Center for Wound Care
at Palos Community Hospital
Palos Heights, Illinois
Context

Campus Plan

Southeast Campus Plan

East Entry

Identified Area of Program

Ground Floor Key Plan
Existing Conditions - Functions

Existing Floor Plan
Design and Planning Approach

Pre-Workshop Meeting
- Review Healogics test fit Plan
- Discuss market strategy and hospital's core objectives with this program
- Reviewed flows of medicine with Healogics test fit plan
- Revise plan as needed as a result of the plan analysis and flows of medicine
- Workshop logistics and location for Treatment room and Chamber room mock-ups

One Day Workshop Agenda
- Introductions
- Project Goals
- Review Foundational Information
- Best Practice Models
- Standard Processing VMPS
- Break
- Defining Spaces Mock-ups (taped on the floor)
- Planning Options Review & Consensus
- Lunch Break
- Operation Measurement/Flow
- Measure Preferred Design
- Break
- Support Spaces
- Staff Spaces
- Consensus, Open Issues, Next Steps, Concluding Design Development (e.g. cabinets, lighting, other detail)
Approach

Questions Pre-Workshop

- Is the Healogics Plan accepted or open for refinement?
- Is the “expansion” section shown in the planning part of the core program or future?
- Is there a competitor’s program that the hospital is trying to exceed in any way?
- It would help in planning for the workshop if we understood the operational expectations for this suite, particularly flow with rehab
- What are the hospital’s core objectives with this program?
- Is there a spot in the hospital to do this workshop where a Treatment room and one section of the Chamber room can be mocked-up?
- Can Healogics participate in the workshop?

One Day Workshop Agenda

- Introductions
- Project Goals
- Review Foundational Information
- Best Practice Models
- Standard Processing VMPS
- Break
- Defining Spaces Mock-ups (taped on the floor)
- Planning Options Review & Consensus
- Lunch Break
- Operation Measurement/Flow
- Measure Preferred Design
- Break
- Support Spaces
- Staff Spaces
- Consensus, Open Issues, Next Steps, Concluding Design Development (e.g. cabinets, lighting, other detail)

Examples of Mock-ups at Workshops
Existing Conditions – Issues & Opportunities
Initial Plan

Floor Plan

Area in green box is Alternate #1 pricing
Best Practice

Hyperbaric oxygen therapy involves breathing pure oxygen in a pressurized room. Hyperbaric oxygen therapy is a well-established treatment for decompression sickness, a hazard of scuba diving. Other conditions treated with hyperbaric oxygen therapy include serious infections, bubbles of air in your blood vessels, and wounds that won't heal as a result of diabetes or radiation injury.

In a hyperbaric oxygen therapy room, the air pressure is raised up to three times higher than normal air pressure. Under these conditions, your lungs can gather up to three times more oxygen than would be possible breathing pure oxygen at normal air pressure. Your blood carries this oxygen throughout your body, stimulating the release of substances called growth factors and stem cells, which promote healing.

Your body's tissues need an adequate supply of oxygen to function. When tissue is injured, it requires even more oxygen to survive. Hyperbaric oxygen therapy increases the amount of oxygen your blood can carry. An increase in blood oxygen temporarily restores normal levels of blood gases and tissue function to promote healing and fight infection.

Hyperbaric oxygen therapy is used to treat a wide assortment of medical conditions, and different medical institutions use this treatment in a variety of ways. Your doctor may suggest hyperbaric oxygen therapy if you have one of the following conditions: bubbles of air in your blood vessels (arterial gas embolism), decompression sickness, carbon monoxide poisoning, a wound that won't heal, a crushing injury, gangrene, skin or bone infection that causes tissue death, radiation injuries, burns, skin grafts or skin flaps at risk of tissue death, severe anemia.

Hyperbaric oxygen therapy is generally a safe procedure, and complications are rare. But, as with any medical procedure, it does carry some risk. Potential complications include: temporary nearsightedness (myopia) caused by increased blood oxygen levels, middle ear and inner ear injuries, including leaking fluid and eardrum rupture, due to increased air pressure, organ damage caused by air pressure changes (barotrauma), seizures as a result of too much oxygen (oxygen toxicity) in your central nervous system.

Pure oxygen can cause fire if there is a source of ignition, such as a spark or flame, and adequate fuel. Because of this, you can't take any items into the hyperbaric oxygen therapy room that could ignite a fire, such as lighters or battery powered devices. In addition, to limit sources of excess fuel, you may need to remove hair and wound-care products that are petroleum-based and potentially flammable. Ask a member of your health care team for specific instructions prior to your first hyperbaric oxygen therapy session.

Hyperbaric oxygen therapy typically is performed as an outpatient procedure and does not require hospitalization. If you're already hospitalized and require hyperbaric oxygen therapy, you'll remain in the hospital during a hyperbaric oxygen therapy session. Alternatively, you may be transported to and from the hospital to a hyperbaric oxygen therapy session if the procedure is performed at an outside facility. Depending on the type of medical institution you go to and the reason you require treatment, you may receive hyperbaric oxygen therapy in one of two settings: individual (monoplace) unit, you lie down on a padded table that slides into a clear plastic tube about 7 feet long or in a multiperson hyperbaric oxygen room — which usually looks like a hospital waiting room inside — you may sit or lie down. A lightweight, clear hood may be placed over your head to deliver the oxygen to you, or you may wear a mask over your face to receive the oxygen.

During hyperbaric oxygen therapy, the air pressure in the room is approximately two to three times normal air pressure. The increased air pressure will create a temporary feeling of fullness in your ears — similar to what you might feel in an airplane or at a high elevation — that can be relieved by yawning. A therapy session may last from one to two hours. Members of your health care team monitor you and the therapy unit throughout your treatment.

You may feel lightheaded following your treatment. Typically, this feeling goes away within a few minutes and doesn't limit normal activities. To be effective, hyperbaric oxygen therapy requires more than one session. The number of hyperbaric oxygen therapy sessions you require depends on your medical condition. Some conditions, such as carbon monoxide poisoning, can be treated in as few as three visits. Others, such as nonhealing wounds, may require 25 to 30 treatments. Hyperbaric oxygen therapy alone can often effectively treat decompression sickness, arterial gas embolism and severe carbon monoxide poisoning.

To effectively treat other conditions, hyperbaric oxygen therapy is used as part of a comprehensive treatment plan and administered in conjunction with additional therapies and medications that fit your individual needs.

Source: Mayo Clinic
Best Practice

A Healogics Wound Care Center may also practice advanced wound care therapies such as negative pressure wound therapy (NPWT) and hyperbaric oxygen therapy (HBOT). These specialized wound care therapies can aid in wound closure, new tissue growth, wound tissue regeneration and much more.

A chronic, non-healing wound is not a disease, but rather a result of one or more underlying conditions. Non-healing wounds require specialized wound care because of their underlying causes and their failure to proceed through an orderly and timely set of healing stages. The experts at Healogics Wound Care Centers offer treatment for numerous chronic, non-healing wounds, including diabetic foot ulcer wounds. Non-healing wounds are particularly prevalent among the estimated 25.8 million Americans affected by diabetes. Of those diagnosed, approximately 15 to 25 percent are at risk for developing foot ulcers. The expertise of our specially trained wound care physicians allows Healogics Wound Care Centers to treat a variety of chronic wounds: venous ulcers, pressure ulcers, arterial ulcers, osteoradionecrosis, necrotizing infections, surgical wounds and burns, soft-tissue radionecrosis, diabetic lower extremity ulcers, chronic refractory osteomyelitis.

What Will Happen During My First Visit? We will examine you and ask you about your personal and family medical history so we can develop a specialized plan of care just for you. We will examine your wound. We might remove dead tissue in and around your wound. We will teach you how to care for your wound at home. We will schedule further testing, if it is needed.

Your personal plan will require regular visits to the Wound Care Center. Each time you come to the center, we will check your wound to see how much progress has been made. We will review your test results with you. We will remove dead tissue from your wound if needed. We will answer questions you may have about how to care for your wound and what is going to happen next. With your permission, we may communicate with your primary doctor and update him/her on your condition.

Operational Education Presentation
http://www.veomed.com/va062063462011
Patient Flow of Medicine

Hospital/Project Objectives:
• Meeting the community need for these type of services
• Become more financially sustainable
• Growth in the program

Issues, Opportunities & Questions:
• Potential bottleneck of activity near waiting room entry
• Dead end corridor in expansion area – forward/return flow mix
• Is the flow between treatment rooms and chamber zone best married?
• Flow in and out of changing area tight
• Should overall patient flow be simplified to reduce steps and cross/parallel traffic conflicts?
Family Flow of Medicine

Hospital/Project Objectives:
- Meeting the community need for these type of services
- Become more financially sustainable
- Growth in the program

Issues, Opportunities & Questions:
- Is the current waiting area large enough to accommodate the added service with growth?
- Assumption that family members do not go back to chamber room?
- Hospitality opportunities for families?

Floor Plan
Provider Flow of Medicine

Hospital/Project Objectives:
- Meeting the community need for these type of services
- Become more financially sustainable
- Growth in the program

Issues, Opportunities & Questions:
- How important is the control desk for basic observation?
- System for pulling patients from waiting room?
- Interaction between chamber technicians and exam/treatment staff?
- Staff lounge and locker location?
- Are there enough staff toilets for the combined staff?
- What does a typical staff FTE count look like?
Supplies/Equipment Flow of Medicine

Hospital/Project Objectives:
• Meeting the community need for these type of services
• Become more financially sustainable
• Growth in the program

Issues, Opportunities & Questions:
• Shared soiled utility with PT/OT, is this large enough?
• What are storage functions to support?
• Clean supply room lost for PT/OT…
Information Flow of Medicine

Hospital/Project Objectives:
- Meeting the community need for these type of services
- Become more financially sustainable
- Growth in the program

Issues, Opportunities & Questions:
- Is the hospitals EMR system used or alternative?
- Specific locations of input to EMR and paper need discussion

Floor Plan
Composite Flow of Medicine

Hospital/Project Objectives:
- Meeting the community need for these type of services
- Become more financially sustainable
- Growth in the program

Issues, Opportunities & Questions:
- Flow bottlenecks at waiting/entry
- Subsuite exam/treatment connection to nurse center
- Flow in corridor, mix with other flow through building
- Locker area flow is compressed
Options B & C

Attributes:
- Retains existing soiled and clean spaces for shared use
- Places nurse center directly across from waiting room
- All Tx rooms arranged identical (mirror imaged)
- Larger consolidated storage/clean rooms
- New toilets to meet ADA

Floor Plan
Option B - Composite Flow of Medicine
Option C - Composite Flow of Medicine
Planning Direction

Stats
- Area of core project (north side of corridor) = 3,500 sf
- Area of waiting/registration/workroom (south side of corridor + portion of affected corridor) = 1,400 sf
- Area of potential corridor re-flooring = 1,400 sf

Floor Plan

Potential Phasing Line (2,600 sf)
Planning Direction

Floor Plan

5/1/2015

Center for Wound Healing at Palos Community Hospital
Approach

Workshop Agenda

- Review Project Goals/Scope
- Review New Plan/Adjustments
- Standard Processing/VMPS
- Break
- Understand $’s & Hospital Impact
- Defining Spaces Mock-ups (taped on the floor)
- Start Room Detail
- Lunch Break
- Room by Room Detail
- Break
- Consensus & Moving Forward
- Open Issues
- Future Meetings & Agenda
Typical Exam/Treatment
Typical Exam/Treatment
Typical Exam/Treatment
Chamber Room
Chamber Room
Chamber Room
Chamber Room
Chamber Room
Mock-up Review
Composite Perspective for Corridor Flooring

The design shown is intended to provide the PT/OT staff and patients with markers every 10’ in decorative, alternating width bands. The flooring would be vinyl with heat welded seams. Design at the registration area amplifies the curved desk, providing a focal point.
View A @ Vestibule

Looking through door at new decorative glass screen wall and reception/registration desk. Color shown only for clarity of materials.
View B @ Registration Desk
New entry highlighted with dropped ceiling and flooring pattern. Blue indicates existing lighting, unaffected by new drop.
View C

Relocated door from entry area
View D
Preliminary Ideas for Costing – corridor flooring & waiting/registration
Preliminary Ideas for Costing – suite entry
Preliminary Ideas for Costing – waiting
Preliminary Ideas for Costing – waiting/entry
Chamber Space Photo