

Now what?

Transition-proofing Facilities

Ivan Cheung, AIA

Mickey LeRoy, AIA, ACHA, LEED AP

Angela Mazzi, FAIA, FACHA, EDAC

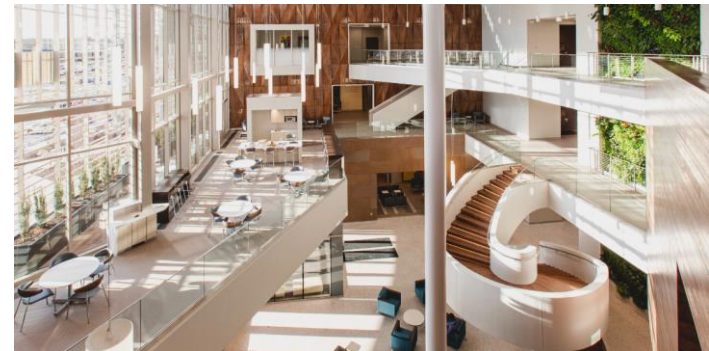


How do we cope with change?





...pivot, modify, change, transition, shift, revise...



HCD
HEALTHCARE DESIGN
CONFERENCE + EXPO

#HCDcon



Types of Design Process Transitions

01 STRATEGY

- Change in project **leadership, strategic vision, design goals or industry and market conditions.**

02 SCALE

- Change in project **scope, budget, schedule or conditions.**

03 EXPERTISE

- Change in project **stakeholders, technologies or processes.**



How do we cope with change?

“Resiliency is part **perspiration** and part **preparation.**”

Todd Henry

The Accidental Creative Podcast





Content & Objectives

- 01 Understand the difference between **user-centric** & **leadership-centric** design philosophies.
- 02 Build a **design framework for organizational transparency** while adapting to cultural and social needs and welfare of patients served.
- 03 List three **design strategies** that minimize the needs for costly renovations.
- 04 Learn to **facilitate discussions about innovation of care models** to get buy-in on design strategies to promote patient and staff well-being.

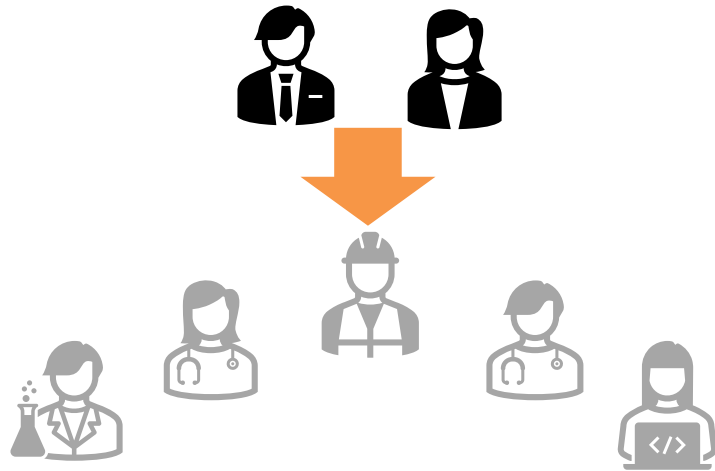


01 Understand the difference between **user-centric** & **leadership-centric** design philosophies.

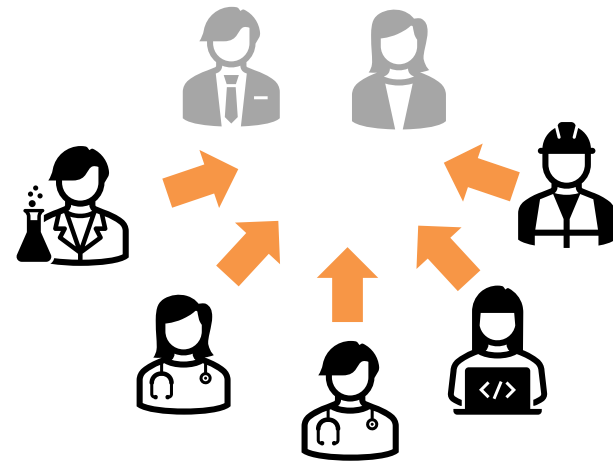


METHODS OF DECISION MAKING

Top down vs. bottom up



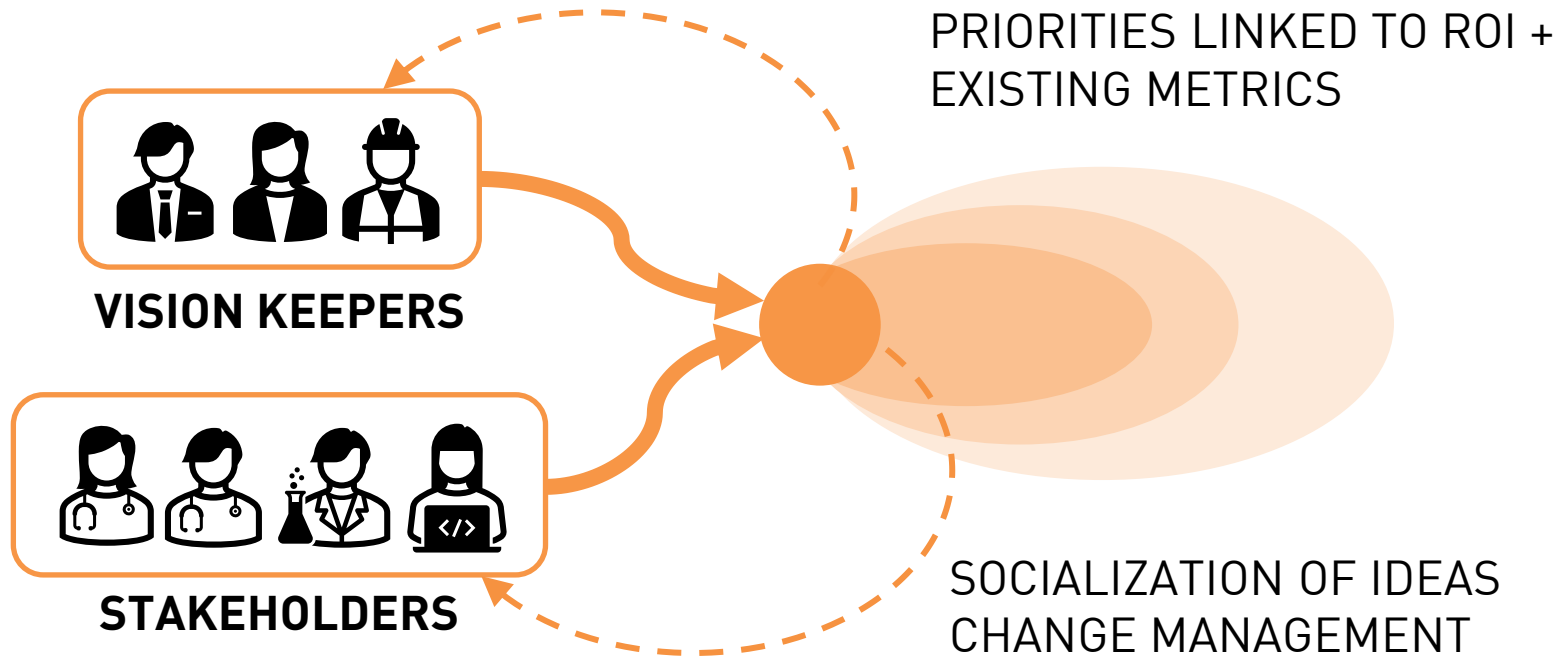
HEIRARCHICAL
STRATEGY OVERRULES
EXPERIENCE



SILOED
EXISTING KNOWLEDGE
OVERRULES INNOVATION



SHIFTING TO A COCREATION MODEL



02 Build a **design framework for organizational transparency** while adapting to cultural and social needs and welfare of patients served.

03 List three **design strategies** that minimize the needs for costly renovations.



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“COMPARTMENTALIZED” DESIGN

01 STRATEGY

- Leadership transition could imply shifts in vision and project goals
- Exercise of re-alignment for project vision & goals
- How to open up the decision making process about design from pre-set goals

02 SCALES

- Categorize design elements in terms of scales within a project
- 3 Tiers of healthcare design
- Framework for issue tracking and identify stakeholders

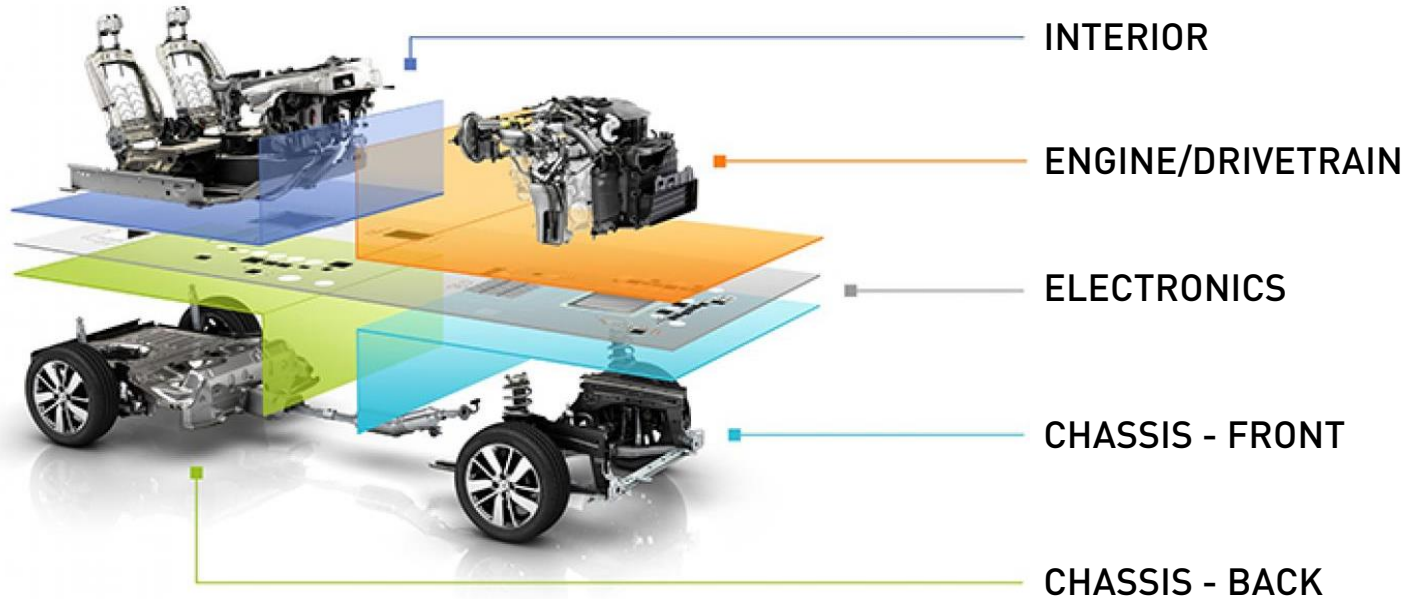
03 EXPERTISE

- Break down project into design modules for stakeholder tracking
- Design module as a communicative tool to understand project makeup
- Framework for issue tracking and identify stakeholders



LESSON FROM AUTOMOTIVE DESIGN

Design With Modules - Leverage the investment of developing the unseen elements



LESSON FROM AUTOMOTIVE DESIGN

Design With Modules - Leverage the investment of developing the 'unseen' elements



'SEEN'

&



'UNSEEN'



LESSON FROM AUTOMOTIVE DESIGN

Critical Shared Dimensions – Adapt to various scales to meet market need



XS



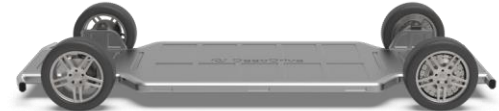
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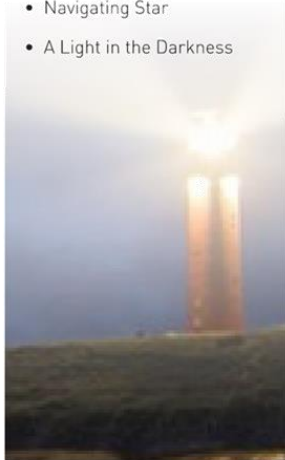
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01 STRATEGY - REVISIT PROJECT GOALS

Ministry & Mission

- Bring Help & Hope
- Navigating Star
- A Light in the Darkness



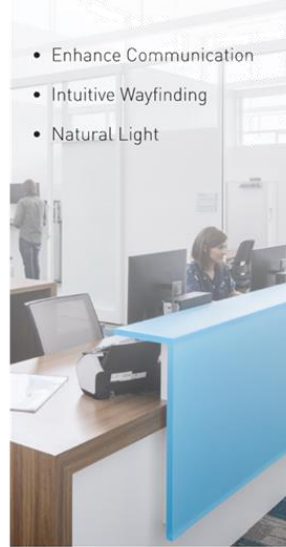
Clarity & Visibility

- Empower Navigation
- Branded Color & Material



Transparency & Openness

- Enhance Communication
- Intuitive Wayfinding
- Natural Light



Efficient & Universal

- Modular Building Envelope
- Flexible Assembly
- Adaptable Pattern

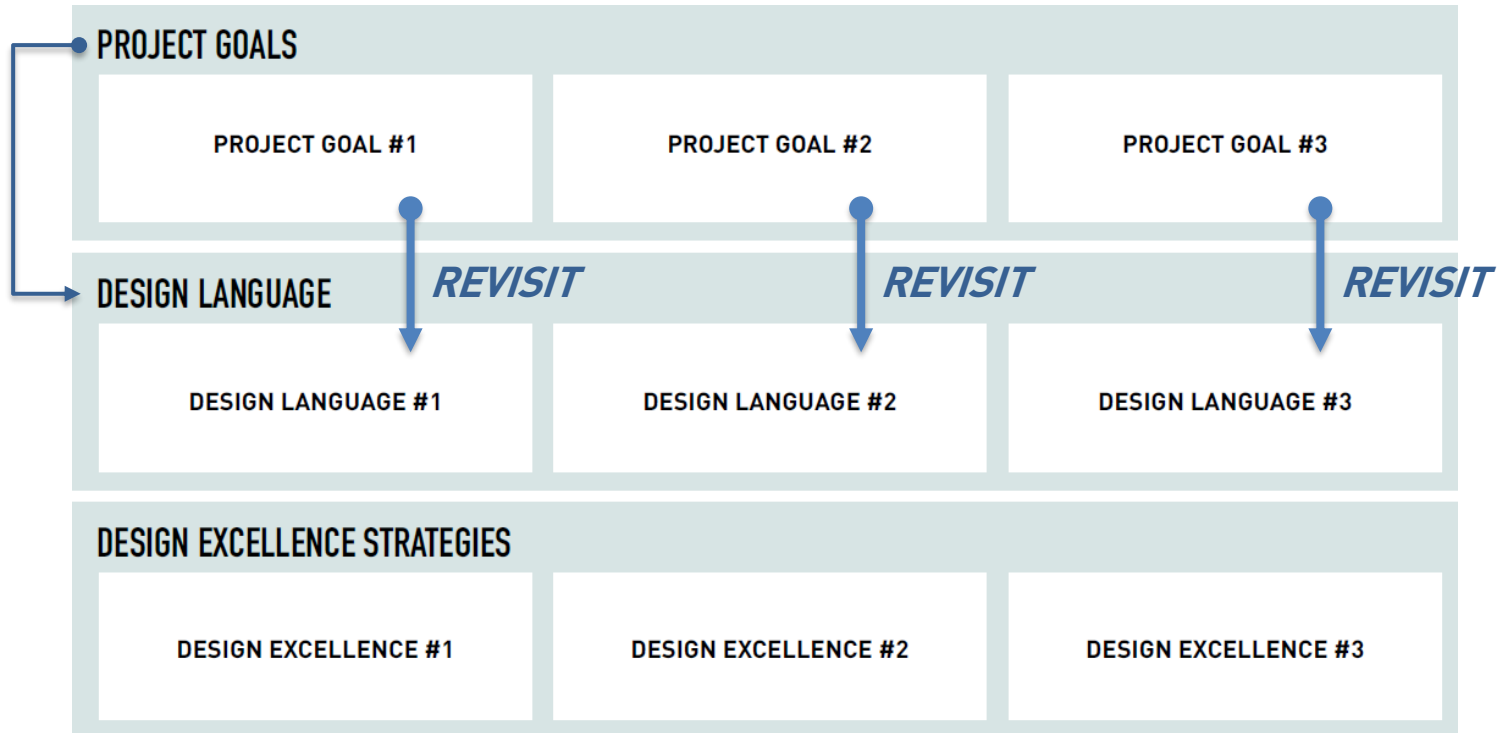


Calming & Sense of Safety

- Heal with Nature
- Environment for Pedestrians

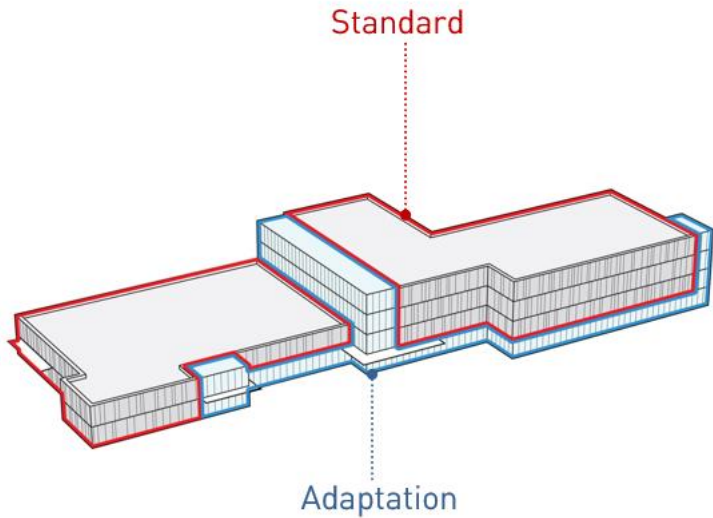


01 STRATEGY – REVISIT PROJECT GOALS

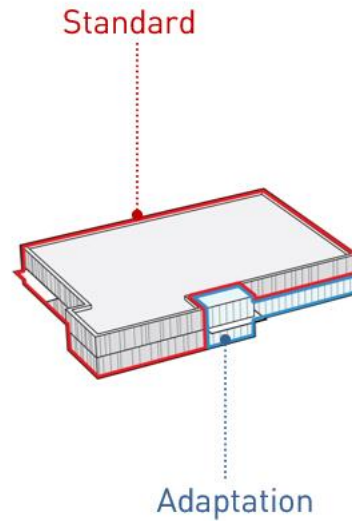


01 STRATEGIC TRANSITION: EXAMPLE

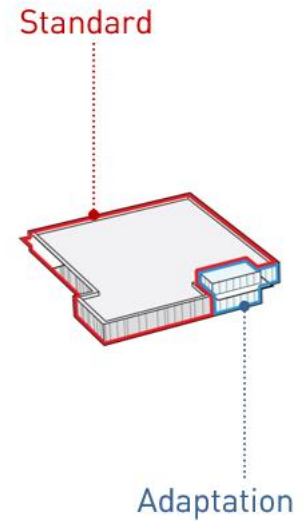
Leadership Change



REGIONAL



COMMUNITY



NEIGHBORHOOD



01 STRATEGIC TRANSITION: EXAMPLE

Lessons Learned

- 01 Pause & Align.
- 02 Meet as much as needed (& face-to-face).
- 03 Look for hidden opportunities for improvement.
- 04 Get specific.



01 STRATEGIC TRANSITION: EXAMPLE



REGIONAL



COMMUNITY



NEIGHBORHOOD



02 SCALE TRANSITION: EXAMPLE



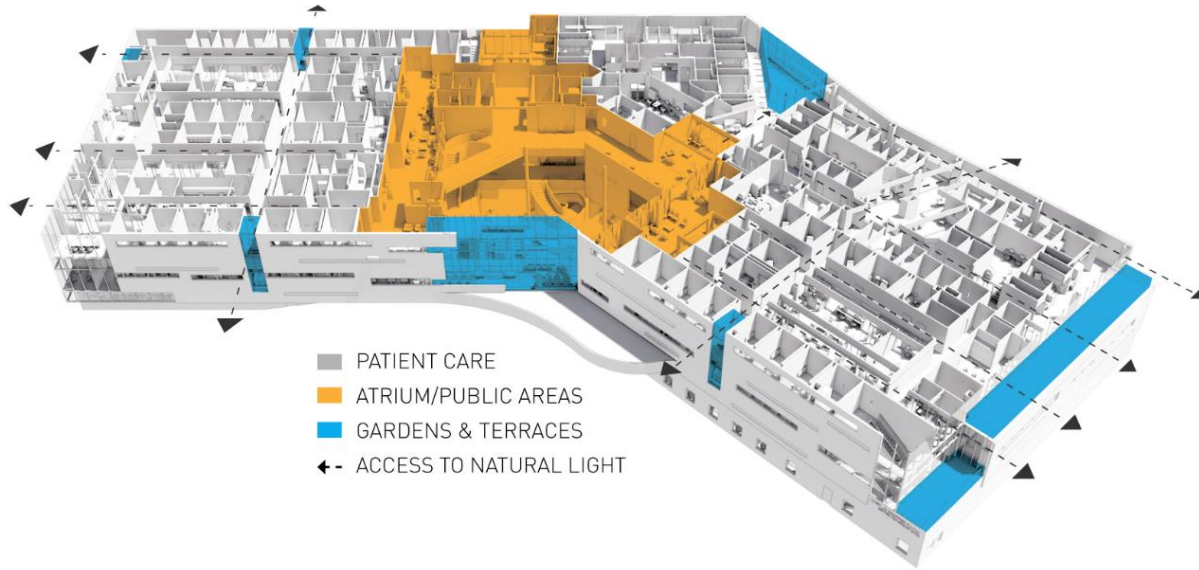
02 SCALE TRANSITION: EXAMPLE

Lessons Learned

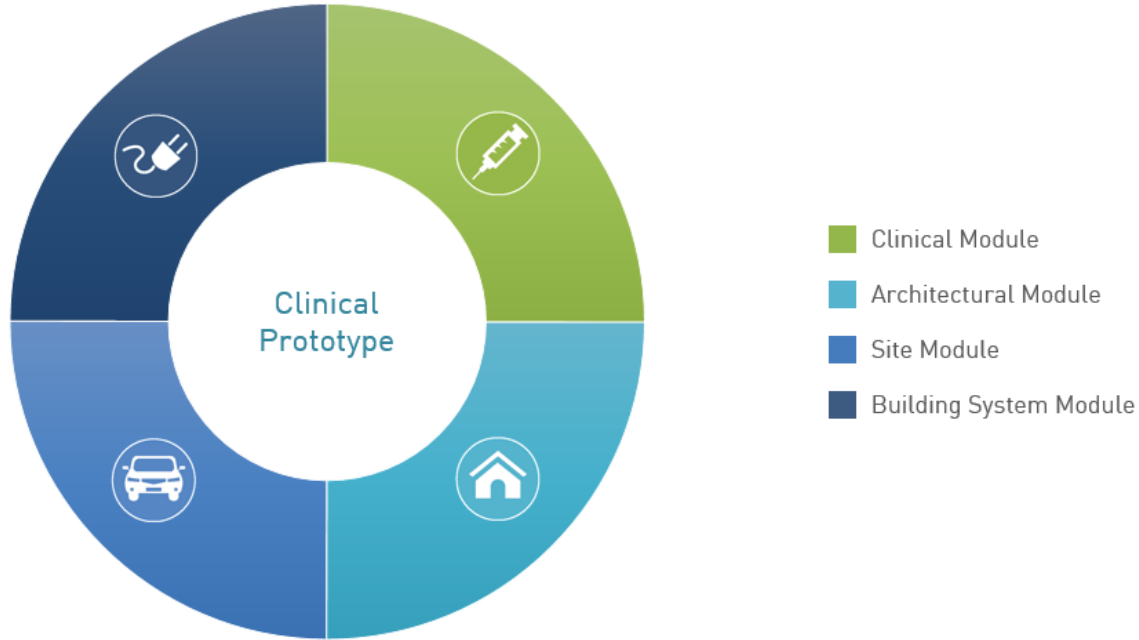
- 01 Align & identify the full scale of potential impact.
 - Establish parallel 'swim lanes' and a communications plan.
- 02 If your project is past the concept phase, don't only study the scope change as a concept. Be more specific (appropriately).
- 03 Look for opportunities for improvement including challenging previous design decisions.



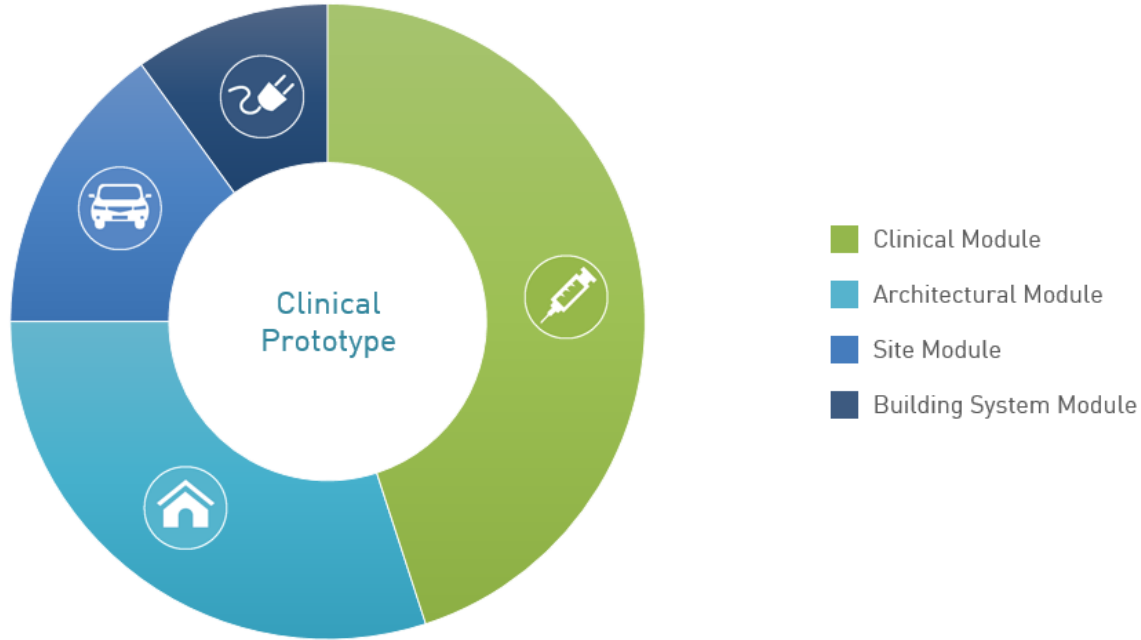
02 SCALE TRANSITION: EXAMPLE



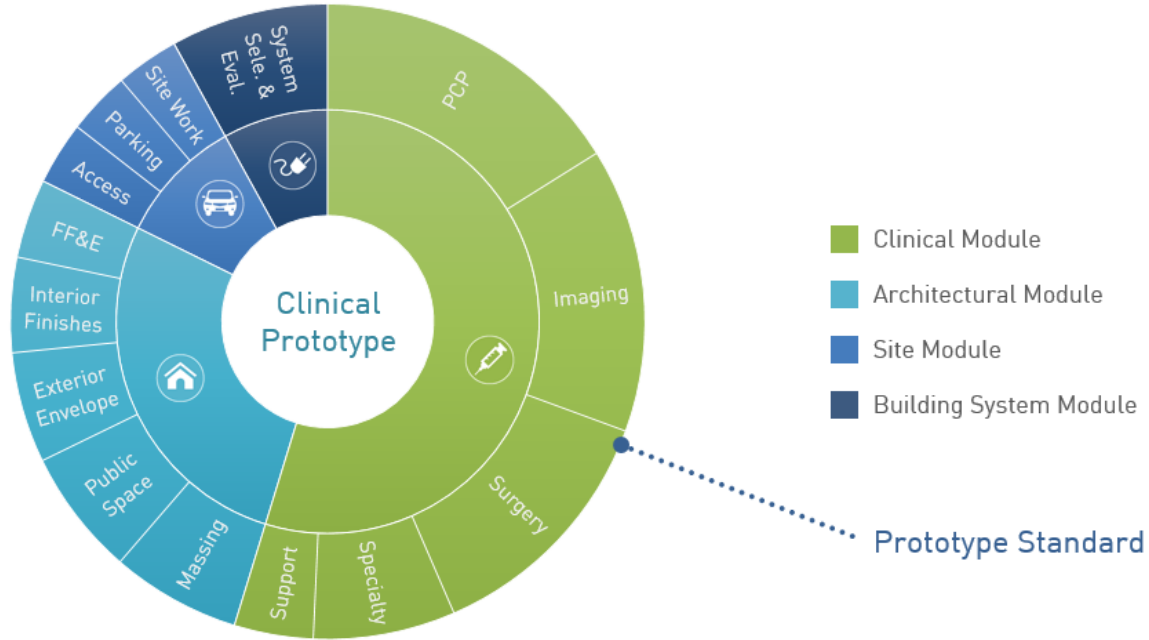
03 EXPERTISE – DESIGN MODULES



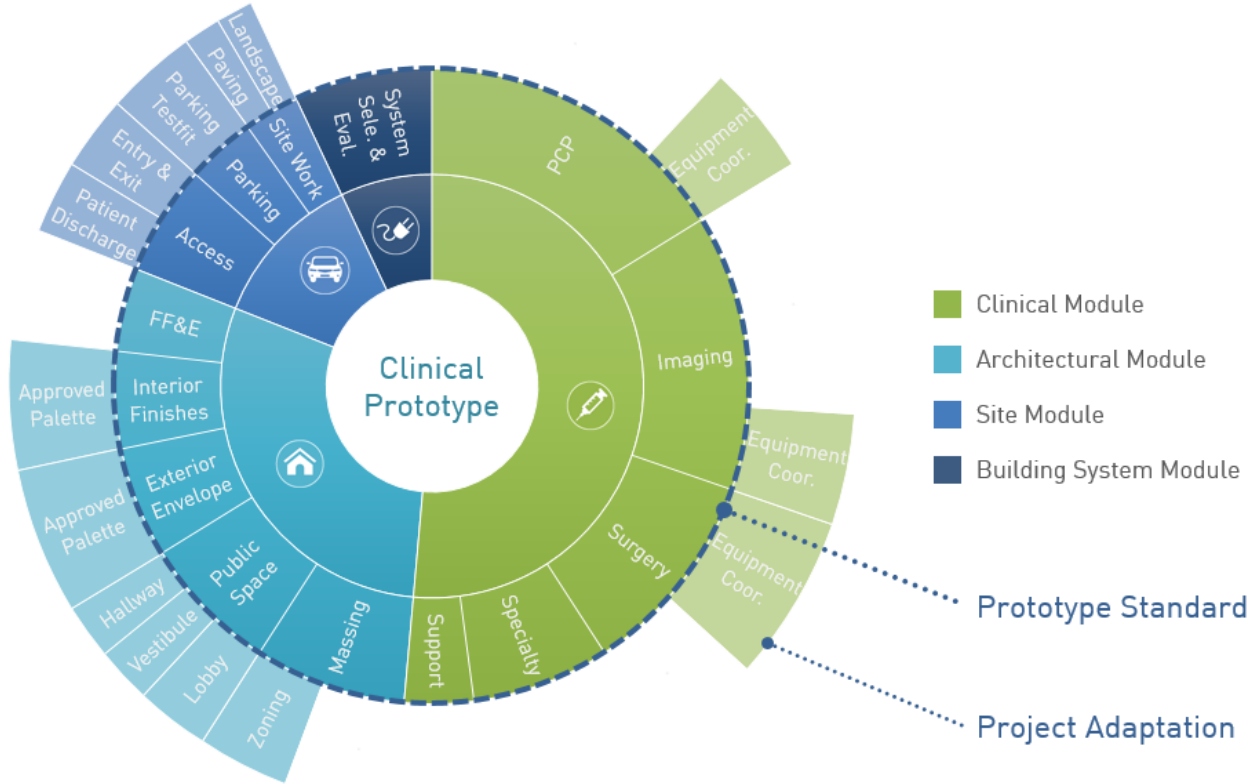
03 EXPERTISE – DESIGN MODULES



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Site Module



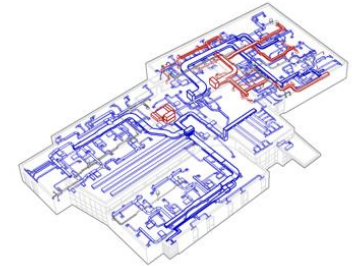
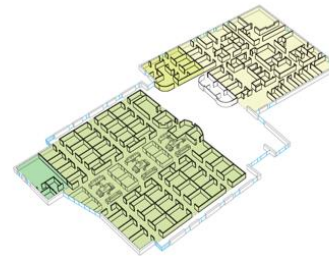
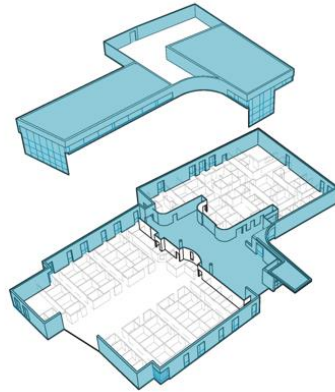
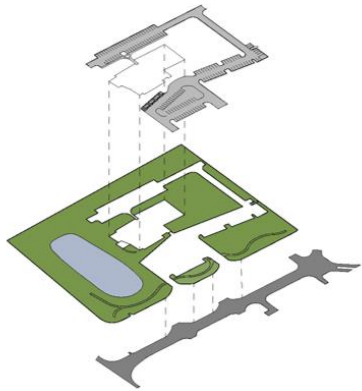
Architectural Module



Clinical Module

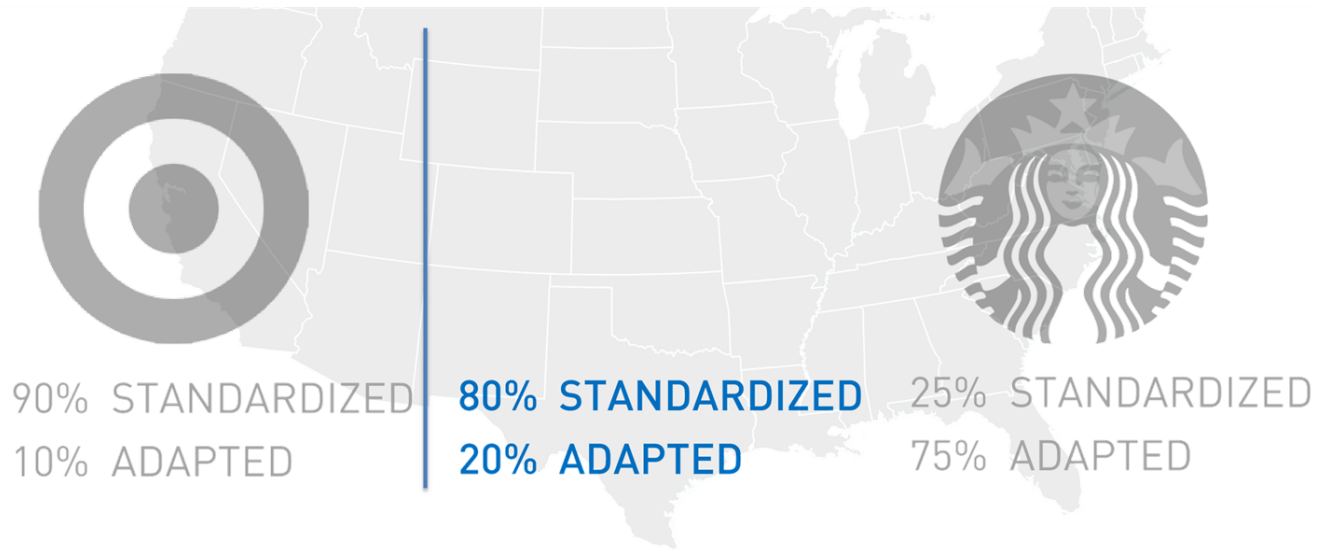


Building System Module



03 EXPERTISE TRANSITION: EXAMPLE

New stakeholders



03 EXPERTISE TRANSITION: EXAMPLE

Lessons Learned

- 01 Ensure you are 100% aligned with client leadership. Have a plan (including talking points).
- 02 Be consistent and specific about what is expected to be standardized vs. what can be adapted (& how).
- 03 Be open to feedback and new ideas within the overall design framework.



03 EXPERTISE TRANSITION: EXAMPLE



03 EXPERTISE TRANSITION: EXAMPLE



04 Learn to **facilitate discussions about innovation of care models** to get buy-in on design strategies to promote patient and staff well-being.



WHEN IS GOOD?



Just because it works for another health system doesn't mean it will work here

Understand the conditions needed for success

Align with culture of care



BRIDGING WHAT IS TO WHAT COULD BE



If you're asking the wrong questions, you're not helping your clients embrace or manage change.

Find systemic and holistic design solutions, not band-aids.

Supporting care models and organizational strategies with design



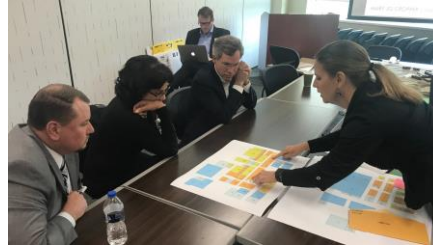
BUYING IN VS OPTING OUT

EQUITABLE INPUT

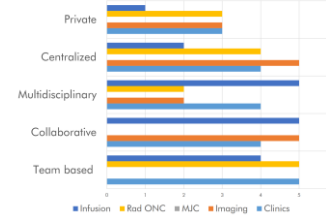
INTERACTIVE WORKSHOPS

SURVEYS

BENCHMARKING



WORKROOM ATTRIBUTE RANKING

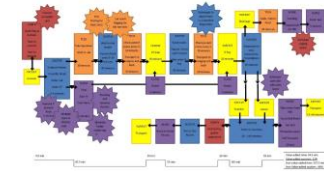
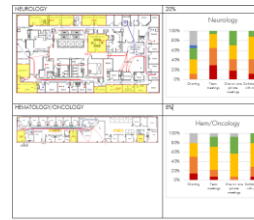


VALIDATION OF PAIN POINTS

OBSERVATIONS

SURVEYS

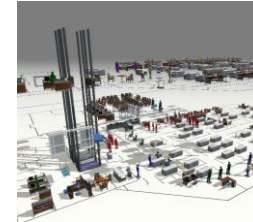
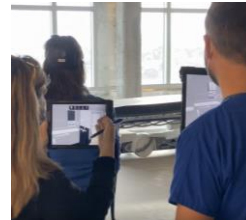
PROCESS IMPROVEMENT



RAPID TESTING

SIMULATION

AND AR



BRIDGING WHAT IS TO WHAT COULD BE

Internal Core ED

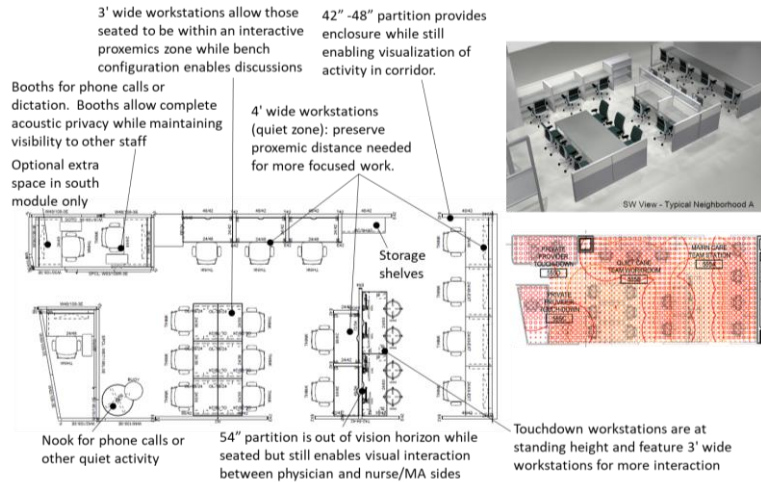


- ED Manager wanted Internal Core model
- Benchmarking tours conducted
- C Suite accepted as a direction
- Medical director accepted as direction
- Manager retired
- New manager did not embrace the model



BRIDGING WHAT IS TO WHAT COULD BE

Mobile Clinician

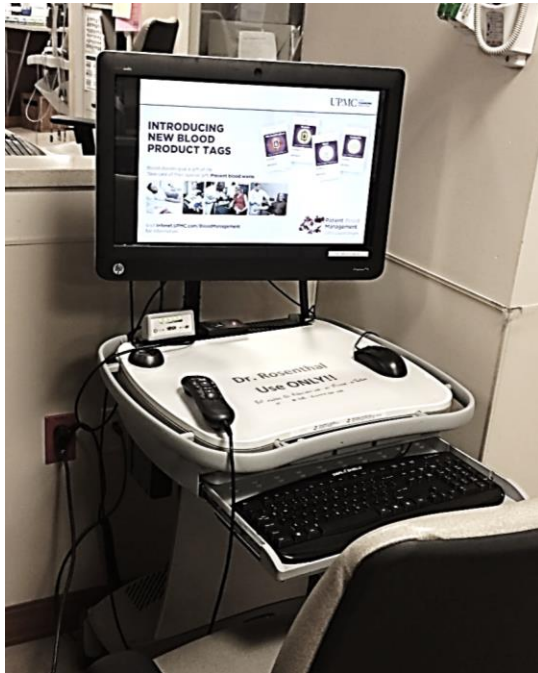


- Leadership adopted a “no offices” policy
- Centralized workspace enhanced care coordination and collaboration
- Task based workspace
- Staff “squatted” in the private spaces meant for touchdown work
- Seeking highest level of privacy at all times
- Imposed hierarchy on space use



BRIDGING WHAT IS TO WHAT COULD BE

Touchdown workspace



- Team agreed to touchdown workspace
- Mockup was approved
- Staff began working in space with a hoteling model
- Not enough workstations



IN SITU ADAPTATION

CHANGE

Design is about making change to an environment (we hope) for the better.

HABITS

Tendency to revert back to habitual behaviors, creating cognitive dissonance between the activity and how well it is supported in the environment.

MOTIVATION

However, people may not be motivated or able to cope with the changes made because of the effort required to adapt.



RECOMMENDATIONS

True adoption of change at all levels of the organization is essential

Plan to accommodate change

Identify standardized vs. adaptable elements

Use simulation/AR and other technologies to test ideas

Manage expectations

Rollout strategies



How do we cope with change?

“The Obstacle is the Way.”

Ryan Holiday

The Daily Stoic Podcast



THANK YOU



MICKEY LEROY
mleroy@gbbn.com



IVAN CHEUNG
icheung@gbbn.com



ANGELA MAZZI
amazzi@gbbn.com



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