

# *Engaging Staff and Community in* **Defining Your Capital Project**



Prepared by Capital Link | April 2013



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## About Capital Link

Capital Link is a non-profit organization that has worked with hundreds of health centers and Primary Care Associations over the past 15 years to plan capital projects, finance growth and identify ways to improve performance. We provide innovative advisory services and extensive technical assistance with the goal of supporting and expanding community-based health care.

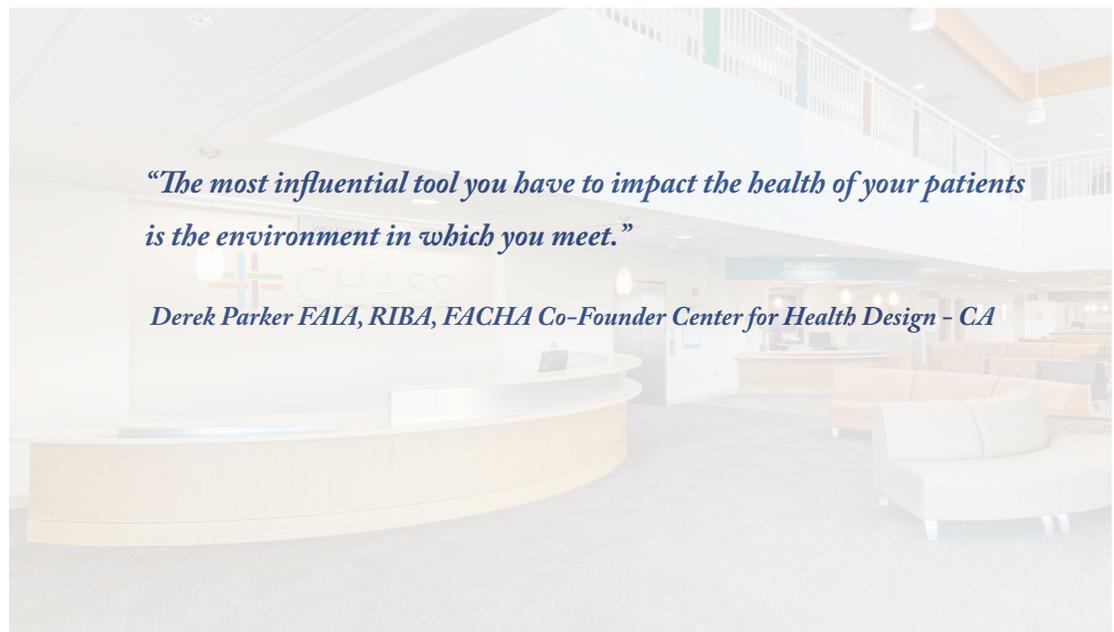
Established in the late 1990s as a joint effort of the National Association of Community Health Centers (NACHC), several state-based Primary Care Associations (PCAs), and the Bureau of Primary Health Care, Capital Link grew out of the community health center family and continues to support it through our activities. For more information, visit [www.capl原因ink.org](http://www.capl原因ink.org).

*A place **for** the community, shaped **by** the community and reflective **of** the community  
becomes an effective tool **within** the community.*

## Introduction

Your physical environment is a powerful tool which will either support or hinder the effective fulfillment of your mission and the efficient accomplishment of your daily processes. Historically, health centers have adapted facilities that have been available for reuse, discarded and broken, or simply gifted, adjusting the task at hand to fit the tools available. As community need demands growth, more tools are gathered, often leading to a maze of facilities which neither function efficiently nor effectively express the local culture. It is time to step back, evaluate the resources at hand and, most importantly, envision a new environment in which to engage your community - a place where your step is lighter on the way out than it was on the way in.

Many design elements can enhance the health center you create. However, before pen goes to paper (or cursor to screen), it is essential to engage your staff and community in the process of defining the tool that is needed. What is and is not effective about the current environment? What makes it comfortable, decreasing feelings of stress even when daily demands are challenging? What characteristics define a facility that works with staff and patient rather than against them? Here are some techniques to get you started!



# Understanding the Messages in your Current Reality

## REMEMBERING THAT VISUALS ADD CLARITY

### Spaghetti Diagram Exercise

Have each clinical care team choose one type of patient visit which is either the most common or the most problematic. Using your Emergency Egress Map as a working tool and a different color for each participant in the visit, draw a continuous line of “spaghetti” mimicking the pathways taken during that visit. Step back and look at the whole picture: See any bottlenecks? See any opportunities to better align the facility layout and the process steps?

## IDENTIFYING CONFLICT BETWEEN FORM AND FUNCTION

### Open-Ended Staff Discussion

*“On any given day, what do we do because it is best for our patients and staff and what do we do because it works best in our facility?”* This is effective either as an ice-breaker for a full staff meeting or as a kick-off to a team analysis of your current and future care delivery process.

### Capacity Analysis

*“What is our **real** capacity – do we feel overwhelmed because of the volume of our work or the environment in which we are working?”* Rather than defining capacity by a “full schedule” or even a “full house”, monitor and analyze resource utilization. What portion of the patient template is effectively utilized? What percentage of each week does the provider template maximize staff and physical resources? What percentage of the time are all exam/treatment rooms being utilized for patient care? Have we created an environment that resembles the tumultuous tides of a winter storm or a placid pond on a summer afternoon?

## SEEING THE ENVIRONMENT THROUGH THE EYES OF THE PATIENT

### Staff Exercise

In small groups of five or six, move through the facility mirroring the patient visit process. Each staff member takes on the challenges of a different type of patient – pushing another in a wheelchair, negotiating a stroller, managing a walker, using pillows to mirror morbid obesity, using glasses lightly smeared with petroleum jelly to mirror aged eyes. Be creative, the more variety the better. Feel free to engage board or family members in the exercise. Post-exercise discussion: *“Does our physical environment decrease stress and communicate welcoming inclusion?”*

## Understanding the Messages in your Current Reality

*“As you move through the planning process, it is vital to have a team member devoted to capturing and documenting everyone’s suggestions and priorities, and then to circle back to those who gave input, way before opening day. Often people will still be thinking their great ideas were implemented, just to find out after the facility opens that what they suggested was not the final decision. Defining a facility is a team effort which benefits from everyone’s ideas, but you don’t want people to be surprised, hurt or upset because the final outcome was unexpected.”*

*Kathie Powell CEO, Petaluma Health Center - CA*

### HARNESSING THE POWER OF PROCESS PILOTS

Engage staff and patients in the exploration of alternatives by running multiple pilots, documenting positive and negative outcomes, adjusting the pilot, trying again... the early planning process is the time to foster creativity and refine alternative options as a prerequisite to a focused design development phase, a change order free construction phase and an efficient activation phase of the new site. Places to start:

#### Reuse of Rooms

Have you effectively transitioned from paper to electronic records? Medical records rooms are traditionally located between the entry/reception zone and the clinical care zone. This is the ideal location to pilot interdisciplinary team work or group medical visit rooms.

#### Mix up the Flow

Whatever you currently do, try an alternative! If you have a traditional weights and measures alcove, outfit two or three exam rooms with scales and skip the alcove. Identify spots where family/support seating can be internal to the clinical area rather than sending these persons back and forth between exam and waiting. Rearrange exam rooms – turn the exam tables, replace some exam tables with a round table and chairs. The key is active creativity which produces real-time feedback before costly “improvements” are incorporated into your new site, having never been tested within your community and organizational culture. (Scales, seats, etc.)

# Defining the Capital Project Program Plan

## DEFINING AND REFINING THE CURRENT PROGRAM

### **Organize and Document your Current Services**

In outline form, document the services currently provided either by department, lifecycle or site. This is most informative if each team documents their own services which are then reviewed and collated by the management team. Did you know you do (or no longer do) all of those things?

### **Evaluate your Current Services**

Convene the management team and the project team. Be sure this includes someone who has been there “since the beginning” and is cognizant of the historical significance of decisions. For each item in your outline, answer the following four questions:

- Why did we start this?
- Is our reason still relevant?
- How effective are we being?
- Can the cost be supported?

### **Rewrite your Program**

Based on the answers to the four questions, rewrite your current program to reflect a more effective future reality. Set this aside. It is the foundation of the program plan for your new facility.

## USING THE REFERRAL EXPERIENCE

### **Trend Referral Data**

Create a map of the location of your current referral resources and color code to reflect the level of annual utilization for the current year. Now repeat the exercise for each of the two previous years. Are there dramatic changes in the location or volume of referrals? What are the challenges for your patients in managing these referrals? Resources that are highly utilized and a significant distance from your site are priorities for inclusion in your new facility.

## *Defining the Capital Project Program Plan*

### **Evaluate Referral Outcomes**

Interview your referral management staff. What are the barriers to patients fulfilling referral appointments or managing the resulting plan of care? Which of these barriers could be eliminated if services were available onsite? Are there services which the health center provides, but the capacity is limited? Are the outcomes of health center services improved over the offsite referrals?

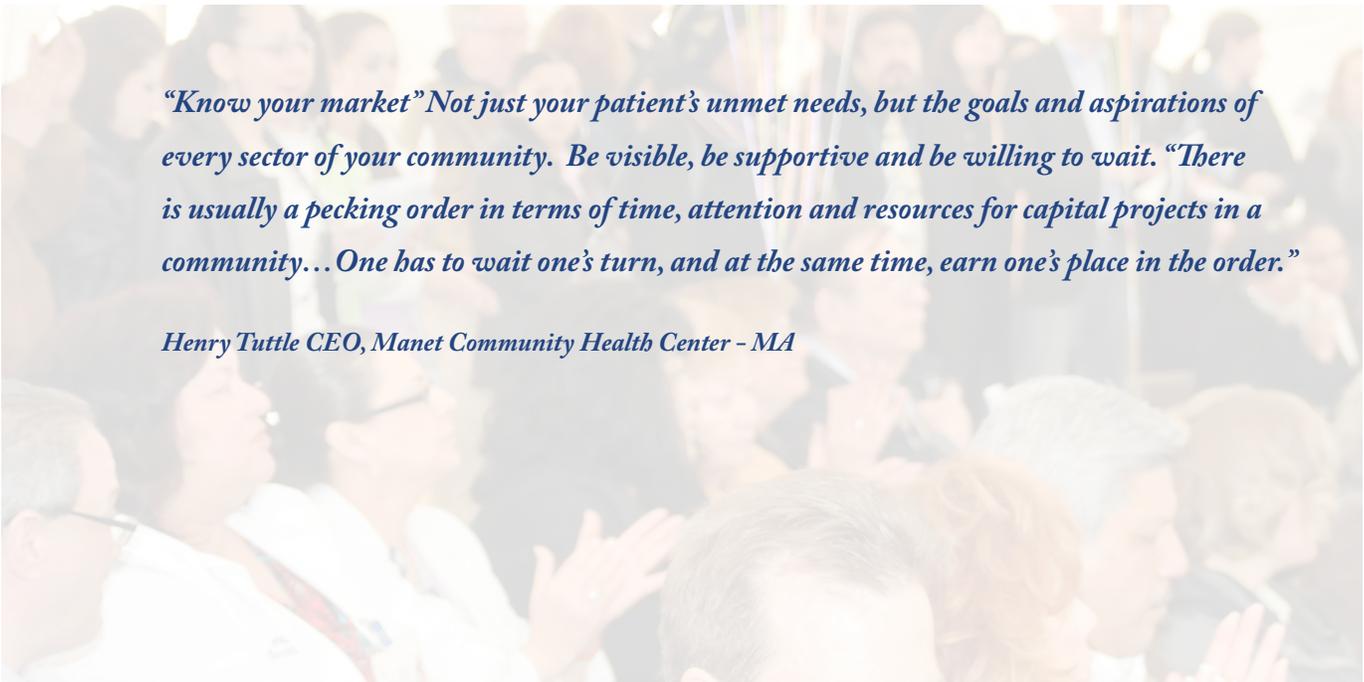
## **ENGAGING THE COMMUNITY AT LARGE – “WELL, YOU NEVER ASKED!”**

### **Community Networks**

Engage all project planning team members, not just your management team, in active participation with networks and coalitions to expand your understanding of gaps, opportunities and commonalities within your community.

### **Community Receptions**

Engage your community leaders by holding receptions for new staff and events celebrating program milestones. Personal follow-up with each attendee is an excellent way for the team to gain fresh perspective and build long-term support.



*“Know your market” Not just your patient’s unmet needs, but the goals and aspirations of every sector of your community. Be visible, be supportive and be willing to wait. “There is usually a pecking order in terms of time, attention and resources for capital projects in a community... One has to wait one’s turn, and at the same time, earn one’s place in the order.”*

*Henry Tuttle CEO, Manet Community Health Center - MA*

# Defining the Project Goals and Core Principles

## GATHERING MULTIPLE PERSPECTIVES TO INFORM DIRECTION

Invest in focus groups that are effective in engaging your audience. Serve refreshments. Offer incentives (thank you gifts) for participation. Offer child care by prior arrangement. Carefully choose facilitators to create a relaxed environment which encourages candid interaction. Patients are generally more comfortable if clinical providers are not present. Leadership may benefit from an outside facilitator. Consider these “kick-off” questions:

### Focus Groups with Referral Providers and Agencies

*“We want to create an environment in our new facility which is approachable and calming. Based on feedback you hear from our patients, what do you suggest?” “As we work to define our new facility, what could we include that would make it more comfortable for you to refer your clients to us for care?”*

### Focus Groups with Patients

*“Who do you know that does not think they can come to our center?” “Who do you know that will not come; can we do anything to change that?” “When do you feel uncomfortable telling someone where you get your healthcare?”*

### Focus Groups with Staff

*“When you are in a social situation, how do you describe where you work?” “In one sentence, how would you describe what you do here?”*

### Focus Groups with Leadership

*“Who is our “Community” in “Community Health Center?” “Is it a geographic area, a target population or our entire population?” “Does our project plan reflect that definition?”*

### Focus Group with Clinical Staff

*“What is our “shining star” – is this an opportunity to develop a “Center of Excellence?” “Where are our outcomes not meeting benchmarks – is this an opportunity for a change in approach or is this an opportunity to turn this area over to a more effective entity?”*

## COMMUNICATING EFFECTIVELY

### Organizational Exercise

Develop the elevator speech – or, the check-out line speech! Using a series of small group discussions at all levels of the organization, create a succinct response to the statement: *“I hear you are building a new building”*. Make every word count; these are key opportunities to consistently and effectively engage the community in both the vision and execution of your capital project.

# Assessing the Community to Inform a Patient-Centered Environment

## REFLECTING THEIR PREFERENCES

### Take a Field Trip

Given the opportunity, what kind of spaces do your patients design for themselves? Visit community centers, churches, restaurants, day care centers and fraternal organizations. Is there a common color palette or decorative theme? Are the spaces generally formal or informal? How are they approached – are there defined entry and interior transition zones or is the line between interior and exterior blurred with glass walls and exterior decking? What concepts are transferable as you design a healing space for the community?

## ASKING FOR THEIR HELP

### Incorporate an Exit Question into the Visit Process

*“Thank you for coming today. Is there anything we could do to make your next visit (smoother ... more helpful ... more pleasant)?”* Evaluate patient complaints and comments to target the question directly at what patients have been telling you in the past. Arrange responses in categories identifying common themes. Define action steps in the planning of the new facility which would address those common themes and thus improve the patient experience.

## CARING FOR THEIR FRIENDS AND FAMILY

### Query Existing Patients

*“What could we do to make the people who come with you to your appointments more comfortable?”* Addressing the needs of children, spouses, caretakers, and community support persons will not only decrease the stress of the patient and support continuity of care but send a powerful message of mission and vision to the community-at-large.

# Assessing the Community to Inform a Patient-Centered Environment

*“In our first (capital) project we did not put the patient at the center of our facilities planning which resulted in some “on the fly” facilities adjustments. Our second project places our patient’s experience at the center of our facility. We educated our architect and our contractor on the importance of creating spaces that reflect our intention to be a health care home.”*

*Chris Stewart, CEO - Katy Trail Community Health, MO*

## SELECTING AN EFFECTIVE SITE

### Where is your “Community”?

Targeted populations thrive in a location that is culturally owned by their extended community. Build upon this sense of ownership by selecting a site that is part of the fabric of that community. However, location in a neutral zone is critical if your vision is to draw from the entire community over a broad geographic area. Where do all members of the community currently rub shoulders comfortably? Perhaps in a retail or education zone. Perhaps adjacent to a community recreation area. Send a message of cultural inclusion by utilizing current bridges spanning cultural groups. (see **Focus Groups** above)

### Our Sense of Place

It goes before and beyond the reality of today. Your site will be partially defined by its previous utilization as well as current neighbors. Have each staff and board member explore the intangible values associated with potential sites with exploratory questioning and intuitive listening. Don’t forget to query multiple generations. You may find that a seemingly neutral site is not neutral at all when taken in historical context.

### Accessible – to Whom?

How many of your patients and staff depend on public transportation? What about walking and biking? What zones are perceived to be safe during daylight, but would not comfortably support extended hours? Quick Query – “If we move to \_\_\_\_\_ (show a map or picture), how would you get there from your home?”

## *Exploring New Models of Care within New Environments*

A flexible health center facility enhanced by a variety of technologies and spaces allows the care team to match each patient and family to the most effective environment for assessment, development and execution of their plan of care.

### **EFFECTIVELY COMPLETING SITE VISITS**

#### **Where to Go**

Explore options via public listings of federal and state capital grant awardees, primary care association announcements and professional journals. The key is to align your choice of site with at least one important element of your project. Similarities in community culture and size, target populations, program of services and provider mix are all opportunities to successfully transfer innovation to your new environment.

#### **Who to Take**

The internal project planning team – but not all at once. A workable size for a site visit is three persons. One clinical, one operations and one administrative staff person is generally a good mix. A site visit targeted at a particular program or model of care might include three persons with different roles on the same interdisciplinary care team.

#### **What to Look at**

Get the big picture, and then look at the details. It is critical that the areas of focus are understood in context. Observe each design element from the perspective of the staff, the patient and the community. How does the intent of the design element match the actual outcome?

#### **Who to Talk to**

An overall tour completed with a member of the health center leadership helps define the overall objectives of the facility design. It is then helpful to talk to the users of each specific area of interest.

## *Exploring New Models of Care within New Environments*

### FOSTERING INNOVATION BY EXPLORING NON-TRADITIONAL RESOURCES

#### **Retail**

Look for examples of process design. What can be learned by the entry and exit processes? What techniques are effectively used to “wrap-up” the process. How are the “preferred options” displayed? Analyze the shopping experience in a stand-alone store, an interior mall store and a box store. How is the desired balance between professional service and customer autonomy achieved?

#### **Hospitality**

Look for examples of effective wayfinding, appropriate and subtle security measures and interior finishes that are easy to maintain while communicating the desired ambiance.

#### **Education**

Look for examples of effective learning environments. Training rooms, community rooms, telemedicine rooms and children’s play areas will all benefit from the technology, equipment, furnishings and finishes found to be effective in other learning environments.

*Remember the goal is not to “**Build a Building**”, but to “**Create a Facility**” –  
a facility which will function as a powerful tool to effectively engage your staff with your community.*