
RHP 15 Proposed DSRIP Projects Project List by Entity

**Wednesday, July 25, 2012
University Medical Center of
El Paso
Anchor Hospital**

UMC

1	Primary Care Clinic and Medical Home Expansions	<ol style="list-style-type: none"> 1. New regional hub outpatient centers - open 7-10, 7 days a week; expand services at Fabens and George Dieter NHCs; new NHC and expand hours at Crossroads NHC; Medical Home certification for all NHC sites. Patient Registry. 2. Establish freestanding ERs. Create a combined Basic Life Support (BLS) / Medical Intensive Care Unit (MICU) - inter facility transfers & assist EMS with critical patient at the scene - currently no adult critical care transport team in Region 15. 3. Coumadin Clinic @ Concepcion Location. Establishment of a medical home, patient assessment, monitoring of anticoagulation, warfarin dosage adjustment, medication education and management, patient education including nutrition counseling, and self-management and follow-up care. Provide monitors for patient to self test at home to monitor blood coagulation
2	Behavioral Health / Emergency Medicine	<ol style="list-style-type: none"> 1. Establish an ER and staff within El Paso Psychiatric Center. Engage firm to provide analysis of local vs. state control of EPPC 2. Provide inpatient psychiatric care to patients that are awaiting placement at the El Paso Psychiatric Center including those that are suicidal, homicidal, or otherwise incapacitated. Form agreements with private psychiatric facilities to take patients on limited basis. 3. Provide inpatient psychiatric consultative services to inpatients during the treatment of their medical/surgical condition in order to increase early detection and follow-up care. 4. Establish the use of a psychiatric nurse in the hospital setting to serve as a liaison for both nursing and patient issues 5. Increasing Psychiatry Residents (4-5)
3	Service Line Enhancement	<ol style="list-style-type: none"> 1. Orthopedics, Medical / Oncology, Surgical 2. Nurse Advice Line
4	Discharge Options for Unfunded Patients	<ol style="list-style-type: none"> 1. Two Full-time RNs will facilitate discharge for high risk patients, working with case managers, social workers, etc. They will follow up on high-risk populations such as diabetes, renal disease, stroke, obesity and those with readmissions. 2. Medication management in a clinic setting including emphasis on diabetes therapies. <p>Using the Cerner system, UMC social workers will consult with the patients physicians and nurses to review treatment and identify needs at discharge. Coordinate with local community groups to place patients.</p>

UMC (Continued)

		<ol style="list-style-type: none"> 3. Provide an outpatient clinical care pathway for indigent patients lacking access to services outside the ER including case management services, primary and specialty care. 4. Place patients with multiple co-morbidities in an outpatient setting for services such as wound care, lab work, home IV administration, and PICC line care. 2 physicians, 3 clinical pharmacists, 7 registered PICC nurses, office coordination, 2 social workers. 5. Subcontract with outside agencies for hospice and home health care services. 6. Clinic for Detainees 7. Staff Medical Home at Rescue Mission
5	HCO Program Expansion	<ol style="list-style-type: none"> 1. Negotiate with El Paso First and EHN to expand outpatient behavioral health capacity by building on current network of providers at EHN and others. 2. Expand Current structure of HCO program to provide services at 200% FPL
6	Hospitalist Program	Create 24 Specialty Care Providers (Hospitalists)
7	Specialized Nursing	Nurse Residency Program to train graduate nurses in emergency, trauma, critical care, perioperative, medical/surgical, geriatric and maternal/child care
8	Neuro-Interventional Neurology	To improve the care and outcomes of stroke patients by expanding services offered, redesigning the workflow and upgrading the current interventional lab to house an advanced cranial procedure lab at UMC
9	Expand Urological and Gynecological Surgical Training	To expand our surgical specialties of Urology and Gynecology via the establishment of the Da Vinci Surgical System Program at University Medical Center of El Paso to increase access to this leading technology to our patient population.
10	Geriatric Emergency Department Team	Create a team of physicians, advanced practice nurses, RNs, a clinical pharmacist, a toxicologist (from the El Paso Poison Center), case managers and patient liaisons; reduce wait items for geriatric patients and coordinate resources with outside entities.
11	Geriatric Unit on 3rd Floor	Create a new opportunity to identify at-risk patients, integrate through a multidisciplinary approach including medication, nursing, pharmacy, dietary, rehab, and case management.
12	Wound Care: Hyperbaric Oxygen Therapy	Assess, plan, implement and evaluate the use of HBOT at UMC to improve the management of diabetes mellitus by decreasing amputations and decreasing diabetic-related wound care therapy visits.
13	Cardiology Workflow	Expand primary care by developing a soothing space for patients with "offstage" functional staff space on the 3rd floor; enhance quality of care for patients, increase patient safety, and allowing "clear flow" for cardiac treatment.
14	Endoscopy Center of Excellence	Expand Endoscopy onto the 3rd floor of the building including at least 6 rooms for bronchoscopy, EGD, ERCP, EUS, mobility /breath testing and pre-assessment; increase staff including 9 RNs, 2 HUCs, 3CNAs and 2 transporters.

UMC (Continued)

15	Increase Availability of Women's Health Services in the Community	Expand current access to women's health care services and increase services available to women within the County. Implement EMR at Women's Health Centers
16	Outpatient Clinic for Detainees	Establish an outpatient and non-emergent clinic for care of federal, state, and local detention facility detainees, as well as halfway house residents who lack access to services outside of the Emergency Room
17	University Medical Center Community Education Plan	Provide Diabetes education, medical nutrition therapy, wound care, pharmacy, drug-therapy management, and cardiology services in one location. Provide women's health education. Second Project to include education of staff.
18	Simulation Lab for Graduate Nurses	Provide education and training in a practice setting.
18	Acute Coronary Syndrome Education	Increasing patients' knowledge about Cardiac symptoms and encourage immediate attention, as symptoms worsen with time.
19	Lactation Follow-up Visit	Schedule follow-up appointments with new mothers in order to assist with breastfeeding / exclusively breastfeeding; increase the number of women that are breastfeeding exclusively for 1 month after birth.
20	Poison Center	Community and Provider Education, Telehealth, Toxicology Fellowship
21	Trauma Quality Improvement Program (TQIP)	Performance Improvement Trauma Data on current patients
22	Language and Cultural Competency Program	Enhancement of Interpretation Services and Cultural Competent Care by Providing Associate Training
23	Millennium Lighthouse - Cerner	Implement plan to acquire Cerner database to capture Joint Commission Core Measures and reporting tools and prevent adverse outcomes while patient is in-house.
24	National Surgical Quality Improvement Program (NSQIP)	Participation in the NSQIP program - including 120 measured variables per patient, real-time versus prospective monitoring focused on the quality of surgical care
25	Enhance Coding and Documentation for Quality Data:	Expand specificity of detailed codes (ICD-10) to allow better analysis of disease patterns and treatment outcomes that can advance medical care
26	Expand Specialty Care Services	Poison Center Toxicologist for consults
27	Program Innovation and Redesign - Redesign Improve the Patient Experience	HCAHPS – Patient Satisfaction Improvement Projects

TTUHSC

1	Infrastructure – Expand Specialty Care	Establishment of a Fellowship Program in Minimally Invasive Surgery
2	Enhance Coding and Documentation for Quality Data:	Expand specificity of detailed codes (ICD-10) to allow better analysis of disease patterns and treatment outcomes that can advance medical care

TTUHSC (Continued)

3	Infrastructure – Expand Primary Care	Pediatric Health Maintenance Services Provided in an Acute Care Ambulatory Clinic Setting
4	Infrastructure – Expand Specialty Care	Expand Specialty Care Capacity General Surgery Services
5	Infrastructure – Expand Specialty Care	Expand Specialty Care Capacity Ophthalmology Services
6	Program Innovation and Redesign – Redesign for Cost Containment	Redesigning to Improve the Patient Care Experience of Accessing Care at the Paul L. Foster School of Medicine Ambulatory Clinical Enterprise
7	Infrastructure - Implement and Utilize Disease Management Registry Functionality	Implement and Utilize Disease Management Registry Functionality
8	Infrastructure – Expand Specialty Care	A Proposal to Expand Neurology Care to a Multi-Site Geographically Distributed Ambulatory Neurology Network
9	Program Innovation and Redesign – Enhance / Expand Medical Homes	Developing a Patient Centered Medical Home for the Border Setting
10	Infrastructure – Expand Specialty Care	Expansion of Breast Care Services to an Indigent and Underserved Population

EHN

1	Expand and Enhance Behavior Health Services to Better Meet the Needs of the Population	EHN to work with Sheriff and Military for focused access to care in patient’s current environment to include outreach and education
2	Extended Observation Unit and Crisis Respite	EHN will collaborate with community stakeholders to explore the development of an extended observation unit and a crisis respite unit. Second, the collaborative will collect and analyze data regarding current utilization of inappropriate systems of care. The collaborative will then implement the initiatives identified and analyze the impact of the addition of this alternative service array on the use of inappropriate systems of care.
3	Increase Number of Behavioral Health Practitioners	EHN will set up a committee whose primary focus is to develop a plan to increase the number of behavioral health practitioners. The committee will be responsible for collaborating with community partners such as local universities and institutions of higher learning to recruit potential providers.
4	Develop a Care Management Function that Integrates primary and Behavioral Health	EHN will collaborate with community partners to develop a plan for integrated care management functions for individuals with comorbid chronic disease and mental illness. EHN will refer patients with comorbid chronic disease to a local FQHC and provide care management thereafter. By year 3, EHN will accept referrals from local FQHC to treat behavioral health symptoms.

Tenet

1	Expand Specialty Care Capacity	Expansion of specialty care and services by identifying and implementing a community needs assessment launching a specialty care clinic related to women's services
2	Enhance Health Information Exchange and Health Information Technology	Design and develop a program to improve the cultural competency of the staff regarding cultural differences, languages, and interpretation of that data
3	Implement/Expand Care Transitions Programs	Development of tools that assist case managers to identify those patients at risk for readmission or revisit to the hospital within 30 to 60 days
4	Improve Patient Flow in the Emergency Department/Rapid Medical Evaluation	Reduction of ED wait times by accurately capturing, analyzing data and establishing processes to correct issues
5	Perinatal Outcomes	Improvement in birth trauma rates, reduction in pre-39-week elective inductions, and use of antenatal corticosteroid administration
6	Expand Primary Care Access	Identify additional locations for placement of an Urgent Care Center in El Paso County

EPCH

1	Redesign to Improve Patient Experience	These clinical services would be provided in a state of the art location with the ability to bring in light, bright colors and a healing environment provided by specially trained physicians. These services include hospitalists, cardiologists, gastroenterologists, pulmonologists, and ophthalmologists.
2	Improve Patient Flow in the Emergency Department / Rapid Medical Evaluation	Patients presenting to the Emergency Department must be screened for severity of illness within 5 minutes of arrival. This rapid health screening will allow for appropriate transfer to the rapid medical evaluation service. This department and service would be located adjacent to the Emergency Department. This location will allow a separation of service from the more critical patients and thus not delaying care to those that require a rapid evaluation for a prompt discharge if appropriate. The average length of stay for these patients should be no more than one hour. During this time the patient will be promptly diagnosed and admitted or discharged within one hour of arrival. The staff within the hospital will focus their attention on the patients that are in the Rapid Medical Evaluation Service and provide the necessary resources to meet the not to exceed one hour length of stay.
3	Pediatric Endocrinology Program	To create a Pediatric Endocrine Service line. This team would actively manage patients in the outpatient setting, create a community coalition (with El Paso and Socorro school districts, local chapter of the American Diabetes Association, and various support groups), and lead the region in creating a safety net for this fragile population.
4	Creation of Cardio-Thoracic Program	El Paso has not had a fellowship trained pediatric cardiothoracic surgeon for many years. A city of the size of El Paso can support at least 1 full time pediatric cardiothoracic surgeon. At this time over 150 pediatric or neonatal cases are leaving the city of El Paso for care in cities in Texas and New Mexico that are over 250 miles or more away putting undue stress and financial strain on families. The development of specialized critical care services, an ECMO service and operating rooms will facilitate the presence of pediatric cardiothoracic surgery starting with a part time presence and building over time to a full time presence.
5	Pediatric Hospitalist Program	Pediatric hospitalist services have been established across the country with a surge of programs from 2005 to present. One of the major community benefits to pediatric hospitalist coverage is removing the burden from community pediatricians from having to round in hospitals allowing them to increase their productivity in the outpatient primary care setting improving access to care for children.
6	Pediatric Neurosurgery Program	El Paso has never had a dedicated, pediatric trained neurosurgeon. A city of the size of El Paso can support 1-2 full time pediatric neurosurgeons. At this time over 200 neurosurgical cases are leaving the city of El Paso for care in cities in Texas and New Mexico that are over 250 miles or more away putting undue stress and financial strain on families. The existing Level 1 Trauma Center at our sister institution, University Medical Center and the growing pediatric cancer program at El Paso Children's Hospital, both will feed this program and are currently sending patients to higher levels of care at other hospitals at a distance due to the lack of a pediatric neurosurgery program.
7	Children's Oncology Group Certification	Children's Oncology Group (COG) is a nationwide consortium which allows qualifying institutions an opportunity to participate in national pediatric oncology protocols and practices. By becoming a member, El Paso Children's Hospital will be able to share with the El Paso community (and the western Texas region) treatment plans proven on the national oncology level. Participation in COG is contingent on securing access to scarce resources (subspecialists like a pediatric hematologist/oncologist, pathologist familiar with COG protocol, pediatric anesthesiologist, pediatric radiologist, pediatric surgeons, pediatric orthopedic surgeons, pediatric neurosurgeon, etc), to collecting and managing a clinical database to track outcomes in caring for children with cancer.

HCA

1	Teen Center Expansion	Expand teen center concept to include additional teen centers in the Region.
2	Expand Neurology Services	Expand neuro radiology capabilities; implement neuro-interventional program; develop an inter-disciplinary neuro-surgical group; recruit an interventional neurosurgeon; provide ICU coverage for neuro Critical Care; grow neurology rehabilitation.
3	Cardiology expanded services	Begin guaranteed Cardiovascular Surgery at 7am daily; create a comprehensive Cardiology group with inter-disciplinary services to provide a continuum of care with professionals that have experience and expertise in cardiology; recruit and/or employ Cardiologist.
4	Outpatient Cardiology Center	Create an all-inclusive Outpatient Cardiology Center to provide better post acute-care follow up and co-locate services that assist cardiology patients with outpatient needs; recruit and / or employ Cardiologist.
5	Physician and mid-level recruitment	Improve process used to recruit and retain high quality physicians; expand affiliations with local / regional programs for nurses, training, scholarships, etc.; expand physician on boarding / orientation efforts to retain quality physicians and mid-level staff.
6	Increase patient satisfaction	Implement a patient advisory council; conduct patient focus groups to develop policies and procedures to deliver improved healthcare services to patients.
7	Streamline Discharge Process / ED Case Management Services	Identify issues with discharge and recurring admissions; develop case management in ED to reduce inappropriate admissions and readmissions; partner with local community organizations and physician practices to provide care upon discharge; provide Home Management Plan of Care to patients / caregivers upon discharge.
8	Electronic Medical Records	Implement electronic medical records throughout facility; expand from current usage in the ER only to allow for inter-disciplinary access to a patient's records for better quality care, faster turn-around due to information access, and reduce readmissions when MDs have access to all patient history on one database.
9	Free-standing Emergency Departments	Develop freestanding EDs in areas of El Paso not currently serviced by a convenient Emergency Room to provide patient care throughout the City.
10	Diabetes Treatment Center	Create an outpatient treatment center for patients with Diabetes to provide services, educational classes, and community outreach related to diabetes management.
11	Implement Immunization Strategy	Develop a program to increase immunizations for all patients, with a focus on high-risk populations.
12	Asthma Management	Increase use of relievers and systemic corticosteroids for patients with Asthma to more effectively assist Asthma sufferers, and decrease inappropriate ER admissions related to Asthma.
13	Physician Quality Tracking	Develop Physician "report card" to track physician quality indicators and share with medical staff to promote increased patient care quality; develop an action plan to improve physician satisfaction scores and improve physician / patient communication.
14	Evaluate Hospitalist Model	Research, design, and implement (if found to be effective) a hospitalist model to increase productivity and access to care for patients; also evaluate need for OB Hospitalist / Laborist model.
15	Congestive Heart Failure Clinic	Develop a clinic model to provide care to patients with CHF to reduce preventable ER admissions by channeling those patients to the clinic and providing education / resources to prevent unnecessary ER visits.

El Paso Department of Public Health

1	Infrastructure – Implement and utilize Disease management Registry Functionality	Establish a Border Public Health Interest Group Comprised of Researchers from TTUHSC, UTEP, and UT Houston School of Public Health, Supplemental Epidemiology Support from the Health Department
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Tendercare Home Health

1	Infrastructure – Establish a Telehealth Program Network Program Innovation and Redesign – PPA, PPR	Home Based Chronic Disease Management Telehealth Program. Implementation of Remote Monitoring Telehealth. Discharge Option for Low Income and Unfunded Patients
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Rescue Mission

1	Program Innovation and Redesign – Enhance / Expand Medical Homes	Assist in development of medical home for homeless population at the Rescue Mission with the addition of a NP to provide 24/7 medical care.
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Category I Infrastructure Development

Paso del Norte

1	Infrastructure – Enhance Performance Improvement and Reporting Capacity	HIE - Develop a regional Centralized Data Repository (CDR) for data collection and analysis.
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Centro San Vicente

1	Program Innovation and Redesign – Enhance / Expand Medical Homes	Expand the current Health Care Heroes program at Centro San Vicente
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El Paso Coalition for the Homeless

1	Infrastructure – Enhance Performance Improvement and Reporting Capacity	Case Management Tracking System for homeless patients in health care facilities
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Hospice El Paso

1	Program Innovation and Redesign – Use Palliative Care Programs	Subcontract with UMC to transition all hospice appropriate uncompensated patients into their services. These patients also include hospice-appropriate patients needing acute care, ventilator support and pediatric patients.
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VNA

1	Program Innovation & Redesign - Implement/Expand Care Transitions Programs – Use Palliative Care Programs	Institute a high level of collaboration, care coordination, and education to the patient as well as the family, resulting in healthier patients, higher patient satisfaction, improved patient outcomes, thus reducing re-hospitalization rates
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