150 year history

Our Mission:
As people of Providence we reveal God’s love for all, especially the poor and vulnerable, through compassionate service.
Reflection

- Pre-1995
- Low risk/low volume
- Community OB/NB service
- Transfer of tertiary care to competitor hospitals
- Fee for service
- Individual practice
- No Pediatric IP services
- Excellent reputation in the community
Reflection

- 1995-2013
- High & low risk/high volume
- Kaiser delivery services for westside and all NICU care
- Expanding MFM service
- Regional Providence Tertiary Center
- Fee for service/declining reimbursement
- Standardized/team approach to care delivery
- Inpatient Pediatrics/Pediatric Surgery
- Excellent reputation in the community
Reflection

- 2013-2014
- High & low risk/medium volume
- Westside Providence Tertiary Center
- PPMC eastside advanced acuity
- New models of care delivery (PCP)
- HEALTH CARE REFORM
- Standardized team approach--across the system
- PICU/expansion of Children’s Services
- Maintain an excellent reputation in the community while redefining ourselves
“Sometimes good things fall apart so better things can fall together.”

Marilyn Monroe
Change is here!

- Kaiser Westside slated to open Aug. 6th
- All current KP low risk deliveries will move to the new westside hospital
- PPMC SCN is being designed—est. opening date is Q1 2014
- Pregnancy Care Package--pilot started Jan. 2013
- Healthcare Reform
- PICU opens 4-29-2013
The future looks like.....

- Expansion of Children’s Services
- Contraction of OB/NB services
- Eastside/Westside
- Medical Home models--Pregnancy Care Package
- Bundled payments
- Connected Care – community based
- Top of license
Re-Organizing for the future

- Providence System
- Providence Oregon
- Children’s Services
- Maternal/NB Services
System

- Common EMR--Epic
- Shared Services
  - IS
  - HR
  - Revenue
  - Design and construction
- Standardized EBP/E2E collaboration
- Providence Experience of Care
Providence Oregon

- Acute Care Transformation--6th and 9th floors
- Regional programs
  - Population Health
  - Children
- Market repositioning
  - Closure of PMH OB services
## Oregon High Risk OB/NICU

<table>
<thead>
<tr>
<th>PSV</th>
<th>PPMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Beds (+capacity)-NICU</td>
<td>13 Rooms (+capacity)-SCN</td>
</tr>
<tr>
<td>OB Hospitalists</td>
<td>OB Hospitalists (TBD)</td>
</tr>
<tr>
<td>MFM</td>
<td>MFM support</td>
</tr>
<tr>
<td>Neonatal surgery</td>
<td>No neonatal surgical cases</td>
</tr>
<tr>
<td>All gestations</td>
<td>30 weeks/1500 grams</td>
</tr>
<tr>
<td>HR AP service</td>
<td>+HR AP dedicated beds</td>
</tr>
<tr>
<td>Standardized orders, Epic EMR, policy/practices, outreach</td>
<td></td>
</tr>
<tr>
<td>Capacity to stay off divert</td>
<td>Capacity for growth</td>
</tr>
</tbody>
</table>
Maternal/Child Division PSV

• A NEW Direction
Why re-organize?

- Improve our ability to provide triple aim care to the community in light of health care reform.
- Opportunity to improve patient experience by offering a subset of the population single room care or a model of care that meets their expectations.
- Form new teams thus creating opportunity for cultural transformation, career advancement/diversity & job satisfaction/retention.
- Opportunity to align operations/unit configuration with national best practices, PPMC and other PHS ministries.
- Better align our units and workflows to match how Epic performs ADT functions.
Why re-organize?

• Reorganize nursing leadership--manager to staff ratios, change management, staff/manager relationships
• Optimize the ability to use data to drive operations and quality by aligning units and populations that can accurately be measured in Visionware, workbench, clarity, JC measures etc.
• Alignment within benchmarking groups (CWISH, Action OI)
• Respond to reduction in OB/NB volume on the PSV campus by right sizing units/staff
• Mitigate risks of shift imbalance, low census, skill mix imbalance
Why re-organize?

- Allow for growth in Children’s Services
- Recognize the end of an era
  - Opening of Westside Kaiser
  - Kaiser long standing strategy of providing all services to healthplan members.
  - Advanced acuity at PPMC will reduce OB/NB volume on the PSV campus
  - Staff will move east or west
- Opportunity to create units designed flexibly for the future.
- Respond to changing models of care--westside low risk pregnancy care package/Acute care transformation
Children’s Services at PSV

**Inpatient Pediatrics**
- 20 Beds
- Add capacity to 4E

**PICU**
- 4-6 Beds
- Add capacity to 4ET up to 10-12 beds

**NICU**
- 60 beds
- PPMC SCN Q 1 2014
- Reduce capacity 2014?

**Pediatric Surgery**
- 80-100 cases/mo
- Expand acuity
Maternal/NB Services at PSV 
Current State

- IP/LD/OP/Clinic/OR
- 5500 deliveries

• High/Low Risk moms & newborns
• PP/NB Nursery one unit
Maternal/NB Services at PSV

Future State

Mother/Baby Low Risk Unit

Newborn Nursery

Labor & Delivery

Perinatal Special Care
Future State

Mother/Baby Unit

- Low risk moms & babies
- Low risk C/S
- Couplet care
- Destination for low risk pregnancy care package overnight stay
- 4W overflow to 4E
- Estimated dedicated beds 21
- Short LOS
Future State

Newborn Nursery

- 9 beds on 3W
- 14 beds on 4th (OP infusion for children)
- All Level 2 babies bedded in NB Nursery
- Some Level 1 babies
- Couplet care ok
- Respite for low and high risk moms
- NBT skill level
- Structured like a float pool unit. No FTEs will be assigned. Hours will be floated in
Future State

Labor & Delivery

- 15-20 LDR beds on 3rd floor (17)
- 6 pre-post op central station
- 6 triage/antenatal testing unit beds
- Low and high risk deliveries
- Estimated delivery volume 4,000-4,500 annually
- Labor and Delivery skill--low & high risk
- Consider small group of designated beds for low risk pregnancy care package deliveries with no overnight stay. Station B?
Future State

Perinatal Special Care Unit*

- 12-15 beds on Station A – overflow to B
- 3 West ~16 beds
- Est. dedicated beds 31
- Low and high risk moms and babies
- Estimated population size 40% of delivery base
- High risk newborn/antenatal/postpartum skill
- Lower gestational age (hyperemesis, IDDM, ectopic)
- Under the same management as NB Nursery
- Unit NAME?
Leadership Org Chart

Providence Women and Children’s Services

Mary Waldo
Director of Nursing Practice

Peggy Elliott-Zolner
RN Educator
o 216-5456
p 301-6646

Miriam Newsom
RN Educator
o 216-5436
p 301-0095

Kelly Avery
Administrative Coordinator
o 216-6398

Kelley Curry
Perinatal Materials Specialist
216-3328

Krisline Leison
Director
Maternal Child Services
o 216-7330, p 940-5250

Nancy Rossier
RN Educator
o 216-7346
p 301-2277

Cindy Timney
ANM NCU
o 216-6333
p 203-7499

Cindy (Seabull)
Children’s Services
Staff Scheduler
o 216-8143

Jody Baillant, MD
NHP Coordinator
o 216-5579
p 301-6670

Donna Miller
Admin Assistant
o 216-5536
p 301-1416

Lesley Zimakas
ANM Children’s Services
o 216-8735
p 302-6526

Karim Mahmel
Manager Surgical Services

Omyd Owens
Director
Surgical Services

Judy Bestwell
Children’s Services
Staff Scheduler
o 216-8143

Kim Arnold
o 216-7359
p 301-2402

Debbie Hasson
o 216-5434
p 303-5769

Co-Managers Perinatal Special Care Unit/NB Nursery

Cindy Timney
ANM NCU
o 216-8333
p 203-7469

Greg (Bestwell)
Children’s Services
Staff Scheduler
o 216-8143

Perinatal Special Care Unit

Kim Arnold
o 216-7359
p 301-2402

Debbie Hasson
o 216-5434
p 303-5769

Gini Graham
Manager Mother Baby
o 216-4685
p 301-2113

Kellsie Jamison
Manager
PP Care Center
o 216-4684
p 301-2109

Doris Ondra
Nursing Supervisor
o 216-4033
p 301-4069

Geri Frank

Inpatient Pediatrics

PICU

Inpatient Pediatrics

Geri Frank

Kellsie Jamison
Manager
PP Care Center
o 216-4684
p 301-2109

Doris Ondra
Nursing Supervisor
o 216-4033
p 301-4069
What’s Next?

• Focus on OB/NB services Phase I
• NICU Phase II
• Finalize volume modeling
• Allocate FTEs/unit*
• Involve staff in clinical work of each unit

*We have informed ONA of this change and will bargain in good faith per contract and applicable law.
What is next?
FAQ

• What is the timeline for these changes?
  – Work will begin immediately
  – OB/NB – August
  – NICU – Q1 2014

• How did you decide on the units/population?
  – National best practices
  – Visits to multiple other facilities
  – Knowledge of what we do well at PSV
  – Insights to future care delivery models
FAQ

• How did you decide on bed capacity?
  Modeling
  – Volume
  – C/S rates
  – LOS
  – AP volume est. post KP pullout
  – Past growth in children's services
  – Efficiency rates
  – Peaking factor
FAQ

• How will you determine the FTEs/unit?
  – Volume
  – Hours/unit of service
  – Non-productive time
  – Skill mix/model of care

• Will there still be cross training?
  – Yes
FAQ

• How can I help?
  – Stay focused on our patients and families
  – Bring your questions and ideas to your manager as they arise
  – Be patient, positive, and support each other as we work through this together
Questions?