

# REDEFINING THE HOSPITAL CASE STUDY SERIES: PART 2

The significance of addressing population health, community health and social determinants of health has encouraged hospitals and health systems in the United States to transform their delivery of care. In doing so, hospitals are working to improve the overall health of their communities not only by providing health care services and addressing overarching health needs but also by striving to achieve the Triple Aim. The Triple Aim, a framework developed by the Institute for Healthcare Improvement, guides hospitals and health care systems to optimize care delivery by improving patient care and the community's health while reducing the cost of health care.



To accommodate the needs of diverse communities, hospitals and health systems are working to redefine how care is delivered and paid for by public and private payers. Many U.S. hospitals are redesigning their financial and strategic plans to incorporate untraditional yet effective, evidence-based approaches for delivering accessible, affordable and high-quality health care.

Redesigning care delivery requires hospitals and health systems to disrupt their conventional thinking and reimagine care from the patient's perspective. Engaging clinicians, patients, volunteers, hospital executives, trustees and community members in the process helps hospitals consider a broader, holistic perspective to health care delivery.

The American Hospital Association (AHA) report "[Leadership Toolkit for Redefining the H: Engaging Trustees and Communities](#)" outlines recommendations and best practices for developing community engagement and governance strategies to drive the transformation of hospitals and health care. The AHA report "[Care and Payment Models to Achieve the Triple Aim](#)" provides additional recommendations and resources for hospitals as they develop new delivery systems and innovative payment models that best meet the needs of their organizations and communities.

These case examples highlight initiatives at hospitals and health systems that are redefining hospital care, or the "H."

## SCL HEALTH – DENVER, COLORADO

SCL Health partnered with Emerus to develop **four microhospitals** in Denver, offering more access points for health care around the community. Two microhospitals are already operating, and two supplementary ones will launch by the end of 2016. The microhospitals provide emergency medical care services; eight licensed beds that can be used for inpatient care, observational stay or hospice care; two licensed operating rooms; on-site laboratory and diagnostic imaging services; and additional space for physician offices.

With the goal of using best practices for community benefit, SCL Health leaders are promoting a more intimate and patient-centered approach by delivering care through the microhospitals. “As a faith-based organization, we reinvest all of our earnings to provide more health services or provide more services for those who are vulnerable and underserved,” says Mike Slubowski, president and chief executive officer.

The microhospitals will accommodate Medicaid and Medicare users and patients with and without health insurance. With prices for services ranging between those of acute care hospitals and urgent care clinics, these microhospitals are also **offering charity care, bundled payments and continuum of care services**. SCL Health’s clinical information system, Epic, is in place in its microhospitals for patient identification and continuity of care.

The health system is evaluating the success of its microhospitals by conducting satisfaction surveys, measuring continuity of care for patients served at these facilities across the SCL Health continuum, assessing the cost of care per patient and examining patient volume. Monitoring these data will help SCL Health transform its services to improve population health as community needs evolve or increase.

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## CHI FRANCISCAN HEALTH – TACOMA, WASHINGTON

At CHI Franciscan Health’s St. Joseph Medical Center in the South Puget Sound area of Washington state, almost 40 percent of all births are delivered by certified nurse midwives. In 2016, CHI Franciscan built a 4,000 square-foot **outpatient midwifery birth center** to provide low intervention and early discharge for low-risk expectant mothers. It is the first hospital in the state to have a separate midwifery birth center on its campus. The center provides three licensed beds for delivery, two exam rooms, a doula to assist during labor, care from a nurse midwife and other services such as educational classes on prenatal care, lactation and child birth.

At the center, leadership plans to eventually **establish a flat fee** for all expectant mothers using the facility, thereby reducing the overall cost of care. Debbie Raniero, regional director, recommends that hospitals have nurse midwives on staff. “Across the country, hospitals that have nurse midwives have better outcomes such as lower C-section and complication rates. This brings down the cost of doing business and enhances the quality of health care,” Raniero says.

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## TEXAS HEALTH BEHAVIORAL HEALTH HOSPITAL – CORINTH, TEXAS

Texas Health Resources (THR) recognized the need for a behavioral health hospital in Denton County, Texas. More than 66,000 adults in the county have serious, diagnosable mental illness, and suicide rates for people aged 15–24 and 50–65 have increased three-fold during the past three years. Alarmed by these statistics, THR is expanding its services by converting a long-term acute care hospital, formerly Atrium Medical Center of Corinth, into an **inpatient and outpatient behavioral health facility**, scheduled for completion by September 2017.

Renamed the Texas Health Behavioral Health Hospital Corinth, the facility will treat patients of all ages for mental illnesses, psychiatric behaviors and substance and alcohol abuse. Other services will include outpatient programs integrated with counseling services and medication management through psychiatrists.

THR has partnered with community organizations, law enforcement and behavioral health experts to raise awareness about the facility. To determine the effectiveness and success of the behavioral health hospital's services, leadership and staff will **evaluate quality indicators, readmission rates and average length of stay**.

Ramona Osburn, senior vice president, says, "We can benefit the complete patient care experience by recognizing the correlation between behavioral health and chronic disease. As we take care of patients from a behavioral health perspective and teach them the skills to manage their chronic illness, we will be treating the whole person, making them better – body, mind and soul."

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For more information about redefining the "H" and to access the AHA leadership toolkit and report, visit [hpoe.org/resources/hpoehretaha-guides/1787](http://hpoe.org/resources/hpoehretaha-guides/1787).

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**Accessible at:** [hpoe.org/hcaseexamplespart2](http://hpoe.org/hcaseexamplespart2)

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