Facility Design that Promotes Health Care Delivery

Cree Board of Health & Social Services of James Bay

65,000 voices
Describe how the Nuka System of Care’s philosophy is infused into outstanding facility design
Define how the beautiful facilities contribute to Alaska Native pride, honor, dignity and self-confidence
Relate facility design to effective clinical interactions
Frank’s Story
Master Plan: Decision Making

Board of Directors

Vice President Leadership Team (VPLT)
Planning to Construction

- Who is your customer-owner: Population Forecasting
- Master Plan Development: Balancing Need vs. Resources
- Planning and Design
  - Alignment with Operational Principles
  - Cost, culture, pride and self-confidence
- Construction
- Renovation
Health is a longitudinal journey

- Across decades
- In a social, religious, family context
- Highly influenced by values, beliefs, habits, and many ‘outside’ voices
- Chronic conditions, outpatient, residential, behavioral health, primary care

Population Planning
- Villages
- Anchorage
- Demographic
  - Anticipating population
  - Data driven
Balance of Need vs. Resources

- Requires attention to the following:
  - Planning (who is your customer-owner?)
  - Improved services (Frank’s story)
  - Culture and self-confidence
  - Right people at the right time (front line providers, leadership, architect and builders at the table from the beginning)
  - Flexibility (Nuka’s Skyfold doors, modern fold doors, moveable walls, structural framing)
The key determinant of health (and success in education and finances) is self-confidence.

Self-confidence draws from pride, honor, dignity, respect.

Outstandingly beautiful facilities are a key piece of improving Alaska Native pride, honor, dignity—self-confidence.
Design Principles
Design Principle One

- Gathering + Light
- Flow + Light
Design Principle Two

- Connection to Nature
Design Principle Three

- Embodying Native Values
Functional Principles
Right People, Right Time

- Flexibility
- Cost

Magnitude

Time
- Open office
- Team dynamics
- Flexibility
- Multidisciplinary teams design: providers, operations, clinics
- Collaborative design
Design Evolution: Phase 1

- Offices adjacent to clinic spaces
- Seating disciplines together
  - Nurses stations
  - Expanded front desk space
  - Integrated procedure rooms
  - Computer in every room
    - Do notes in rooms
- Remodeled to put offices mixed within clinics every few exam rooms
- Seating for integrated, multi-disciplinary teams
Phase 1 Challenges

- Long clinics – long distances
- Lots of traffic by private exam rooms
- Shared waiting area
  - ‘Mob’ feeling
  - Less privacy
  - Coughing and sneezing on each other
  - Waiting ‘interior’ – no windows

Phase 2: PCC 2

- Large, beautiful lobby
- Seating by integrated care teams – two teams per office
- Shared resources – teams seated together
- Offices on perimeter around exam rooms
- Everything comes to the customer
- Removing managers from offices
Group Office Floor Plan
Parallel Work Flow Redesign

- Medication Refill
- Test Results
- Preventative Med Intervention
- Acute Mental Health Complaint

- Chronic Disease Management
- New Acute Complaint
- Point of Care Testing
- Chronic Disease Compliance Barriers

- Healthcare Support Team
  - Case Manager
  - Provider
  - Certified Medical Assistant
  - Behavioral Health Consultant
Design Evolution: Phase 3

Phase 2 Challenges

- Large Clinics – ‘wrong’ scale
  - Unfavorable clinic sociology/dynamics
  - Shared front desk – congestion
  - ‘Mob scene’ – impersonal, coughing
- Sometimes long distances to rooms from offices
- Not enough clinical rooms
- Business functions still elsewhere

Phase 3: PCC 3

- Group sociology
  - Family dynamics up to 15 people
  - Team dynamics up to 65 individuals
  - Over 65 – bureaucracy
- Split departments back to smaller ‘team’ practices
  - Six ‘primary care’ practices
- Decentralized health information centers into every waiting area
- Shared specialty rooms and equipment along central spine
Design Evolution: Phase 4

Phase 3 Challenges

- Getting clinical staff to use talking rooms frequently
- Crowded integrated team space
  - Noise
  - Individual space

Phase 4: VNPCC/PC 2N

- All rooms large enough to be hybrid rooms-combined exam and talking
- 20 other detailed changes to hybrid rooms
- Larger integrated team space (30-40%)
- Co-located psychiatry in integrated care team space
- Improved ergonomics (desk heights, seating)
The Pathway Home
SCF Community Health Centers

- SCF
- McGrath Health Center
- Iliamna
- Indian Creek Clinic
- Tyonek
- C'eyiits' Hwnax Life House Community Health Center
- Sutton
- St Paul Health Center
- St Paul
- Port Alsworth Clinic
- Port Alsworth
- Nilavena Subregional Clinic
- Iliamna
Community Partnerships

Meeting people where they are

Blood Bank
Port Alsworth Health Clinic
Covenant House
Brother Francis
Detox Center
Issues In Facility Design

- Function
- Cost
- Support/alignment with philosophy
- Beauty, respect, honor
- Promoting health, quality, safety through design
- Building for future, not past
- Longevity
Building for the Future

- Facilities are in place for a long time
- Facility design constrains program
- Facility design is almost always based on the past
- It takes several years from initiation to completion—even more behind
- Health care will have some fundamental changes in 10-15 years
Future Facilities

- Team spaces facilitates
  - Interaction
  - Communication
- Spaces supporting technology
  - Video & audio
  - Written/text/email
- Mind & body together

- Rapid access
  - Specialized Information
  - Consultation
- “Inpatient care”
  - Now at home
  - Especially at end of life
Where we’re going

- Exam/talking combo rooms
  - Increased size
- Build in technology
- Co-integration
- Dr. Katherine & Dr. Kevin Gottlieb Building
  - Neuro Developmental Program
  - Children's Dental
- 1 North
- Blood Bank conversion to addictions treatment
Frank’s Story
They give me what I and my team have defined I need when, where, and how I want and need it.”

“They really know me and care about me.”

“They listen to me, advise me, and support me on my health journey.”

“My questions and concerns are answered, my care is coordinated, my values and goals are what drive my health plans.”
Thank You!

Qağaasakung
Aleut

Mahsi'
Gwich’ín Athabascan

Quyanaa
Alutiiq

Igamsiqanaghalek
Siberian Yupik

Quyanaq
Inupiaq

Awa'ahdah
Eyak

Háw'aa
Haida

Quyana
Yup’ik

T’oyaxsm
Tsimshian

Gunalchéesh
Tlingít

Chin’an
Dena’ina Athabascan

Tsin’aen
Ahtna Athabascan