Clinica
Family Health Services

Quality Community Health Care

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Facility Innovations

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A Better Mousetrap

As the number of medically underserved has skyrocketed in the Denver metropolitan area – Clinica Campesina's service area – our staff was spending a great deal of time trying to find ways to efficiently and effectively provide more care to more people. Our facilities were old. Most were a maze of offices and exam rooms. Patients couldn't find their way out; staff couldn't find each other; hallways were congested; and bottlenecks were forever occurring around scales, lab and check-in desk. People were leaving work everyday frustrated.

Clinica's medical director worked with a local architect who specializes in medical facilities to design a new clinic prototype that would be efficient for staff and comfortable for patients. Following are the clinics that we have renovated using that new floor plan.

Our Facilities

When Clinica began looking for ways to maximize efficiency, one of the first things we put under the microscope was the physical layout of our clinics. Where were the exam rooms in relationship to the clinicians' offices? How long did it take a nurse to walk from her desk to the fax machine? If a doctor needed her medical assistant, how many steps did she take before finding him?

In 2000, we started the planning phase for our new Thornton clinic. This presented us with the opportunity to throw away all the commonly held rules of medical facility design and create a floor plan that would help our staff work more efficiency and, therefore, care for more patients each day. We wanted to achieve a number of goals with the new floor plan. We wanted to:

1) Make it easy for staff to find each other.
2) Make it easy for clinicians to see their work.
3) Make the clinic feel as small and personal as possible for each patient.

We were fortunate to have a nationally-known architectural firm that specialized in medical facilities located just 20 miles from the site of the new clinic. One of Boulder Associates' principal architects, Nicholas Rehnberg, worked closely with Clinica's vice president of clinical affairs to create an innovate floor plan that helped us achieve the feel and efficiency we were hoping for (see: www.boulderassociates.com for more information about our architects).

They began by putting pedometers on our clinicians to see how much time they spent walking around the clinic. We found that staff was taking thousands of steps each day looking for each other, walking to photocopiers and making their way to and from desks between patients. To solve this, we have co-located all providers and clinical support staff in a central "pod" or group of cubicles. A pod is a wholly contained clinic within a clinic. A pod is staffed with three FTE clinicians, three medical assistants, two office technicians, a case manager, a nurse team manager, a medical records technician and a behavioral health professional. Patients come to the same pod for each visit. By consistently seeing the same group of Clinica staff, the clinic feels smaller, more manageable, more personal. Depending on its size, each of our facilities contains between two and four pods

Since all of the pod staff sit within 20 feet of each other, people can all easily see each other just by swiveling around in their chairs. We surrounded the cubicles with a five-foot high exterior wall and topped that with 18-inch glass windows. This lets in light, allows people in the cubicles to see out, but also blocks sound and keeps patient traffic on the perimeter of the pod. Each pod is equipped with its own photocopier and fax so that staff don't have to walk far to get to the equipment they need. Desks in each cubicle have a rolling table at the end. This allows providers and other staff to load charts on the end-tables and bring them together for patient consultations or meetings.

In order to allow clinicians to more easily see their work (e.g., which exam room they need to walk into next), exam rooms are located on the perimeter of the pod. Each clinician has three exam rooms: a medical assistant can be bringing a patient into one, while the clinician is seeing a patient in the second, and a dietician or behavior health professional can be meeting with a patient in the third. Each clinician has a clear line of vision to each of his/her exam rooms. We utilize a low-tech system of colored flags to let staff know what needs to happen in each exam room. The flags are attached to the wall beside each exam room door. They are flipped out when a service is needed; they are laid flat against the door when the provider is in the room; they are laid flat against the wall when the room is empty.

We have also color coded each pod to help newer patients remember their pod. In our purple pod, for instance, the primary wall is purple, the appointment cards are purple, even the linoleum on the counter of the check-in desk is purple. The same is true for the red pod, the orange pod and the blue pod.

We built all of these changes into our Thornton clinic. We expected some resistance or dissatisfaction from clinicians when we moved to the pod model. We expected complaints about noise, lack of privacy, lack of space for clinician/patient consults. None of that has been an issue. Clinicians have been particularly pleased with the new floor plan. They no longer have to walk from exam room to medical records to laboratory to find their medical assistants. In fact the changes have worked so well that we have remodeled all of clinics with the same floor plan. While not the sole factor, these layout changes have been the primary contributor in helping our clinicians increase productivity from seeing 15 patients per day on average to seeing an average of 17 patients per day.

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