

Keeping Patient Centered during the Design, Build and Birth of a New Medical Center

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Compelling Reasons for New Construction



Hospital was over 50 years old Built in 1956; could not meet the needs of the community

- Out of space – staff & patients
- Patient privacy issues
- Poor location / Access issues
- Healthcare reform
- Increase services
- Remodel more expensive than new build
- Site was land-locked
- Community culture of not good enough



- Funding for the project –
 - USDA rural development
- Feasibility Study –
 - Move 7 miles West to a different town
- Ideal state: What do we want to be
 - It's all about the patient experience
 - Partnership with Herman Miller
 - Development of the guiding principles
- Community involvement
 - Town hall mtgs, service clubs, board of commissioners, senior center
- Staff input –
 - We wanted the people who do the work to create their work space
 - Thinking outside the box
 - Seen as the Leader in Health Care

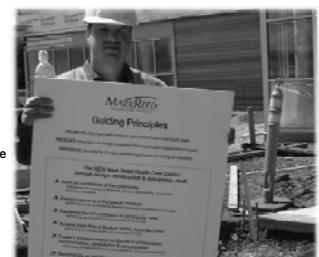
Planning For the Future



Guiding Principles



1. Merit full confidence of the community
2. Present nature as a therapeutic medium
3. Represent the full continuum of community care
4. Achieve more than a Medical Home, more like home
5. Foster a climate/campus conducive to collaboration, communication, consultation and concentration
6. Demonstrate an adaptive environment responsive to change
7. Express an identity as a community destination
8. Exemplify self sustaining design targets
9. Model Mark Reed as an exemplar Hospital
10. Honor human centeredness



Deep Dive into 4 Principles



1. Present nature as a therapeutic medium
 - a. Bringing the outside into the building
 - b. Working with the community on environmental impact
2. Achieve more than a Medical Home, more like home
 - a. The patient/family is the center of all care
 - b. Continuity of care
 - c. Department planning
3. Demonstrate an adaptive environment responsive to change
 - a. Flexible space
 - b. Technology of the future
 - c. Healthcare reform
4. Honor human centeredness
 - a. Healthcare comes to the patient
 - b. The space must be comfortable for patient and family
 - c. Center on the whole person



Patient Focused Construction



1. Staff had input throughout the project
 - a. Clear updates to managers and front line staff
 - b. Blue prints shared with staff
 - c. Managers and staff had input on the layout of their departments
2. Staff were onsite to give input on their space
 - a. Layout of exam & patient rooms
 - b. Work areas
 - c. Purchase of Equipment
3. Work and Patient follow
 - a. Managers and staff simulated work and patient flow
 - b. Dry run before move in date



Staff Innovation

Transition Planning

- a. Strategic planning day with the managers
- b. Management weekly meetings
- c. Reviewed the plan over and over again
- d. Table top drills
- e. Created staffing plan for day of move
- f. Patient plan for day of move
- g. Signage plan - Hwy & City
- h. Community awareness plan
- i. Staff training on new equipment Plan
- j. Department move plan



Moving Week



- a. Signage removed on Friday, replaced on Tuesday
- b. Administration moved 30 days prior
- c. Patients moved Saturday
- d. Dietary Saturday
- e. Lab moved Thursday
- f. Radiology Sunday
- g. Emergency Department Sunday
- h. New Clinic Opened Tuesday
- i. EMS on Standby



Who Are We?



How are We Doing Now?



1. Increase volumes
2. Increase cost of supplies
3. Increase in staff
4. No time to rest
 - a. New service lines are being developed
 - b. Need more beds
 - c. Acceptance into the community
5. Staff are Storming and norming



Lessons Learned

1. Looks good on paper but may not work in reality
 - a. ED storage
 - b. Lab space planning
2. Storage in general
3. Staff try to take old processes to new space
4. Administration needs to be available to staff to support them
5. Signage can be very costly - never enough
6. Naming a new facility
7. CEO maternity leave
8. Control issues of the executive team. Sometimes it is alright if it is not perfect
9. Staff Support Area



Keys to Success



1. Had a clear vision
2. Big dreams
3. Hands on leadership
4. Be willing to implement even if it is not perfect & help staff understand that this is alright
5. Engaged staff
6. Walk through the process
7. Everyone knew their role
8. Allow staff to grieve
9. Communicate, communicate then communicate some more



Questions?

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