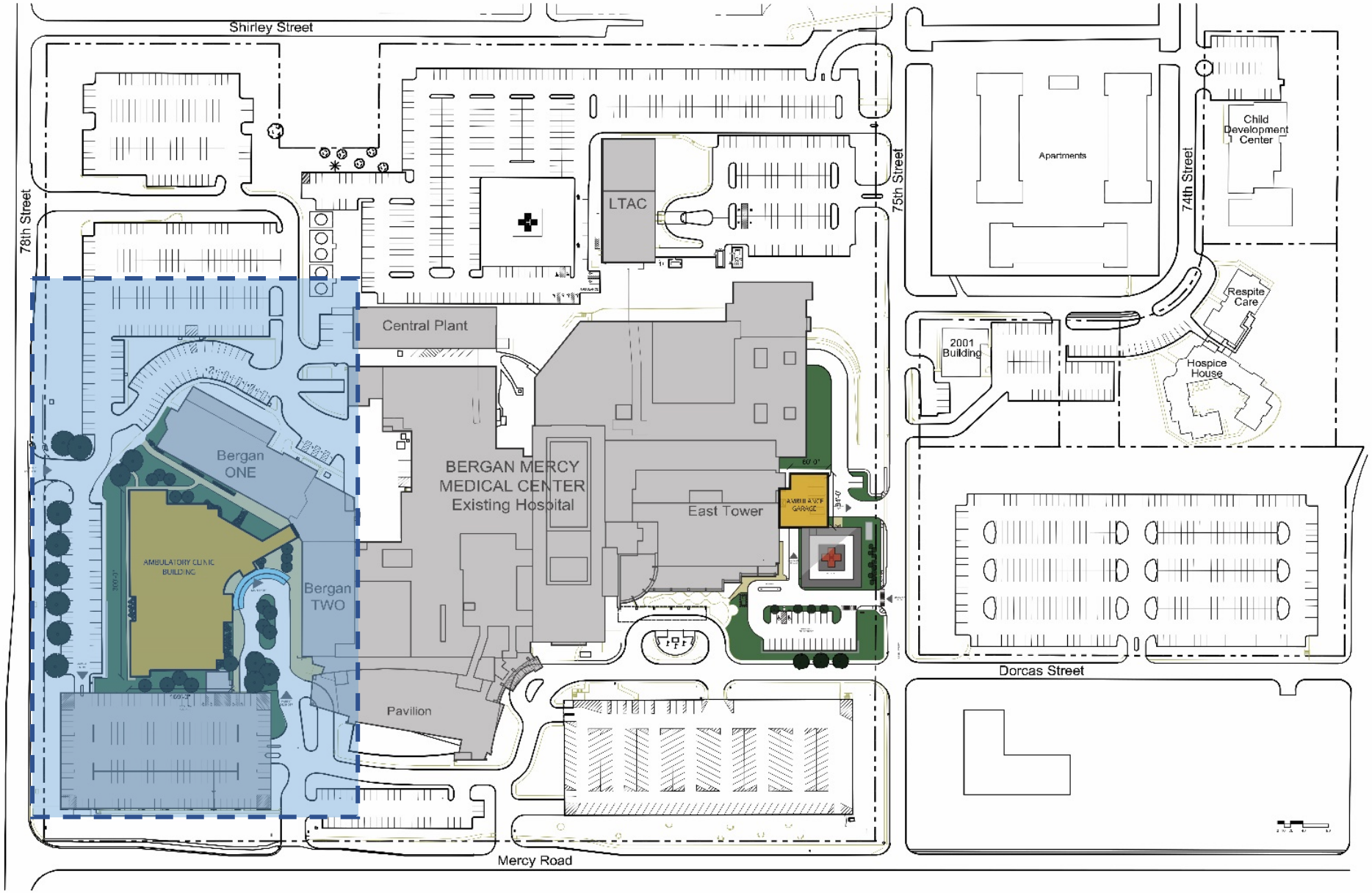
More Project Background…

1. **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


Shirley Street
78th Street
75th Street
74th Street
LTAC
Apartments
Child Development Center
Respite Care
2001 Building
Hospice House
Central Plant
Bergan ONE
BERGAN MERCY MEDICAL CENTER Existing Hospital
East Tower
AMBULATORY CLINIC BUILDING
Bergan TWO
Pavilion
Dorcas Street
Mercy Road

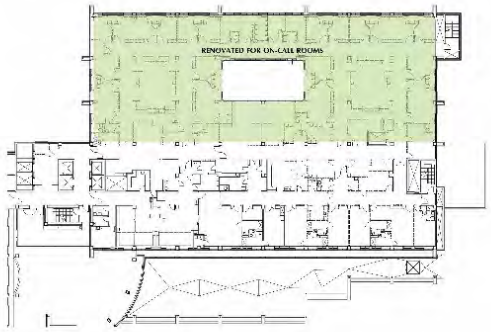
Academic Spaces

ACADEMIC SPACES

- 5 LARGE MEETING ROOMS
- 2 SMALLER MEETING ROOMS
- RESIDENT LIBRARY
- GME / SOM OFFICES

BERGAN TWO

LEVEL 2-6



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- 7 ULTRASOUND ROOMS
- 8 TEAM AREAS

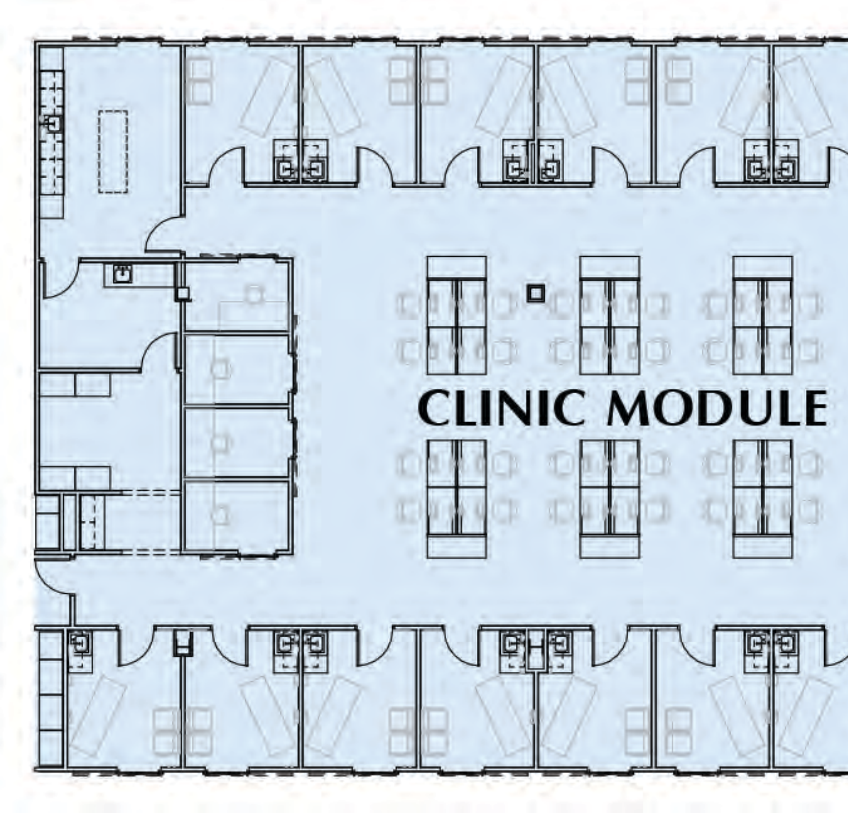
NEW CLINIC BUILDING

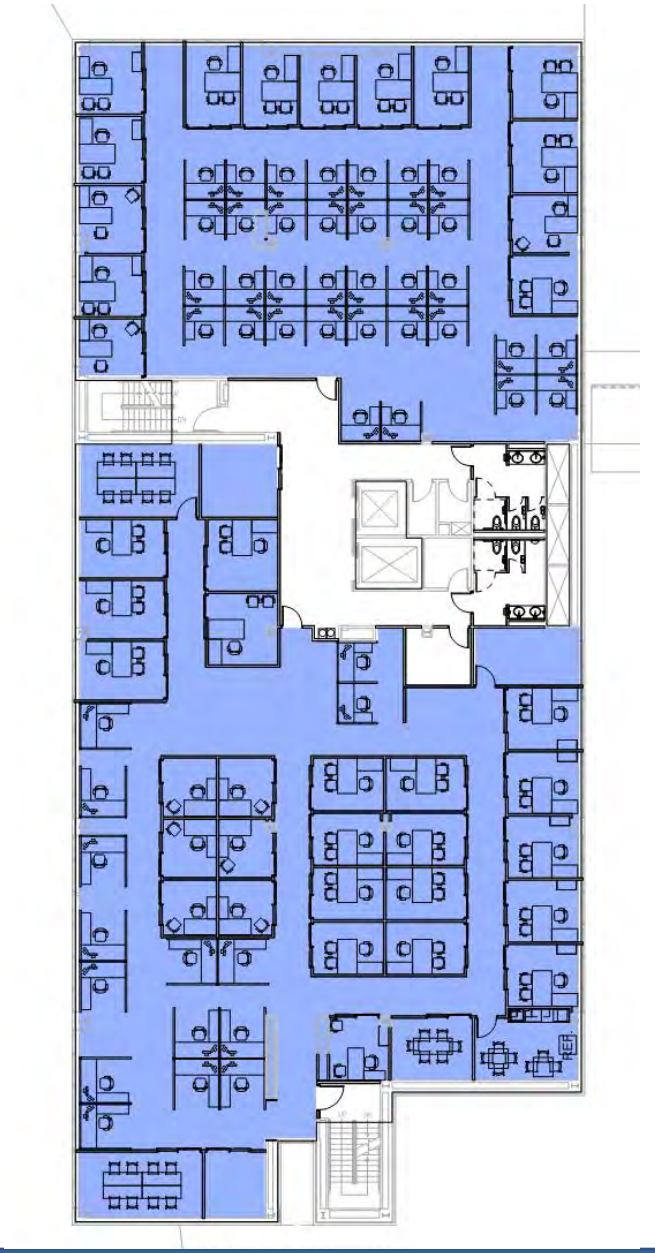
LEVEL 1-3

CONNECTING LINK

Academic Offices

Formula for determining amount of space and sharing requirements






EXIT


EXIT


Creighton
UNIVERSITY
School of Medicine

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.

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Learning Objectives

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

According to us, anyway

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*

LEO A DALY
PLANNING•ARCHITECTURE•ENGINEERING•INTERIORS
8600 INDIAN HILLS DRIVE
OMAHA, NE 68114 USA
TEL: 402-391-8111
FAX: 402-391-8564

RECORD MEMORANDUM: Meeting
SUBJECT: ED SD #3

Time: 9:00 AM

Month Day Year	Meeting Held At:	Copies To:	Project No.:
10-28-2014	BMMC Admin Conf Rm	Participants	001-10111-000

Participants:
LAD: Jeff Monzu, Gunner Riggert, John Andrews
CHI Facilities: Jeff Sorensen
CHI: Kevin Schwedhelm, Susan Werner, Theresa Gregg, Dr. Nate Brackett (Phone), Kevin Nokels, Justin Rousek, Gary Lake, Todd DeFreece, Francine Sparby, Wesley Grigsby, Kevin Reagan, Marie Knedler
Farris Engineering: Dennis Basich, Dennis Moenssen

TOPIC:
SD #3
DISCUSSION:

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 noted. Support will be relocated on 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.
  - The northernmost staff area would observe traffic coming into the ED from the ambulance entrance and monitor the psych rooms to the west. (This arrangement could be an L-shape configuration).
  - The staff work area 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 bed 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:
  - Patients will be treated from the patient's right side. (Physicians right side, nursing staff left)
  - Countertops, casework, monitors, and nursing supplies will be located on the patient's left side.
- The bariatric room in the CDTU and large treatment room 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.

This record will serve as the interpretation of conversation unless comment is made within five days to: Joe Davis

LEO A DALY / CANNON DESIGN — SIGN-IN

DATE: SD #3 10/28/2014
PROJECT NUMBER: 001-10111-000
PROJECT NAME: CHI Health AMC- Bergan Campus – ED Trauma CDTU
MEETING LOCATION: Bergan Admin Conf room

Participant Name	Department	E-mail
John Andrews	Leo A Daly	jwandrews@leoadaly.com
Joe Davis	Leo A Daly	jmdavis@leoadaly.com
Jeff Monzu	Leo A Daly	jsmonzu@leoadaly.com
Gunner Riggert	Leo A Daly	gmriggert@leoadaly.com
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Theresa Gregg	CHI – CUMC - ED	Theresa.gregg@alegent.org
Gary Lake	CHI – Strategy	gary.lake@alegent.org
Kevin Nokels	CHI	KNokels@alegent.org
Karen Ourada	CHI – BMMC - ED	Karen.ourada@alegent.org
James Rodenbiker	CHI – Creighton Univ.	jamesrodenbiker@creighton.edu
Justin Rousek JR	CHI	Justin.rousek@alegent.org
Kevin Schwedhelm	CHI - BMMC	kevin.schwedhelm@alegent.org
Francine Sparby	CHI – V.P. Patient Care CUMC	francine.sparby@alegent.org
Susan Werner	CHI – CUMC - Trauma	susan.werner@alegent.org
Wesley Grigsby	CHI - CUMC	wesley.grigsby@alegent.org
Jeff Sorensen	CHI	jeff.sorensen@alegent.org
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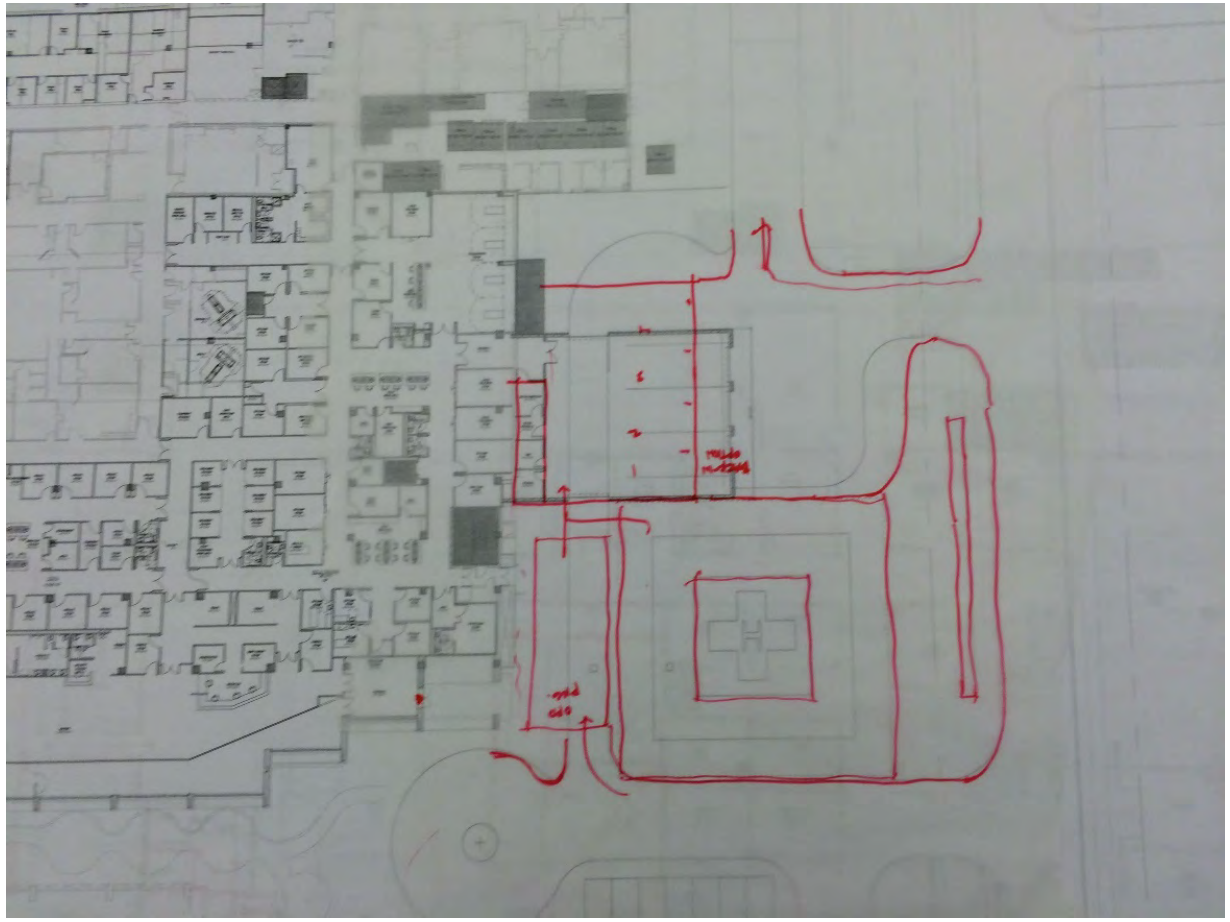
Kevin Reagan MD	CMED - Bergan	
Dennis S. BASICH	Farris Eng.	dbasich@farris-usa.com
MARIE		



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.

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

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    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

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.

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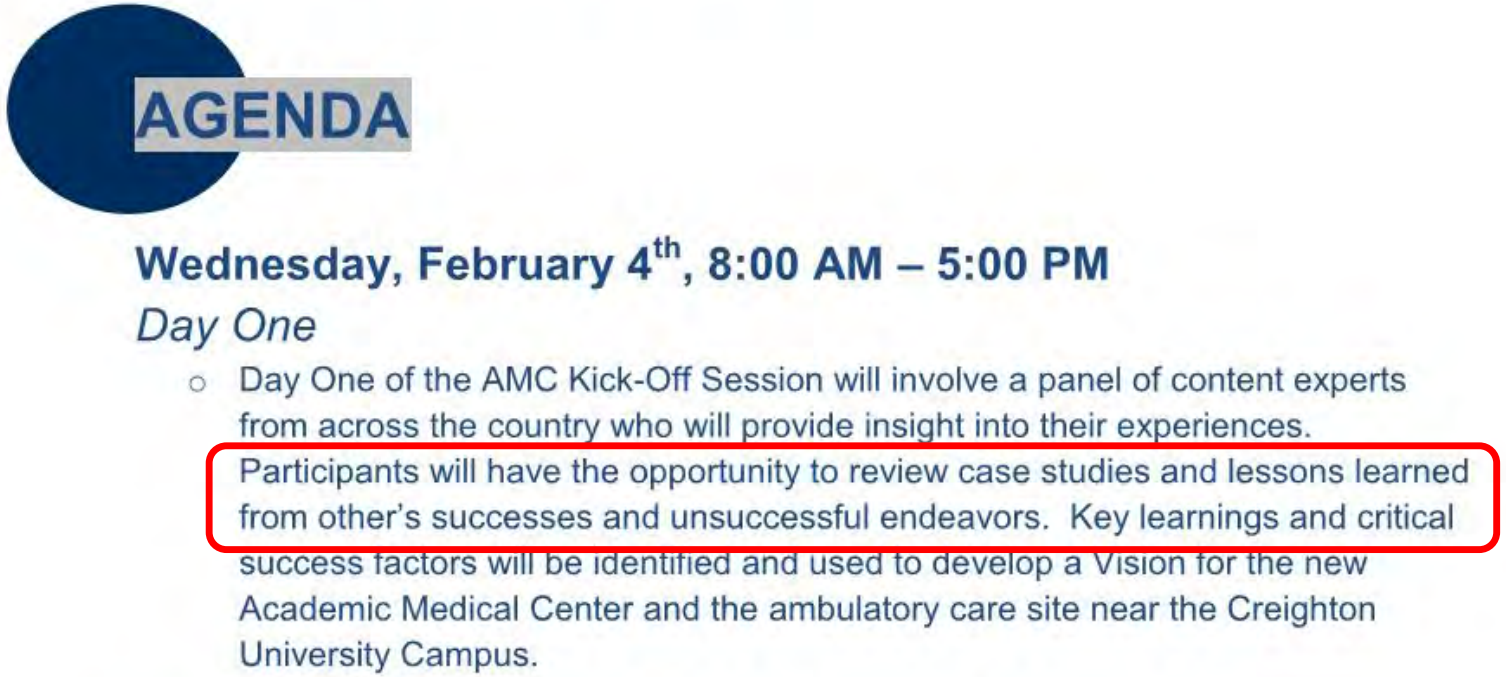
Success vs. Failure: We Determined…

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

3. Graphics demonstrating the Educational Nature of the campus.

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

5. Tracking patient experience data.

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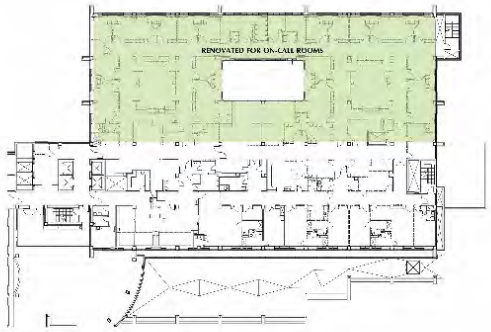
LEVEL 2-6



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NEW CLINIC BUILDING

LEVEL 1-3

CONNECTING LINK

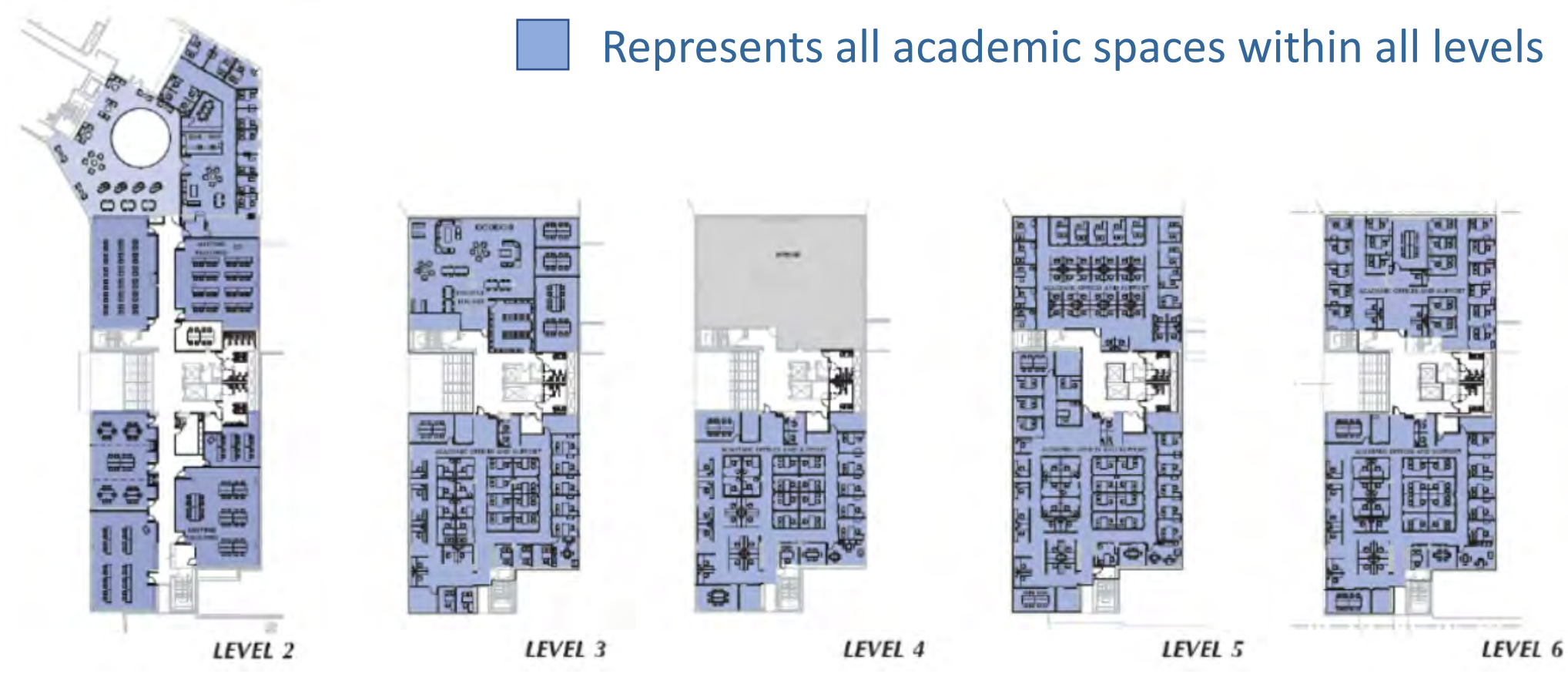
Project based Learning

- 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.

Represents all academic spaces within all levels

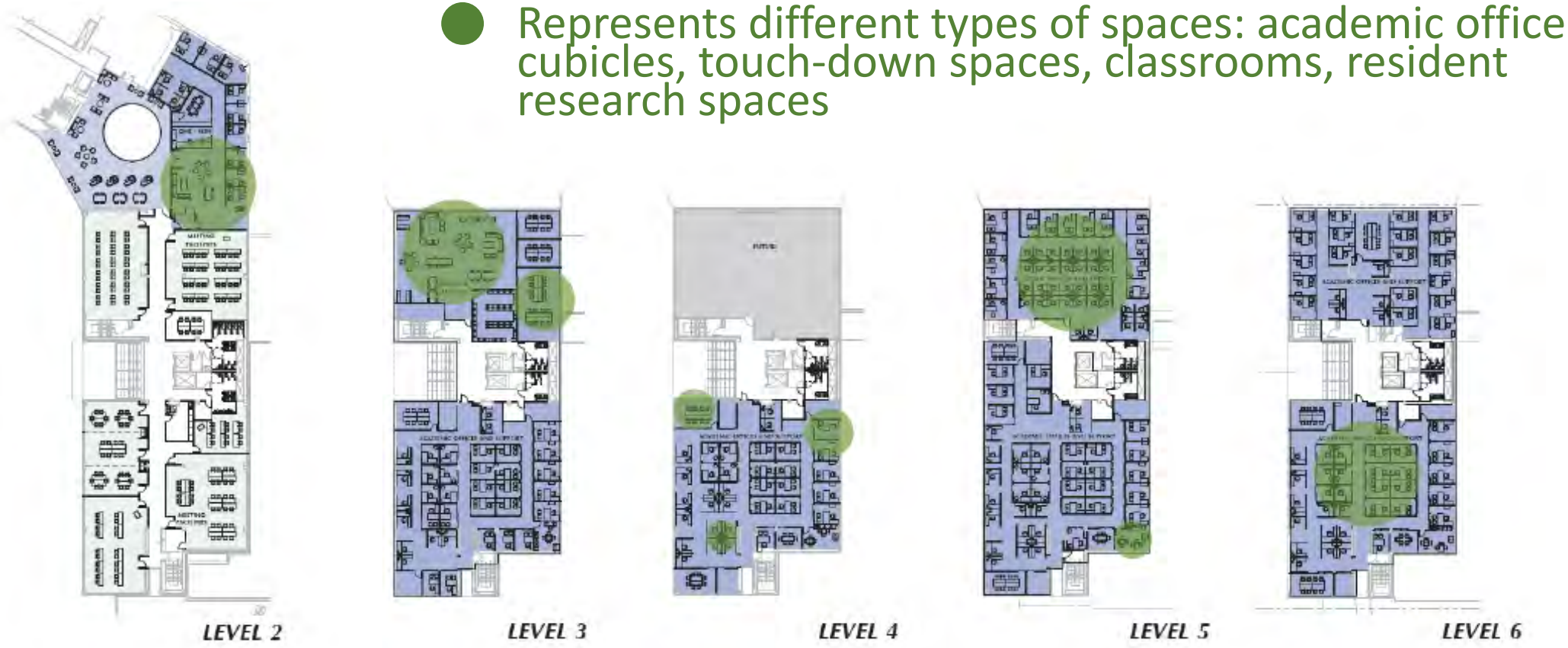



EXIT

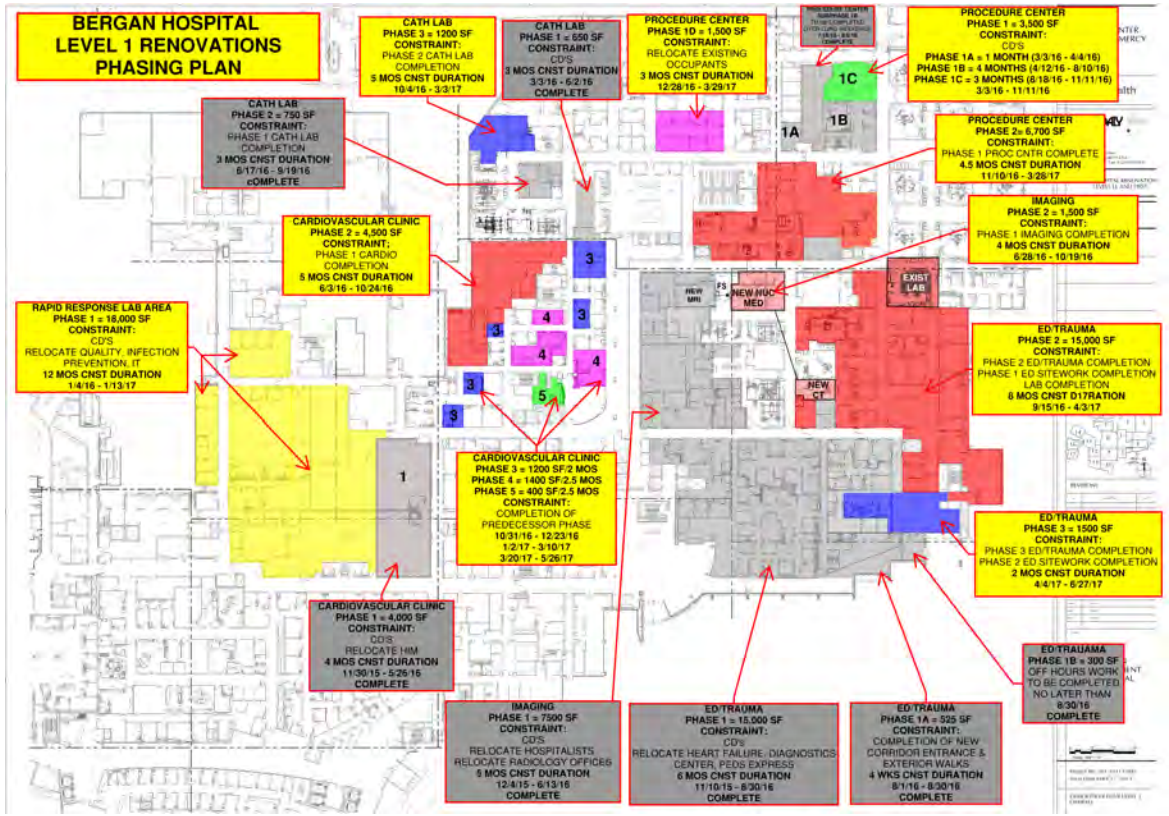
Project based Learning

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

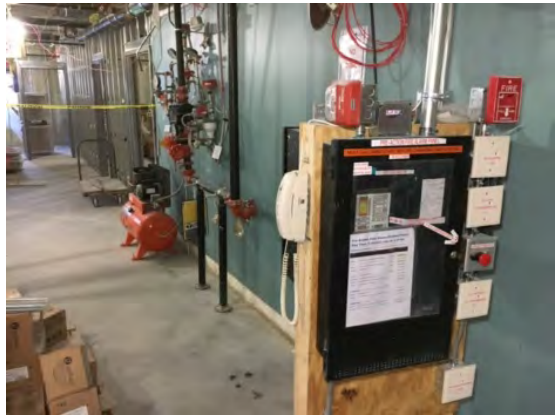
- Represents different types of spaces: academic offices, cubicles, touch-down spaces, classrooms, resident research spaces



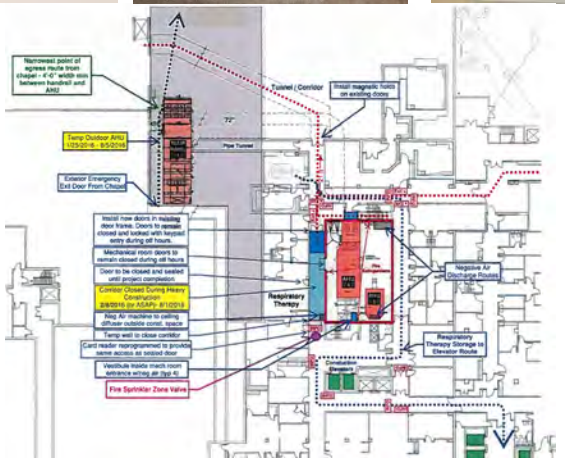
Construction Hospital LL Renovations

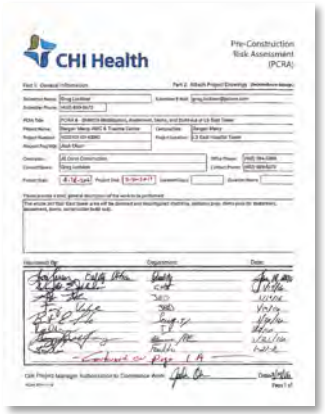


Construction What We Did Right: Patient Safety



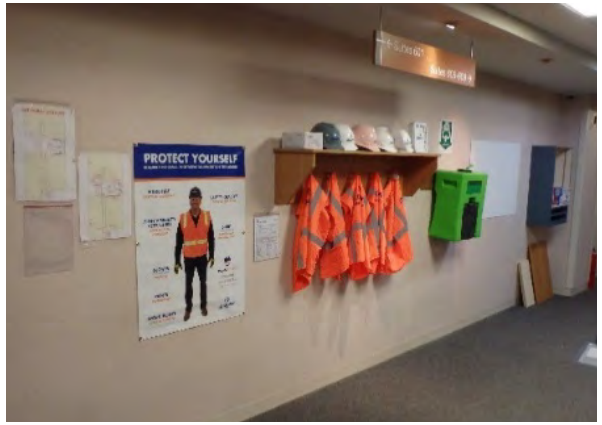
Construction What We Did Right: Minimal Disruption

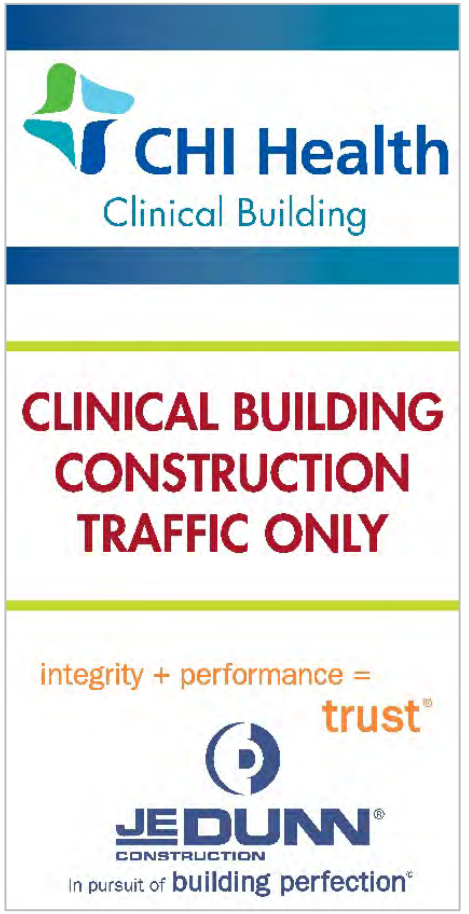




Construction

What We Did Right: Professional Image





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How Have Design Concepts Held Up & Lessons Learned

For public consumption

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.

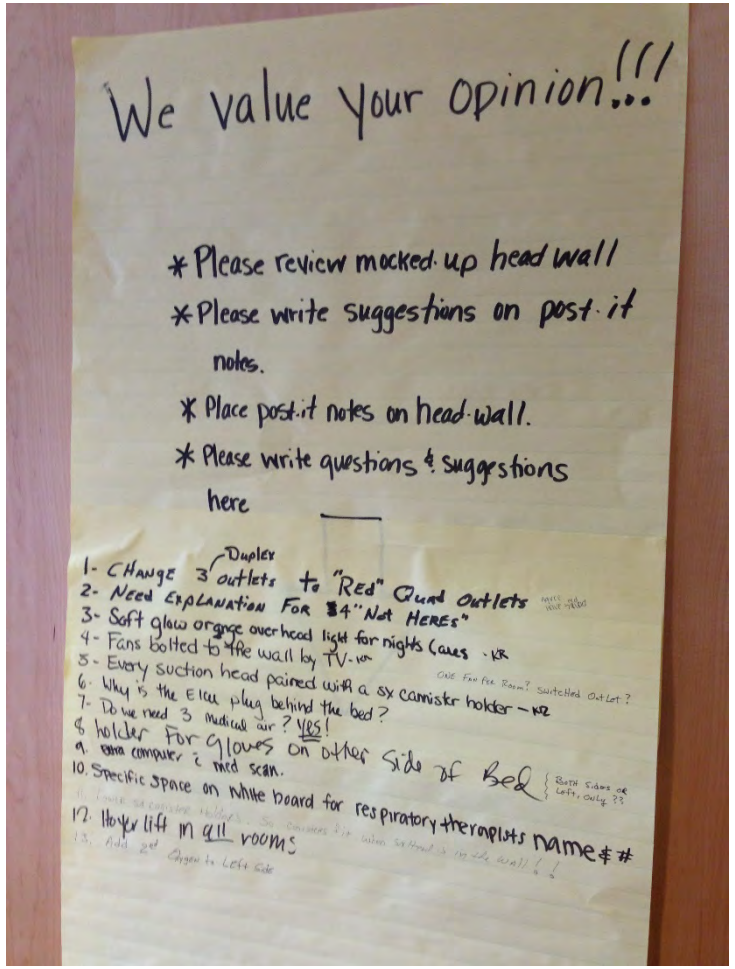
3. ICU phased approach was very useful for modifications.

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

HCAHPS Composite/Question	Survey Completes	Percentile Ra	Top Box %	Top Box at 75th Percentile	Gap to Goal
RN Communication	970	33	81.5%	85.7%	-4.2%
Dr. Communication	970	29	80.3%	86.0%	-5.7%
Responsiveness	970	12	60.8%	75.1%	-14.3%
Environment of Care (Clean & Quiet)	970	17.5	66.2%	79.2%	-13.0%
Cleanliness	970	5	66.6%	81.8%	-15.2%
Quietness	970	30	65.9%	76.6%	-10.7%
Pain Management	970	29	72.7%	77.9%	-5.2%
Rx Communication	970	36	66.1%	71.8%	-5.7%
Discharge Info	970	57	90.6%	91.4%	-0.8%
Overall Rating	970	29	69.5%	78.6%	-9.1%
Aggregate Percentile Rank		**30.3**			

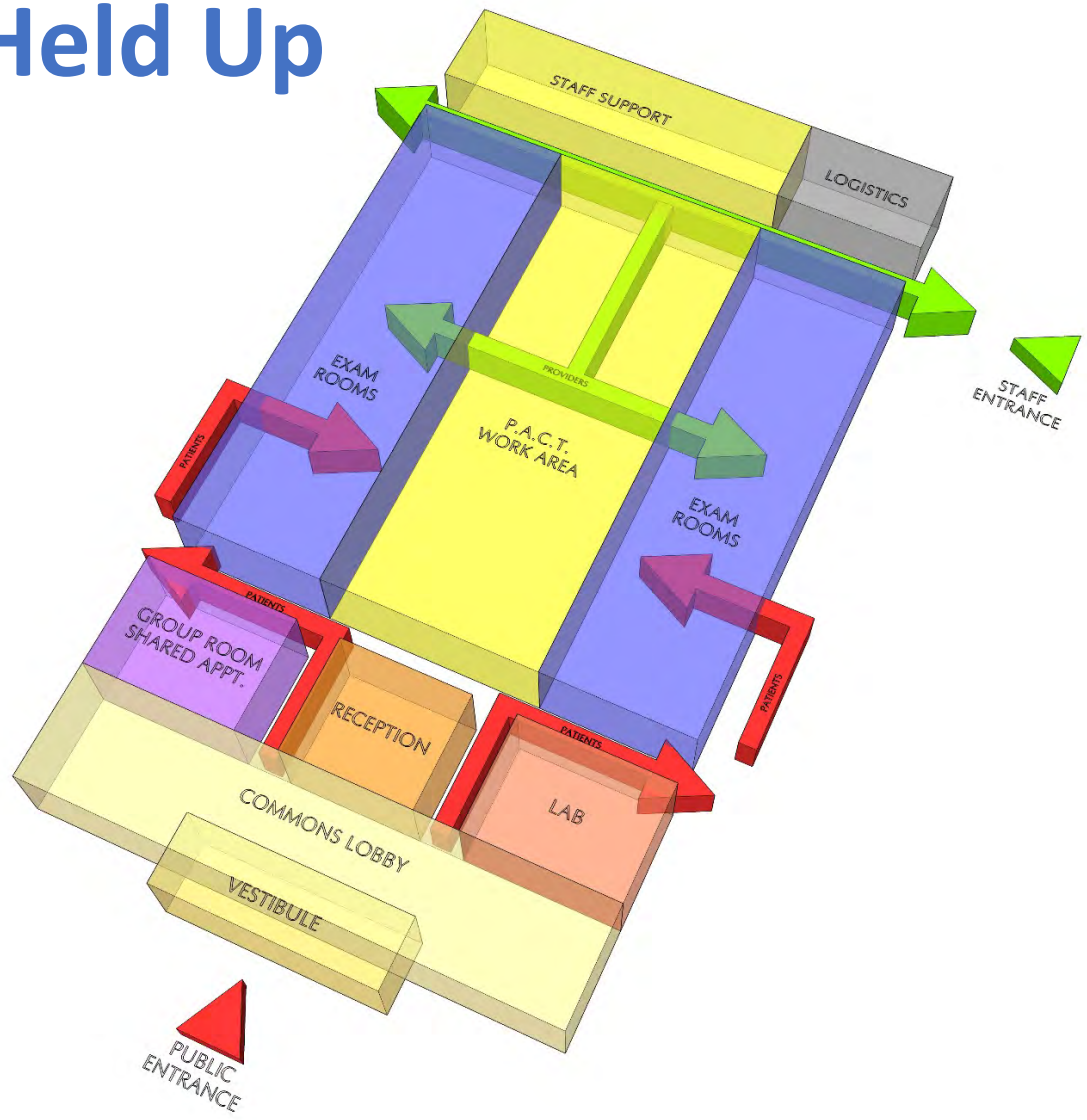
How Have Design Concepts Held Up & Lessons Learned

13 Months Post Transition

HCAHPS Composite/Question	Survey Completes	Percentile Ra	Top Box %	Top Box at 75th Percentile	Gap to Goa
RN Communication	352	32	80.8%	85.7%	-4.9%
Dr. Communication	352	23	79.3%	86.0%	-6.7%
Responsiveness	352	3	55.1%	75.1%	-20.1%
Environment of Care (Clean & Quiet)	352	31	70.5%	78.3%	-7.8%
Cleanliness	352	23	72.6%	81.8%	-9.2%
Quietness	352	39	68.4%	76.6%	-8.2%
Communication about Pain	352	--	70.0%	--	-7.3%
Rx Communication	352	13	61.3%	71.8%	-10.5%
Discharge Info	352	64	90.4%	91.4%	-1.0%
Overall Rating	352	28	69.2%	78.6%	-9.4%
Transition of Care	352	61	54.7%	57.0%	-2.3%
Aggregate Percentile Rank		**31.9**	70.2%		

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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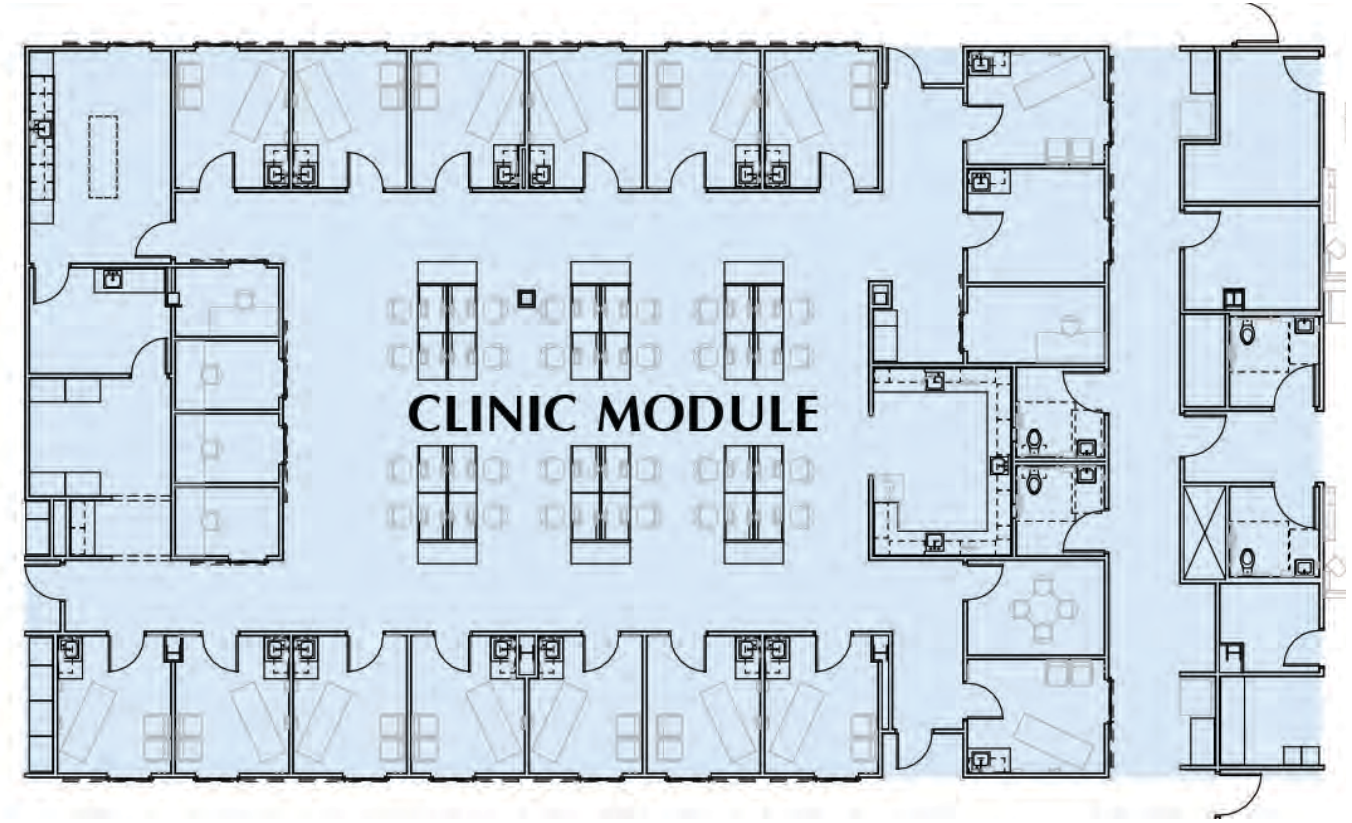
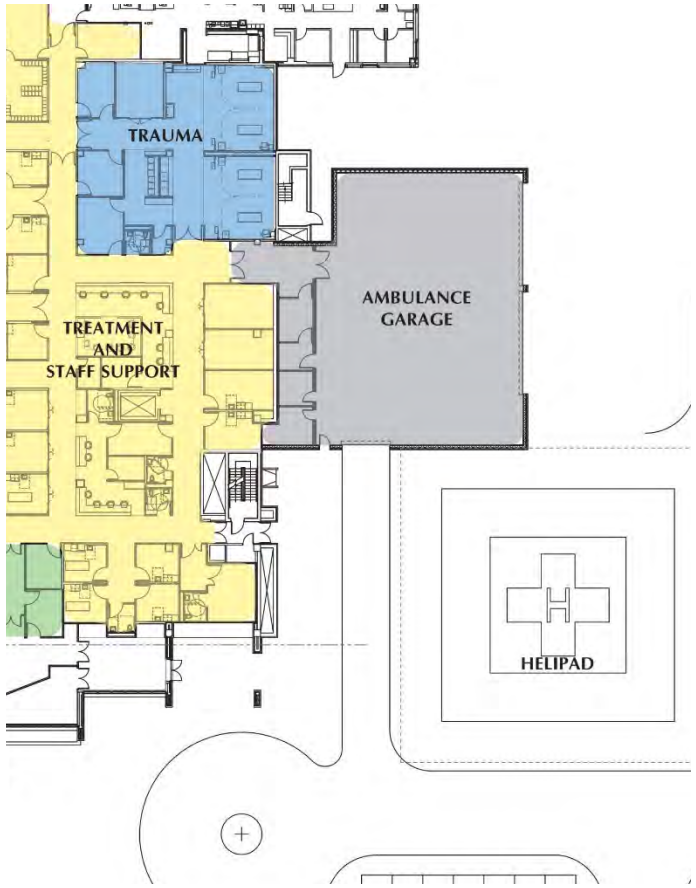



EXIT

How Have Design Concepts Held Up & Lessons Learned

1. Emergency Squad Garage



How Have Design Concepts Held Up & Lessons Learned

1. Emergency Squad Garage


CHI Health Clinic

Questions?

The Society for College and University Planning