

Design expo builds on odd foundation

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Posted: October 1, 2010 - 12:01 am ET

Tags: [Construction](#), [Kansas](#), [Lobbying](#)

Master of ceremonies George Pressler kicked off the 24th annual Healthcare Facilities Symposium & Expo in a peculiar fashion.

After receiving a lifetime achievement award for his work with organizing the event, he told the more than 2,700 healthcare architects, engineers and facility designers that had gathered at Chicago's Navy Pier for their annual discussion about what constitutes a "healing environment" that they weren't doing their jobs.

He was speaking from a patient's perspective. Pressler cited his recent experience at Cedars-Sinai Medical Center in Los Angeles where, after experiencing a mild stroke, he was left on a gurney parked in a public hallway for more than five hours while waiting for a bed.

"It was so frustrating and exacerbating for me as a professional planner, programmer and designer being in this environment with no control over all the things I knew were possible to achieve to improve that environment," said Pressler, president of San Diego-based Planning Decision Resources, in an interview. "Knowing what I do about operational throughput and flow, I knew what the causes were."

Pressler added that he wondered if resource-rich institutions like Cedars-Sinai can't provide a healing environment, what can patients expect in poor rural and urban community hospitals. So, instead of a pat on the back, he issued a call to action. Pressler basically said to leave lobbying Washington to others and that seeking to persuade hospital leaders would be more worthwhile.

"We can make changes right now," he said. "We don't need approval from anyone but the boards and C-suite of the clients we work for."

In that spirit, the LongWave Group—a coalition of symposium regulars led by former Sutter Health director of health facility planning and development David Chambers—presented their "Care Studio Project" on the exhibit hall floor. While others boast that their concept is the "hospital of the future" and talk about "smart" patient rooms and smart this or that, the LongWave Group irreverently refer to their idea as the "dumb room" where patients would no longer be "tethered to a headwall."



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As they envision it, their building would have a cellular design, minimal infrastructure, and no dedicated emergency department. It makes heavy use of the LSTAT (formerly Life Support for Trauma and Transport), a highly mobile bed designed for military use which contains everything an intensive-care unit patient needs and requires hospital personnel to work as a highly orchestrated team similar to a NASCAR pit crew.

“The bed is where the technology is,” said Robert Pratt, an architect and CEO of the Pratt Design Studio in Chicago. “Department boundaries will be broken down.”

The hospital in this concept would include standardized parts including girders that slide into place and lock together forming a connection that meets California seismic standards for withstanding earthquakes.

According to Pratt, a typical 60-bed hospital requires a staff of 390 people and can process some 6,400 patient discharges a year. Using the LongWave concepts, which include single registration and waiting areas and minimal patient handoffs, Pratt says a multidisciplinary team of 299 people can process 8,400 annual patient discharges.

“Wherever there's a handoff or transfer, there's an opportunity for a problem,” Pratt explained. “We're talking about a 21% to 46% increase in productivity using this idea.”

Chambers, while moderating a panel discussion, noted the urgent need for dramatic improvement, and he said that “We're not solving the problems.” He added that, if those assembled at the conference don't start addressing these problems, “this industry will crash.”

In addition to discussing concepts, sessions were held by people just talking about what they're doing and how and why they're doing it. This included presentations on massive-scale projects such as the 2.3 million-square-foot [Cleveland Clinic Abu Dhabi Hospital](#) (described as a “glass box in the desert”) and the [new \\$1.27 billion Parkland Hospital](#) in Dallas—where officials are reportedly very sensitive about the use of that number.

“They don't let me say \$1.3 billion, it scares them when I round up,” said Walter Jones, senior vice president of facilities for the Parkland Health and Hospital System.

“Something this large can't get there with the usual approach,” Jones said, and Shelly Sipes, Eastern Regional Manager for Critigen, a Greenwood Village, Colo.-based technology consulting company, described the information technology infrastructure required to keep the 700 people working on the project's planning and design all on the same page.

The Parkland team's presentation ended with three-dimensional computer images--using BIM (Building Information Modeling) technology—which created something of a time-lapse photography video of the new hospital taking shape. The official groundbreaking is set for Oct. 28.

Unfortunately, one of the more inspiring programs of the conference was sparsely attended and only a handful of people heard the story about the [rebuilding of Kiowa County Memorial Hospital in Greensburg, Kan.](#), located—according to hospital administrator Mary Sweet—“five stoplights from Wichita.”

On May 4, 2007, the hospital and 95% of Greensburg were wiped out by a 1.7-mile-wide tornado that swept through the middle of town destroying everything in its path, Sweet said, with only “one block on the west and one block on the east” left standing. Thirteen people were killed and, of the 95 hospital employees, 68 lost their homes.

“We didn't decide *if* we were going to build, but *how* we were going to build,” Sweet said, adding that they also had to answer the question “How do you design a hospital for a city that doesn't exist?”

Ultimately, Greenburg decided to rebuild as green as possible, which Sweet said was something of a gimmick at first, but became a motto and rallying point. Now Sweet and the rest of the hospital staff is waiting to hear from the U.S. Green Building Council if Kiowa County Memorial will be certified as LEED platinum, the highest designation of environmentally sustainable construction awarded under the USGBC's Leadership in Energy & Environmental Design program. If it is, it's believed that Kiowa County Memorial will be the first critical-access hospital to be awarded platinum status.

Sweet added that the town took the attitude that they were “survivors not victims,” and architect and project manager Tim Dudte said people had faith in the project and each other—even if there were no misconceptions that people knew exactly what they were doing.

“This whole thing was on the fly,” said Dudte, who was working with the Wichita-based Health Facilities Group at the time. “Mary made decisions and didn't look back, and she was able to get data together and instill the belief we were heading in the right direction.”

It helps to have a sense of humor and, while showing an overhead picture of the new 15-bed facility and its 50-kilowatt wind turbine, Sweet noted that she took the photo while in a helicopter. “I wasn't riding my broom,” she said.

Humor is also a hallmark the presentations given by Marc Sauv , a senior healthcare strategist with Nashville-based Gresham Smith & Partners, whose talks are an annual highlight of the Healthcare Facilities Symposium. Sauv  mixes doom and gloom statistics and the bleakest projections about baby boomers overwhelming the Medicare system, while peppering his remarks with rapid-fire wisecracks.

“I want to apologize because I will probably offend all of you at least once,” he said in his opening remarks.

Sauv  compared the U.S. health system with other countries and included pictures and accounts of his [T.R. Reid-style visits to healthcare facilities in other nations.](#)

He noted that he met the surgical director of a Paris hospital while “she was out back having a smoke,” but also praised the French healthcare system's *Le Carte Vitale*, a plastic card containing a person's entire medical record going back to 1998.

“America has the best hospitals in the world, America has the best physicians and nurses,” he said. “However, we have the worst health system in terms of structure, incentives, and I.T.”

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