

Nurses Boost Design and Construction Team New role as Clinical Construction Coordinator



By William W. Heun, AIA

Hospital designers are always looking at new approaches to raise the optimal level of care for patients. It is a reflection of looking ahead in healthcare and making positive changes in the facility. With this in mind, a new role for nurses, the *Clinical Construction Coordinator (CCC)*, is proving to be effective in large construction projects. The CCC is boosting the traditional approach by assisting in making discriminate decisions. From the beginning of programming, most design teams include clinical care givers to establish the hospital's vision and shape the design, but the addition of a nursing representative from the hospital on the construction team directly supports the issues that arise during construction. This is a new role for nurses and is helping to improve the integration of healthcare design and construction.

Business models have changed over the years and all space is not the same. A new hospital may take 33-36 months to build on a very fast-track and often 42-48 months or more for a large hospital. During the course of the construction, many issues arise from the clinicians, physician practices, and the construction team. These issues can be researching new communication technologies or adapting to a change in The Joint Commission guidelines. They need to be responded to immediately to keep the project on its schedule. Convening a large design team is not desirable or an option. We learned that the CCC can provide immediate attention and represent the client's point of view. This type of relationship builds operational excellence within the team. It is highly desirable when implementation challenges are met directly and quickly by the construction team.

The CCC has an advantage because h/she knows the client institution intimately. H/she can move forward within the hospital and check with the necessary resources such as information technology, medical/nursing units, other departments, and the design team and be part of the solution. It can be very effective and more efficient. If more information is needed or a decision cannot be made through these channels of communications, then we know that a meeting is warranted with the group. This step makes a big difference. Team meetings are qualified and strategically called instead of scheduling a meeting to discuss issues without a solution. It is far better to bring executives a solution rather than a problem in my opinion.

As an example, the Meritus Medical Center, in Hagerstown, MD, recently completed its new hospital. The construction project included a nurse in this new role. The CCC was embedded into the building team and work flows, new technologies, and practices with other clinicians. The benefits included more ownership of decisions, during and after the project, and sincere adoption of the new facility. As an example, specific issues on final furniture selections were thoughtfully addressed—the concerns of the peers and the interior designer on the project were integrated into the process. It created a responsive solution to a challenge.

The ideal candidate is open-minded, builds trust, assists with a better overall product, and acts as a facilitator for future challenges during the construction project. This person should have a broad exposure within the hospital because h/she will be tasked with communication across all departments and levels of management. A CCC from outside the organization will not have the necessary institutional knowledge or trust. Since their background is more clinical, the individual should have a high desire for learning because they will be introduced to new ideas and processes about construction throughout the project. The CCC is often in an advocate's role; therefore, their comfort with introducing and discussing new concepts and ideas, with their peers and the construction and design team, is of vital importance.

"I had a better understanding of the decisions made by the construction team because there was more information available to share with the hospital staff. Also, I could bring the staff's concerns and feedback to the construction team and the designers in a shorter amount of time than scheduling a team meeting," said Kristie Carbaugh, RN, Meritus Health. "Overall, the experience provided a new level of appreciation for our new hospital and working with the hospital staff in fulfilling their objectives."

Adding the nurse as Clinical Construction Coordinator (CCC) into the construction process and in construction administration revises traditional construction project practices and to some extent—our thinking. "Having a nurse in this role also facilitates and helps to foster early ownership of new technology and the design by the owners, and greatly enhances the transition/move process," said Carbaugh.

This role has merit. The CCC is a liaison to peers and evaluates the effect of changing technologies and practices on the construction project analyzes work flow, and assists staff in adapting to the new facility. This new role is being explored by forward-thinking organizations as a new member of the design building team. †

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