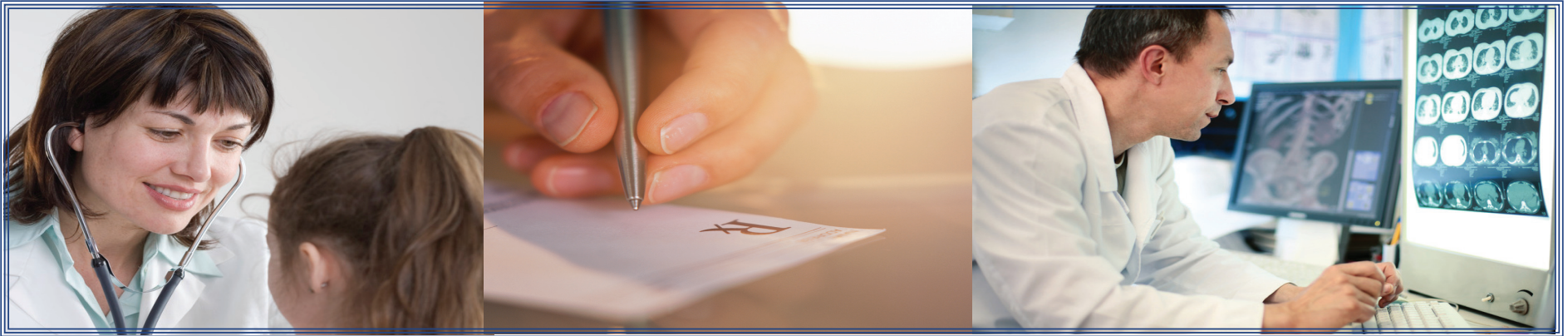


Creating a Healthcare Facility that Supports the Patient-Centered Medical Home

A Tool-kit for Health Center Staff and Boards

Prepared by Capital Link | March 2011



Your facility is the stage upon which the play of efficient and effective healthcare delivery is performed for your community audience. Is your stage reflective of your dialogue? Does your stage accommodate the actors' movements? Does your stage improve the experience of both actor and spectator? Following are some tips and tools for creating a stage which more effectively supports a Patient Centered Medical Home model of care. It will not assure a box office success, but it will assure that the focus remains on the action and the play is not soon forgotten.

“The Patient-Centered Medical Home is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.”

NCQA Website, 2011



Creating a Patient-Centered Environment of Care

“Care that is truly patient-centered considers patients’ cultural traditions, their personal preferences and values, their family situations, and their lifestyles. It makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions.”

IHI website, 2011

Overriding Principle: The patient/provider encounter is enhanced by a continuously decreasing level of patient stress from home to exam/operatory/consulting room. A low level of personal stress will encourage patient self-disclosure and increase effective interactions. A health center which facilitates access and addresses personal needs will “set the stage” for stress reduction.

ACCOMMODATE PERSONS ACCOMPANYING THE PATIENT

Supportive Waiting	Create multiple comfortable “drop offs” to give the patient control over the level of involvement of family and friends. Key decision points in the patient flow process are (1) when they enter the building (2) when they enter the clinical waiting area (3) when they enter the clinical care zone and (4) when they enter the exam/operatory/consultation room.
Age-Specific Waiting	Accommodate children in adult waiting areas and adults in children’s waiting areas.
Stress-Free Waiting	Maximize the visitor’s experience by offering positive distraction within a healing environment. Consider refreshment alcoves, wireless internet access, reading materials and secluded seating.

COMMUNICATE A MESSAGE OF WELCOMING INCLUSION

Cultural Sensitivity	Offer subtle cultural cues which are not exclusionary: <ul style="list-style-type: none"> Maximize colors, symbols, graphics which have cultural meaning to the target population. Consider the patterns, color ways (see Intuitive Wayfinding) and wall art. Define movement through the facility using flow patterns reminiscent of significant cultural events and local natural spaces.
Familiar...but Better	Integrate community norms while exceeding expectations: <ul style="list-style-type: none"> Accommodate multiple methods of transportation. Create pleasant, safe and direct routes from bus stops to main entry. Consider covered drop-offs in communities with consistent inclement weather. Address personal care needs immediately – family restrooms with changing tables, cold water dispensers, umbrella covers – all communicate an environment of caring. Create space between the entry to an area and the location of staff, allowing the patient time to orient to the space prior to interaction. Be careful not to fill this area with other patients! Utilize exterior finishes common to public buildings within the community (schools, churches, libraries) to communicate stability and integration. Feed all five senses – lightly! Understimulation (the awkwardly silent room) and overstimulation (the blaring television) are both uncomfortable to the patient and visitor. Pay particular attention to smell, the sense most often ignored during Design Development. Integrate safety measures appropriately – The visibility of security stations, persons and systems should be directly proportional to the patient and visitor’s perception of risk.



CREATE A SYSTEM OF INTUITIVE WAYFINDING

Effective Signage	<ul style="list-style-type: none"> • Use Universal Symbols reinforced by text in the primary language(s) spoken by your patients and their families. One symbol can communicate the same information as many words, are used in non-healthcare venues such as transportation thus drawing on previous knowledge, do not require reading skills and can be discerned more easily by the vision-impaired. For a description of existing symbols and tips on their use, see www.hablamosjuntos.org. • Signage should never halt the patient/visitor flow. Creating the necessity to stop in order to read and understand signage will increase the reader's feeling of vulnerability, thus increasing stress. Signage should be brief, repetitive and able to be understood while walking. • When using color ways (colors to distinguish departments or routes) – choose your colors carefully. Be certain that the colors/shades are distinguishable for those with Color Vision Deficiency.
Efficient Movement	<ul style="list-style-type: none"> • Curves invite movement while sharp corners slow movement. Open areas encourage interaction while glass allows for observation but deters interaction. Carefully match architectural details to the intended activity. • Assure that a patient can always visualize a member of the health center staff. • Create corridors of appropriate width to manage the intended load – too wide feels as uncomfortable as too narrow. Think of corridors as road systems, allowing for one-way, two-way, exiting and pull-offs. • Accommodate personal needs (water, rest rooms, phones, wheelchairs) in private alcoves visible from common corridors to minimize transfer time loss and return route disorientation.
One Message, Multiple Methods	<ul style="list-style-type: none"> • Utilize technology such as kiosks and touch screens if common in community retail and public venues. • Reinforce all verbal communication with narrative and pictorial documentation. Offer personal escorts.

For additional tips: www.chcf.org, the California Healthcare Foundation website, for a copy of *Improving the Patient Experience: Best Practices for Safety Net Clinic Redesign*, 2009 and www.healthdesign.org, the Center for Health Design website, just click on “Clinic Design”.



Creating a Place to Call Our Medical Home

*“The medical home ... accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective care.”
(AAP policy statement 2002, reaffirmed 2008)*

Overriding Principle: Personal identification with place and person encourages comfortable interaction and consistent participation which is effective in reaching the goals of the plan of care.

FOSTER PERSONAL IDENTIFICATION

Personal Connection	<ul style="list-style-type: none"> Facilitate the development of a relationship between each patient and at least one staff person who the patient identifies as an effective point-of-contact within the medical home. Incorporate multiple areas within the facility for the patient and their chosen facilitator to interact during and between provider visits to strengthen this relationship. For example, place consultation alcoves/rooms at multiple points along common passageways and strategically locate staff telephones and computers to accommodate real-time response to patient inquiries.
Consistent Follow-up	<ul style="list-style-type: none"> Encourage post- and inter-visit follow-up within the facility by locating areas needing to be accessed for testing, case management, counseling and education between the main entrance and the clinical area. This familiarizes the patient with their location, eliminating the stress of entering a “new area”, and decreases patient/community load within the interior of the building.
Effective Teamwork	<ul style="list-style-type: none"> Incorporate zones which accommodate “warm handoffs” between staff/providers and patient. Effective options include alcoves accommodating three to four standing persons within the clinical area and a consultation room with direct access from both the waiting area and the clinical area. Build on the power of co-location to encourage coordination by providing swing suites, shared offices and team rooms for staff of all disciplines.





Overriding Principle: A flexible health center facility enhanced by a variety of technologies and spaces allows the patient, family and interdisciplinary care team to choose the most effective methods for assessment, development and execution of a coordinated plan of care.

CREATE NEW SPACES FOR THE REDEFINED PATIENT VISIT

Family Visits	<ul style="list-style-type: none"> Expand the exam room width by two feet to accommodate additional seating for family members, strollers or a mounted child activity board. Incorporate seating alcoves for four to six persons within the exam/operator/consult room so family can participate, while assuring the patient and provider may also interact privately.
Group Medical Visits	<ul style="list-style-type: none"> Room Design: Dimensions should accommodate 6-10 persons around a table. A refreshment counter and a small presentation area are optimal. Direct access (not crossing a public corridor or waiting area) to a toilet room, scale, specimen processing counter/sink and exam room is required. Optimal location is directly adjacent to or embedded in the clinical area. (Note: Centering Pregnancy group visits require 4-5 zones accommodating two persons at a time with a common area in the center. No table is required.) Renovations: Outdated paper medical records rooms are generally located in ideal locations for renovation as group medical visit rooms. New Construction: A 20x20 space bordering on at least two corridors can serve as a group visit room and be reconfigured to four 10x10 offices/ exam rooms if indicated by future demand. Rough-in utilities and place doors in appropriate locations for future sub-division to minimize cost and service interruption in the event of re-design. <p>For more tips on accommodating the group medical visit in your facility, see: www.aafp.org/online/en/home/practicemgt/quality/qitools/pracredesign/january05.html</p>
Group Education Visits	<ul style="list-style-type: none"> Locate the meeting area as close to the main entrance as possible to facilitate access without impacting clinical flow. Choosing a visible location will communicate the importance of education services within the medical home facility to both patients and community. The number and size of the room(s) should target utilization of spaces 80% of operating hours. Include internal closets for storage of tables/chairs/mats to allow efficient set-up for multiple educational experiences. Consider an internal or adjacent staging area for refreshments. Allow access to restrooms without entering clinical or administrative areas.
Technology Enhanced Visits	<ul style="list-style-type: none"> Locate computer screens to allow viewing by provider, patient and family and to allow data entry without sacrificing face-to-face interaction. Use movable carts and wall-mounted swing arms adjustable to multiple heights . Accommodate a consultation area and an exam area in a room dedicated to telemedicine encounters. Allow seating for at least one on-site staff person and position equipment and seating to include the monitor as the “third-person in the room”. This is generally accomplished in a room 150–180 square feet. <p>For a review of considerations when designing video conferencing rooms, see: www.avcc.karen.net.nz/tutorials/room-design-meeting-room</p>
Multi-Disciplinary Visits	<ul style="list-style-type: none"> Create task zones to accommodate examination, consultation, education and therapy. Task centers can be defined by visual cues such as draw curtains, paint colors, flooring changes, alcoves or 42” high counters/cases. Adapt finishes and furnishings of select rooms along standard exam room halls to create a supportive environment for consultation and education. Priority for conversion should be given to rooms with natural light. Facilitate timely multi-provider encounters with adjacent or shared office space for providers/staff from multiple disciplines. Consider Team Rooms with access to a private “talking room” if the patient areas are arranged in pods or by target populations.



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Your facility will either support or hinder the understanding of your words and the effectiveness of your actions. Careful facility pre-planning can insure that your “stage” supports an effective Patient-Centered Medical Home.

About Capital Link

Capital Link is a national, non-profit organization dedicated to assisting community health centers in accessing capital for building and equipment projects. From market feasibility and program, staff and facility plans to comprehensive financing assistance, Capital Link provides extensive technical assistance to health centers to assist in strengthening their abilities to plan and carry out successful capital projects. Additionally, Capital Link provides targeted loans to assist health centers in leveraging other sources of capital and works in partnership with primary care associations, consultants and other entities interested in improving access to capital for health centers.

Capital Link works nationally out of its main office in Massachusetts and satellite offices in California, the District of Columbia, Louisiana, Maryland, Missouri, Washington and West Virginia. For more information, visit www.caplink.org.

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