Design Decisions for Cutting-Edge Cancer Centers

Team and meeting management. Availability of patient information. Workload. All of these components are driving factors in the multi-disciplinary team (MDT) approach to cancer care delivery. However, to make this collaboration work, facility managers need to help carve out the proper space.

Formulated in the mid-1980s, the multi-disciplinary oncology approach enlists the cooperation between different specialized professionals involved in cancer care. That group could include nurse navigators, medical oncologists, radiation oncologists, surgeons, chemotherapy and infusion specialists, physician assistants, pharmacists, nutritionists, social workers, chaplains, psychotherapists, massage therapists and meditation therapists.

Today, the approach continues to be a critical part of the treatment approach to cancer patients, as more cancer centers continue to turn to the model to improve coordination, communication, and decision-making between healthcare team members and patients.

A focused team of caregivers that communicates with each other, with patients, as well as the patient's family members is better suited to formulate treatments that are customized to specific conditions and needs of each patient.

Quality care with positive outcomes is the primary focus of the cancer patient. In the patient's mind, the Multi-Disciplinary Care approach with providers working in partnership is thought to contribute to that goal.

ABOVE | UNC Rex Healthcare Comprehensive Cancer Center has a dedicated tumor conference space for convenient collaboration. Staff respite spaces have exterior views and natural light on each floor as well as an outdoor space devoted exclusively to care givers to create a peaceful respite experience.

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Community Regional Cancer Center South implements a remote dedicated breast center entry.

Patient convenience is top priority. Recognizing the need to place the patient firmly at the center of care protocols, leading cancer treatment centers place a priority on patient convenience. Today's centers are co-locating all cancer patient services in a single facility or adjacent building.

These spaces feature improved layouts, which support multiple disciplines, care teams and support services. The spaces not only enhance the patient experience by making it easier to meet with multiple caregivers, but by having all cancer care services under a single roof, it facilitates the entire care team's communication.

Physician collaboration space is a critical driver. Surveys show that the quality of care perception is directly related to the interaction between patients and caregivers. Simply put, caregivers have a direct impact on the patient experience. That means you cannot overlook the need of caregivers.

A key design driver of a Multi-Disciplinary Care facility is supporting physician and caregiver collaboration. During the programming phase, it is important to include physicians and other cancer care team members to discuss how they are using their space and how it supports collaboration. Engage discussions on how they envision an ideal space to develop a solution that meets their specific workflows.

What to include? While the goal is to co-locate all services in one location, the challenge becomes which service lines to include and how to reduce equipment redundancy. Take a Women's Breast Cancer Center, for example. A primary program driver for these facilities is to enhance patient experience in imaging and other radiology services. But the complicating factor is how to design a facility that also welcomes patients who only need annual imaging, such as mammograms.

Two imaging departments would be expensive and redundant, so the objective is to avoid mixing the two populations.

This can be resolved by separating the breast center entry from the cancer center entry, preferably on opposite sides of the building. The Breast Center would also have a backstage connection with the Cancer Center for provider, caregiver and supply circulation. The main entrances would include their own parking lots and reception areas. This arrangement creates separate identities for patients, but provides the convenience of internal connections for providers.

Expensive to relocate equipment. Unfortunately, the equipment to treat cancer — linear accelerators and laser-guided radiation oncology equipment, etc. — are very expensive and require extensive shielding elements. This makes it difficult to justify purchasing duplicate equipment or relocating it to a new cancer center.

One option many hospitals implement is to either build a new medical office building or renovate existing space next to the existing radiation department. The new

space would include clinics, infusion centers, and other appropriate amenities. The larger equipment is left in the original locations.

Addressing amenity spaces. Because they are a key patient satisfaction driver, cancer-related amenities often are included in Multi-Disciplinary Care facilities. These areas can include clinical spaces such as rehabilitation/PT spaces, retail pharmacies and lymphedema clinics, and more conventional features such as cafés, wig boutiques or a cancer resource library.

While these amenities are important to cancer patients, they do not always add enough revenue-generating spaces, meaning they often are value-engineered out of a project. However, although these amenities may not be at the top of the patient preference scale, they are still important features that contribute to patient satisfaction.

Proximity versus technology = balancing act. Patients assume that a Multi-Disciplinary Care environment, with every service under one roof, encourages more one-on-one collaboration between caregivers. Although in fact this is an accurate assumption, in reality, the process relies greatly on technology.

Electronic medical records have advanced to a level that all test results, exam notes and medicines prescribed are just a click away and collaboration among providers can be as simple and convenient as exchanging text messages.

This has had a tremendous impact on the amount of collaborative spaces to include in cancer care settings. It is important to understand how each healthcare organization communicates to help determine the appropriate balance of space.

As the medical community continues to navigate its way through these unprecedented times, having a multi-disciplinary team approach to cancer treatment that is well organized and efficient, and provides continually reliable information is a plus any healthcare facility would welcome.

This article originally posted as a two-part series on Healthcare Facilities Today at www.healthcarefacilitiestoday.com:

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