# **Designing Your Facility**

Preparing Your Team for Space Planning Success

March 15, 2022

# **Cindy Barr**

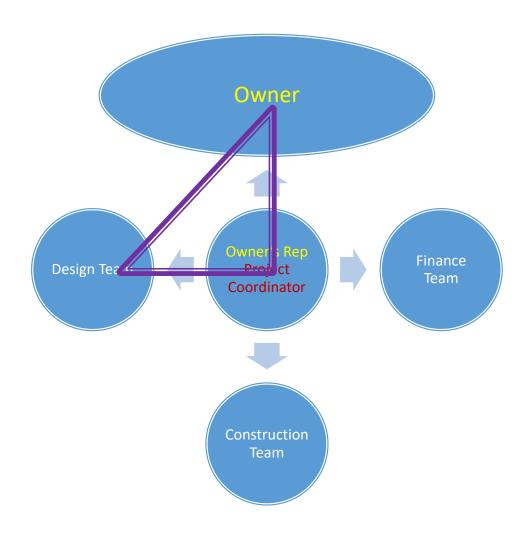
Operations & Facilities Planner



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### It Takes a Team – In Fact, Several Teams!





### Define the Internal Project Team



#### Size of the Team

- 5-9 persons reflecting the size of the project
- Identification of non-team resource staff

#### Characteristics of the Team

- Accessible and Available
- Comprehensive and Representative
- Invested and Committed

Every staff person should feel that someone sits on the team that understands their role and their needs.

### Define the Internal Project Team







Before you start, consider...
 the time commitment
 both credibility and ability
 interpersonal skills
 skill sets outside of current scope and responsibilities

Before you finish, identify...
 a process recorder/historian
 the Team Lead (member of team or owner's rep)

This team is not the management team!

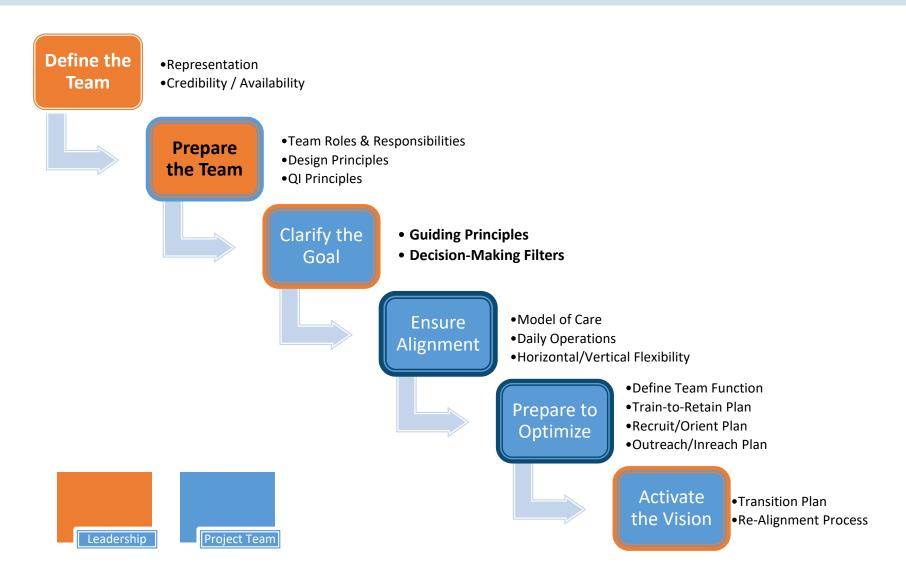
## Define YOUR Internal Project Team



Team Members	1	2	3	4	5	6	7	8	9	?
Name										
Community Outsider										
Community Insider										
CHC Historian										
Influencer										
Finance Leader										
Clinical Leader										
Operations Leader										
Technology Rep										
Facilities Rep										
Infection Control Rep										
Quality Rep										



### Internal Project Team: Roles and Responsibilities



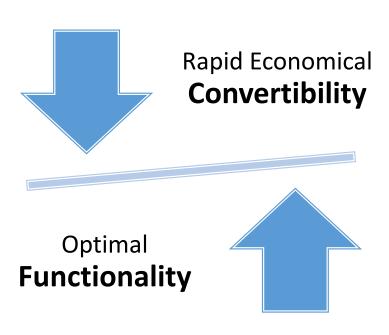
### Prepare the Team: Expose to New Ideas





## Prepare the Team: Explore Trends and Themes





### Flexibility

 Spaces that can be used in multiple ways in the same day with minimal adjustments

## Adaptability

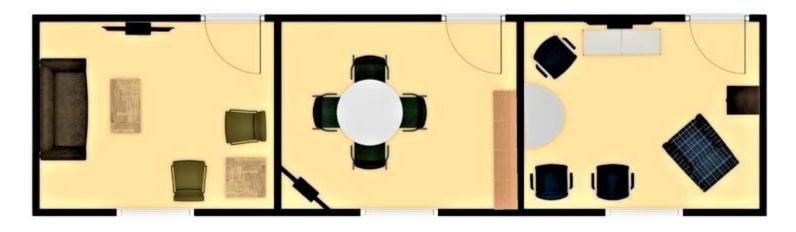
 Spaces that allow effective and rapid response to routine, surge and crisis situations

## Modularity

 Spaces and fixtures that can be reconfigured in different ways as needs change

### Team Discussion: The Flex Room





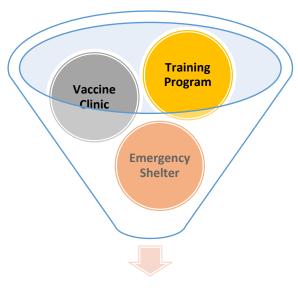
Consultation Counseling Meetings Education Enrollment Meetings

Consultation
Counseling
Patient Monitoring
Nurse Visits
Enrollment
Education
Meetings

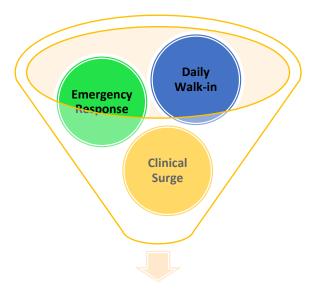


#### **Community Rooms**

#### **Dual-Entry Evaluation Rooms**



Same Room, Different Day



Right Room, Right Place

## Team Discussion: Adopting Modularity



**Fixtures and Furnishings** 

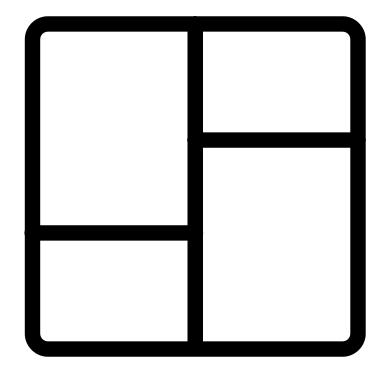
**Key to Success** 

**Interchangeable Units** 



**Key to Success** 

**Uniform Footprint** 

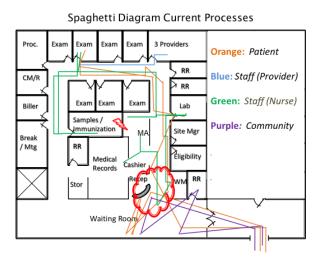


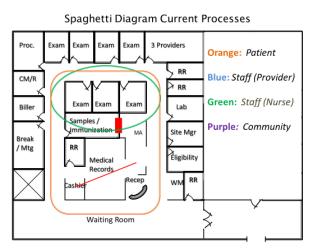




### Understand What to Do When

- Concept diagrams relative size/adjacencies
- Single line schematics process flow
- Detailed drawings windows, doors, fixtures
- Construction drawings all building systems





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### Prepare the Team: Communication



# Your Architect

Basic Requirements
Rooms Required/AOT Capacity

Clinical Model of Care
Adjacencies & Collocations

Operational Processes
Centralized vs Decentralized

# Your Team

Earlier is Better than Later

Question Assumptions
Explore Options

Monitor Sustainability, Flexibility, Adaptability

## Operational Basics: Collocations & Adjacencies





Operational Model

- Centralized
- Decentralized

Patient Entry Experience

- Point of Arrival
- Continuous Stress Reduction

Patient Movement

- IntuitiveWayfinding
- Safety & Security



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#### Assessment

#### The Composition of the Team

- Who is included in the team? (Members)
- Who must be accessible to the team? (Resources)
- Who on the team engages with patients on-site?

#### The Work of the Team

- Focused Collaborative Group
- What is working now?
- What is not working now?

#### **Team Work**

**Color-code**Current Team Work Zones



#### Assessment

#### **Our Engagement with Patients**

- What room works best NOW?
- What room is avoided because it doesn't work at all?
- How many encounters REQUIRE an exam table?
- What is the OPTIMAL environment for each type of patient engagement?
- What COULD we do if we had the right place to do it?

**Team-Patient Engagement** 

**Color-code**Current Engagement Zones



#### Assessment

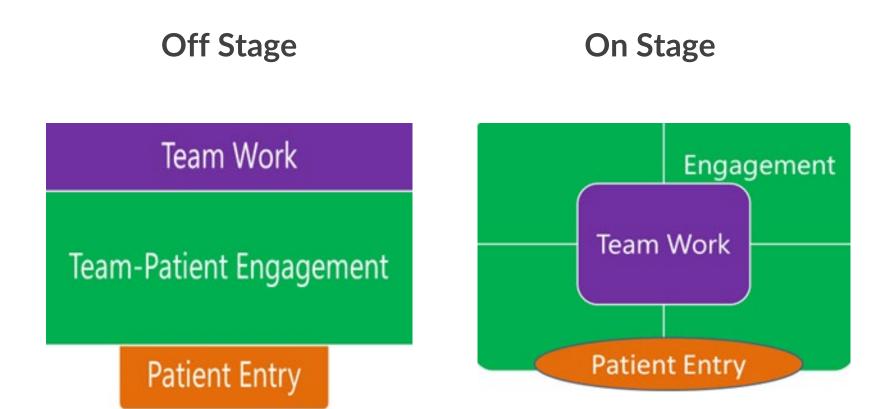
#### **Setting the Stage: Patient Entry**

- How well are we reducing PATIENT stress upon entry?
- How well are we supporting the persons who accompany patients to visits?
- How effective is the flow of information and patients from ENTRY STAFF to CLINICAL STAFF?
  - What role does place have in that process?
  - What place changes would support improvement in daily function? In relationships?

### Patient Entry

**Color-code**Current Patient Entry Zones





# Trend in Organizing Clinical Care Zones

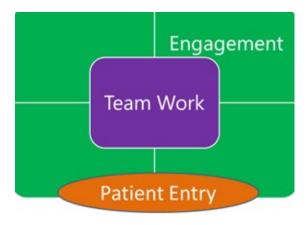


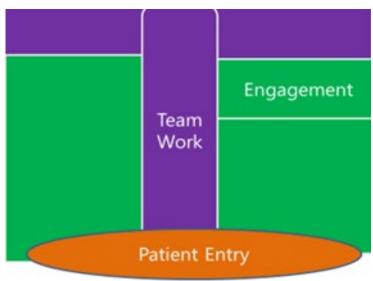
Team Work

Team-Patient Engagement

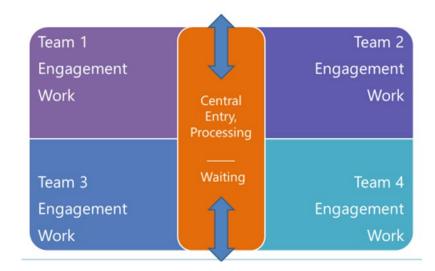
Patient Entry

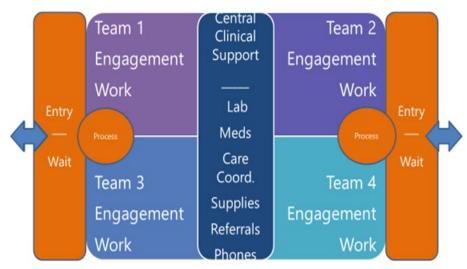
On/Off Stage T











#### **Teams with Teams**

- Common Areas
  - Must be in neutral territory
- Shared Support Spaces
  - Shared must be equally available
- Flexible Patient Engagement
   Spaces
  - Must be accessible through common areas

## Benchmarks for Early Planning





# Clinical Spaces

- Per provider
  - 1,800 sqft medical
  - 1,800 sqft dental
  - 600 sqft integrated BH
  - 1,200 sqft specialty BH

# Large Spaces

- Net square footage desired (community, admin suite, pharmacy)
- Multiply by 1.40

# Total

- Add clinical and large spaces
- Early planning total equals < 5% >

### Finish Well: Conclude with Consensus



The Doubt that Threatens Success

The Risk of Missing the Mark



### Finish Well: Conclude with Confidence



#### **Confirmation: YOUR Decision-Making Filters**



## Capital Link Resources Coming Soon!



Trends in Community Health Center Design

Designing Your Facility: Preparing Your Team for Space Planning Success





#### **Contact Us**



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