



KEY POINT SUMMARY

OBJECTIVES

The purpose of this article was to outline lessons learned from how four primary care clinics adjusted operations during the COVID-19 pandemic.

Clinic design for safety during the pandemic: Safety or teamwork, can we only pick one?

Lim, L., Zimring, C. M., DuBose, J. R., Fischer, G. M., Stroebel, R., 2022 | HERD: Health Environments Research & Design Journal; Pages in press

Key Concepts/Context

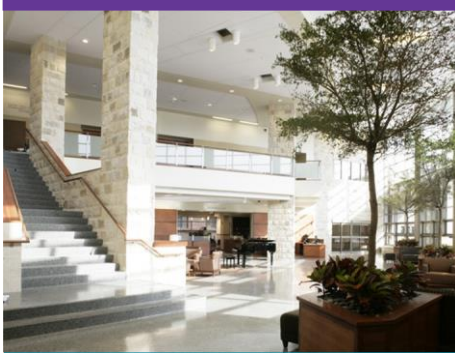
Research shows that teamwork improves patient and staff outcomes, reduces medical errors, and enhances quality of care. Teams are more effective when team members work in close proximity, are visually connected, and cross paths throughout the work day, but these practices can be detrimental during a pandemic. This article highlights strategies to consider to support teamwork when social distancing is required.

Methods

Although the authors of this article referred to the inquiry as a case study in some places, this was not explicitly framed as a case study and included no information regarding institutional review board oversight. Leaders of four primary care clinics from two different organizations were interviewed via telephone/Zoom. The authors conducted interviews, summarized interview content, and made design recommendations. There were no other data sources and no quantitative or qualitative analysis mentioned.

Findings

Strategies employed for staff and patient safety while still maintaining essential clinic operations first included reducing the density of people. Clinic support staff, social workers, care coordinators, and pharmacists worked remotely and on-site staff members collaborated remotely from dispersed areas within the clinic. Additionally, non-urgent patient visits were either deferred or conducted via telehealth. A second strategy employed was to prevent gatherings of people on-site. In one clinic, patients requiring in-person consultation were asked to wait in their cars; another clinic screened patients for COVID-19 and then assigned them to either a 'sick' or 'well' waiting area, requiring more staff oversight. To prevent gathering of clinic staff, social lunches were discouraged and team huddles became



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virtual. A third strategy included rearranging staff workstations to ensure a six-foot distance between individuals and many providers transitioned unused exam rooms into makeshift offices for telehealth. Operational changes instituted by these clinics provided physical distance between providers, but anecdotally hindered teamwork, communication, and situational awareness. Team huddles became more formal and asynchronous and information required for patient care was found lacking.

The final strategy involved non-clinical areas and outdoor spaces. In one clinic, a front entrance drop-off area with a canopy was repurposed for patient triage, vaccine administration, lab draws, and pharmacy dispensing. Another clinic repurposed a conference room for vaccine administration, pharmacy dispensing, and storage because it was near the clinic entrance, whereas in a third clinic the conference room was not thus used because it was centrally located.

Limitations

There are several limitations to this project. First, this study was not explicitly framed as a case study in the methods section. Next, implications of the described changes on teamwork are anecdotal and staff infection rates were not measured to establish efficacy of distancing measures. Finally, because of the limited number of clinics assessed, there may be other useful strategies that should be considered when designing clinics to flex for pandemic conditions. The results are neither definitive nor generalizable, but they do provide useful insights.

Design Implications

Design strategies recommended include designing indoor and outdoor break areas for socialization while social distancing; equipping exam rooms to flex from in-patient visits to telehealth; configuring non-clinical spaces to be converted for patient care; and considering proximity and visibility between traditionally non-clinical spaces in the event repurposing is required. Another recommendation is to design for situational awareness among team members. Spatial connectivity supporting situational awareness of both patients and coworkers facilitates distancing, teamwork, and operations.

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