

TEAM









Carol Huber, DrPH
Deputy Chief Public
Health and Equity Officer
University Health

Geof EdwardsCEO
Alta Architects

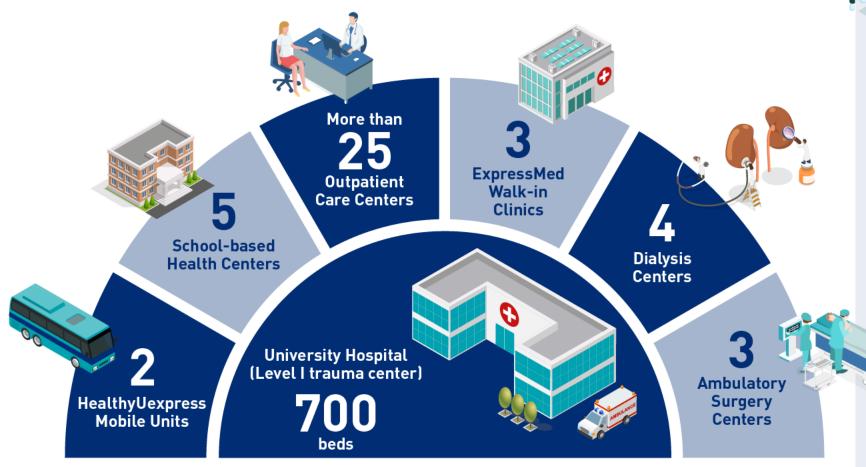
Craig Puccetti
Principal
BSA LifeStructures

Wendy St. John, RN
Healthcare Operational
Planner
BSA LifeStructures



WHO WE ARE...

COMPREHENSIVE NETWORK









2,500+
Providers

University
Medicine
Associates
Primary and
specialty care
group practice

Community First Nonprofit managed care organization CareLink
Coverage
program for
uninsured
residents

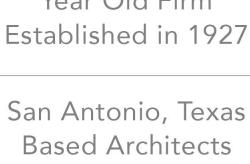
Year Old Firm

San Antonio, Texas

One of the Largest Minority Owned Firms in Texas

Culturally Driven Design

173 Design Awards



















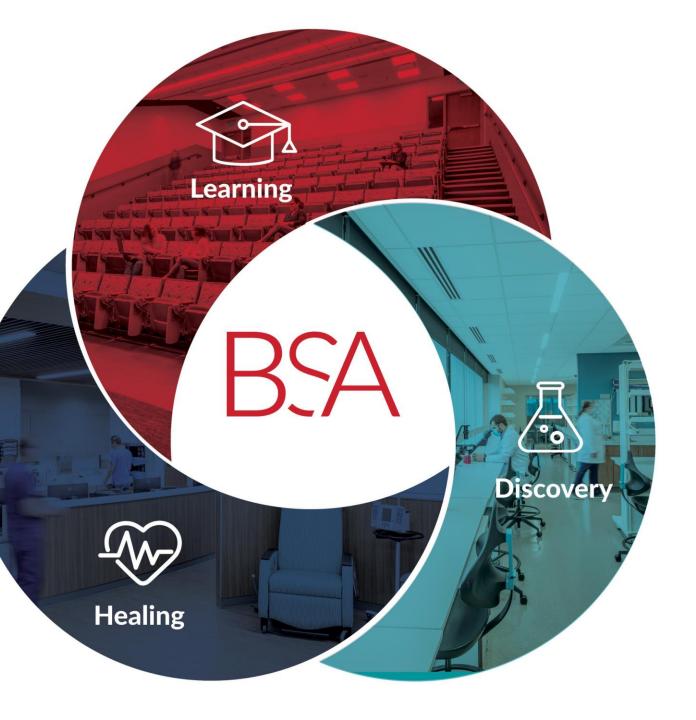












1975

YEAR BSA WAS FOUNDED

6

STUDIOS NATIONWIDE

AUSTIN | DENVER | INDIANAPOLIS | RALEIGH | ST. LOUIS | TAMPA

ARCHITECTURE ENGINEERING INTERIOR DESIGN PLANNING

200

EMPLOYEE OWNERS

LEARNING OBJECTIVES

PUBLIC HEALTH CHALLENGES

experienced by a large healthcare system and common social determinants that impact the community health and associated programmatic needs..

WIDE RANGE OF SERVICES

demanded in these communities and how to approach the engagement of the Community to ensure alignment of needs and services.

DESIGN SOLUTIONS

being employed, target markets and long-range goals of promoting population health on a broader scale.

RELEVANT DATA & RESEARCH

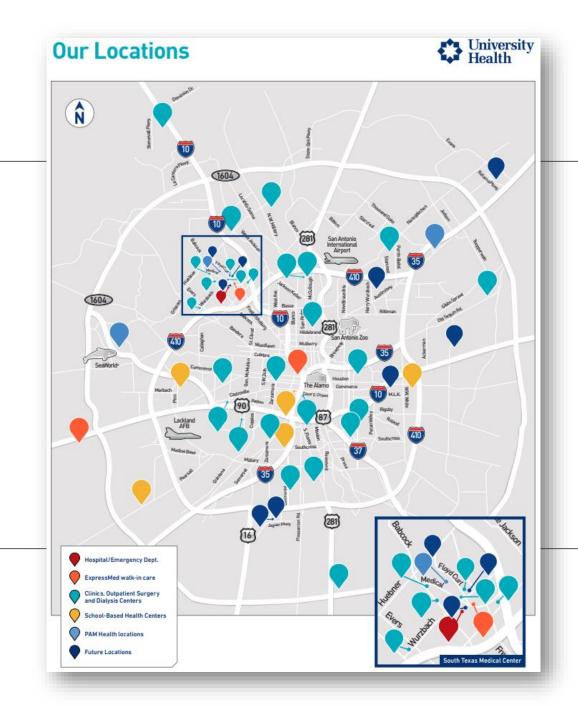
for these type of public health facilities and need for a flexible design to support community wellness on a broader scale.





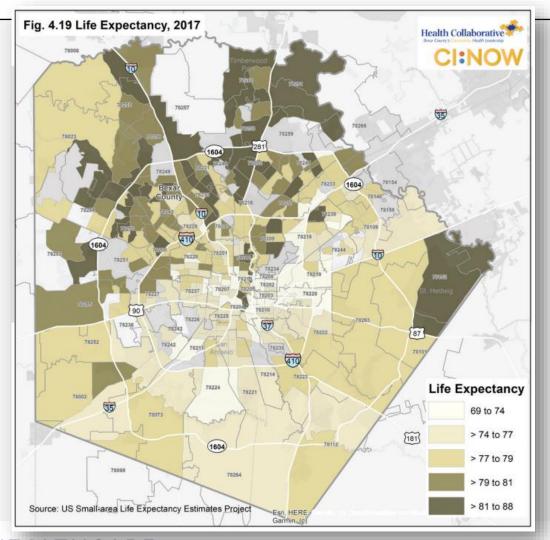


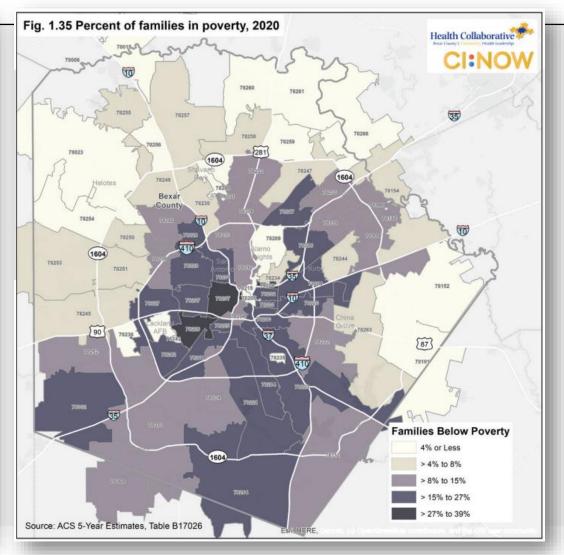
University Health is addressing priority needs through programs and services, policy and community engagement





SIGNIFICANT HEALTH AND SOCIAL NEEDS IN OUR COMMUNITIES

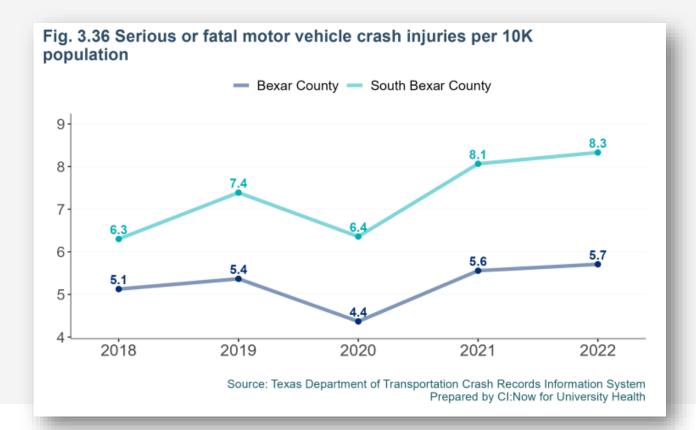




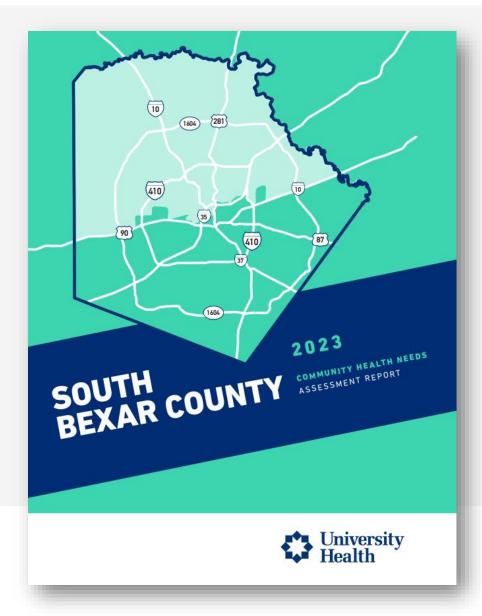


COMMUNITY HEALTH NEEDS ASSESSMENTS

Conducted to specifically compare the southern half of Bexar County to the entire county







SOCIAL DETERMINANTS OF HEALTH

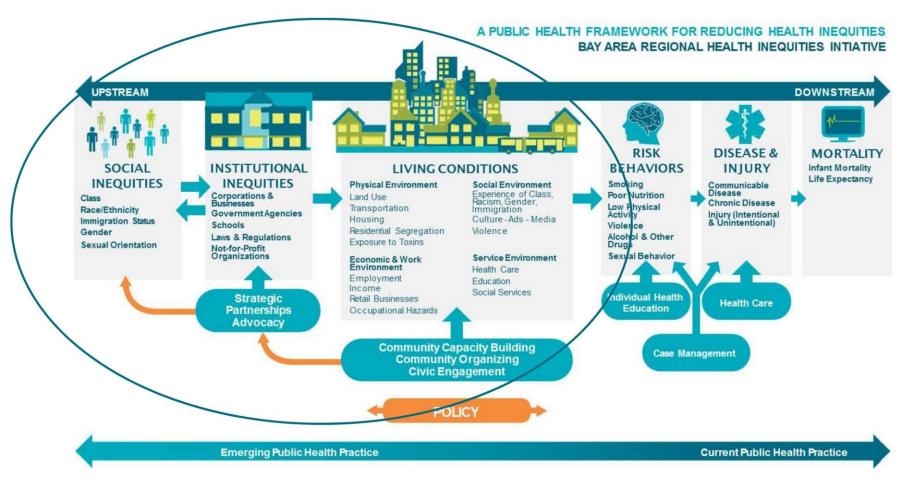




SOURCE: Healthy People 2030

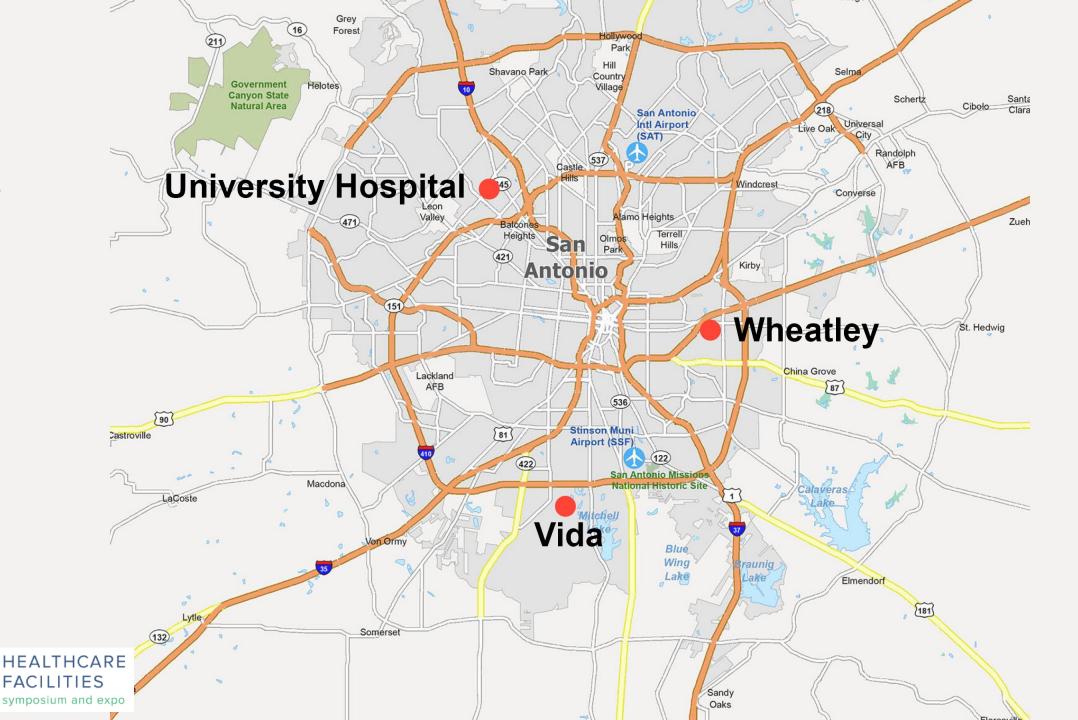
IMPROVING THE HEALTH OF OUR COMMUNITIES

University Health focuses on "upstream" and "downstream"



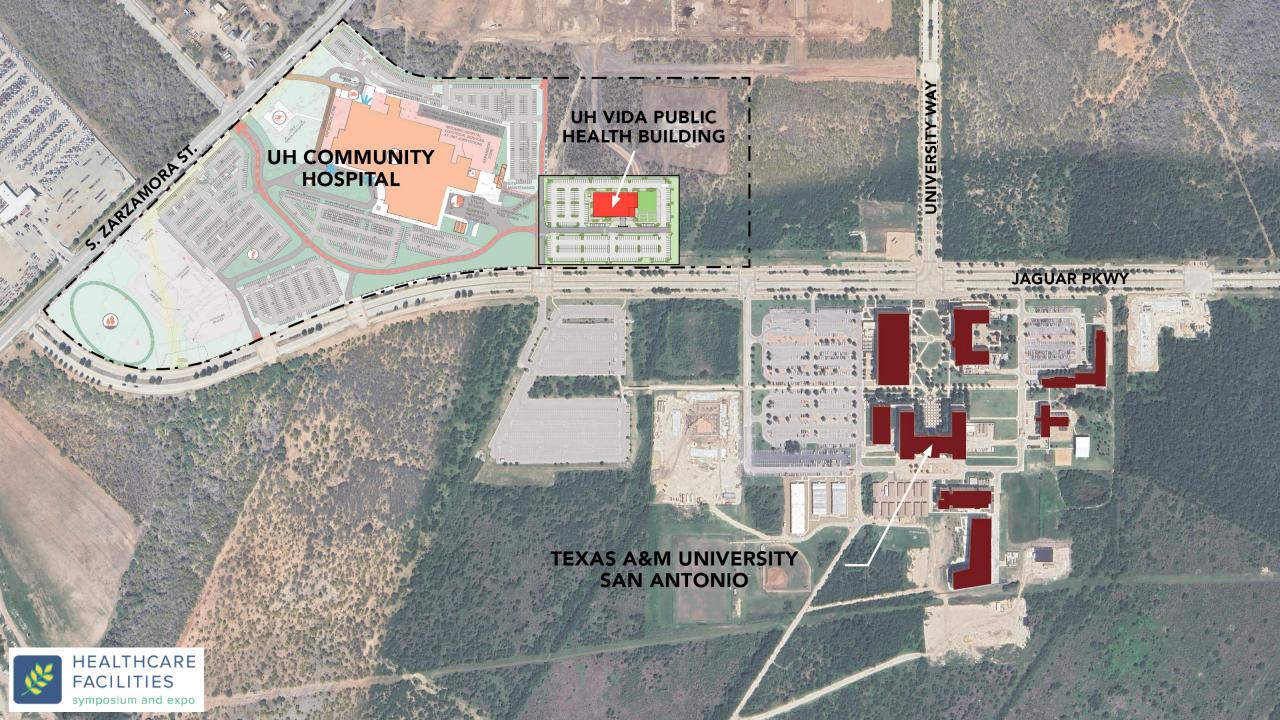












































DESIGN CONSIDERATIONS

















REGIONALISM

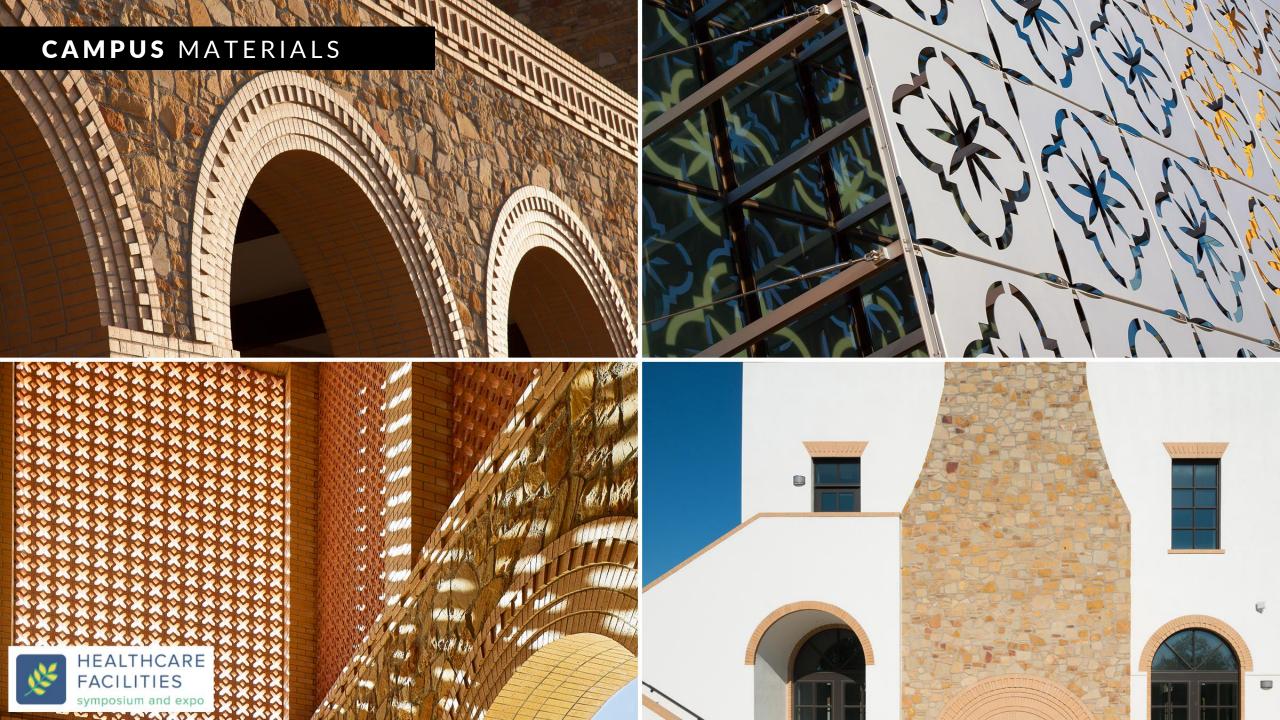








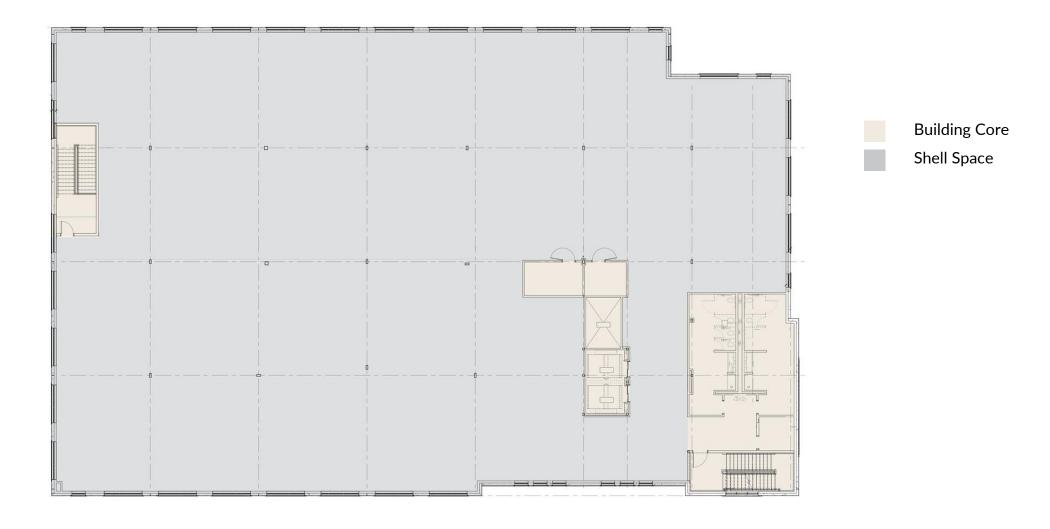












VIDA FLOOR PLAN LEVEL 3



VIDA AND WHEATLEY

DESIGN PRIORITIES

Flexible

Inclusive

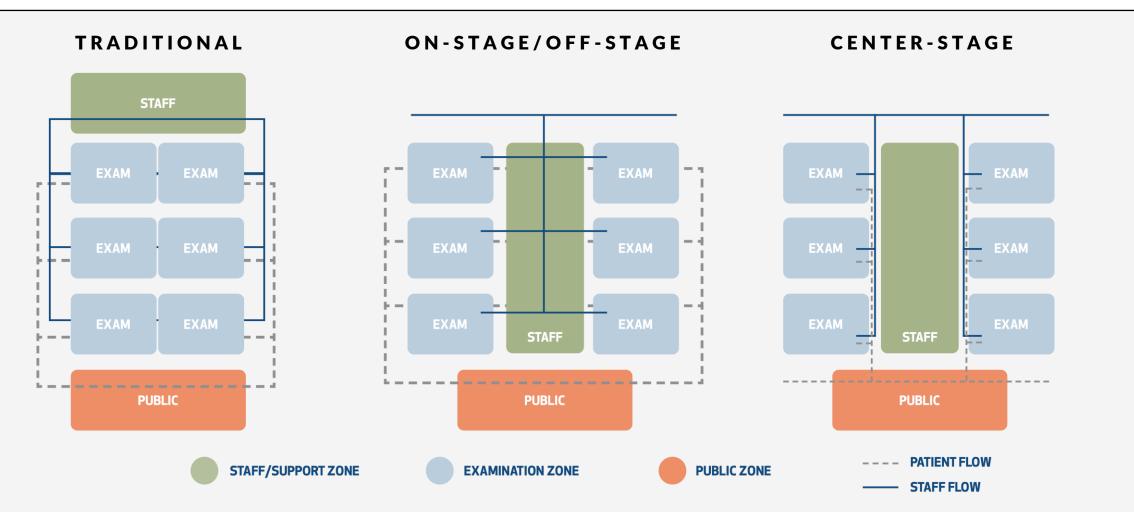
Accommodate Non-medical / Community needs

Connection to Site/outside spaces





CLINIC LAYOUTS- EVALUATING OPTIONS



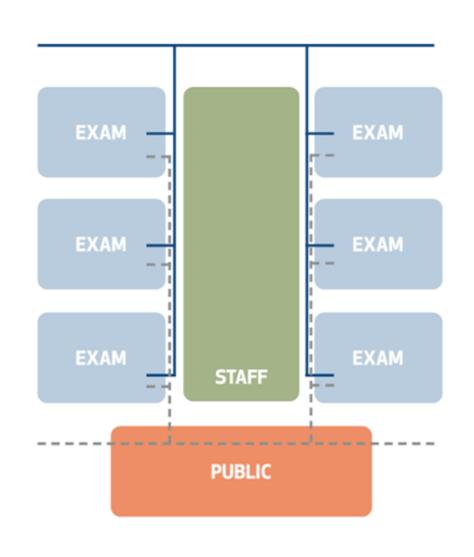


WHERE WE LANDED - CENTER STAGE MODEL

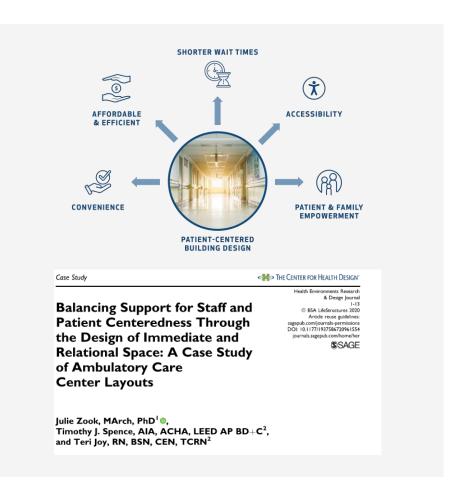
BENEFITS (EBD Outcomes)

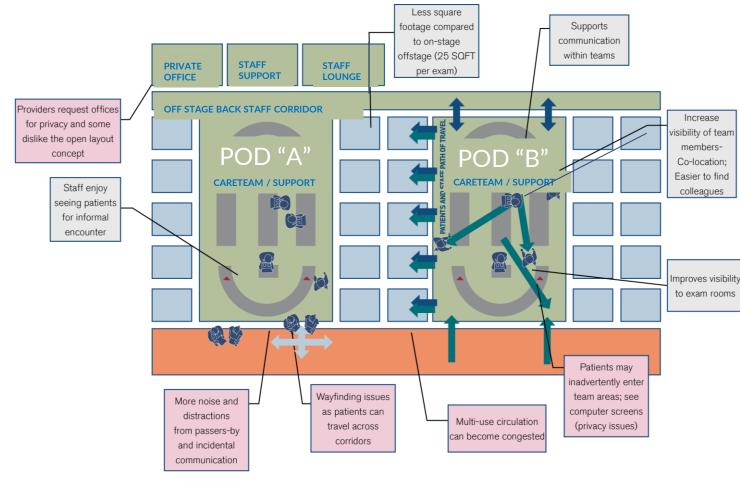
- Improved Care: Co-locating staff boosts communication, collaboration, privacy, and efficiency. (Freihoefer et al., 2018; Lim et al., 2021; Lim, Kanfer, et al., 2020).
- Better Monitoring: Enhances staff visibility in exam rooms. (Freihoefer et al., 2018; Lim, Moore, et al., 2020).
- Enhanced Interaction: Patients access care-team stations for direct contact. (Karp et al., 2019).
- Boosts Communication: Encourages incidental staff interactions. (Karp et al., 2019).





RESEARCH - CENTER STAGE MODEL





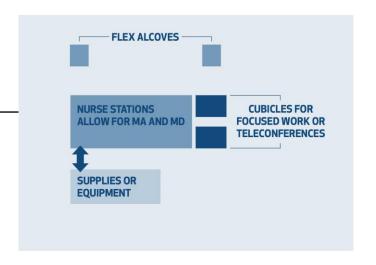


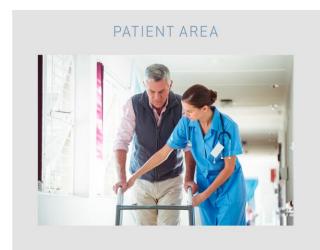


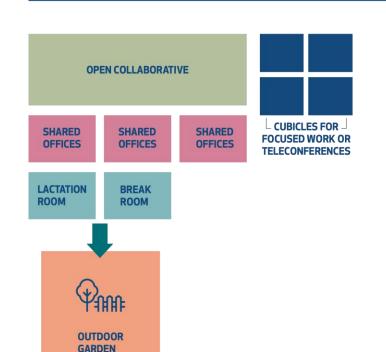
SUPPORT STAFF STRATEGIES

- <u>Improve visibility</u> to enhance face-to-face communication and improve clinic flow.
- Focus rooms with telehealth capability adjacent to team stations for team collaboration.
- <u>Private respite rooms</u> for individualized activities such as Lactation and rest.
- Removed comfy <u>staff lounge</u> with amenities & views to nature and daylight to reduce stress and improve relaxation.















EXAM ROOM METRICS



Pod Layouts

- 20 Universal Exam /2 Space efficient pods
 - Dual access Procedure Rm w/ 2 Patient Care Stations
- Provider/Exam Room ratios for maximum flexibility:
 - 2-2.5 Room per provider
- Total of 10 Providers (5 Per Pod x 10)
 - Volume per Provider= 20 Patients/day
 - Daily Volume = 200 Total patients/day
 - Projected annual Patient Visits = 45,000 50,000 yr

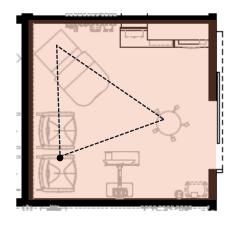


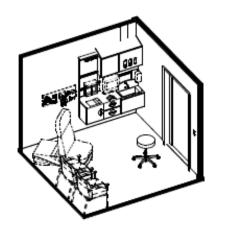
Clinic Visits Per Exam Room Per Year

Minutes Per Clinic Visit	Clinic Visits Per Day for X-hours/day	Visits per Room at 250 days/Year (50 Weeks)			
Insert Clinic Operating Hours Here*>	8	100% Util.	90% Util.	80% Util.	70% Util.
24	20	5,000	4,500	4,000	3,500

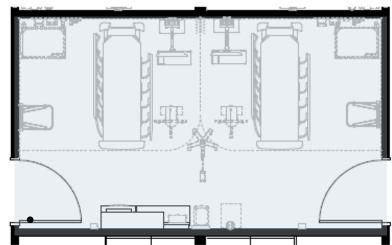
Number of Visits per Exam Room per Year in a Clinic				
Input Factors				
Average Minutes Per Patient Visit (incl. Room Turnover)	24			
Average Hours Per Day Patients are Seen in Clinic	8			
Days Per Week Clinic is Open	5			
Weeks Per Year Clinic Is Open	50			
Expected Room Utilization (efficiency factor)	80%			
Expected Total Visits Per Exam Room Per Year	2,000∢			
Total Room Need				
Projected Annual Number of Patient Visits [APV]	44,000			
Expected Total Visits Per Exam Room Per Year	2,000			
Total CLINIC ROOMS NEEDED [Rounded up]	22			

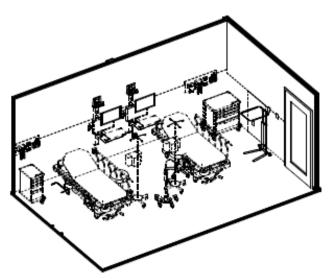
EXAM OPTIONS WITH HEALTHCARE ZONES







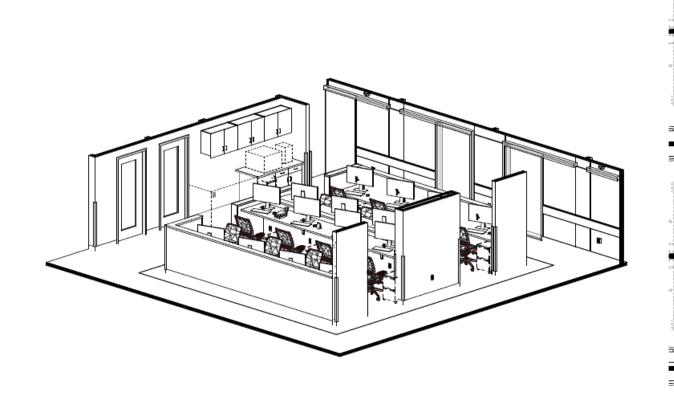


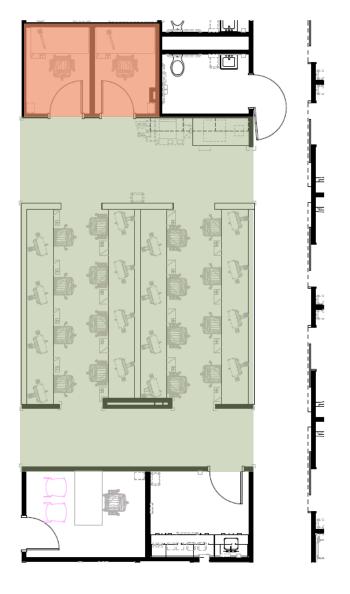






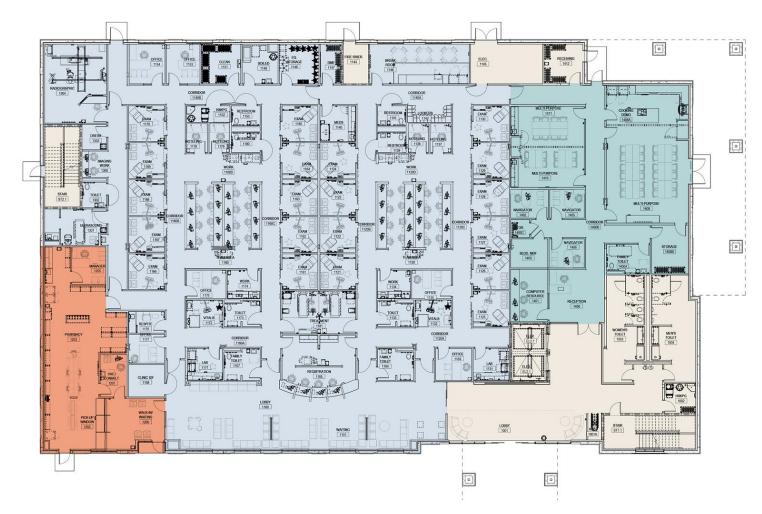
CARE TEAM AREA















PATIENT

These are the processes that directly impact patient care.



PROVIDERS/STAFF

These are the processes that impact providers or staff or are carried out between providers.



FAMILIES

These are the processes that impact families and visitors.



SUPPLIES

These are the processes that supply delivery, stocking, storage, and management.



MEDICATION

These processes guide medication storage, controls, and administration.



EQUIPMENT

These processes impact equipment cleaning, storage, procurement, and management.



INFORMATION

These processes relate to how information is disseminated, either electronically, through technology, or through other communication avenues.







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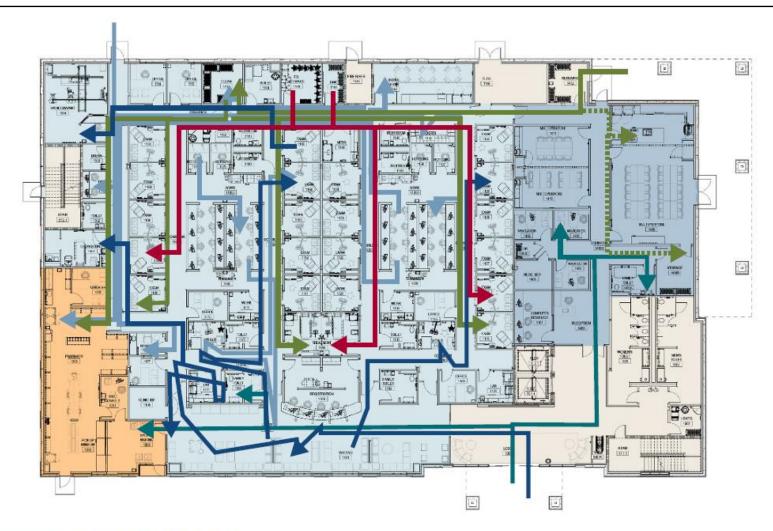
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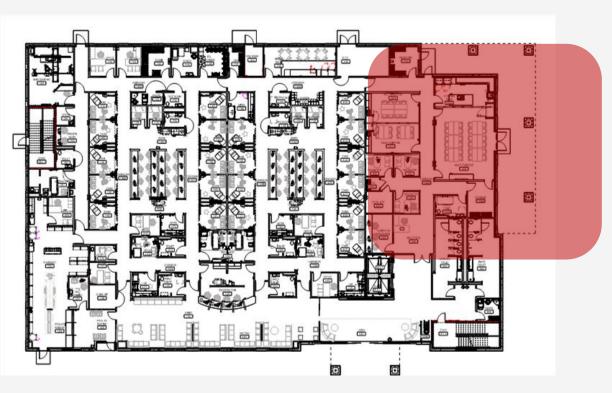
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COMMUNITY PARTNERS



VIDA FLOOR PLAN LEVEL 1

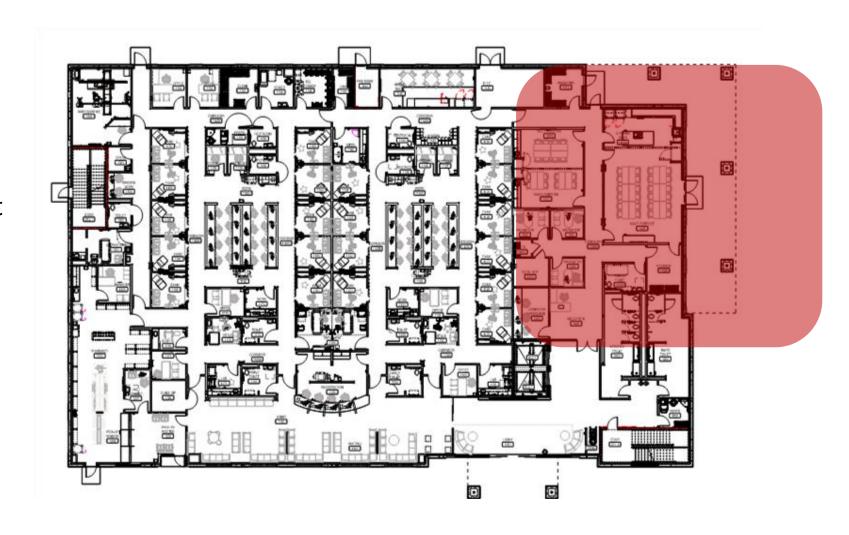


VIDA FLOOR PLAN LEVEL 2



COMMUNITY RESOURCES

- Multipurpose Rooms
- Teaching Kitchen
- Green Space and Mobile Unit
- Accessible Bathrooms
- Community Resource
 Navigators
- Technology Access

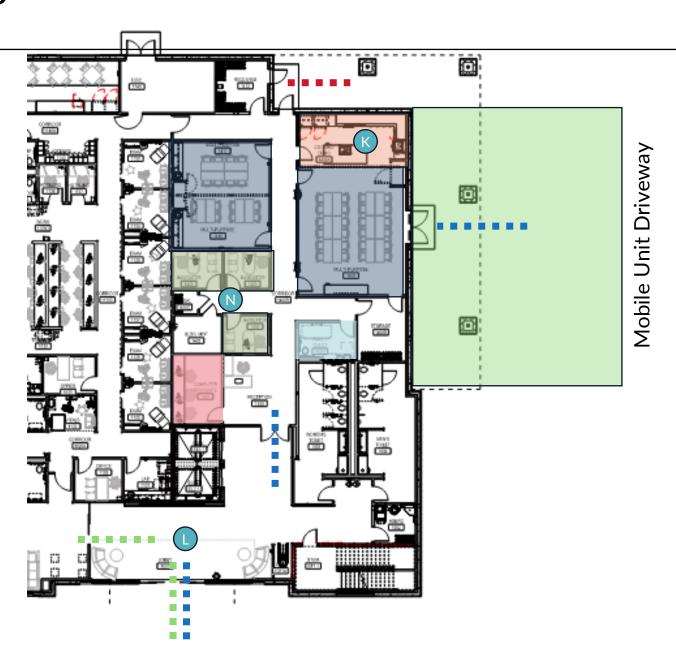




COMMUNITY RESOURCES

- Multipurpose Community Rooms
- Teaching Kitchen
- Green Space and Mobile Unit
- Accessible Bathrooms
- Community Resource Navigator
- Technology Access
- Catering Access
- Community Resource Entry
- Community Clinic Entry







UNIVERSITY HEALTH

LOOKING AHEAD

Medical and social care integration (services relationships, physical and virtual)

High demand and continued growth

Spread best practices to other facilities

High tolerance for ambiguity





EXAMPLES OF OUR PUBLIC HEALTH STRATEGIES





Use this tool to find community resources like food, housing and mental health services close to home.

ZIP 78229 Q Search





Schedule a Mobile Mammogram
Appointment →

Injury Prevention

2022
BEXAR COUNTY

COMMUNITY HEALTH NEEDS





INTEGRATING WITH COMMUNITY PARTNERS

University Health engages community partners to improve health and reduce health disparities

> Invest financial and in-kind

Refer patients / clients to services

Integrate electronically Co-locate physical presence

Share common mission and population





QUESTIONS?



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