

## Providence & TGBa Team on LEAN Design: Chehalis Family Medicine

**By Nora Haile**  
*Contributing Editor*  
*Washington Healthcare News*

Always an efficient operation in its own right, Taylor, Gregory, Broadway Architects (TGBa) recently worked with Providence Medical Group to take their design process to a truly LEAN level. The health-

care-centric TGBa teamed with the Providence Office of Operational Excellence (OE) to design a 6,000 sf medical home clinic for Chehalis, Washington. Providence selected Chehalis as a result of a service demand analysis. According to Erik Emaus, DO, CPE and Chief Executive of Providence Medical Group

in Southwest Washington, “We found Lewis County to be relatively underserved for primary care.” With two primary care providers currently providing care, eventually there will be four to serve at the clinic.

Chehalis Family Medicine espouses the team-based care model of a



**Clinic “On-stage” Area**



**Clinic “Off-stage” Area**

medical home and also incorporates an RN specialist role, which focuses on care management, helping to coordinate care for complex chronic disease management. “Historically seen in hospitals to assure a good transition from hospital to home, we believe a similar role is needed in the primary care model,” he explained. “It’s proactive care and improves the health of the entire community.”

To develop the medical home’s design, TGBa’s Gina Dais and Kent Gregory explained the 3P (project preparation process) process. “About 15 people got together for a 3-day work session. All stakeholders were involved - physicians, administrators, clinical staff and the OE (which led it),” Gregory said. “We started with clinic data such as the existing performance and what the goals were in terms of flow and through-put.” An intense process discussion and discovery followed, and at the end of the three days, they had a complete design concept. He continued, “The method let us accomplish in three days what can typically take over three weeks for a clinic of equivalent size.”

The “winning” floor plan resulted from the people who provide the care. The teams, encouraged to work through how they did things, then used flow diagrams to depict processes, streamlining constantly. As Dais explained, “Part of 3P included asking ‘Why’ five times. Each time clinical staff said they did a certain task followed by another step, we’d all ask ‘Why’ until

the essentials emerged.”

Gregory elaborated, “The challenge was, as always, with human nature – we only know what we’ve been doing. We needed to wipe the slate clean and think of the way it could be. We concentrated on a flow that produced the outcomes they wanted – the best way for patients and staff to move through the clinic. It was highly collaborative and created strong buy-in.” He and Dais emphasized that TGBa was there for support. “The users and stakeholders became the true designers of the space,” they agreed.

Emaus was enthusiastic about the clinic and the 3P design process. “For our care teams, the 3P process ensures respect of their input and the fact they will rely on the building to best serve patient needs,” he said. “It turns healthcare into a team sport and provides a more cost effective, quality driven, and safe care experience.”

The clinic, a build-out of an existing Arts & Crafts style structure, has a circular flow that allows patients to enter and move smoothly through the care experience – exam, lab or x-ray – before exiting at the end of the loop. The design team used visual elements and warm tones for a secure, welcoming feeling. However, as Gregory verbally drew a picture of the implemented design, the clear focus was on care delivery rather than aesthetics, though those had distinctive purposes as well. “The model was for on-stage and off-stage areas,” he described.

“We used subdued, natural colors and materials and indirect lighting for onstage, and more brightly lit, office-like décor for the offstage areas.” They implemented elements like pass-through doors that allow staff to visually check and then to restock room supplies without entering the onstage area and disrupting patient care.

As Providence’s Emaus explained, “Exam rooms have two entrances. The patient enters the onstage care area and is met by care team members entering from the offstage area.” The offstage area features cubicles and workspaces where physicians and clinical staff take care of administrative tasks. It’s a far cry from the traditional pods and office layout with common-use hallways. Emaus particularly likes it. “The traditional layout actually isolated us,” he said. “I called it ‘practicing alone together’ because other than time with the patients, our interaction, and therefore social support, with the rest of the care team was minimal.”

Emaus praised TGBa’s engagement. “They were with us every step of the way. We wanted to create a physical expression of our intent that healthcare delivery be a team-based sport that’s cost effective and meets the needs of the community. They were attentive, responsive and creative – true philosophical partners.”

For more information on TGBa, visit [www.tgbarchitects.com](http://www.tgbarchitects.com) or call 425-778-1530.

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