

Performing Provider: Valley Regional Medical Center (020947001)

IGT Entity: Hidalgo County (LPPF) (139350611)

DY 7-8 DSRIP Proposal Form

Performing Provider Name: Valley Regional Medical Center (VRMC)

IGT Entity Supporting Requested Funds: Cameron County Health Care Funding District

Estimated Valuation by Waiver Year:

DY 7 (2017-2018)	Amount: \$1,000,000	IGT: \$431,500
DY 8 (2018-2019)	Amount: \$1,000,000	IGT: \$431,500
<u>TOTAL REQUEST:</u>	<u>Amount: \$2,000,000</u>	<u>IGT: \$863,000</u>

Proposed System Definition:

Valley Regional Medical Center (VRMC) is licensed by the State of Texas as a 214-bed acute care hospital serving Brownsville, Texas and surrounding communities. Our medical staff of more than 200 physicians represents 25 specialties and together, with the hospital's state of the art equipment, provides our community with high quality inpatient and outpatient services. Valley Regional Medical Center has provided comprehensive health care to the residents of South Texas for almost forty years. Some of the services provided at VRMC are: Level III trauma care, 24/7 Emergency Services, Open heart surgery, Neurosurgery, Endoscopy, General Surgery, Imaging, Infectious Disease, Certified Stroke Center, Women's Center, Level III Neonatal Intensive Care, Adult Intensive Care, and Pediatric Intermediate Care. Our commitment to improve and provide an outstanding level of health care led us to submit a proposal designed to contain the cost of healthcare, improve population health, and improve the experience of care. VRMC will include all required provider system elements.

Counties Served by Provider: Lower Rio Grande Valley- Hidalgo, Cameron, Starr, Willacy

Medicaid and Low Income or Uninsured Patient Population by Provider (PPP) Estimate:

Facility level approximately 45% MLIU

Identified Community Needs to be addressed with Requested Funds:

Emergency Department Utilization, Health Education and Patient Centered Care

- CN.1 Shortage of primary and specialty care providers and inadequate access to primary or preventive care
- CN.3 Inadequate integration of care for individuals with co-occurring medical and mental illness or multiple chronic conditions
- CN.4 Lack of Patient- Centered Care

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Outcome Measure(s) Expected to Address Identified Community Needs:

The hospital safety bundle is most appropriate for the proposed programs

Throughout the implementation of a standardized, evidence-based program for sepsis screening and early detection with aggressive treatment of patients with sepsis, severe sepsis and septic shock to reduce unnecessary death and harm attributable to sepsis, VRMC will continue to improve the model by conducting quality improvement activities. These activities will include HAC (hospital-acquired conditions), blood stream infections, urinary tract infections, MRSA, and C-Diff monitoring. With a potential increase not only in trauma volume, but also in patient acuity and complexity it will be vital to also increase our focus on hospital safety to reduce the likelihood of HAIs, HACs, SSIs, CLABSI, CAUTI, and Sepsis.

Anticipated Core Activities Expected to Impact Identified Outcome Measure(s):

Reduce Sepsis related mortalities through improved evidence based bundle compliance

Sepsis is a potentially life-threatening complication of an infection. Sepsis occurs when chemicals released into the bloodstream to fight an infection trigger inflammation throughout the body. This inflammation creates microscopic blood clots that can block nutrients and oxygen from reaching organs, causing them to fail. The incidence of sepsis in the United States is growing faster than the overall population due to an aging population, drug-resistant bacteria, and more patients with weakened immune systems. Our incidence of sepsis is above average and is partly reflective of our high rates of chronic illnesses – diabetes and kidney and liver disease. Patients with weakened immune systems are also at higher risk for developing sepsis. Employing evidence based protocols (similar to AMI and Stroke protocols) that focus on the speed and appropriateness of therapy administered in the initial hours after sepsis develops have proven to positively impact mortality and health outcome including the addition of a sepsis coordinator.

Additionally, this proposal highlights VRMC's request for additional funding to (1) enhance specialty trauma care services in Hidalgo, Cameron, Starr and Willacy counties through the development of a Level II Trauma Center and (2) to reduce the number of patients transferred, most often, to San Antonio as there are currently no Level II Trauma centers in the area. This proposal meets the regional goals related to expanding the availability of and access to timely, high quality primary, specialty and behavioral health care for residents, including those with multiple needs. Our request also meets regional goals of reducing costs by minimizing inappropriate utilization of services. Trauma services are not considered inappropriate utilization, given the acute and emergent nature of the services. However, this project will help meet the goals of reduced costs associated with care in the region by allowing for availability and utilization of trauma services locally; thereby, in some cases preventing and/or reducing the additional expense associated with out of region transport and care.

Sustainability Efforts:

Medicaid, Low Income, and Uninsured patients comprise the vast majority of the patients seen in RGRH's ED. By utilizing our newest proposal for funding in collaboration with our current DSRIP projects focused on diabetes management we believe that we will be able to reduce inappropriate ED utilization and cost, improve quality and produce additional revenue through partnerships with MCO's and cost savings that will allow us to more effectively manage uninsured patients.