JPS Campus at End of Phase Two

PHASE THREE : Community Coordination

Operational Consolidations

Community Care Strategy Expansion



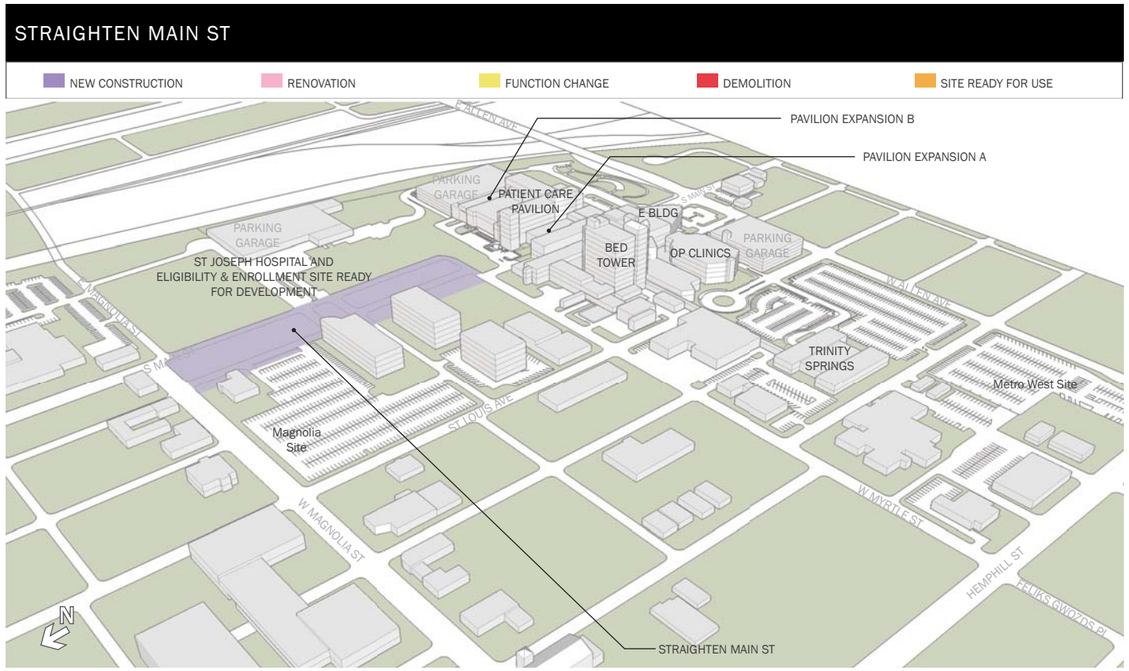
PHASING: PHASE THREE

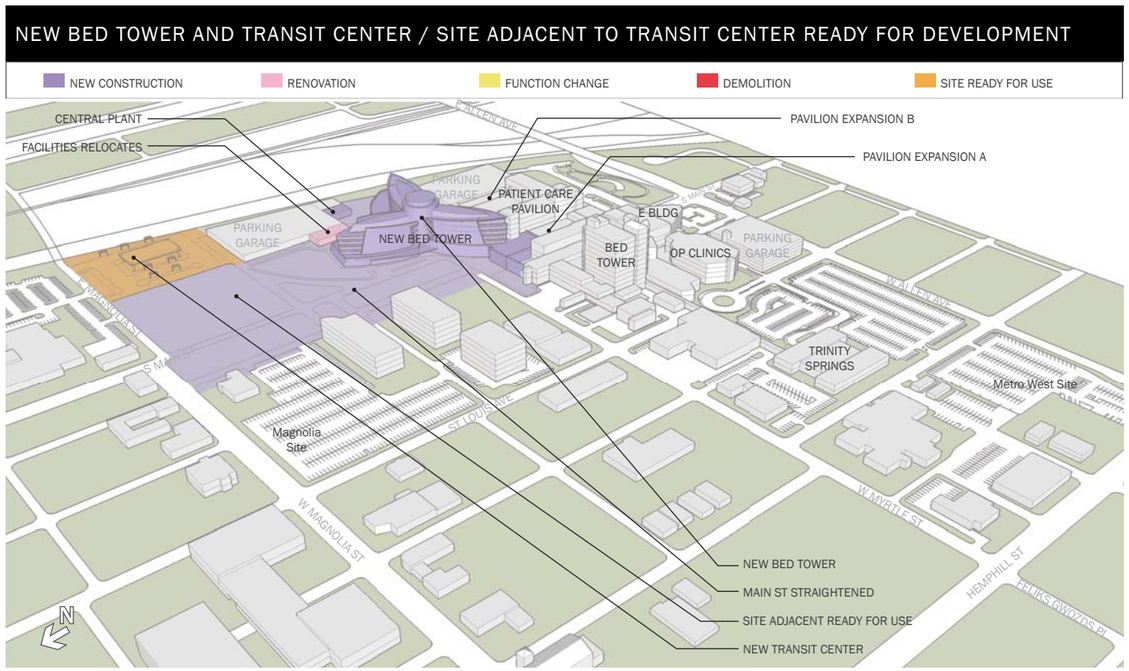
Phase Two prepared JPS for completion of the strategic facilities utilization plan, and the components of the plan that make up Phase Three. Phase Three allows for and completes the long term consolidation of the main campus and continues implementation of the regional community clinic strategy. It also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

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

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

PHASING: Phase Three





In Phase Two, land at the future entrance to JPS was cleared and prepared for the development that is planned in Phase Three. The first step in Phase Three is the preparation and straightening of Main Street for the new main facility entry.

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

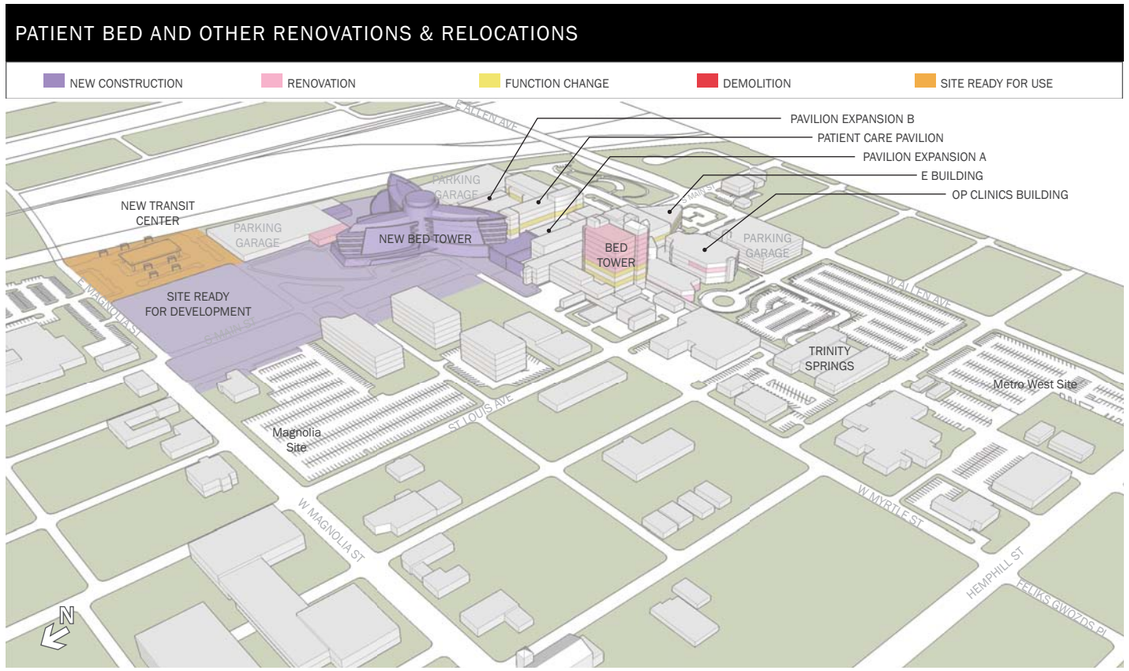
Once the entry is prepared, the next step in campus development and operational consolidation can be implemented. On the land that previously held St. Joe's Hospital, a new bed tower and central plant is built, and facilities relocate to the existing facilities building on the St. Joe site. Also, a transit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

These new additions will:

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

PHASING: Phase Three

PATIENT BED AND OTHER RENOVATIONS & RELOCATIONS

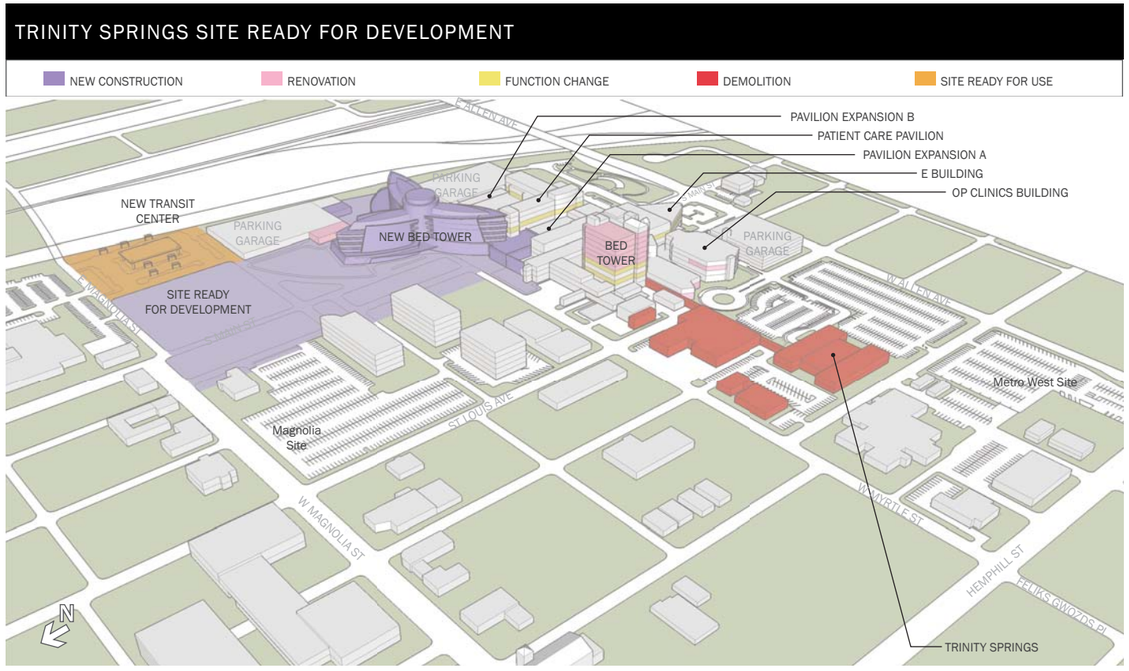


The consolidation of services continues toward one contiguous main campus. Once the bed tower is built, services will be relocated from the west side of campus (main bed tower) to the east side of campus (new bed tower). This, in turn, allows for renovation of the main bed tower floors for Psychiatric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

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

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

TRINITY SPRINGS SITE READY FOR DEVELOPMENT



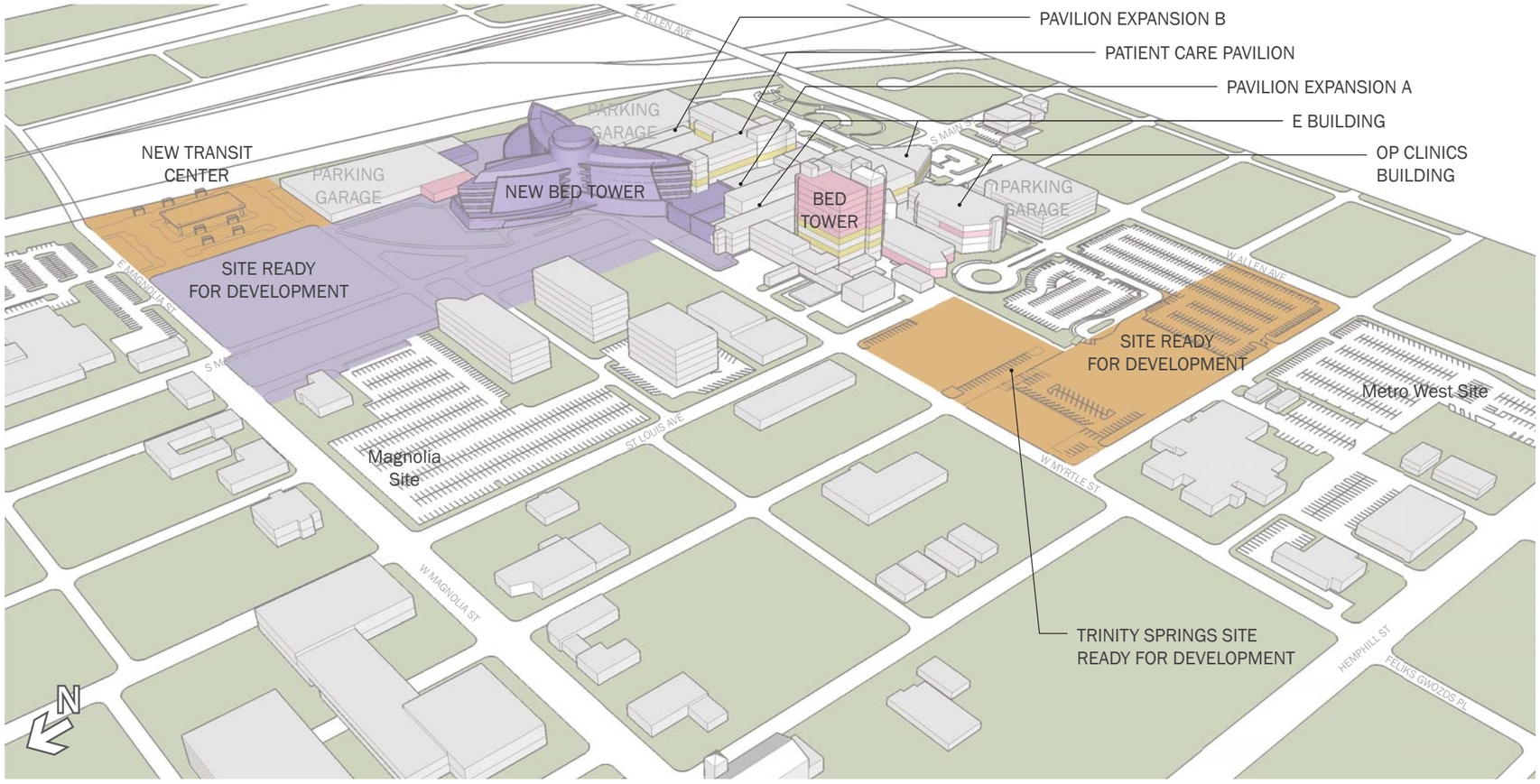
Trinity Springs, Facilities and Materials Management are all vacated buildings at this stage and can be demolished. This allows JPS to save on MEP and maintenance costs, ensures that the campus development plan that creates campus and operational efficiencies for JPS is adhered to, and opens the land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

PHASING: Phase Three

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

Patient Care Zones

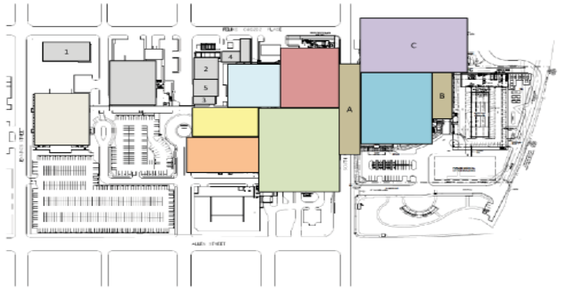
- Medical Inpatient
- Surgical Inpatient
- Womens & Infants Services
- Behavioral Health Services
- Medical Outpatient Expansion
- Surgical Outpatient Zone
- Central Imaging for Inpatient and Outpatient
- Emergency and Urgent Care Services
- Centralized Outpatient Pharmacy
- Centralized Registration
- Surgical Services Inpatient
- Surgical Services Outpatient

Development Zones

- Trinity Springs Site
- Existing Materials Management Site
- Existing Faclities Site
- Eligibility & Enrollment Site
- Magnolia Site
- MetroWest Site

SECTION PLAN FOR END OF PHASE THREE

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



*ACADEMIC SERVICES & TEACHING CLINICS
Outpatient Clinic Tower

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

*INPATIENT BEDS
Bed Towers: Main, E Building and Pavilion

Vertical Stacking of Psychiatric Beds: Main
Horizontal & Vertical Adjacencies of Women & Infants: Main
Vertical Stacking of Surgical Beds: Pavilion
Vertical & Horizontal Adjacencies of Medical Beds: Main

*EMERGENCY DEPARTMENT/ URGENT CARE
Patient Care Pavilion & Pavilion Expansion A

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

*SURGICAL SERVICES
Patient Care Pavilion & E Building

Horizontal Adjacency of Main OR Suite
Minor OR / Endoscopy Suite
New Cath / Angio Lab
Vertical Adjacency of Surgical Beds to the Main OR.

*ACADEMIC SERVICES
Outpatient Clinic Building

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

PHASING: Phase Three

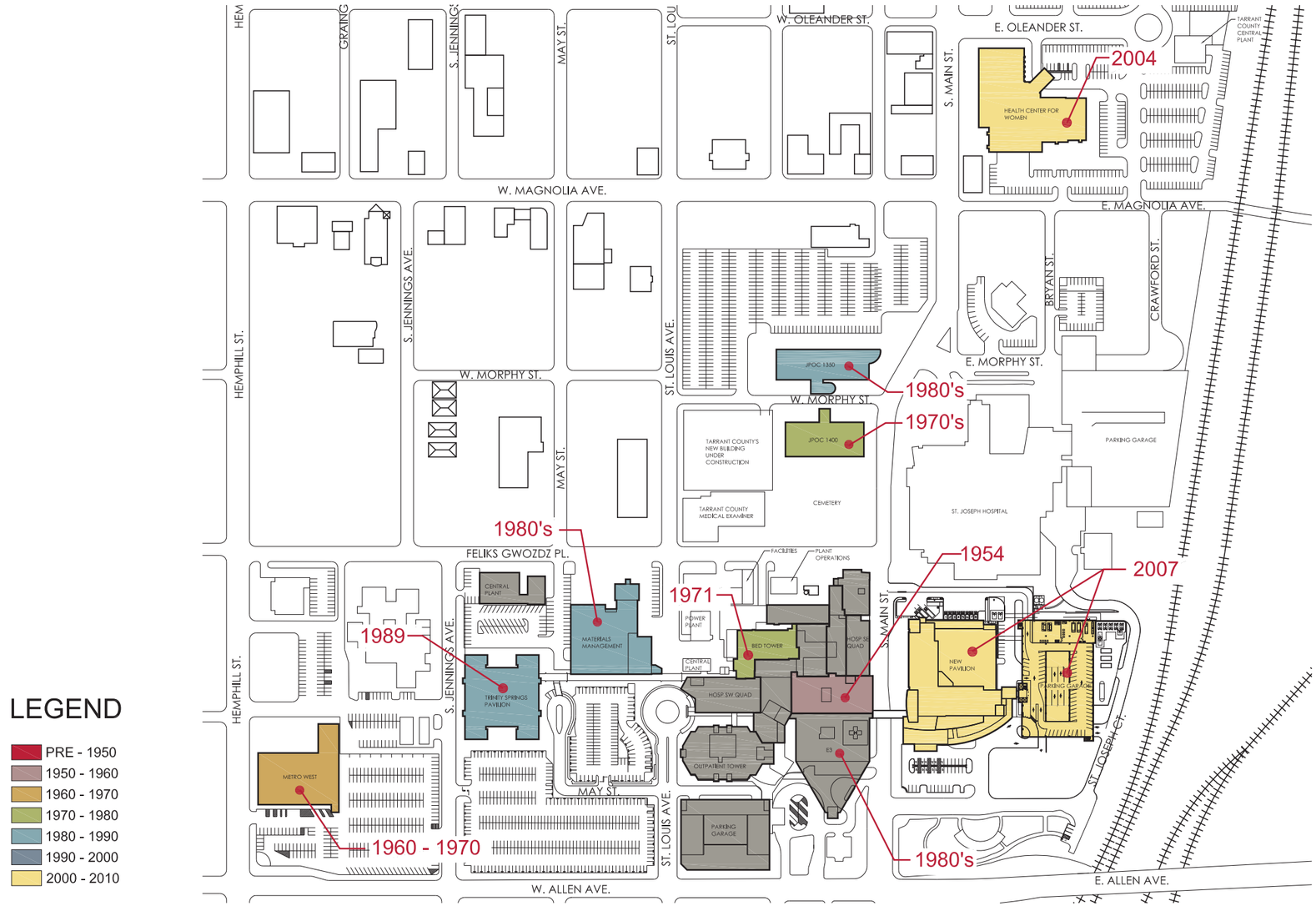
JPS Campus at End of Phase Two

JPS Campus at End of Phase Three

MAIN CAMPUS FLOOR PLANS: EXISTING

MAIN CAMPUS FLOOR PLANS: Existing

JPS SITE PLAN EXISTING WITH CHRONOLOGY

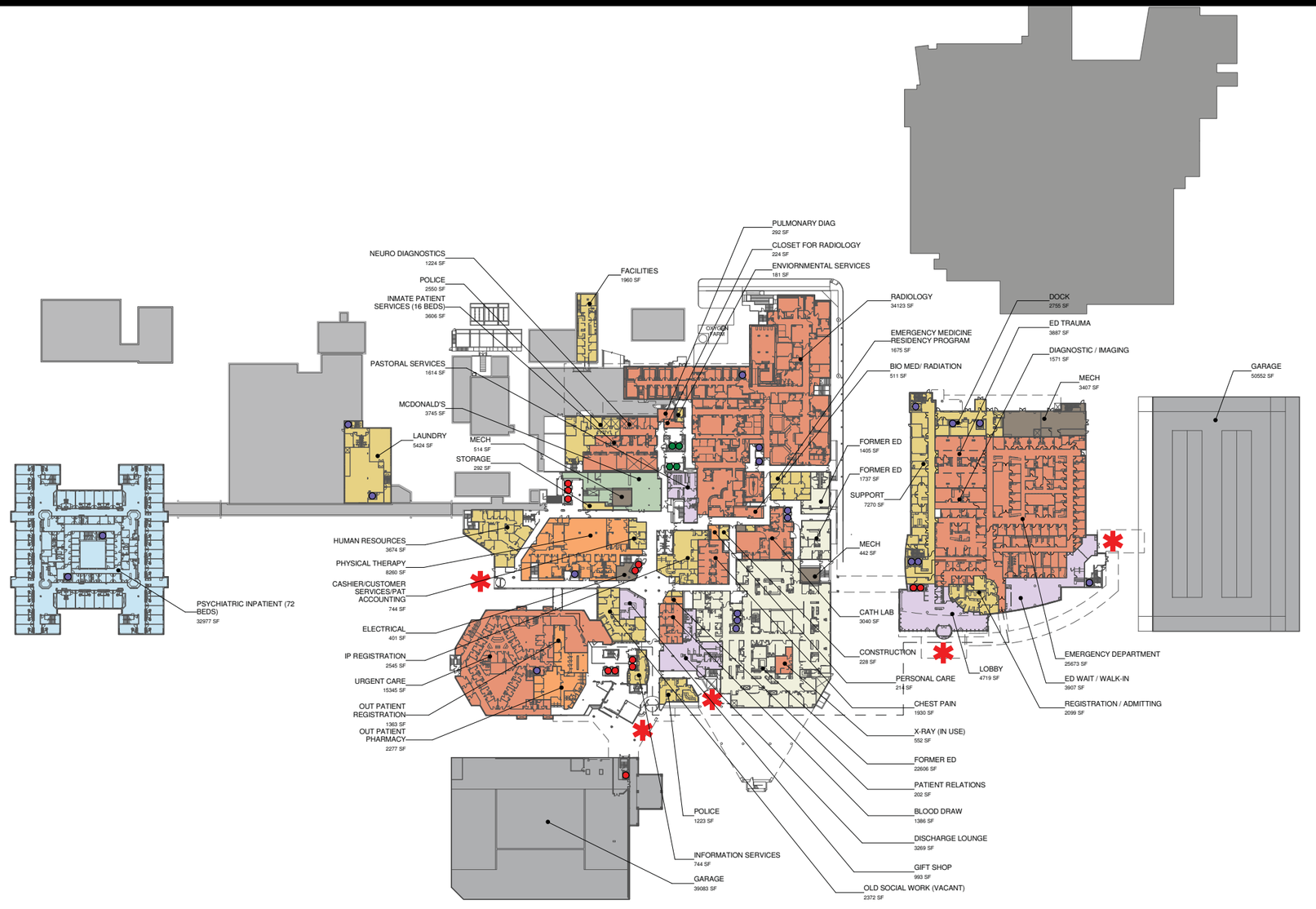


EXISTING

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL

N

0 75' 150' 300'



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

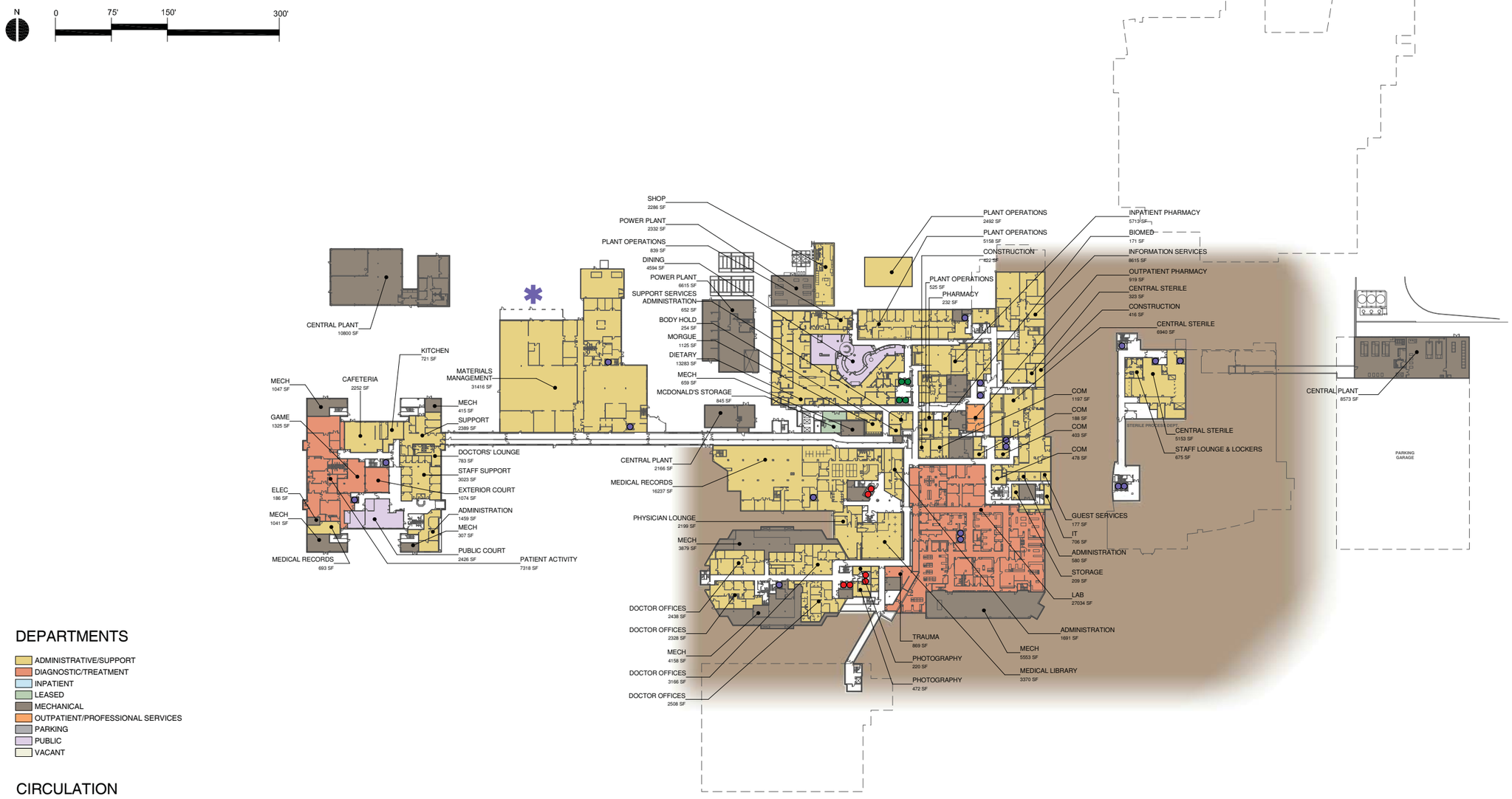
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing

EXISTING

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

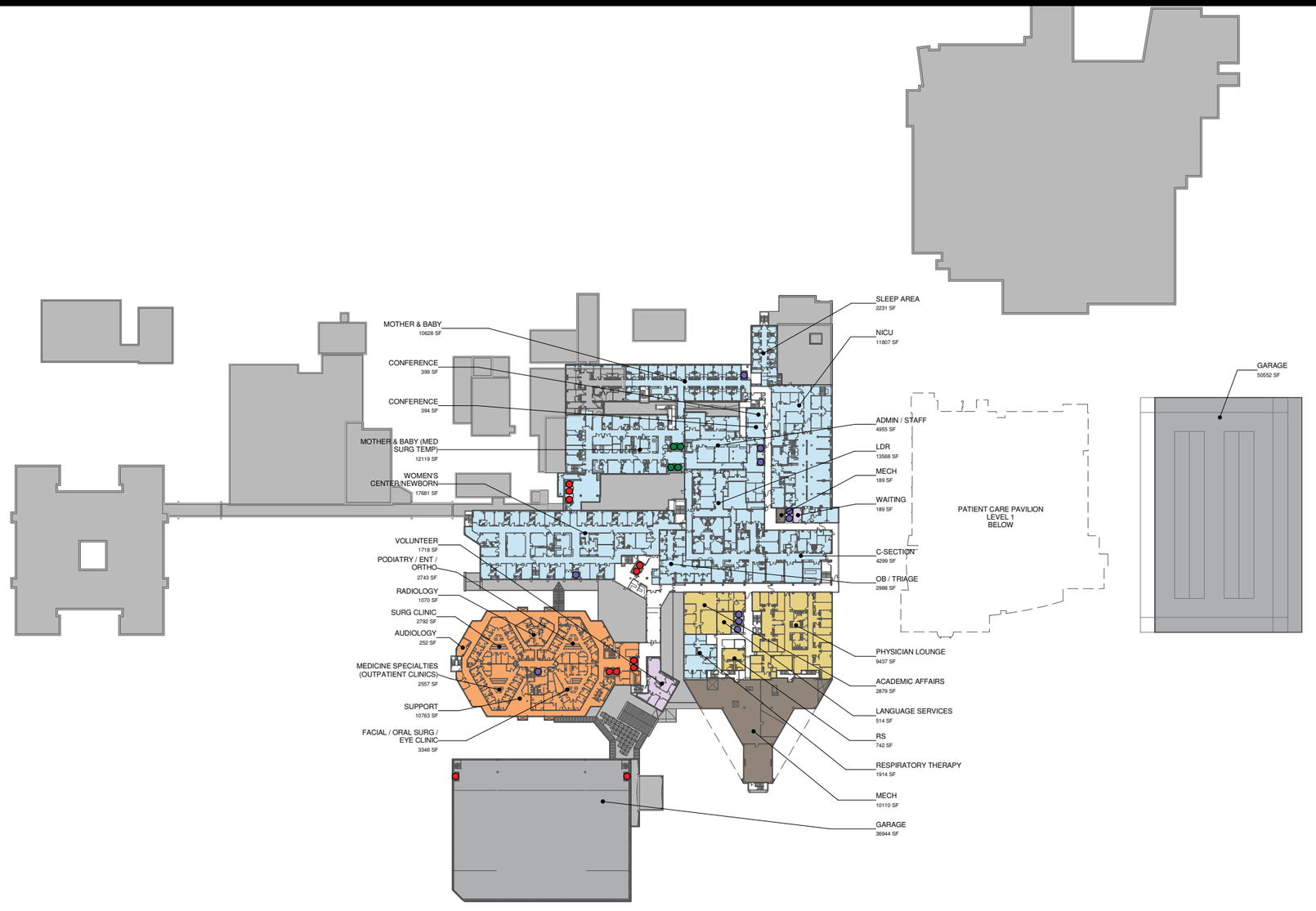
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

EXISTING

JPS MAIN LEVEL 2

N 0 75' 150' 300'



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

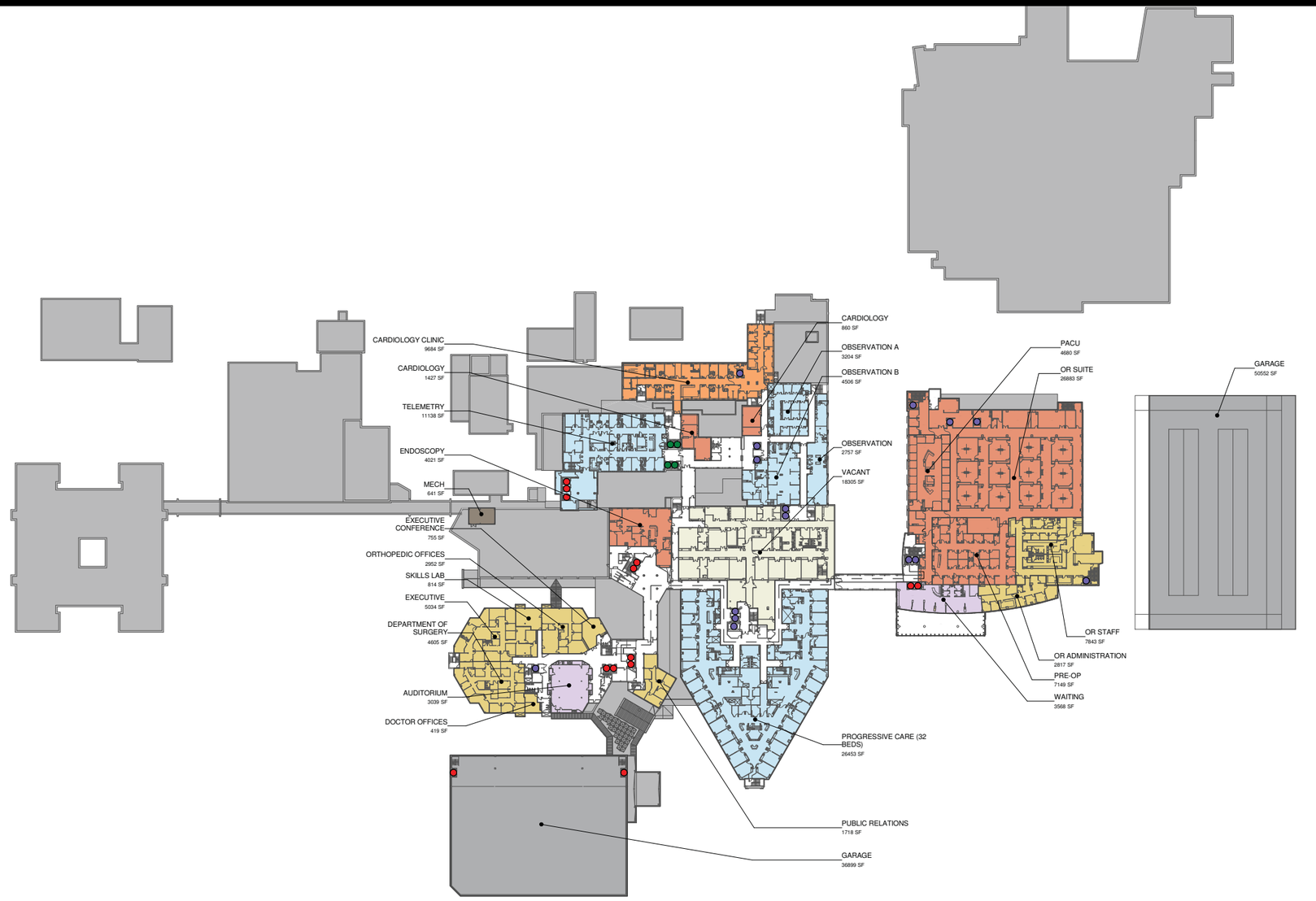
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing

EXISTING

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

CIRCULATION

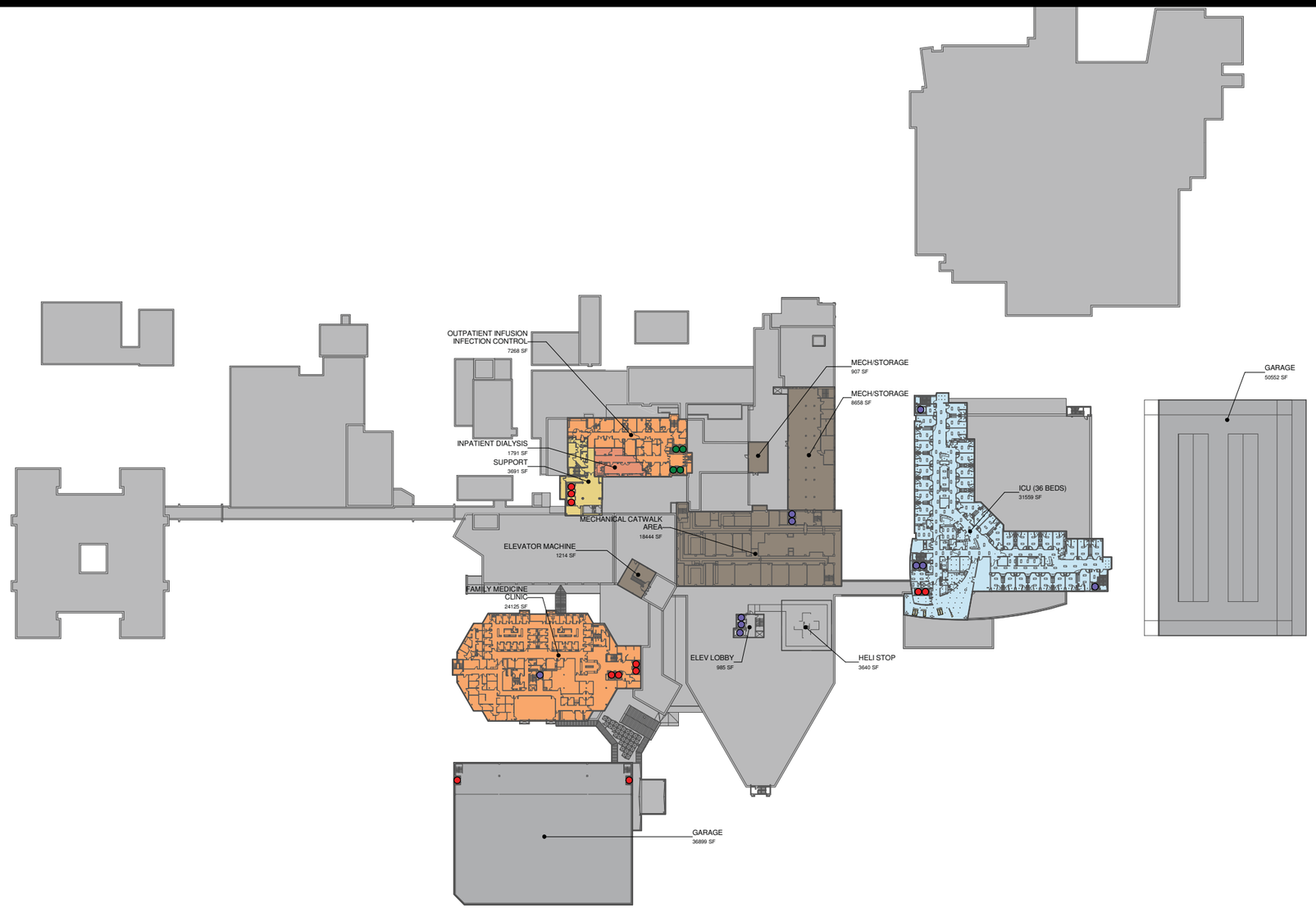
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

EXISTING

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3

N

0 75' 150' 300'



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

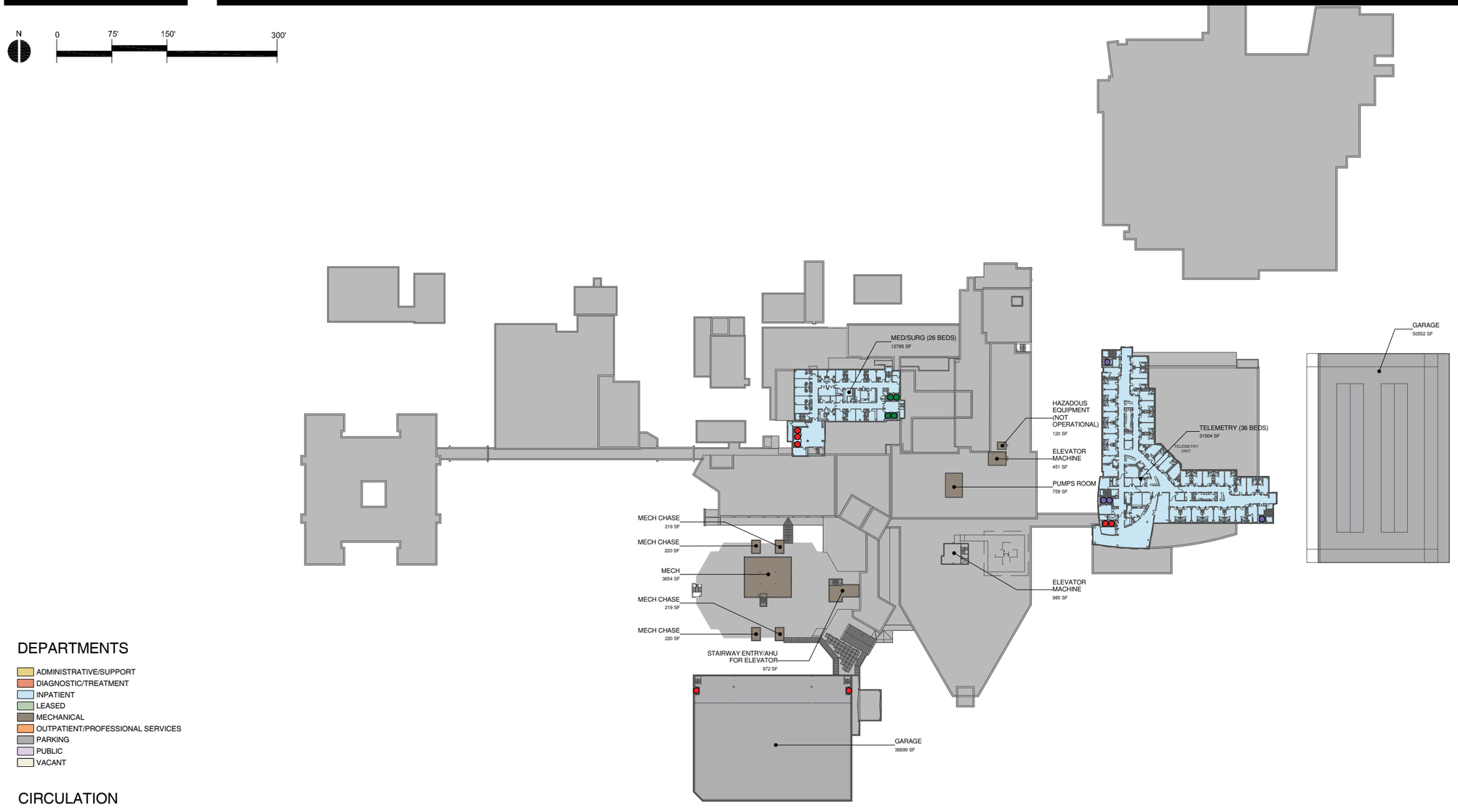
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing

EXISTING

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

EXISTING

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N

0 75' 150' 300'

DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

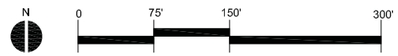
CIRCULATION

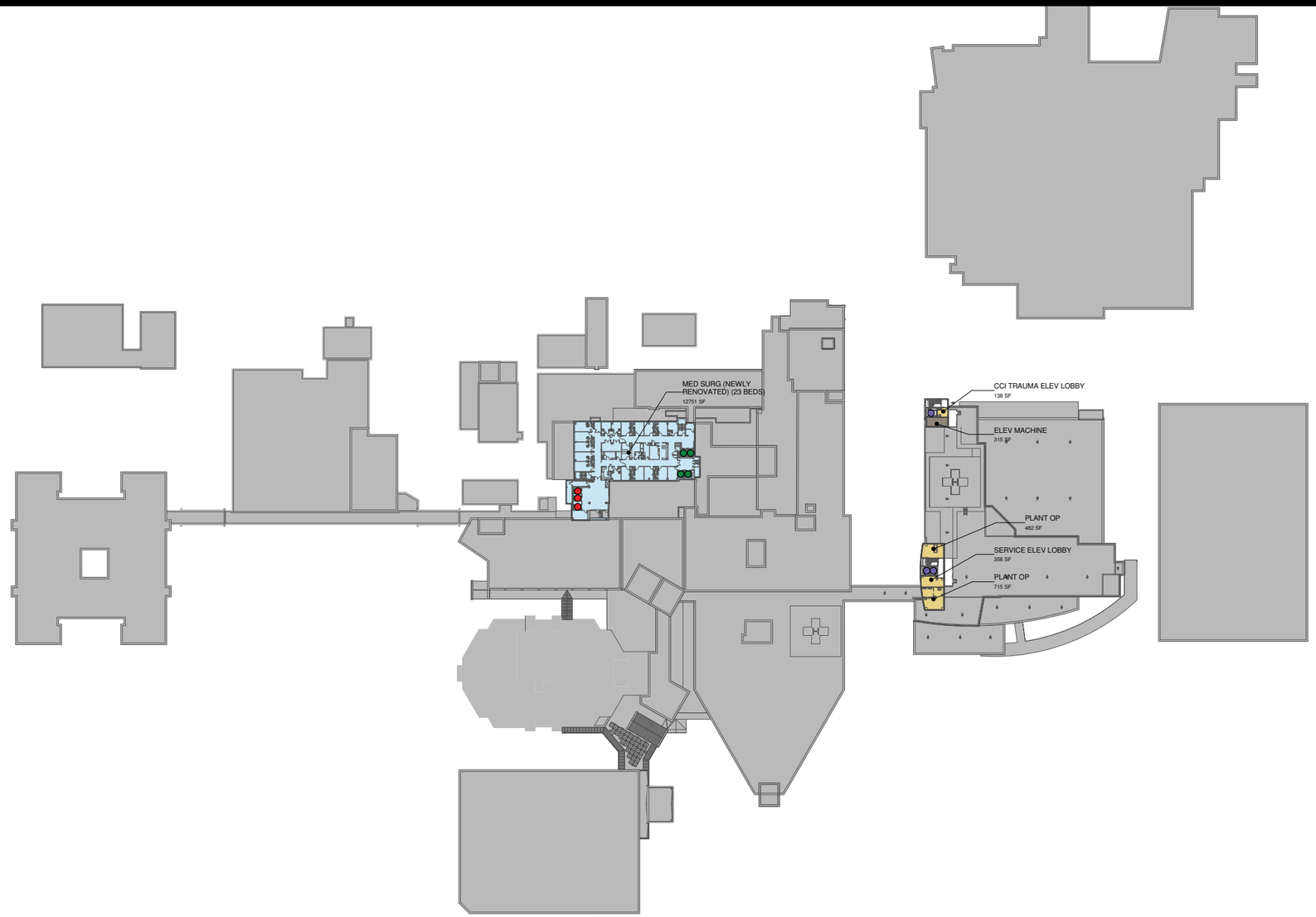
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing

EXISTING

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6





DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

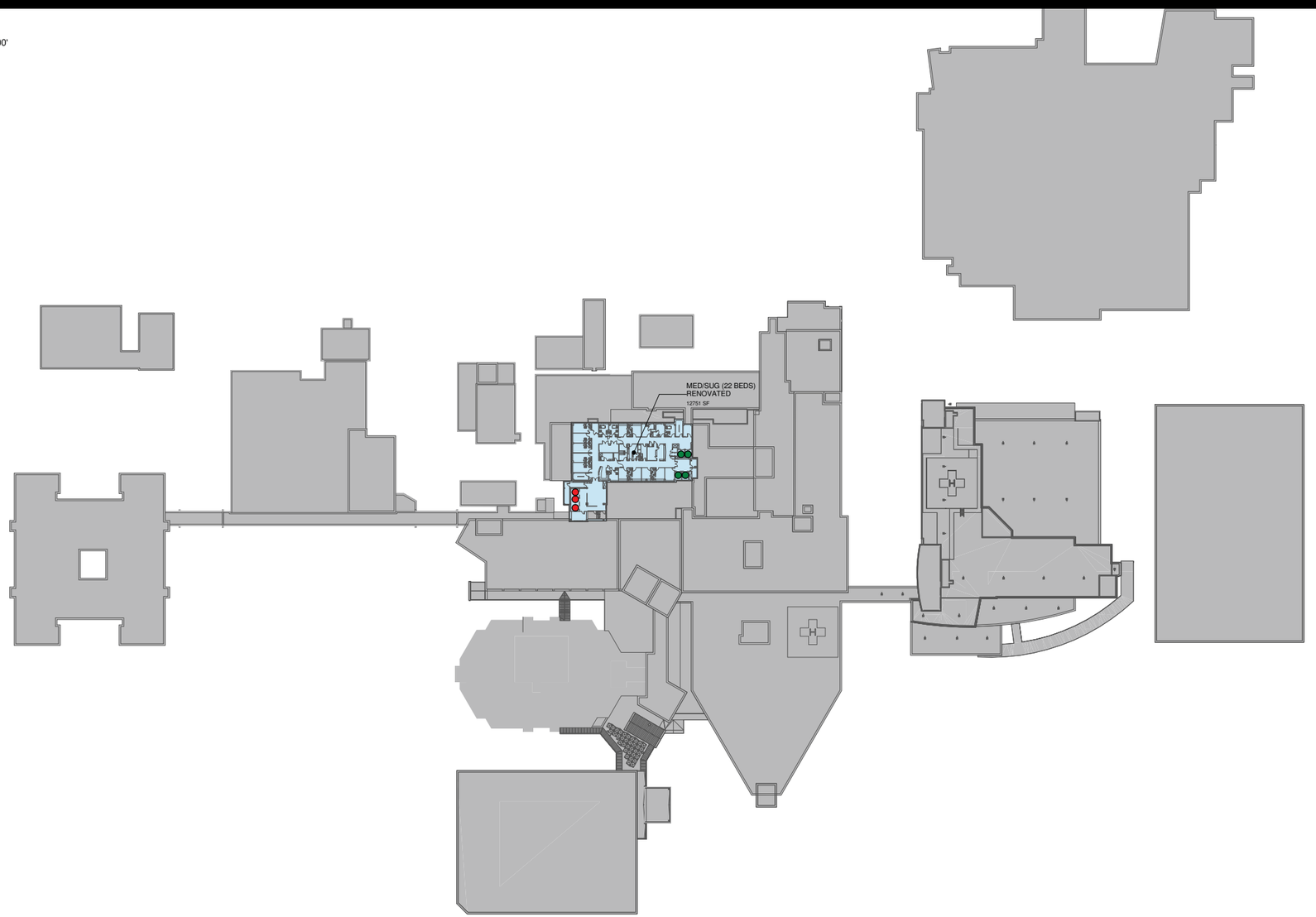
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

EXISTING

JPS MAIN LEVEL 8

N 0 75' 150' 300'



DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
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- PARKING
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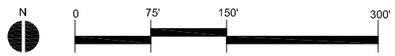
CIRCULATION

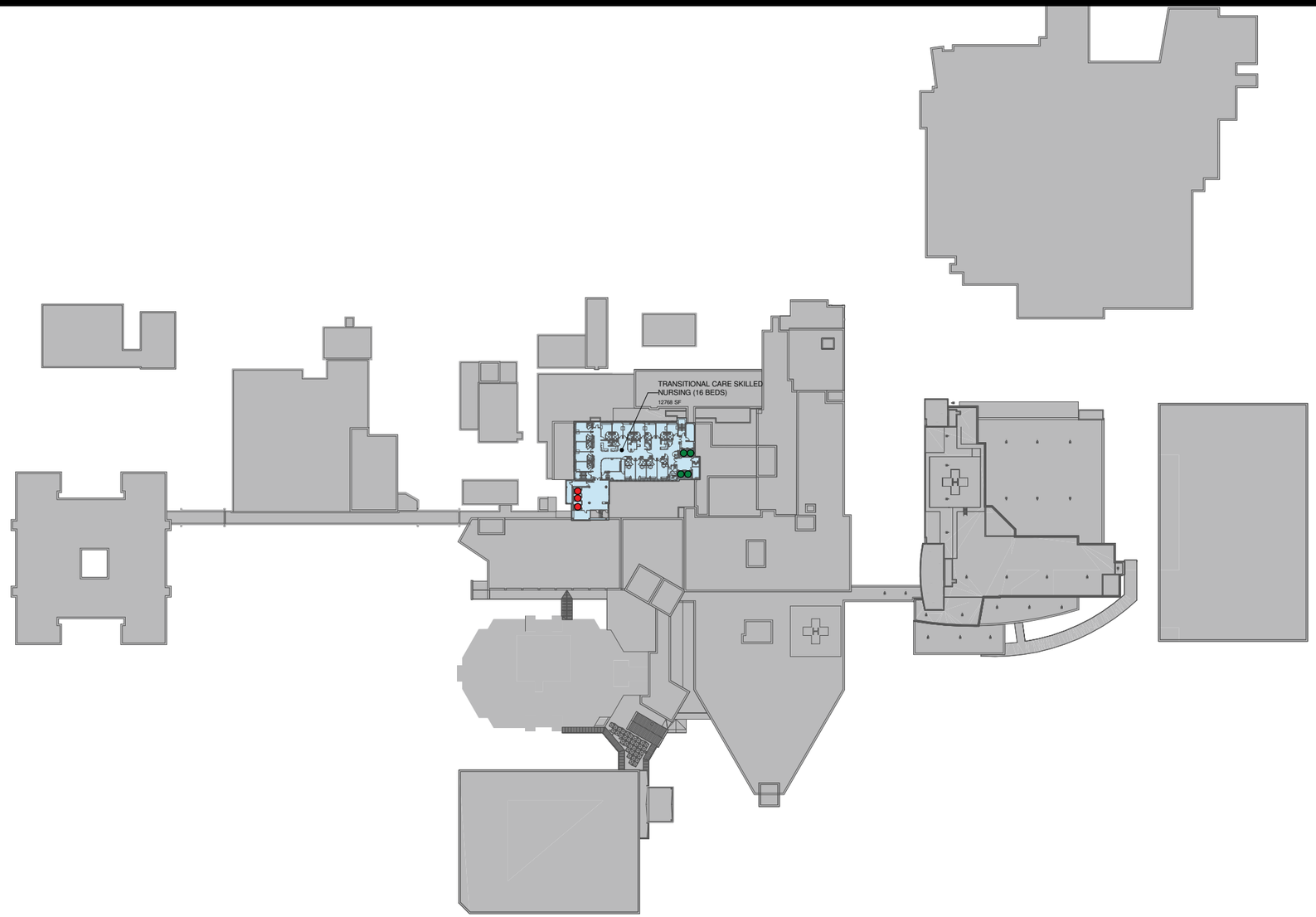
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing

EXISTING

JPS MAIN LEVEL 9





DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

EXISTING

JPS MAIN LEVEL 10

N

0 75' 150' 300'

DEPARTMENTS

- ADMINISTRATIVE/SUPPORT
- DIAGNOSTIC/TREATMENT
- INPATIENT
- LEASED
- MECHANICAL
- OUTPATIENT/PROFESSIONAL SERVICES
- PARKING
- PUBLIC
- VACANT

CIRCULATION

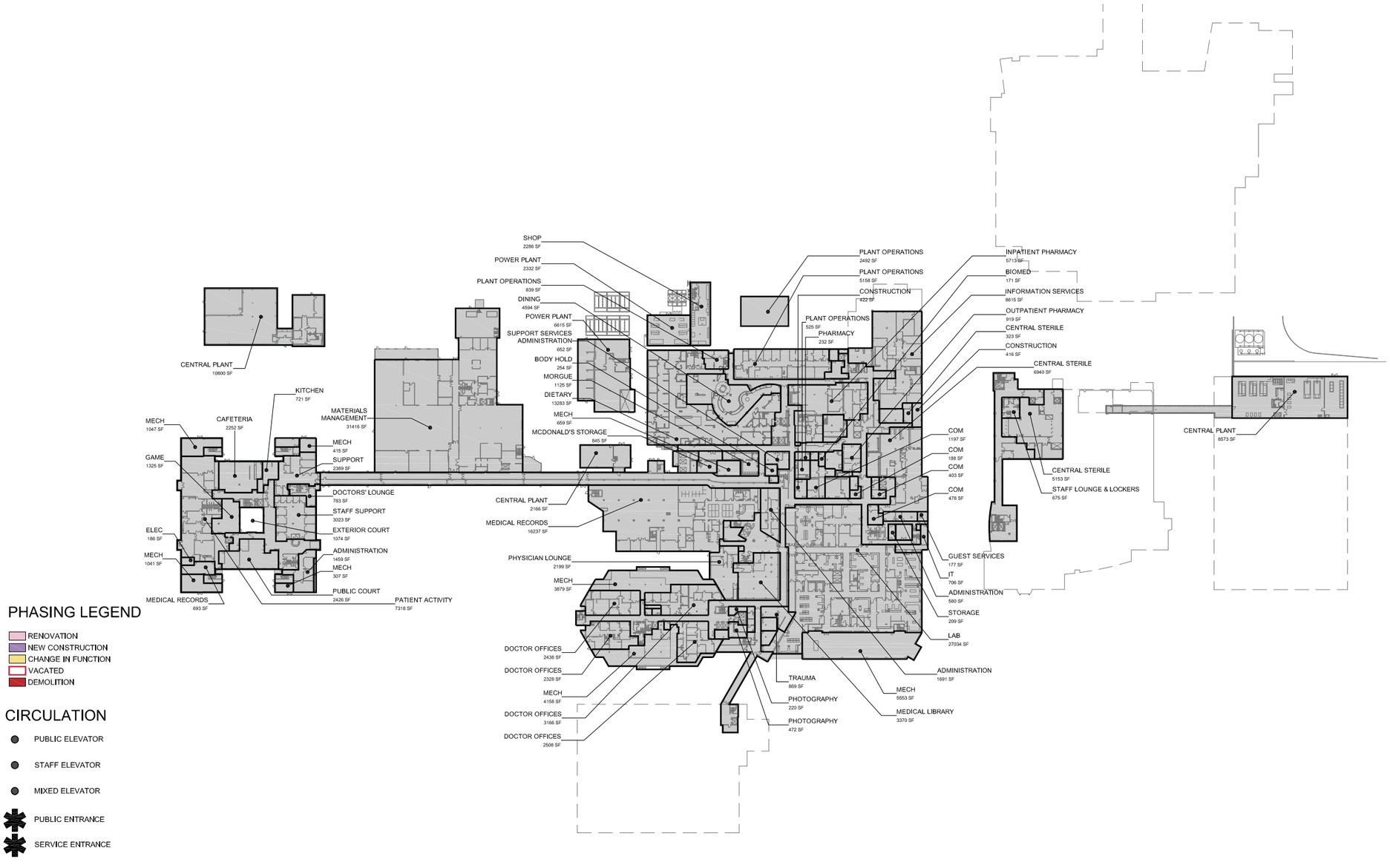
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: EXISTING & PHASE 1A

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

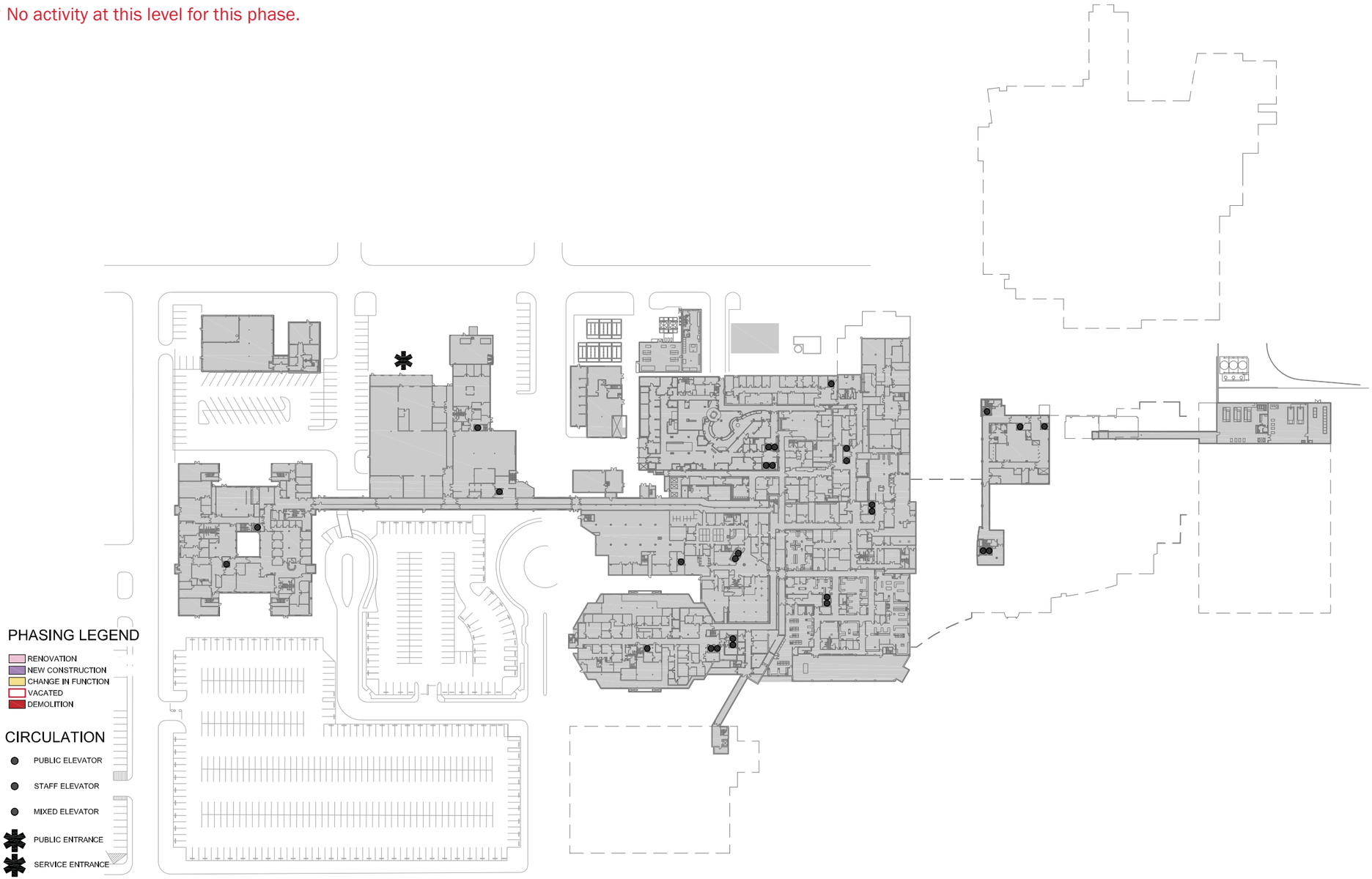
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

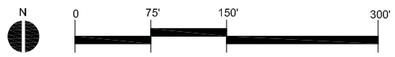
CIRCULATION

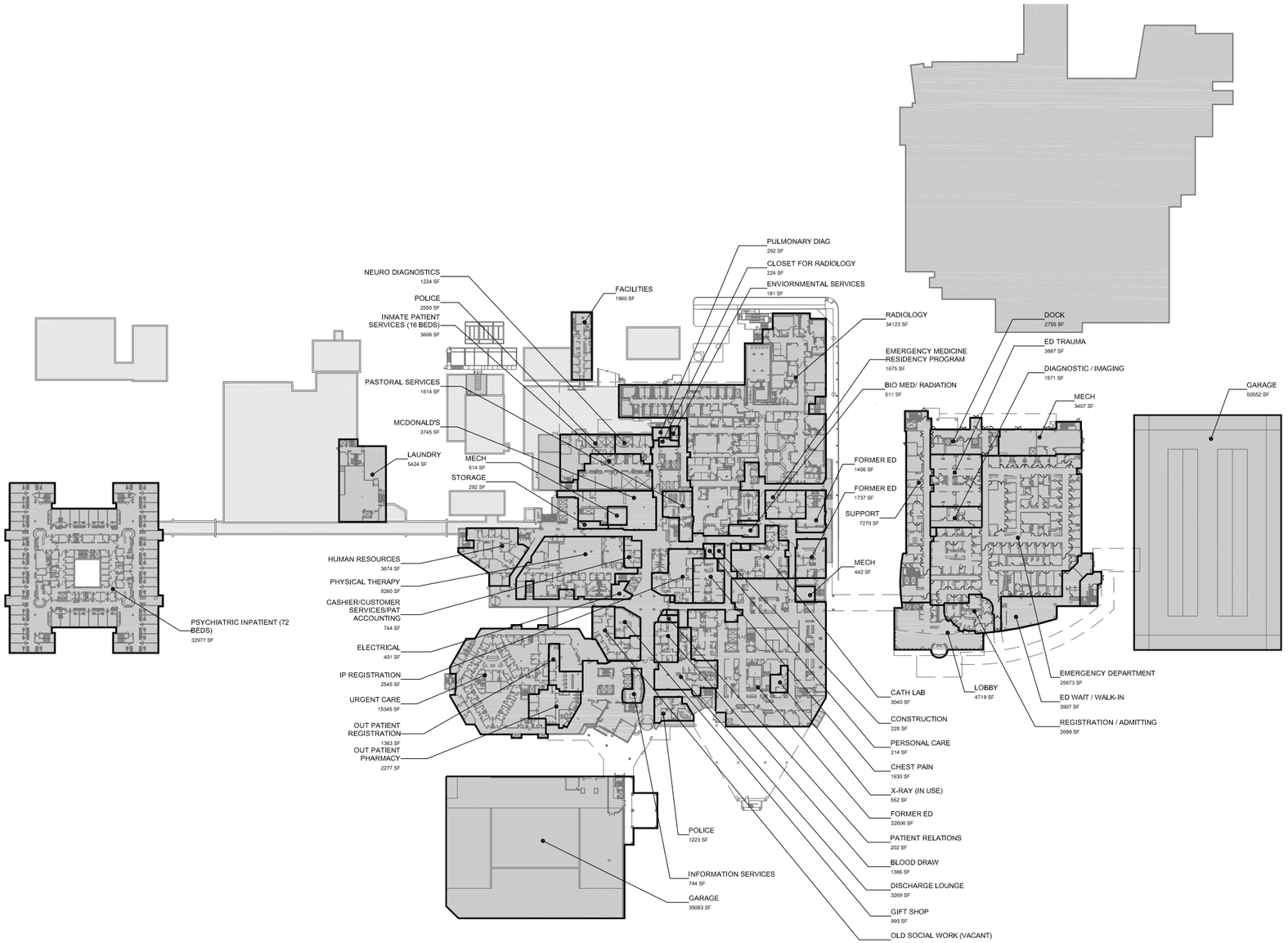
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1





PHASING LEGEND

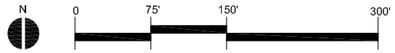
- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

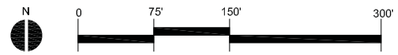
JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1

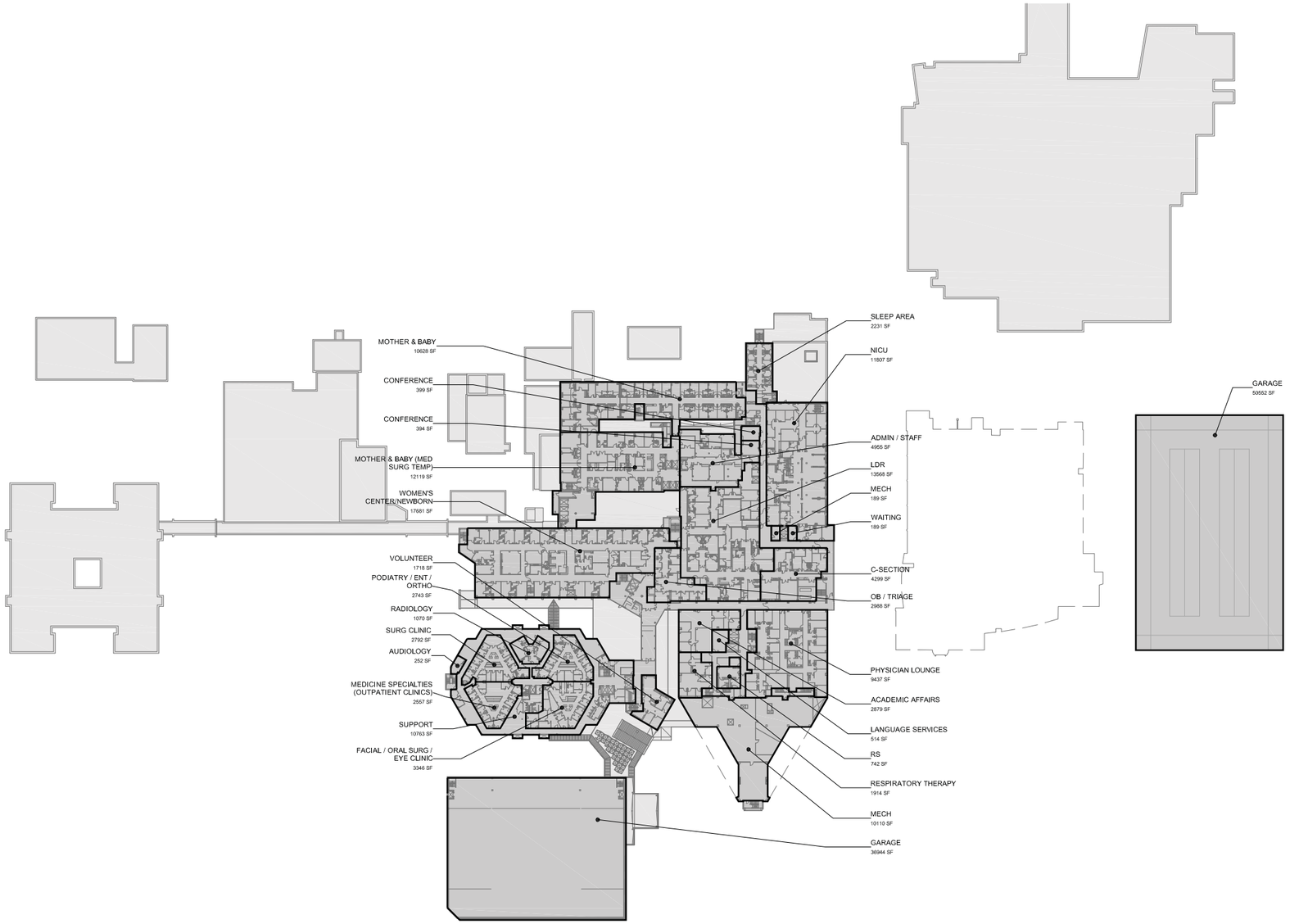


MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 2





PHASING LEGEND

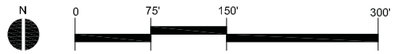
- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

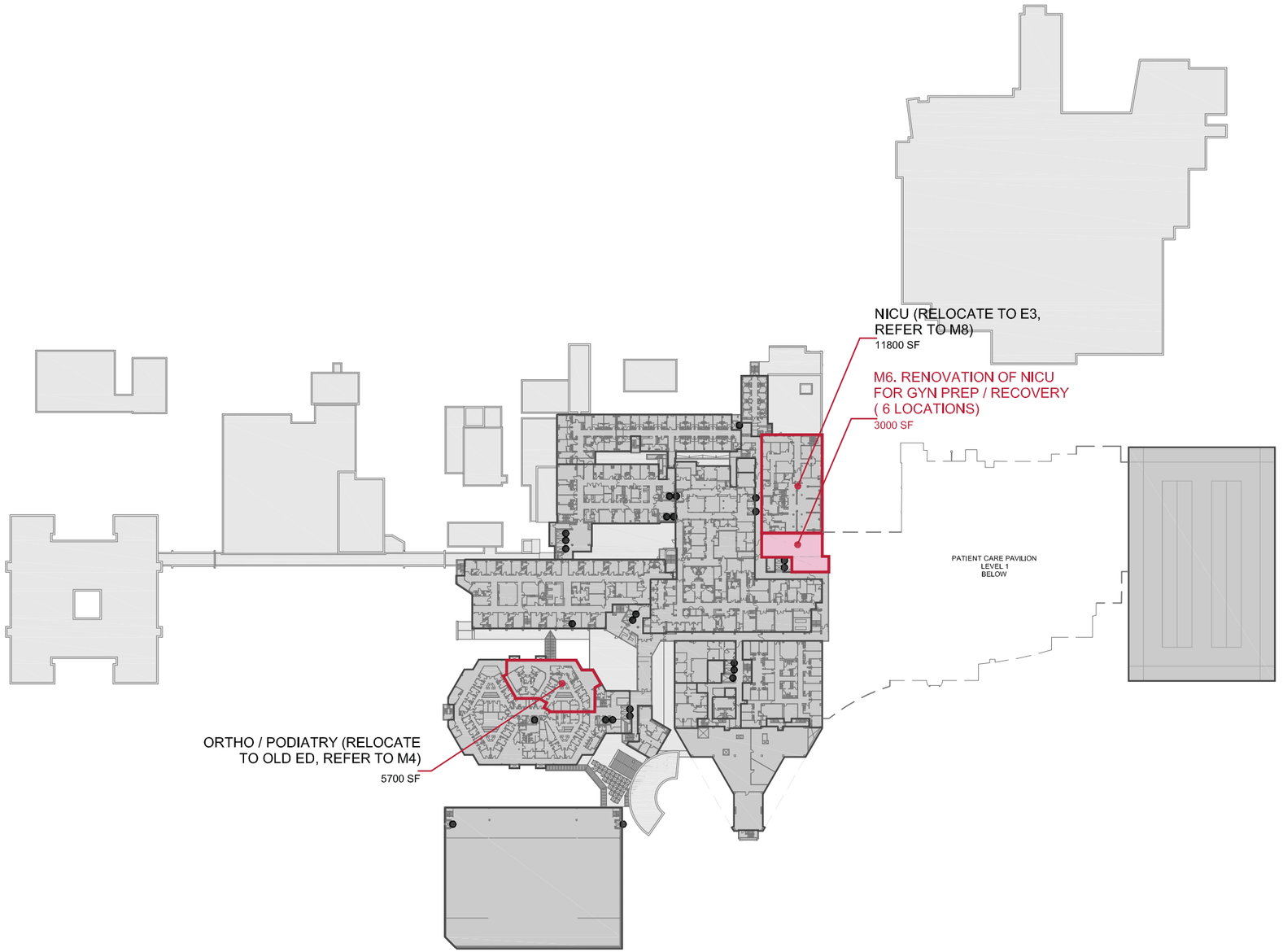
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 2





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

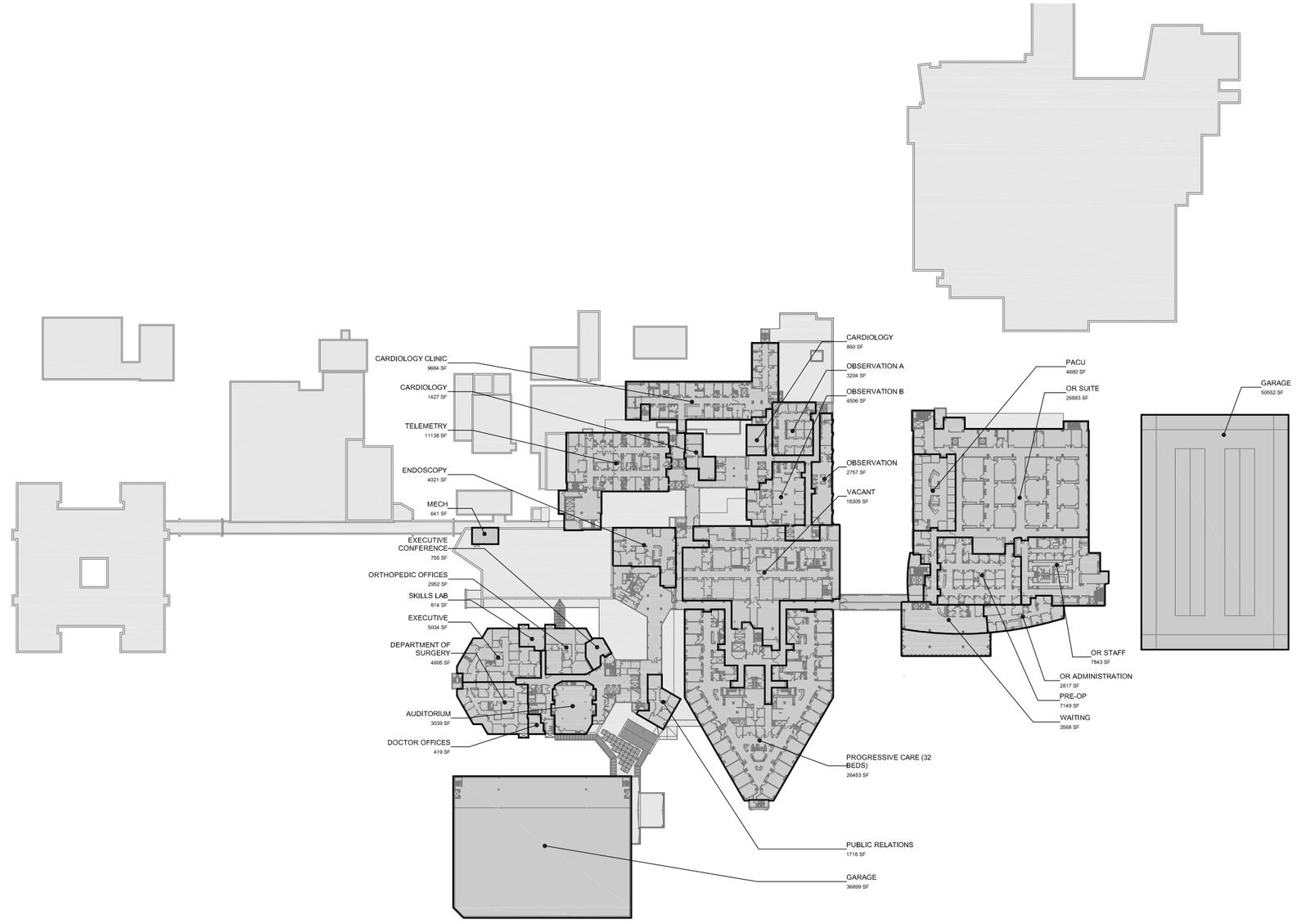
MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

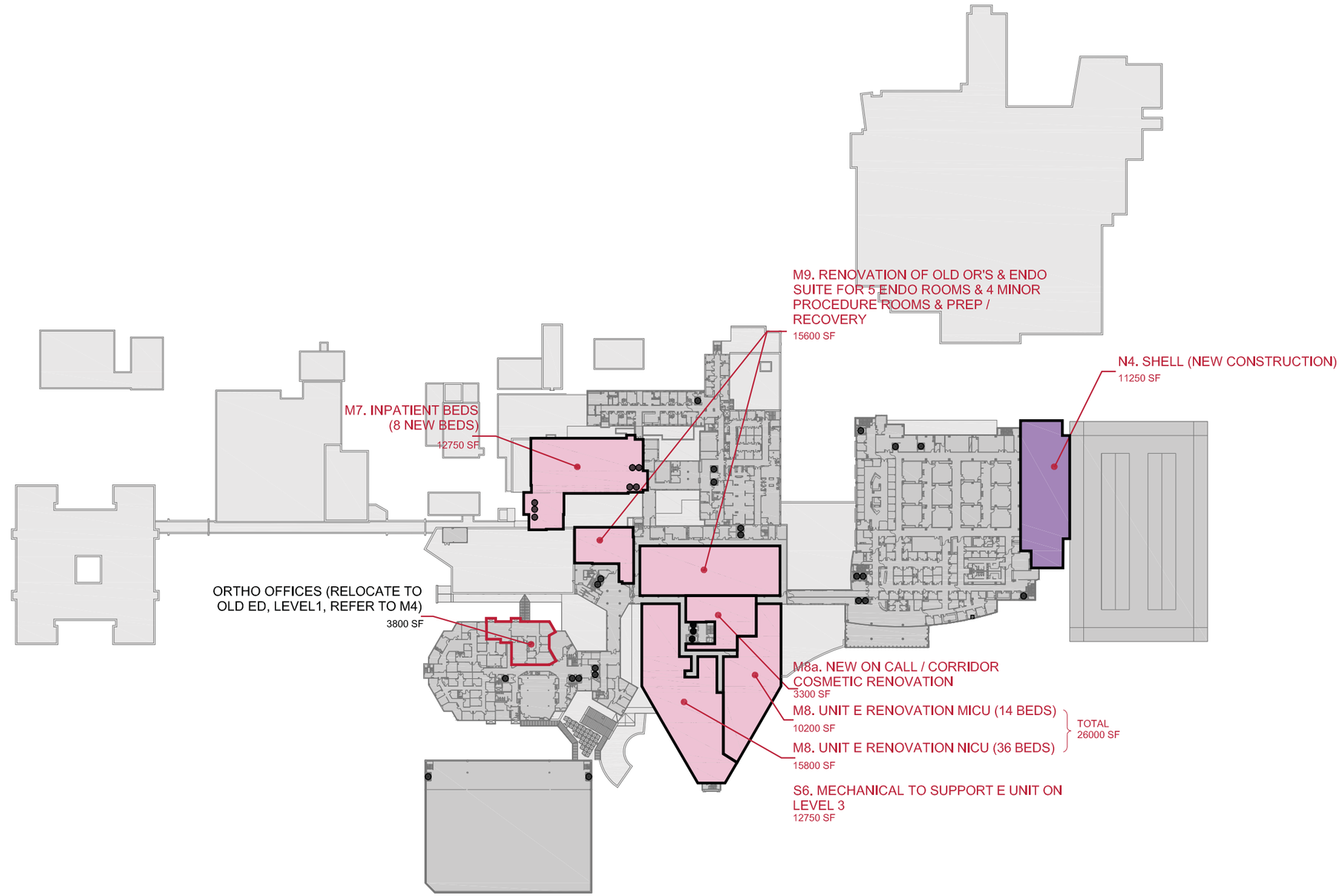
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

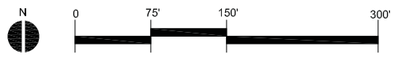
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

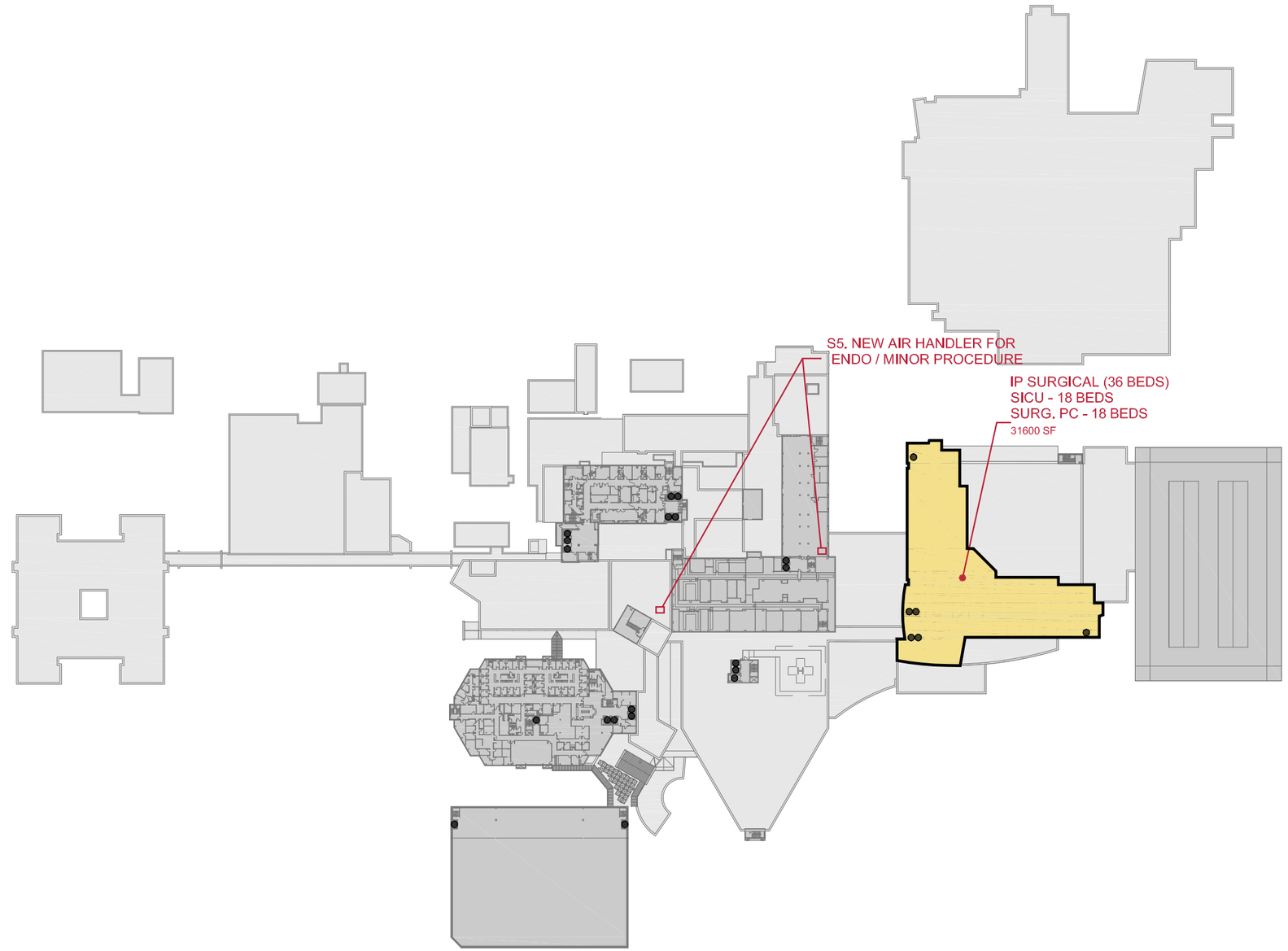
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

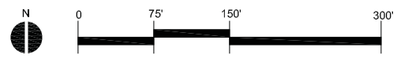
CIRCULATION

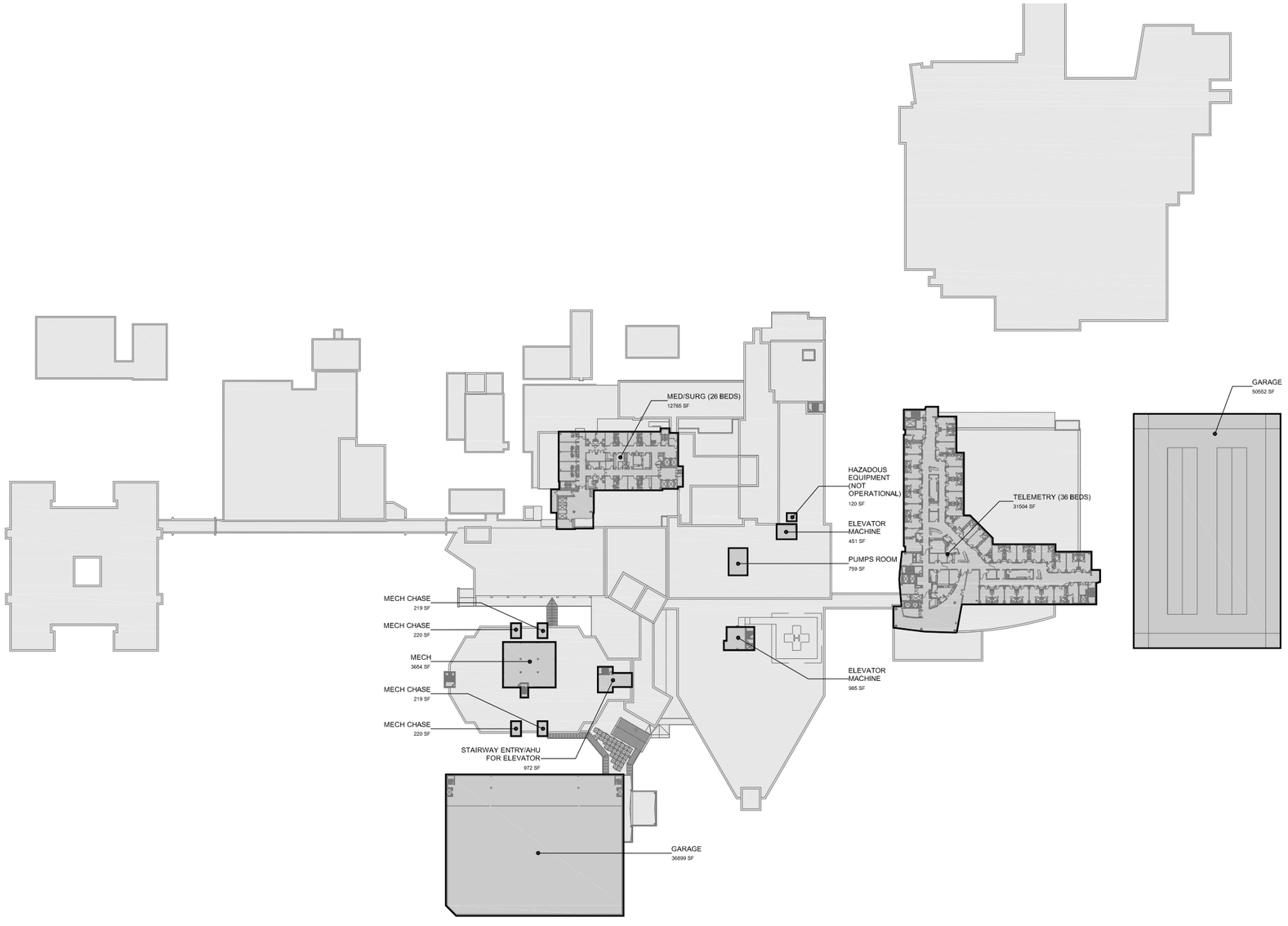
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

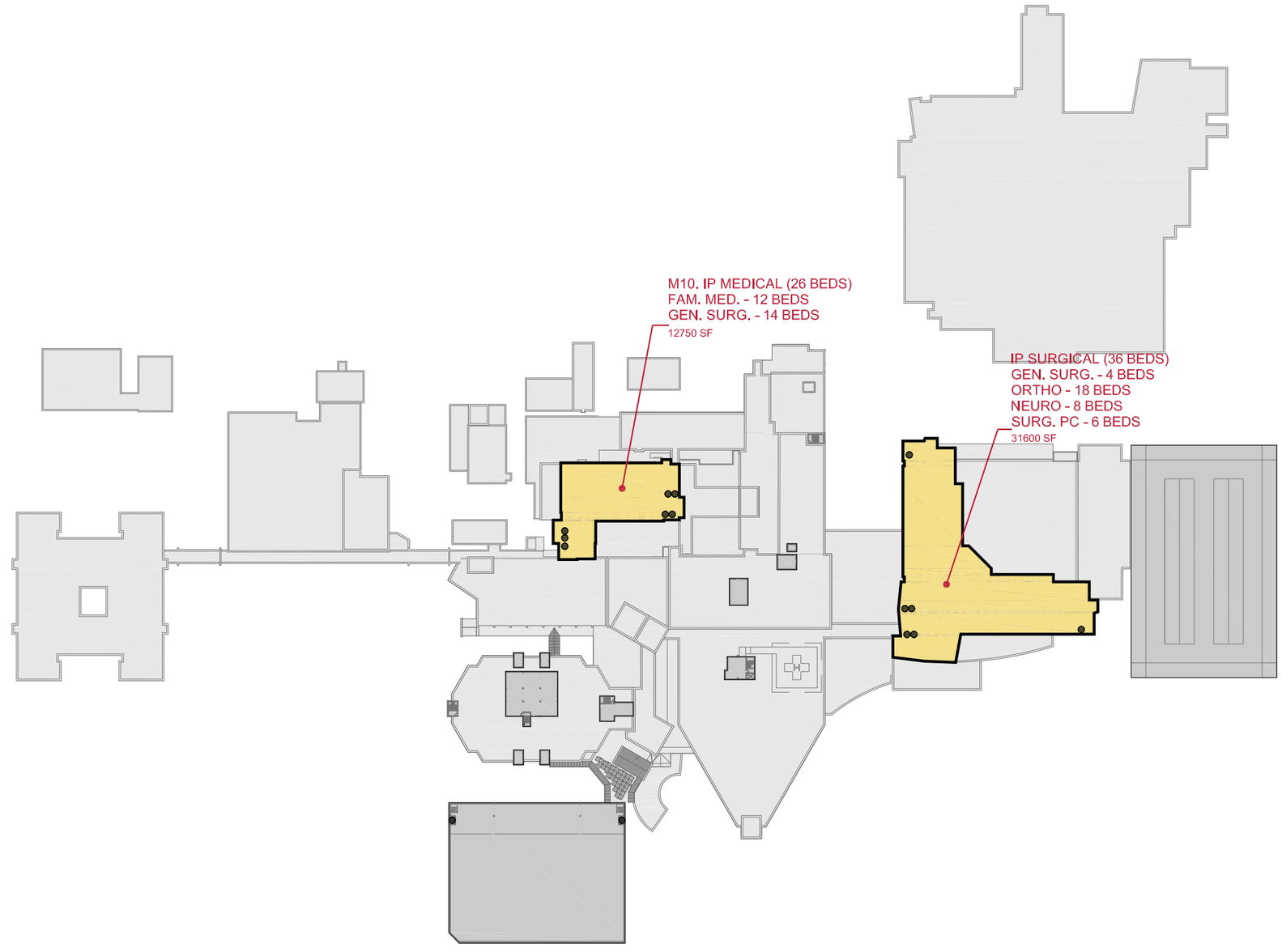
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

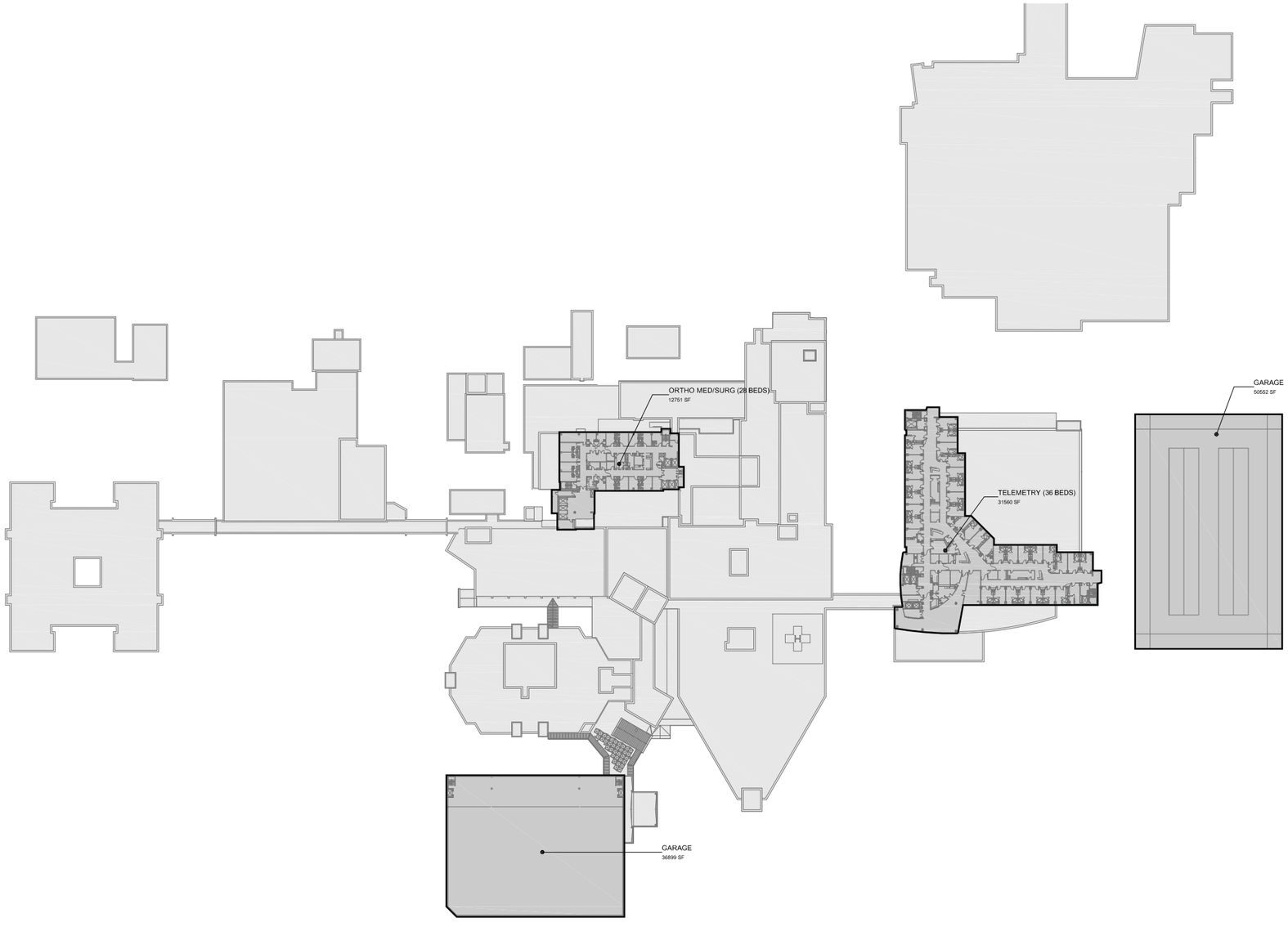
MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

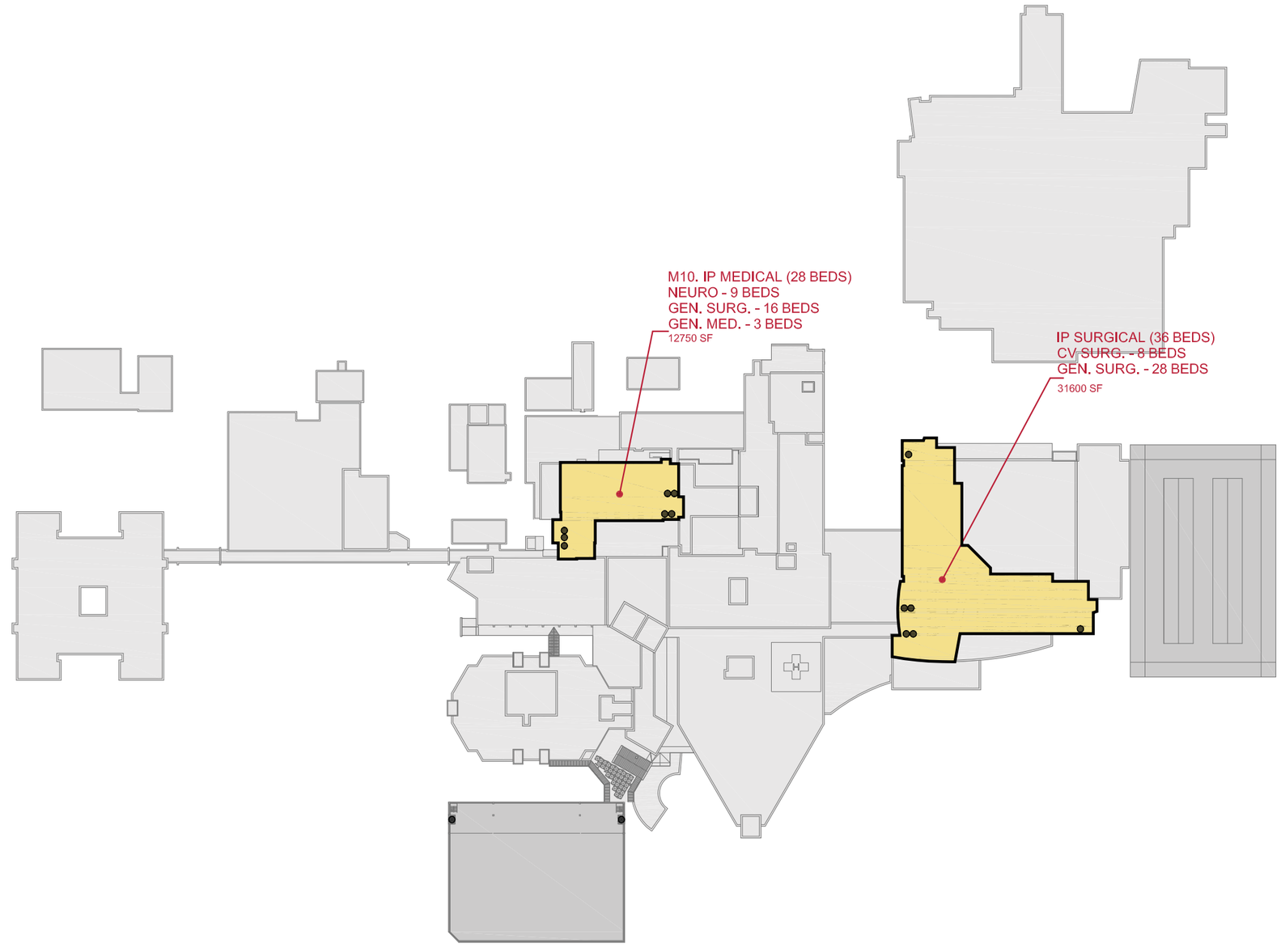
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

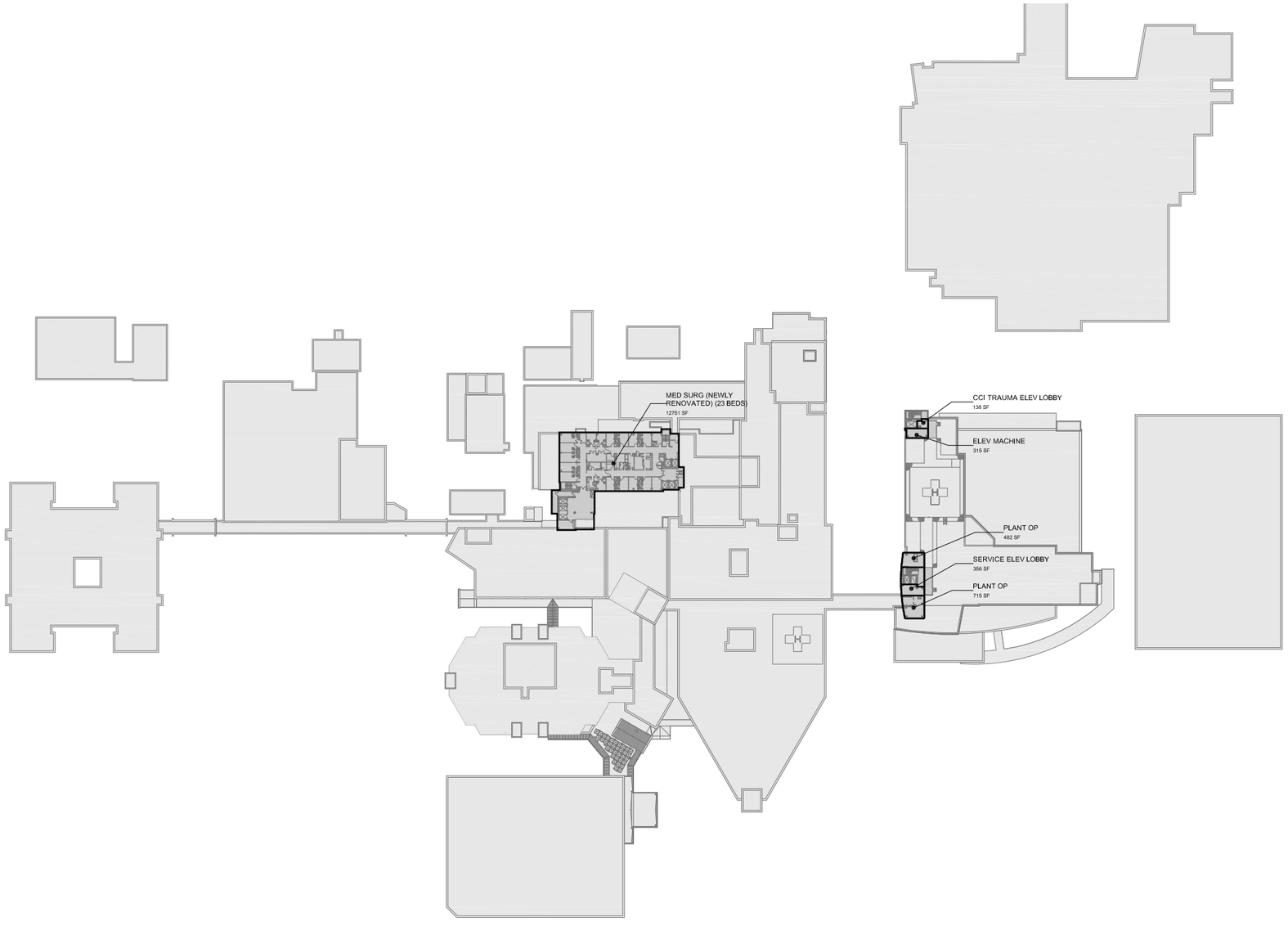
MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

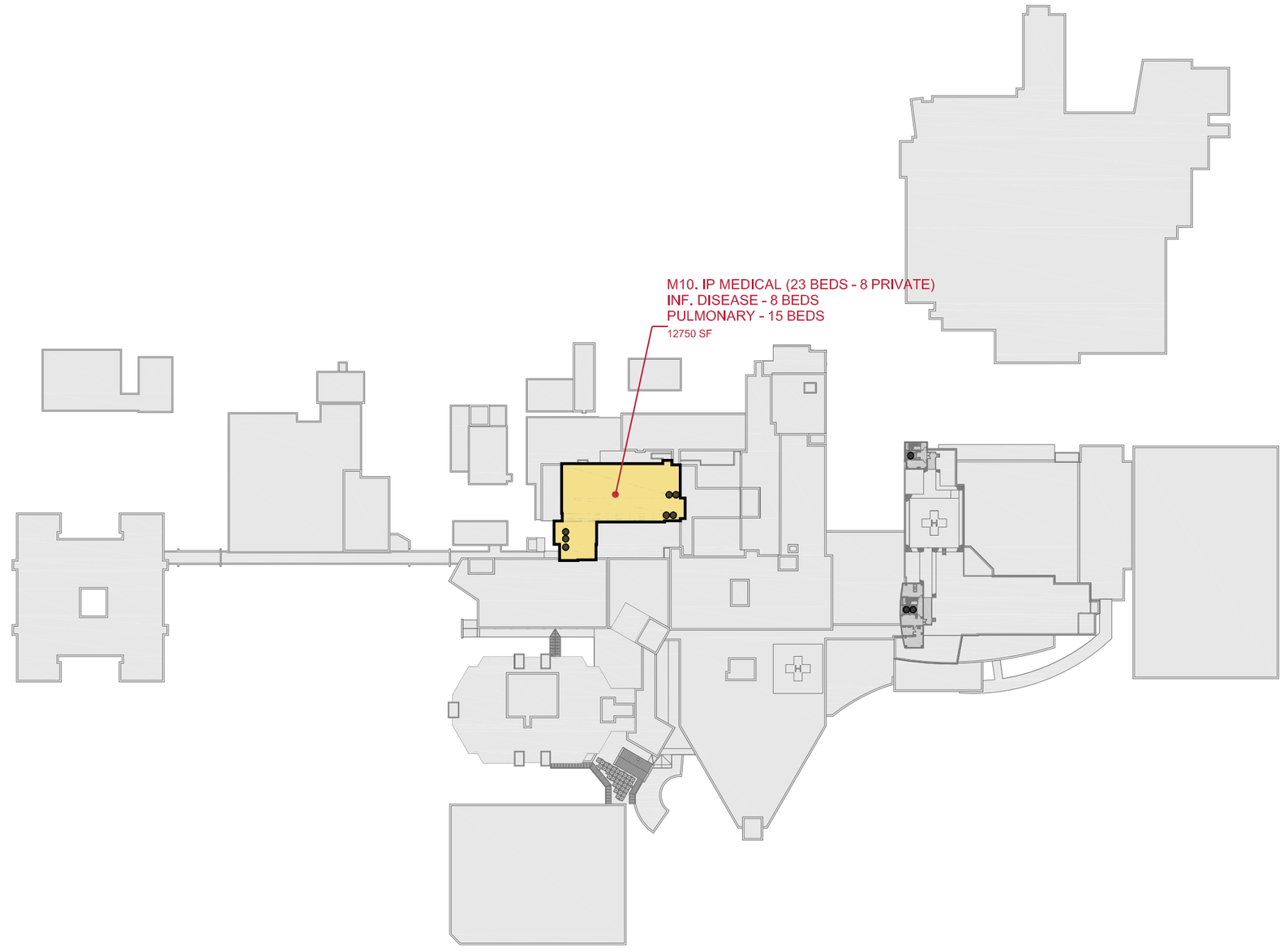
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

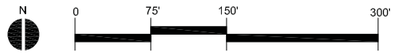
CIRCULATION

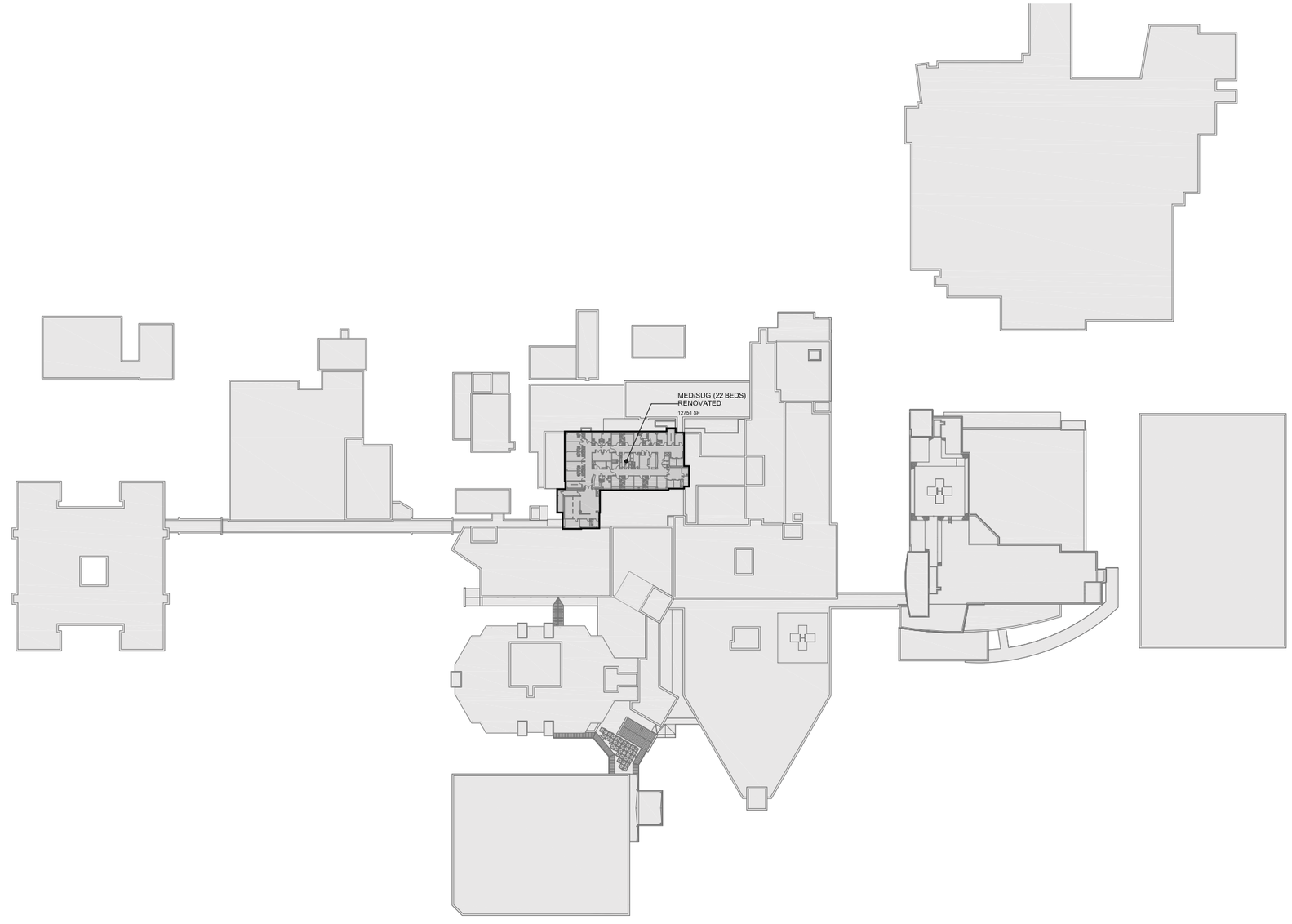
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 8





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

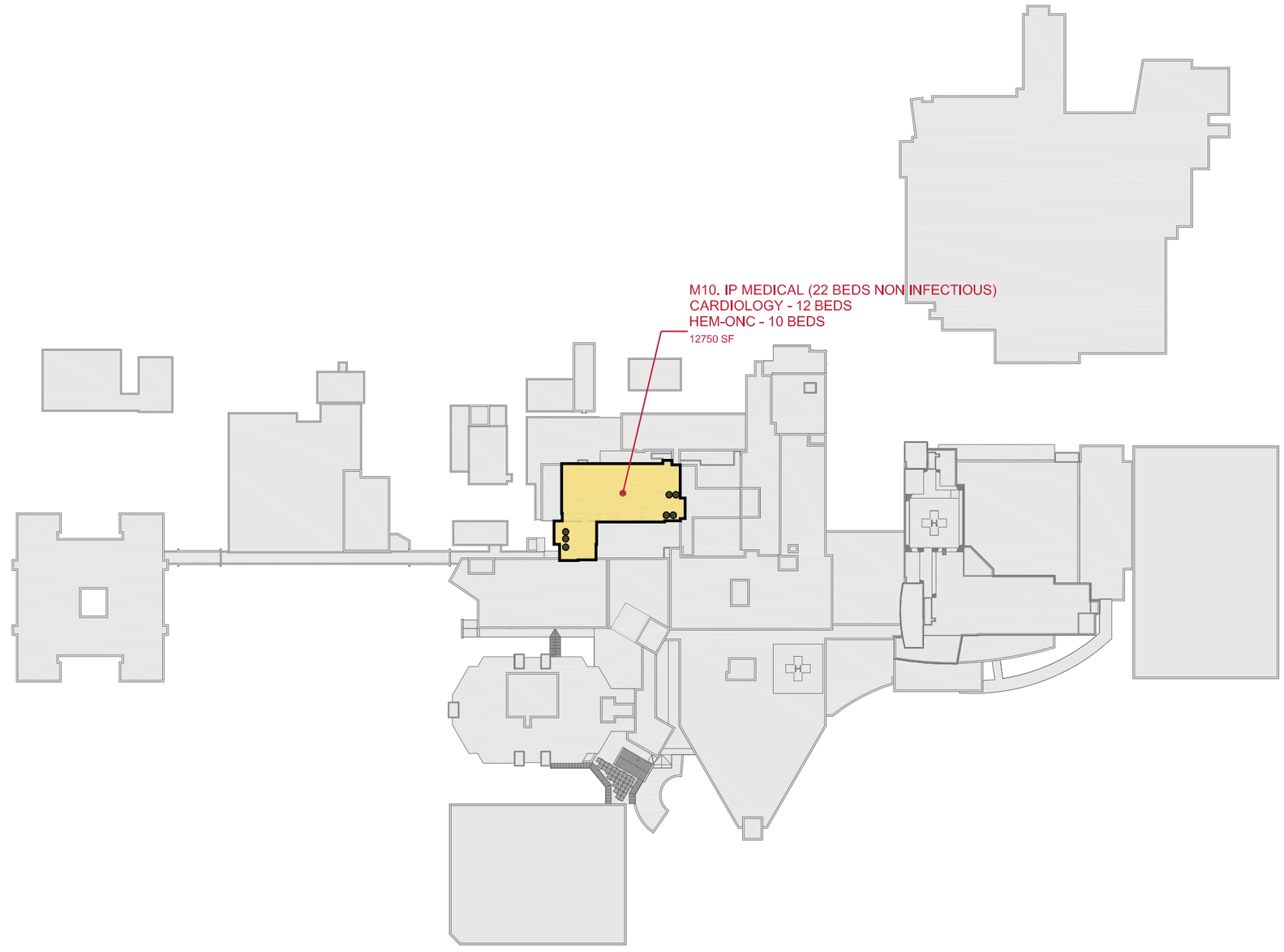
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 8

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

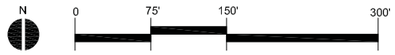
CIRCULATION

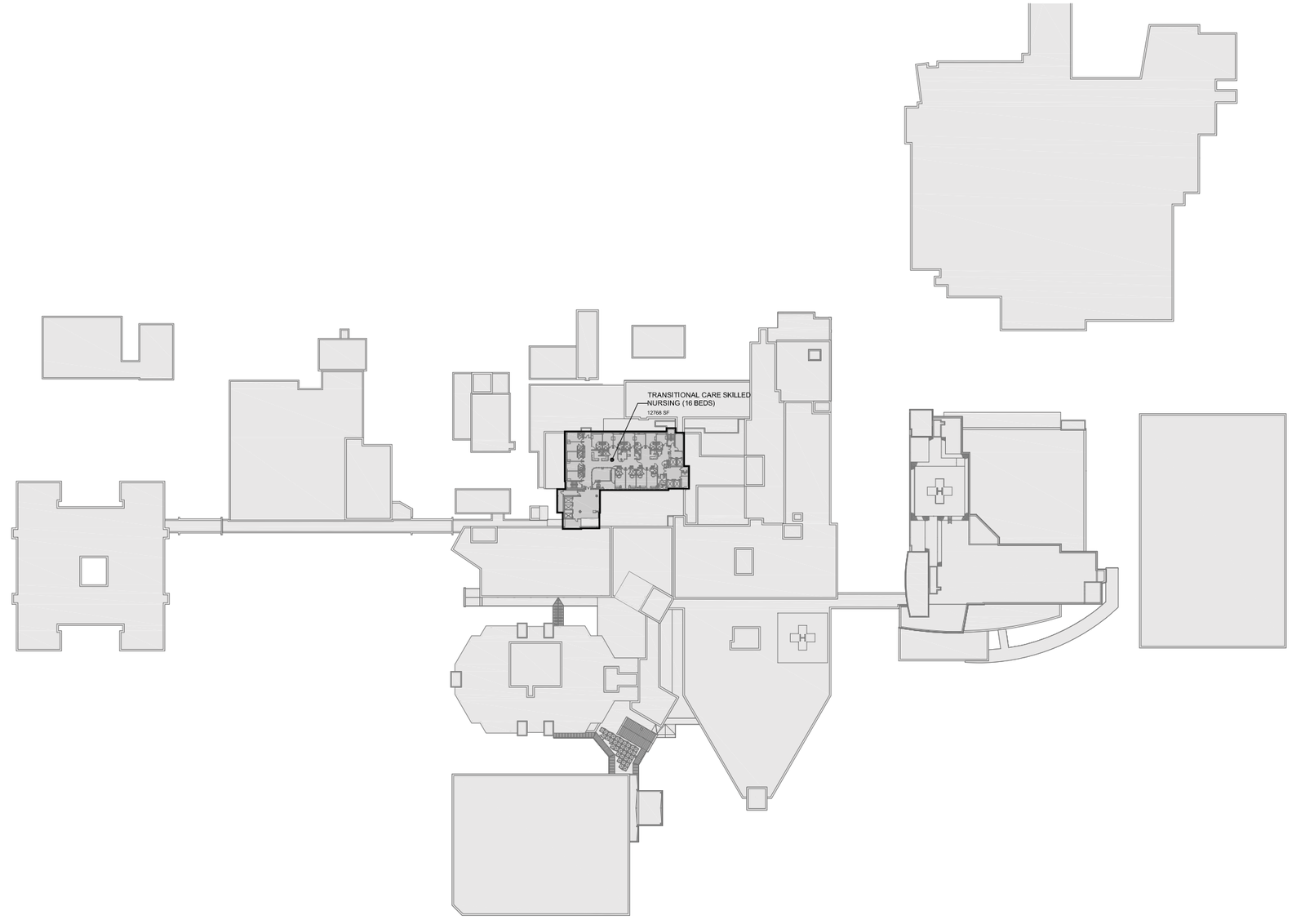
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 9





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

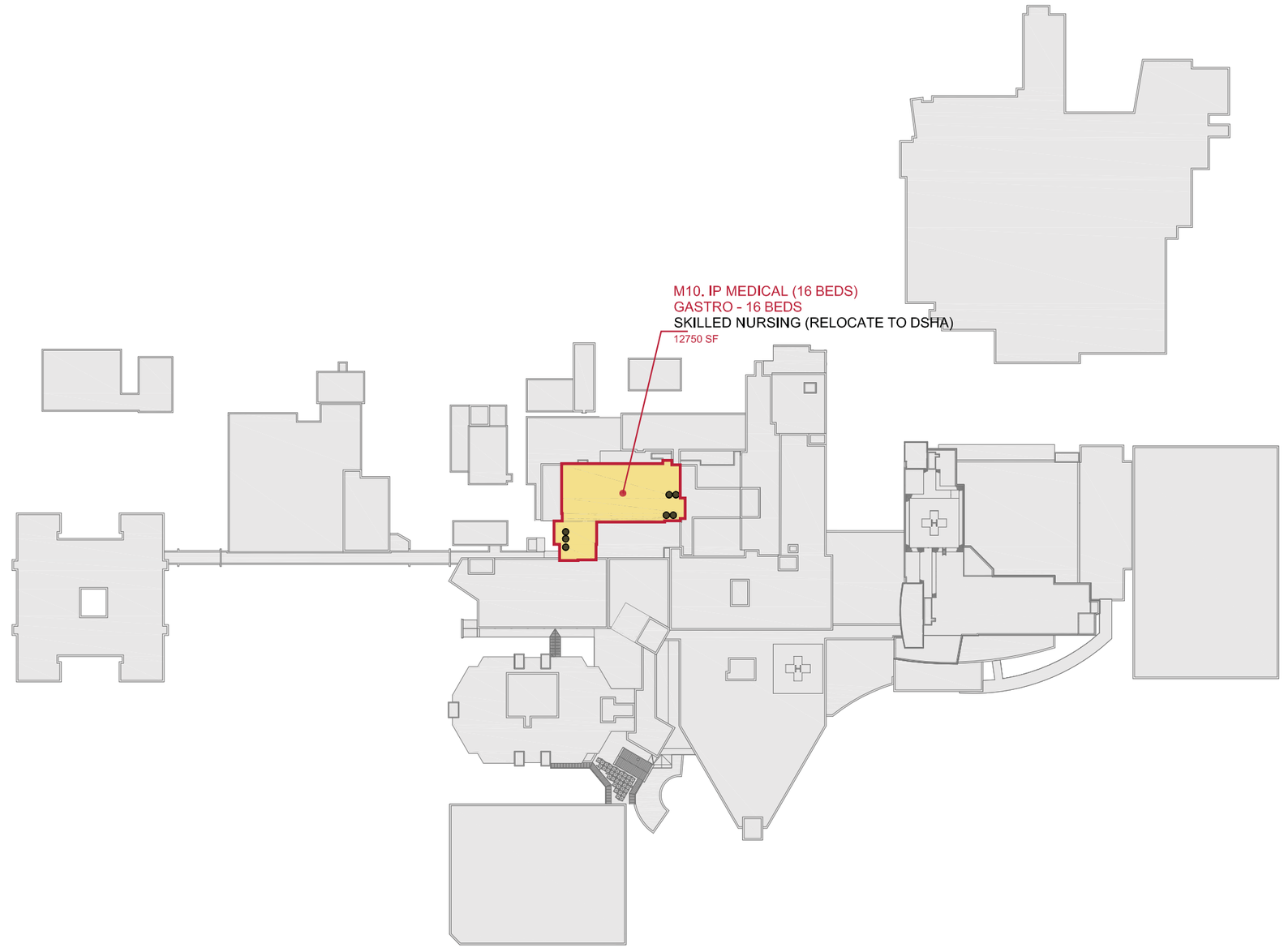
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 9

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

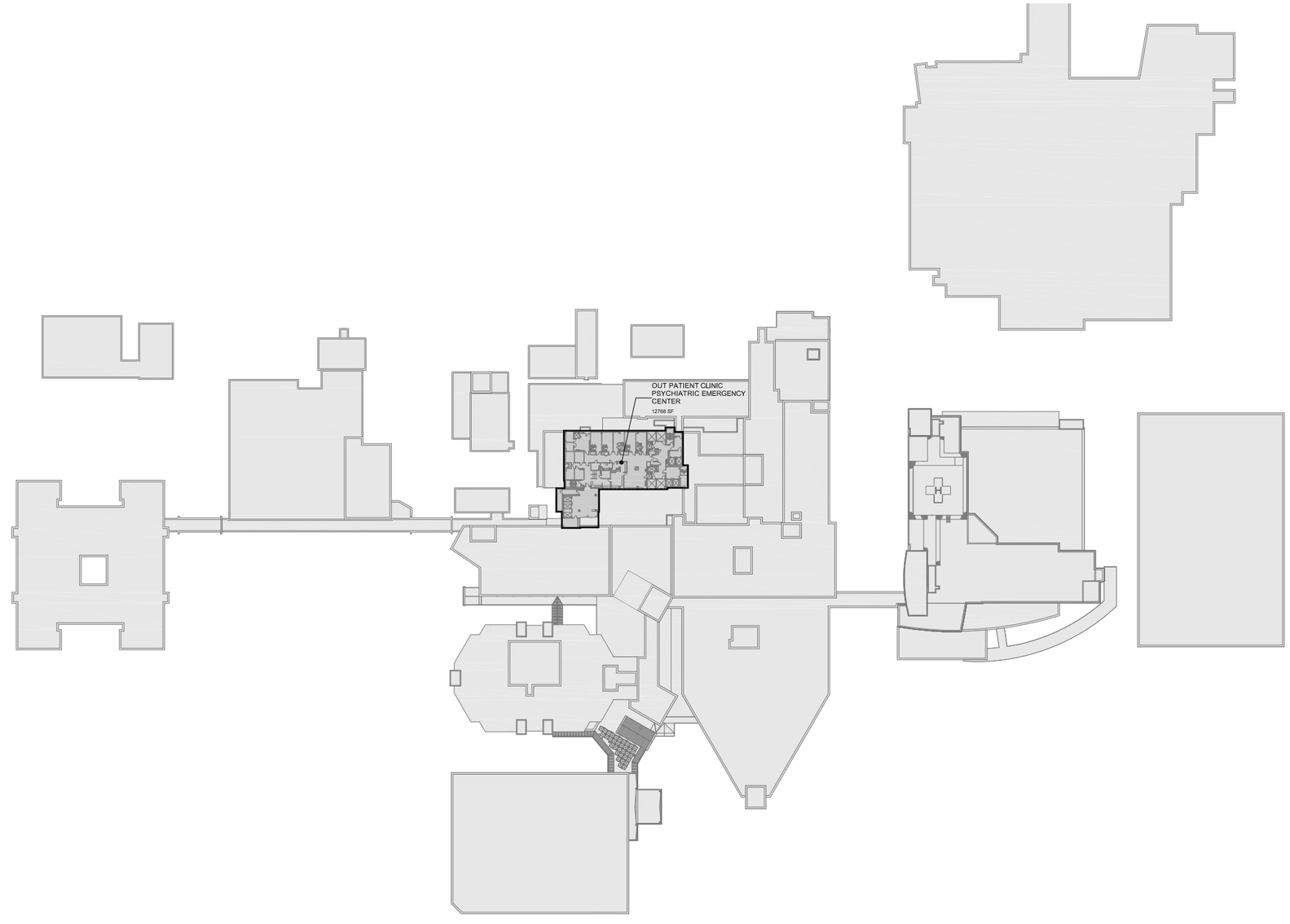
MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 10

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

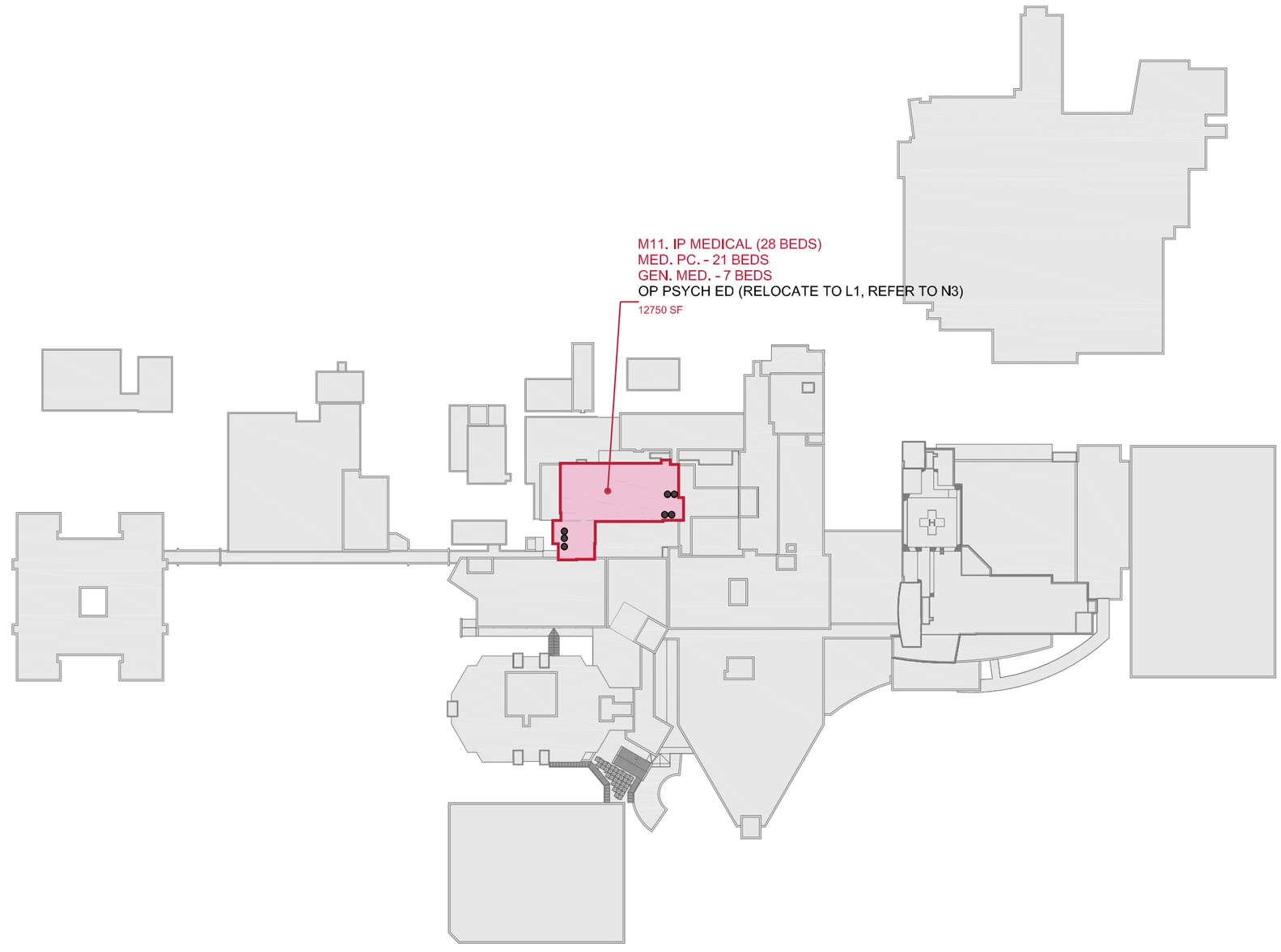
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 10

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

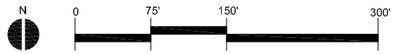
CIRCULATION

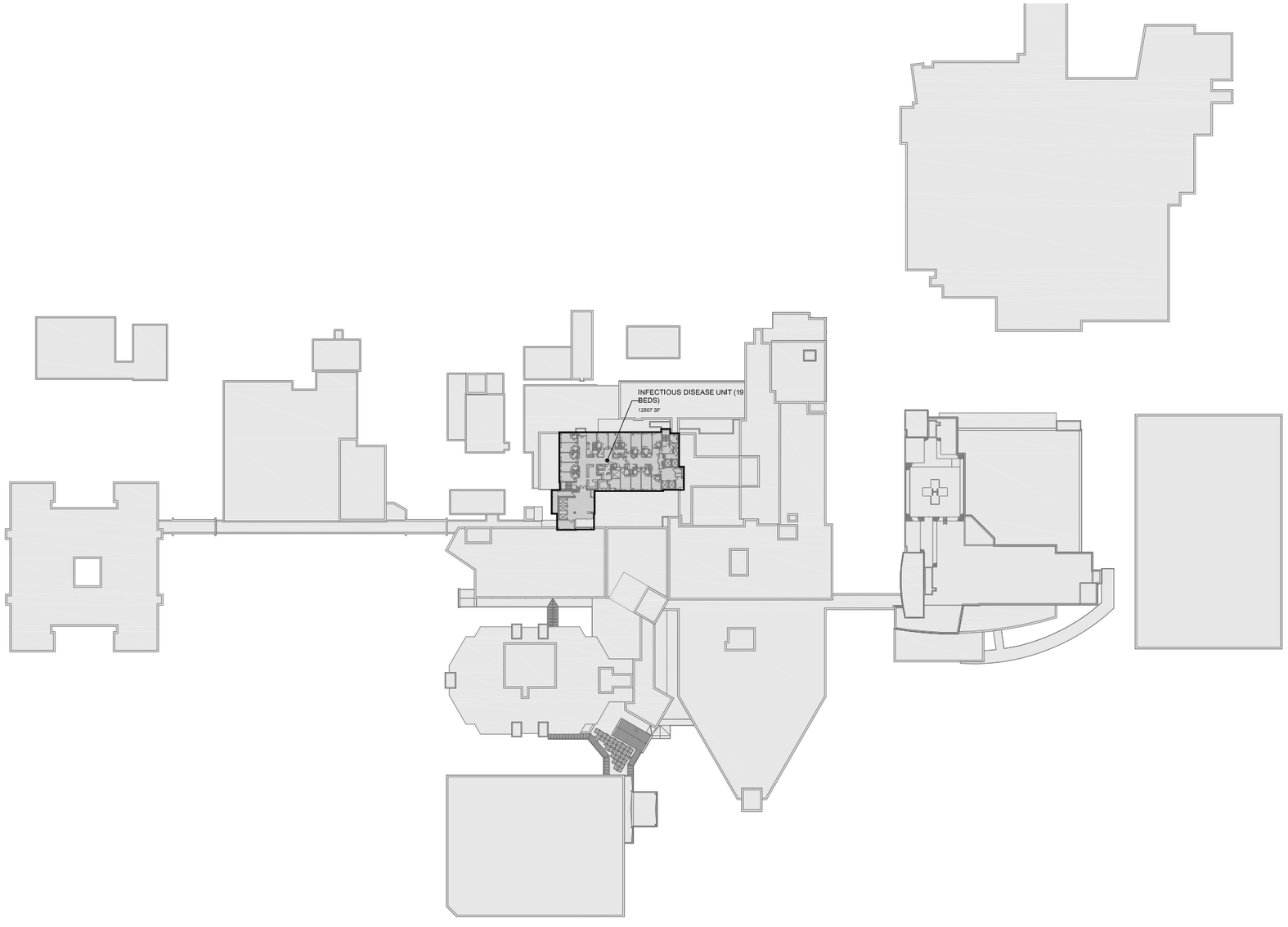
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Existing & Phase 1A

EXISTING

JPS MAIN LEVEL 11





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

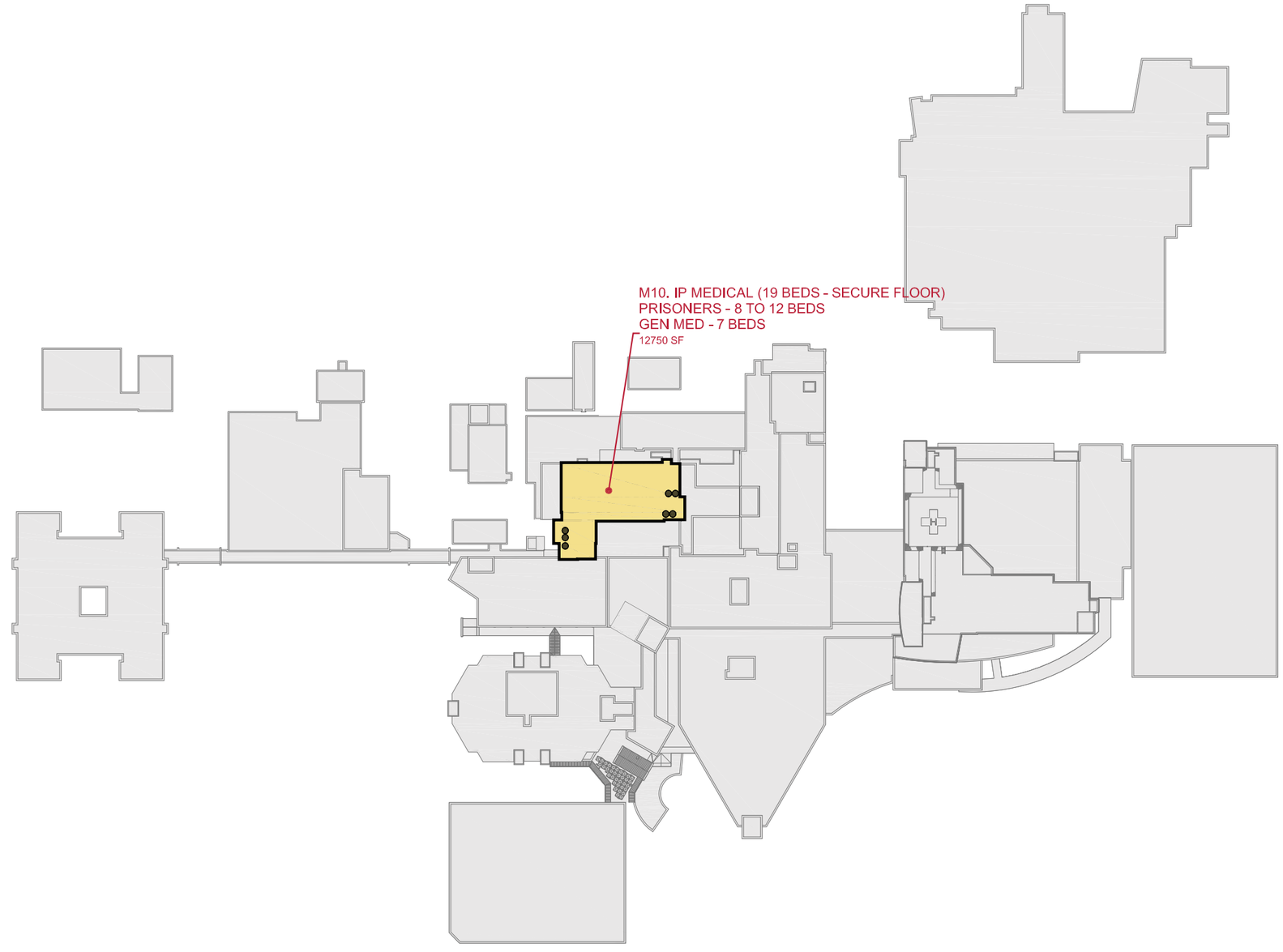
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1A

JPS MAIN LEVEL 11

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: PHASE 1A & PHASE 1B

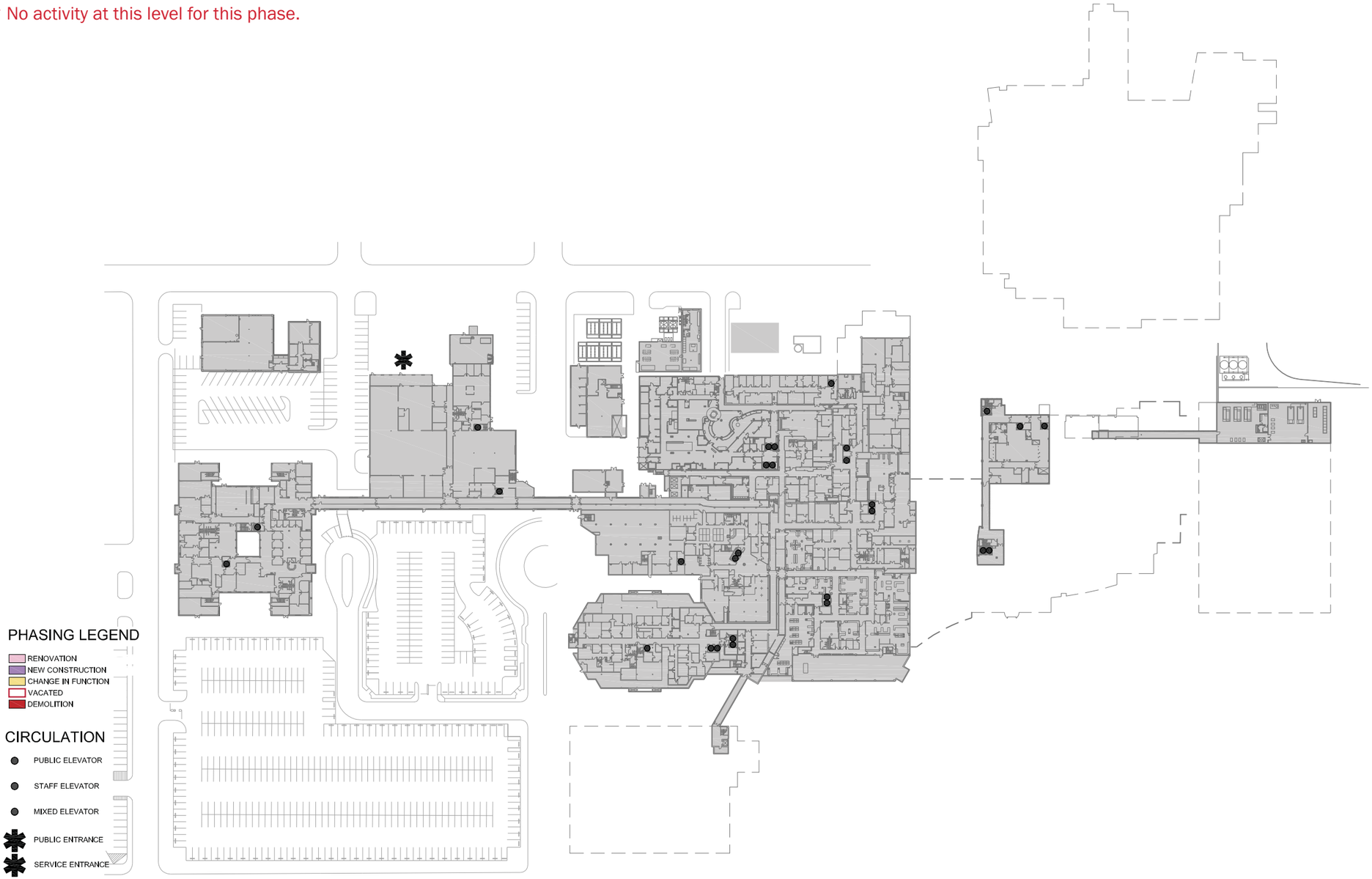
MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL

N 0 75' 150' 300'

* No activity at this level for this phase.

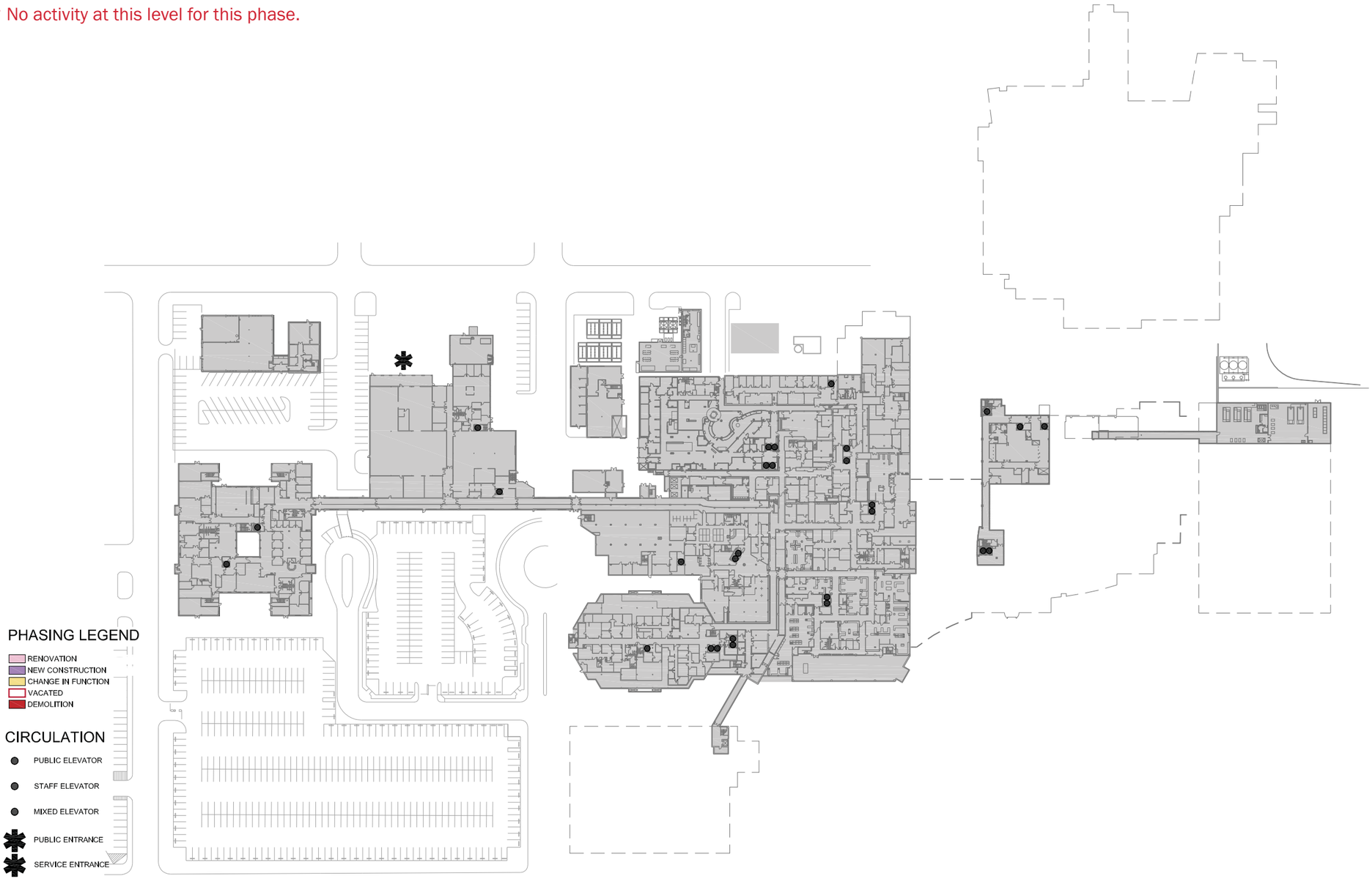


PHASE 1B

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL

N 0 75' 150' 300'

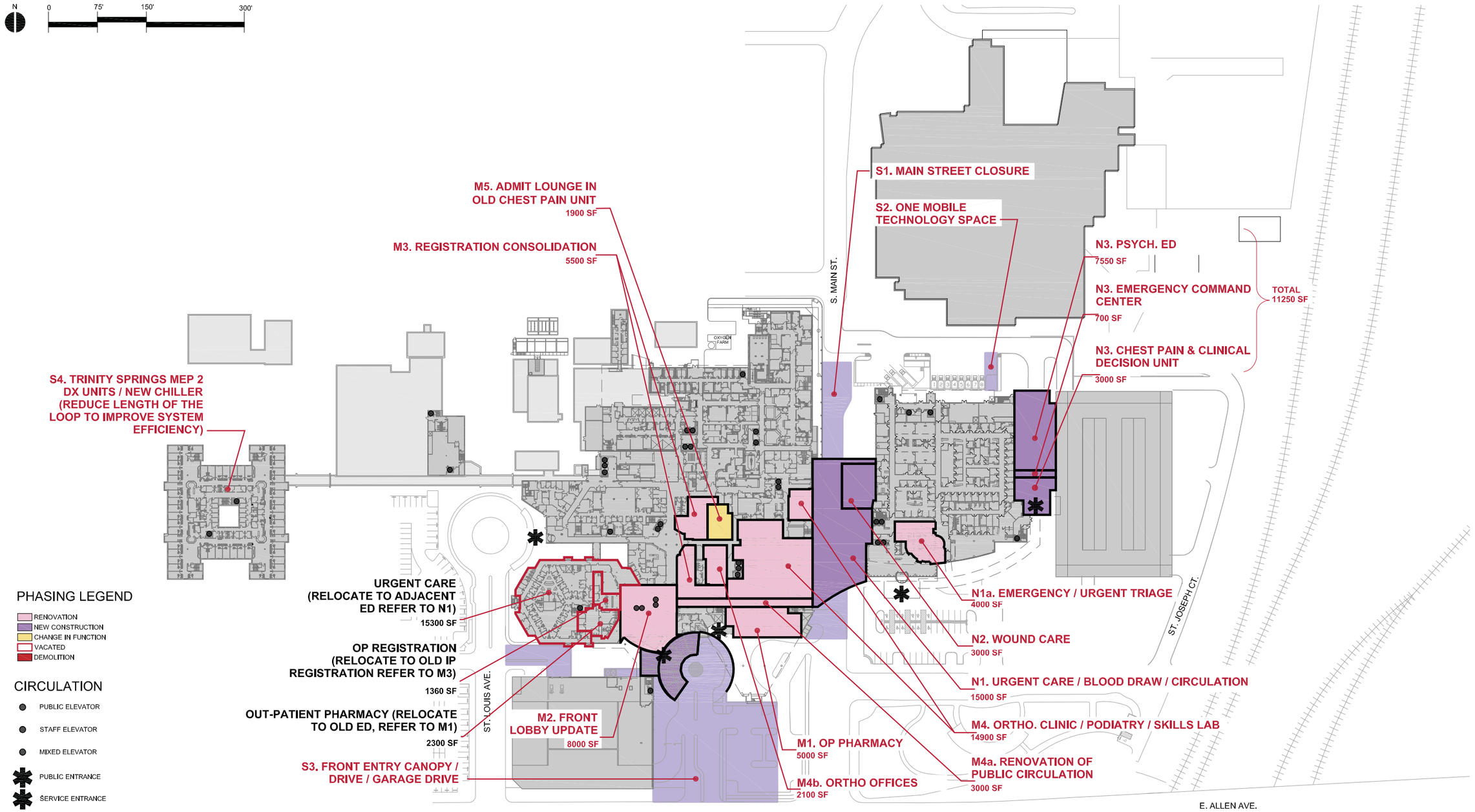
* No activity at this level for this phase.



MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1



PHASE 1B

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1

N

0 75' 150' 300'

M12. PRISONERS ROOMS EXPANSION (18 TOTAL BEDS)
3400 SF

M12a. PRISONERS IP RENOVATION / POLICE RENOVATION
7600 SF

OLD PT(RELOCATED) M13. RENOVATE OLD URGENT CARE/OLD SOCIAL WORK/PARTIAL OLD PT FOR FAMILY MEDICINE (+50 EXAM ROOMS)
14000 SF

S. MAIN ST.

ST. LOUIS AVE.

ST. JOSEPH CT.

E. ALLEN AVE.

OXYGEN FARM

PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

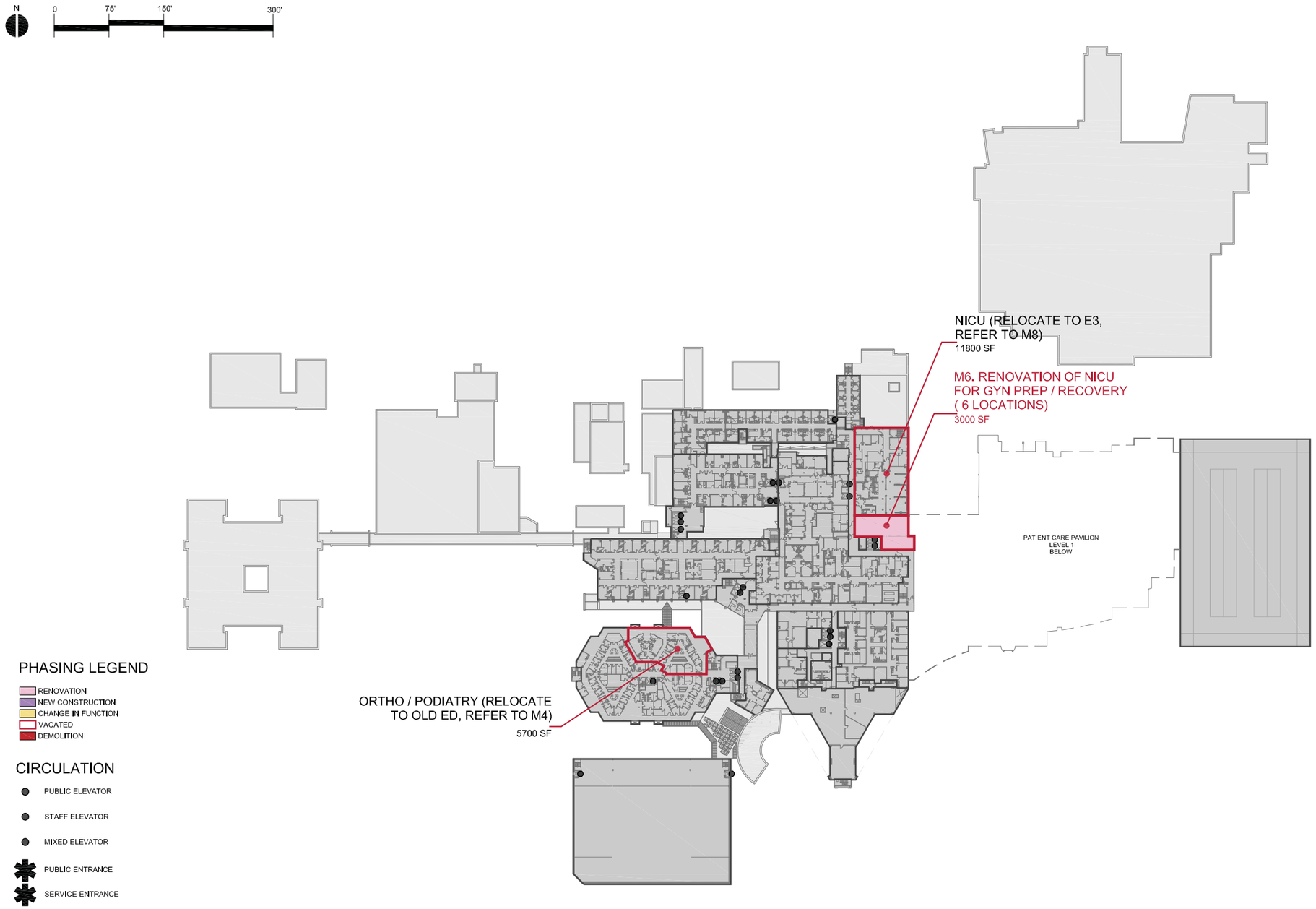
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

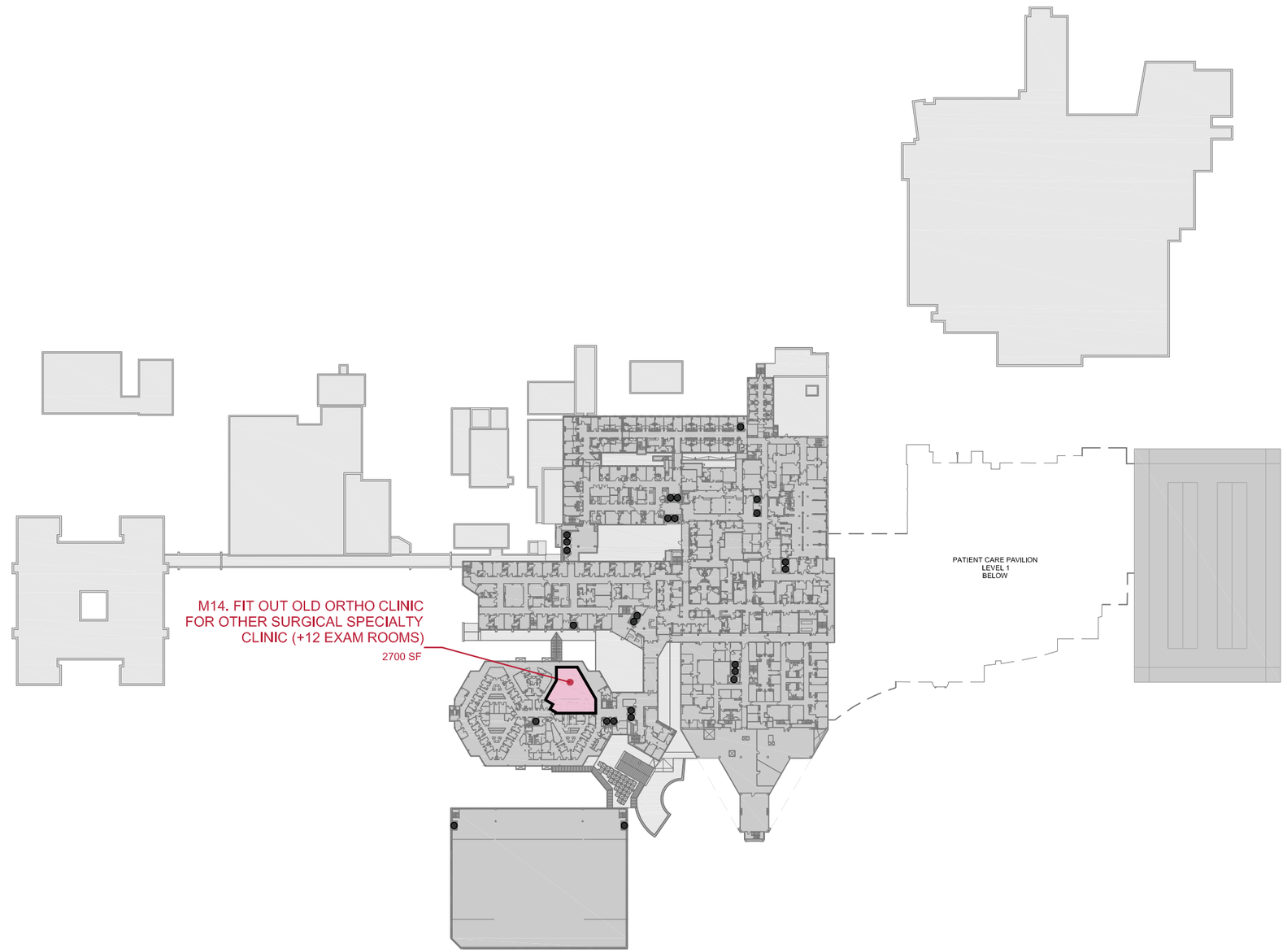
JPS MAIN LEVEL 2



PHASE 1B

JPS MAIN LEVEL 2

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

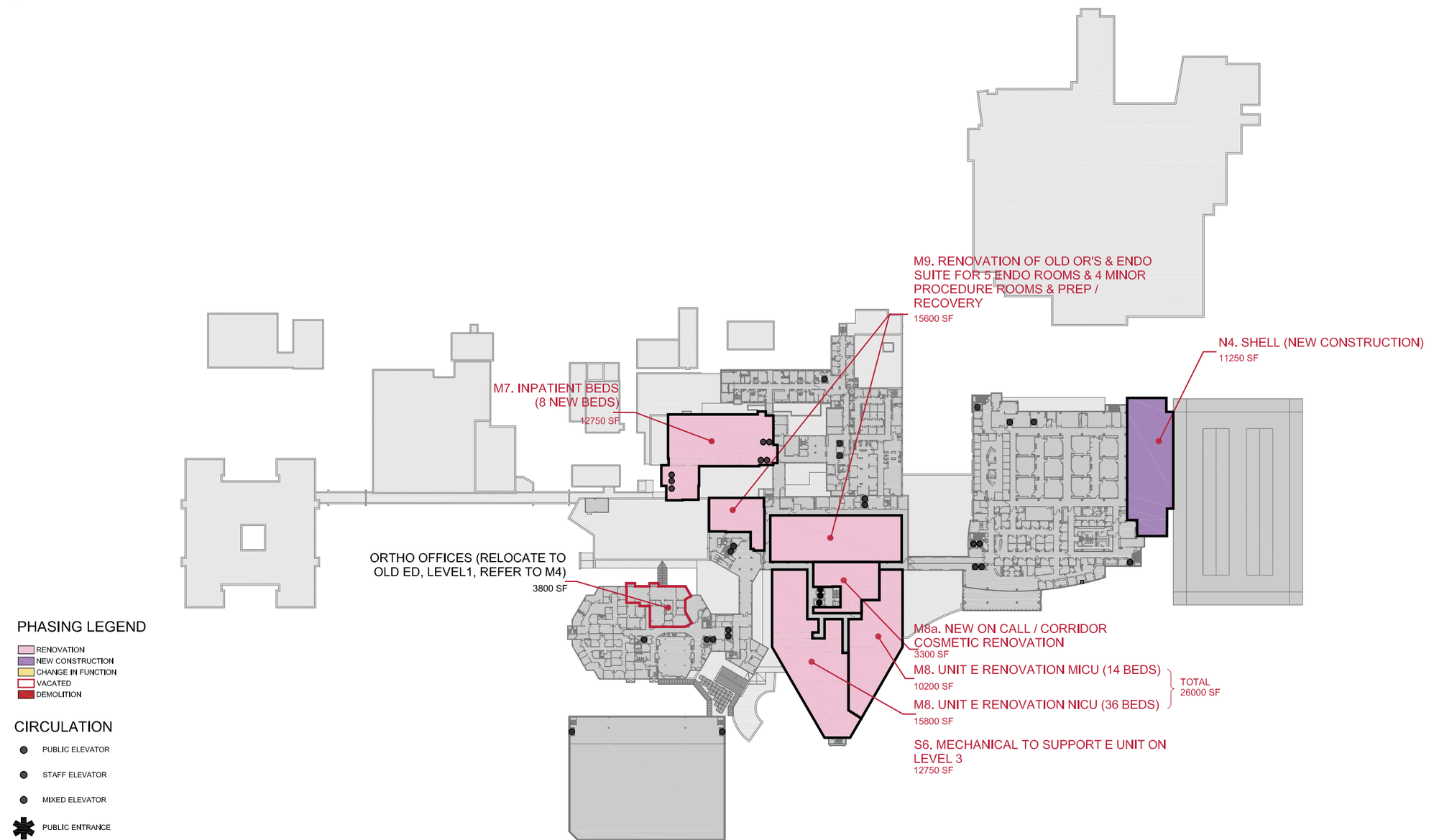
MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

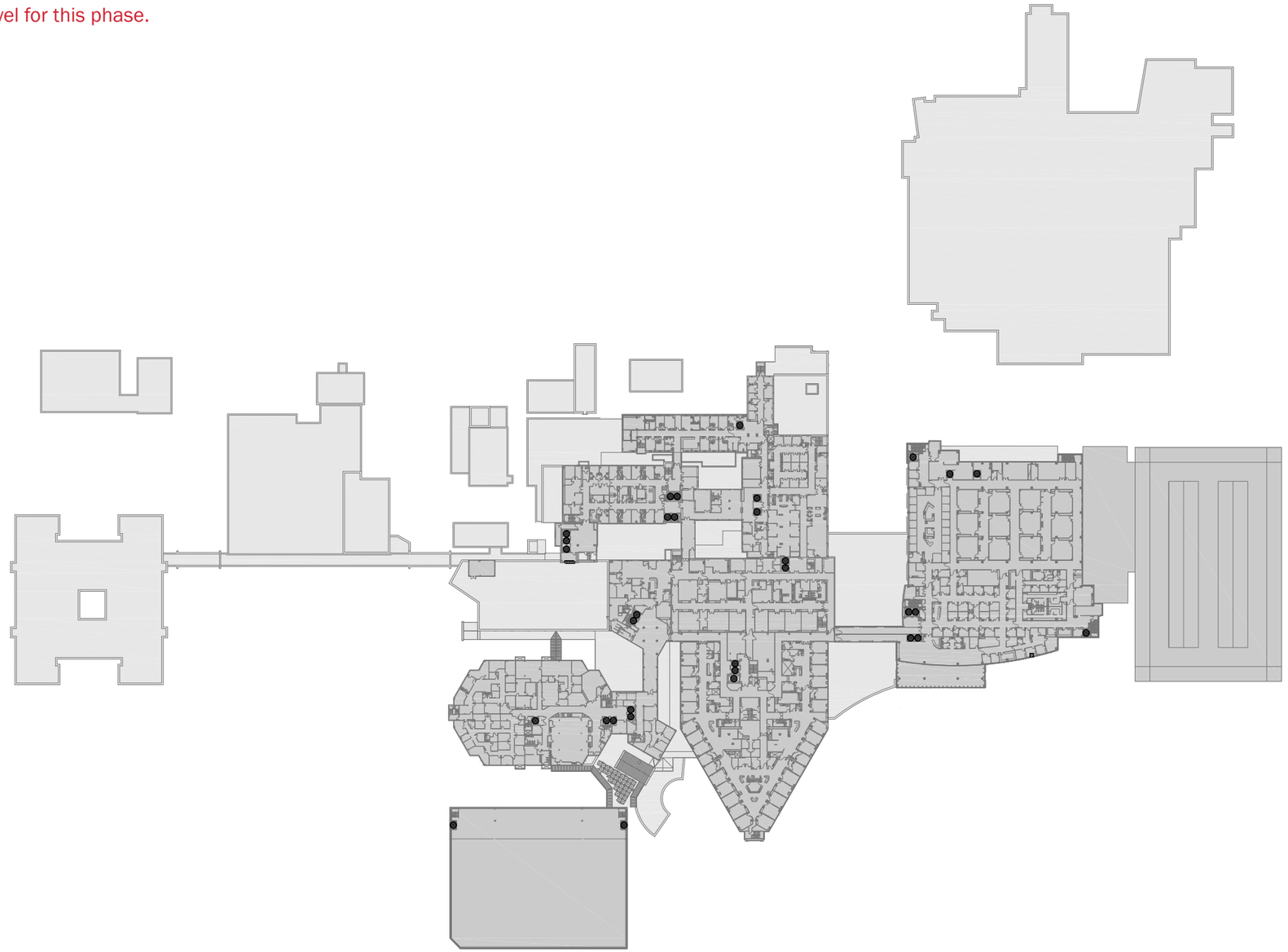
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1B

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

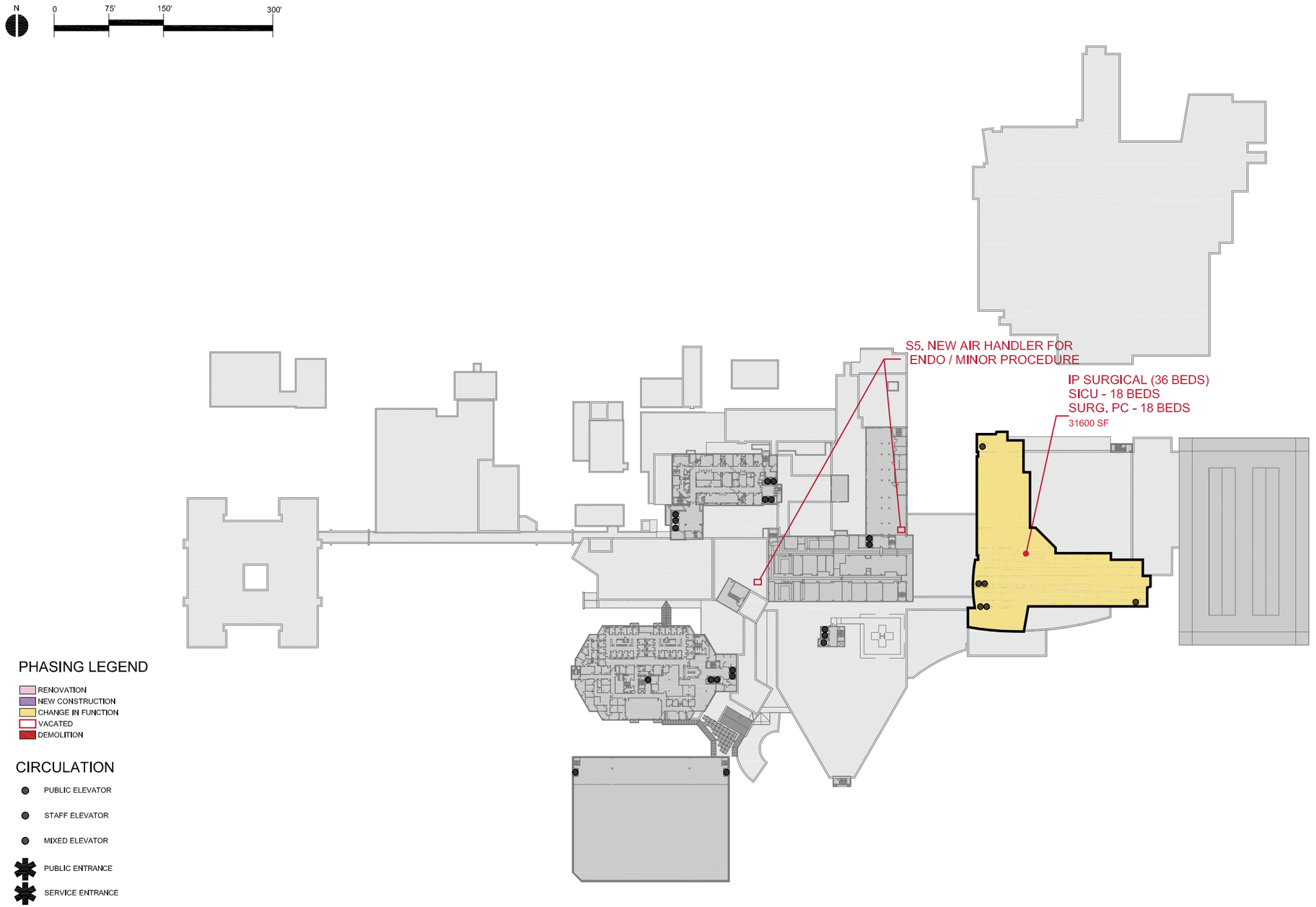
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

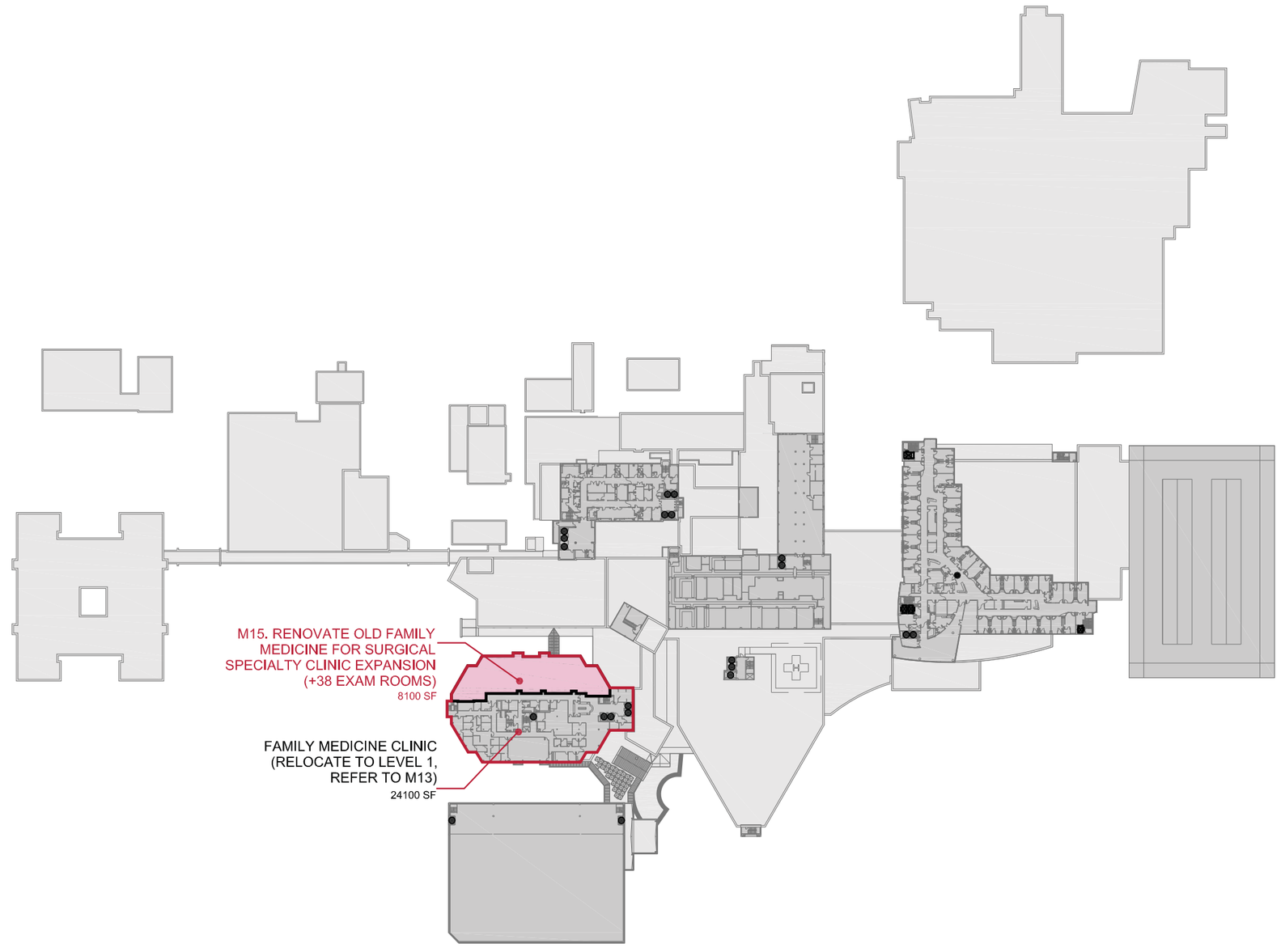
JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3



PHASE 1B

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

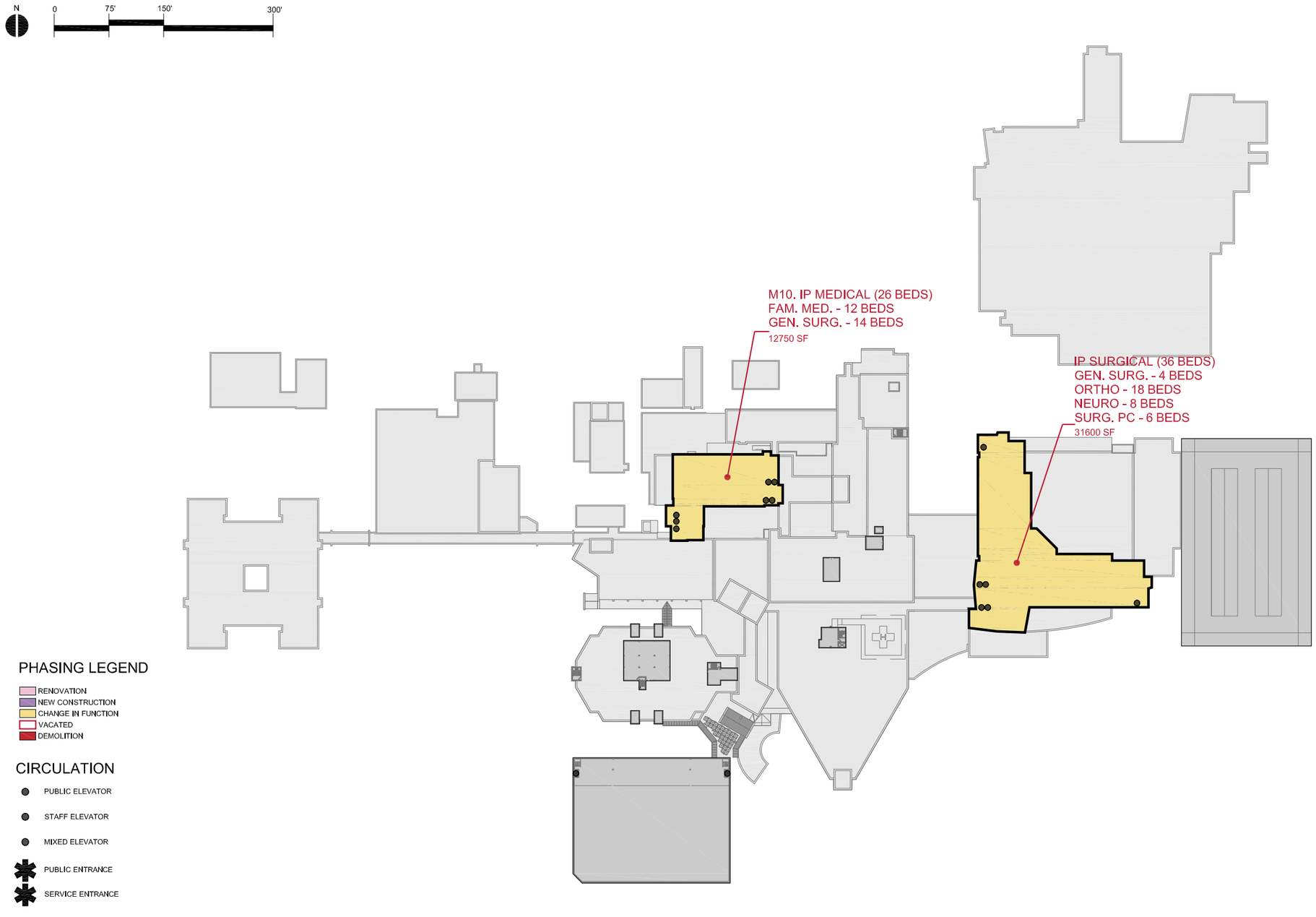
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4

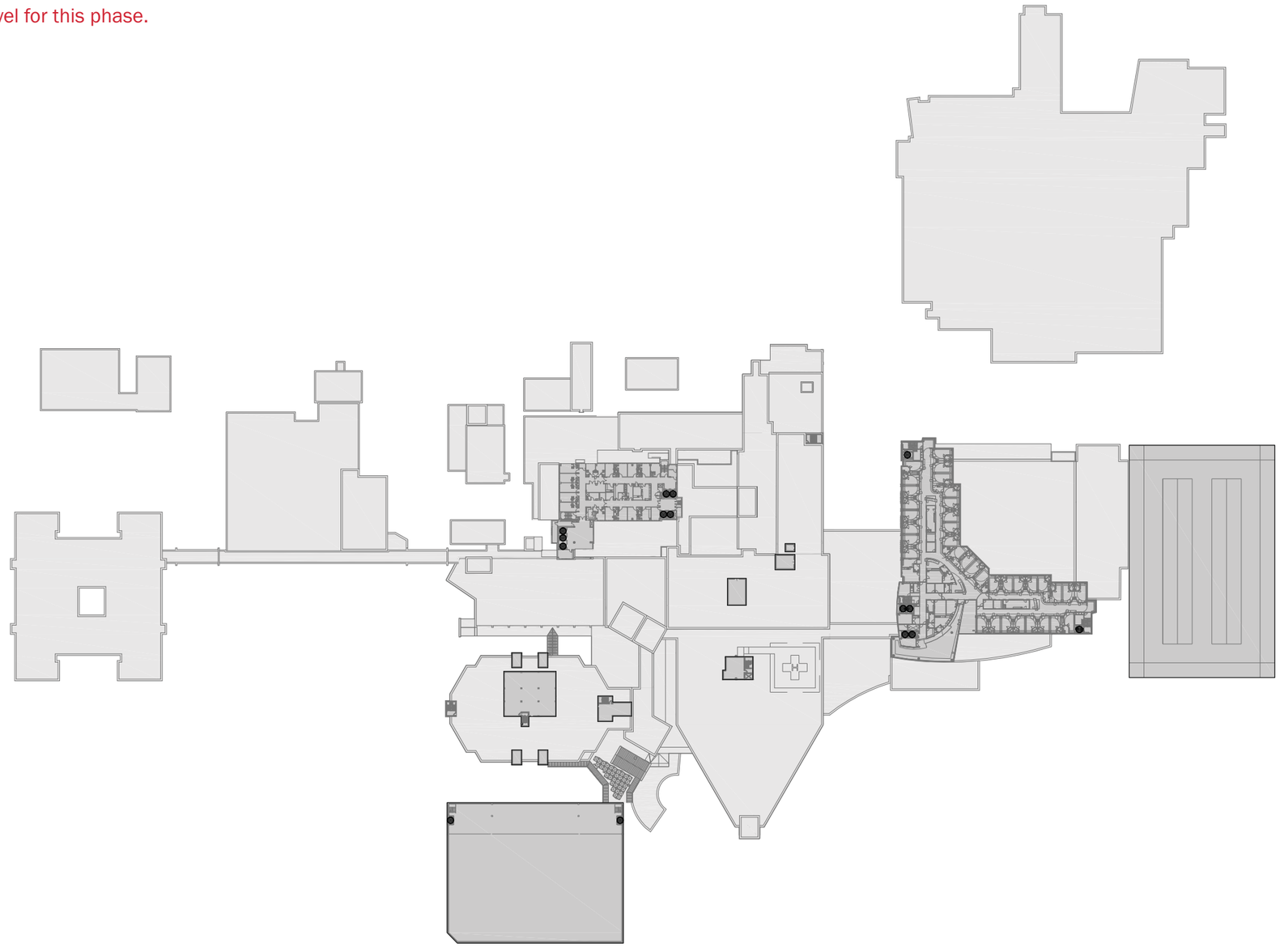


PHASE 1B

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

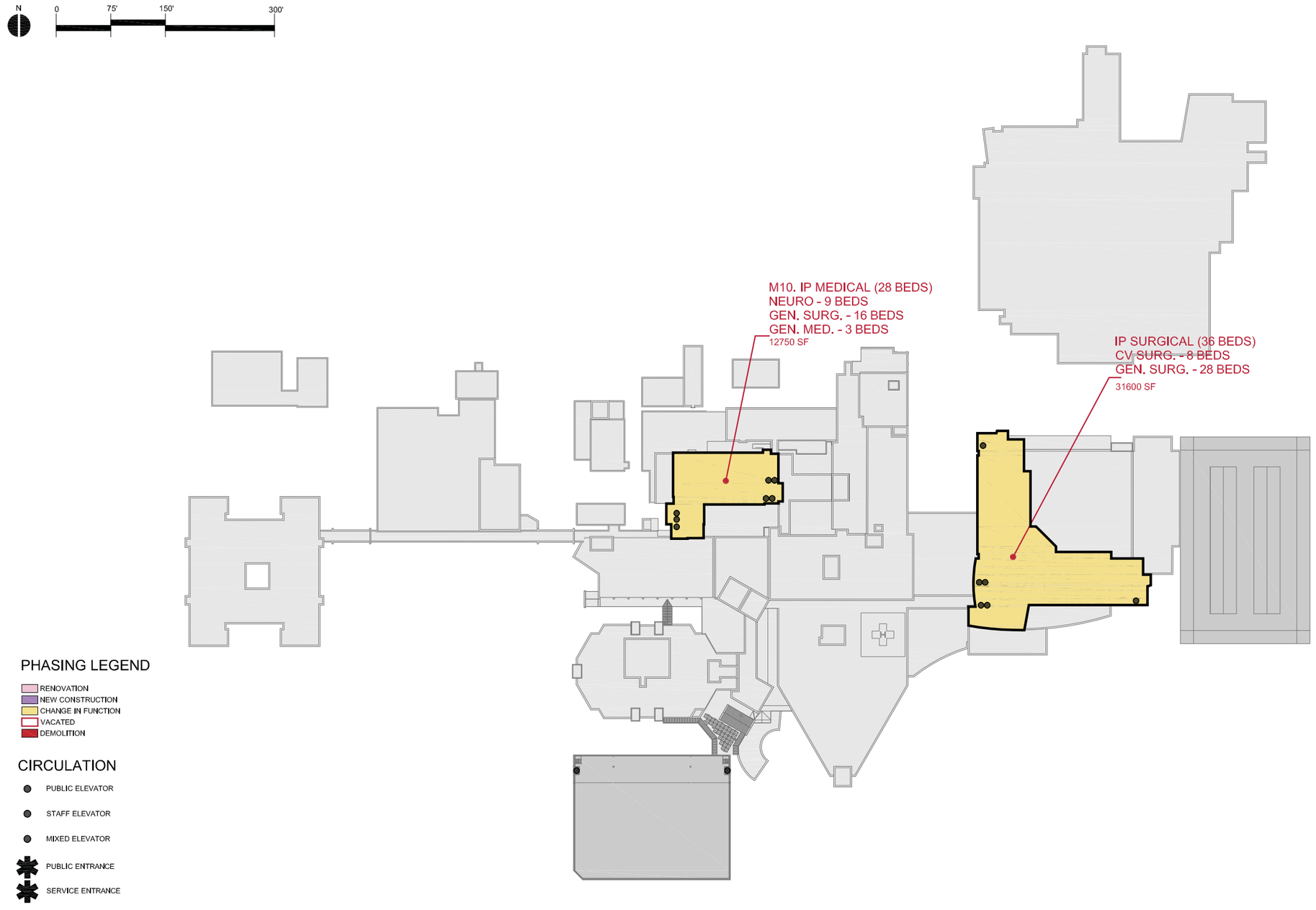
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

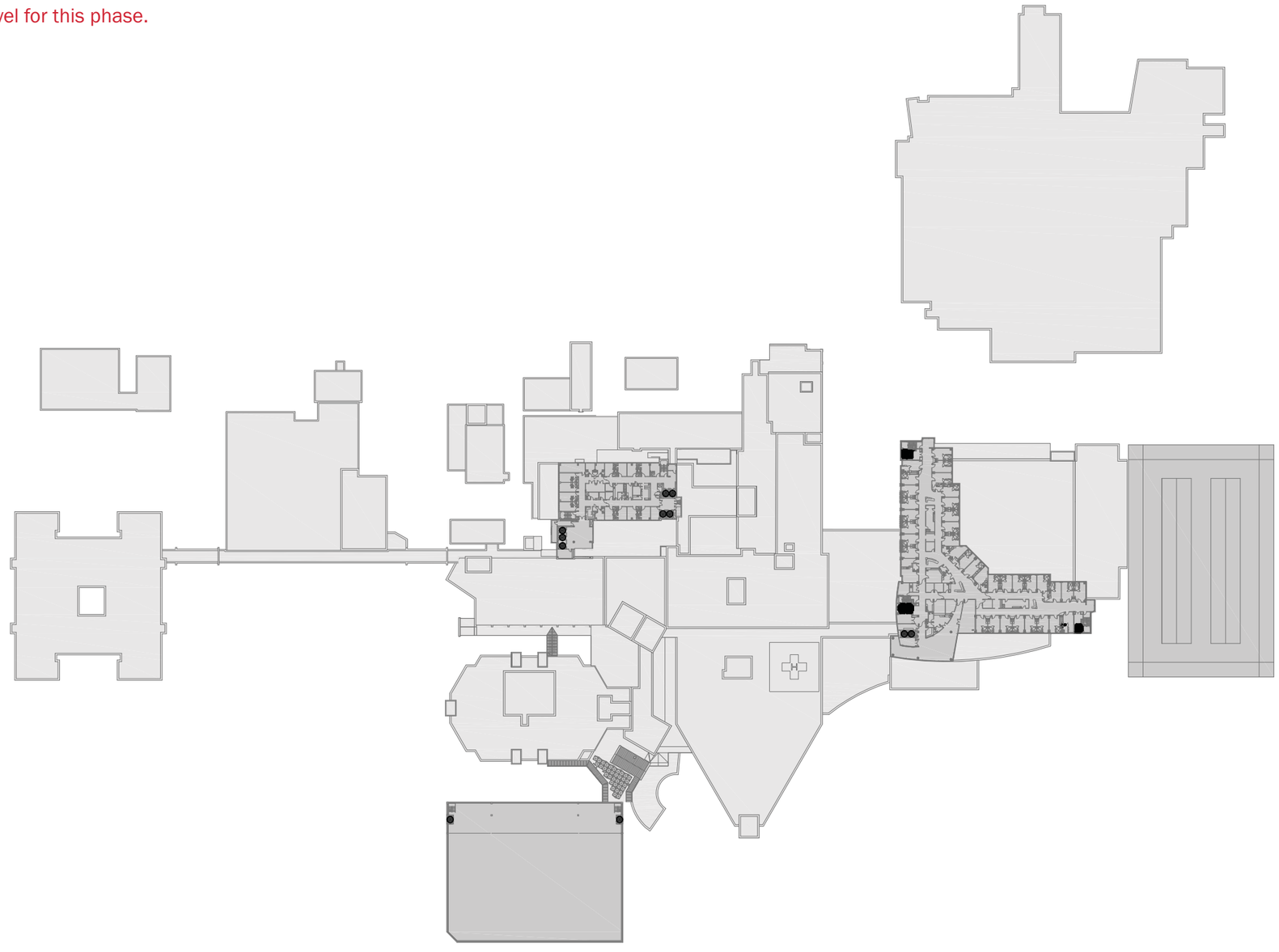


PHASE 1B

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

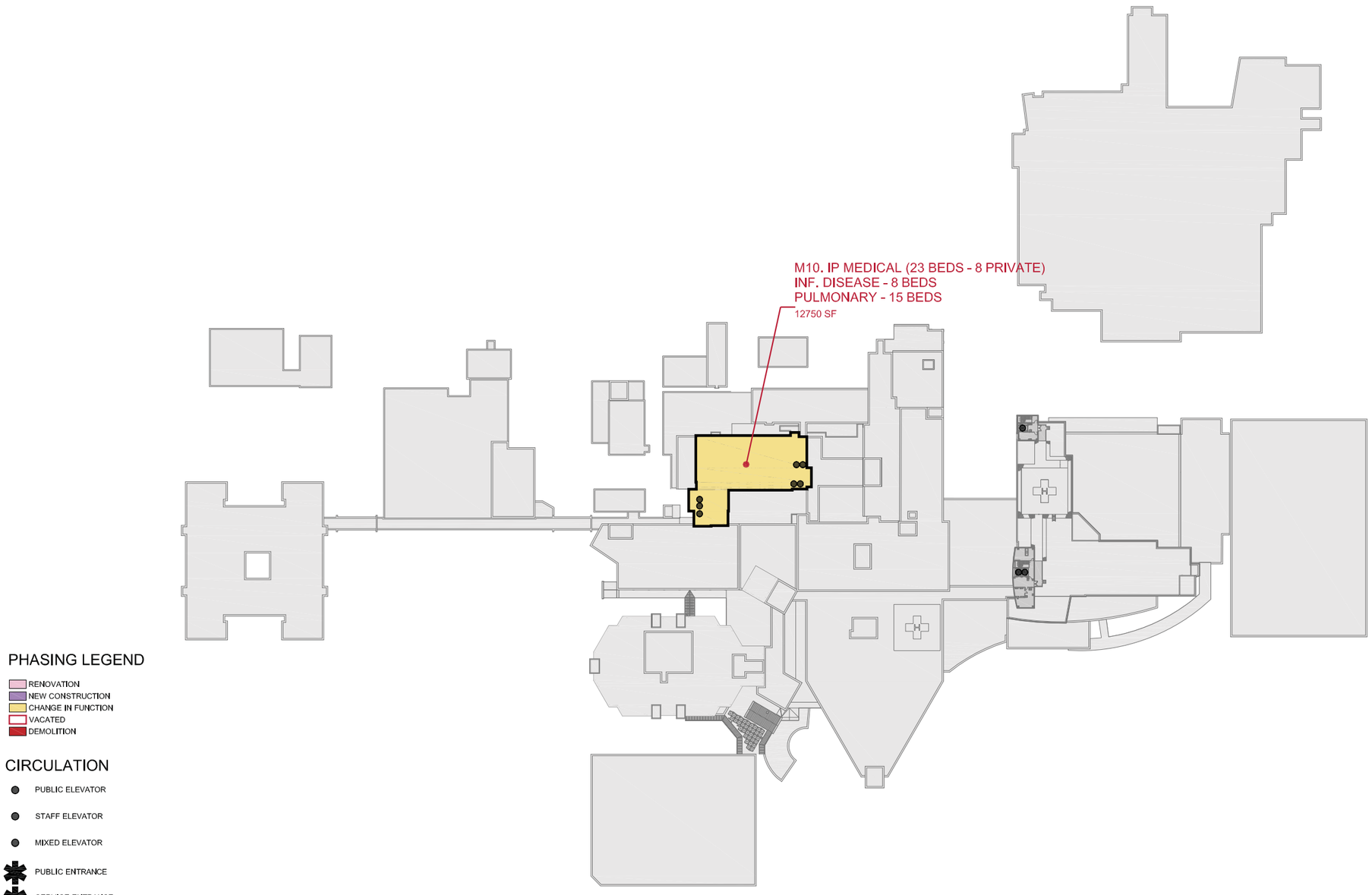
MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

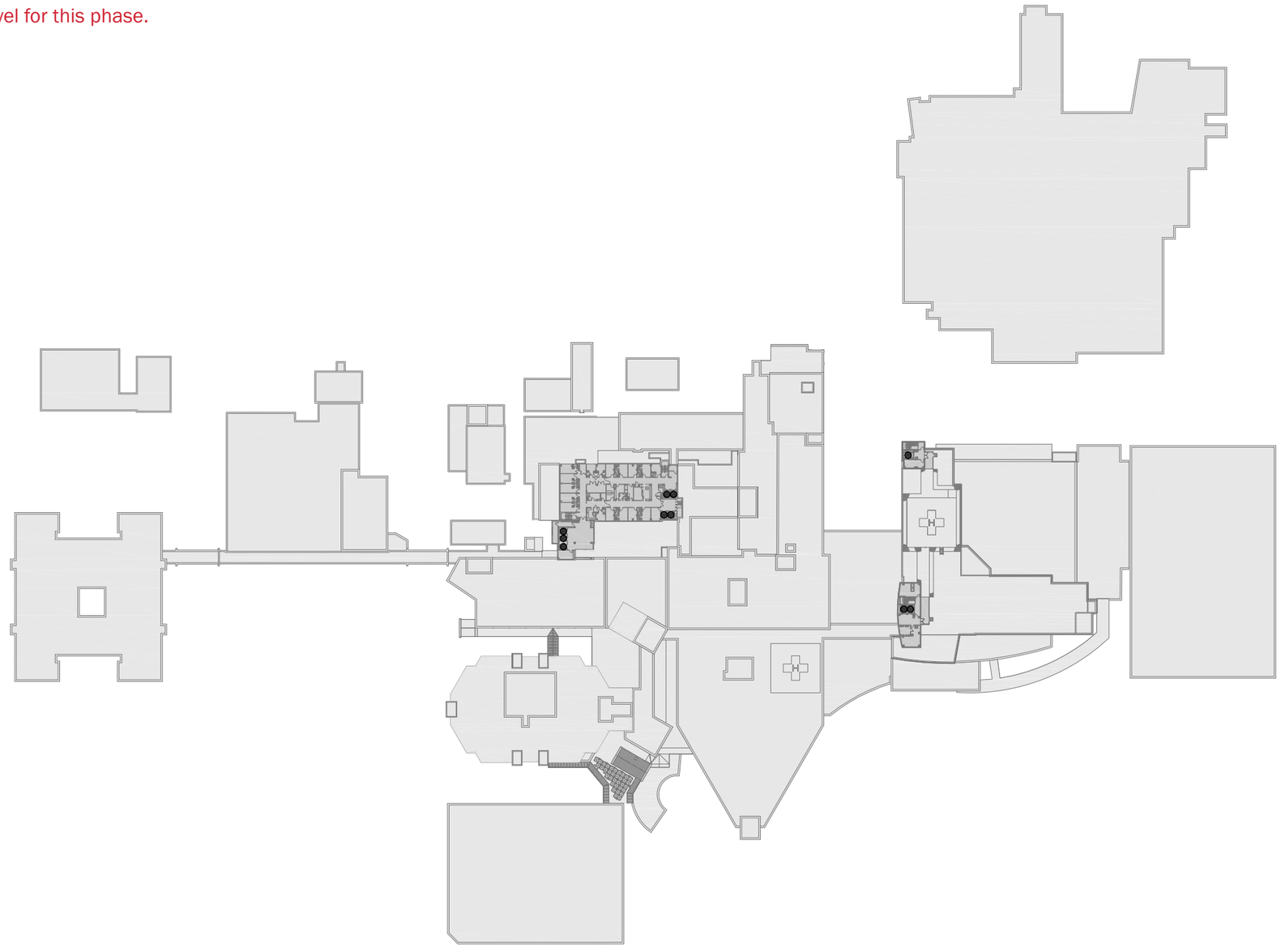
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1B

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

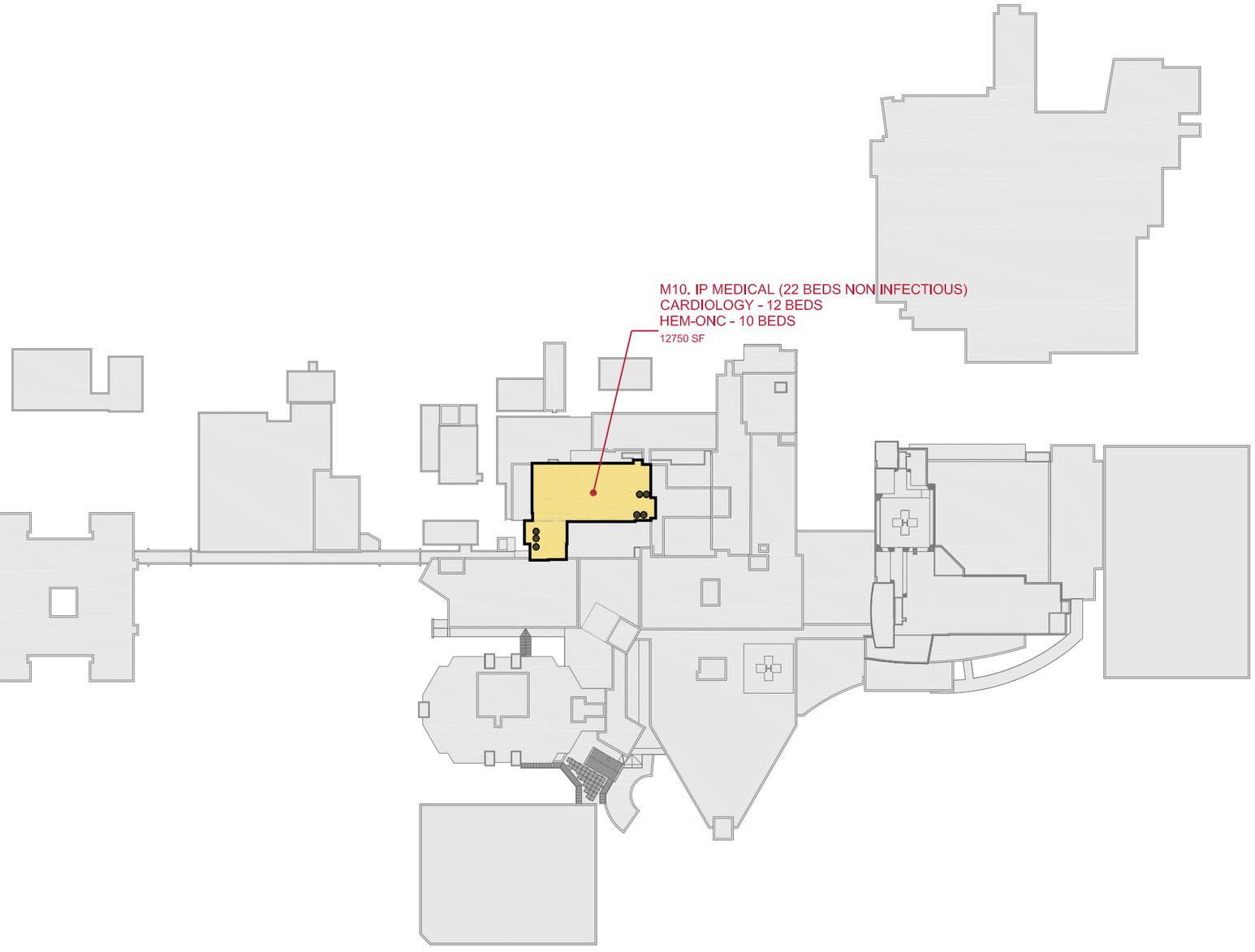
MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 8

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

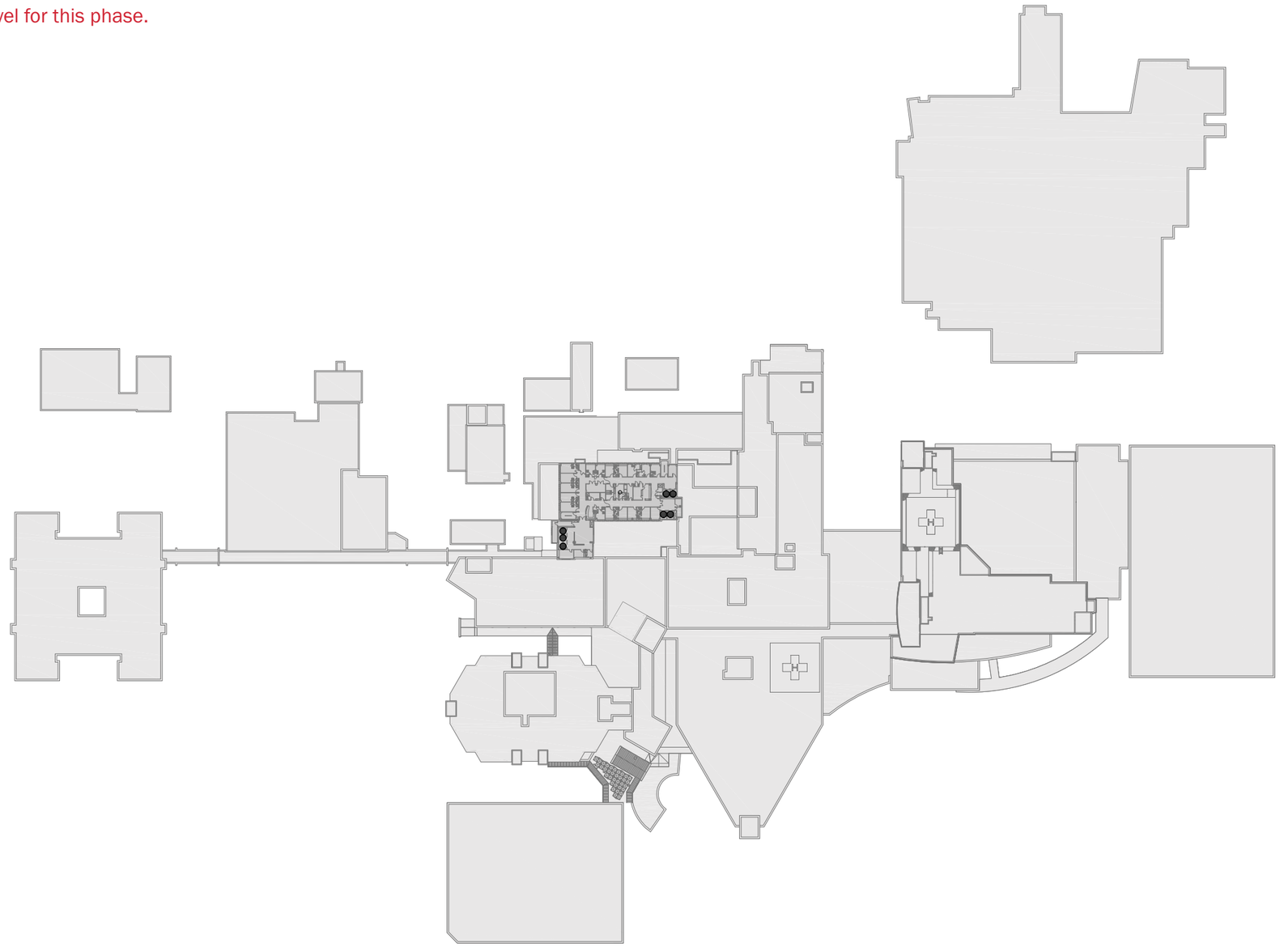
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 1B

JPS MAIN LEVEL 8

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

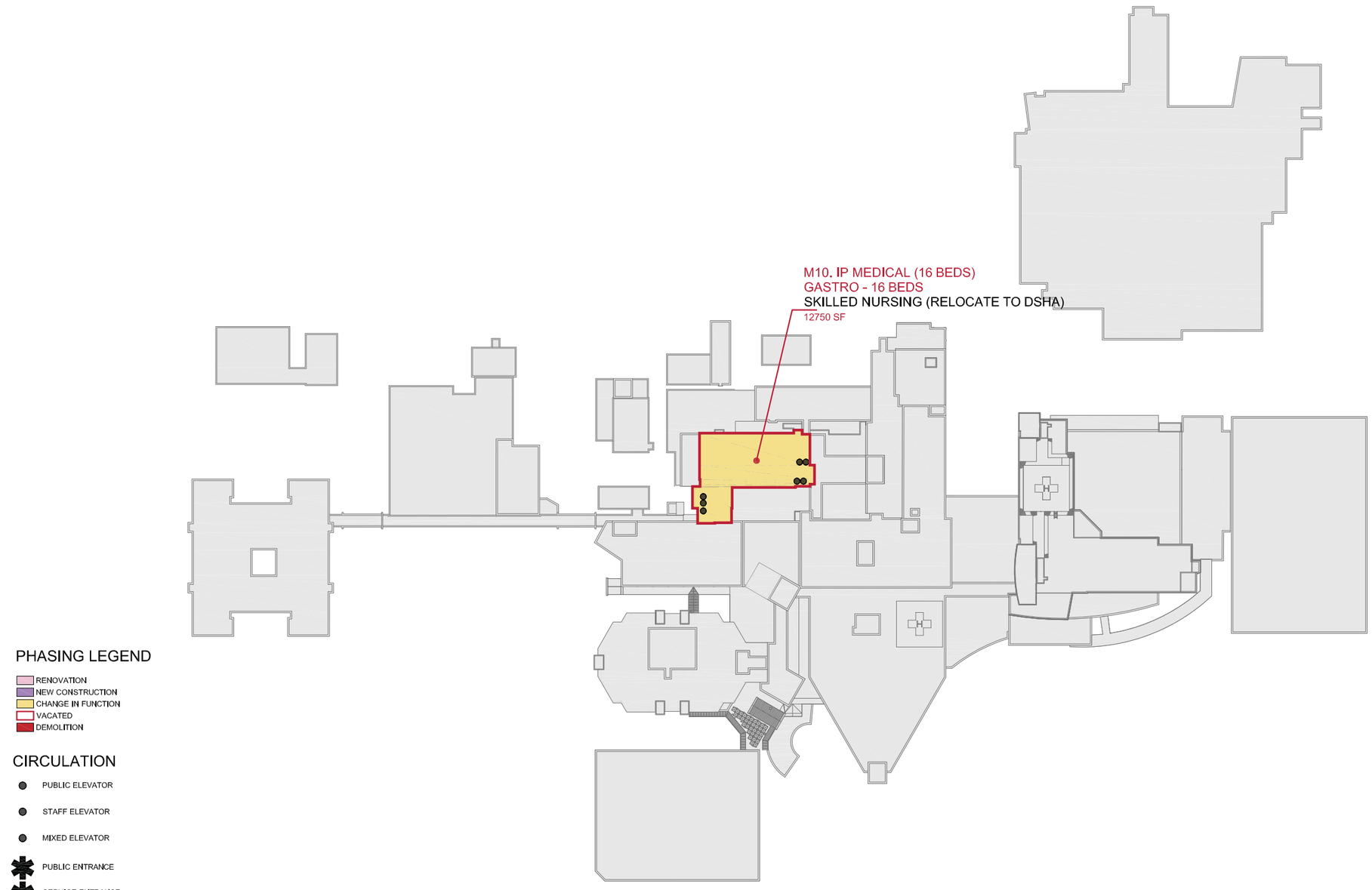
MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 9

N

0 75' 150' 300'

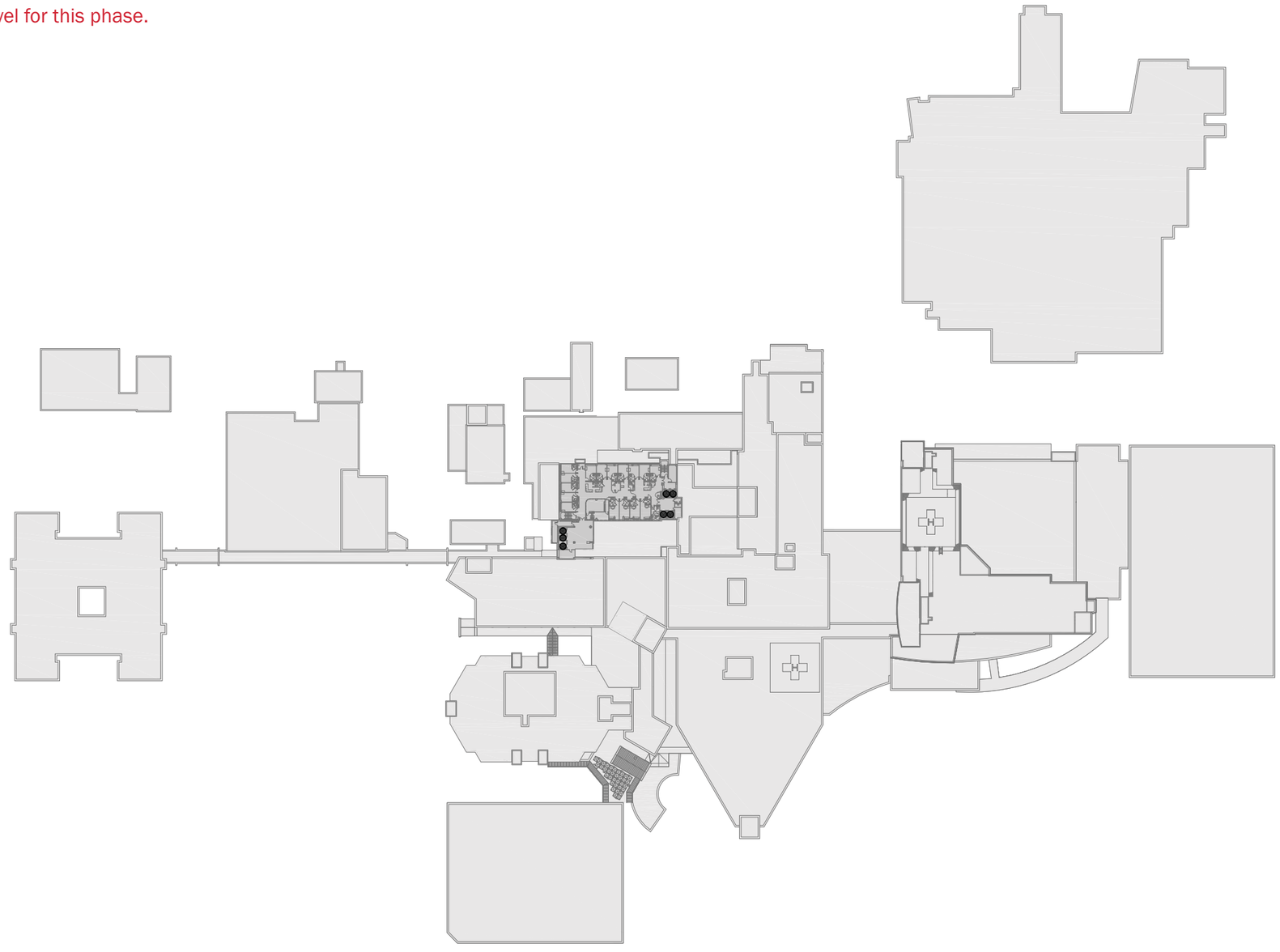


PHASE 1B

JPS MAIN LEVEL 9

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

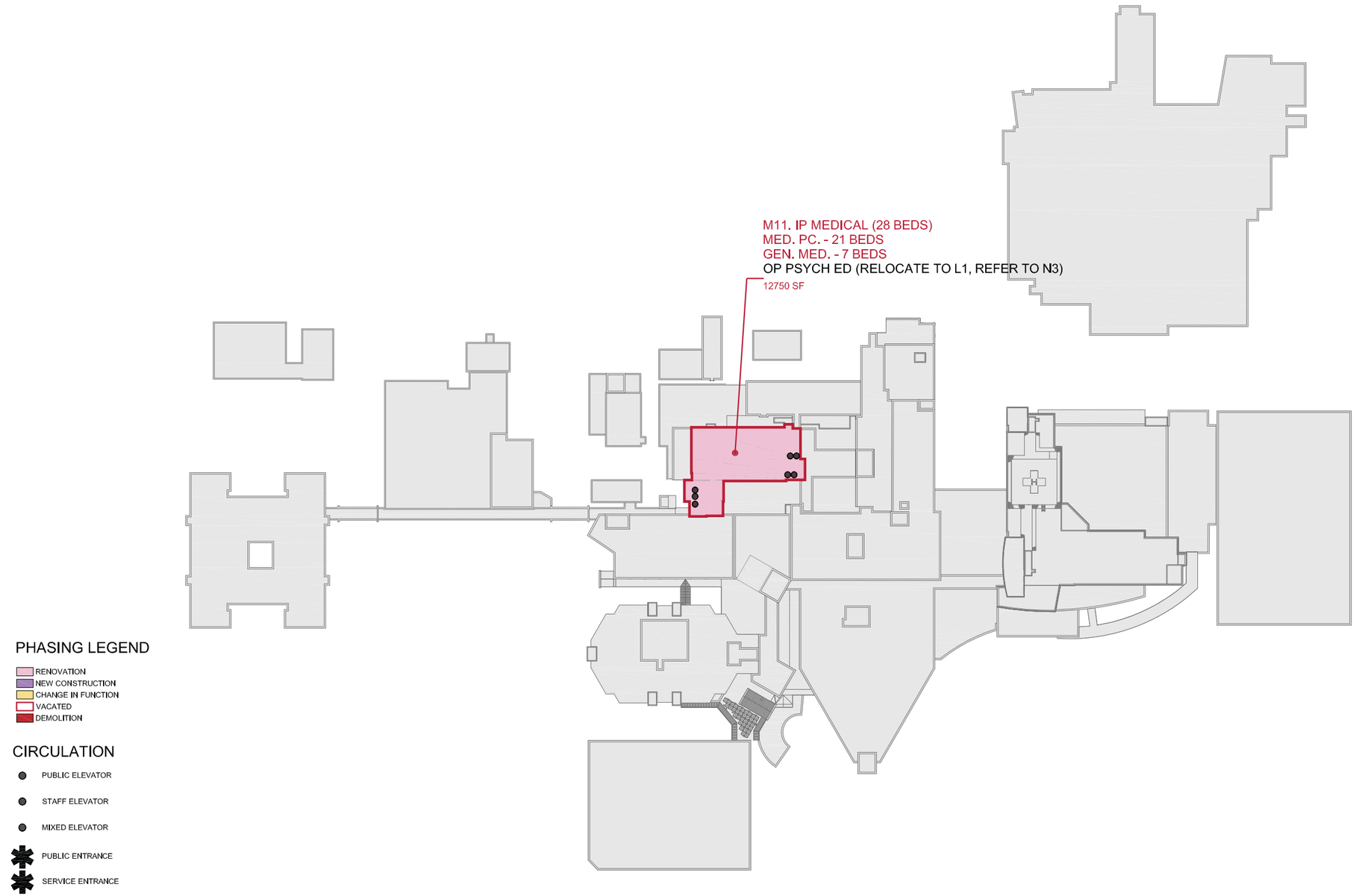
MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 10

N

0 75' 150' 300'

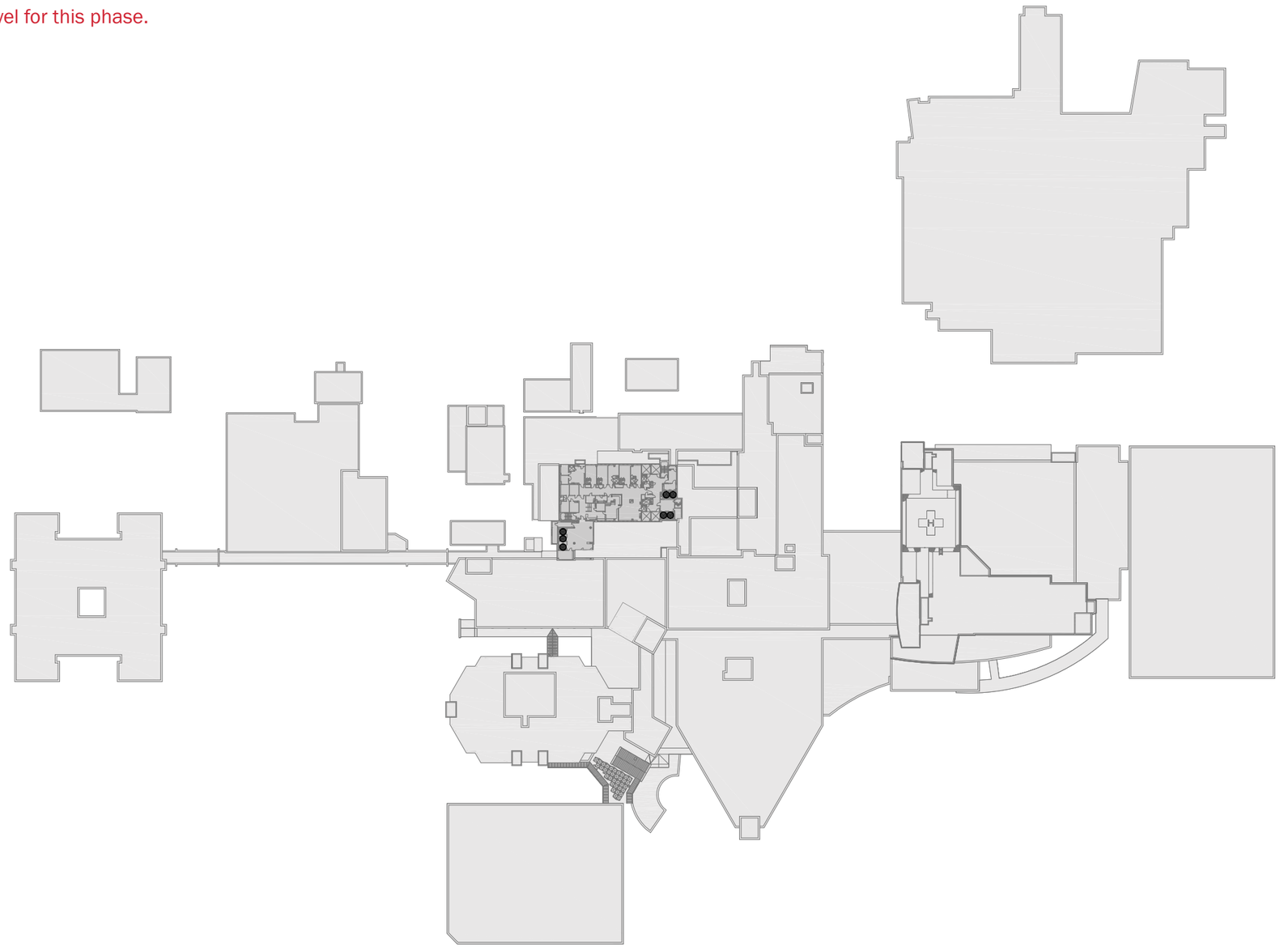


PHASE 1B

JPS MAIN LEVEL 10

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

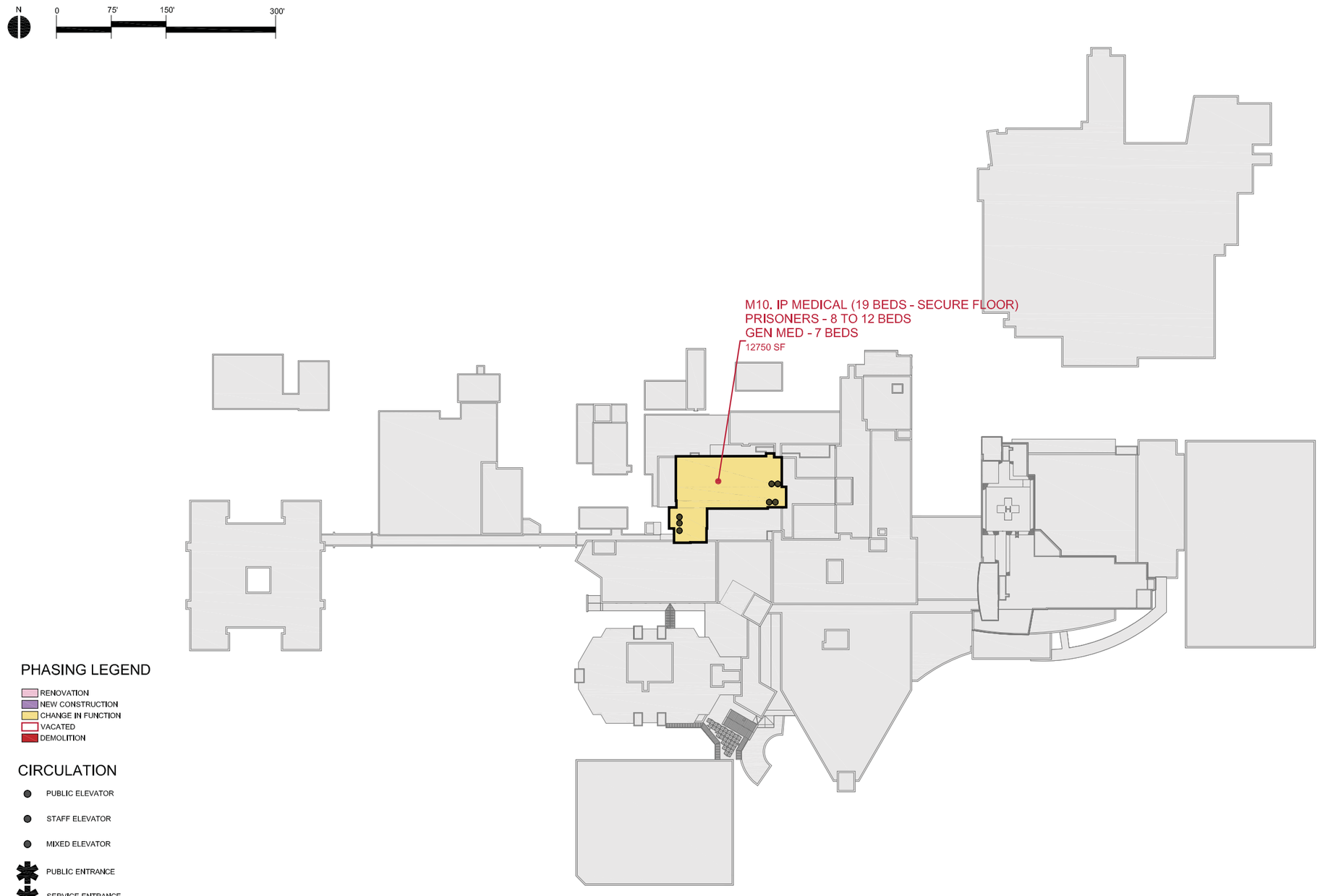
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 1A & Phase 1B

PHASE 1A

JPS MAIN LEVEL 11

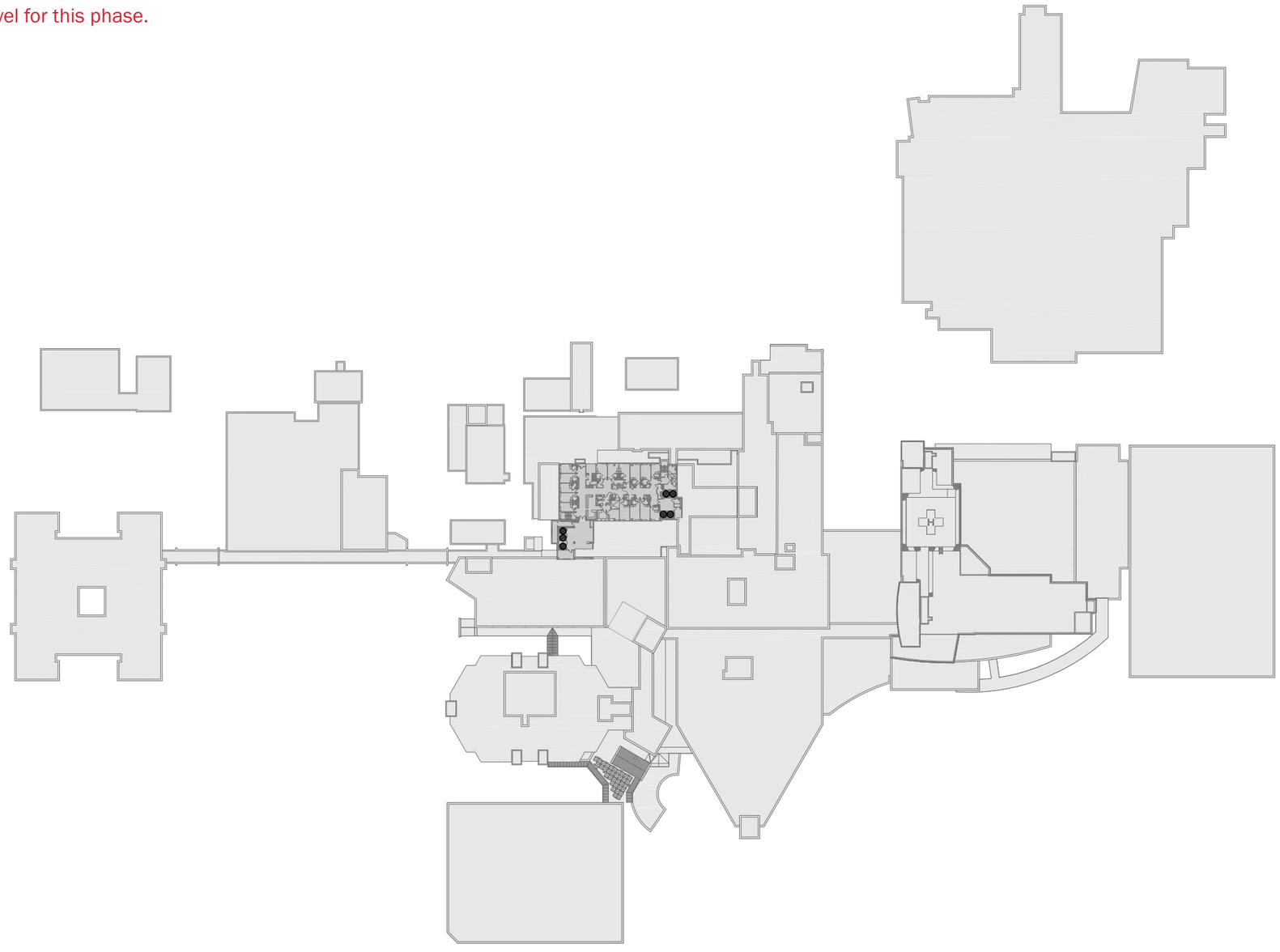


PHASE 1B

JPS MAIN LEVEL 11

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: PHASE 1B & PHASE 2

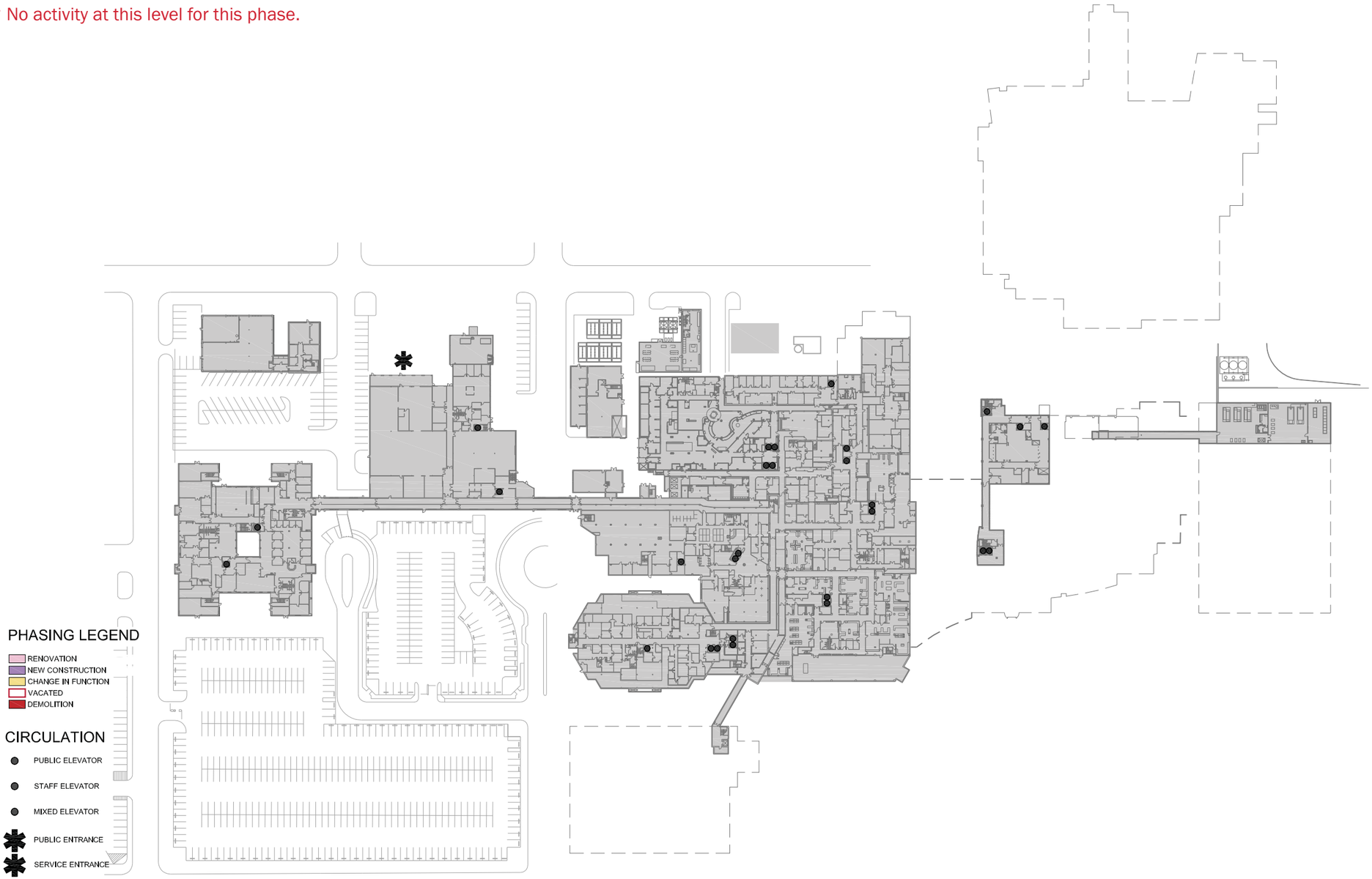
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL

N 0 75' 150' 300'

* No activity at this level for this phase.

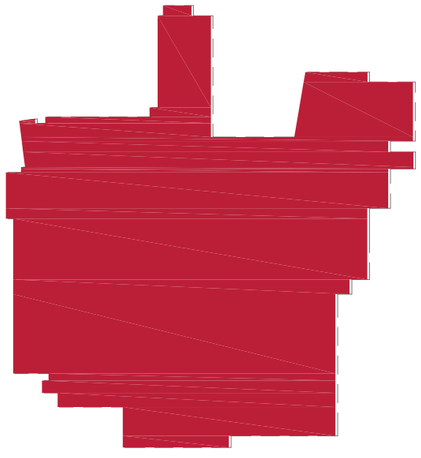


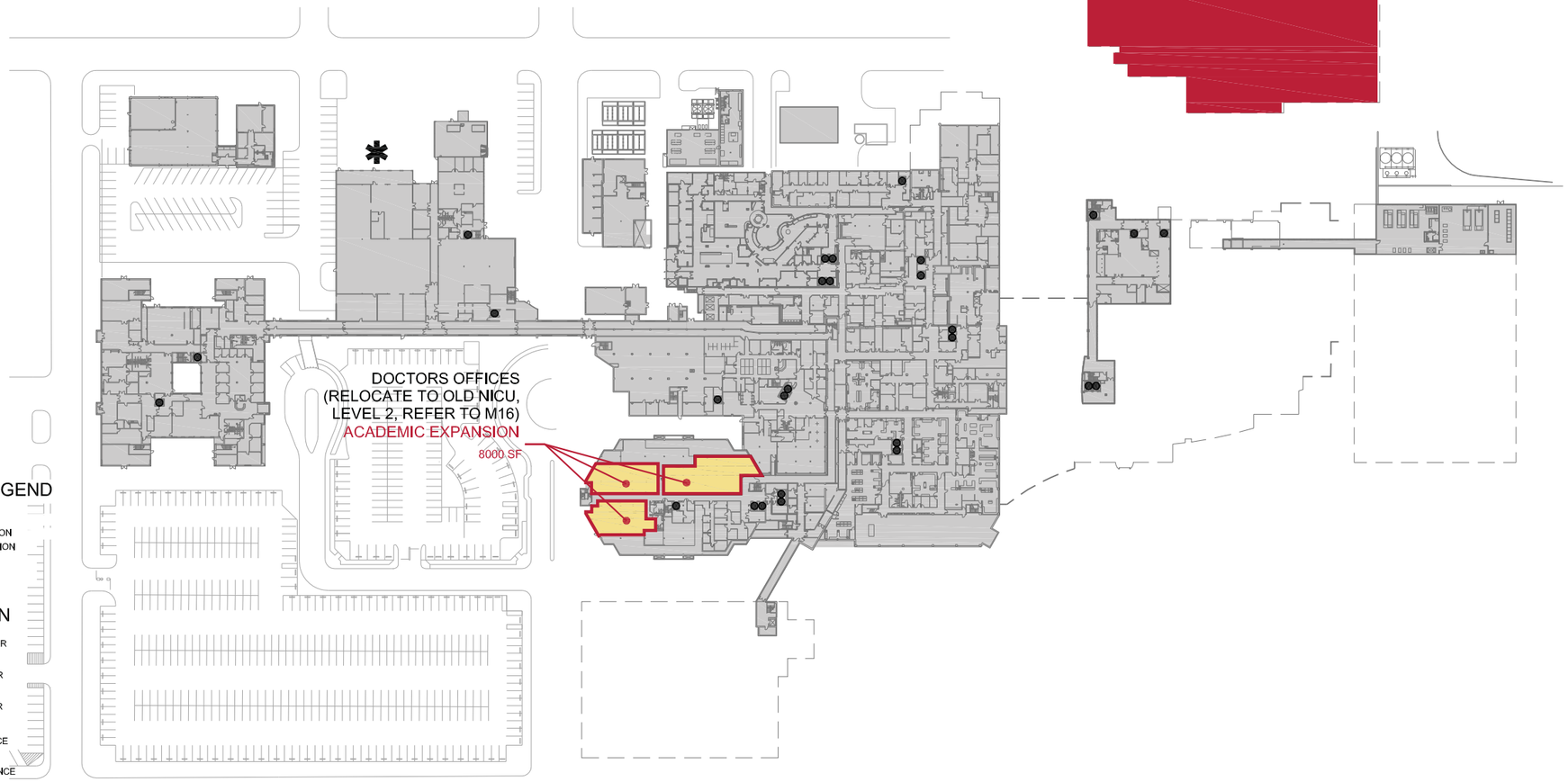
PHASE 2

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL

N

0 75' 150' 300'





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

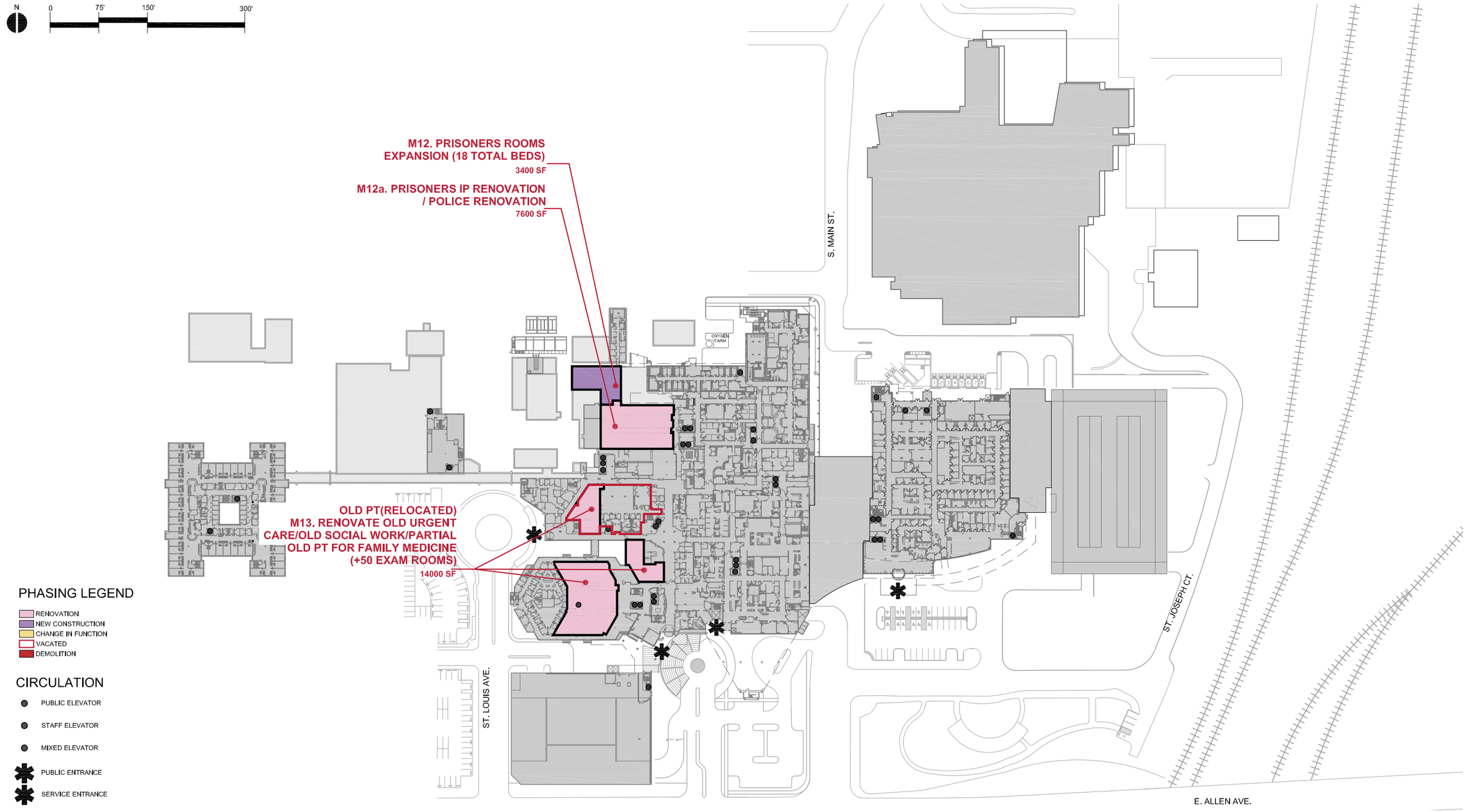
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1



PHASE 2

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1

N

0 75' 150' 300'

S8. DEMOLITION OF ST. JOSEPH

CATH LAB (RELOCATE TO PAVILION LEVEL 2, REFER TO N5.)
3000 SF

FELIKS GWOZDZ PL.

S. MAIN ST.

S. JENNINGS AVE.

ST. LOUIS AVE.

ST. JOSEPH CT.

E. ALLEN AVE.

OXYGEN FARM

PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

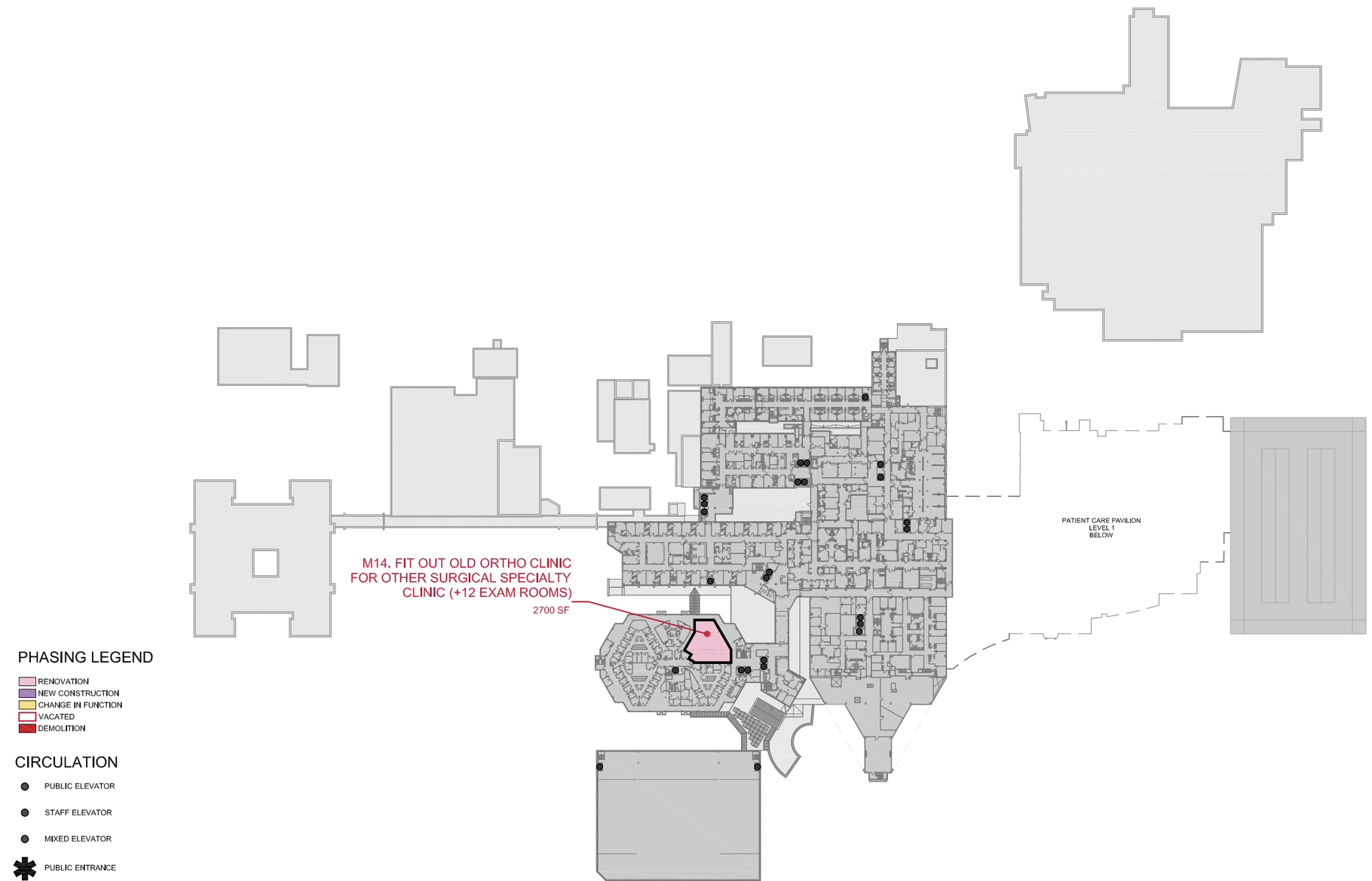
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 2

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

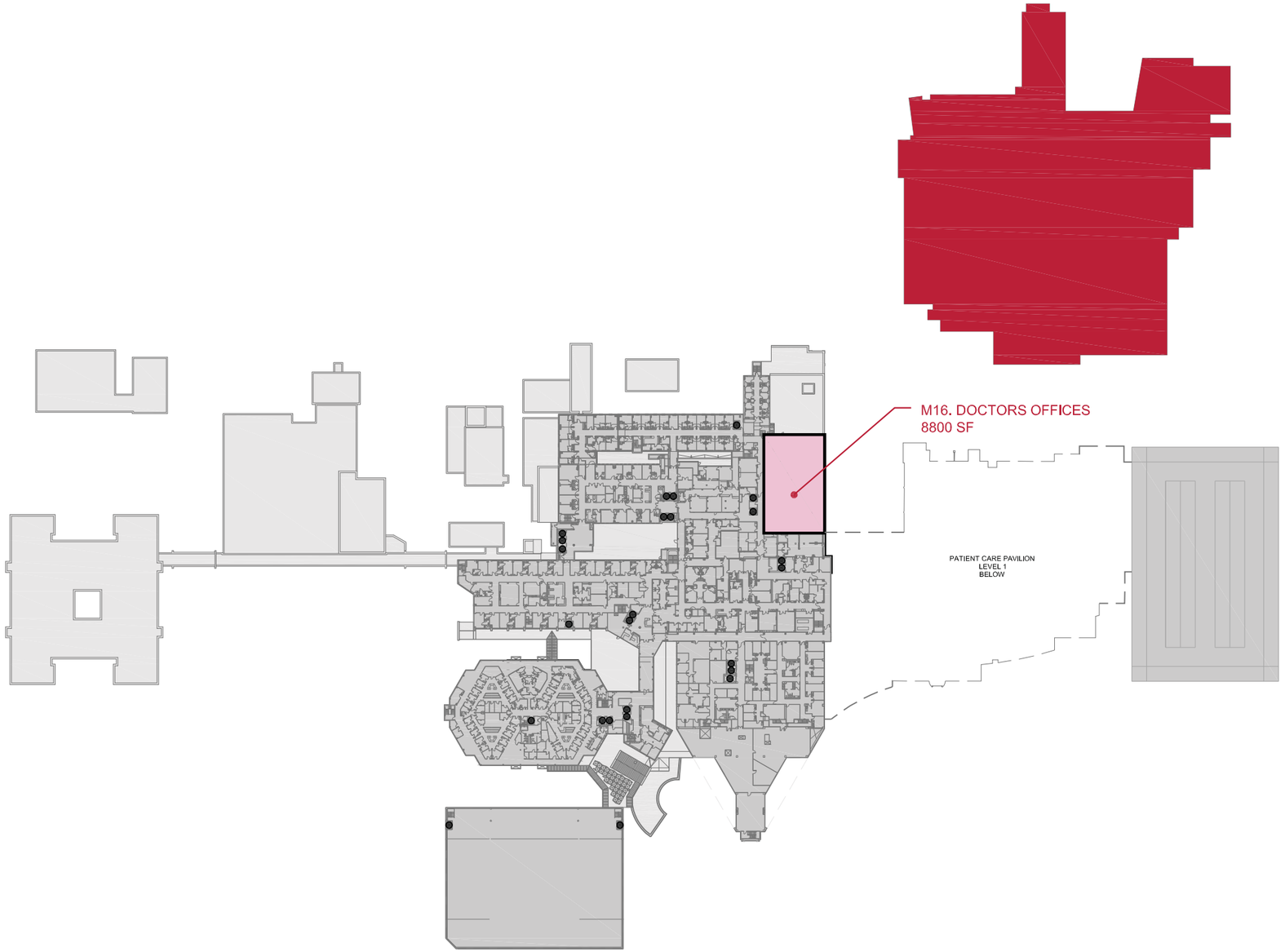
CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 2

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

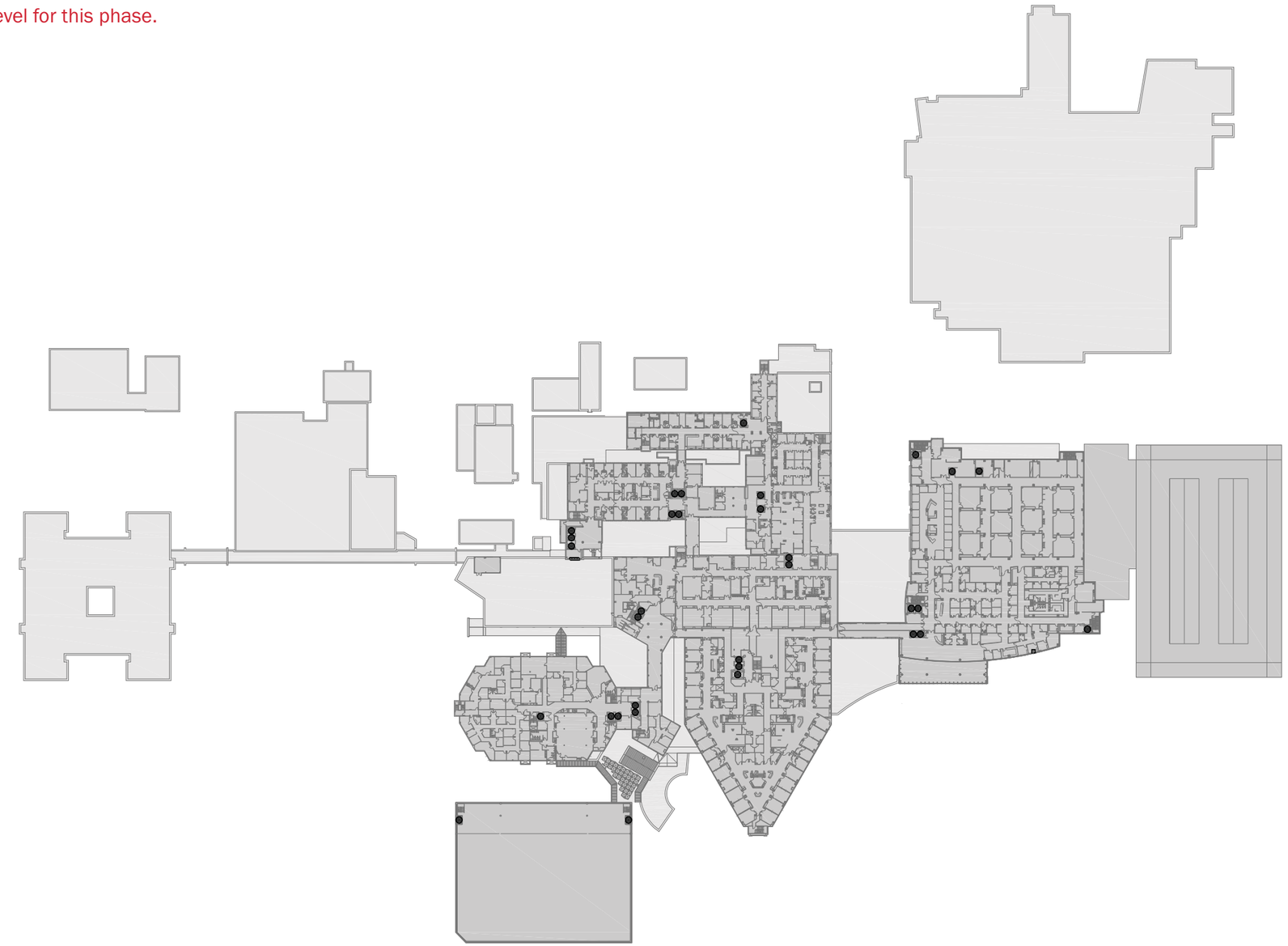
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

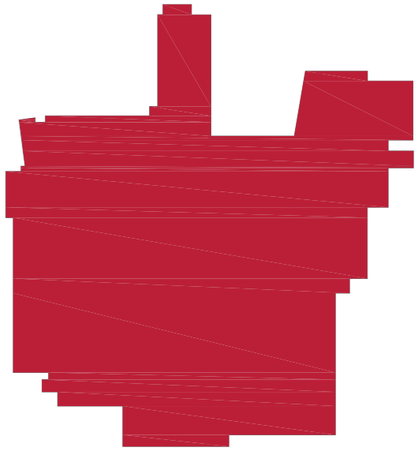
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

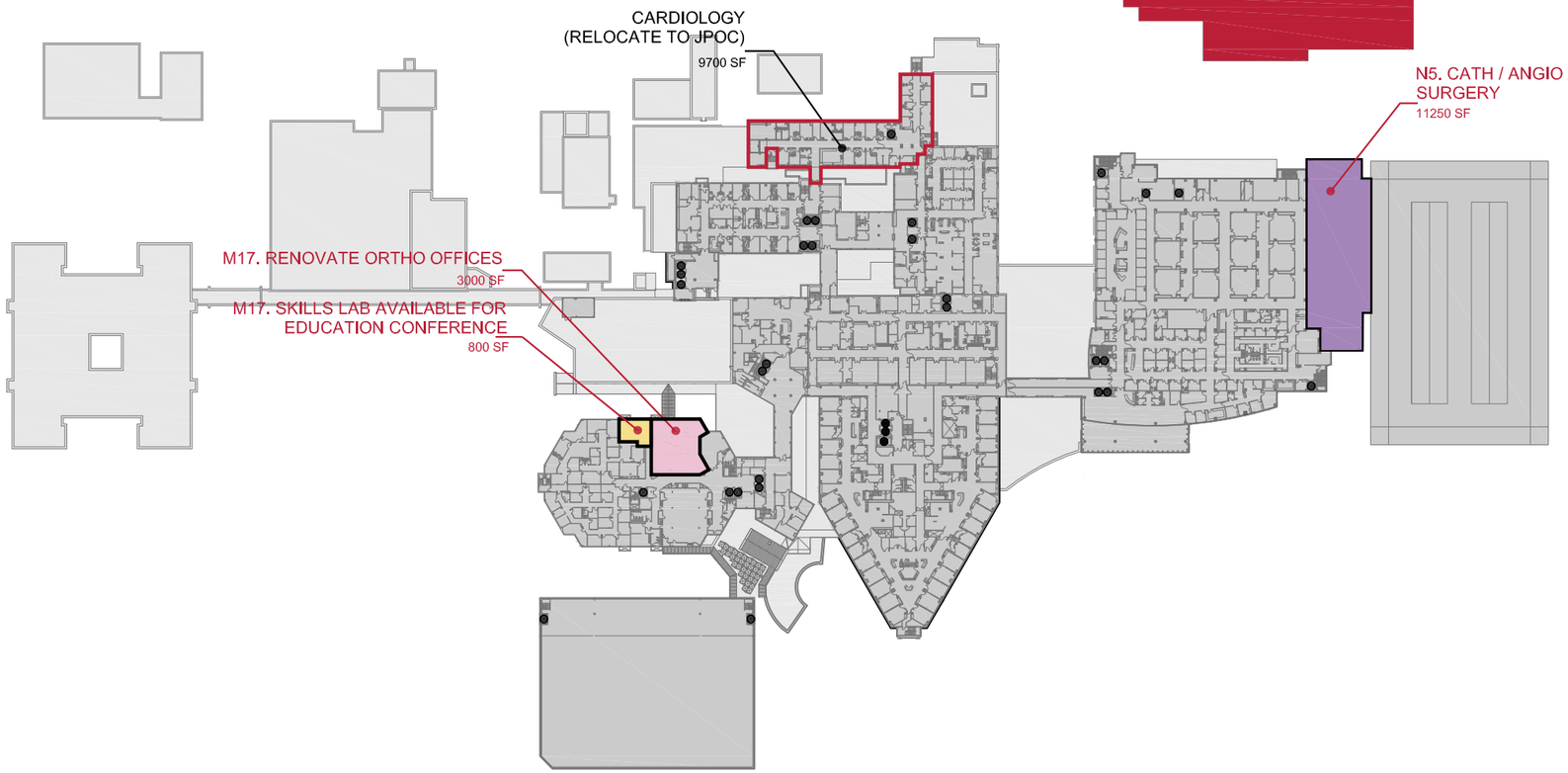
PHASE 2

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N

0 75' 150' 300'





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

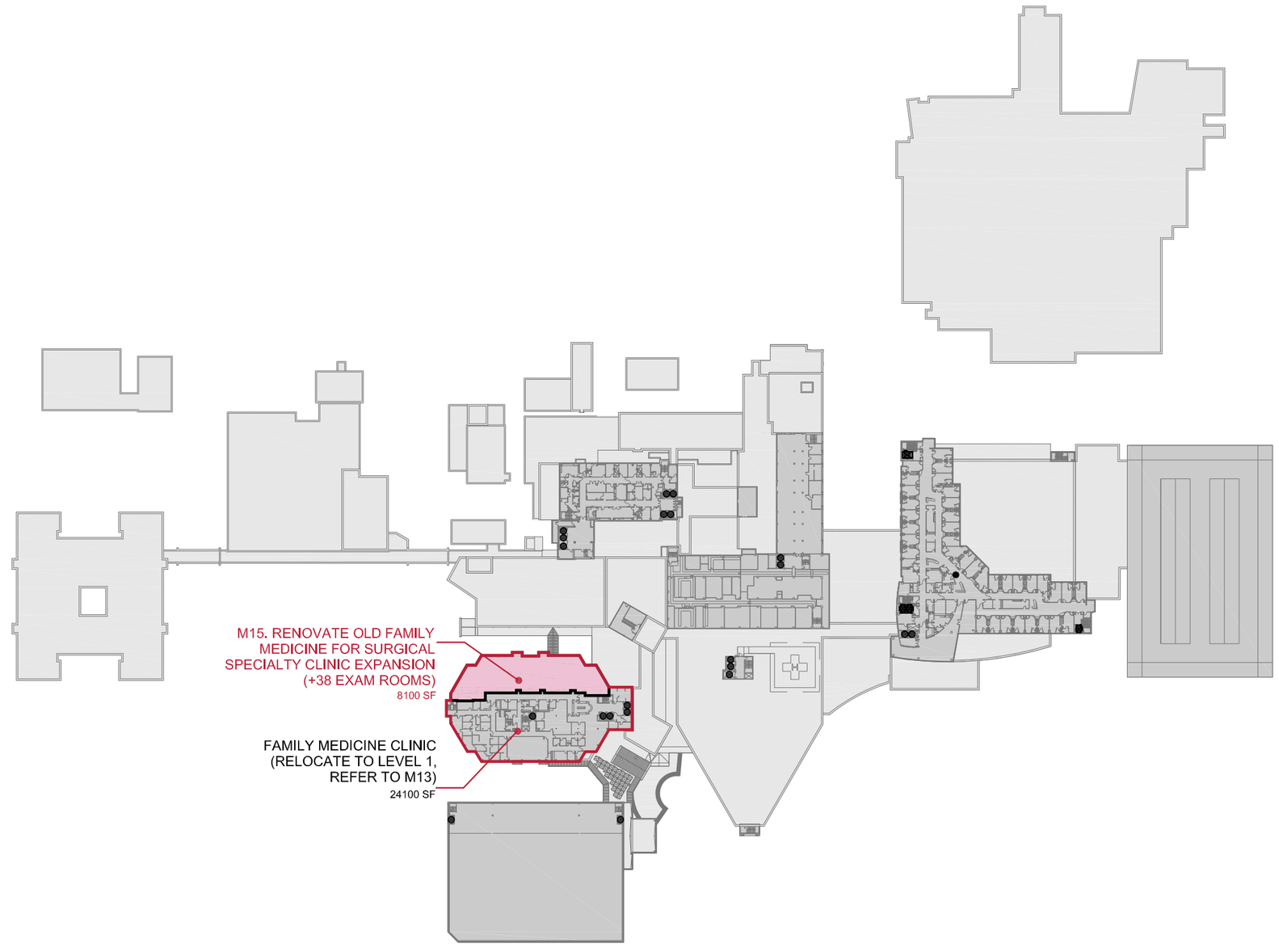
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3

N

0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

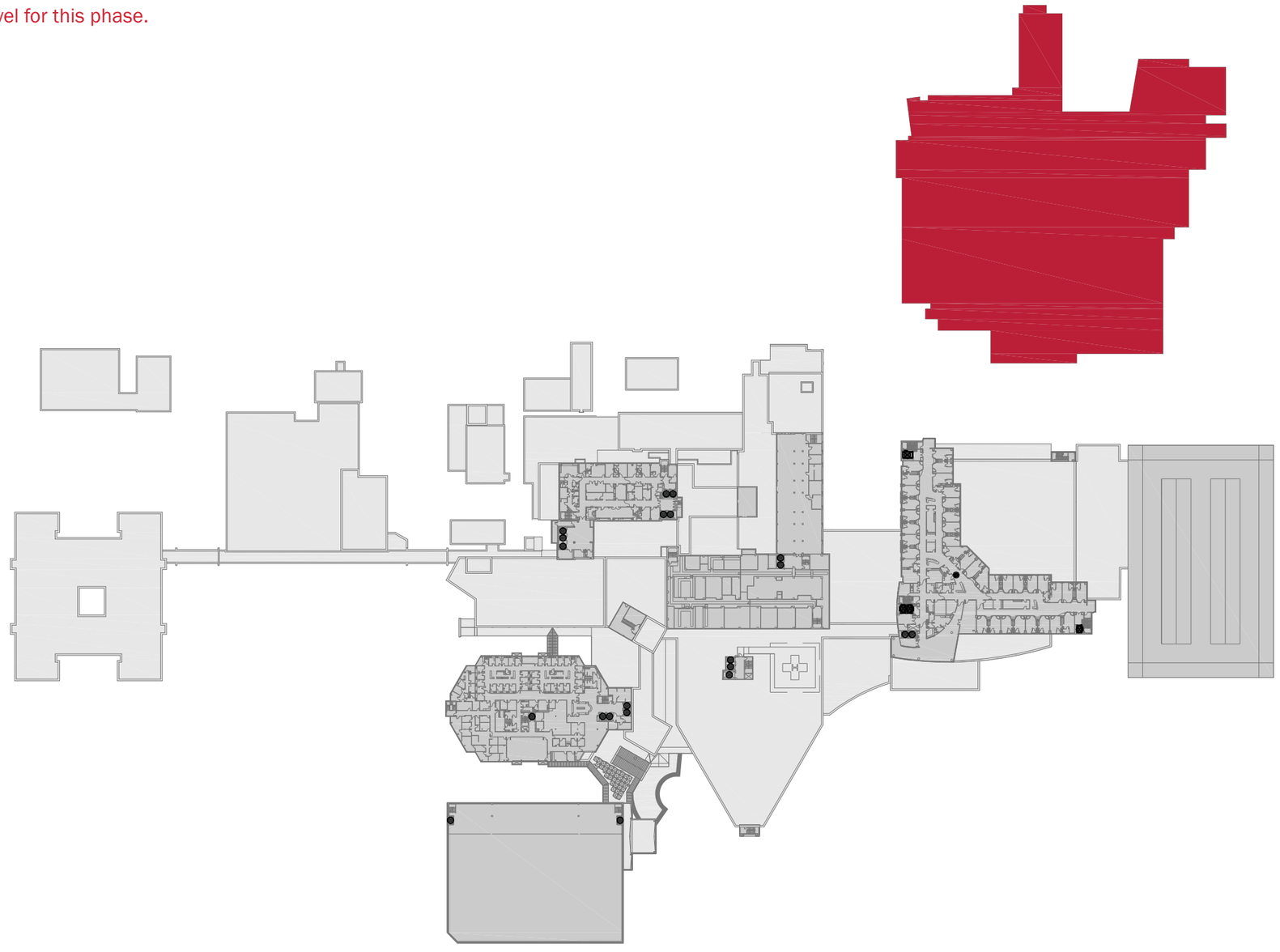
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

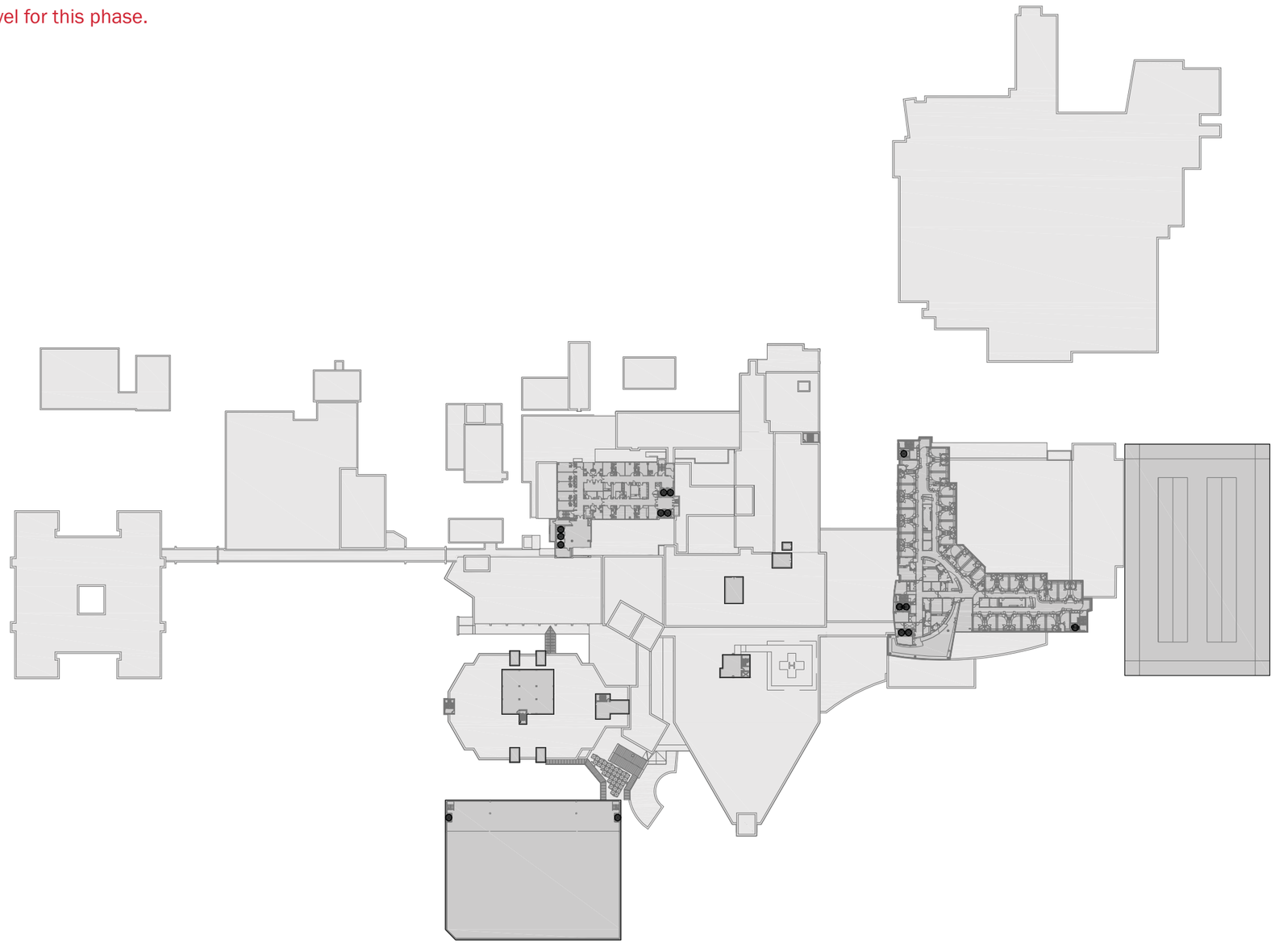
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

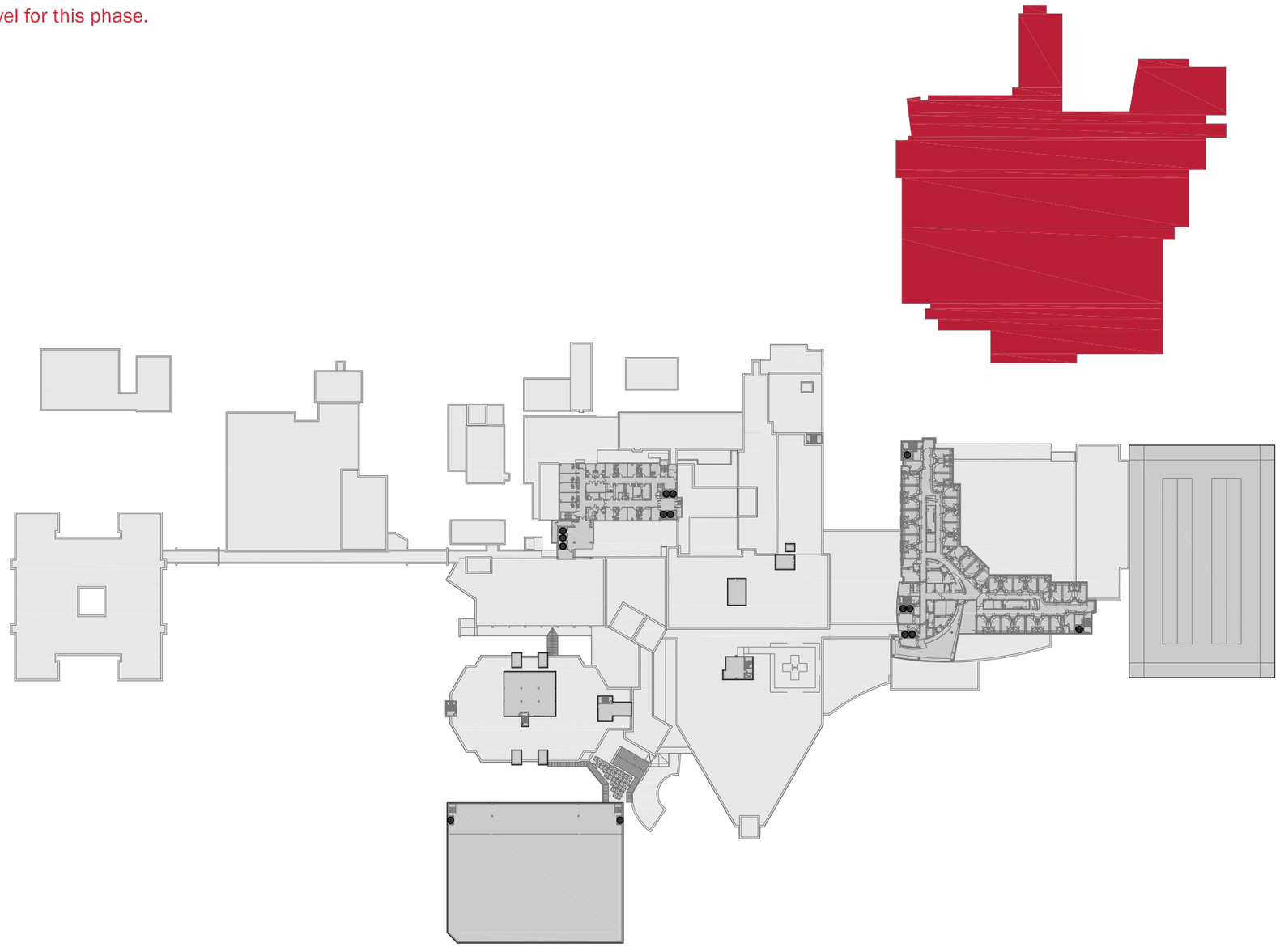
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

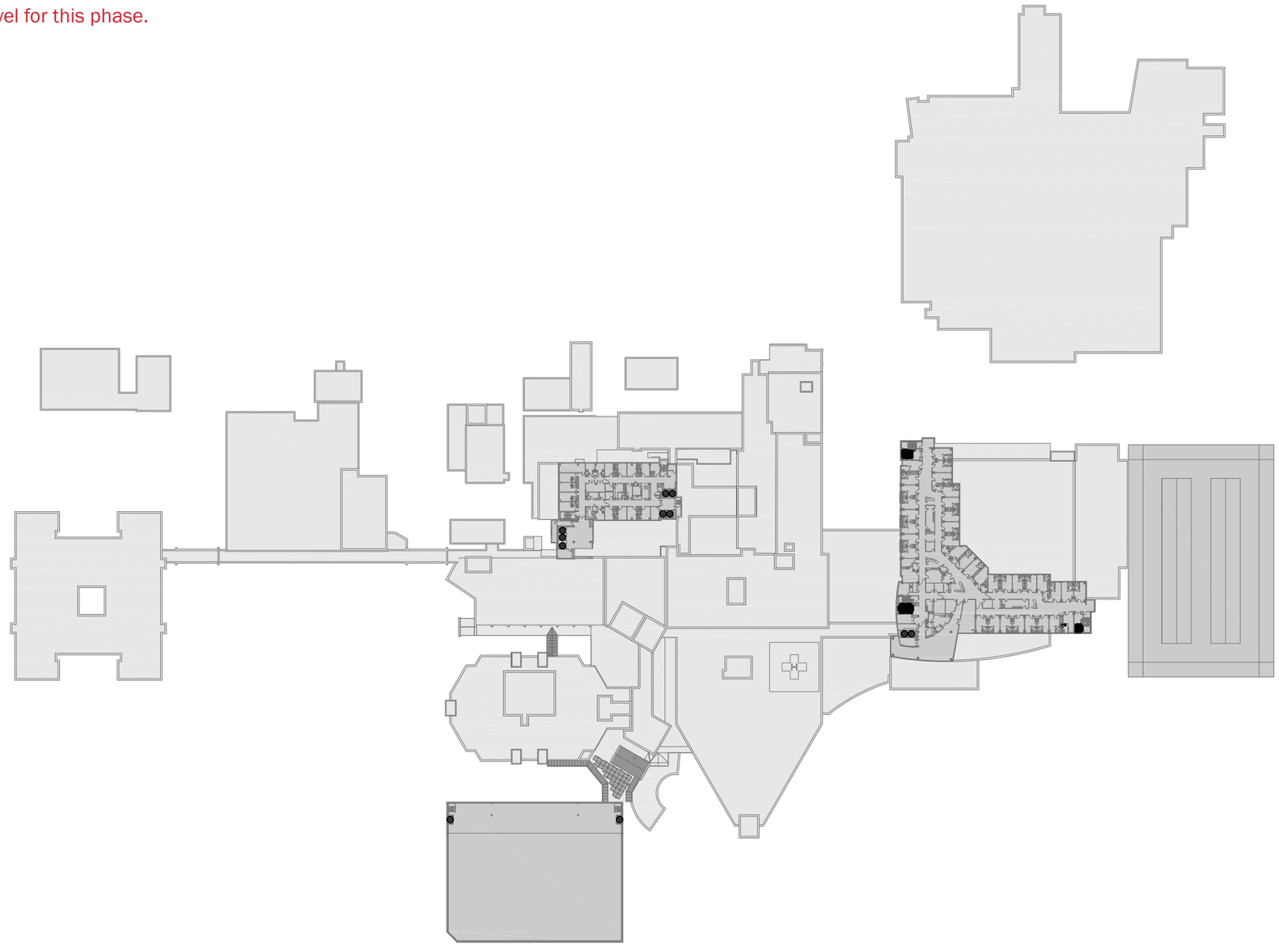
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

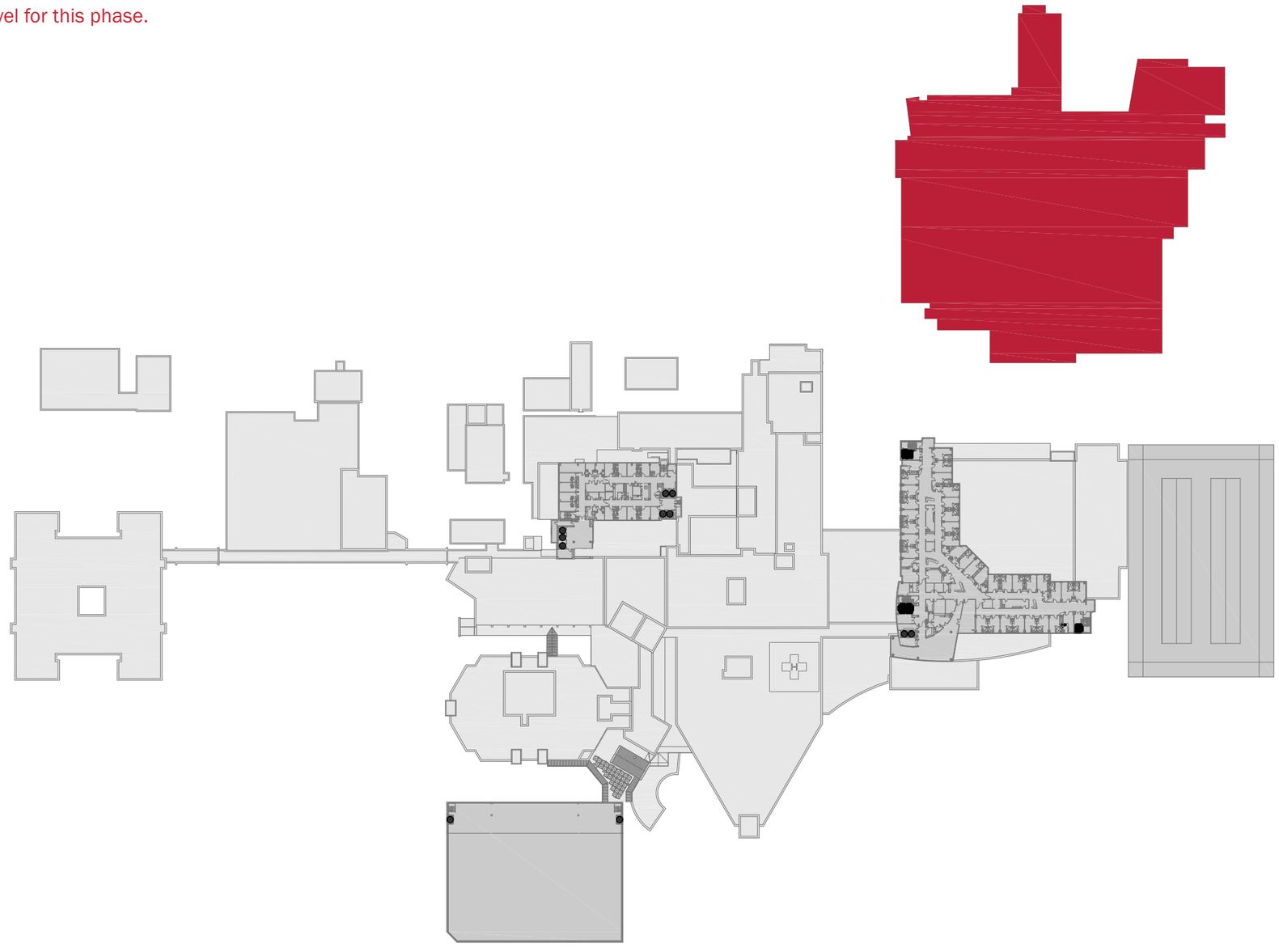
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

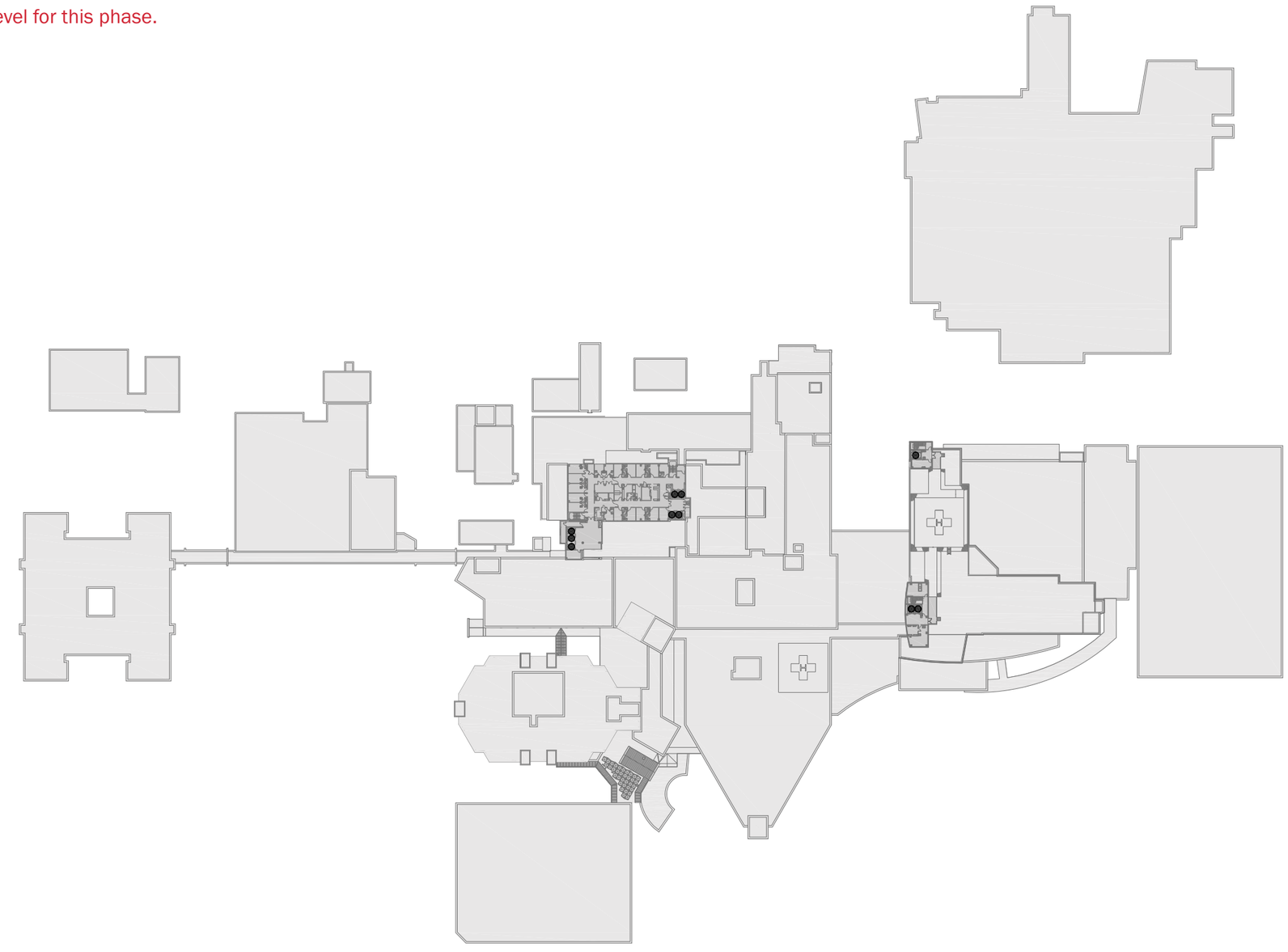
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

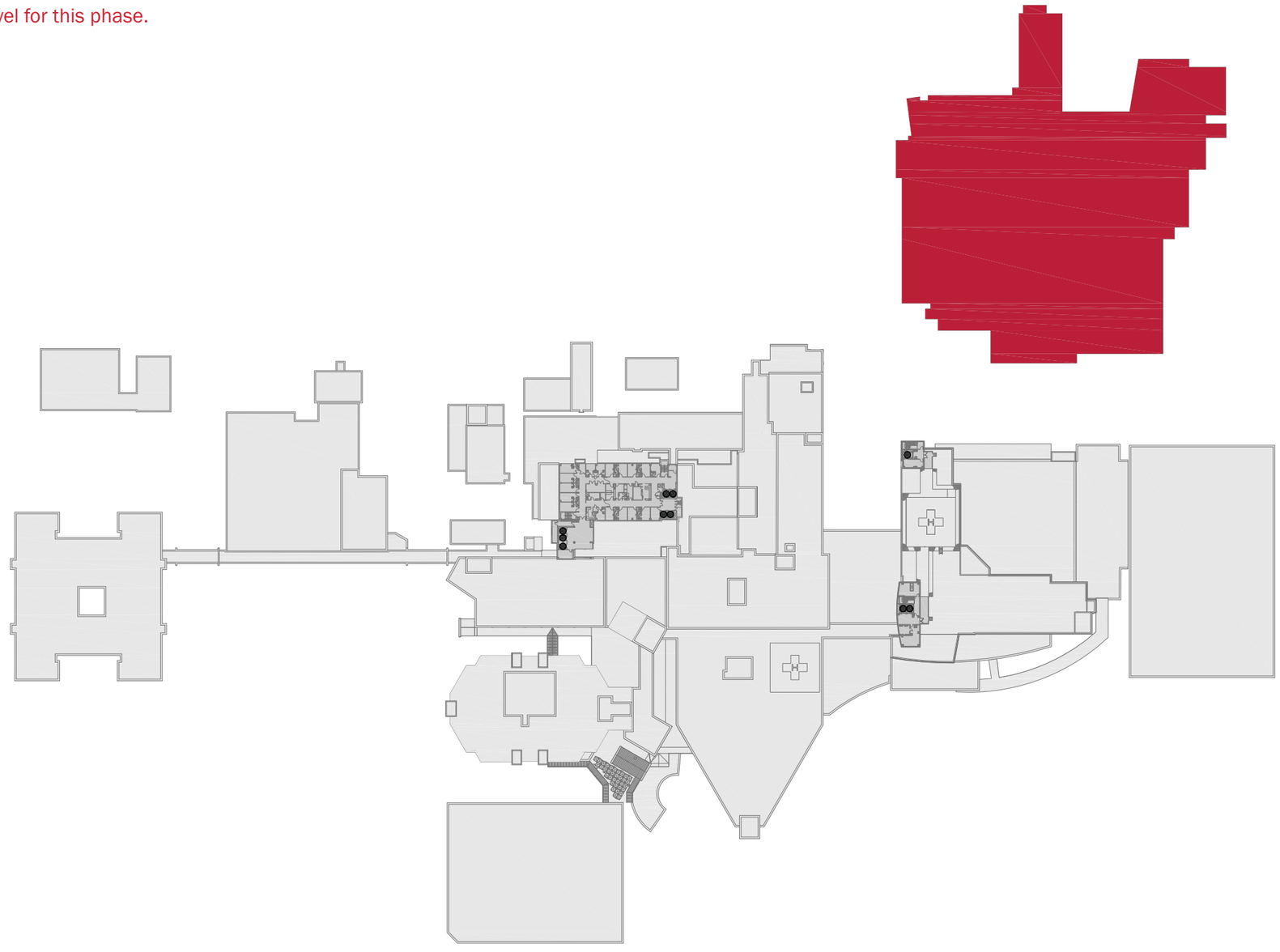
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

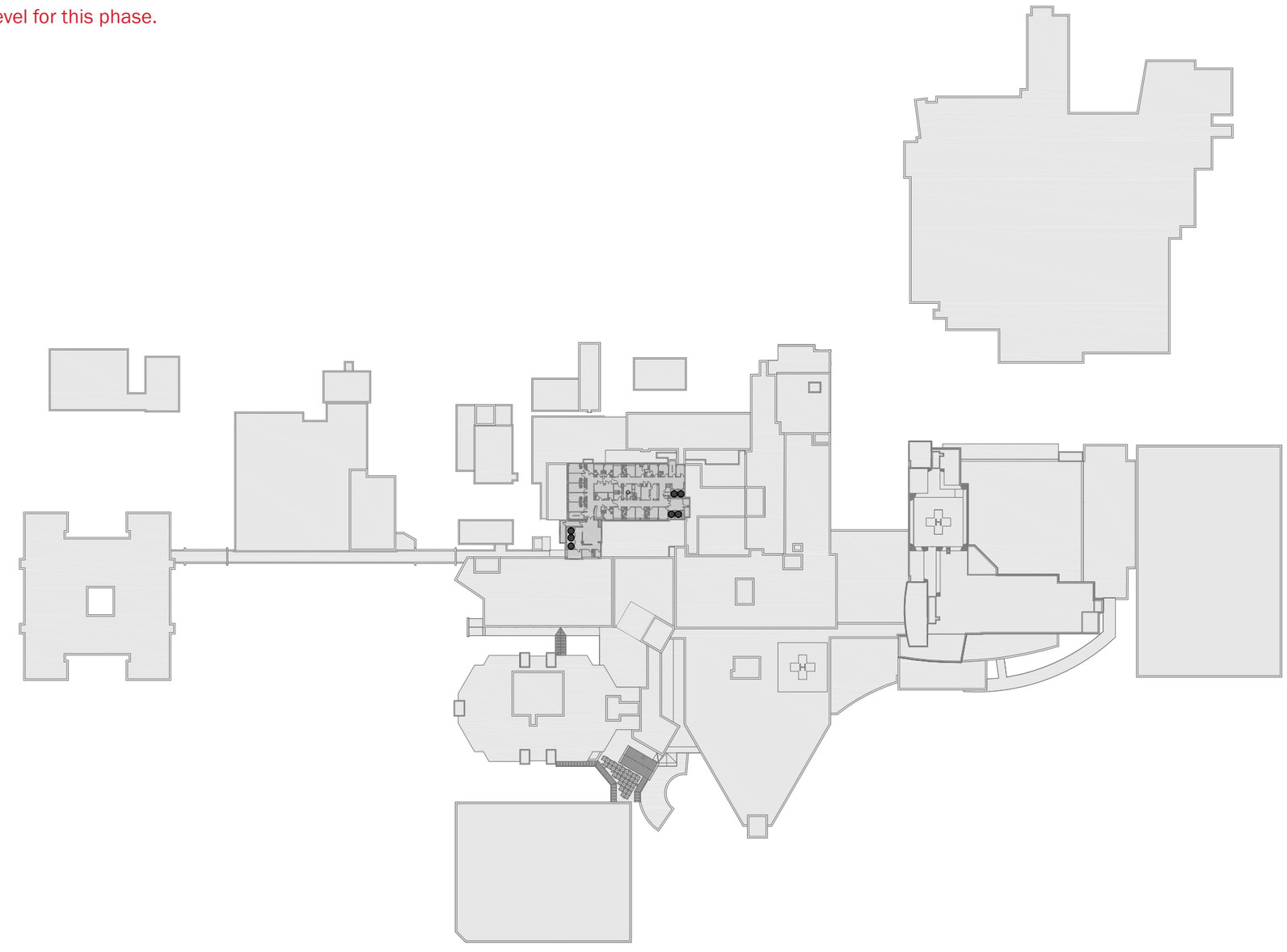
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 8

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

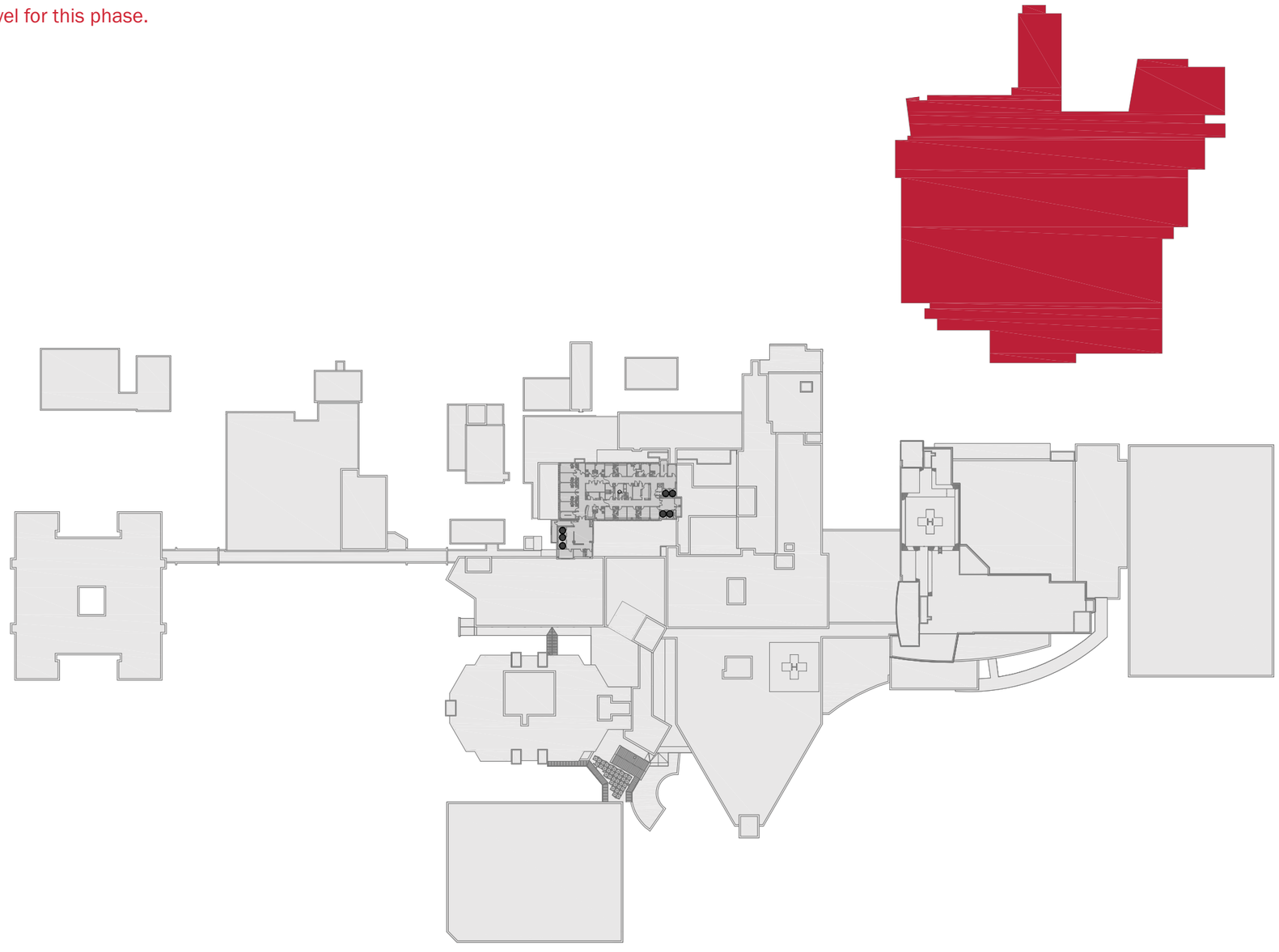
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 8

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

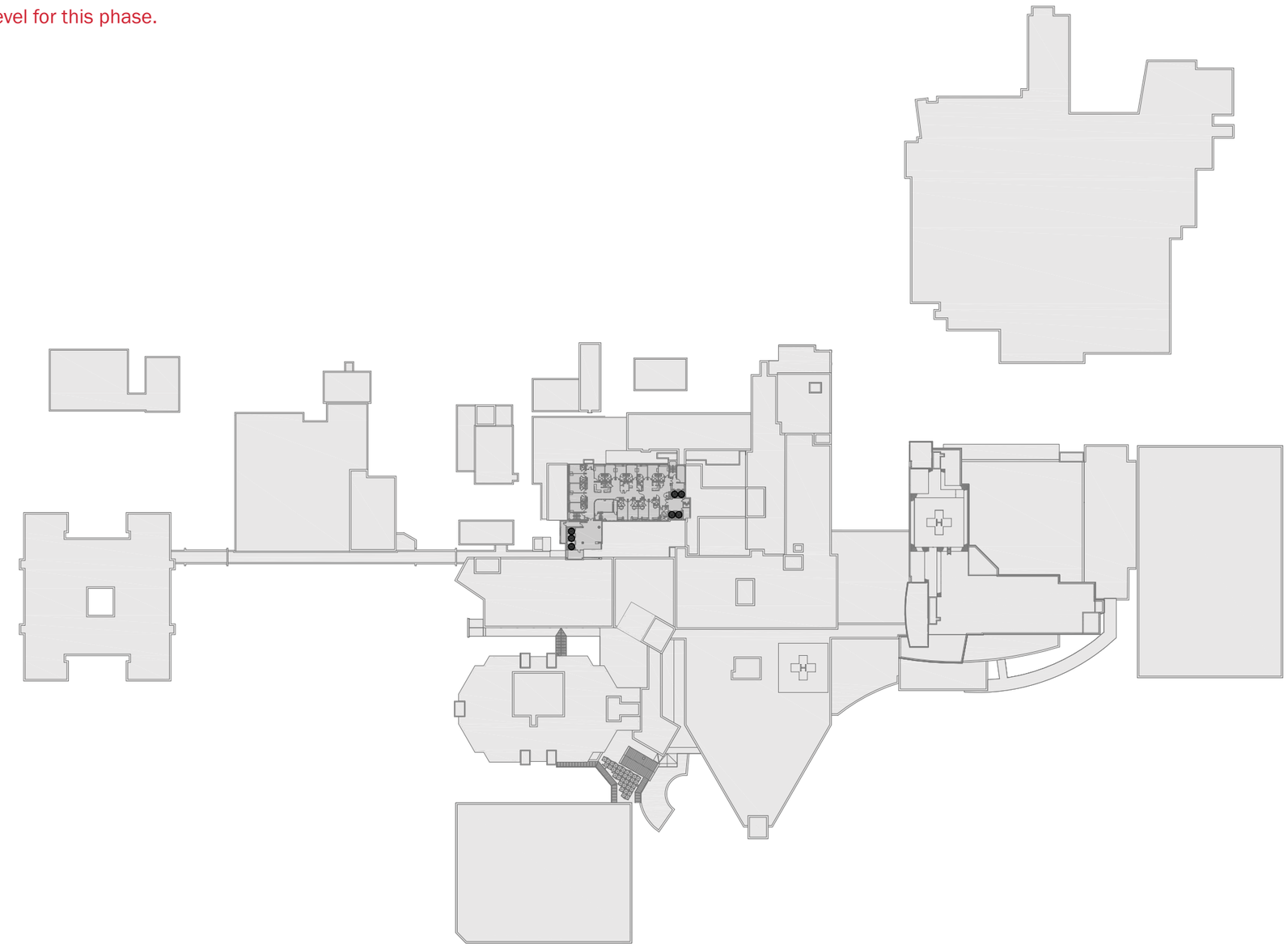
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 9

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

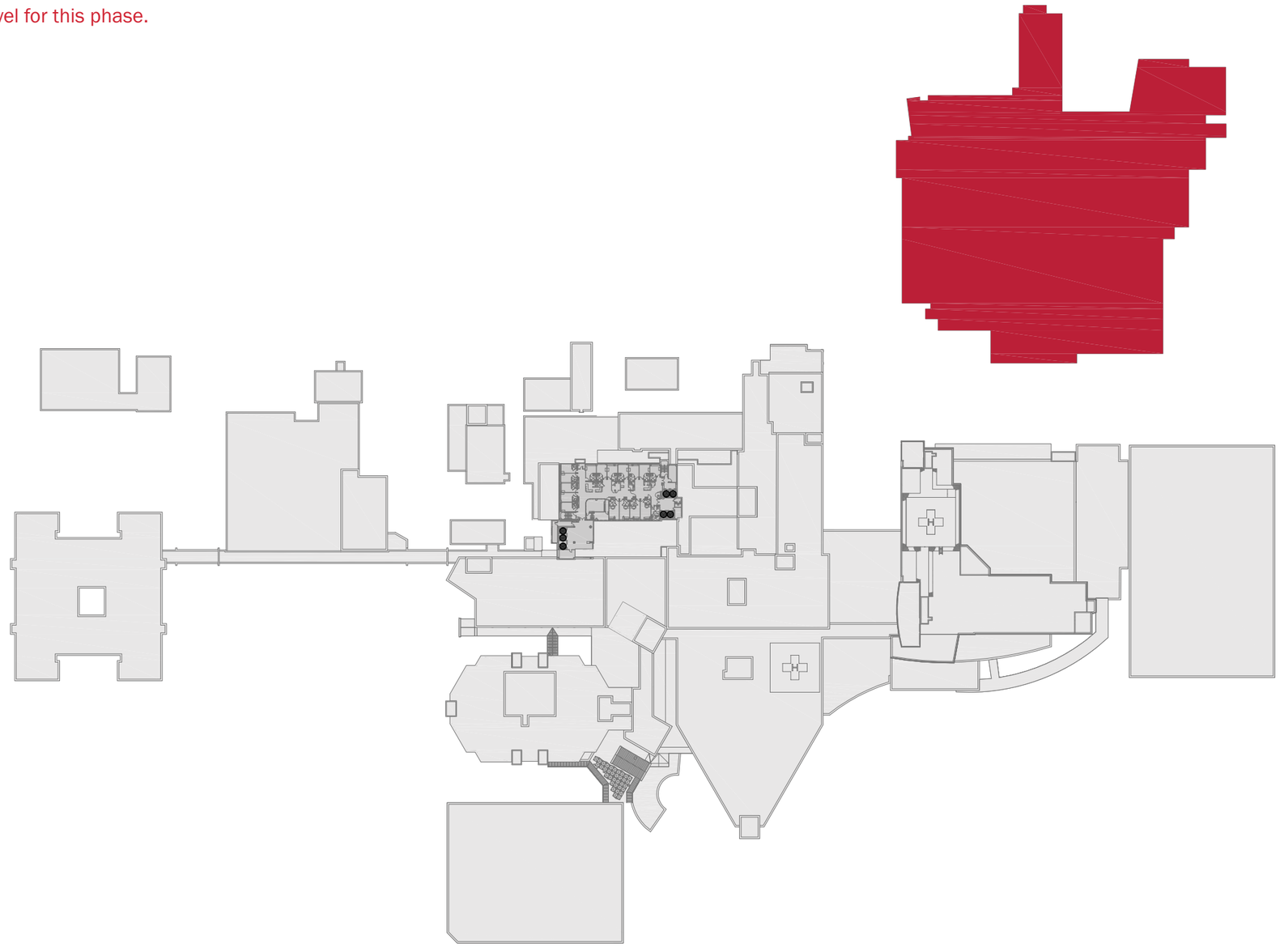
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 9

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

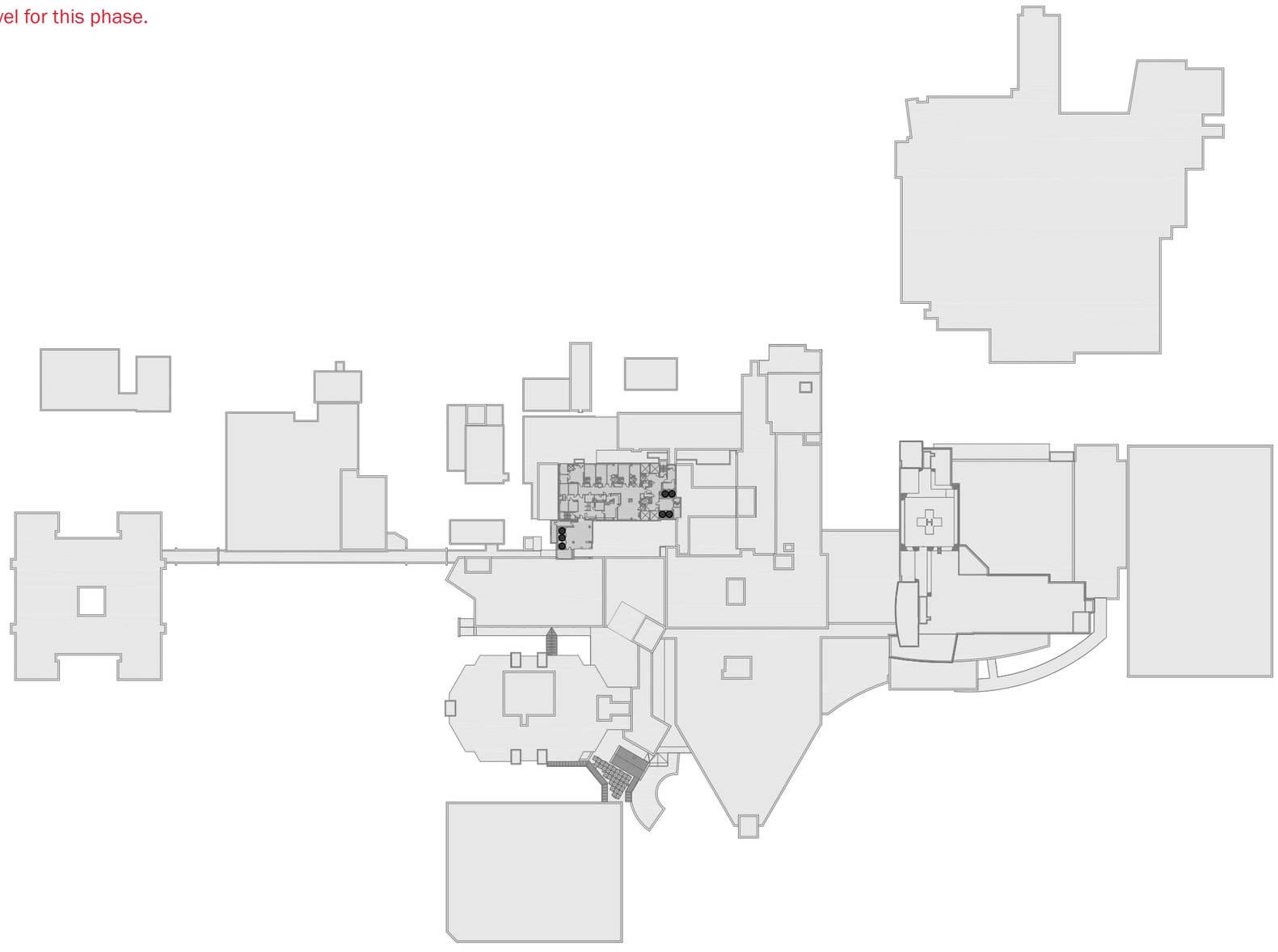
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 10

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

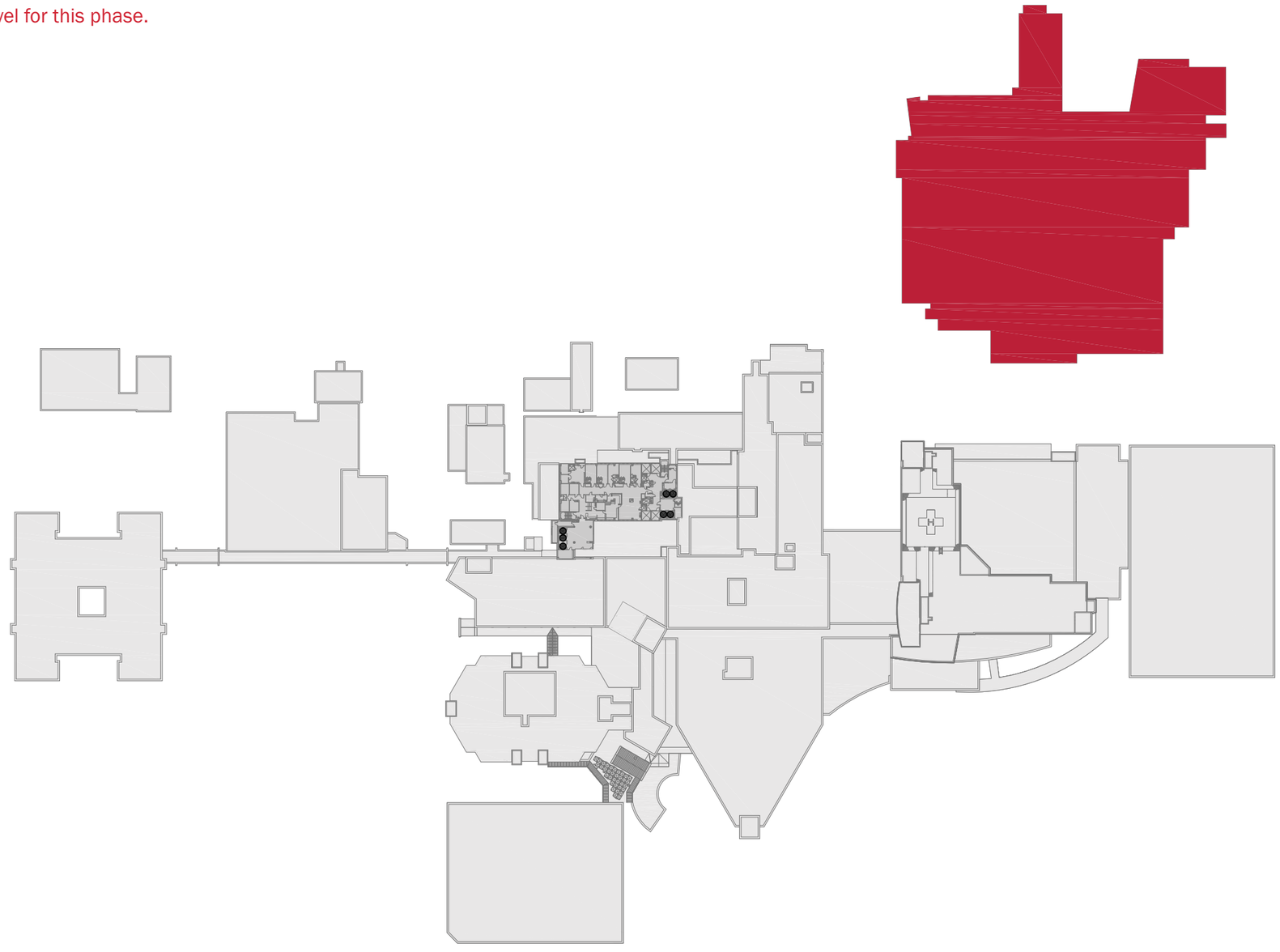
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 10

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

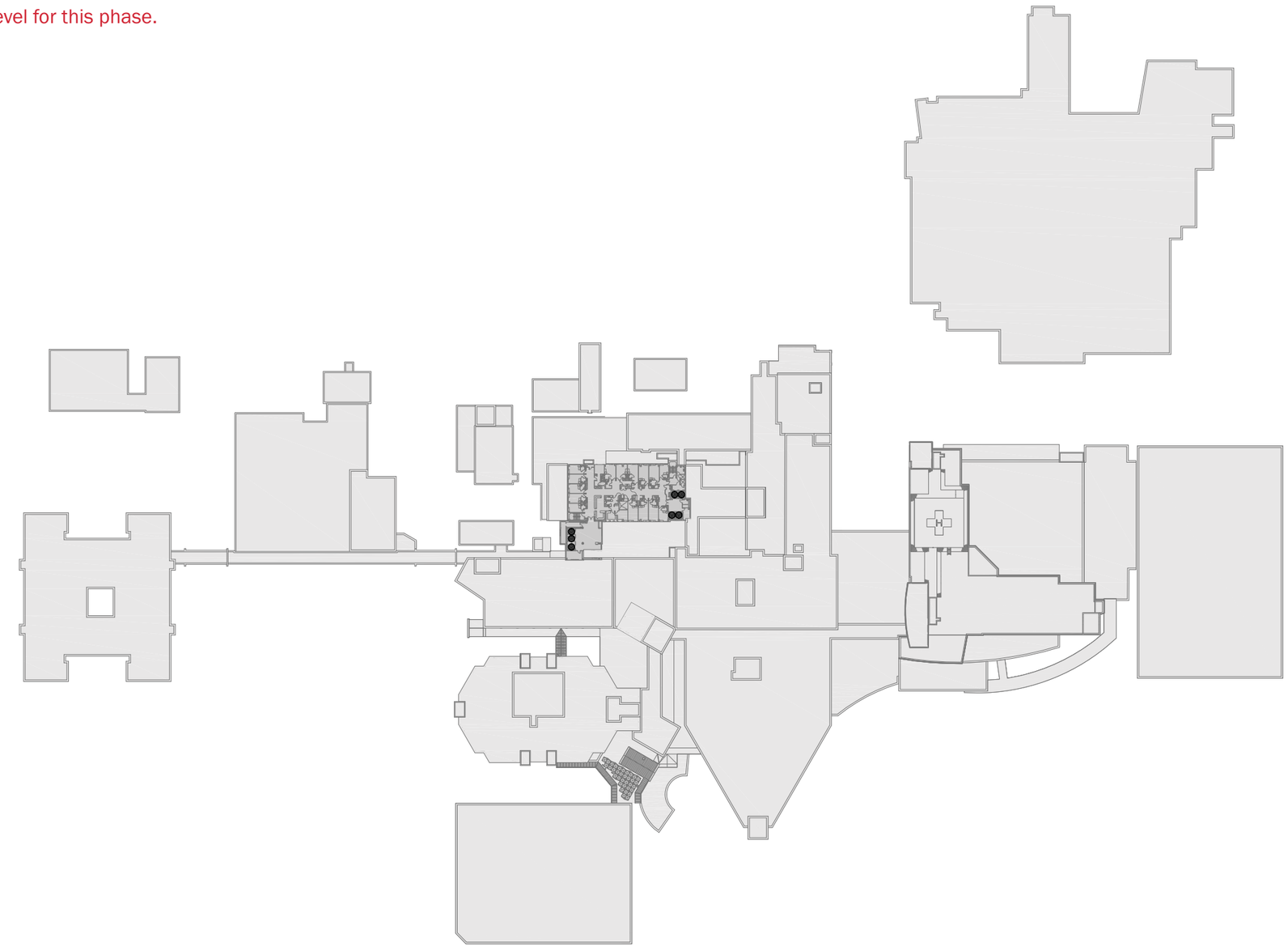
MAIN CAMPUS FLOOR PLANS: Phase 1B & Phase 2

PHASE 1B

JPS MAIN LEVEL 11

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

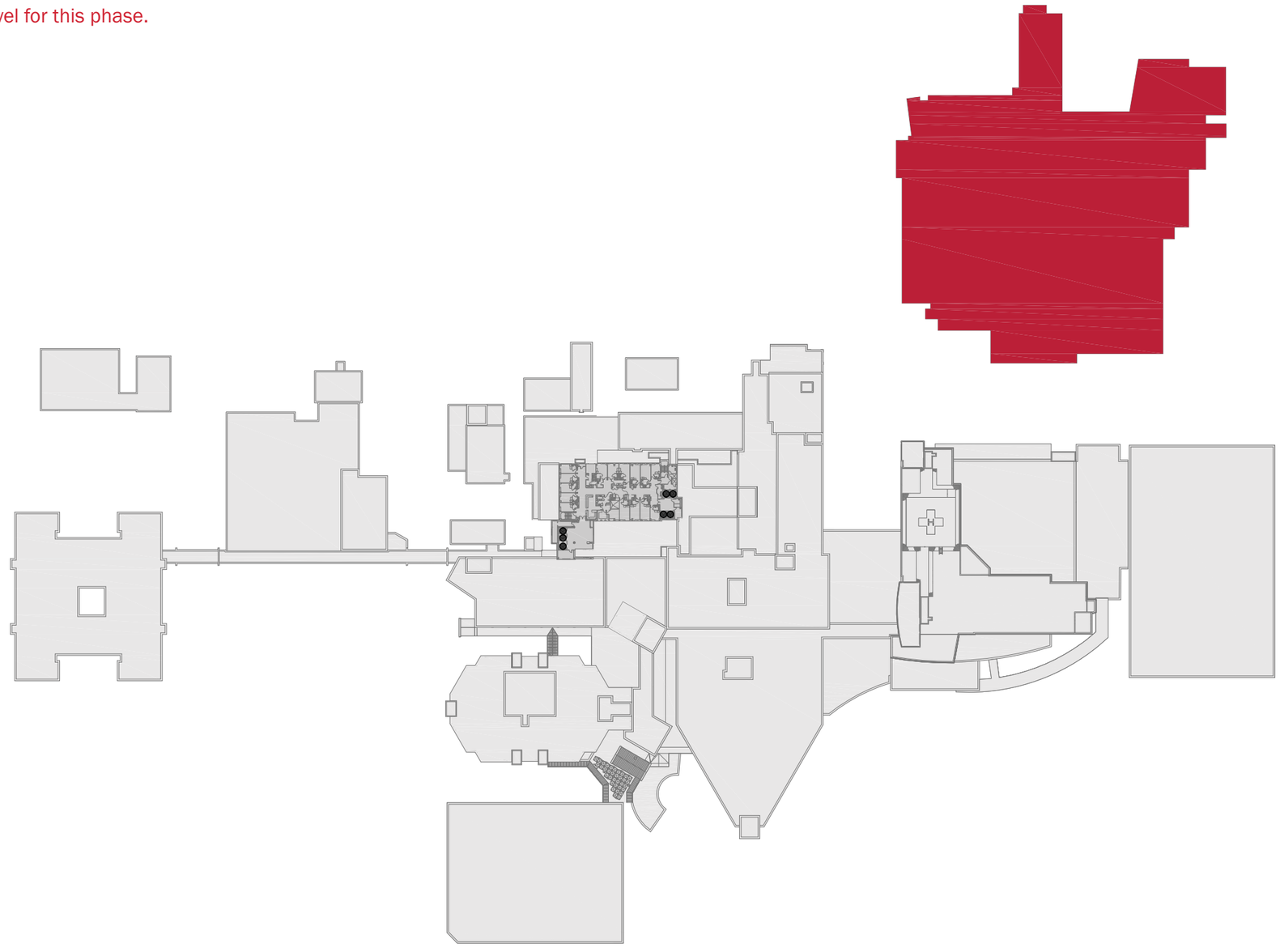
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 2

JPS MAIN LEVEL 11

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

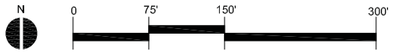
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

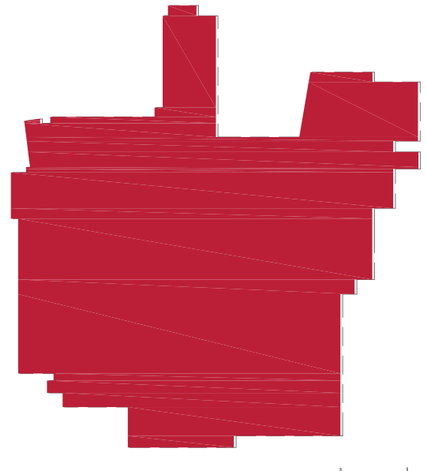
MAIN CAMPUS FLOOR PLANS: PHASE 2 & PHASE 3

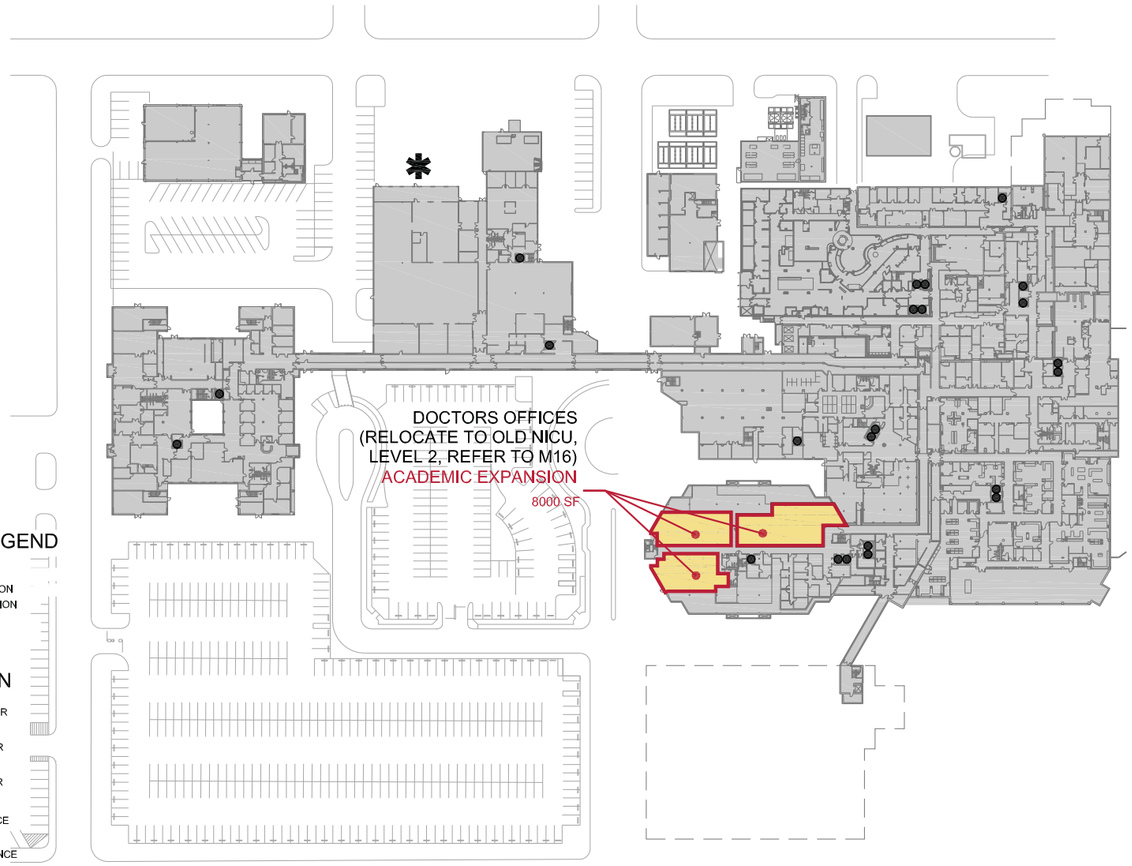
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

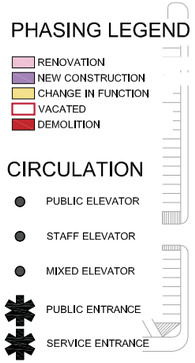
PHASE 2

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION LOWER LEVEL







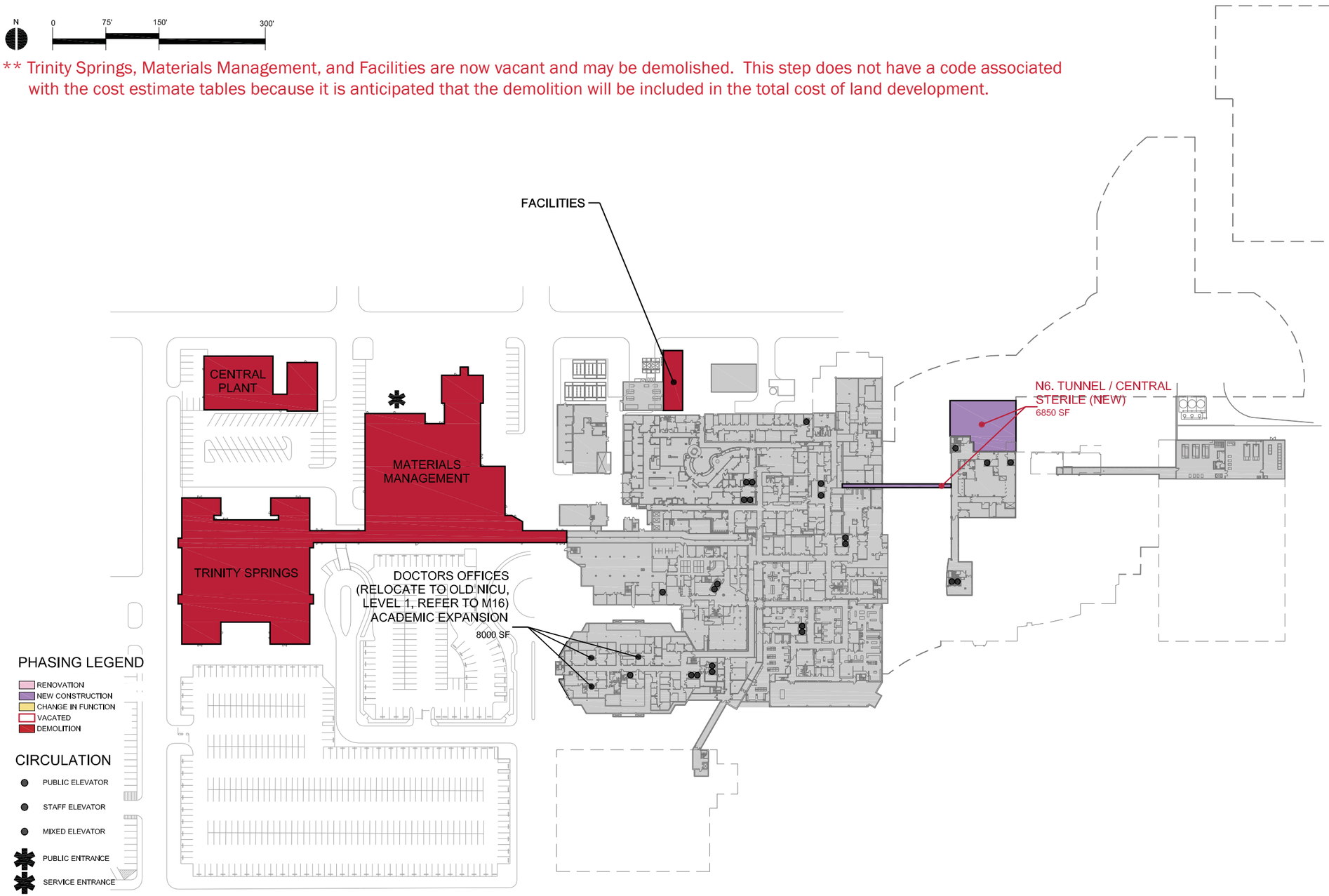


PHASE 3

JPS MAIN LOWER LEVEL - PATIENT CARE PAVILION & NEW TOWER LOWER LEVEL

N 0 75' 150' 300'

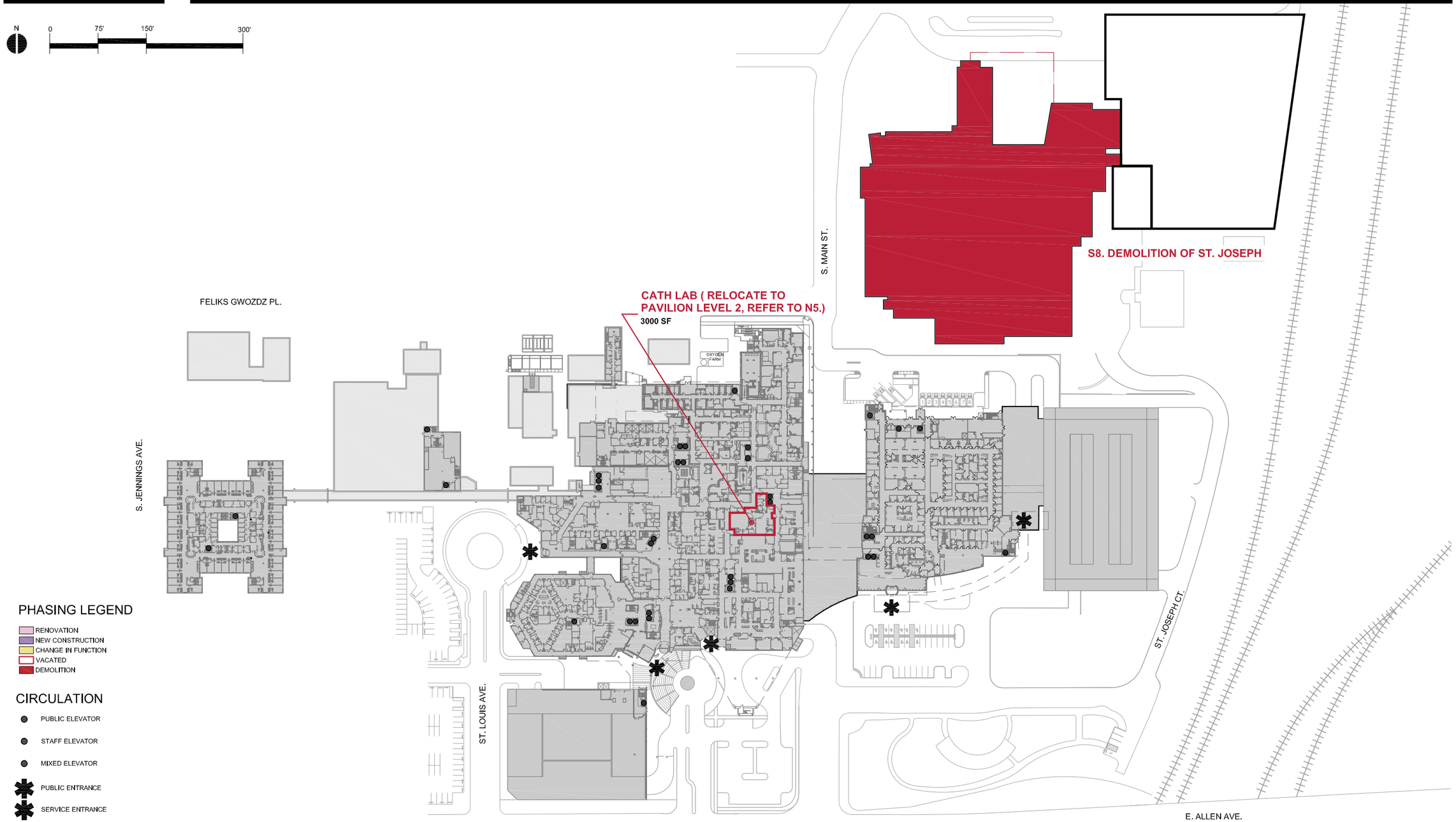
** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION LEVEL 1

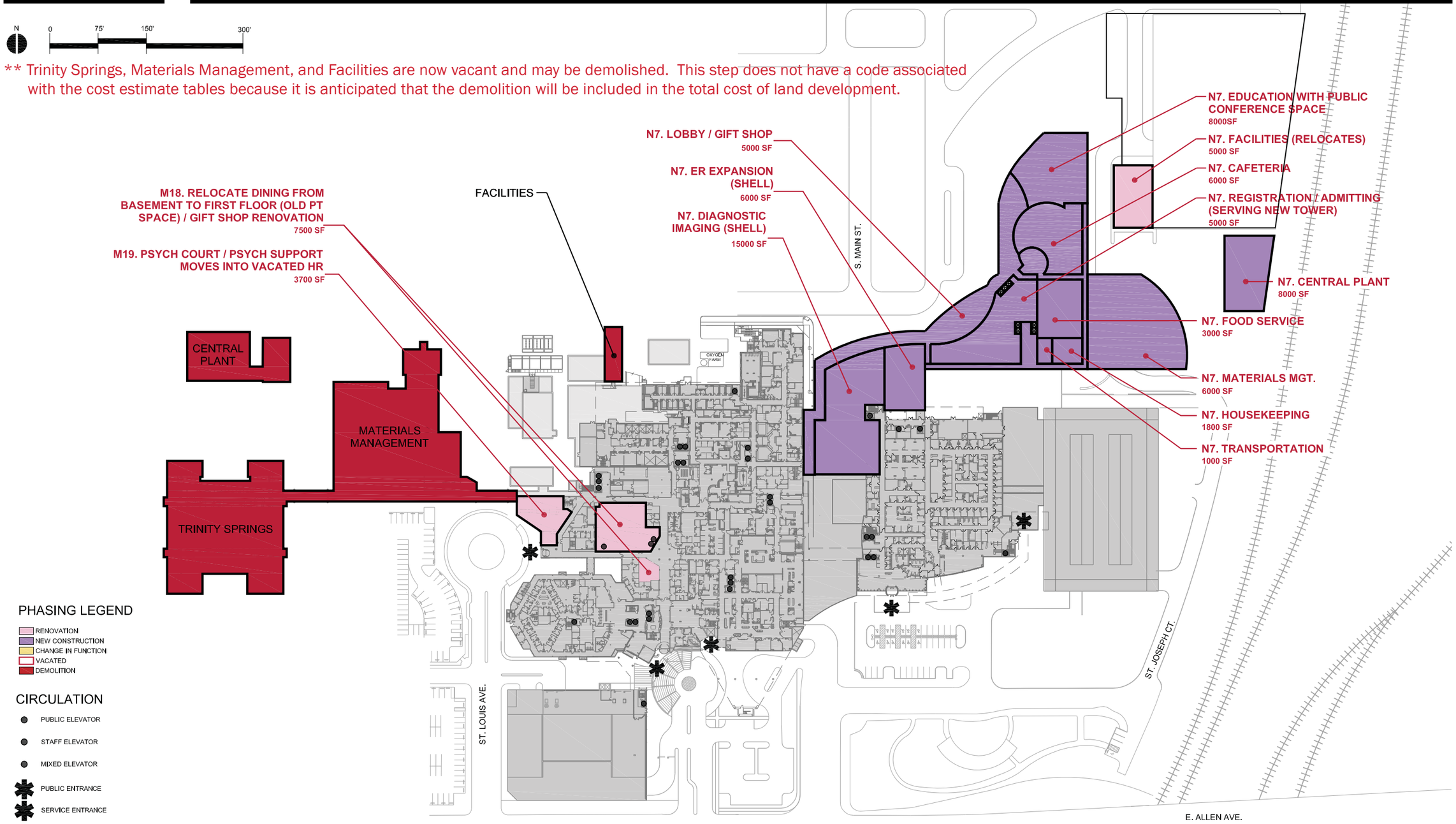


PHASE 3

JPS MAIN LEVEL 1 - PATIENT CARE PAVILION& NEW TOWER LEVEL 1

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

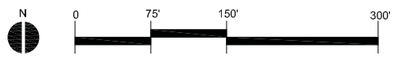
CIRCULATION

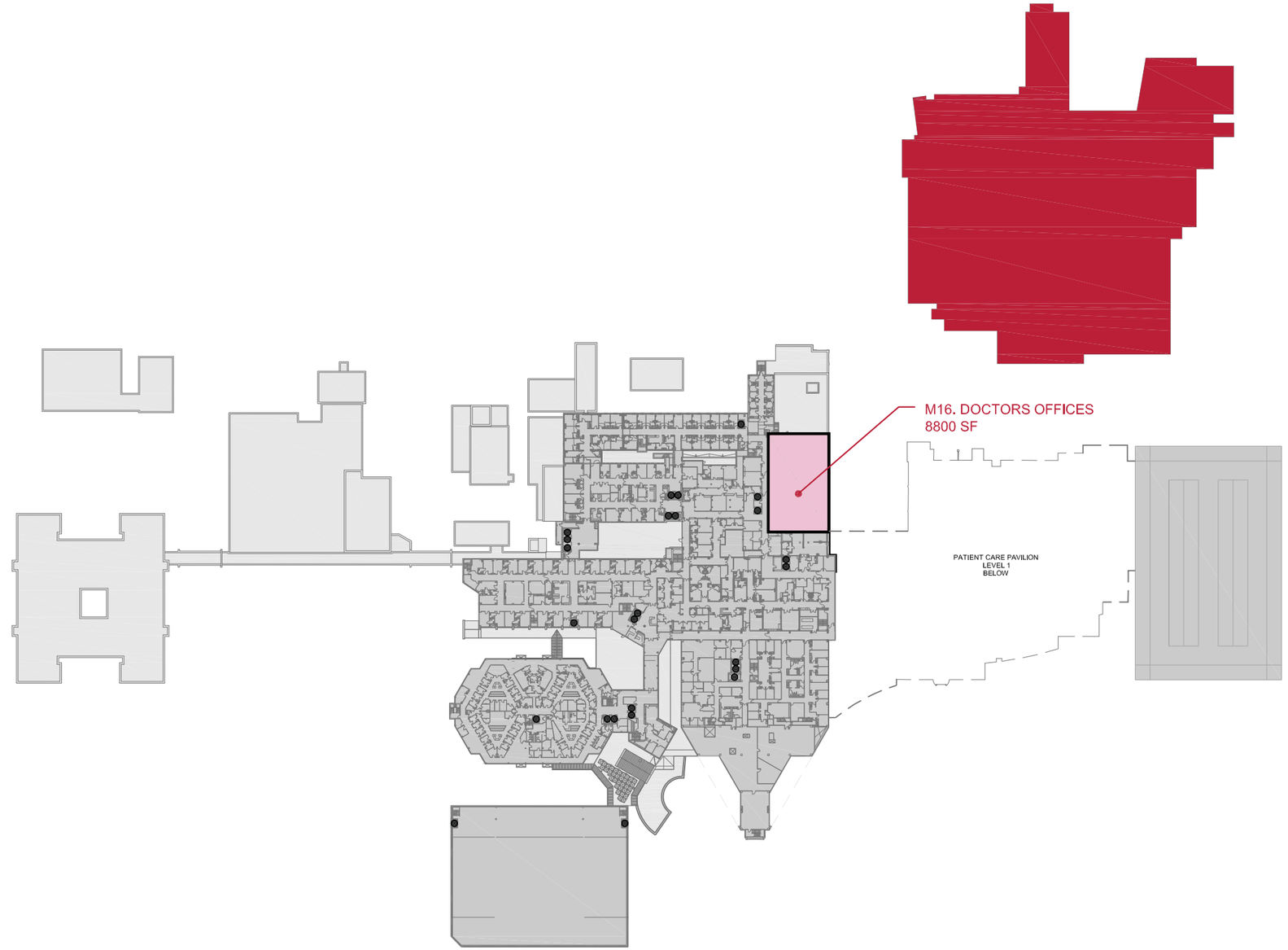
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 2





PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

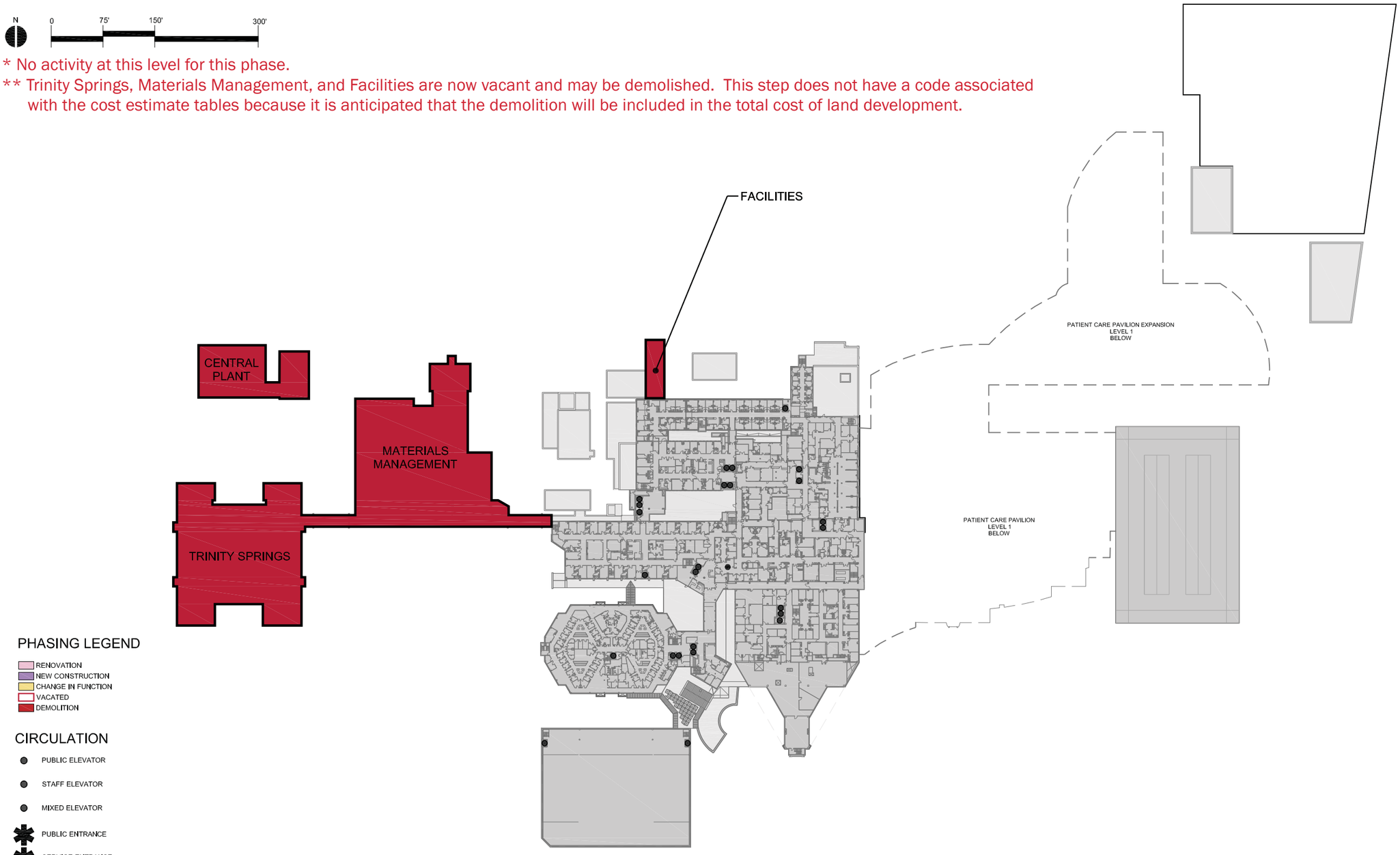
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 2

N 0 75' 150' 300'

* No activity at this level for this phase.
** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.

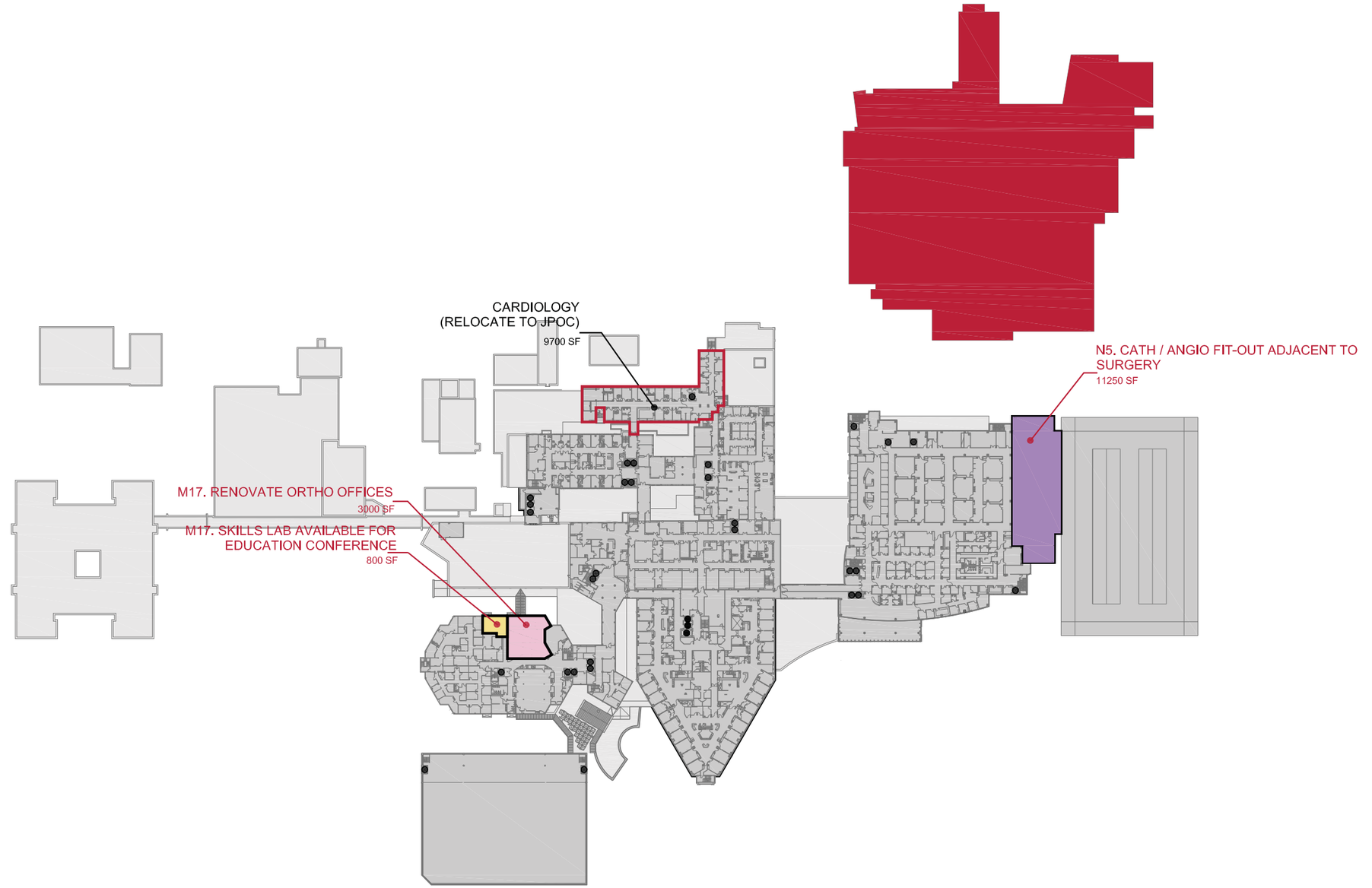


MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION LEVEL 2

N 0 75' 150' 300'



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

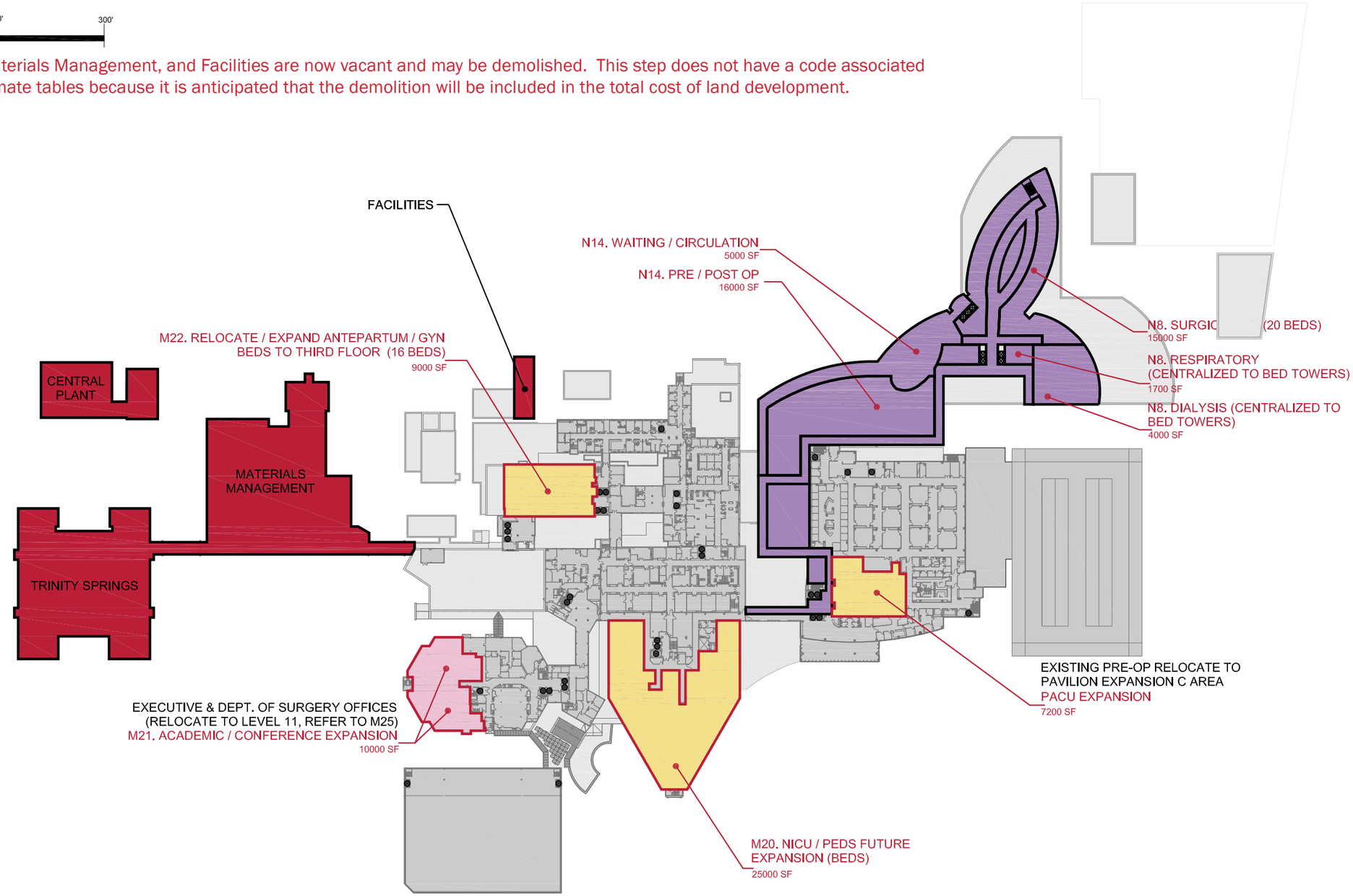
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 3 - PATIENT CARE PAVILION& NEW TOWER LEVEL 2

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

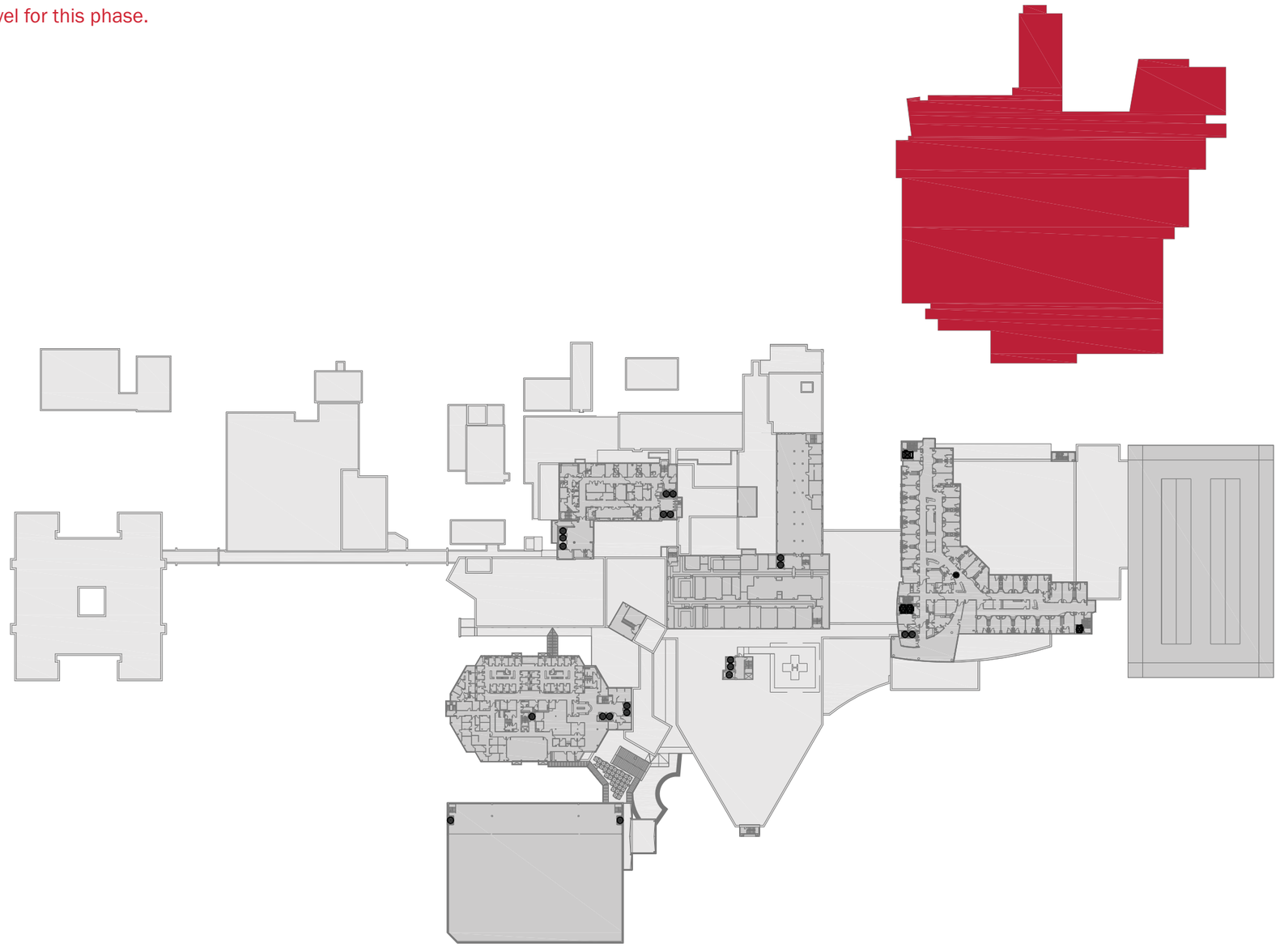
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION LEVEL 3

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

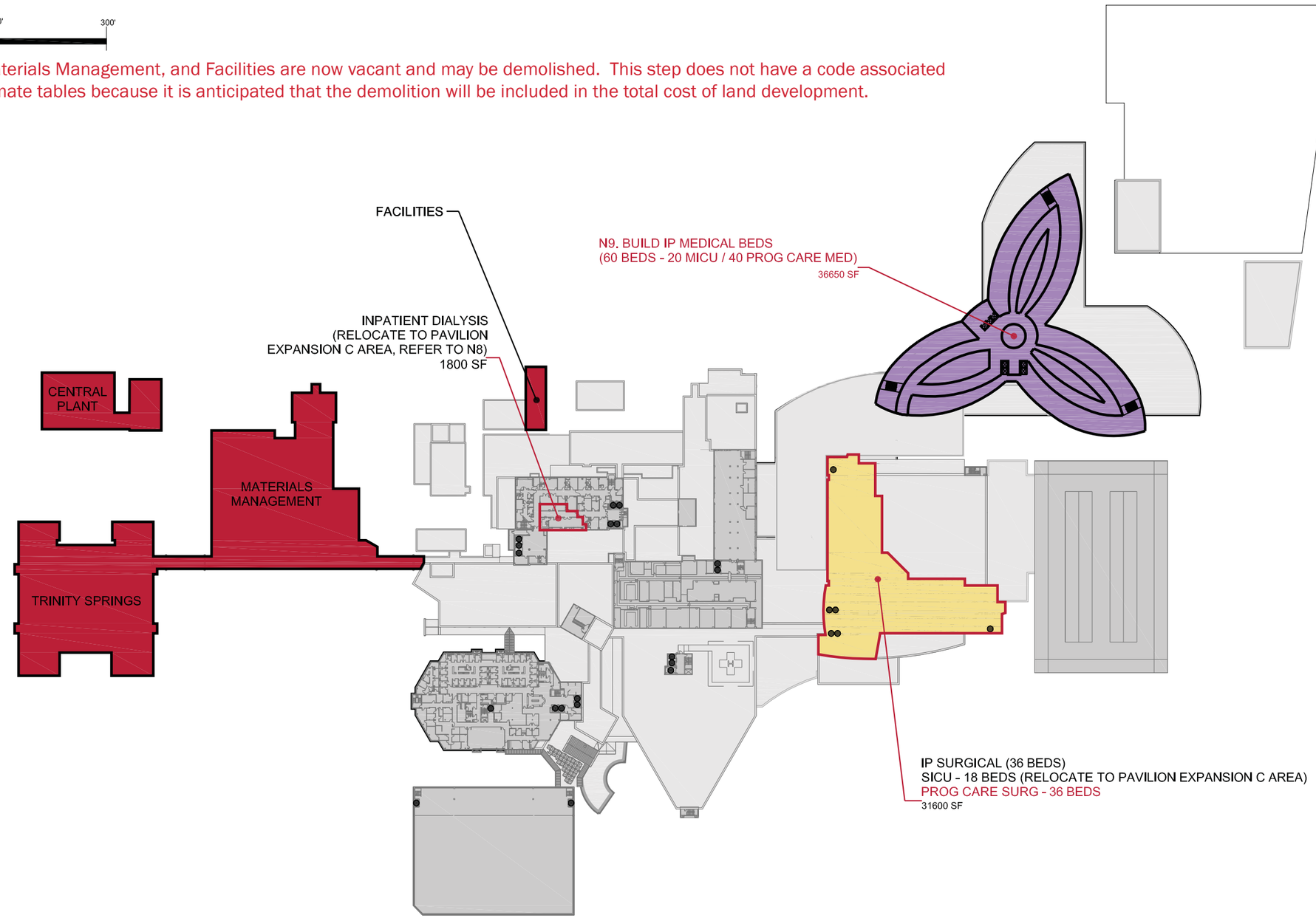
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 4 - PATIENT CARE PAVILION & NEW TOWER LEVEL 3

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

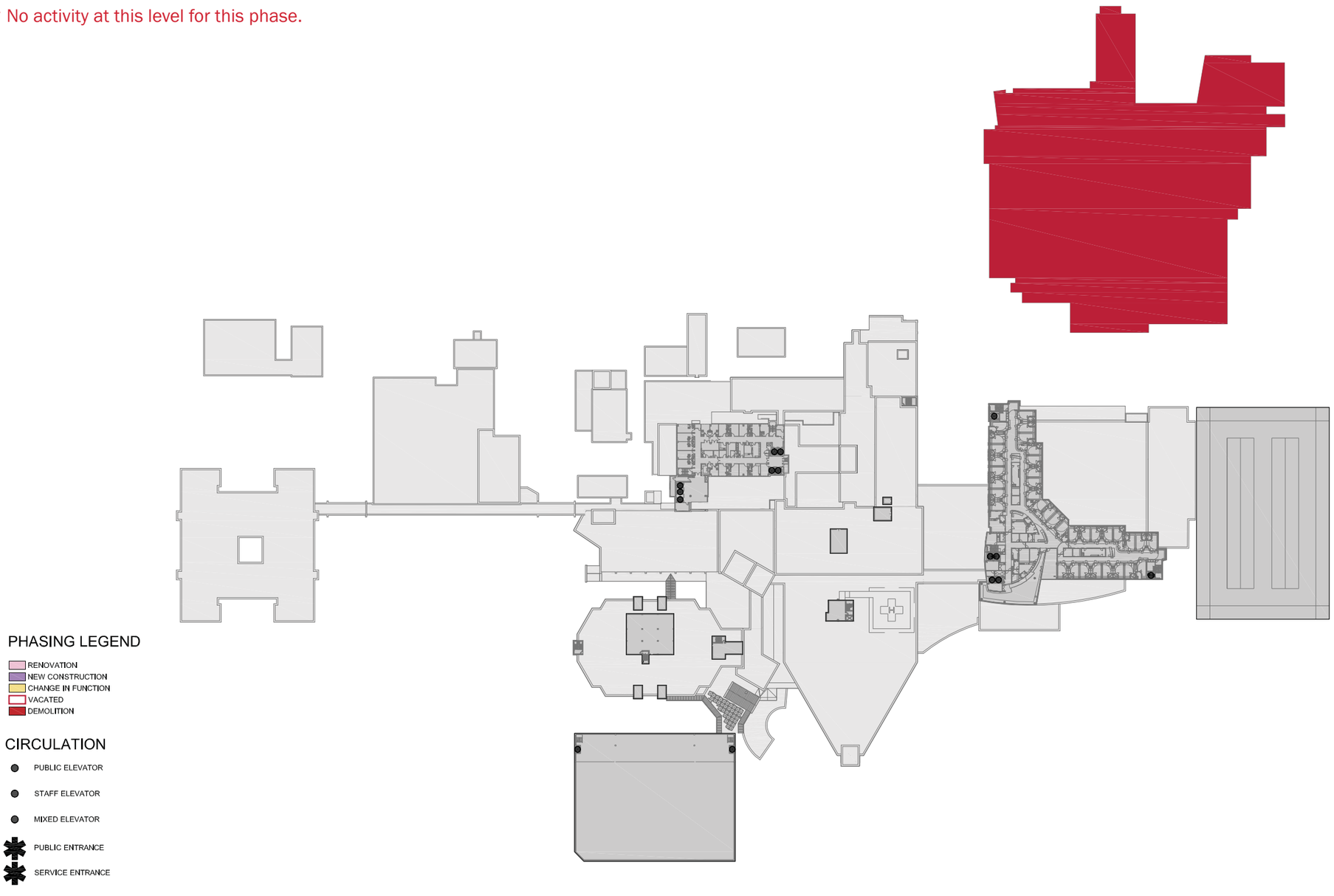
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION LEVEL 4

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

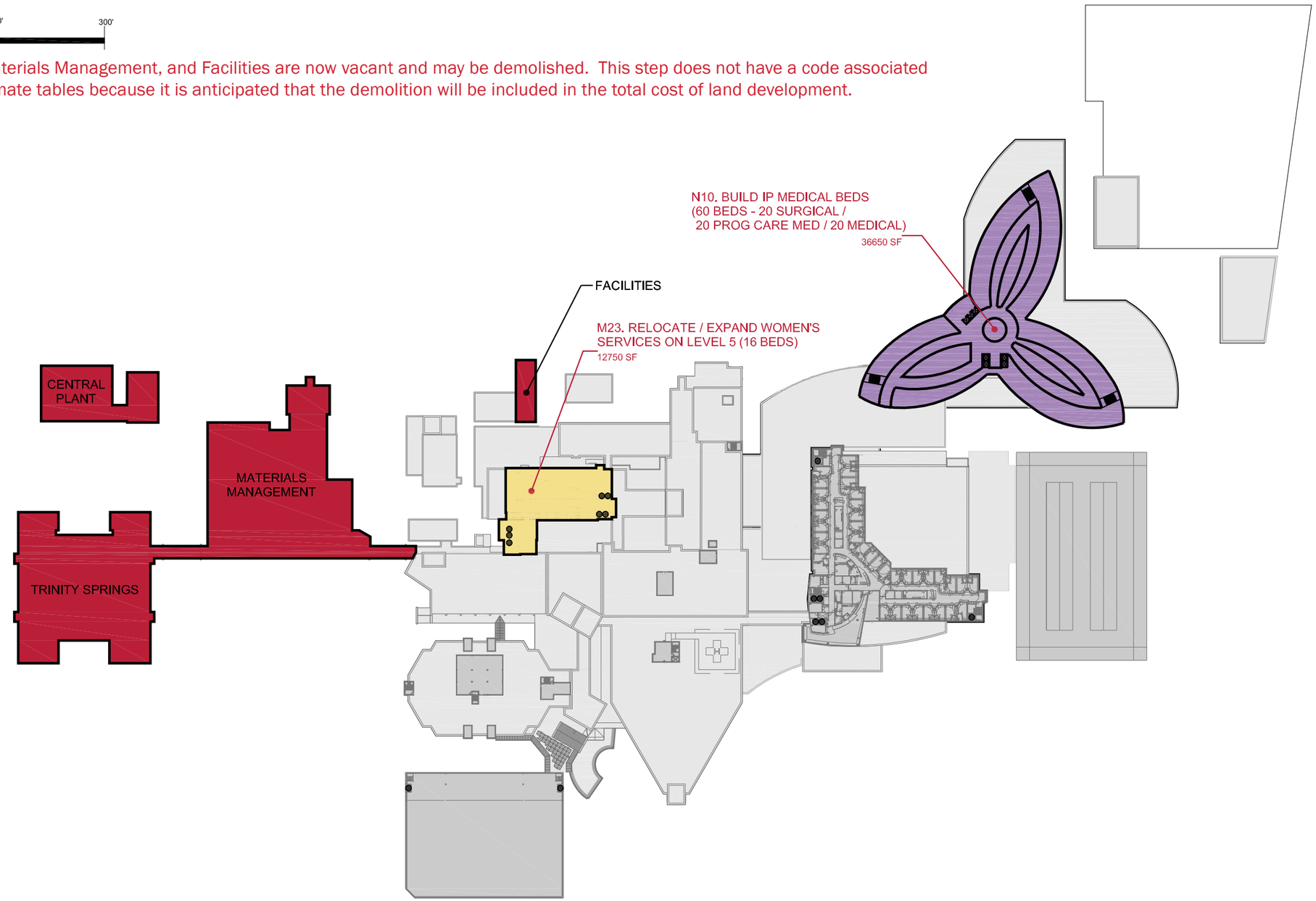
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 5 - PATIENT CARE PAVILION & NEW TOWER LEVEL 4

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

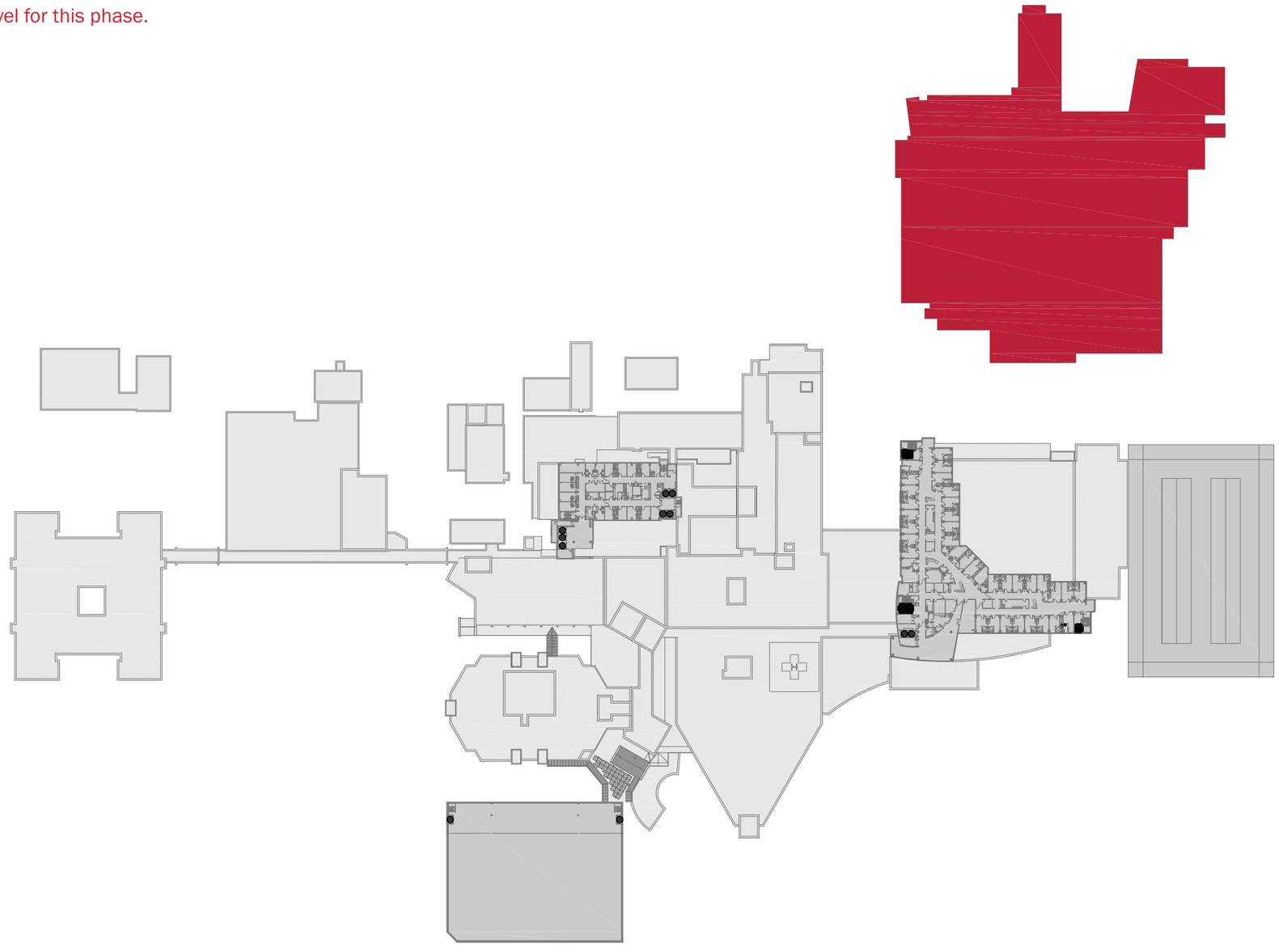
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION LEVEL 5

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

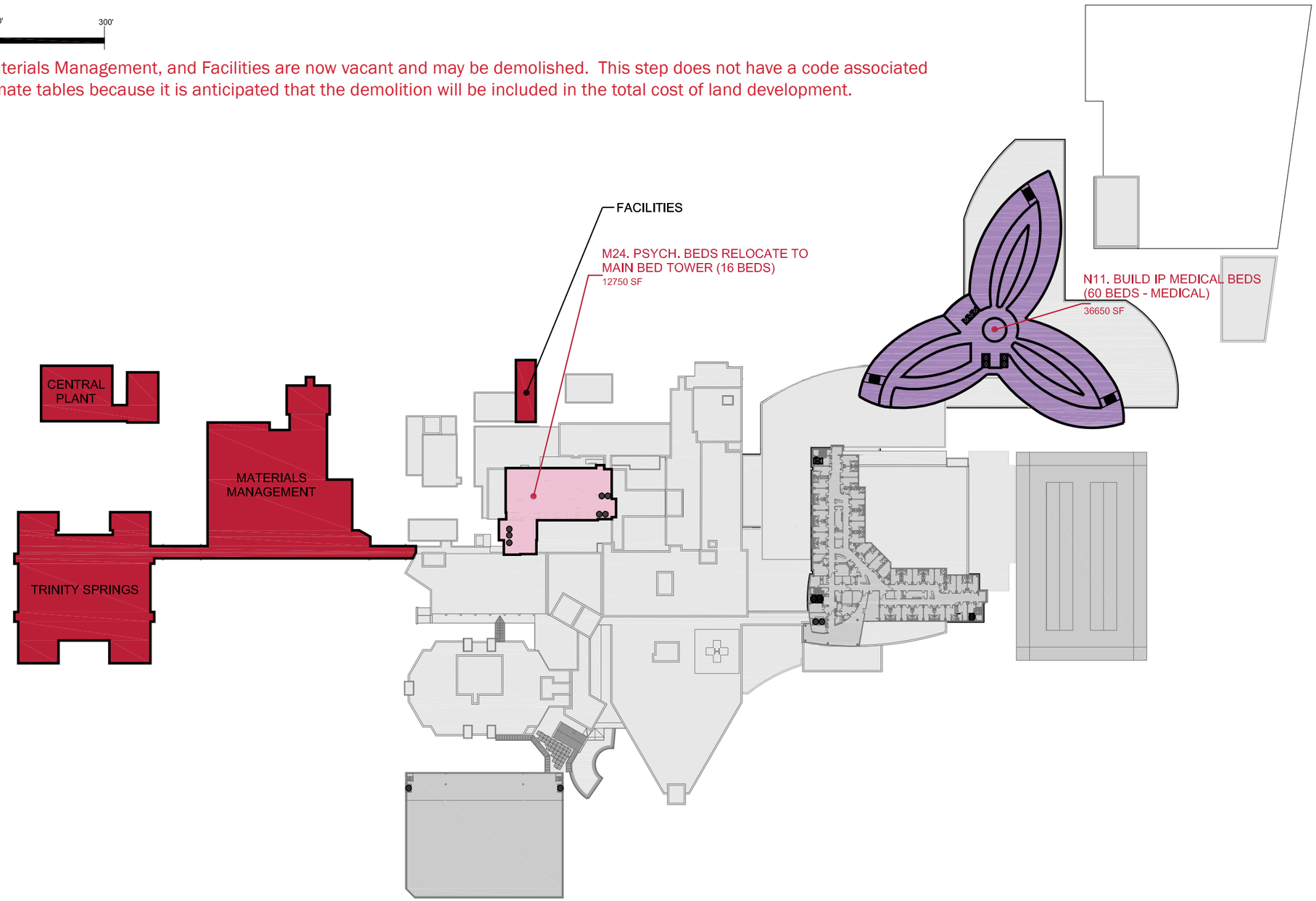
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 6 - PATIENT CARE PAVILION & NEW TOWER LEVEL 5

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



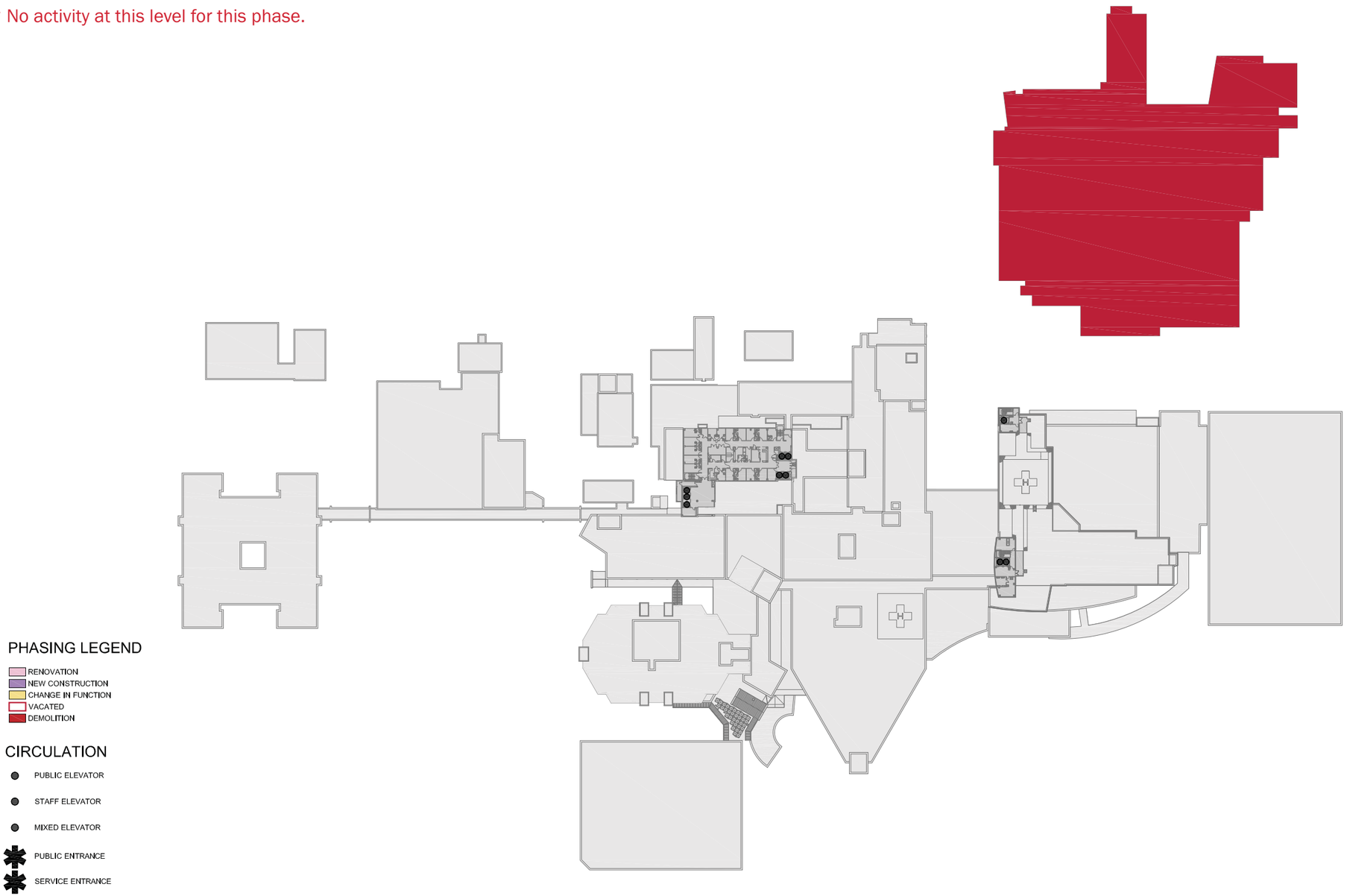
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 7 - PATIENT CARE PAVILION LEVEL 6

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

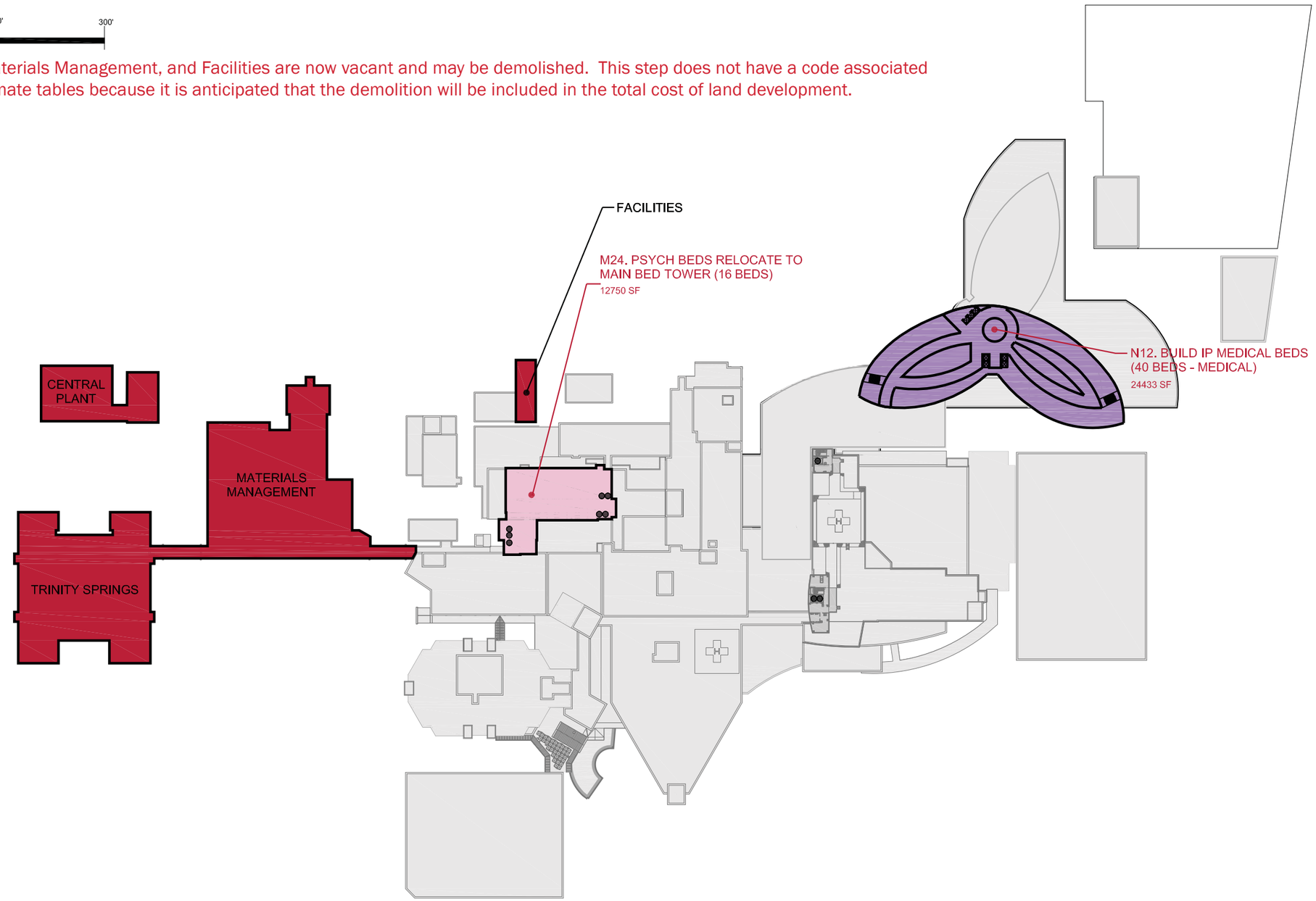
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 7 - NEW TOWER LEVEL 6

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

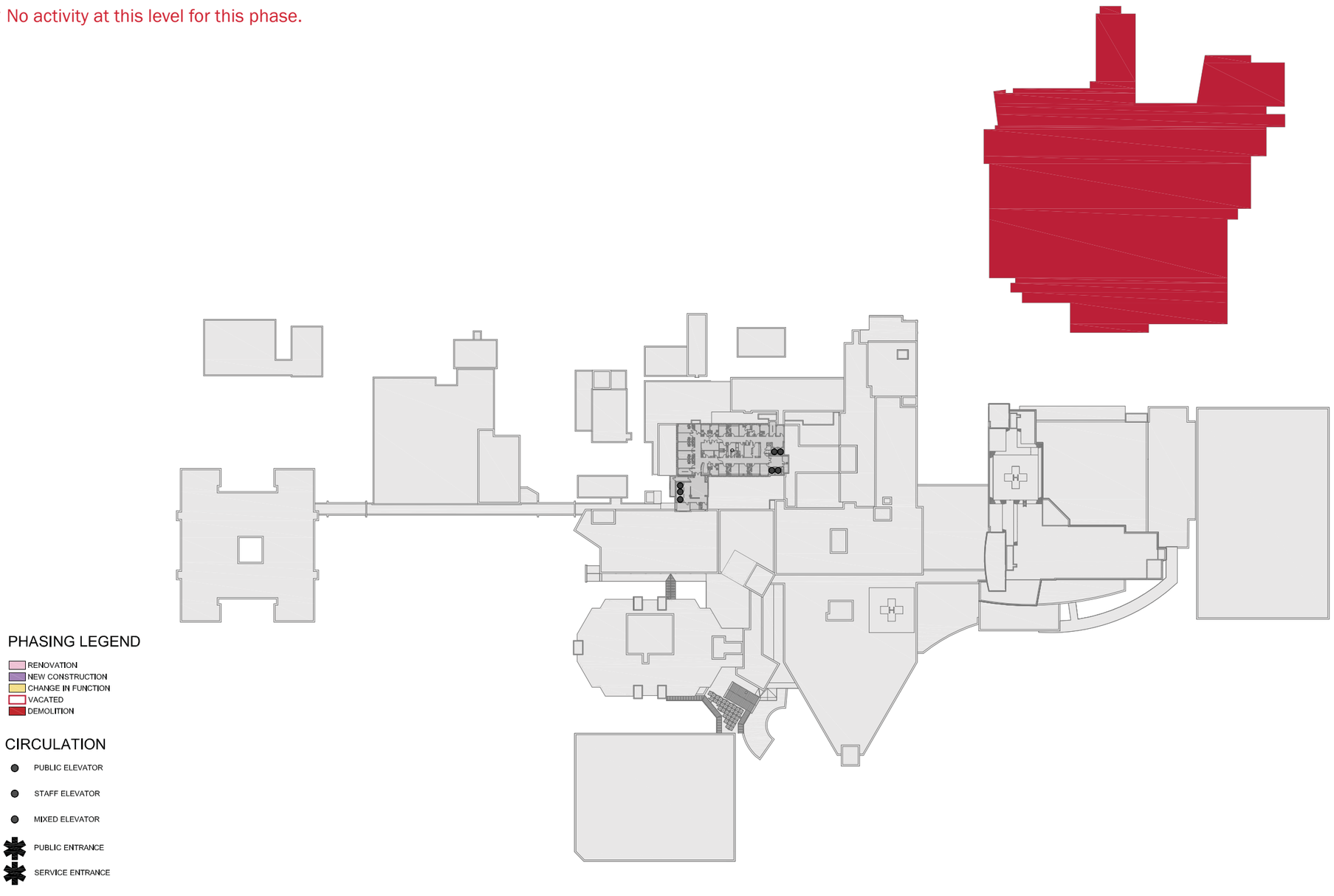
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 8 - PATIENT CARE PAVILION LEVEL 7

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

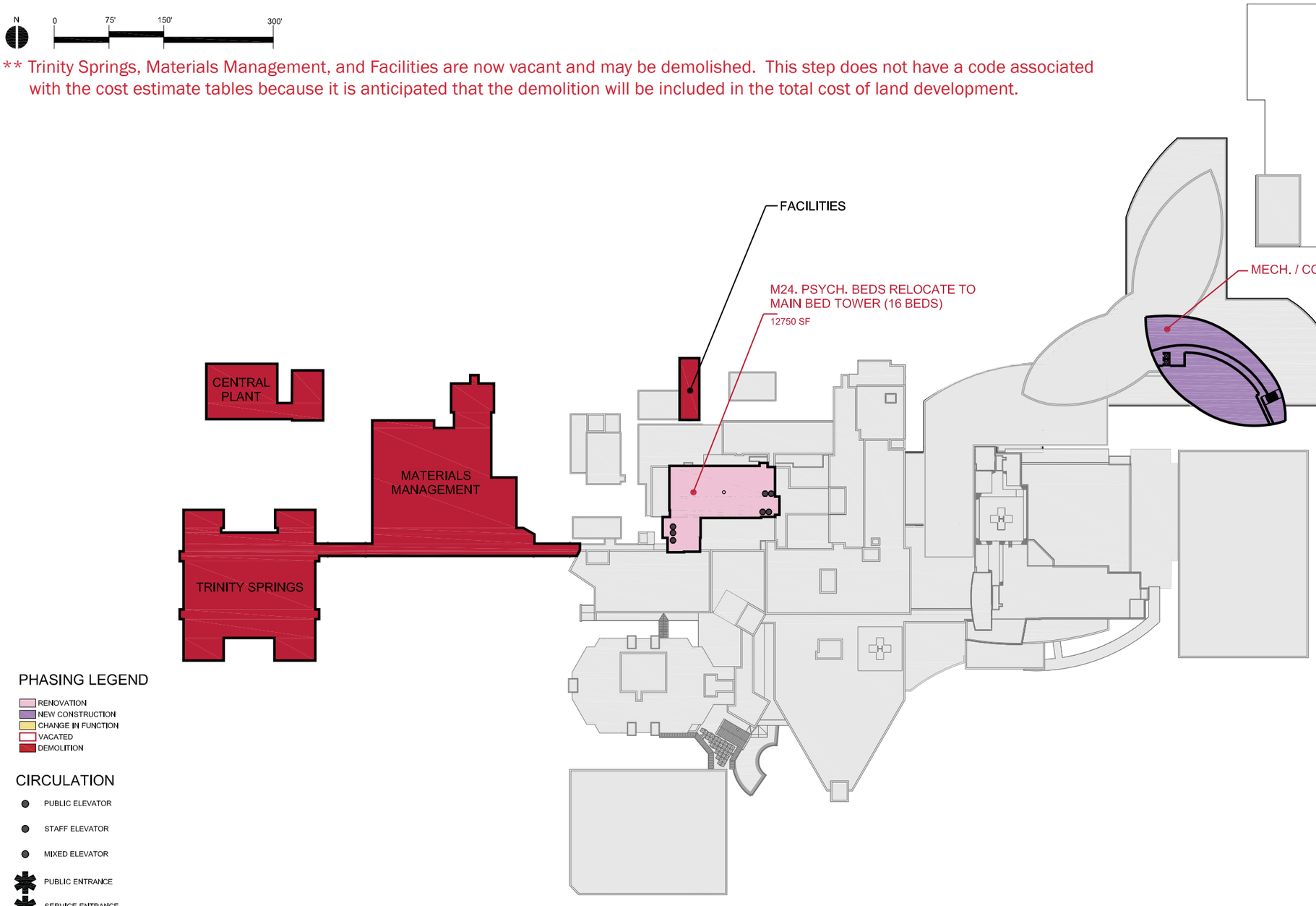
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 8 - NEW TOWER LEVEL 7

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



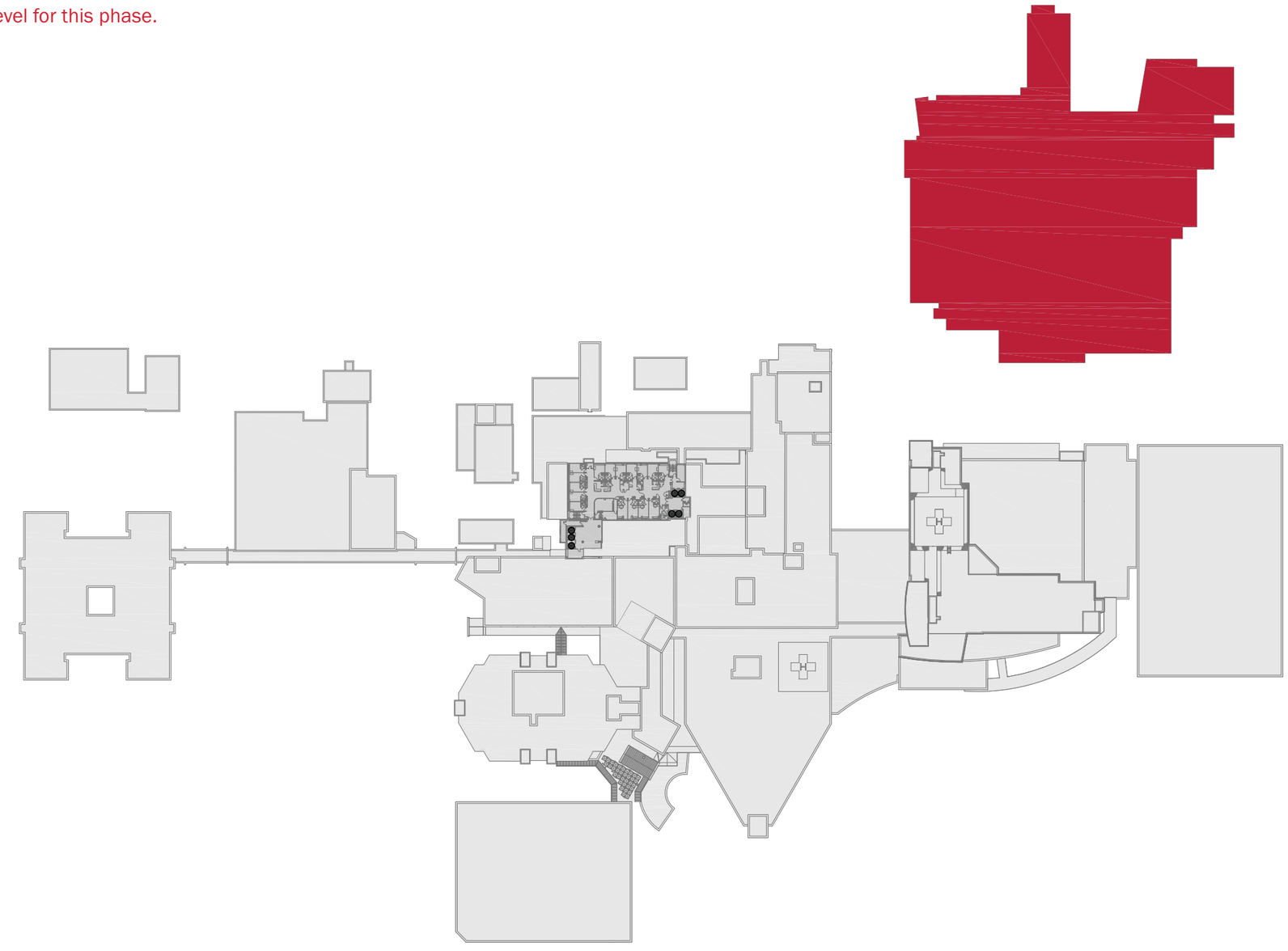
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 9

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

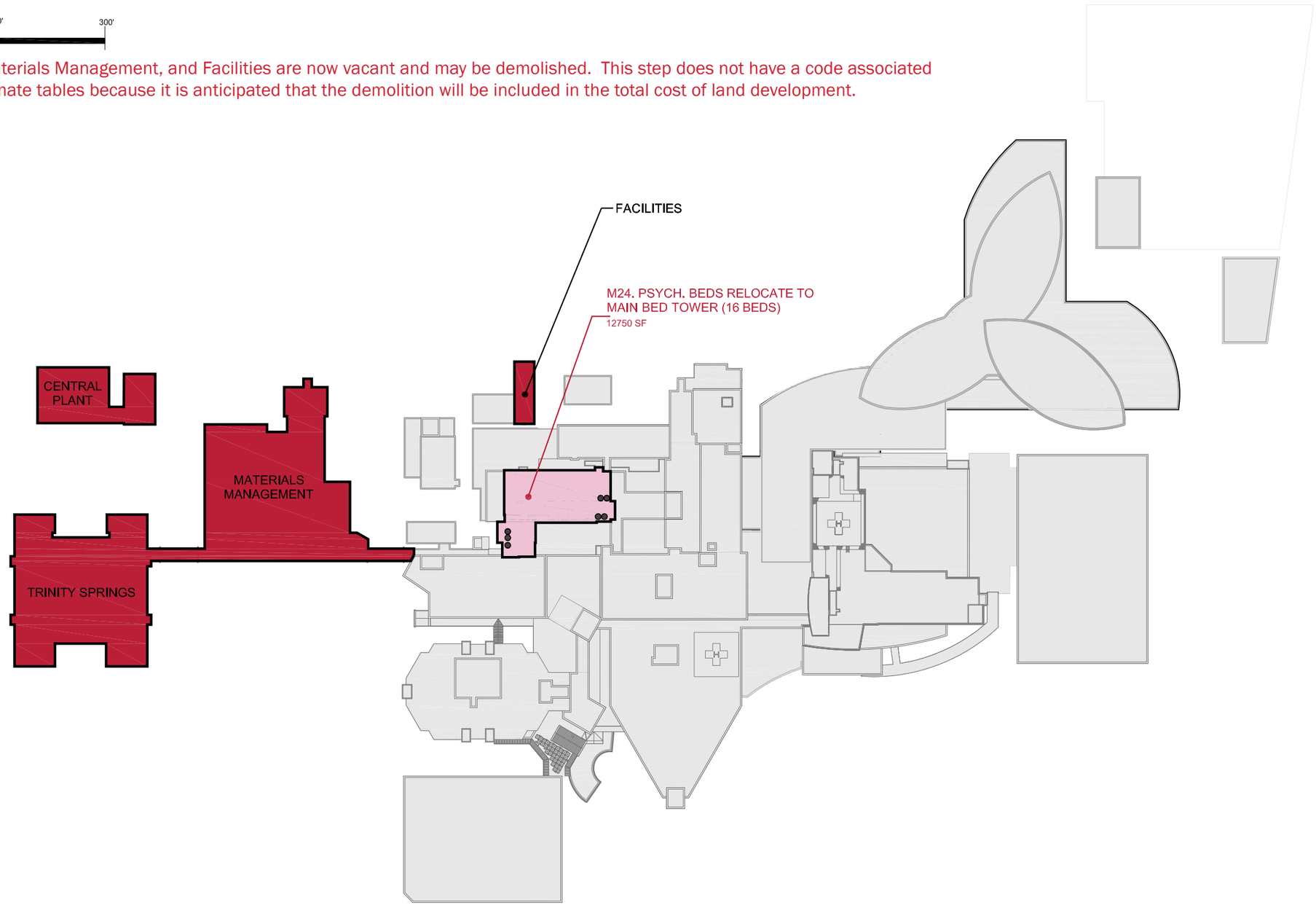
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 9

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

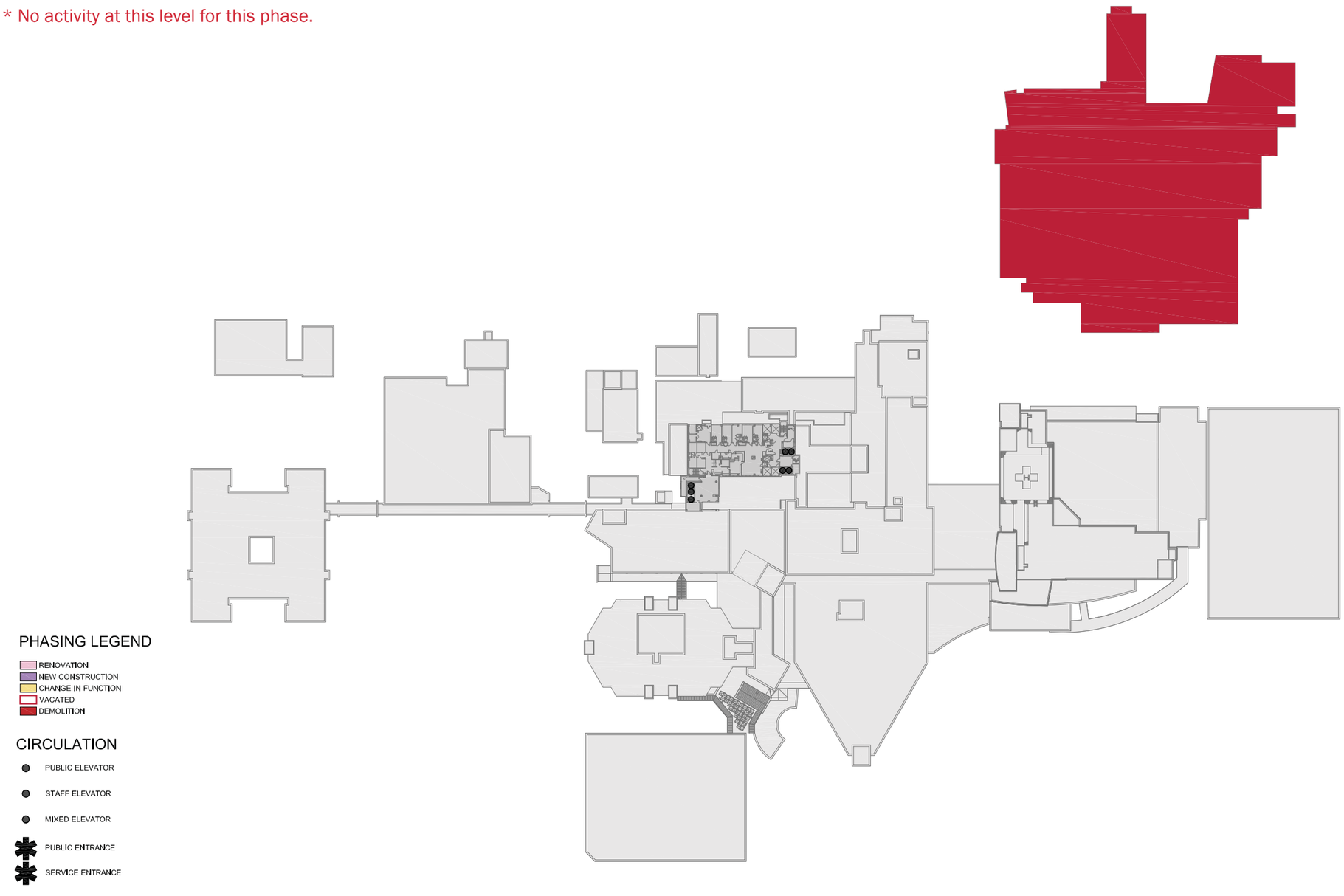
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 10

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

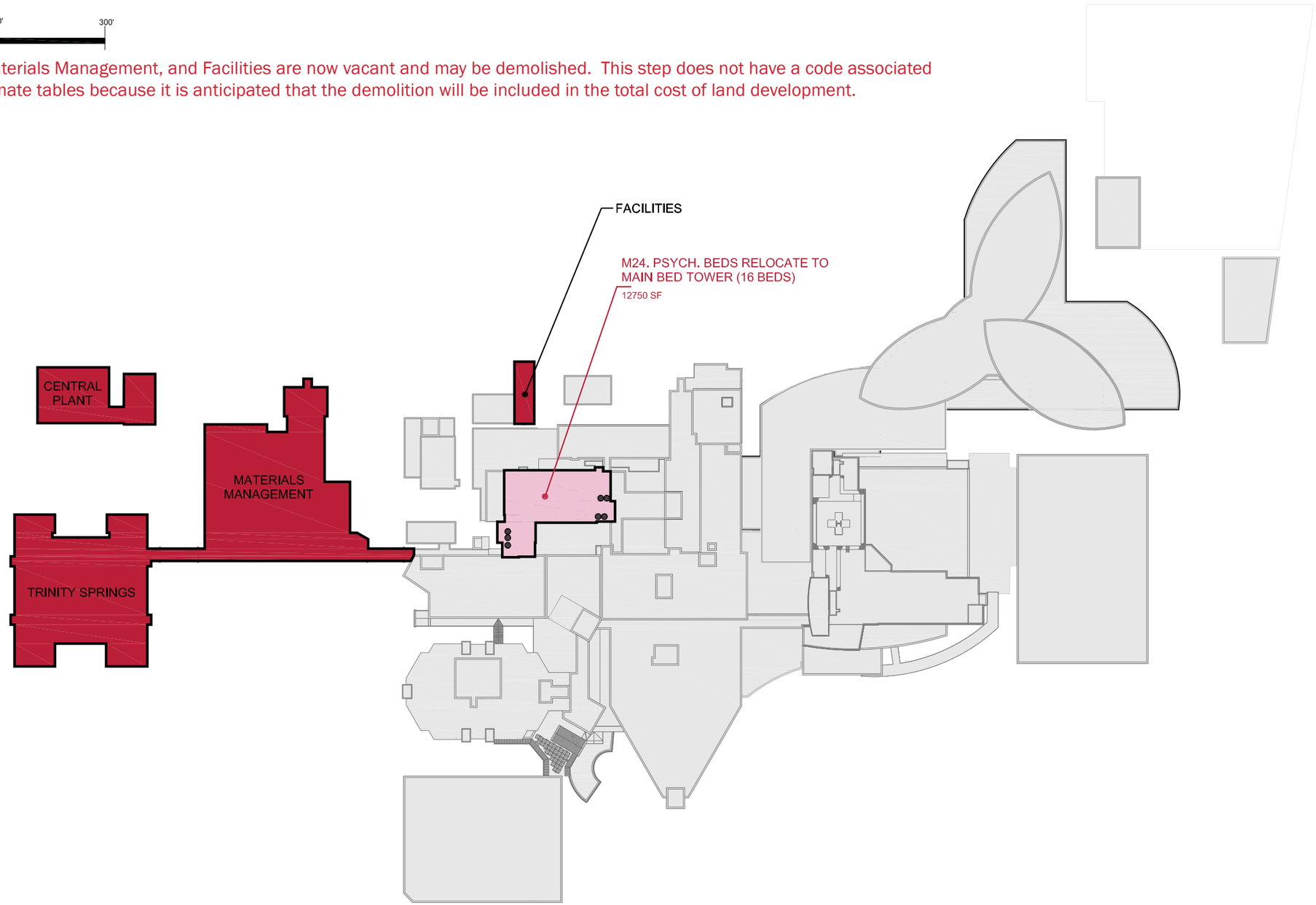
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 10

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

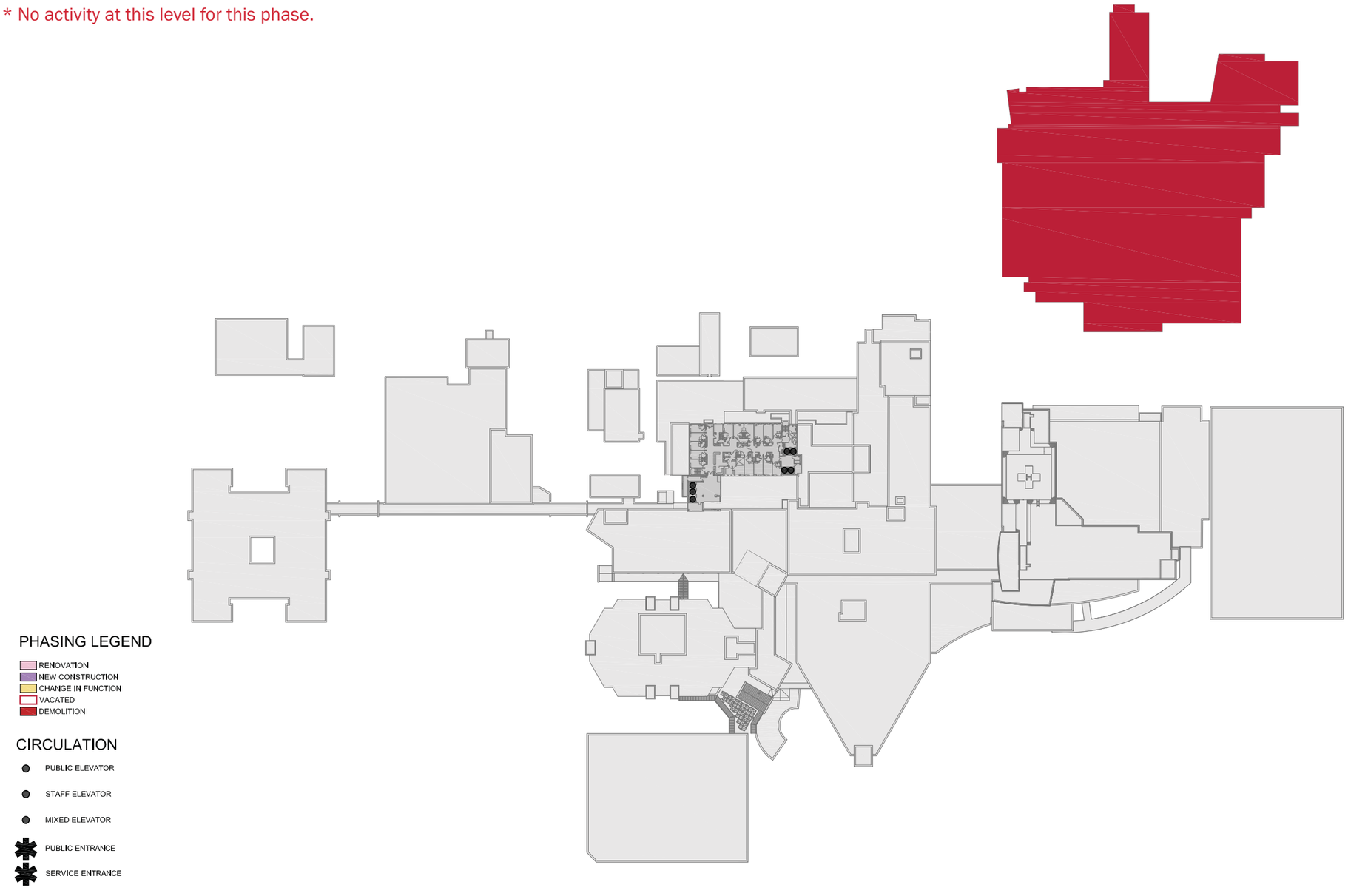
MAIN CAMPUS FLOOR PLANS: Phase 2 & Phase 3

PHASE 2

JPS MAIN LEVEL 11

N 0 75' 150' 300'

* No activity at this level for this phase.



PHASING LEGEND

- RENOVATION
- NEW CONSTRUCTION
- CHANGE IN FUNCTION
- VACATED
- DEMOLITION

CIRCULATION

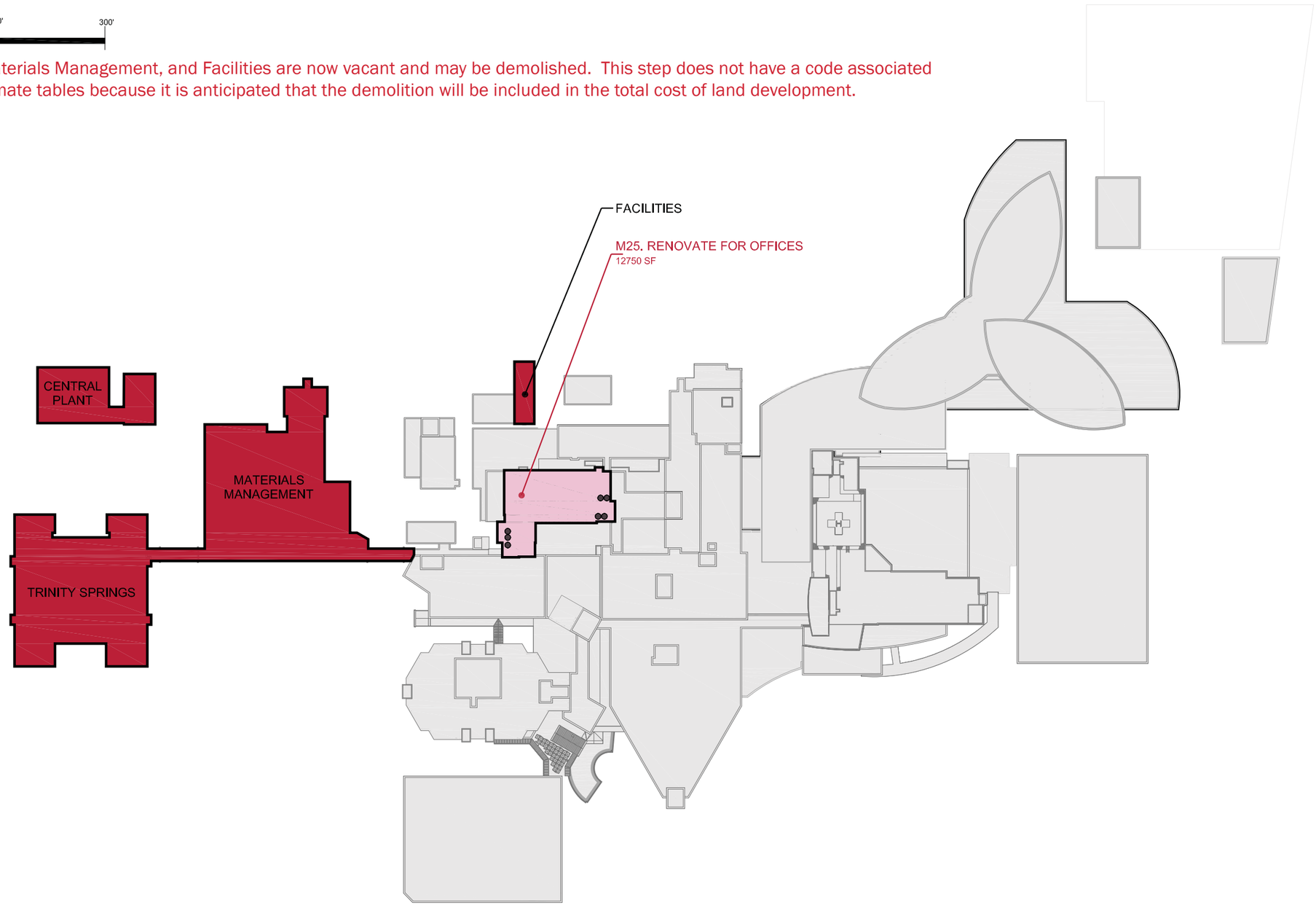
- PUBLIC ELEVATOR
- STAFF ELEVATOR
- MIXED ELEVATOR
- PUBLIC ENTRANCE
- SERVICE ENTRANCE

PHASE 3

JPS MAIN LEVEL 11

N 0 75' 150' 300'

** Trinity Springs, Materials Management, and Facilities are now vacant and may be demolished. This step does not have a code associated with the cost estimate tables because it is anticipated that the demolition will be included in the total cost of land development.



COST ESTIMATES

COST ESTIMATES: Phases One A and One B

JPS Strategic Facilities Utilization Plan

Total Project Cost Estimate

Summary of Phases

BASE PROJECT COSTS

	PHASE ONE A&B 0 - 24 Months	PHASE TWO 24 - 36 Months	PHASE THREE 36 - 60 Months	M.P. TOTAL 0-60 Months
JPS Site/Infrastructure	$ 3,782,245	$ 7,953,750		$ 11,735,995
JPS Main Hospital	$ 25,255,293	$ 1,227,624	$ 7,486,441	$ 33,969,357
JPS Pavilion Expansion A,B,C	$ 11,369,765	$ 5,587,313	$ 78,521,547	$ 95,478,624
Total Main Campus	**$ 40,407,303**	**$ 14,768,687**	**$ 86,007,987**	**$ 141,183,976**
JPS Community Network	$ 8,854,093	$ 4,754,475	$ 4,964,850	$ 18,573,418
Medical District Development Opportunities	$ -	$ 270,000	$ -	$ 270,000
Total Off Campus	**$ 8,854,093**	**$ 5,024,475**	**$ 4,964,850**	**$ 18,843,418**
Total Master Plan JPS Network	**$ 49,261,395**	**$ 19,793,162**	**$ 90,972,837**	**$ 160,027,394**
Land Purchase				**$ -**
Mid-Point Inflation				**$ 2,458,074**
Project Management				**$ -**
Project Financing				**$ -**
Start-Up Costs Required				**$ -**
Pre-Planning				**$ 1,200,000**
Total JPS Network Master Plan				**$ 163,685,467**

Additional Costs Main Campus	
Pre-Planning	$ 900,000
Mid-Point Inflation	$ 2,185,044
Project Management	$ -
Project Financing	$ -
Start-Up Costs Required	$ -
Equity	$ -

Additional Costs Community Network	
Pre-Planning	$ 300,000
Mid-Point Inflation	$ 273,030
Project Management	$ -
Project Financing	$ -
Start-Up Costs Required	$ -
Equity	$ -

	Construction Cost before contingency	Construction Contingency	Total Construction Cost	Professional Fees	Equipment Cost	Cost before Project Contingency	TOTAL Project Cost
PHASE ONE A&B							
JPS Site/Infrastructure	$ 2,988,750	$ 343,875	$ 3,332,625	$ 199,620	$ 250,000	$ 3,782,245	$ 3,782,245
JPS Main Hospital	$ 17,703,750	$ 1,902,975	$ 19,606,725	$ 1,491,698	$ 4,156,870	$ 25,255,293	$ 25,255,293
JPS Pavilion Expansion A,B,C	$ 8,848,750	$ 884,875	$ 9,733,625	$ 778,690	$ 857,450	$ 11,369,765	$ 11,369,765
Total Main Campus	**$ 29,541,250**	**$ 3,131,725**	**$ 32,672,975**	**$ 2,470,008**	**$ 5,264,320**	**$ 40,407,303**	**$ 40,407,303**
JPS Community Network	$ 7,147,500	$ 714,750	$ 7,862,250	$ 628,980	$ 362,863	$ 8,854,093	$ 8,854,093
Medical District Development Opportunities	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Off Campus	**$ 7,147,500**	**$ 714,750**	**$ 7,862,250**	**$ 628,980**	**$ 362,863**	**$ 8,854,093**	**$ 8,854,093**
Total Network	**$ 36,688,750**	**$ 3,846,475**	**$ 40,535,225**	**$ 3,098,988**	**$ 5,627,183**	**$ 49,261,395**	**$ 49,261,395**
PHASE TWO							
JPS Site/Infrastructure	$ 7,500,000	$ 75,000	$ 7,575,000	$ 227,250	$ 151,500	$ 7,953,750	$ 7,953,750
JPS Main Hospital	$ 1,048,000	$ 74,800	$ 1,122,800	$ 89,824	$ 15,000	$ 1,227,624	$ 1,227,624
JPS Pavilion Expansion A,B,C	$ 1,968,750	$ 196,875	$ 2,165,625	$ 173,250	$ 3,248,438	$ 5,587,313	$ 5,587,313
Total Main Campus	**$ 10,516,750**	**$ 346,675**	**$ 10,863,425**	**$ 490,324**	**$ 3,414,938**	**$ 14,768,687**	**$ 14,768,687**
JPS Community Network	$ 3,825,000	$ 382,500	$ 4,207,500	$ 336,600	$ 210,375	$ 4,754,475	$ 4,754,475
Medical District Development Opportunities	$ 270,000	$ -	$ 270,000	$ -	$ -	$ 270,000	$ 270,000
Total Off Campus	**$ 4,095,000**	**$ 382,500**	**$ 4,477,500**	**$ 336,600**	**$ 210,375**	**$ 5,024,475**	**$ 5,024,475**
Total Network	**$ 14,611,750**	**$ 729,175**	**$ 15,340,925**	**$ 826,924**	**$ 3,625,313**	**$ 19,793,162**	**$ 19,793,162**
PHASE THREE							
JPS Site/Infrastructure							$ -
JPS Main Hospital	$ 6,142,250	$ 614,225	$ 6,756,475	$ 372,218	$ 357,748	$ 7,486,441	$ 7,486,441
JPS Pavilion Expansion A,B,C	$ 58,052,980	$ 5,805,298	$ 63,858,278	$ 5,108,662	$ 9,554,606	$ 78,521,547	$ 78,521,547
Total Main Campus	**$ 64,195,230**	**$ 6,419,523**	**$ 70,614,753**	**$ 5,480,880**	**$ 9,912,354**	**$ 86,007,987**	**$ 86,007,987**
JPS Community Network	$ 3,825,000	$ 382,500	$ 4,207,500	$ 336,600	$ 420,750	$ 4,964,850	$ 4,964,850
Medical District Development Opportunities	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Off Campus	**$ 3,825,000**	**$ 382,500**	**$ 4,207,500**	**$ 336,600**	**$ 420,750**	**$ 4,964,850**	**$ 4,964,850**
Total Network	**$ 68,020,230**	**$ 6,802,023**	**$ 74,822,253**	**$ 5,817,480**	**$ 10,333,104**	**$ 90,972,837**	**$ 90,972,837**
M.P. TOTAL							
JPS Site/Infrastructure	$ 10,488,750	$ 418,875	$ 10,907,625	$ 426,870	$ 401,500	$ 11,735,995	$ 11,735,995
JPS Main Hospital	$ 24,894,000	$ 2,592,000	$ 27,486,000	$ 1,953,740	$ 4,529,618	$ 33,969,357	$ 33,969,357
JPS Pavilion Expansion A,B,C	$ 68,870,480	$ 6,887,048	$ 75,757,528	$ 6,060,602	$ 13,660,494	$ 95,478,624	$ 95,478,624
Total Main Campus	**$ 104,253,230**	**$ 9,897,923**	**$ 114,151,153**	**$ 8,441,212**	**$ 18,591,611**	**$ 141,183,976**	**$ 141,183,976**
JPS Community Network	$ 14,797,500	$ 1,479,750	$ 16,277,250	$ 1,302,180	$ 993,988	$ 18,573,418	$ 18,573,418
Medical District Development Opportunities	$ 270,000	$ -	$ 270,000	$ -	$ -	$ 270,000	$ 270,000
Total Off Campus	**$ 15,067,500**	**$ 1,479,750**	**$ 16,547,250**	**$ 1,302,180**	**$ 993,988**	**$ 18,843,418**	**$ 18,843,418**
Total Network	**$ 119,320,730**	**$ 11,377,673**	**$ 130,698,403**	**$ 9,743,392**	**$ 19,585,599**	**$ 160,027,394**	**$ 160,027,394**

JPS Strategic Facilities Utilization Plan

Phase One Components

Plan #	Revenue/ Efficiency/ Operations	Location	Components	SF	Renovation Activity	Construction $	Demo cost per SF	Biohazard Cost per SF	MEP cost per SF	Construction Cost /SF	Construction Cost before contingency	% Construction Contingency	Construction Contingency	Total Construction Cost	% Professional Fees	Professional Fees	% Equipment	Equipment Cost	TOTAL Project Cost
		JPS Site/Infrastructure																	
Phase 1 A																			
S1	**O**	Main Street	Re-route Main St. (cost unknown)		Major	0	0	0	0		$ -	10%	-	-	4%	$ -	0%	$ -	$ -
S2	**R**	Adjacent to Pavilion ED	Mobile Technology Park (Angio or Cath)*		New					$ 50,000	$ 50,000	10%	5,000	55,000	6%	$ 3,300	0%	$ -	$ 58,300
S3	**O**	Garage	Front Entry Canopy/Drive/Garage Drive (does not include garage stair fix that is already		Major	0	0	0	0	$ 1,000,000	$ 1,000,000	10%	100,000	1,100,000	6%	$ 66,000	0%	$ 250,000	$ 1,416,000
S4	**E**	MEP	Trinity Springs MEP 2 DX Units/New Chiller (reduce length of the loop to improve system		MEP					$ 320,000	$ 320,000	10%	32,000	352,000	6%	$ 21,120	0%	$ -	$ 373,120
S5	**O**	MEP	New Air Handler for Endo/ Minor Procedure		MEP					$ 400,000	$ 400,000	10%	40,000	440,000	6%	$ 26,400	0%	$ -	$ 466,400
S6	**O**	Level 3	Mechanical to support E Unit on Level 3	12,750	Mechanical	0	0	0	25	$ 25	$ 318,750	10%	31,875	350,625	0%	$ -	0%	$ -	$ 350,625
Phase 1 B																			
S7	**O**	MEP - B	New Air Handlers (existing bed tower)	4						$ 225,000	$ 900,000	15%	$ 135,000	$ 1,035,000	8%	$ 82,800	0%	$ -	$ 1,117,800
			JPS Site/Infrastructure								$ 2,988,750	$ 1	$ 343,875	$ 3,332,625	$ 0	$ 199,620	$ -	$ 250,000	$ 3,782,245
		JPS Main Hospital																	
Phase 1 A																			
M1	**R/E**	Level 1	OP Pharmacy renovation/relocation to old ED	5,000	Moderate	125	10	0	25	$ 160	$ 800,000	10%	80,000	880,000	9%	$ 79,200	20%	$ 176,000	$ 1,135,200
M2	**O**	Level 1	Front Lobby Update	8,000	Major	90	5	0	25	$ 120	$ 960,000	10%	96,000	1,056,000	9%	$ 95,040	10%	$ 105,600	$ 1,256,640
M3	**E**	Level 1	Renovation & Consolidation of Registration	5,500	Minor	85	10	0	0	$ 95	$ 522,500	10%	52,250	574,750	9%	$ 51,728	8%	$ 45,980	$ 672,458
M4	**R/E**	Level 1	Renovation of Old ED for Ortho/ Podiatry Clinic / Skills Lab	14,900	Minor	100	10	10	25	$ 145	$ 2,160,500	10%	216,050	2,376,550	9%	$ 213,890	20%	$ 475,310	$ 3,065,750
M4a	**E**	Level 1	Renovation of Circulation	3,000	Minor	45	10	0	0	$ 55	$ 165,000	10%	16,500	181,500	9%	$ 16,335	8%	$ 14,520	$ 212,355
M4b	**E**	Level 1	Renovation of Old ED for Ortho Offices	2,100	Minor	85	10	10	25	$ 130	$ 273,000	10%	27,300	300,300	9%	$ 27,027	20%	$ 60,060	$ 387,387
M5	**E**	Level 1	Admit Lounge in Old Chest Pain unit (change of use)																
M6	**E**	Level 2	Renovation of NICU for Gyn Prep/ Recovery (6 locations)	3,000	Major	95	15	15	50	$ 175	$ 525,000	10%	52,500	577,500	8%	$ 46,200	20%	$ 115,500	$ 739,200
M7	**R**	Level 3	Inpatient Beds (8 new surgical/paint remaining floor)	12,750	Major	75	5	5	25	$ 110	$ 1,402,500	10%	140,250	1,542,750	9%	$ 138,848	20%	$ 308,550	$ 1,990,148
M8	**R/E**	Level 3	Unit E renovation MICU (14 beds) / NICU (36 Beds)	26,000	Minor	95	0	0	25	$ 120	$ 3,120,000	10%	312,000	3,432,000	9%	$ 308,880	50%	$ 1,716,000	$ 5,456,880
M8a	**E**	Level 3	New On-call /Corridor cosmetic renovation	3,300	Minor	75	0	0	15	$ 90	$ 297,000	10%	29,700	326,700	9%	$ 29,403	5%	$ 16,335	$ 372,438
M9	**R**	Level 3	Renovation of old ORs for 5 Endo Rooms & 4 minor procedure rooms & pr	15,600	Major	125	0	0	15	$ 140	$ 2,184,000	10%	218,400	2,402,400	9%	$ 216,216	20%	$ 480,480	$ 3,099,096
M10	**E**	Level 5,6,7,8,9,11	Move Medical Beds onto Bed Tower Units (26,28,23,22,16,19 Beds)	-	Minor	0	0	0	0	$ -	$ -	10%	-	-	0%	$ -	0%	$ -	$ -
M11	**R**	Level 10	Renovate/ Move Medical Beds onto Unit (28 Beds)	12,750	Major	125	10	10	40	$ 185	$ 2,358,750	10%	235,875	2,594,625	0%	$ -	0%	$ -	$ 2,594,625
Phase 1 B																			
M12	**E**	Level 1	Prisoners Rooms Expansion (18 total beds)	3,400	Major	150	0	0	25	$ 175	$ 595,000	15%	$ 89,250	$ 684,250	8%	$ 54,740	40%	$ 273,700	$ 1,012,690
M12a	**E**	Level 1	Prisoners IP Renovation/ Police Renovation	7,600	Minor	50	10	0	15	$ 75	$ 570,000	15%	$ 85,500	$ 655,500	8%	$ 52,440	10%	$ 65,550	$ 773,490
M13	**R**	Level 1	Renovate old Urgent Care/Old Social Work/Partial Old PT for Family Medi	14,000	Major	60	10	0	15	$ 85	$ 1,190,000	15%	$ 178,500	$ 1,368,500	8%	$ 109,480	15%	$ 205,275	$ 1,683,255
M14	**R**	Level 2	Fit out old Ortho clinic for Other Surgical Specialty Clinic (+12 exam rooms	2,700	Minor	35	0	0	0	$ 35	$ 94,500	0%	$ -	$ 94,500	8%	$ 7,560	15%	$ 14,175	$ 116,235
M15	**R**	Level 4	Renovate old Family Medicine for Surgical Specialty Clinic Expansion (+38 exam rooms)	8,100	Major	35	10	0	15	$ 60	$ 486,000	15%	$ 72,900	$ 558,900	8%	$ 44,712	15%	$ 83,835	$ 687,447
			JPS Main Hospital								$ 17,703,750	$ 2	$ 1,902,975	$ 19,606,725	$ 1	$ 1,491,698	$ 3	$ 4,156,870	$ 25,255,293
		JPS Pavilion Expansion A (Main Street)																	
Phase 1 A																			
N1	**E/R**	Level 1	Urgent Care/ Circulation (New Construction)	15,000	New	185	0	0	50	$ 235	$ 3,525,000	10%	352,500	3,877,500	8%	$ 310,200	10%	$ 387,750	$ 4,575,450
N1A	**E**	Level 1	Emergent/ Urgent Triage	4,000	Major	100	0	0	0	$ 100	$ 400,000	10%	40,000	440,000	8%	$ 35,200	10%	$ 44,000	$ 519,200
N2	**R**	Level 1	Wound Care (New Construction)	3,000	Major	185	0	0	50	$ 235	$ 705,000	10%	70,500	775,500	8%	$ 62,040	15%	$ 116,325	$ 953,865
			JPS Pavilion Expansion A								$ 4,630,000		$ 463,000	$ 5,093,000		$ 407,440		$ 548,075	$ 6,048,515
		JPS Pavilion Expansion B (Between Garage & Pavilion)																	
Phase 1 A																			
N3	**E/R**	Level 1	Psych ED/ Chest Pain/ Emergency Command Center (New Construction)/ (	11,250	New	225	0	0	25	$ 250	$ 2,812,500	10%	281,250	3,093,750	8%	$ 247,500	0%	$ -	$ 3,341,250
N4	**O**	Level 2	New Construction - Shell	11,250	New	100	0	0	25	$ 125	$ 1,406,250	10%	140,625	1,546,875	8%	$ 123,750	20%	$ 309,375	$ 1,980,000
			JPS Pavilion Expansion B								$ 4,218,750		$ 421,875	$ 4,640,625		$ 371,250		$ 309,375	$ 5,321,250
		JPS Community Network																	
Phase 1 A																			
C1	**E**	Off Campus	Bardin Road	7,500	Renovation	80	0	0	15	$ 95	$ 712,500	10%	71,250	783,750	8%	$ 62,700	25%	$ 195,938	$ 1,042,388
C2		Off Campus	DSHA Renovation (Skilled Nursing)	1,000	Major	75	5	5	25	$ 110	$ 110,000	10%	11,000	121,000	8%	$ 9,680	5%	$ 6,050	$ 136,730
C3	**E**	Off Campus	Arlington Patient-Family-Centered Medical Home (Retail Renovation)*	45,000	Major	50	0	0	15	$ 65	$ 2,925,000	10%	292,500	3,217,500	8%	$ 257,400	5%	$ 160,875	$ 3,635,775
C4	**E**	Off Campus	Big Box Renovation for Metro West / Material /Laundry Management / Nc	40,000	Major	70	0	0	15	$ 85	$ 3,400,000	10%	340,000	3,740,000	8%	$ 299,200	0%	$ -	$ 4,039,200
			JPS Community Network								$ 7,147,500		$ 714,750	$ 7,862,250		$ 628,980		$ 362,863	$ 8,854,093
		Medical District Development Opportunities																	
Phase 1 A																			
D1	**R**	Off Campus	Land on Magnolia & Main / Development Possible							$ -	$ -		-	-		$ -		$ -	$ -
D2	**R**	Off Campus	MetroWest Pad Site Ready/ Development Possible	**															
			Medical District Development Opportunities								$ -		$ -	$ -		$ -		$ -	$ -
		Total Phase One									$ 36,688,750		$ 3,846,475	$ 40,535,225		$ 3,098,988		$ 5,627,183	$ 49,261,395

KEY: Budget Designation		
E	Efficiency	Reduction in Resources Utilized/ FTEs
R	Revenue	Increased Volume or Dollars
O	Overhead	Project Required to Maintain Existing Operations or Improve Patient Satisfaction

Already Funded Projects	
JPOC	HR Relocation to JPOC
Garage	Parking garage stairs & elevator fix
Level 2	Renovate Pavilion space for 2 additional ORs/on-call/Anethesia Lounge
JPOC	Employee Health Center / Employee Education
JPS Hospital	Observation - additional 10 Beds (Observation C)

* Lease costs for Angio Mobile Port & Big Box @ I-30 & Cherry Lane not included

* Lease costs for Arlington Patient-Family-Centered Medical Home not included

** MetroWest Demolition/ Development not included because partnership with developer would eliminate that cost

COST ESTIMATES: Phases Two and Three

JPS Strategic Facilities Utilization Plan

Phase Two Components

Plan #	Revenue/ Efficiency/ Operations	Location	Components	SF	Renovation Activity	Construction $	Demo cost per SF	Biohazard Cost per SF	MEP cost per SF	Construction Cost /SF	Construction Cost before contingency	% Construction Contingency	Construction Contingency	Total Construction Cost	% Professional Fees	Professional Fees	% Equipment	Equipment Cost	TOTAL Project Cost
		JPS Site/Infrastructure																	
S8	O	Site	Demolition of St. Joseph	1	Major	0.35	0.25	0	0	$ -	$ 7,500,000	1%	75,000	7,575,000	3%	$ 227,250	2%	$ 151,500	$ 7,953,750
			JPS Site/Infrastructure								$ 7,500,000		$ 75,000	$ 7,575,000		$ 227,250		$ 151,500	$ 7,953,750
		JPS Main Hospital																	
M16	E	Level 2	Renovate Old NICU for Doctors Offices	8,800	Minor	60	10	0	15	$ 85	$ 748,000	10%	$ 74,800	$ 822,800	8%	$ 65,824	0%	$ -	$ 888,624
M17	O	Level 3	Renovate Ortho offices *(Skills Lab available for Education Conference)*	3,000	Minor	80	10	10	0	$ 100	$ 300,000	0%	$ -	$ 300,000	8%	$ 24,000	5%	$ 15,000	$ 339,000
			JPS Main Hospital								$ 1,048,000		$ 74,800	$ 1,122,800		$ 89,824		$ 15,000	$ 1,227,624
		JPS Pavilion Expansion B																	
N5	E/R	Level 2	Cath/ Angio Fit-Out adjacent to Surgery	11,250	New Const	150	0	0	25	$ 175	$ 1,968,750	10%	196,875	2,165,625	8%	$ 173,250	150%	$ 3,248,438	$ 5,587,313
			JPS Pavilion Expansion B								$ 1,968,750		$ 196,875	$ 2,165,625		$ 173,250		$ 3,248,438	$ 5,587,313
		JPS Community Network																	
C5	E/ R	Off Campus	NE HEB Community Health Center (Retail Renovation)	45,000	Major	70	0	0	15	$ 85	$ 3,825,000	10%	382,500	4,207,500	8%	$ 336,600	5%	$ 210,375	$ 4,754,475
			JPS Community Network								$ 3,825,000		$ 382,500	$ 4,207,500		$ 336,600		$ 210,375	$ 4,754,475
		Medical District Development Opportunities																	
D3	E	Off Campus	Relocation for Eligibility & Enrollment Center Services (Possible Land Development Area)	6,000	Minor	45			0	$ 45	$ 270,000	0%	-	270,000	0%	$ -	0%	$ -	$ 270,000
			Medical District Development Opportunities								$ 270,000		$ -	$ 270,000		$ -		$ -	$ 270,000
		Already Funded Projects																	
		JPOC	Cardiology Clinic Relocates to JPOC																
		Total Phase Two									$ 14,611,750		$ 729,175	$ 15,340,925		$ 826,924		$ 3,625,313	$ 19,793,162

KEY: Budget Designation

E	Efficiency	Reduction in Resources Utilized/ FTEs
R	Revenue	Increased Volume or Dollars
O	Overhead	Project Required to Maintain Existing Operations or Improve Patient Satisfaction

JPS Strategic Facilities Utilization Plan

Phase Three Components

Plan #	Revenue/ Efficiency/ Operations	Location	Components	SF	Renovation Activity	Construction $	Demo cost per SF	Biohazard Cost per SF	MEP cost per SF	Construction Cost /SF	Construction Cost before contingency	% Construction Contingency	Construction Contingency	Total Construction Cost	% Professional Fees	Professional Fees	% Equipment	Equipment Cost	TOTAL Project Cost
		JPS Pavilion Expansion C																	
N6	E	Basement	Tunnel/Central Sterile (NEW)	6,850	New Const	210	0	0	0	$ 210	$ 1,438,500	10%	143,850	1,582,350	8%	$ 126,588	10%	$ 158,235	$ 1,867,173
N7	O	Level 1	Diagnostic Imaging (shell)	15,000	Shell	125	0	0	0	$ 125	$ 1,875,000	10%	187,500	2,062,500	8%	$ 165,000	0%	$ -	$ 2,227,500
	O	Level 1	ER Expansion (shell)	6,000	Shell	125	0	0	0	$ 125	$ 750,000	10%	75,000	825,000	8%	$ 66,000	0%	$ -	$ 891,000
	E	Level 1	Registration /Admitting (Serving new tower)	5,000	New Const	125	0	0	50	$ 175	$ 625,050	10%	62,505	687,555	8%	$ 55,004	20%	$ 137,511	$ 880,070
	O	Level 1	Lobby/ Gift Shop	5,000	New Const	125	0	0	50	$ 175	$ 625,050	10%	62,505	687,555	8%	$ 55,004	10%	$ 68,756	$ 811,315
	E	Level 1	Materials Mgt.	6,000	New Const	100	0	0	40	$ 140	$ 600,040	10%	60,004	660,044	8%	$ 52,804	5%	$ 33,002	$ 745,850
	R	Level 1	Food Service	3,000	New Const	150	0	0	60	$ 210	$ 450,060	10%	45,006	495,066	8%	$ 39,605	10%	$ 49,507	$ 584,178
	O	Level 1	Housekeeping	1,800	New Const	100	0	0	40	$ 140	$ 180,040	10%	18,004	198,044	8%	$ 15,844	5%	$ 9,902	$ 223,790
	O	Level 1	Transportation	1,000	New Const	100	0	0	40	$ 140	$ 100,040	10%	10,004	110,044	8%	$ 8,804	2%	$ 2,201	$ 121,048
	O	Level 1	Cafeteria	6,000	New Const	125	0	0	50	$ 175	$ 750,050	10%	75,005	825,055	8%	$ 66,004	20%	$ 165,011	$ 1,056,070
	O	Level 1	Education (Availability for Public Conference Space)	8,000	Shell	100	0	0	40	$ 140	$ 800,040	10%	80,004	880,044	8%	$ 70,404	0%	$ -	$ 950,448
		Level 1	Central Plant	8,000	New Const	200	0	0	80	$ 280	$ 1,600,080	10%	160,008	1,760,088	8%	$ 140,807	0%	$ -	$ 1,900,895
	E	Level 1	Facilities (Relocates)	5,000	Renovation	85	0	0	30	$ 115	$ 425,030	10%	42,503	467,533	8%	$ 37,403	0%	$ -	$ 504,936
N8	E	Level 2	Surgical ICU (20 beds)	15,000	New Const	200	0	0	80	$ 280	$ 4,200,000	10%	420,000	4,620,000	8%	$ 369,600	25%	$ 1,155,000	$ 6,144,600
	E	Level 2	Dialysis (Centralized to bed towers)	4,000	New Const	125	0	0	50	$ 175	$ 700,000	10%	70,000	770,000	8%	$ 61,600	20%	$ 154,000	$ 985,600
	E	Level 2	Respiratory (Centralized to bed towers)	1,700	New Const	100	0	0	40	$ 140	$ 238,000	10%	23,800	261,800	8%	$ 20,944	10%	$ 26,180	$ 308,924
N9	E	Level 3	Build IP Medical Beds (60 Beds - 20 MICU/ 40 Prog Care Med)	36,650	New Const	200	0	0	80	$ 280	$ 10,262,000	10%	1,026,200	11,288,200	8%	$ 903,056	17%	$ 1,918,994	$ 14,110,250
N10	E	Level 4	Build IP Medical Beds (60 Beds - 20 Surgical/ 20 Prog Care Med/ 20 Medical	36,650	New Const	200	0	0	80	$ 280	$ 10,262,000	10%	1,026,200	11,288,200	8%	$ 903,056	17%	$ 1,918,994	$ 14,110,250
N11	E	Level 5	Build IP Medical Beds (60 Beds - Medical)	36,650	New Const	200	0	0	80	$ 280	$ 10,262,000	10%	1,026,200	11,288,200	8%	$ 903,056	17%	$ 1,918,994	$ 14,110,250
N12	R	Level 6	Build IP Medical Beds (40 Beds - Medical)	24,500	New Const	200	0	0	80	$ 280	$ 6,860,000	10%	686,000	7,546,000	8%	$ 603,680	17%	$ 1,282,820	$ 9,432,500
N13	E		Move PT to new Bed Floors (Operational - from Level 1 of Main)																
			JPS Pavilion Expansion C	231,800							$ 53,002,980		$ 5,300,298	$ 58,303,278		$ 4,664,262		$ 8,999,106	$ 71,966,647
		JPS Pavilion Expansion A/B																	
N14	O	Level 2	Pre/Post Op	16,000	New Const	200	0	0	50	$ 250	$ 4,000,000	10%	400,000	4,400,000	8%	$ 352,000	10%	$ 440,000	$ 5,192,000
	O	Level 2	Waiting/Circulation	5,000	New Const	150	0	0	60	$ 210	$ 1,050,000	10%	105,000	1,155,000	8%	$ 92,400	10%	$ 115,500	$ 1,362,900
			JPS Pavilion Expansion A	21,000							$ 5,050,000		$ 505,000	$ 5,555,000		$ 444,400		$ 555,500	$ 6,554,900
		JPS Main Hospital																	
M18	O	Level 1	Relocate Dining from Basement to 1st Floor (old PT space)/ Gift Shop Renovation	7,500	Minor	125	15	15	50	$ 205	$ 1,537,500	10%	153,750	1,691,250	8%	$ 135,300	10%	$ 169,125	$ 1,995,675
M19	E	Level 1	Psych Court/ Psych Support moves into vacated HR	3,700	Renovation	125	15	15	50	$ 205	$ 758,500	10%	75,850	834,350	8%	$ 66,748	10%	$ 83,435	$ 984,533
M20	E/ R	Level 3	NICU / Peds Future Expansion (Beds)	-		0	0	0	0	$ -	$ -	10%	-	-	8%	$ -	25%	$ -	$ -
M21	O	Level 3	Renovate Old Executive & Surgery offices for Academic/ Conference Expansion	10,000	Major	70	0	0	15	$ 85	$ 850,000	10%	$ 85,000	$ 935,000	8%	$ 74,800	0%	$ -	$ 1,009,800
M22	E/R	Level 3	Relocate/ Expand Antepartum/Gyn beds to 3rd floor (16 beds)	-		0	0	0	0	$ -	$ -	10%	-	-	8%	$ -	10%	$ -	$ -
M23	E/R	Level 5	Relocate/ Expand Womens Services on Level 5 (16 Beds)																
M24	E	Level 6,7,8,9,10	Psych Beds relocate to Main Bed Tower (5 levels/ 80 Beds)	38,250	Minor	35	0	0	15	$ 50	$ 1,912,500	10%	$ 191,250	$ 2,103,750	0%	$ -	5%	$ 105,188	$ 2,208,938
M25	O	Level 11	Renovate for Offices (Executive & Surgery offices from Level 3)	12,750	Major	70	0	0	15	$ 85	$ 1,083,750	10%	$ 108,375	$ 1,192,125	8%	$ 95,370	0%	$ -	$ 1,287,495
			JPS Main Hospital								$ 6,142,250		$ 614,225	$ 6,756,475		$ 372,218		$ 357,748	$ 7,486,441
		JPS Community Network																	
C6	E/R	Off Campus	1 New Community Health Center (Retail Renovation) - West Region	45,000	Major	70	0	0	15	$ 85	$ 3,825,000	10%	$ 382,500	$ 4,207,500	8%	$ 336,600	10%	$ 420,750	$ 4,964,850
			JPS Community Network								$ 3,825,000		$ 382,500	$ 4,207,500		$ 336,600		$ 420,750	$ 4,964,850
		Medical District Development Opportunities																	
D4	R	Off Campus	Land Development Possible/ Pad Ready for Trinity Springs Area							$ -		0%	-	-	0%	$ -	0%	$ -	$ -
D5	R	Off Campus	Possible Land Development/ Pad Ready for Eligibility Center Area							$ -	$ -	0%	-	-	0%	$ -	0%	$ -	$ -
D6	R	Off Campus	Possible Land Development/ Pad Ready for Materials Management																
			Medical District Development Opportunities							$ -	$ -		$ -	$ -		$ -		$ -	$ -
		Total Phase Three									$ 62,970,230		$ 6,297,023	$ 69,267,253		$ 5,373,080		$ 9,777,604	$ 90,972,837

KEY: Budget Designation

E	Efficiency	Reduction in Resources Utilized/ FTEs
R	Revenue	Increased Volume or Dollars
O	Overhead	Project Required to Maintain Existing Operations or Improve Patient Satisfaction