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Jersey City Medical Center

TL3EO: Strategic Planning-Describe and demonstrate the outcome(s) that resulted from the planning described in TL3.

Exemplary Exemplar

Strategic Plan for a High Risk Perinatal Center in an Urban Hospital

Background and Purpose:

The Maternal Child Health Services in Jersey City Medical Center have long been an important service line. In order to improve and expand options in this area the current infrastructure must be examined. It is important to develop strategic initiatives to support the goals and vision of the department. JCMC has had a long history of providing service to the poor; however, in order to continue to provide those services and remain competitive in the area, it is necessary to attract a wider payer mix. In order to accomplish this, it is crucial that the "voice of the customer" be heard. The following goals were established:

1. Identify the strengths, weaknesses, opportunities and threats to the Maternal Child Health services at JCMC
2. Identify how JCMC will position themselves to maintain fiscal balance while accommodating a potential influx of maternal/child patients.
3. Determine what strategies need to be initiated in MCH to insure that services and the environment are appealing to a broad range of potential populations in the Jersey City catchment area

Name	Department
Cheryl Owens RN, DNP, CNOR	AVP
Rita Smith RN, DNP, NEA-BC	CNO
Lillian Reyes, RN, BS,	Director of MCH
Randa Francis RN, MSN	Educator of MCH
Michelle Dickerson RN, MSN	Educator of NICU
Michael Bimonte MD	Chair of MCH
Dr. Salmond RN, EdD	Advisor – Dean-Rutgers University

Methodology:

Phase I: SWOT Analysis

The first phase of the strategic planning process was to complete a SWOT (strengths, weaknesses, opportunities and threats) analysis specific to the Maternal Child Services at the Medical Center.

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Phase II: Gathering of Information Surrounding SWOT priorities and goals

- Conducted a site visit of an Exemplary/Benchmark Organization that provides innovative maternal child services which included:

  1). a choice of traditional rooms and birthing rooms
  2). documentation of continuous high rates of breast feeding
  3). couplet care/rooming-in post birth was the standard of care

- Conducted a marketing focus group of pregnant or childbearing age women
- Conducted in-depth interviews of pregnant women to supplement information obtained in the focus group
- Conducted a doula focus group providing care in area hospitals to ascertain their role in the birthing process
- Conducted a Maternal/Child Health Division staff nurse focus group in order to collect information as to their perceptions of current care needed for change and barriers to possible change

Phase III: Final Report Recommendation

With data gathered from both Phase I and Phase II a strategic plan was prepared with recommendations for service changes and strategies specific to marketing, recruitment and educational approaches needed to address the changing structure of health care in Hudson County.

Findings

Strengths: The strengths can be collapsed into the categories of facility/equipment, high risk services and staff expertise.

Title: **SWOT Analysis for Maternal-Child Health**

Strengths	Weaknesses
o New Facility-up-to-date and appealing o Breastfeeding support service-line (appeals to the waterfront community) o Teaching-Regional Perinatal Center for Hudson County (State Designated) o Provides high risk services in Maternal/Child Health o Maternal/Child Health space is nicely situated o Strong nursing staff-clinically seasoned o Excellent nursing educational support and leadership	o Not enough physical space o Complacent nursing staff o Medical focus versus customer focus o Unit trends towards the traditional o System support resources are lacking or o Poor

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o Interprofessional Teamwork o Existence of Interprofessional collaborative o Senior Administrative support of the department o Collaboration between nursing and medicine o Hospital is ideally located o Medical Office Building is located on the campus o Full-time Lactation Specialist (recommend 1.9 per 1000 births)	
Opportunities	**Threats**
o Maintain/grow high risk maternity and high risk birth rate (NICU) o Increase volume o Development of an Antepartum Unit o Establishment of a birthing room to draw a new population o Develop/grow a midwifery/Doula model o Develop new models of care: -Centering -Mother/Baby Couplet Care -Baby-Friendly Designation o Development of a Perinatal Education Center regardless of delivery site o Development of a free-standing Birthing Center o Seek funding for Perinatal Education o Establishment of hiring standards to support new models o Maximize use of community partners o Develop a comprehensive marketing plan which "markets" NICU, Outcomes, teaching program in order to change perception/branding o Recruit to Maternal/Fetal Medicine -Strong services -Clinic hour expansion -Extended hours for new markets	o Spatially challenged to handle an increase in high-risk births o Space: lack of **all** private rooms o Do not have appropriate space for an antepartum unit o Triage Area-privacy issues o Space: may not have adequate space to increase volume o "For Profits" in the area have more money to invest in Maternal-Child high-risk patients o Risk designation-Partnering with an FQHC (choking) o "For Profits" may offer neonatology subspecialties not offered at JCMC o Question as to what the future holds with Medicaid reimbursement o Community still visualizes NYC as the place for premium care

The Site Visit provided a view of a variety of birthing modalities which included: the use of doulas, the use of midwives, birthing rooms vs. traditional births, couplet care, skin to skin bonding and breastfeeding.

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The focus group of the women of childbearing age who recently had delivered babies or who were currently pregnant revealed the following themes:

- Interest in classes that would prepare and support moms
- Desire care by a provider who "connects with" and values the mothers birth plans
- Desire for a natural homelike delivery with family present but medical options available as needed

The focus group of Doulas revealed two overarching themes:

- Our (the doula) focus is to connect with the mom and support the birth plan, not to medicalize the experience
- Education needs to be provided to moms and staff in order to improve the birthing experience

The focus group of JCMC Maternal Child Health revealed the following themes:

- Interdisciplinary collaboration between physicians and nurses needs to improve to foster teamwork
- Physicians and nurses are reluctant to embrace a natural holistic child-birthing, family focused experience
- Environmental redesign in MCH is needed in order to embrace a family focused approach and innovative birthing techniques

Phase II: Financial Balance

It is recognized that an important approach to securing a diverse payer mix in the MCH division is to recruit new mothers from the rapidly developing, commercially-insured waterfront community. All of our focus group results point to the need to create a model of care that supports this population's desire for a more family-based birthing experience. Jersey City Medical Center will measure successful design and implementation of this new model by two major indicators; patient satisfaction as expressed through Press Ganey scores for the post partum patients and improved contribution margin (CM) for obstetrics. This CM is dependent on the payer mix for the service. In 2012, approximately 70% of our deliveries were Medicaid and Medicaid HMO. The contribution for these two payers was $404.00 per case. The CM for Commercial, Commercial HMO and Commercial PPO is $4,478.00. The goal and the ultimate measure of success will be attracting these commercially insured patients to increase contribution per case by $4,074.00. The volume of commercially insured patients in 2012 was 328. Increasing this volume to 500 cases per year, with the current reimbursement contracts in place would increase overall CM by $700,728.00 per year. As seen on Table 7 this would change the financial viability of the entire program, going from a break even to a profitable service. With the added possibility of the for-profit

institutions in the area eliminating MCH services there is great potential for growth in this area.

JCMC Service Line P&L, FY12 through Q4

OB DELIVERY Comparing Medicaid and Commercial

Payor	Percent of total volume	Cases	Payor Mix	Total Revenue per Service	Direct Cost Total	Contribution Margin	Total Revenue for Case	Direct Cost/Case	CM/Case
MEDICAID	12.80%	224	14.37%	1,442,718	1,274,463	168,255	6,441	5,690	751
CAID HMO	58.20%	1,021	65.49%	5,724,576	5,666,962	57,614	5,607	5,550	56
COMM'L	0.68%	12	0.77%	147,101	53,284	93,817	12,258	4,440	7,818
COMM HMO	10.70%	187	11.99%	1,275,456	1,149,576	125,880	6,821	6,147	673
COMM PPO	6.55%	115	7.38%	1,161,932	592,865	569,067	10,104	5,155	4,948
Total with Charity Included		**1,559**	**100.00%**	**9,751,783**	**8,737,150**	**1,014,633**	**6,255**	**5,604**	**651**

Notes:

Total revenue include straight payments, expected collections, GME and faculty practice revenue.

Charity revenue is applied to cases by allocating yearly reimbursement on a per charge basis.

Direct costs represent expenses directly associated with treating patients.

Direct Costs exclude all overhead items such as interest and depreciation expenses.

Contribution Margin is calculated by subtracting the Direct Costs from NPSR.

Outcomes:

Goal	Pre-Intervention	Achievements (Post-Interventions
Establish a pool of doulas	Doulas rarely came to the medical center-only when their patients insisted	Education of physicians and the acquisition of nurse midwives have attracted 4 area doulas to JCMC
Establish Couplet Care Model of Care in Post Partum	Traditional model in place where infants and moms were separated at birth and infants stayed in the newborn nursery	Couplet Care was initiated in October of 2014 Budgeted **($352,000.00**) for additional nursing personnel to implement the initiative Educated pediatricians to support the new model of care Pediatricians now do physical exams at the bedside so that the mother

		can answer questions Infants only leave mother if a procedure needs to be performed Initiated skin-to-skin procedure and "Golden Hour" immediately after birth to foster mother/child bonding and initiate breastfeeding
Establish a midwifery program at JCMC	Midwives were not utilized at the Medical Center	Budgeted **$339,200.00** for the cost of 2 midwives and office space on the waterfront
Promotion of breastfeeding **Goal 50%-60%**	2012 Exclusive BF rate-**19%** 2013 BF Combination Rate-**43%**	2013 Exclusive BF rate-**26%** 2013 BF Combination Rate-**53%**
Establish two Birthing Rooms	All L&D rooms were of the traditional type-Birthing rooms retrofitted with tubs allows for hydrotherapy during the laboring process	Unit budgeted for the development of two birthing rooms **($76,854.00)** Two rooms were completed in 2013.