

Space Race in the AOP

By Tyler Smith

University of Colorado Hospital has begun work on a large-scale project that will carve thousands of additional square feet of clinical space from its existing footprint and reshuffle various locations of care.

The work will ultimately include some 20 related projects spread across several floors of the Anschutz Outpatient Pavilion, a portion of the Anschutz Cancer Pavilion, and the spaces formerly occupied by the Emergency Department and the Medical Intensive Care Unit (MICU), said John White, manager of the hospital's Facilities Design and Construction Department.

White said that the entire project will create 83 new exam rooms on site and another seven off-site. The scheduled completion date is December 2015.



The Anschutz Outpatient Pavilion will look the same from the outside, but inside, big changes are set to begin.

The plan will also mean relocating The Center for Integrative Medicine (TCFIM) from its current home on the fifth floor of the AOP to the AF Williams Family Medicine Clinic in the Stapleton area, although part of the program will remain on campus in a location that is yet to be decided, said Suzanne Sullivan, vice president of ambulatory services.

The first wave of projects (*see box*) will begin in the next month, with completion slated for late spring, White said. But more than

half of the total list is in the design phase, and work will overlap on the various renovations and relocations that make up the strategic plan, he added.

Clinical carve-out. The work is the result of a \$15.8 million ambulatory expansion and renovation project approved by the University of Colorado Health Board of Directors in December. It follows an operational assessment of the AOP by consultants HOK and Navigant Healthcare aimed at addressing chronic overcrowding in portions of the facility – a problem destined to worsen, given the hospital's steady growth in outpatient clinic volume, if nothing is done to add clinical capacity.

"Our goal was to figure out how to make better use of the space," Sullivan said. After reviewing options the consultants presented, hospital leaders decided to expand from within by converting non-clinical space in the AOP and the Cancer Pavilion to exam and procedure rooms and remodeling the roughly 20,000 square feet on the first floor vacated by the ED in April 2013 for outpatient clinical care.

Plans for the proposed ED redesign were well underway when news broke in late September of the first patient diagnosed in the United States with the Ebola virus. After two health care workers at the Texas hospital that cared for the patient also contracted the virus, UCH leaders decided to build an eight-bed isolation unit in the former ED space.

The isolation unit will ultimately be in the THRU (Temporary Reserve Holding Unit) when it moves to its new 6 East AIP location later this year, said Associate Chief Nursing Officer Cathy Ehrenfeucht, RN, MS. However, the isolation unit will exit the vacated ED space during the week of Feb. 2. Should it be needed in the interim, the hospital will use the seven-bed portion of the THRU's current home on the second floor of the AIP, Ehrenfeucht said.

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That move will clear the way for turning the vacated ED into space for the Interventional Pain Management Practice (now at the southeast end of the AOP), the Spine/Rehabilitation Medicine Clinic, which will move from the fourth floor of the AOP, and an area for sedation procedures that are now done in the Obstetrics and BMT clinics.

The remodeled space will house 25 new exam rooms and five new procedural rooms. As part of the project, the hospital will also expand the Express Lab, the Outpatient Pharmacy, the Financial Counseling offices, and the AOP Gift Shop.

Moving experience. The strategic plan broadly aims to meet the clinical space demands of growing service lines – notably Spine, Orthopedics, Oncology, and Pulmonology. Various moves will also create additional exam rooms for the Allergy and Immunology, Medicine Specialties, and ENT clinics.



The hospital will move its isolation unit out of the vacated ED early next month. A plan has been created to temporarily use the seven-bed section of the THRU if a patient must be isolated.

Other pieces are designed to make more efficient use of the available space. For example, the Burn Clinic, currently on the seventh floor of the AOP, will make a phased move to the third-floor Critical Care Wing space that will be vacated when the Surgical Intensive Care Unit moves to Anschutz Inpatient Pavilion 2. The space swap will put the Burn Clinic next to the inpatient Burn Center.

Similarly, the Pre-Procedure Services Clinic, now on the sixth floor of the AOP, will move to the 10-bed portion of the THRU, placing it on the same floor as the ORs and surgical waiting room.

“In the case of burn patients, a team researched the models of care that are best for patients. They recommended that placing outpatient and inpatient areas [closer] to one another makes for an optimal patient experience,” Sullivan said.

White compared the various moves to dominos dropping, with one step making the next possible. For example, the Pre-Procedure Clinic’s move from the sixth floor will allow the ENT Clinic to add exam rooms. The Burn Clinic’s departure from the seventh floor of the AOP will free exam space for the Pulmonology, which will gain additional seventh floor space with renovations of offices currently in the Multispecialty Medicine Clinic. In addition, Allergy and Immunology will expand into the exam space vacated when TCFIM moves.

The renovation of the former ED space will also be timed to relieve pressure on the Spine and Orthopedics clinics on the fourth floor of the AOP. In the first phase of the overall project, the hospital will use 12 existing rooms in the space to “decant” spine patients, as White put it. That move will, in turn, free up space on the fourth floor for existing services.

While it is anticipated much of the space will be utilized by the rapidly growing Orthopedic Clinic, both the Neurology and Rheumatology clinics also have space needs which will be considered in the reallocation, said Kimberly Meyers, executive director of neuro and spine services.

“Sharing and collaborating on usage of the fourth-floor AOP space has been a hallmark of operations over the past few years, and will continue as we focus on how to best accommodate provider and patient needs,” Meyers said.

Fitting the parts of this massive jigsaw puzzle together required extensive planning and discussion between planners, administrators, staffers, and physicians, Sullivan said.

“It required figuring out how each function that supports these practices work and where they need to be located,” she said.

First Take

The initial round of projects in the ambulatory expansion and renovation project include:

- » Relocating the isolation unit from the vacated ED to the seven-bed portion of the THRU on the second floor of the AIP
- » Creating outpatient space for the Burn Clinic adjacent to the inpatient Burn Center on the third floor of the Critical Care Wing
- » Using exam rooms in the vacated ED as temporary space for spine and allergy/immunology patients
- » Constructing five exam rooms for the Pulmonology Clinic from office space in the Medicine Specialties Clinic on the seventh floor of the AOP