

# Ambulatory Care Clinic

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# CHALLENGES

## Care delivery

- Aging population with impaired mobility and multiple disorders
- Increase need in ambulatory care services
- Emerging technologies
- Consumerism
- Market incentives
- Changes in ideological aspects
- Increasingly diverse and uninsured US population

## Facility need

Community health centers/safety-net clinics will need to invest \$10.5 billion in facilities and equipment between now and 2015 (NACHC, 2008).

## SOLUTIONS: TRANSFORMING PRIMARY CARE ENVIRONMENTS

- **Discover** issues that link the physical environment to patient, staff, and operational outcomes in safety-net clinics
  - Flexibility and adaptability
  - Culturally sensitive care
  - Evolving care models
- **Develop** tools & resources to aid in the design and operation of safety net clinics
- **Create** a website to house best practice examples, resources, and links to those involved in designing new facilities





# RESOURCES

**2008:**  
Literature Review  
Best Practice Facility  
Examples  
Design Recommendations

**2009:**  
Clinic Design Website

**2010-2011:**  
Cost Benefit Tool  
Whitepaper Series  
Design & Construction  
Manual



**Improving the Patient Experience:  
Best Practices for  
Safety-Net Clinic Redesign**










March 2009

**CLINIC DESIGN** — Transforming Primary Care Environments

DESIGN PROCESS | PATIENT EXPERIENCE | CLINIC SITE EXAMPLES | TIPS FROM THE FIELD | RELATED HELPFUL LINKS | ABOUT THIS SITE

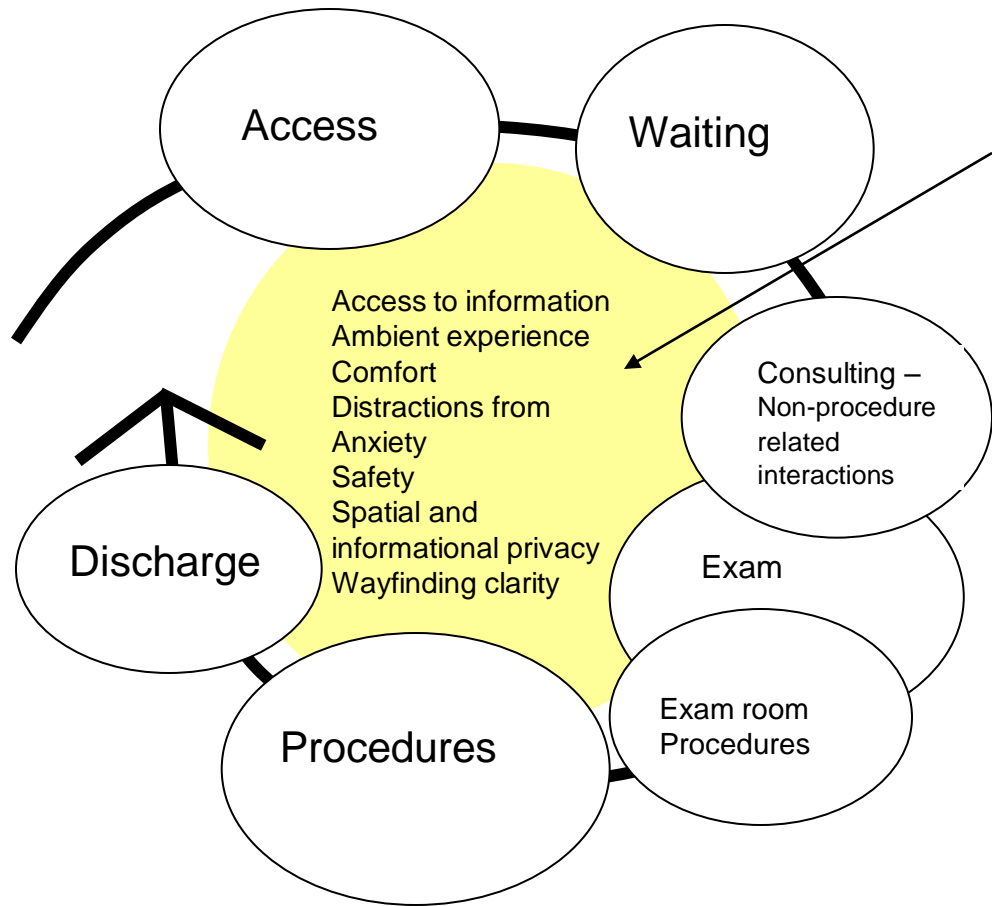
**CLINIC SITE EXAMPLES**

*This section is a compilation of best practice facilities that serve as examples to those involved in designing new or renovated facilities. Click on each thumbnail to view the case study.*

 Bolinas <a href="#">READ MORE &gt;</a>	 Clinica Sierra Vista <a href="#">READ MORE &gt;</a>	 Golden Valley Health Centers <a href="#">READ MORE &gt;</a>
 La Clinica de la Raza <a href="#">READ MORE &gt;</a>	 La Maestra <a href="#">READ MORE &gt;</a>	 Life Long Over 60 <a href="#">READ MORE &gt;</a>
 Portland Health Center <a href="#">READ MORE &gt;</a>	 South Central Foundation <a href="#">READ MORE &gt;</a>	 Thundermist <a href="#">READ MORE &gt;</a>



# WHAT LITERATURE SAYS...



**Experiential issues related to the physical environment that influence patient satisfaction and perception of care.**

# PATIENT EXPERIENCE: ACCESS

Access



- Proximity & geographic accessibility
- One-stop clinic reduced short-term anxiety
- Alternative transportation/parking
- Wayfinding and signage
- Provision of rooms for telemedicine
- Layout of exam room: Furniture layout to enable visual monitoring
- Provision of adequate space for patients, staff and families



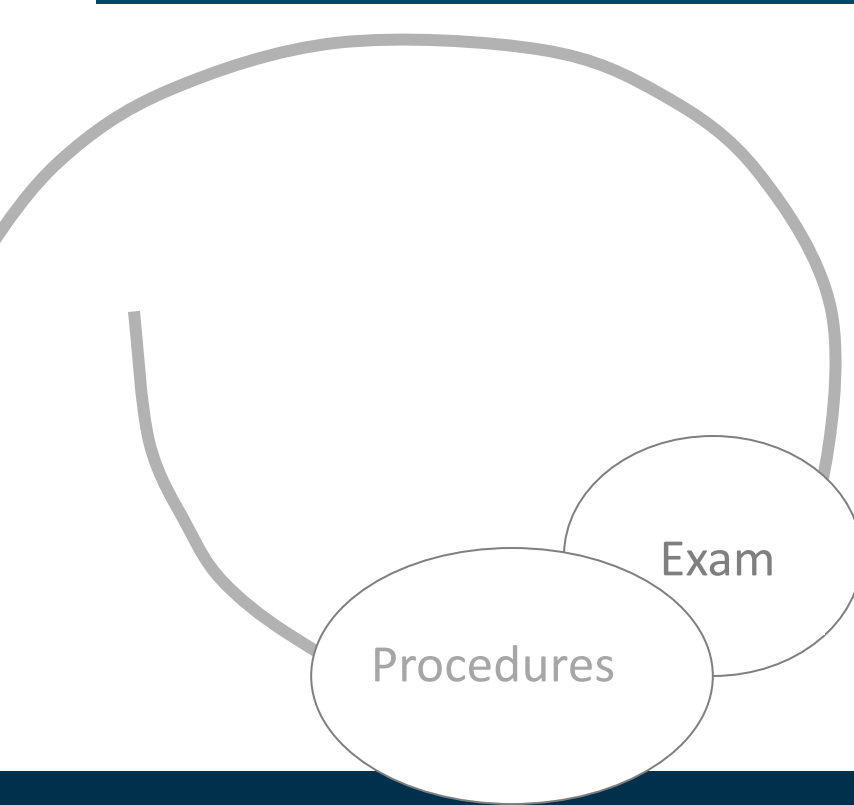
# PATIENT EXPERIENCE: CHECK IN/WAITING AREAS

Check-in



- More attractive waiting room associated with reduced anxiety and perception of shorter wait times and higher quality care
- Cleanliness
- Therapeutic play activities help children cope with stress
- Multiple waiting spaces
- Positive distractions
- Information kiosks

# PATIENT EXPERIENCE: EXAM & PROCEDURE

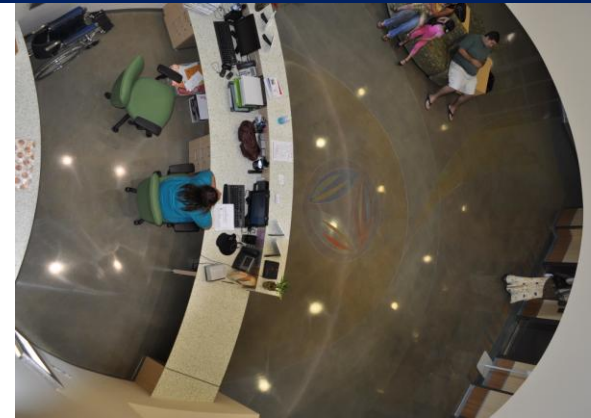


- Appropriate educational content in exam rooms
- Age-specific
- Multi-purpose
- Bringing services to the patient - multiple providers in room
- Positive distractions
- Audiovisual distractions reduce anxiety and perception of pain
- Views of nature can assist in pain management



## EVOLVING CARE MODELS, FLEXIBLE & ADAPTABLE, CULTURALLY SENSITIVE

- Co-location of services
- Outreach of services
- Patient-centered care
- Team collaboration
- New technology
- Continuous change of users, services, equipment, technology, and treatment methods
- Cultural barriers
- Multicultural healthcare interactions



# KEY DESIGN RECOMMENDATIONS

		Design Intervention	Design Phase				
Patient Cycle			Organizational Readiness	Pre-Design	Design	Construction	Occupancy
			Waiting/ Registration	Identify clear spatial boundaries for waiting; distinguished from adjacent circulation path Consider lighter finishes and wall-mounted lighting fixtures		●	●
Design physically attractive waiting areas Ensure the environment is clean, calm, & quiet		●		●	●	●	●
Use electronic sign-in kiosks to speed up registration processes		●		●	●	●	●
Provide children with safer hard toys within play areas(easier to disinfect)		●		●	●	●	●
Use televisions as positive distractions		●		●	●	●	●
Provide computers with internet for browsing		●		●	●	●	●
Provide age-appropriate positive distractions or waiting rm entertainment/activities (pediatrics)		●		●	●	●	●
Consider posters, displays, & newsletters for communication efforts		●		●	●	●	●
Design open settings: promote social interaction among visitors and enable informal support		●		●	●	●	●
Ensure multiple areas for waiting (outside, inside, overflow)		●		●	●	●	●
Provide information kiosks in lobby space		●		●	●	●	●
Consider acoustic properties of materials found within waiting areas to aid in minimizing noise		●		●	●	●	●
Provide a variety of lighting options (controlled, natural, skylights)		●		●	●	●	●
Cluster exam rooms--POD system		●		●	●	●	●
Create secure spaces that are also welcoming		●		●	●	●	●

**150+ Recommendations**  
**11 Case studies**  
**30+ Words of advice**

## CLINIC DESIGN — Transforming Primary Care Environments

DESIGN PROCESS    PATIENT EXPERIENCE    CLINIC SITE EXAMPLES    TIPS FROM THE FIELD    RELATED HELPFUL LINKS    ABOUT THIS SITE



### WELCOME

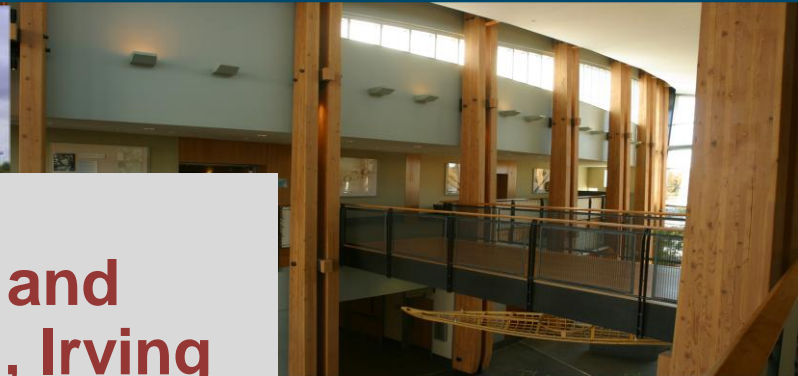
Many clinics and health centers across the country have the opportunity to venture out into new facility projects and renovations. This website serves as a resource for facilities undertaking a new health center project or renovation to provide information on **evidence-based design**, including easy-to-adopt design and operational strategies to improve clinic outcomes.

Safety-net clinics, such as community health centers and county clinics, provide uninsured and low-income residents a place to receive healthcare. All of these facilities are connected by a common mission: to provide healthcare services to individuals and their families regardless of a patient's ability to pay. In addition to having an open door policy, they also provide a range of services from primary and urgent care, dental, women's health, behavioral services, social services, and more.

To learn more about this website and how to use these resources, click on the **About This Site** in the menu bar above.

TAKE A SURVEY  
ABOUT THIS SITE

# INNOVATIVE FACILITY DESIGNS



## Parkland Health and Hospital System, Irving Texas

## La Clinica de la Raza, Oakland California

## Clinica Sierra Vista, Bakersfield California





# Parkland Health and Hospital System Irving COPC



Parkland

- **One of 9 other Community Oriented Primary Care Clinics.**
- **Centrally located in Irving and also on a bus line.**
- **36,000 square feet**
- **Expected that the clinic will serve a full capacity of 80,000-90,000 visitors.**
- **Completed in September 2007**





**Joint project between Parkland Health and Hospital System and the City of Irving along with other local health care and civic partners.**

**City of Irving purchased the land and will be sold back to Parkland after 10 years for \$10.**

<b>SOURCES OF FUNDING</b>	
<b>City of Irving Community Development Block Grant</b>	<b>1,200,000</b>
<b>HUD Section 108 Loan Guarantee</b>	<b>5,200,000</b>
<b>Dallas County Hospital District</b>	<b>4,860,000</b>
<b>TOTAL CONSTRUCTION COST</b>	<b>11,260,000</b>

- **Primary care**
- **Women's health services (family planning and prenatal services),**
- **Dental services**
- **Nutrition programs**
- **Today Clinic- first come, first served walk-in clinic**
- **Well-child check**
- **HIV testing and counseling**
- **Epilepsy outreach services**
- **Mammography screenings**
- **Behavioral health services**
- **Mental health services**
- **Lab**
- **Radiology (coming soon)**
- **Pharmacy (coming soon)**



## Volume

Visit count for COPC and WISH = 87,510 visits since opening through the end of FY10

Current 18 month panel for COPC is 9,644

COPC will be growing this year by 3 more clinical teams (phys./nurse)

## Prevention Quality Indicator

Hospital inpatient discharge data that identifies quality of care for ambulatory care-sensitive conditions.

Looks at well your outpatient care is at preventing the need for hospitalization.

In the 3 zip codes where 80% of the patient reside the reduction was from 97.5% to 69.8% from 2006-2008. The lower the rating the more effective.



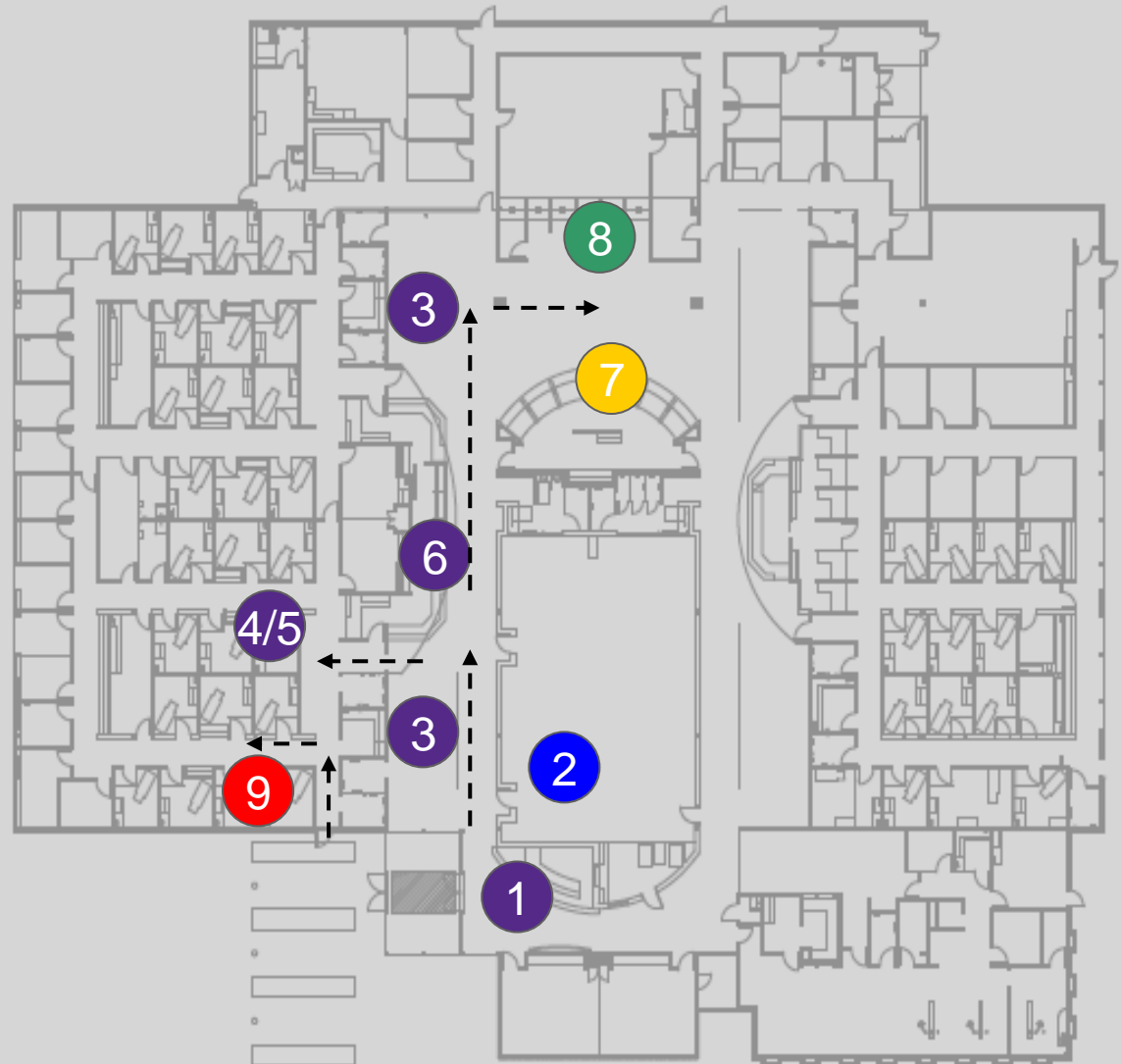
## **Operational Goals:**

- 1. Provide lower income residents access to primary care physicians.**
- 2. Provide preventative medicine at a one-stop health location**
- 3. Reduce frequent ER visits.**

## **Design Goals:**

- 1. Convenient parking and location. (on bus line)**
- 2. Create flexible exam spaces that can be flexed according to volume. (mirror image pods)**
- 3. Easy navigation (Color code)**
- 4. Technology at point of care. (EMR, Computer in each room)**

1. Patient is greeted and given direction.
2. Goes to the lab or to designated area.
3. Proceeds to designated waiting area to check in.
4. Vital are within an alcove within designated area.
5. Patient is discharged
6. Clerk contacts patient by phone with a follow up appointment .
- Overcrowding in the area***
7. Financial counseling encouraged before appt.
8. Patient turns in and picks up prescriptions . ***Future***
9. Ambulance entry





4 Pods

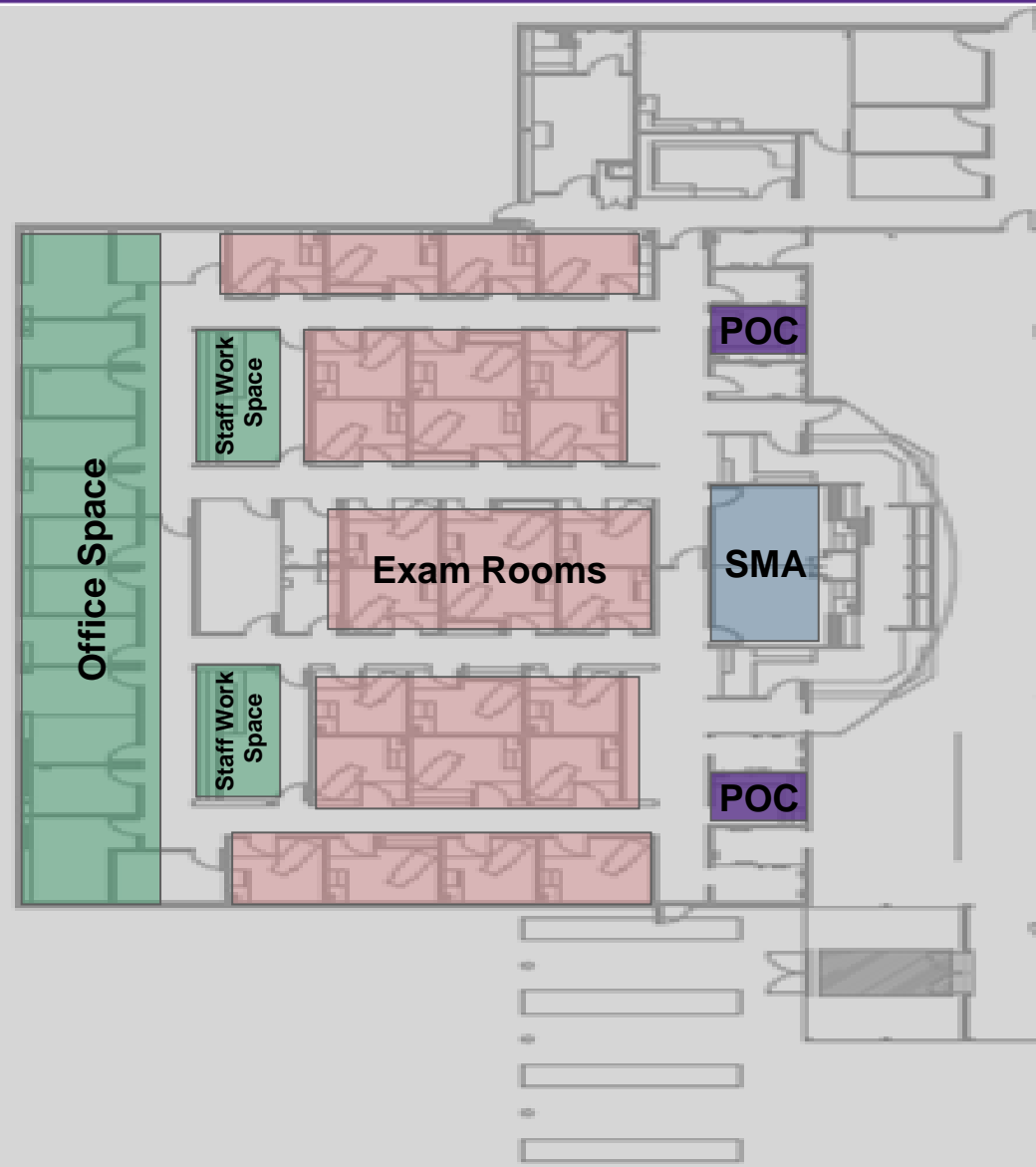
26 Exam Rooms, future eye screening room

2 POC stations (will be used different now that lab is on site)

SMA classrooms

Offices

Staff work space



**Central Lab and Radiology**  
(located outside the exam areas)

**Financial Counseling**

**Pharmacy**

- Separate delivery area

**Dental Care**

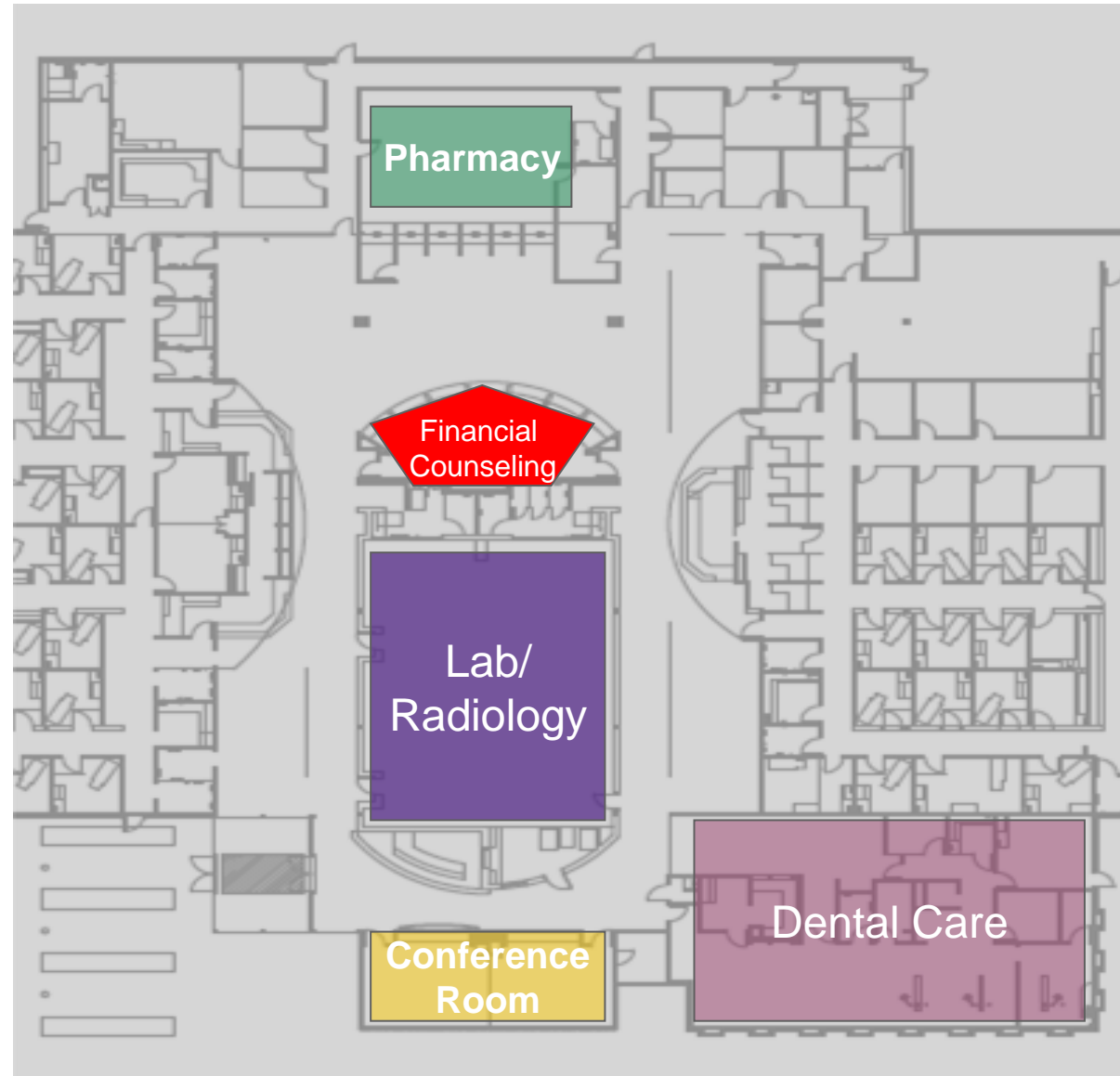
- 6 modular chairs

**Conference room**

- Can be divided into 2

**Security**

**Common Greeter**



**3 Pods**

**10 Exam Rooms**

**Designated Waiting Area**

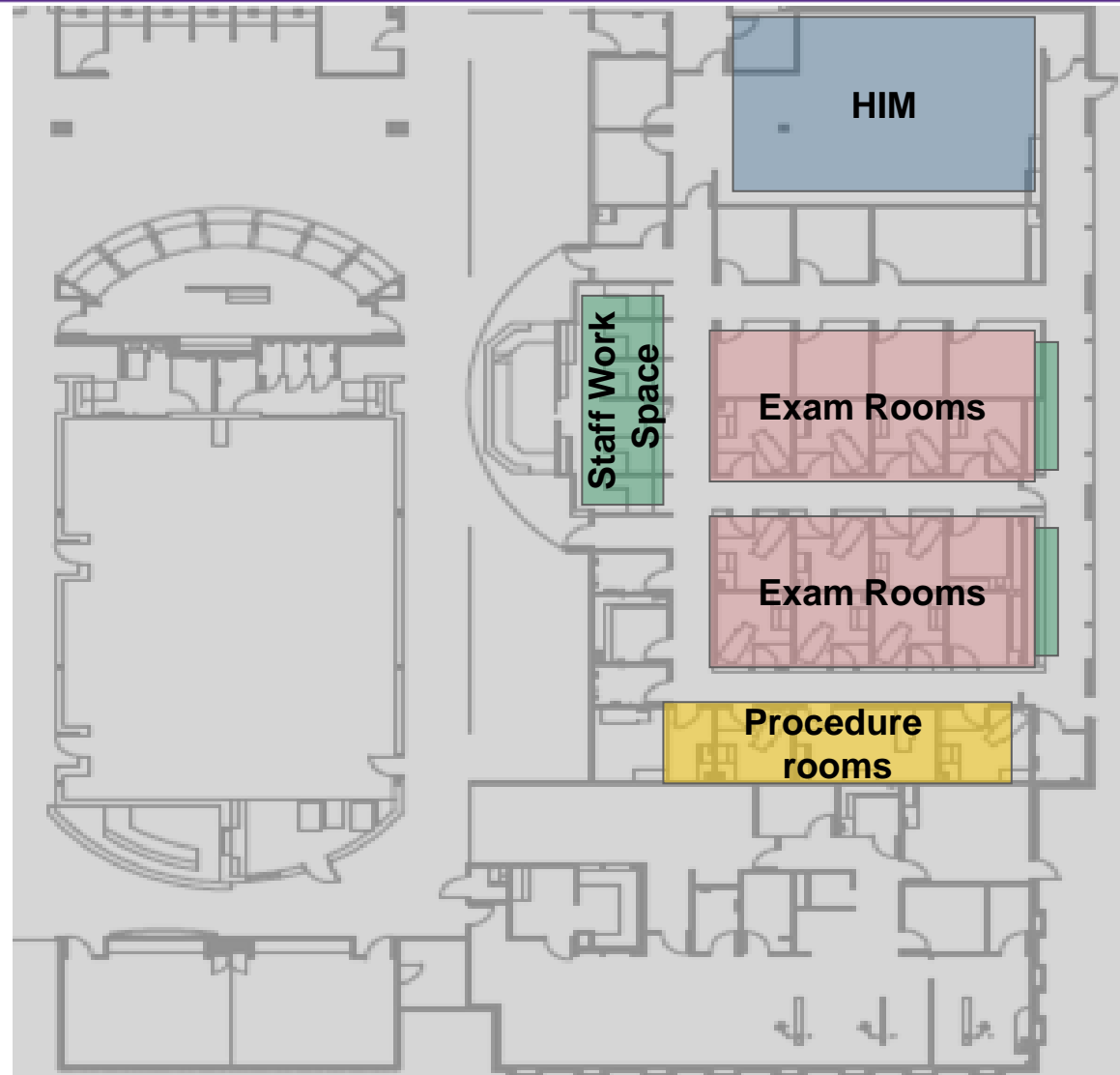
**1 Point of Care**

**2 Procedure Rooms**

**Offices**

**HIM records (Flex space)**

**Staff work space**





Parkland

## **Post-Occupancy Observations**

**Success:**

Nice seating areas out front

**Opportunities:**

Front entrance is partially covered.

Creates a false sense of coverage from the outdoor elements.





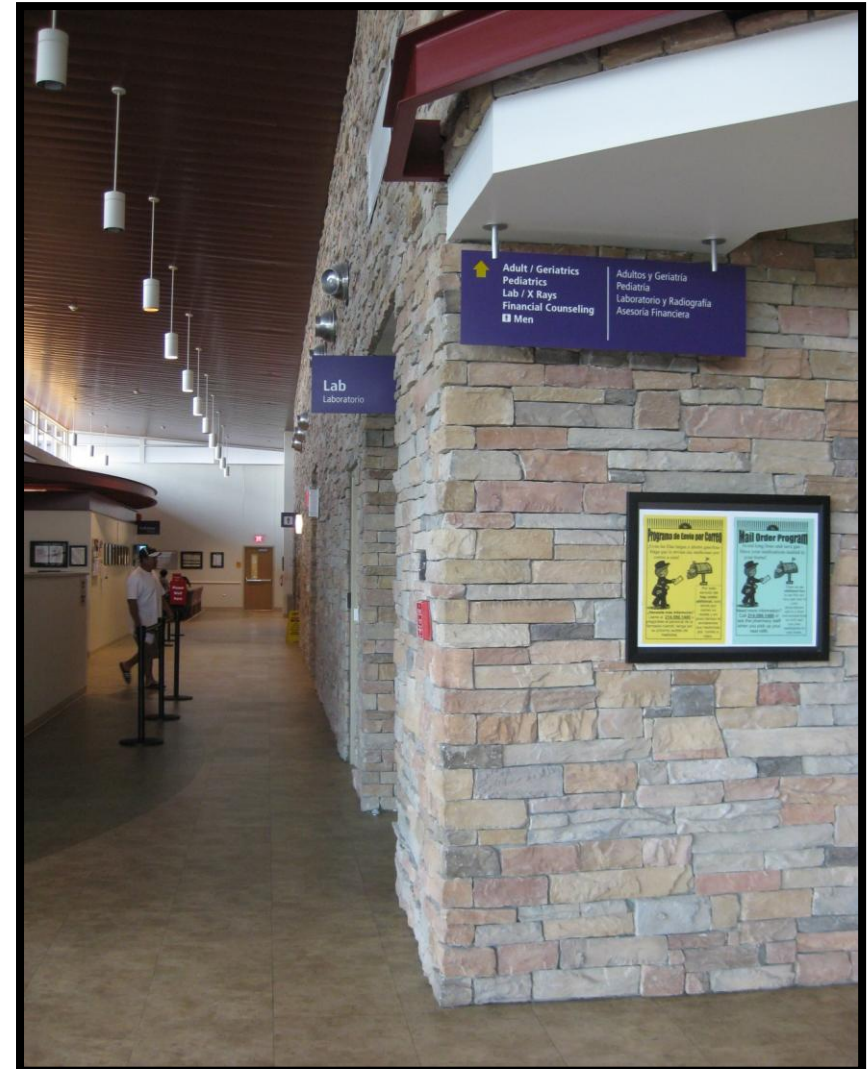
## Success:

Circular design made it easy for patient to find their way.

## Opportunity:

Lack of signage was challenging for patient wayfinding

Signage is in progress and is making a difference.



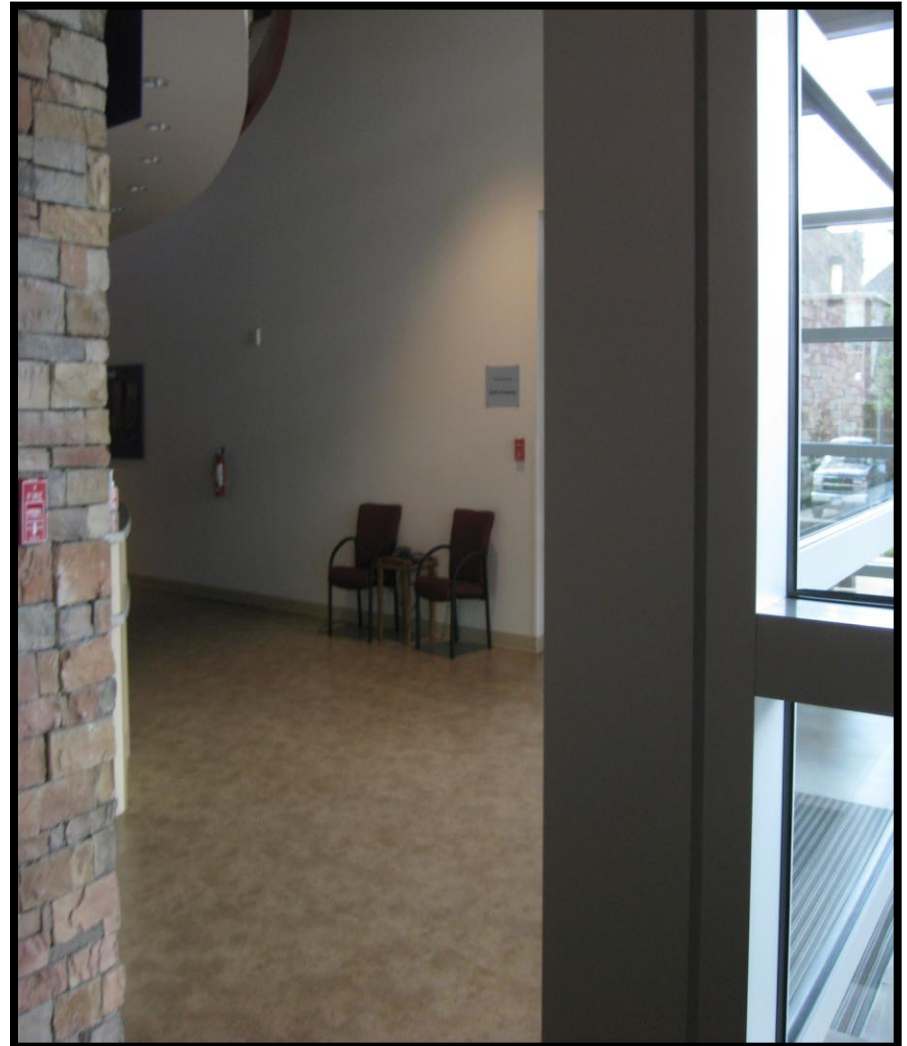
## **Success:**

**Financial counseling areas are private.**

**Flexible space within the back to manage new programs, such as the “Today Clinic.”**

## **Opportunities:**

**Use an electronic system to notify the “Today Clinic” patient when they are ready to be seen by the provider. Currently, they are given a number at the front to keep order.**



## Success:

Flexible waiting space throughout the clinic.

## Opportunities:

Large waiting areas that do not separate well from sick patients.

Special concern for newborn follow up visits.



## Success:

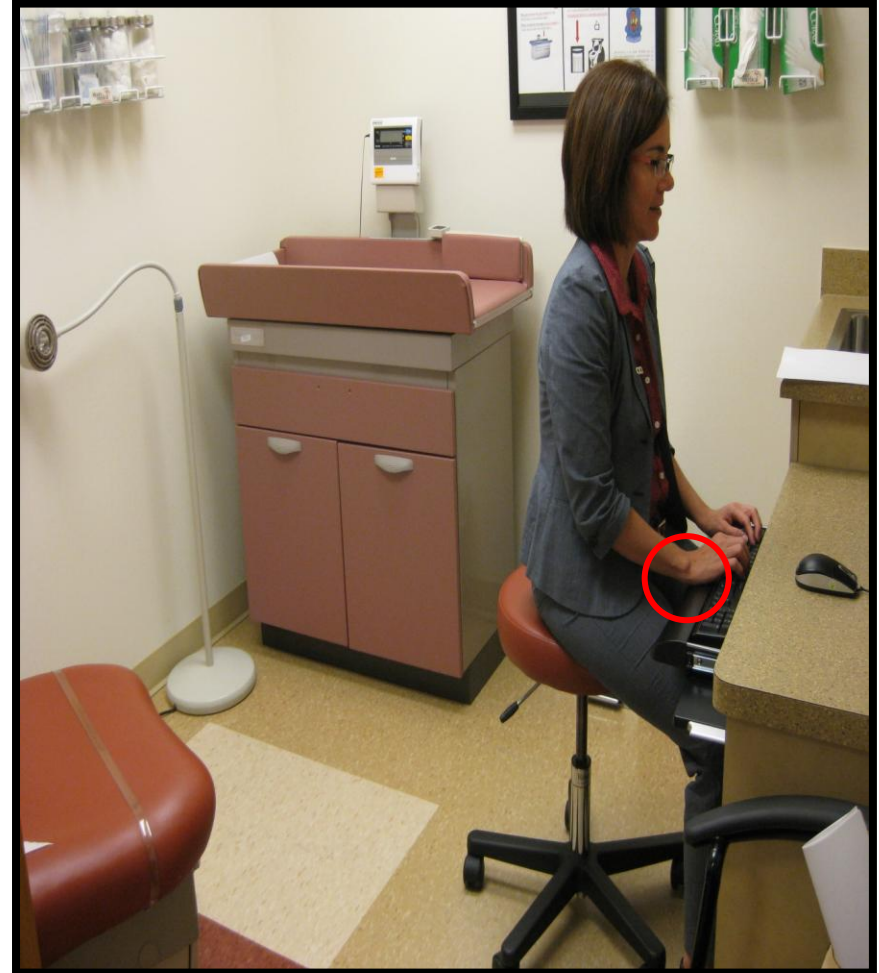
EMR has been implemented and dedicated space for charts has been reduced.

## Opportunities:

Limited planning for technology changes.

Exam room computer is not position appropriately.

Position of the keyboard and monitor is not ergonomically friendly for provider.





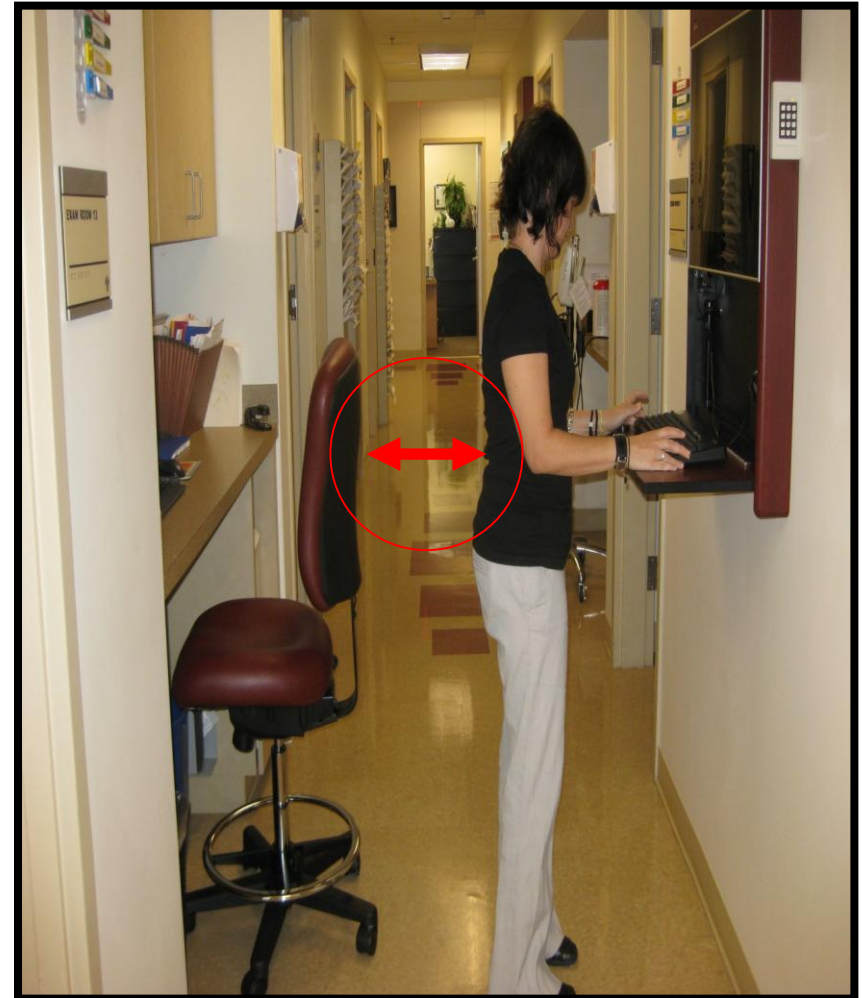
## Success:

Providers that quickly document without going back into the room or to their office.

## Opportunities:

Documentation space outside the room.

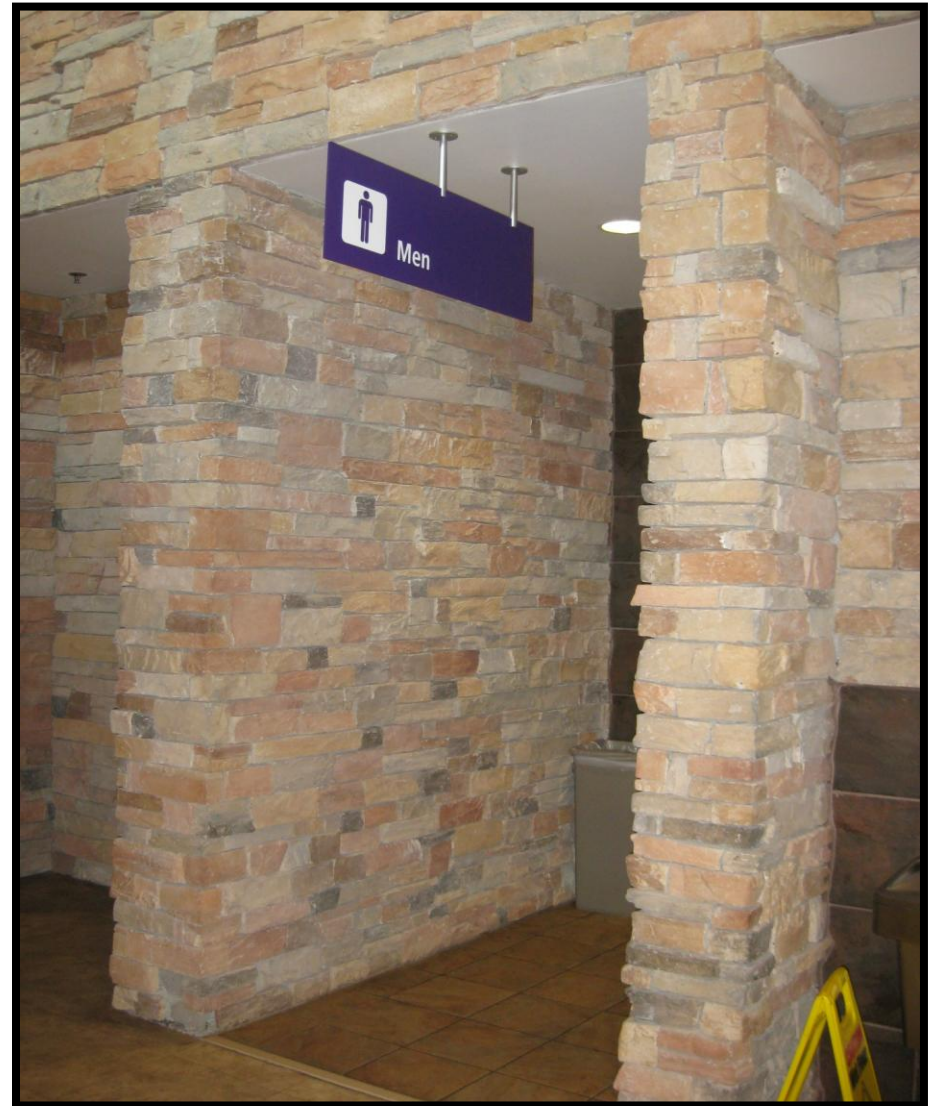
Lack of walk through spaces between stand up documentation area and sit down documentation area.



**Success:**  
ADA friendly

**Opportunities:**  
Locating men and women's restrooms side by side would have been preferred.

Not having doors on bathrooms is not kid friendly.





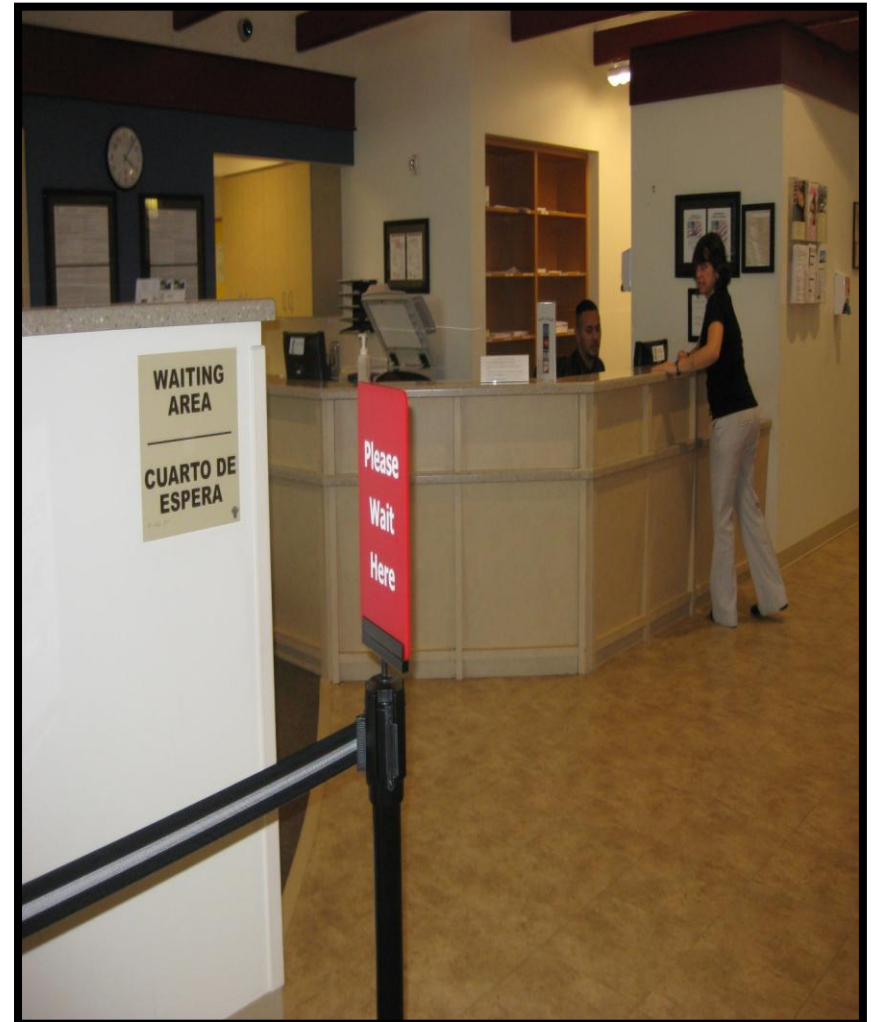
## Success:

Spacious area to flex according to need.

Use of mobile separation barriers has been the easiest solution.

## Opportunities

Check-in desk at certain times are over crowded.





- 1. Apply planning lesson to future clinic planning projects**
- 2. Open Radiology space 2011**

# Funding Capital Projects

*- from financial goals to design parameters*

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Anita Addison, MCP, MPH

Chief of Planning & Strategic Advancement

La Clinica de La Raza

November 13, 2010



# About La Clínica

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- ◆ Federally-qualified Health Center, funded under Section 330 community health center program of U.S. Health and Resources Services Administration
- ◆ 501© 3 non profit organization
- ◆ Founded in 1971 in Oakland, California
- ◆ Provide medical, dental, optometry, health education, case management, and behavioral health services
- ◆ Governed by 18-member Board of Directors, 51% are clinic patients



# Serving 3 Bay Area Counties



- ◆ 61,909 patients in CY 2009
- ◆ 69% Latino
- ◆ 304,198 visits
- ◆ 46% Medi-Cal
- ◆ 595 FTE
- ◆ 25 service sites
- ◆ \$72M budget in FY 10-11

# Preparing for Health Care Reform

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- ◆ Quality Improvement
  - Changes in reimbursement – from fee for service to pay for performance
  - Electronic Health Record implementation
- ◆ Expanded Access
  - Coverage does not equate to access without additional capacity
- ◆ Capital Expansion
  - Essential to ensuring that expanded health coverage leads to more people having access to primary care



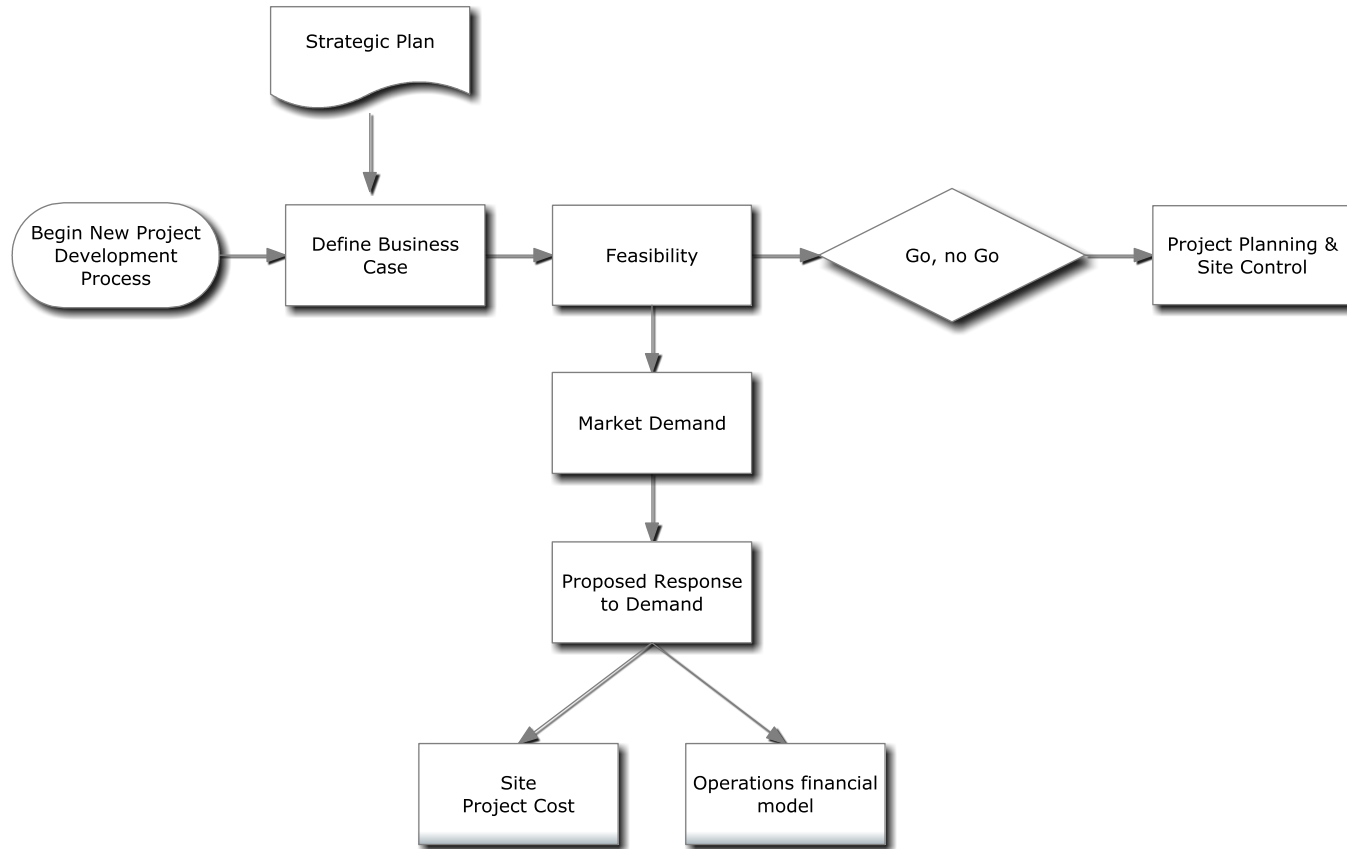
**Our approach to  
capital expansion**

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*San Antonio Neighborhood  
Health Center*



# Capital Expansion Decision-Making Process



# About the SANHC Project

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- ◆ Primary Care Clinic in East Oakland
- ◆ 5,920 patients, 29,480 visits in 2006
- ◆ 6,500 sf clinic
- ◆ Purchased 9,300 sf adjacent building to expand the clinic



# Project Goals

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- ◆ Expand Services – especially prenatal
- ◆ Add behavioral health services
- ◆ Improve Marketability
- ◆ Improve staff morale
- ◆ End overcrowding
- ◆ Improve operational efficiency

# Project Feasibility

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- ◆ Conducted Initial Feasibility Study to determine:
  - Market Demand
  - Project Cost Estimate
  - Fundraising Capacity
  - Financial Feasibility

## OUTCOME:

- ✓ Patient demand existed (Medi-Cal population)
- ✓ There was some fundraising capacity
- ✓ Project was financially feasible, i.e., projected patient volume, revenues were enough to cover additional operating expenses, including debt.

# Sources and Uses

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## ◆ Sources

– Debt:	\$ 4.7 million
– Equity:	
• Grants & Contributions:	3.75 million
• La Clinica:	1.4 million
<u>Total:</u>	\$ 9.85 million

## ◆ Uses

– Land	\$ 1.4 million
– Construction	5.7 million
– Soft Costs	2.75 million
<u>Total:</u>	\$ 9.85 million





# Project Planning Assumptions

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- ◆ Current location is the optimal site to serve target population
- ◆ Any debt should be serviced by SANHC operations.
- ◆ Expected patient growth from 5,920 to 10,605 by FY 11-12
- ◆ Expected visit growth from 29,480 to 53,892 by FY 11-12
- ◆ WIC services will move back
- ◆ MD's grow from 5.63 FTE in FY 06 to 7.63 in FY 12
- ◆ Mid-levels grow from 3.4 FTE in FY 06 to 5.4 FTE in FY 12
- ◆ Total staff grows from 51 FTE in FY 06 to 77 FTE
- ◆ Clinic hours will be extended
- ◆ Average 7 providers scheduled in clinic
- ◆ 2.5 exam rooms per provider = 18 exam rooms

# Overarching Design Requirements

- ◆ Promotes attractive, inviting space
- ◆ Preserves staff cohesiveness and communication
- ◆ Promotes efficient patient and staff flow aided by current & future technology
- ◆ Project costs stay within projected budget
- ◆ Promotes operating and maintenance efficiencies

# The End Results

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# Promoting Staff Communication



Provider  
Office

Exam  
Room

MA  
Station

# Marketability, Maintenance, Cost Considerations



Linoleum  
Flooring

Vinyl  
Upholstery

Laminate

# Preparing for EHR



PC on adjustable  
wall-mounted  
stand



# Our Renewed San Antonio Clinic

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- Expanded existing 6,500 sf clinic to 16,000 sf through purchase and renovation of adjacent building
- \$9.85 million project cost
- \$3.9 million in New Markets Tax Credit Financing
- \$3.75 million capital campaign
- Completed June **2009**



# Doug Moore

## Facilities Manager



# Where We Are



# Health Centers

Clinica Sierra Vista is the nation's third largest federally-qualified health center, operating in 65 leased or owned properties located in three central California counties:

- Twenty-three (23) comprehensive primary care community health centers (15 in Kern County, 8 in Fresno County, and 1 in Inyo County)
- Six (6) dental centers
- Six (6) behavioral health centers
- Twenty-six (26)WIC locations
- Three (3) Family Resource Centers
- Four (4) AFS/DR (Adult Family Services/Differential Response) locations in the rural and urban areas of Kern, Fresno, and Inyo counties

# Who We Serve

- Fresno, Kern and Inyo Counties
- Underserved population/areas (*MUA/MUP, HPSA*)
- Poverty, uninsured, unemployment among highest rates in nation:
  - In Fresno County, 21.9% income below poverty level
  - CA 12.4% income below poverty level (*Citi-Data 2007*)
  - April 2010 unemployment in Fresno County: 16.9%
  - CA unemployment rate 12.6% (*CA Employment Development Department*)
- Ninety-five percent of CSV patients system-wide below 200% poverty



# The Right to Quality Healthcare is our Mission



***Recipient of the National Association of Community  
Health Centers 2010 Migrant Health Award***



# Arvin Community Health



Providing comprehensive primary medical care, family practice, internal medicine, obstetrics and gynecology, pediatrics, WIC services and preventive health care.

# Floor Plan



# Wayfinding





# Provider's "Bullpen"

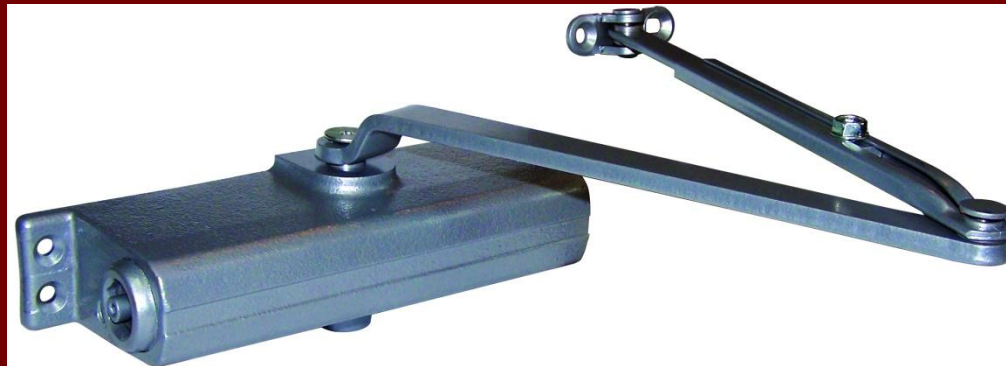


# Nurse's Station





# Security





# Lessons Learned

- Use a template or a boilerplate specification
- Specifications, specifications, specifications- take the time.
- Usefulness of a Community like CHD

# Outcomes

- Reduction in change orders
  - Using new designs in older sites
- More productive sites – 6 days, 10 hours/day
  - 12,000 sq ft, 7 docs = 3,765 encounters/month
  - 8,000 sq. ft, 4 docs=2310 encounters/month
    - 577 per doc per month vs. 537 per doc per month
    - Each doc in our current template site sees 40 more a month
- Happier patients and staff
  - *Transition from a sanitarium look to a warm home look*
  - *People work better together, less burn out, better care*
  - *Consideration of peoples concerns in the environment of care*

# PANEL QUESTIONS & DISCUSSION



**Flexible and adaptable**



**Technology-enabled**



**Connected and accessible**