Primary Academic Areas Affected

1. Physician and Faculty offices
   1. Co-habitating strategies
2. Resident lounges and study areas
3. Resident areas on Med-Surg units and other primary care departments
4. Meeting and teaching spaces
5. Image of Creighton University on this new campus
Site Plan
Academic Spaces

BERGAN TWO
- 5 LARGE MEETING ROOMS
- 2 SMALLER MEETING ROOMS
- RESIDENT LIBRARY
- GYM / SON OFFICES

ON-CALL SUITE
- 25 RESIDENT FELLOW ON-CALL ROOMS
- 8 FACULTY ON-CALL ROOMS
- 15 STUDENT ON-CALL ROOMS
- RESIDENT LOUNGE
- STUDENT LOUNGE

NEW CLINIC BUILDING
- 121 EXAM ROOMS
- 6 NON-STRESS TESTING ROOMS
- 9 PROCEDURE ROOMS
- 13 DIAGNOSTIC ROOMS
- 7 ULTRASOUND ROOMS
- 8 TEAM AREAS

CONNECTING LINK
Formula for determining amount of space and sharing requirements
Learning Outcomes

1. Develop design strategies to improve educational training for students, residents, and staff at your campus medical center that will, in turn, improve patient outcomes. How to make it happen.

2. Describe how to integrate two organizations to design optimal education environments that benefit students and patients alike. The challenge of merging cultures.

3. Create environments conducive to training medical leaders in an immersive, real-life setting.

4. Gain tools to accurately measure how building design improves medical education and patient outcomes after the hospital and medical school merger is complete. What was learned.
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Learning Objectives

1. Design Strategies for process to successfully consolidate an academic/private health system.

According to us, anyway
1. Design Strategies for process to successfully consolidate an academic/private health system.

1. Ensure proper user group make up and that proper decision makers are in the room at critical times. Communicate

Learning Objectives
A revised layout of the Emergency Department was presented with the following general discussion:

- The copy area located at reception should be open, not an enclosed room.
- Security should have a visible presence within the ED waiting area. The design team will investigate locating this function to the northeast corner of the reception area where support space is needed. Support will be relocated at the opposite side.
- CHI is investigating options for point of care. This will determine if testing is done in the ED or lab.
- CHI asked the design team to determine if the pair of double doors located north of the triage room could be eliminated.
- A staff shower near the isolation room needs to be studied for decontamination situations. It would be ideal to utilize the decontamination shower in the ambulance garage.
- CHI raised communication concerns about the split centralized staff workstations.
  a. The northernmost staff area would observe traffic coming into the ED from the ambulance entrance and monitor the psych room to the west. (This arrangement could be an L-shape configuration).
  b. The staff work space to the south (including support spaces) will be reconfigured for better visibility to the patient care areas.
- The size of the medication room in the CDTU appears large. Investigate enlarging the equipment storage room.
- The design team will look at shifting the CDTU rooms to the west and move the telemedicine rooms to the east.
- There is a desire to have a large trauma service elevator to serve the beds tower. The design team will investigate converting the two public elevators west of the CDTU into one large elevator. These public elevators are underutilized.
- A patient care nourishment station is needed. This should be a controlled space or room accessible by staff only.
- A parking area for law enforcement should be located near the ED entrance.
- ED patient parking is a concern. Is there a possibility to provide a pedestrian path from the existing parking deck to the ED walk-in entrance?
- Treatment rooms:
  a. Patients will be treated from the patient’s right side. (Physicians right side, nursing staff left)
  b. Countertops, casework, monitoring, and nursing supplies will be located on the patient’s left side.
  c. The barrier-free rooms in the CDTU and large treatment rooms in the ED should include a patient lift. Options should be explored for providing a lift in the ambulance garage to assist with drive-up patients.
Learning Objectives

1. Design Strategies for process to successfully consolidate an academic/private health system.
   
   1. Ensure proper user group make up and that proper decision makers are in the room at critical times. *Communicate*
   
   2. Thoroughly evaluate all options (design and construction), even if they are not popular, in order to reduce disruptions as much as possible and control the project budget.
1. Design Strategies for process to successfully consolidate an academic/private health system.

1. Ensure proper user group make up and that proper decision makers are in the room at critical times. *Communicate*

2. Thoroughly evaluate all options (design and construction), even if they are not popular, in order to reduce disruptions as much as possible and control the project budget.

3. Plan and Schedule, Plan and Schedule, Plan and Schedule, Plan and Schedule............... you get the idea.
**Learning Outcomes**

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4. Gain tools to accurately measure how building design improves medical education and patient outcomes after the hospital and medical school merger is complete. What was learned.
Success vs. Failure: We Determined...

Leadership summit with leaders from other mergers
- Panel discussion
- Case studies – would say none were completely successful

**AGENDA**

**Wednesday, February 4th, 8:00 AM – 5:00 PM**

**Day One**
- Day One of the AMC Kick-Off Session will involve a panel of content experts from across the country who will provide insight into their experiences.

Participants will have the opportunity to review case studies and lessons learned from other's successes and unsuccessful endeavors. Key learnings and critical success factors will be identified and used to develop a Vision for the new Academic Medical Center and the ambulatory care site near the Creighton University Campus.
Success vs. Failure: We Determined...

Issues when consolidating

- Physician alignment - 2 different groups
  - Priority to merge to one group - Single most important thing done.
  - Other groups kept 2 physician councils – CHI combined them. 1 provider number.
- CEO’s and Dept heads – how to manage design process with 2 sets of leaders
  - Financial incentive to keep them involved. Timeline based.
- Maintaining schedule from an organization perspective
  - Design and Construction really didn’t start for 2 years after initial discussions
- Involvement of community - How do you not lose your patients?
  - Bus lines, etc.
  - Should they have their own shuttles?
Success vs. Failure: How to Affect Culture

1. The early stages of incorporating into the acute care setting of the Interprofessional Care and Education model
   • Model in full use at multiple sites across system in the city
   • Twice daily full clinic huddles with all providers and staff
   • Acute Care setting provisions for full team huddles in inpatient areas

2. Relocation of School of Medicine (SOM) and Graduate Medical Ed office (GME) to campus and in prominent locations that are visible.
   • Everyone Teaches – Everyone Learns


4. The merger facilitated best practices from each legacy organization in nursing practice.

5. Tracking patient experience data.
Learning Outcomes

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CONNECTION LINK

The Society for College and University Planning
Project based Learning

• Comforting aesthetic

• Ample natural light

• Interiors that naturally transition from hospital to learning environment

• Touch-down spaces that supplant traditional offices

• Variety of educational landscapes
Project based Learning

Critical to ensure the right balance of collaborative dialogue between students and physicians.

Re presents all academic spaces within all levels
Project based Learning

Critical to ensure the right balance of collaborative dialogue between students and physicians.

Represents different types of spaces: academic offices, cubicles, touch-down spaces, classrooms, resident research spaces
Construction

Hospital LL Renovations
Construction  What We Did Right: Patient Safety
Construction  What We Did Right: Minimal Disruption
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How Have Design Concepts Held Up & Lessons Learned

1. After first few groups moved in, project leadership established a 60 day hold on requests. Staff had to learn to work in their new unit or area.

2. Emergency Dept front end underwent a few modifications to deal with triage. 2 directors since opening.

3. ICU phased approach was very useful for modifications.

4. Lab Consolidation- New project now to consolidate system. Growing by double.

5. Comprehensive master plan being started now.
   1. Original concepts based on 100% of Bergan volumes and 77% of CUMC.
   2. Currently exceeding the amounts
How Have Design Concepts Held Up & Lessons Learned

Test Design Concepts
How Have Design Concepts Held Up & Lessons Learned

We learn the most from our mistakes.
# How Have Design Concepts Held Up & Lessons Learned

## 3 Months Post Transition

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How Have Design Concepts Held Up & Lessons Learned

13 Months Post Transition

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How Have Design Concepts Held Up & Lessons Learned

1. PACT (Patient Aligned Care Team) design model for specialty clinics
How Have Design Concepts Held Up & Lessons Learned

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How Have Design Concepts Held Up & Lessons Learned

1. Emergency Squad Garage
How Have Design Concepts Held Up & Lessons Learned

1. Emergency Squad Garage
Questions?