Revitalizing Patient Care

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From Big Box Retail to Community Clinic

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Mission
We provide hope, care and cures to help every child live the healthiest and most fulfilling life possible
Background

The 2012-2016 Strategic Plan identified two areas of growth for our regional specialty clinics – North and South Clinic.
South Clinic Overview
Compete, Grow, and Expand Our Services

What Success Looks Like

- Specialty services delivered on a regular basis to meet community demand
- Comprehensive range of Children’s ancillary services on-site, including PT/OT, infusion, imaging, lab
- Facility located in high-visibility and easy-to-access location
- Recruitment specifically for site including physicians who may live in local area
Seattle Children’s South Clinic

Pediatric Outpatient Clinic
Adaptive Reuse

**COMPLETION DATE**
August 2015

**TOTAL BUILDING AREA**
37,000 SF

**TOTAL CONSTRUCTION COST**
$10 million / $270.27 SF
Seattle Children’s South Clinic – 30% Increase in Services

• 15 surgical and medical specialty clinics
• Clinical support services including Lab, Pharmacy and Radiology
• Therapy services including Occupational, Physical, Speech and Sports
South King County Location Selection

Transportation & Population Density Study

Key Takeaways
Federal Way is the retail core
While there is high density along Hwy 167, there is greater overall density west of I-5
Covington, Maple Valley, Puyallup are potential sites for future satellites
New South Clinic Site

34920 Enchanted Parkway South, Federal Way, WA
What the Site Offered – Big Box Retail

- Existing parking and proximity to retail destinations
- Flexible design—easily adaptable and expandable
- Single story and clear spans allows for many specialty services and medical equipment
- Prototype for future Seattle Children’s clinics region-wide
What it Didn’t

**Infrastructure** to support clinic functions

Inadequate Exterior windows

**Landlord** was not accustomed to the level of maintenance

Stand-alone **medical** campus environment
The Lean Approach

Holistically plan all clinic functions
Identify opportunities where strategic design could minimize waste
Improve efficiency
Optimize patient outcomes
Feedback from cross-functional, diverse stakeholder groups
13 Integrated Design Events (IDEs) over 4 months
The Lean Approach Outcomes

- Improved operational performance
- Reduced patient & staff travel distances
- Decreased required storage space
- Decreased the total number of specialty treatment rooms, from 20 to just 5
- Provided 26 interchangeable/universal exam rooms
The Lean Approach – Patient Centered Design

Easier for patients and staff to understand and move

Consistent workflows with other locations reduces stress and allows staff to concentrate on their highest and best use
Brand, Art and Wayfinding – It’s Not a Store

Playful colors and sophisticated elements

Treatment of the building skin to differentiate

Sustainable design – capturing rain water
Brand, Art and Wayfinding

**Inspired** by Seattle Children’s brand and a nearby park

Use of **graphics** to support **wayfinding**

**Defining spaces** with wood slats, evocative of trees,

**Color** in exam rooms and hallways along with accompanying graphics lend whimsy to wayfinding
<table>
<thead>
<tr>
<th>Milestone</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>February 1, 2015</td>
<td>Begin Recruiting</td>
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<tr>
<td>March 1, 2015</td>
<td>Begin Marketing &amp; Communications Activities</td>
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<tr>
<td>June 3, 2015</td>
<td>Obtain Temporary Certificate of Occupancy</td>
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<tr>
<td>June 3 - July 14, 2015</td>
<td>Clean and Prep Clinic</td>
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<tr>
<td>July 15, 2015</td>
<td>Begin Installation of Equipment</td>
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<tr>
<td>August 4, 2015</td>
<td>Testing &amp; Training at Clinic</td>
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<tr>
<td>August 18, 2015</td>
<td>Open South Clinic</td>
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<tr>
<td>September 12, 2015</td>
<td>Celebrate with Community Fair</td>
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</tbody>
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SIM Testing – Identify Risks in Process, Environment & Technology

Created scenarios to practice the highest risk situations for rapid learning and change management.

Ran critical scenarios identified by staff: Code Blue, Call 911, Coordinate AMR.

Outcomes:
- Discovered errors in 911 routing.
- Solidified internal communications.
- After simulation, in case of emergency, a second AED and oxygen was needed.
Design Outcomes

Opened on-schedule and under-budget

The choice to adaptively reuse the former retail building resulted in a 2.5% reduction in overall project cost

Saving $400,000: allocated for additional clinic medical equipment

IDEs shaved 2 months from the schedule
Operational Outcomes Through Building Design

- Increased **staff efficiency**
- Improved patient experience
- Return visit **scheduling communication** improved
- Decreased **travel distance**
- Improved hand-offs and improved efficiency
- **Cost** per unit of service is under budget despite lower volumes
Lessons Learned

Decisions that were made based on volumes, you need support from the organization after going live.

Include a "hyper care" phase in the project to ensure the operations team can stand up all their new processes.

Create a transition to operations plan to move project team work to daily operations.
Lessons Learned

Wayfinding to the building
Opening up providers to being flexible to where they work/change management
Increasing caregivers confidence in bringing specialized care in regional clinics, off main campus
Helps caregivers work where they live
Thank You

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Revitalizing Patient Care
--Part 2
Facility Responses to Strategic Initiatives

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Care Shifting Away from the Hospital Setting

Goals of Outpatient Expansion

Patient Access  New Market Entry  Market Share Protection  Care Coordination  Proper Utilization
Care Shifting Away from the Hospital Setting

Service Line Projections through 2026

-6% 22% 9% 6% 14% 42%

Cardio-vascular General Surgery Ortho/Spine Neurosciences

Inpatient Outpatient
How Should Providers Invest in Outpatient Care?

- Limited Access to Cash
- Lower Reimbursement
- “Site neutral” constraints

- How do providers deploy capital to create an ambulatory services distribution?
Design Priority Goals

Design Priorities to Meet Strategic Goals

- **70%**
  - Location, Location, Location

- **72%**
  - Brand recognition

- **60%**
  - Easy access & hospitable

- **68%**
  - Consumer convenience and access to specialists

- **68%**
  - Low cost of entry for access to the System
How We See Outpatient Growth Occurring

Maintaining your base
Focuses on building outpatient offerings on-campus or making off-campus investments that improve patient throughput

Playing catch up
Makes investment decisions to reclaim or retain market share in response to competitor activity

Land Grabber
Pursues market share and new market entry through deliberate, comprehensive network development

Investor
Pursues market share by taking advantage of outpatient investment opportunities
What Does the C-Suite Think About at Night?

- Financial Concerns
- Healthcare “Reform”
- Government Mandates
- Patient safety and satisfaction
What Strategic Initiatives address those Concerns?

Grow…
• Revenues
• Commercially-Insured Patient Base
• Appropriate Services
• Patient and Staff Satisfaction

Grow Smartly…
• Reduce costs appropriately and effectively
• Highest-and-Best Use of Existing Assets
• Achieve and Maximize Return on Investments
• Facilities are a means to an end, not an end in themselves.
• Facilities provide the springboard for Strategic Initiatives.
• Facilities are expensive, fixed assets.
• Thoughtful design can support Patient Satisfaction, Staff Satisfaction, Operational efficiencies, and R-O-I.
Case Studies

- Department of Defense
- Department of Veterans Affairs
- CHI Health Community Clinics
- CHI – Bergan Mercy Medical Center
- Nebraska Medicine/BOLDT Clinics
Case Studies: Department of Defense

- Population Health Management
- Medical Home Model
- Provider Uncertainties
- The Need for Flexibility
Case Studies: Department of Defense
Seymour-Johnson AFB Family Clinic
Case Studies: Department of Defense

Seymour-Johnson AFB Family Clinic
Case Studies: Department of Defense
Seymour-Johnson AFB Family Clinic

- Universal Rooms
- Common Module
- Minimal Fixed Elements
- Easy Wayfinding
The “Medical Home” Team

- Universal Rooms
- Minimal Patient Travel
- Front-Back Separation
- Expand to Adjacent Clinic
Case Studies: Department of Defense
US Naval Station Bahrain
Case Studies: Department of Defense
Naval Station Bahrain

The “Medical Home” Team

- Universal Rooms
- Common Module
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Case Studies: Department of Veterans Affairs

- Population Health Management
- Patient Access Care Team
- Provider Uncertainties
- The Need for Flexibility
Michigan – Ohio Market Health Service Delivery Plan – FY 2022

Big Market Moves

- Strengthen Gaylord CBOC while phasing out Grayling CBOC
- Phase out Bad Axe CBOC
- Shift Yale CBOC patients to new Port Huron based CBOC
- Establish 5 new Points of Care (Manistee, Sterling Heights, New PSA, Adrian, MI and Tiffin, OH)
- Create sustainable secondary care services in 4 health care markets (Saginaw, Traverse City, and Grand Rapids, MI and Toledo, OH)
- Maintain Tertiary Care Services at both Detroit and Ann Arbor
- Minimize Battle Creek Secondary Care except CLC and MH

A Michigan-Ohio network of 20 existing and 5 new points of care will consist of:
- Referral capabilities to 2 VA Academic connected Hospitals
- 1 Mental Health & Extended Care Campuses (Battle Creek)
- 4 Points for locally referred Secondary Care
- 12 existing and 5 new Community-Based points of care consisting of:
  - 1 New Fee or Contract points of care (Manistee)
  - 10 Community Based Outpatient Clinics (2 new – Adrian, Tiffin)
  - 6 Multi-specialty CBOCs (2 new, Sterling Heights, New PSA)
Case Studies: Department of Veterans Affairs
Community-Based Outpatient Center

Our Experience
Case Studies: Department of Veterans Affairs
Community-Based Outpatient Center

The Template
Case Studies: Department of Veterans Affairs
Community-Based Outpatient Center
Case Studies: Department of Veterans Affairs
Community-Based Outpatient Center
Case Studies: Department of Veterans Affairs
Community-Based Outpatient Center

The PACT
- All Providers in Common Work Area
- Administrative Support
- Supplies
- Medications
- No Patient Access
- Exam Rooms have 2 doors
Case Studies: Nebraska Medicine
Community-Based Outpatient Center
Case Studies: Nebraska Medicine
Community-Based Outpatient Center
Case Studies: Nebraska Medicine/BOLDT Clinics
Community-Based Outpatient Center
Case Studies: CHI Health Community Clinics
Community-Based Outpatient Center
Case Studies: CHI Health Community Clinics
Community-Based Outpatient Center

- Prototype Design
- Scalable
- Modified PACT Concept
- Significantly Reduced Total Area
- Transitioned from Owner Financed to Developer Financed
Case Studies: CHI Health Community Clinics
Community-Based Outpatient Center

- Central Waiting
- 3 PACTs
- PT, Rx, Lab, Rad, US
- 25% less area than their typical clinics
Case Studies: CHI Health Community Clinics
Community-Based Outpatient Center

PACT Concept
Full-Time
Mid-Levels and Extenders
“Part-Time” Docs
Case Studies: CHI Bergan Mercy Ambulatory Care Center

- Teaching location for Creighton University School of Medicine
- At Bergan Mercy Medical Center
Case Studies: CHI Bergan Mercy Ambulatory Care Center
Case Studies: CHI Bergan Mercy Ambulatory Care Center

- Connected to MoB and CU Academic Bldg.
- Adjacent Parking structure for patients and staff
- 3 Levels of Clinic and Clinic Support
Case Studies: CHI Bergan Mercy Ambulatory Care Center

- Each Clinic area surrounds a Provider Core
- Clinics are Universal design
- Exam Rooms are Universal
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