

STUDY TO SOLUTIONS VOL. VIII: FACILITIES WITH A FUTURE

Hobbs+Black Healthcare Research Initiative



Midwest Medical Center at Dearborn Town Center on the Corner of Michigan Ave. & Schaefer Rd. in Dearborn, MI

INTRODUCTION

Daniel Burnham, creator of Chicago’s 100-year-old master plan that is still influencing the city’s development, once said, “Make no little plans. They have no magic to stir men’s blood.” As healthcare systems adapt to trends in economics, required care, and the development of programs such as healthcare to the home, they will do well to heed Mr. Burnham’s advice. There is a need to provide care for patients with facilities that are efficient for patients and care givers. Healthcare systems need to develop care models that foster collaborative care. The buildings need to provide for the fact that changes from treatment of acute disorders to chronic diseases compounded with the trend toward preventative care are pushing the population to more frequent visits to the doctor’s office. More than just an exam room will be required to fulfill what the visitors will be expecting as part of their “patient experience.”

And while sustainability from a green perspective will also be of importance in how healthcare systems develop buildings that contribute to sustainable environments, systems need to create facilities that will support, integrate with, and act as an anchor for the communities they provide service to and exist within. This will contribute to sustainable communities in an even greater

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way. While these are not wholly new concepts, the need to create facilities that accomplish all of the above in one movement is more of a necessity than ever. To accomplish this, healthcare systems will need to look past simple one step planning, and plan in a bigger master plan mentality that takes into account more than just the needs of the healthcare system itself. When Oakwood Healthcare (Major healthcare system), Midwest Health Center (local provider), Redico (national real estate developer), and the City of Dearborn (local municipality) formed a partnership to develop a mixed-use complex on one of the cities strategic properties they did just this – creating a facility not of the future, but with a future.



Interior Detail of Pediatric Suite

CHANGING HEALTHCARE

In looking at creating a sustainable building with a future it makes sense to look at what the future may hold based on the developments of today, and the history of how things have developed up to today. Health care is an ever changing industry, as it has been throughout its development from home care to religious institutions, to what we know now as hospitals and eventually branching back out toward homes in expanding communities through ambulatory care centers. It's interesting to note that home care is once again taking root in some systems by bringing care back to where it began. It is important to develop facilities that can adapt over time and stay useful as the environment of healthcare continues to develop. In the near future we understand that both economics and changing care needs will be pushing more and more care out of the hospitals and into ambulatory facilities.

The economy and health reform are strongly tied together. Health reform is not something new. It is a subject that has been part of political discussions since President Truman's time, but recently has been brought to the forefront of discussions and legislation due to drastic changes in the economy. It has always been a question of how to provide coverage to as many people in the United States as possible. Current reform has a strong emphasis on wellness and pay-for-

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performance models. This emphasis came about due to changes in our society, how people live, and the progress medicine has made in treating people and diseases. In the last decade medicine has made advances which dramatically change the focus of patient care. For the most part, we have come a long way in curing many acute medical conditions. Many of the diseases and acute conditions that people died from at an early age have disappeared with medications and treatments. While these advancements have done much in the way of extending life, they have created a population afflicted with chronic disease.

According to the Center for Disease Control (CDC), chronic diseases, such as heart disease, cancer and diabetes, are the leading causes of death and disability in the United States. Chronic diseases account for 7 out of 10 deaths of Americans each year. These diseases also cause major limitations in daily living for one-fourth of people with chronic conditions. Chronic disease, which is most prevalent in the urban

Chronic Disease

- Accounts for 7 out of 10 Deaths Each Year
- Cause Major Limitations to Daily Living In ¼ of Those with Conditions

SOURCE: C.D.C.

Cancer

- Chance of Getting Cancer Will Increase 45% over the next 20 years.

SOURCE: JOURNAL OF CLINICAL ONCOLOGY

Diabetes

- 24 Million Americans Have Diabetes – 8% of Population
- Growing by 1 Million Each Year
- Utilizes 1:5 Healthcare Dollars
- Fastest Growing In America
- Someone Diagnosed Every 21 Seconds

SOURCE: AMERICAN DIABETES ASSOCIATION

Obesity

- 1994–No State over 19% Obesity Rate
- 2007–30 States over 20% Obesity Rate

SOURCE: UNIVERSITY OF MIAMI

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Interior Detail of Community Lobby w/Sculpture

care. People affected with these conditions need to be coached and lead into a lifestyle or program of healthy living, receiving care on an ongoing basis. Managing care for chronic conditions and preventing people from becoming affected will require centers teamed with caregivers to provide education, diagnosis, treatment and care.

WELLNESS CENTERS

This change in focus of care leads to a change in delivery of care. Changes in delivery of care cause changes in the facilities that support care delivery. So what types of facilities are needed? A major difference in providing care for chronic-vs-acute problems is the frequency in which we expect patients to take actions to improve or maintain their health. If we can make these actions an easy part of their lifestyle then the chances for success increase. Providing facilities that fit into patients' lifestyles will provide greater chance for interaction and support of patients during their journey toward wellness. In the past people would go to their provider when something was wrong, and expected to leave for home with the problem solved and feeling better. This visit was all about the end result. As we look at providing ongoing care and supporting peoples' journey toward wellness we have to take a different outlook. If we keep in mind that in life it is not the end that matters - the end is always the same - but the journey along the way, we can perhaps have a better understanding of how to facilitate healthcare for today's patients. Healthcare providers need to create pleasant and convenient facilities that enhance the journey of wellness and the patient experience. These facilities need to be wellness centers that embrace the patients both in process and amenities, and provide them with all the tools need to improve their health. Without this it will remain increasingly difficult to help keep patients engaged in improving their health.

Providing such centers requires the facility to be part of the community, and not just a building located within the community it is intended to serve. In regards to such a healthcare facility Matthew DeGeeter stated, "The connection between healthcare provider and patient needs to be developed to improve the delivery model. If the healthcare system is rooted in the community, then the image is a portrayal of what the community aspires to be." In discussing the potential for healthcare facilities to influence the patients they serve, he went on further to say they "need to provide

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patient-centered care in a facility that honors the environment and community,” and followed this up even further to say they “have the opportunity to become the community center for health and wellness.”¹ From an even broader perspective, when discussing where evidence-based healthcare design will head in the future, Debra Levin, president and CEO of the Center for Health Design, stated, “We will broaden our understanding to explore the role that the design of communities plays in health as well.”² So as we take into account the affect communities have on health, providing facilities that are integrated into and enhance the communities they support, we can only be headed in the right direction.

DEVELOPMENT OF A FACILITY WITH A FUTURE

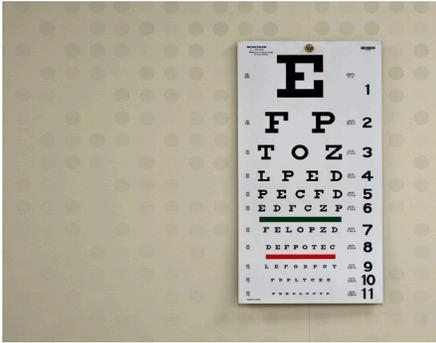
One such program that has been developed considers the delivery of collaborative care within the urban setting. Considering the multiple changes in medicine and healthcare delivery, Oakwood Healthcare undertook a mission of addressing the needs of the healthcare organization’s patients and providing for not only a new facility to practice medicine in, but a whole new outlook at the practice of medicine. Oakwood Healthcare has long maintained a tradition of providing care to the working individuals and many less fortunate persons in the greater Detroit and southeast Michigan region. The health system was founded in Dearborn, Michigan in the 1950’s by Henry Ford to promote healthcare and wellness to the working population of the Ford Motor Company and the greater Dearborn community.

After evaluating a number of programs for providing services in the best manner possible, Oakwood realized that demographic expansion would slow down and that expansion to newer far-reaching suburbs would subside. This change would also make cause for reinvesting in our core communities. The healthcare system turned to its home community of Dearborn, Michigan for development of the next stage of healthcare; a newly defined Ambulatory Care Center. Oakwood has been in the ambulatory care practice since the early 1980’s when satellite campuses were developed for reaching out to patients in newly emerging suburbs. In addition, the hospital maintains ambulatory care centers near to its major hospitals that were developed for purposes of reducing hospital density.



Interior Details of Meeting Room and Elevator Lobby

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Interior Detail of Ophthalmology Suite

A number of factors were incorporated into the basis for development of this new medical center.

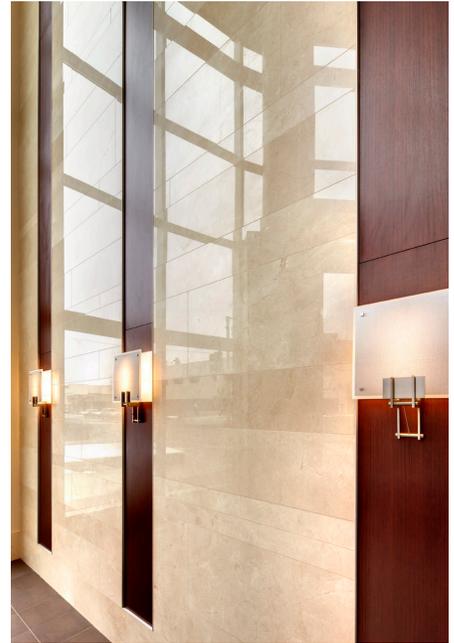
- > Location: As mentioned earlier, the hospital system maintains a large number of satellite facilities in the outreach portion of its service district. The intent of the new program is to provide continuous and collaborative care to the core community residents. Recognizing that in the coming years these are areas of growth, a downtown community with transportation alternatives was chosen as the appropriate location.
- > Population: Chronic disease affects persons of lower means the most intensely. These are persons not receiving proper medical attention and health education. Again, the downtown community location will provide access for such persons. As well, the system's initiative is aimed at attracting the area's population for purposes of educating the community.
- > Basis of Service: A program responding to the needs of the community needs to address all of the conditions afflicting the population. With a base line of medical programs ranging from primary care and internal medicine to optical and dental to cardiology, such a center needs to address all of the educational, preventative, prescriptive and treatment needs for the service lines.
- > Collaboration: A methodology for making a new medical center the center of the patient's care requires that a network be available to share the patient's information and establish protocols for what may involve multiple conditions. Establishment of the electronic medical record certainly aids in sharing the ongoing array of information directed at positive outcomes for the patients. Development of the latter will be critical as time goes on and persons are able to network with caregivers from their homes for discussion of conditions, education and in some cases treatment.
- > Community Resource: Early on in the development of this new medical center and program, direction was given that this facility would not be exclusive to caring for the sick. That a new center of wellness was needed and that the organization would recruit the community to come to the facility when they are well, a resource would be established. This criteria requires that a new center be welcoming, available, and have an open environment inspiring the community to take advantage of the resource.
- > A special architecture would be required for this new medical model. Structures that are recognizable in the community with strength and permanence, along with an image of caring and welcome, are needed.

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As luck would have it, an organization existed in the community, “Midwest Health Center,” an organization providing medical treatment through a managed care system. Midwest has been providing care to the core communities of Dearborn and parts of greater Detroit for thirty years. Supporting primary care and some specialties, Midwest has grown over the years to be a recognized brand in this community.

The directors of the organization shared the vision of developing a more comprehensive care model, embracing the virtues of prevention, prescription and personalized care. Midwest was in a search to collaborate with a major health organization, one that would aide in the development of a truly integrated model. After much negotiation, the two organizations, Midwest Health and Oakwood reached an agreement to develop a new medical center in the community that would service the regional population with a comprehensive and collaborative care model, incorporating the attributes of the Midwest Health managed care model with the vast resources of Oakwood Healthcare.

At the same time that development of a new organization for preventative care was ongoing, a national developer, Redico was pursuing plans to redevelop one of the strategic properties in the City of Dearborn. A site at the corner of Michigan Ave. and Schaefer was being planned as the location for a significant mixed-use development. This site is the heart of downtown Dearborn, and is located directly across from the historic city hall. Dearborn is a city filled with history, as the home of the Ford Motor Company and the city hall’s Georgian architecture signifies. The City of Dearborn’s community master plan called for a significant development to be located on the aforementioned property, a property that for many years housed a Montgomery Ward’s store and through that time had become a major epicenter for the community. The city, aware of all parties’ desires became instrumental in development of the new medical center’s base for a major mixed-use program. A partnership was formed between Oakwood Healthcare, Midwest Health Center, Redico, and the City of Dearborn (who provided the much needed funding for the parking structure component) to develop the Dearborn Town Center - a set of facilities for the benefit of the community.



Interior Detail of Community Lobby

Facilities with a Future



Schaefer Elevation



Mixed Use Development w/ City Hall in Background

Interest from this point surrounded how to best make use of the site for multiple benefits to the community. Issues included:

- > Construction of a medical center that would provide the community with a collaborative major resource.
- > Considering the needs of our aging population, and the potential for housing.
- > The need for a redevelopment catalyst for the City's downtown, encouraging retail for this site, and ongoing community development.
- > The communities' need for a resource center.
- > A "statement" facility that would inspire the future of the city. Such a complex should embrace the solid virtues of the historic city relative to its commerce base, history and tradition, but with an eye to the future. Promotion of best land use policies and sustainability formed important criteria.

Planning for the new Dearborn Town Center included all of these important criteria. The solution is a two-city block mixed-use composition responding to the needs of the greater Dearborn community. The site is anchored by the Oakwood Midwest Medical Center, a three-story, 152,000 square foot medical center. The base of the building houses retail servicing the center and the public. Land has been established for construction of a multi-story, 100 resident assisted living center and an additional mixed-use retail/medical/office building. Recognizing the need for best land use priorities, parking is provided by a five-story parking structure containing 524 parking spaces.

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As the building would be located in the city center across the street from the historic city hall, the building recalled some of the basic planning principles of historic Main Streets and community development. Building massing and layering of multi-use elements were arranged to support the vitality of the community and fit in contextually. This was done on several levels. Retail was located on the first floor and positioned with frontage on the public areas both internal and external to the mixed-use development. Medical Office Space was located on the portions of the first floor and upper floors. Parking was set behind the buildings keeping the functions in the buildings closest to the public realm, and adding activity to the city center. Residential was also planned to bridge the gap in function and scale from the existing residential neighborhood to the larger mixed-use retail/office building.



Site Plan

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524 Space Parking Structure

CARE DELIVERY MODEL

With the master plan for the Oakwood Midwest Medical Center concluded, focus went to programming and planning for service lines and best-in-class accommodations for the program. At this point, it is important to look at how healthcare reform and the need to provide care for chronic disorders require a different delivery model than the traditional Ambulatory Care model with individual elements in separated silos. While the silos in hospitals have been broken down significantly, many ambulatory sites have not made such a change. As we have discussed, medicine has changed and will continue to change from care for acute disease to care for chronic disorders. This means that an increasingly large population will visit facilities on repeated trips for multiple conditions. A new medical center needs to be responsive to this condition. Persons may spend the large portion of a day at such a facility with visits to multiple service offerings for primary and specialty care, diagnosis and treatment. These medical facilities need to be collaborative and welcoming, understanding of why persons are visiting them, and offer efficiency to the provider in order for the facility to maintain profitability.

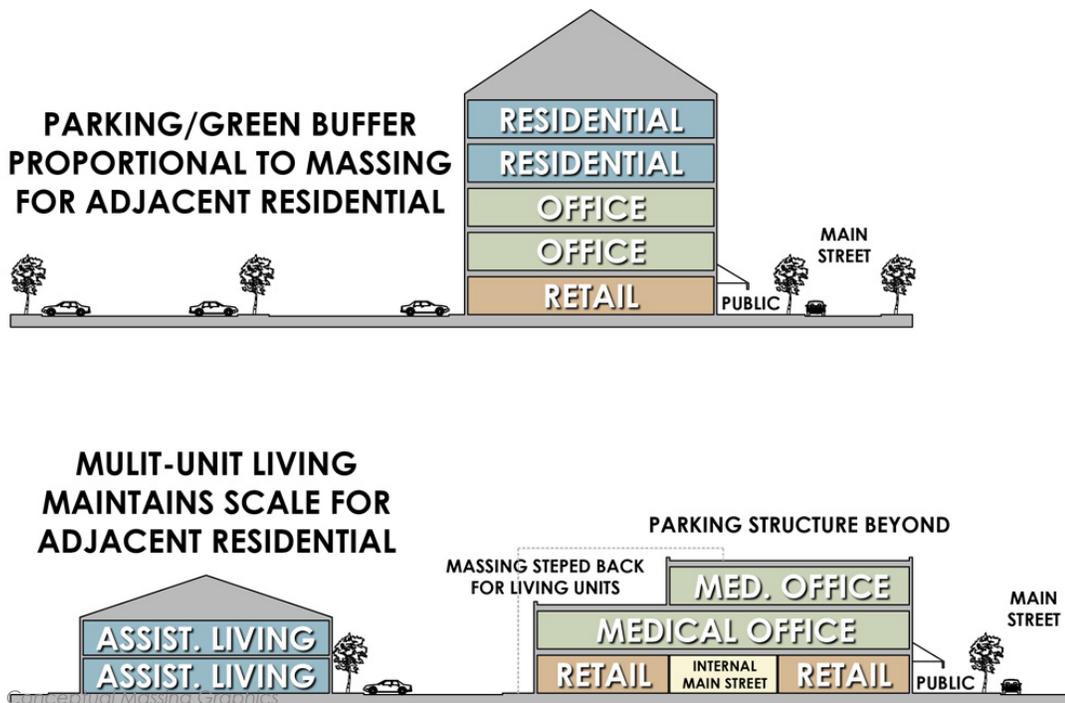
Effectiveness needs to be derived from the efficiency of the operation. Planning needs to address the basis of a clinic module, the most effective way to treat patients, providing them with the information that they need and taking as many of the difficulties and encumbrances placed on patients out of the equation. Ambulatory sites offer the ability for patients to access care and amenities much more easily and comfortably with less confusion than in the traditional hospital setting if planned correctly. This is key to patients developing a comfort level with a facility, their provider, and ultimately continuing on a journey of wellness that is required for better health.

Blending the existing providers, Oakwood Healthcare Standards, and a collaborative model required the use of an integrated design approach where existing processes and clinical culture were refined and incorporated into the new facility to enhance already successful services.

The basis of healthcare delivery has always been and will continue to be the exam room. This is the point of interaction between the patient and the physician. The space needs to be large enough to handle normal examination protocols, and be accommodating to facilitate the dialogue between the provider and the

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patient. The clinical module needs to be a model of efficiency, anticipating large patient volumes. Registration for the new medical center was designed to be a combination of telephone and data, combined with a major registration center at the entrance to the facility with a simple check-in/check-out process employed. Within the clinic's areas for taking patients, vital statistics were incorporated, nursing and physician areas were standardized, and an on-stage/off-stage concept was introduced. Patients arrive through an open gallery atmosphere with private and semi-private waiting areas appropriate to the visit. Staff and services are managed through the facilities off-stage circulation. Services in the off-stage areas allows for trash and other dirty materials to be moved through the facility without interacting extensively with the public or patient circulation within the



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clinics. This keeps the facility appearance less cluttered and overly busy, and it helps in managing infection control concerns. Of equal importance, the off-stage connections provide a means for dialogue and collaboration between provider staff and physicians.

The clinical modules are standardized to the greatest extent possible. With the continuing evolution of medicine, changes in treatment and patient procedures, as well as service lines themselves will continue to change. Clinics need to be interchangeable as change will require an ebb and flow for these facilities.



Interior Details of Eyeglass Store and Waiting Areas

Arrangement for the multiple service lines and their adjacencies was considered crucial to the success of the medical center. Arrival at the facility needed to be simple and visible. Two major entrance points, one for persons arriving by car and a second for people using public transportation were developed. The entrances, which are at opposite ends of the center are linked with a major mall gallery and afford a welcoming, wide route through the facility. Consideration for persons arriving by car meant that the access points to the building and adjacent parking structure not only needed to be contiguous, but welcoming to one another. As the facility is located in an urban environment, consideration for security was given, especially for patients and staff at night. The parking facility is well-lit and security call boxes are placed, along with security cameras throughout the facility.

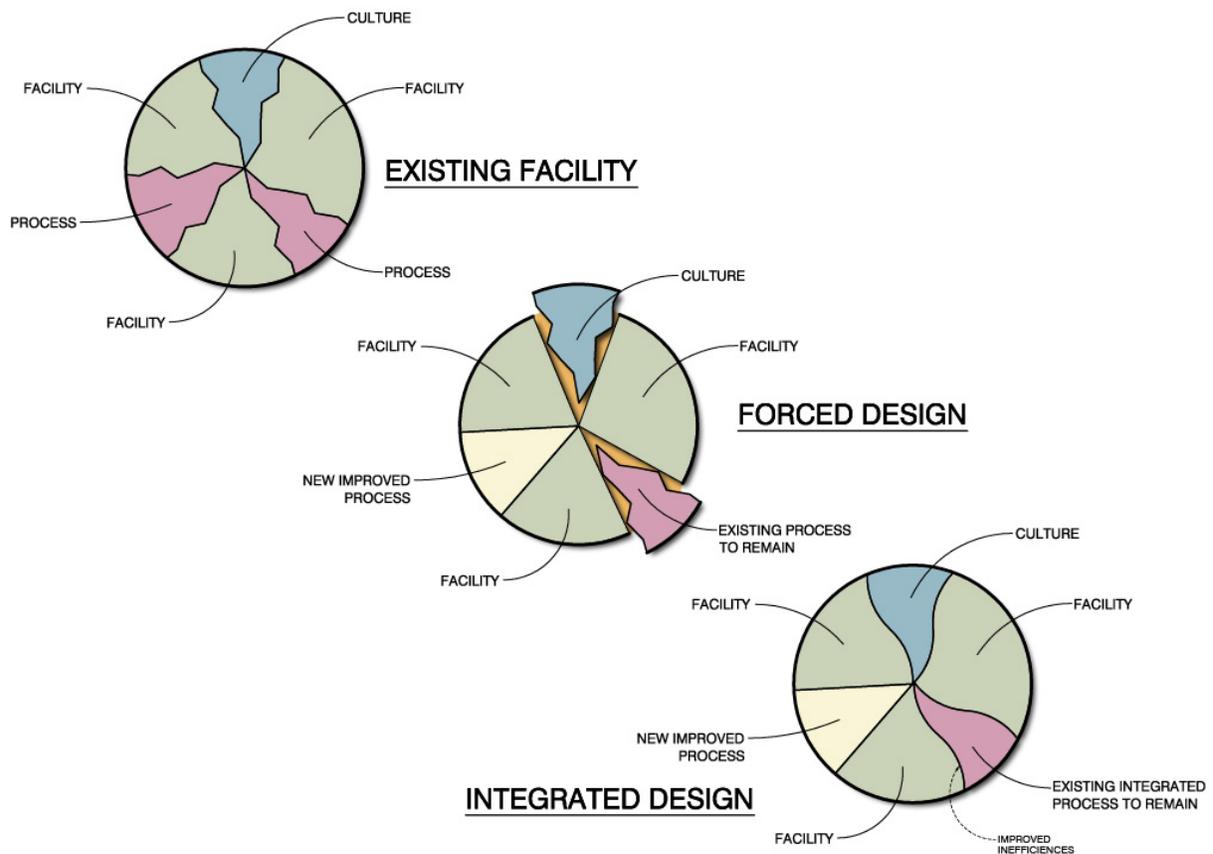
Certain healthcare services including urgent care, imaging, orthopedics, lab and physical therapy are located on the first floor. Location of these entities provides for consideration of the ability for patients to traverse a large medical center, the need for immediate contact at the urgent care center, and persons having a lab service with only that quick-visit need.

Continued consideration was given for persons utilizing the medical centers' Women's Health and Surgical Centers. Often times, these persons will have great difficulties in accessing the building. A sky bridge was constructed to enable convenient and quick access from covered parking to these services. As well, the sky-bridge provides for a considerate access for patients being discharged from surgery.

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Other considerations for the new Oakwood Midwest Medical Center included:

- > Promotion of staff efficiency by minimizing distance of necessary travel between frequently used spaces.
- > Efficient use of space by locating support spaces so that they can be shared by adjacent functional areas, and making prudent use of multi-purpose spaces.
- > Inclusion of all needed spaces, but eliminating redundant areas.
- > Grouping of functional areas with similar system requirements.
- > Consideration for staff attrition. The vital importance of staff and physician retention versus replacement is environmentally dependent. The spaces and operation must be conducive to the needs of staff including the work environment and their respite accommodations.



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STEWARDS TO THE COMMUNITY

As discussed earlier in this paper, the Oakwood Midwest Medical Center is intended to be a model facility for healthcare. On a large scale the entire mixed-use complex is intended to be a model for stewardship in the community the development is located. Sustainability virtues were considered high on the priority list of criteria for design and development of the whole mixed-use complex. Many accommodations were made in the design and engineering, construction, and building systems to earn the facility recognition for such. The new medical center has achieved LEED Silver certification, and the parking structure, which is solar-powered, has earned a Green Building Award from the Construction Association of Michigan.

As healthcare providers strive to make plans that can “stir men’s blood,” it can only be hoped that more development can be incorporated into the fabric of the communities they strive to serve. As we look around the country the outlook is good. In Chicago, Mount Sinai Hospital has a proposed outpatient pavilion planned adjacent to mixed-income housing to provide an anchor for a community redevelopment plan. As projects like this one and Dearborn Town Center continue to develop, we will provide the infrastructure to support a healthier population, healthier communities, and sustainable facilities with bright futures.



Parking Structure Entrance



Interior Detail of Community Lobby Entrance



Southwest Corner of the Midwest Medical Center at Dearborn Town Center

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A Research Initiative by Hobbs+Black Associates, Inc. for the use and knowledge of healthcare providers. For more information on this subject or other Hobbs+Black Study to Solutions publications please contact Sue Stevanovic at 734.663.4189 or sstevanovic@hobbs-black.com

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