



UNIVERSITY of MARYLAND  
MEDICAL SYSTEM



UNIVERSITY of MARYLAND  
CAPITAL REGION HEALTH

*University of Maryland  
Capital Region Health Presentation  
to  
Prince George's County Council  
March 27, 2018*

*Sherry B. Perkins, PhD, RN, FAAN EVP/COO, UMCRH*

*Henry Archibong, MS VP/IT Site Executive, UMCRH*

*Darryl Mealy, VP Construction and Facilities Planning, UMMS*

# *Six Keys to Patient Care Success in Prince George's County*



# *Objectives*

- 1) Discuss potential workforce, technology, and workflow enhancements for care in the University of Maryland Capital Region Medical Center*
- 2) Discuss the status of the construction of the University of Maryland Capital Region Medical Center*

# University of Maryland Capital Region Health FY18 Annual Operating Plan

## Goals

### Mission

Enhance the health and wellness of our patients and communities

#### Quality

*Laxton/  
Connerney/  
Hall/  
Ehrlich*

1.1 Improve quality & patient experience  
LRH- HCAHPS 0.15 (QBR score)  
PGHC- HCAHPS 0.15 (QBR score)  
BHC ED -HCAHPS 62% (top box)

1.2 Reduce harm  
LRH- MHAC 0.75; Harm Index -7.5%  
PGHC-MHAC 0.60; Harm Index-7.5%

1.1.1 Achieve sustained compliance with regulatory bodies  
1.1.2 Improve HCAHPS top box performance  
**1.1.3 Achieve patient and family centered care goals**  
1.1.4a-b: Improve certification standing in Chest Pain and Stroke  
1.1.4c-e: Achieve requirements for Trauma and NICU programs re-designation and LRH TJC accreditation  
1.1.4f-j: Improve clinical outcomes in Orthopedics, Behavioral Health, Cardiac Surgery, Critical Care, and Women's Health  
1.1.5 Improve Hospital Throughput  
1.1.6 Implement Nursing Strategic Plan Year 1  
1.1.7 Execute IT initiatives, upgrades and training needs to achieve AOP goals  
1.2.1 Reduce hospital acquired complications and harm events

#### Integration

*Sullivan/  
Hall/  
Ehrlich*

2.1 Decrease readmissions  
LRH- 12.24% risk adjusted rate  
PGHC-10.66% risk adjusted rate

2.2 Achieve 0 CMS rate penalties related to MACRA/MIPS

2.1.1 Execute Community Health Needs Assessment work plans  
2.1.2 Integrate with UMMS Quality Care Network (Clinically Integrated Network)  
2.1.3 Implement system based re-engineered discharge and case management models including end of life care  
2.1.4 Expand telehealth appointment options for patients seeking primary and/or specialty care  
2.1.5 Develop clinical analytics and data warehouse for quality and clinical integration  
2.2.1a-d: Expand chronic disease management initiatives: Diabetes, Hypertension, COPD, and Mobile Integrated Health  
2.3.1 Implement improvements to achieve MIPS performance targets

### Vision

To be the healthcare system of choice

#### Market

*Johnson*

3.1 Build acute, primary, and ambulatory care network

3.2 Expand unregulated revenue to \$29.8M

3.1.1 Complete UMMS / DHS transaction and integrate shared services  
3.1.2 Achieve Year 1 Objectives of the Laurel Regional Hospital Strategic Transformation Plan  
3.1.3 Execute Year 1 Medical Staff Development Plan  
3.1.4 Complete Ambulatory Care Network Development Plan and Achieve Year 1 Objectives  
3.1.5 Develop 3 Year Strategic Plan: Focus 2020  
3.1.6a-e: Develop and implement business and marketing plans for select service lines: Cancer, Cardiovascular, Orthopedics, Surgery, and Women's Health  
**3.1.7 Complete UMCRCM detailed design phase and initiate construction**  
3.2.1 Develop Collaborative and Joint Venture Relationships with Physician Partners, Payers and other Providers  
3.2.2 Achieve DHA operational/revenue target

### Values

Dignity  
Excellence  
Accountability  
Quality  
Communication  
Innovation  
Safety

#### Workforce

*Ford*

4.1 Reduce voluntary turnover to <14%

4.2 Improve culture of safety

4.1.1 Execute system wide hiring plan, including Laurel workforce transition  
4.1.2 Execute system wide recognition and retention plan  
4.1.3 Negotiate new collective bargaining agreement  
4.1.4 Improve employee, medical staff, and volunteer communication  
4.1.5 Implement evidence based leadership development curriculum  
4.2.1 Achieve Year 1 Plan for Patient Safety Certification through Maryland Patient Safety Center

#### Finance

*Brosius*

5.1 Achieve operating income of \$6.4M

5.2 Enhance philanthropy (donation revenue) to \$625K

5.1.1a-d: Achieve PI targets for revenue cycle, supply chain, labor management & contracts  
5.1.2 Increase financial reporting and management skills among middle leadership and above  
5.1.3 Implement procure to pay work plans  
5.2.1 Implement Year 2 Fundraising Plan (traditional, special appeals & fundraising programs)  
5.2.2 Implement Year 1 RMC Capital Campaign Plan





# *Range of Services*

- +/- 600,000 SF
- 205 Private Inpatient Rooms
- Emergency Department
- Short Stay Unit
- Trauma Department
- 8 Operating Rooms
- Pre & Post-Op Care
- Intensive Care Unit
- Intermediate Care Unit
- Inpatient Medical/Surgical Care
- Behavioral Health Unit
- Mt. Washington Pediatric Unit
- Women's Services
- Mother & Baby Program
- Neonatal Intensive Care Unit
- Academic Residency Program



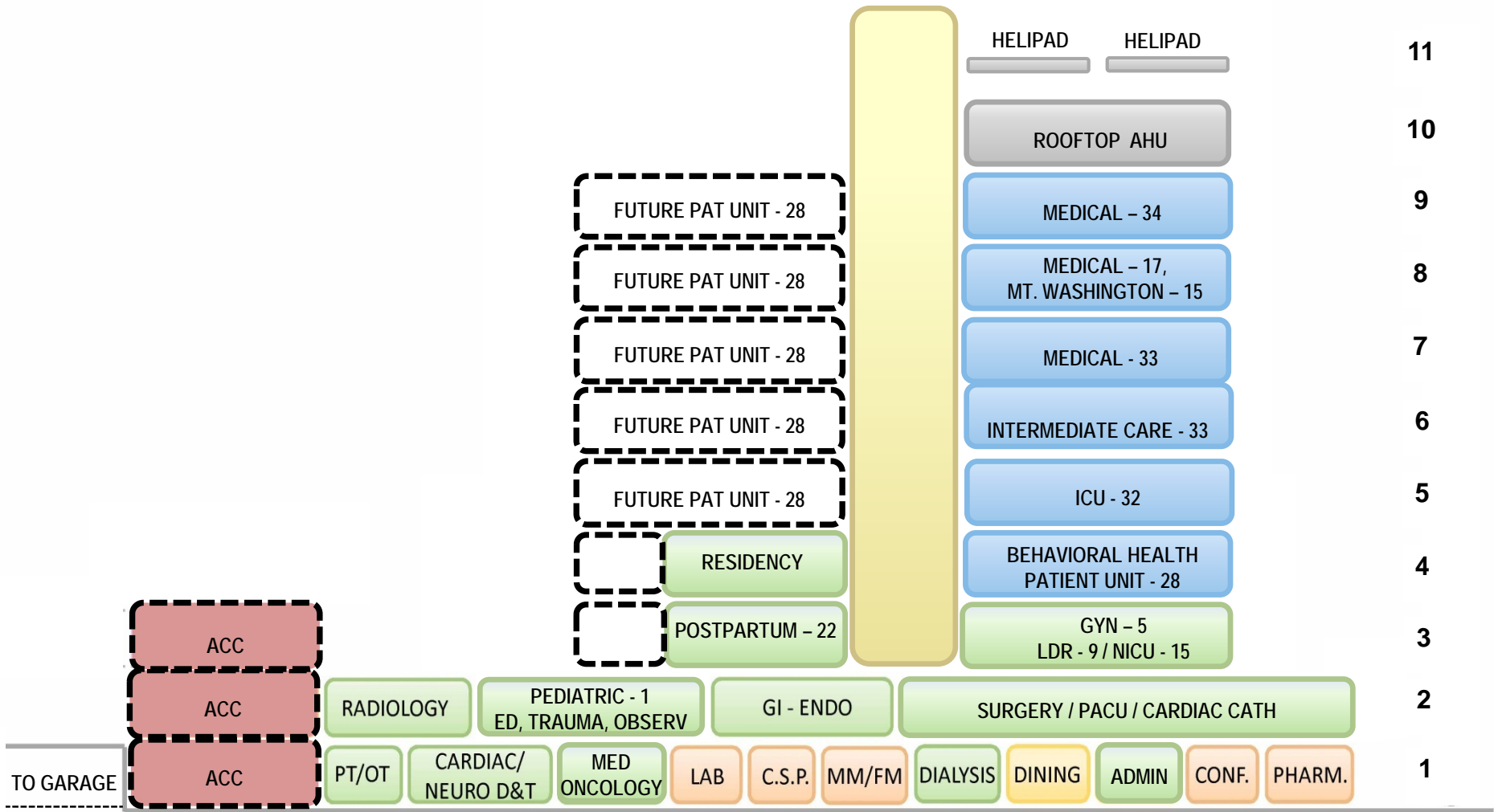
# *Ambulatory Care Center*

## Outpatient Services

- +/- 62,000 SF
- Two Level Cancer Center with Radiation Oncology and Medical Oncology
- Perinatal Diagnostic Center
- Outpatient Clinics
- Outpatient Lab
- Cardiac Rehabilitation Center



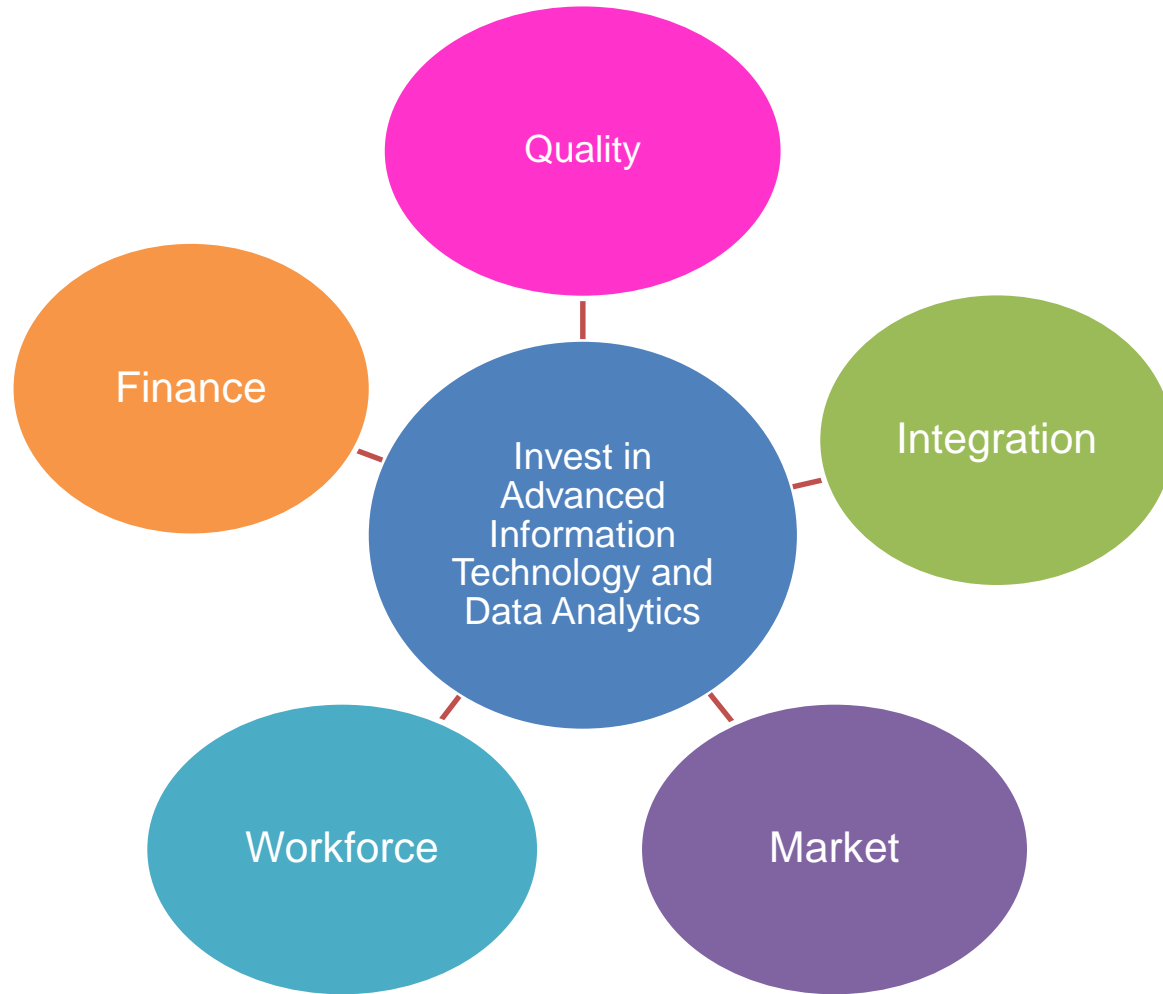




Ambulatory Care Center

University of Maryland Capital Region Medical Center

*Information Technology:  
Interconnects Our Five Annual Operating Plan Pillars*





*Redefining the Patient Experience  
Capital Region Medical Center*



Patient and Family Advisors:  
Helping to advance the  
“What” and the “Why”

## *Meet Ray*

---

Ray is experiencing stomach pain that seems to be getting worse as time passes.



# Emergency Room

Ray goes to UMCRMC ED. There he uses a kiosk to “quick” register and indicate reason for visit (severity).

A display in the nurses station tracks wait times for each patient and their status. Ray gets updates on his phone and on a display board as to his expected wait time.

After a short while, the ED is ready to have Ray come back and his phone notifies him.



**Benefit: Patient Satisfaction, Workflow Efficiency**

## Seamless communication between departments

---

After the ED physician examines Ray, the decision is made to admit him. Transport is notified and responds quickly via mobile device to take him to his room.

**Benefit: Patient Satisfaction,  
Workflow Efficient (more throughput in ED)**



## Efficient Transport

As Ray is being transported to his patient room, the RTLS (real-time location system) tag on the stretcher makes sure he gets priority access for the elevator.

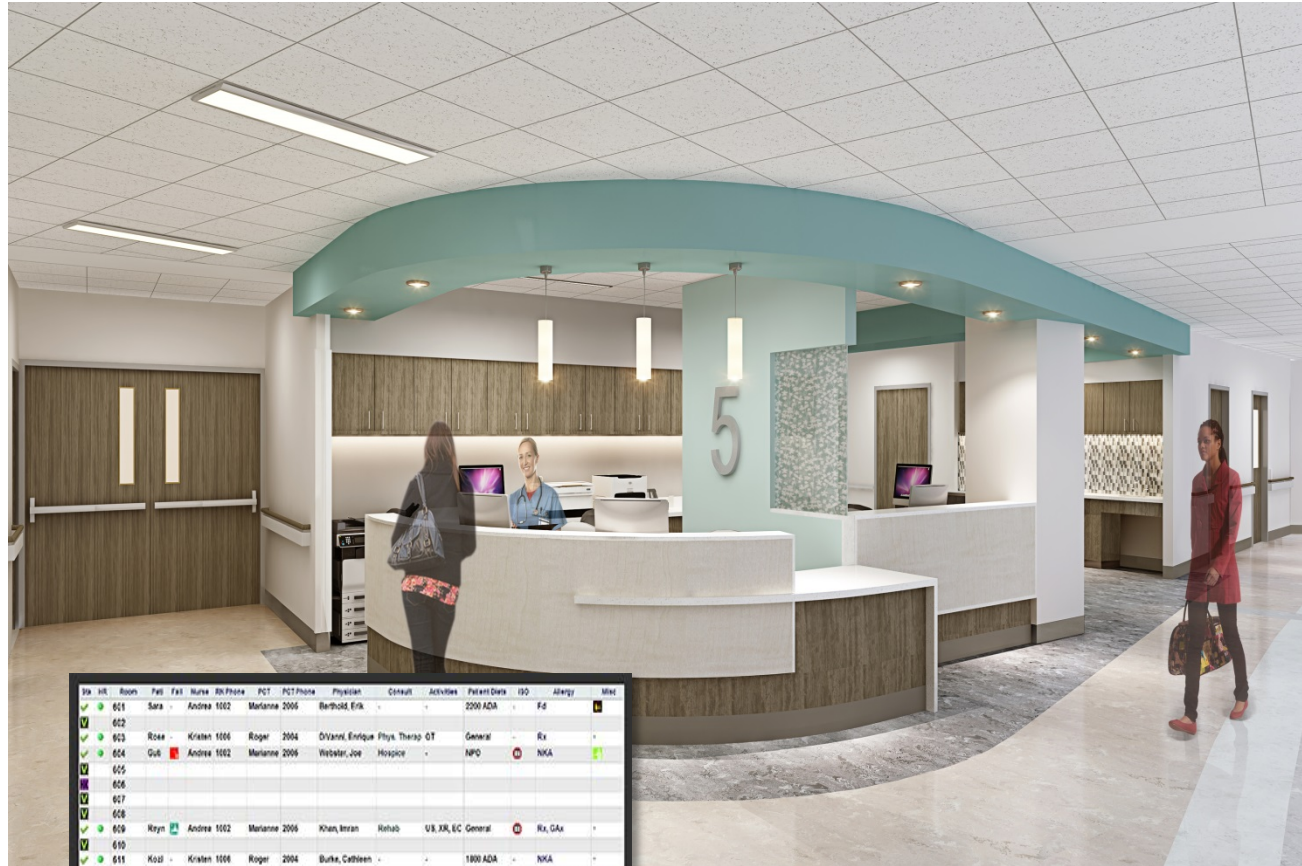


**Benefit: Patient Satisfaction / Privacy**



# Digital Greaseboard

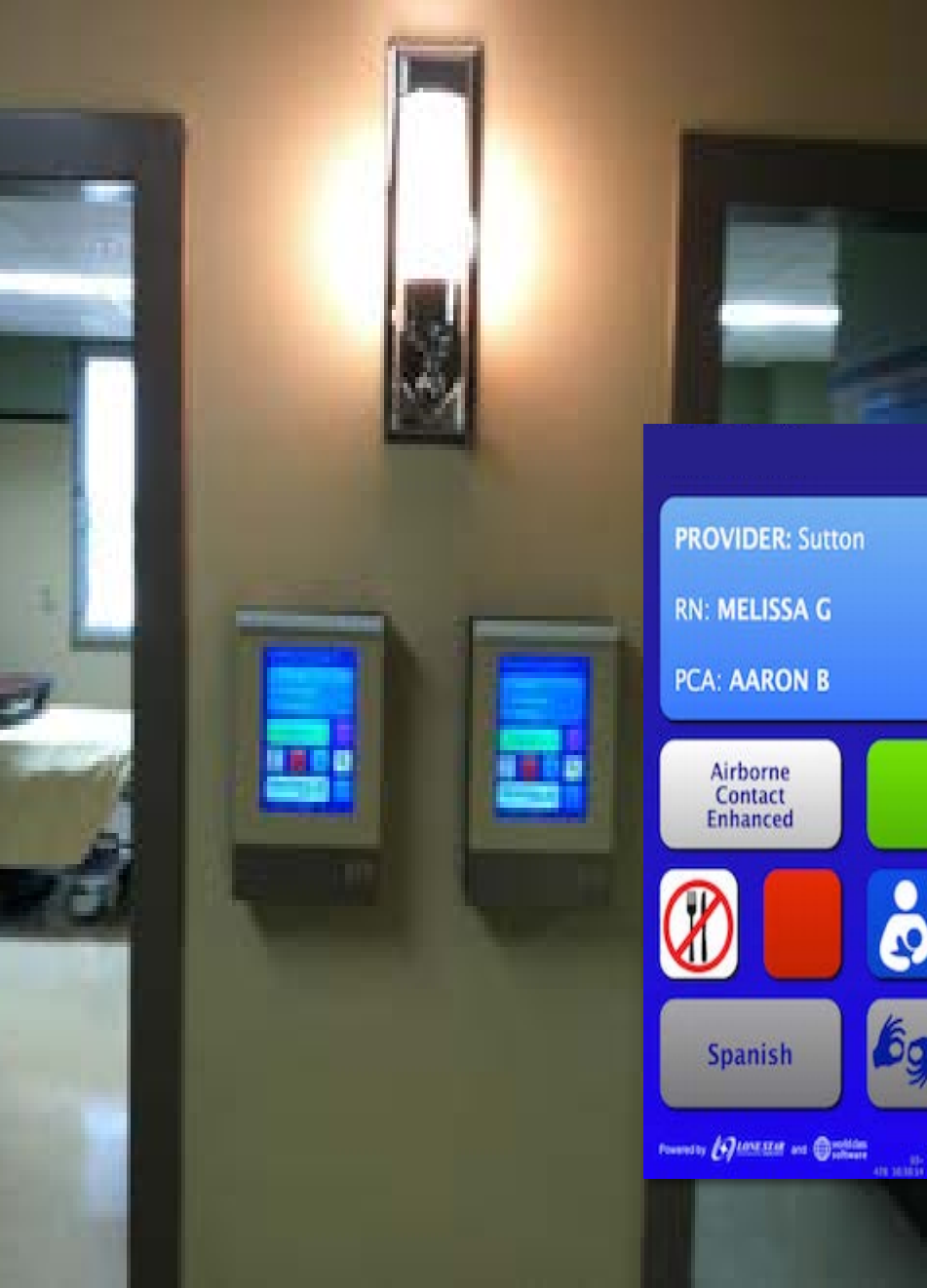
Once Ray is in the system, the inpatient clinical team is notified and prepared to receive him. Ray's info shows up on the Digital Whiteboard and Bed Display Board



Sta	Room	Fall	Nurse	RN Phone	PCT	PCT Phone	Physician	Consult	Activities	Parent Data	ISO	Allergy	Misc
✓	601	Sara	Andrea	1002	Marianne	2005	Berthold, Erik	-	-	200 ADA	-	Fd	
✓	602												
✓	603	Rosa	Kristen	1006	Roger	2004	D'Vant, Enrique Phys. Therp	OT	General	-	Rx		
✓	604	Gül	Andrea	1002	Marianne	2005	Webster, Joe	Hospice	-	NPO	-	NKA	
✓	605												
✓	606												
✓	607												
✓	608												
✓	609	Klryn	Andrea	1002	Marianne	2005	Khan, Imran	Reliab	UB, XR, EC	General	-	Rx, G&X	
✓	610												
✓	611	Kozl	Kristen	1006	Roger	2004	Burke, Cathleen	-	-	1800 ADA	-	NKA	
✓	612	Jone	Andrea	1002	Marianne	2005	D'Vant, Enrique	-	-	-	-	Rx, Fd, Ltz, G&X	
✓	613	Rodr	Kristen	1006	Roger	2004	Kyzanski, Gretel	-	-	Clear Liquids	-	Fd	
✓	614	Smit	Andrea	1002	Marianne	2005	Berthold, Erik	-	-	NPO	-	Rx	
✓	615												
✓	616	Fran	Kristen	1006	Roger	2004	Burke, Cathleen	-	CT	General	-	NKA	
✓	617	Will	Andrea	1002	Marianne	2005	Kyzanski, Gretel	-	-	Clear Liquids	-	G&X	
✓	618												
✓	619	Gül	Kristen	1006	Roger	2004	Burke, Cathleen	Occ Therapy	-	LARA, LoFat	-	G&X	
✓	620	Garc	Andrea	1002	Marianne	2005	D'Vant, Enrique	-	-	200 ADA	-	NKA	

**HOSPITAL NEWS:**  
From early on and forward (in both in celebration of 75th anniversary in HCVPS) scores  
Come celebrate with us. Highly involving fun made for different!

**SHIFT NOTES:**  
Locations for supply materials patients is moving to 3rd floor west



# Signage Display Outside of Ray's Room

The digital display outside Ray's room shows that he is a fall risk among other relevant warnings

**Benefit: Patient / Staff Safety**

# Ray is well informed

Ray can see a Digital Whiteboard in the room - There he can see who his care team is and the schedule for the day (He will be going to x-ray).



**Benefit: Patient Satisfaction**

The screenshot displays a digital whiteboard interface with the following sections:

- Patient Room Summary Information:** Room Number: 3163, Patient Name: Troy Zarger, Room Phone Number, Nurse Unit Phone Number, Housekeeper: Jane Smith, Housekeeping Number: x1234, Room Service Number, Diet.
- Patient Staff Summary Information:** Registered Nurse: Rockies Rita (Patient Care Advocate), Attending Physician: [Name], Admitting Physician: Jack Smith (Discharge Planner), and a Nursing Care Manager.
- Patient General Information:** Last Toileted: 30 Mins Ago, Last Accucheck, Activity: Walk 3 Hours per Day, Alarm Zone: Alarm Zone.
- Patient Care/Goals Information:** Anticipated Release Date: 9/4/15, Goals: Survive, Care Plan.
- Patient Pain Information:** Select Your Current Pain Level (1-10 scale) and Your Recent Pain Levels (Current and Previous Pain Level).

## When Ray Calls for a Nurse...

Ray's pain is increasing and he presses his nurse call button - The call rings immediately on the phone of his nurse named Angela and she tells Ray that she is on her way to see him.

Once she enters the room the RTLS tag she is wearing acknowledges her arrival and lights up the dome light to indicate her presence in



**Benefit:** Patient Satisfaction,  
Workflow Efficiency

# Nurse communicates easily with other team members

Nurse Angela has a question and wants to contact Ray's doctor. She is able to contact the doctor as the care team is easily available on her mobile device.

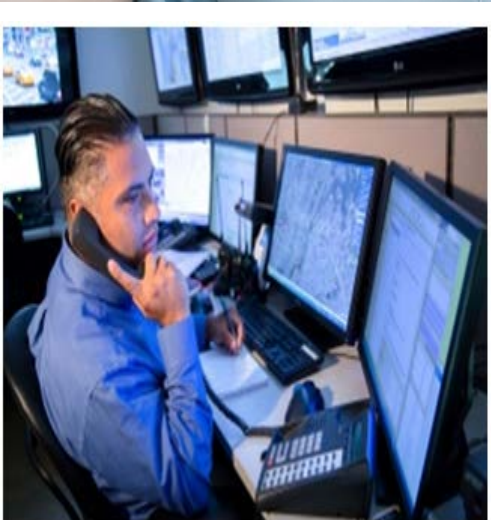




## Responding to Staff Duress

While Nurse Angela is in Ray's room, her phone emits a special tone and display. It alerts her that coworker Hannah just activated her duress alarm on her RTLS badge two rooms down from Ray's. Angela, security and the other staff members respond to help Hannah.

**Benefit: Staff Safety**



# Asset Management— Par Levels

Now that Hannah is safe, Angela returns her focus to Ray and retrieves an infusion pump. Since each pump has an RTLS asset tag, she knows its exact location. When they run low, the system automatically notifies clinical engineering to adjust the inventory.



**Benefit:** Staff Satisfaction,  
Workflow Efficiency, No Over Purchasing

## Even Code Blue is Intelligent

---

Later in the day, Angela's phone has another alert. The tone is unmistakable. It is a code blue and the room number is displayed on the screen. Angela and the code team arrive very quickly. The room is ready for the life saving efforts. The building automation system turned on the lights, turned off the TV and started cooling the room.





# Patient Engagement System / IBT (Integrated Bedside Terminal)

Entertainment Patient Services Patient Education Spiritual Services Visitor Information

**Today's Schedule**

Goodmorning **Rebecca L.**  
Here is your schedule for today.

- MORNING:**  
Physical Therapy, Rounds
- AFTERNOON:**  
Financial Consultation
- EVENING:**  
Medication Adjustment, Rounds, Communion

**NOTES:**  
Lorem ipsum dolor sit amet, consetetur sadipscing elitr, sed diam nonumy eirmod tempor invidunt ut labore et dolore magna aliquyam erat, sed diam voluptua. At vero eos et accusam et justo duo dolores et ea rebum.

**Your Care Staff**

Christine Johnson  
RN



**MyPage**

You have 4 new comments on your mypage.




**Benefit: Patient Satisfaction, Workflow Efficiency**

## Ray is in control of his environment

Later Ray uses the IBT where he is able to watch patient education information, stream entertainment, video chat with friends and even order a meal. Ray adjusts the lights and temp so he is more comfortable. Angela is also able to use the IBT for clinical documentation, video translator services as well as screen casting information up to the foot wall TV.

Ray is also able to give feedback on how his stay is going.



Ray's family finds their way using the easy-to-use kiosk

Allows family to look up patient location securely and get visual directions

**Benefit: Patient/Family Satisfaction**



# Command Center

Ray's entire stay has been very smooth and pleasant. Key service areas are monitored and managed in real time and care is coordinated.



**Benefit:** Patient Satisfaction, Workflow Efficiency





# Nurse Requests Transport

Later as Ray finishes his recovery, he is ready to go home. Angela uses the staff station on the head wall to request a wheel chair. Transportation gets the request on their mobile device and a map to his location. They help Ray safely exit the hospital with his family.



**Benefit: Workflow Efficiency, Patient Satisfaction**



## Nurse Requests Environmental Services

Once Ray is out of the room. Housekeeping is automatically notified via mobile device and they clean the room and prepare it for the next patient.

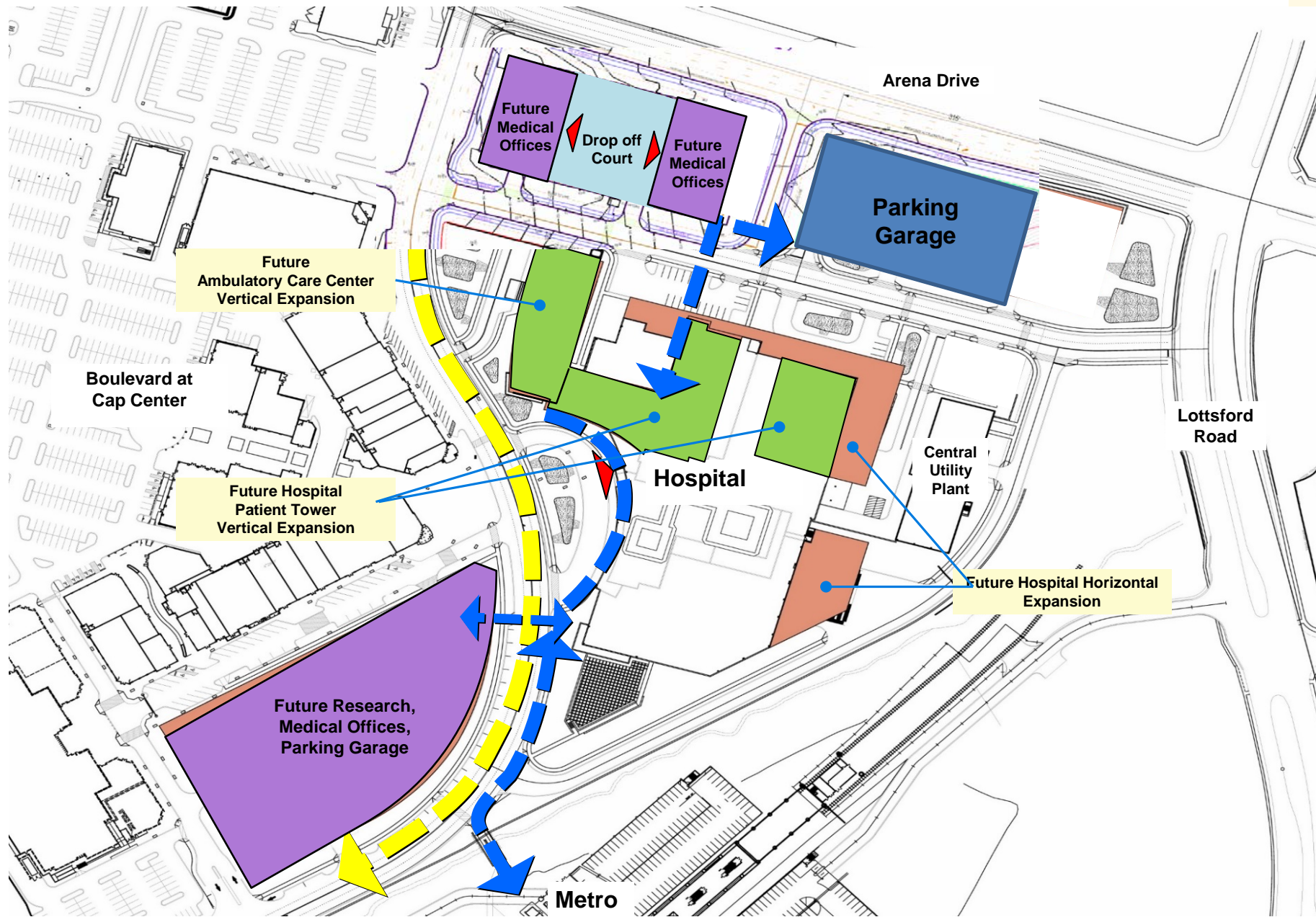


**Benefit: Workflow Efficiency**



# *Executive Summary*

- December 2017 Clark Construction awarded contract
- January 2018 Berg completed building demolition
- January 2018 Pepco complete phase I overhead electric relocation
- February 2018 Clark mobilized onsite and established erosion & sediment controls
- February 2018 EAS was released to complete shop drawings for the Central Utility Building (CUP)
- March 2018 Site excavation has started for the building pad
- March 2018 Washington Gas completed Phase I of the gas main relocation
- April 2018 Building foundation to commence





MEDICAL CENTER DR













# *Project Milestones*

<b><u>Milestone</u></b>	<b><u>Expected Completion</u></b>
• Excavation and Foundations	August 2018
• Structure Top Out	May 2019
• Central Utility Building Operational	December 2019
• Building Skin Fully Enclosed	January 2020
• Interior Fit-Out Complete	October 2020
• All Construction Complete	December 2020
• Grand Opening	April 2021

# *Subcontracts Awarded to Date*

## *Tier I*

TYPE OF WORK	COMPANY	MBE DIVISION
Scheduling	Elocen Group	MD MBE, CBBC
Field Survey	Falcon Solutions	MD MBE
Precast Arch. Concrete	Arban & Carosi	
Cast Concrete	Miller & Long Company	
Glass & Glazing	Verto Building	
HVAC & Plumbing	W.E. Bowers & Assoc.	CBBC
Electrical	Mona Electric	CBBC
Site work / Utilities	Metro	
Foundation Systems	DGI- Menard, Inc.	
Temporary Fencing	Century Fence	CBBC
Dry Utilities	Benchmark Utility	
Miscellaneous Metals	AIW	CLB
Stone	Rugo Stone	



# *Subcontracts Awarded to Date*

## *Tier II*

TYPE OF WORK	COMPANY	MBE DIVISION
General Conditions	Columbia	MD MBE
	Esteme	CBB
	SM Jackson Gov. Business	CBB
	Source One Flooring	MD MBE
	Rudolph Supply	MD MBE
	Kiroma Contracting	CMBE
Cast Concrete	Wings Enterprise	MD MBE
Glass & Glazing	The Argos Group	CMBE
HVAC & Plumbing	BPI Mechanical	CMBE
	JNG Supply	CMBE
	JRA & Assoc.	CMBE
	Monumental Supply	MD MBE
	RSC Electrical	MD MBE

# *Prince George's County MBE Plan*

<b><u>CATEGORY</u></b>	<b><u>GOAL</u></b>	<b><u>PROJECTED</u></b>
Goal 1: CMBE/MBE/CBB/CLB	35% Goal	60%
Goal 2: CMBE/MBE/CBB/CLB	25% MIN	60%
Goal 3: CMBE/MBE/CLB	15% MIN	50%
Goal 4: CMBE	10%-15%	11%

# *Potential Capital Region Health Projects*

## Capital Region Medical Center

- Furniture
- Cabling
- Signage
- Medical Equipment
- Artwork
- AV Equipment
- Transition Planning