

To support the design planning for a new purpose-built Community Health Centre to be sited at the Pearson Dogwood location, VCH Community Engagement held focused discussions with the South Mental Health and Substance Use team, the South Client Advisory Committee, the South CHC team and the Complex Rehab and Health Services for Community Living Team at GF Strong. The sessions were held between January 29<sup>th</sup> and February 27<sup>th</sup>. Over 100 staff and clients participated in the sessions. This compilation of feedback provides their perspectives and ideas for ensuring good access and flow in the new CHC and working in an integrated model. This input will be provided to the project team to inform design and activation of the Pearson CHC.

### What we asked....

- What will ensure good access and flow for staff and clients of the new CHC?
  - What does integration mean to you?
  - How would you like to be engaged going forward?
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### What we heard ...

### Access and Flow

#### *Client access:*

- Ensure the outside walkway slope is not too steep for clients
- Ability for clients to come upstairs if needed to meet with staff in private spaces
- Consider the distance for client to the Ambulatory clinics
- Transit access – by Canada Line, bus or car share
- Client flow – client will see staff, then go to see the physician and then may go into a clinical room for treatment. How can staff book off space when moving around and not knowing the amount of time needed.
- Have a SOP for client appointments when multiple disciplines will be seeing client and providing care

### ***Client space:***

- Animal involvement and presence
- Space to visit together with other clients before group; a common space that people can gather; not a waiting room or meeting room but a social space
- Meeting spaces that can be accessed by clients
- Community use space; allow community use in the spaces after hours
- Flexible space that can be transformed to accommodate smaller or larger groups
- Art therapy area that art supplies can be stored in and not have to be moved around
- Music therapy area
- Promotional area with a board and display to promote programs and share information for clients
- Some storage for personal items, animals, bikes
- Rooms that can accommodate unpredicted larger groups; families etc.
- Soundproof walls are important
- Consider shared space between teams and the appropriate mix of clients i.e child and youth for whom proximity to children could be a trigger
- Sensitivity to waiting room space for clients i.e should MHSU space be located near child and youth waiting space

### ***Staff space:***

- Close proximity of work stations to colleagues – clustered
- Private spaces to maintain confidentiality (when using spaces cannot be overheard by clients or other staff)
- Have private spaces in close proximity to work spaces
- Easy access to private spaces – easily booked and some that are not bookable and can be accessed without preplanning
- Staff are on the phone frequently confidential spaces are needed
- Cubicles are not confidential but staff will stay at their desks and not move to phone rooms
- Common space on 2<sup>nd</sup> floor to be flexible in its use
- Delineated and separate access to spaces for staff and clients
- Allotted space for staff that is adequate to needs
- Access to 2<sup>nd</sup> floor and elevators just for staff
- Engage staff from immunization area to ensure adequate flow and access
- Elevator access; consider some areas that would be restricted to staff only
- Ensure adequate number of washrooms for staff and make them single stall
- Need a kitchen, small one, on first floor with fridge and microwave
- Proximity for staff and physicians with access to med fridge to access when providing treatment – needs to be near where the care planning is taking place. Not a far distance to access.
- Will staff have fixed space that is theirs and not have to move around each day
- Allow for a flex space that can be booked last minute
- Have huddle space for staff on each floor
- Have consult space that is primarily used by MHSU team

**Staffing:**

- Front reception staffed during all operating hours
- Reception to support the team and provide navigation support to clients as reception staff will have knowledge of who the staff are and what their role is
- Reception area and staff that is warm and welcoming and supportive of clients and can help navigate programs and services

**Storage:**

- Equipment storage on P1 for larger sized equipment
- Equipment storage on 2<sup>nd</sup> floor for access by staff for giving to clients
- Ensure ample equipment storage space and close proximity to elevator or clinic space
- Ensure storage space is available for Public Health
- Have fob access to staff parking and storage area
- Ensure the storage area is secure and not able to be accessed by clients
- File storage with accessibility for admin staff and an adjacent area to access supplies
- Shared space for file storage
- Having access to forms, resources in interview rooms is important
- Consider how to stock consult or interview rooms with needed forms and materials
- Consider having storage space for supplies in group rooms
- Mailboxes located in easily accessible area

**Transit and Parking:**

- Adjacency of work stations to parking – parking allocated near elevator access to staff areas
- Loading spaces in parking area for pick up and drop off
- Some larger parking spots for larger vehicles (required for carrying equipment)
- Access to parking for in and out needs throughout the day; designated spots for staff who use their vehicles for work and need to travel back and forth throughout the day, adjacency to elevator important
- Consider high demand times for in and out and loading in parking area
- Allocated parking spots for staff not free for all
- Transit access – by Canada Line, bus or car share
- Demarcation of parking for staff and the parking for client/public
- Will there be enough parking for staff who require a vehicle to work
- Ensure the proximity of parking to where supplies are stored is appropriate to facilitate ease of loading
- Accommodate a loading zone area to take on supplies
- Have a debugging area in the parking area for cleaning of clothing and supplies( bags)
- Ensure that staff parking is separate from client parking

### ***Design:***

- No carpets, easy to clean furniture to support infection and bug control
- Art on the walls throughout the space, client art or local artists featured e.g. gallery row
- All spaces including clinical rooms to feel warm and welcoming ; wall colours should be warm
- Furnishings to be scale appropriate and warm
- Waiting areas to be quiet with options for seating, material to read, information available for clients to take with or read
- Clinical space to be warm and personal not generic
- Spaces that are aesthetically pleasing with lighting, colour, art
- Natural light is important – draw in as much natural lights as possible use technology to bring in light
- HVAC is crucial have a system that works and maintains even temperatures with sensors to regulate
- And accommodate for mixed use – large group in a room generates more heat so less heating required.
- Trauma informed space design
- Noise mitigation in open space office design i.e. headsets, phone rooms
- Soundproof walls are important
- Glass dividers can be far more soundproof than other materials
- Entire rooms with glass can allow light in and mitigate colleague hovering
- Ceiling heights to be as high as possible
- Different furniture options i.e low tables and comfy chairs; not so clinical

### ***Technology:***

- Outlook messaging to check availability of colleague to avoid hovering around door or window
- Mechanism to indicate if meeting rooms or work spaces are free; some indicator on the door of the room <https://www.eink.com/prism/about.html>
- Safety technology in parking area; CCTV, fob access
- Wi-Fi
- Access to PC's or laptops in clinical spaces
- Security – allow wearable panic buttons, make access to panic buttons practical. Does a fixed button meet the needs of staff who are moving around?
- Access to printers- business centres throughout the space to easily access forms and supplies with easy access form interview and consult space
- Staff laptops that they can dock in various spaces as needed to facilitate work and booking of space
- All rooms have phones either land lines or mobile
- System to easily and efficiently transfer paperwork or documents between teams

### ***Staff and Client Amenities:***

- Gym access for staff - could the rehab gym be used after hours by staff
- Yoga space
- Food option - field trips to grocery stores or gardens to use in meal prep
- Staff lounge with kitchen
- Outdoor space for staff
- proximity to coffee shops, restaurants food places, drug stores
- Daycare for staff to use
- Life labs or lab services onsite

# Integration: What does it mean?

## ***Client centred:***

- Clients being able to use multiple services
- Shared patient documentation
- Consider the role of the team and is where they are physically located a factor for how they are viewed by clients? (i.e. HSCL model with location in GF Strong results in clients thinking the team is associated with GF Strong)
- For clients in the South area we will be able to expand our capacity for client care
- Connect our clients with UPCC
- Better access for vulnerable clients
- Transition supports for clients
- Navigation support to reduce barriers for clients and expand care options
- Building capacity for the client by not creating long term dependencies but seeking long term best outcome for client
- Access to services and support for clients and patients while at appointments
- Connection to primary care teams to increase primary care services for clients.
- great way for clients to experience service
- Branding the site as a one stop shop so that clients know the scope of what is available
- Clients feeling welcomed into a range of a services and programs
- Clients know that there are care options available to them
- Easier for clients to be able to access services; proximity is key to staff integration and translating that to service integration for clients
- Quick access to staff results in better client care and opportunities for clients to gain access in a timely way
- Case conferences in person that will better support clients
- Warm handovers
- Diverse client needs- MHSU as well as families consider how to appropriately and respectfully share space
- Create easy access for clients- incentivize clients to use the space and services
- Warm handovers and transitions for clients can happen when there is integrated practice

## ***Culture change:***

- There will be required changes to current work model; allow appropriate time both lead time and follow up support to facilitate integration
- It will be challenging for staff to integrate as they will need to know more about a wider range of services
- If the space is too big how will there be a team based approach to support client care?
- Creating a sense and culture of community will be important
- Cohabiting is different than integration
- Cultural melding – equal weight and voice for each team as they come together to meet before activation; establish regular meetings
- Create opportunities for teams to meet together before activation and after
- Social opportunities; plan activities to engage staff socially
- Leadership to model integration and collaboration
- Activation support; have someone whose role it is to bring staff together
- Integration is a process not an event; it is a culture that is developed over time

### ***Coordinated services:***

- Some teams are regional and already work with other teams to support our clients
- Will be great to have easy access to South team to support our clients who live in South catchment
- Coordinated services while on site
- Shared team meetings
- Cross team huddles to case manage
- Proximity to other staff and face to face interaction will lead to case management and integration of services; it will help connect our clients to services
- Staff who will work with Pearson residents
- Access to different staff
- Primary Care Network- will ensure access to physicians
- Increased knowledge of available resources
- Building relationships with staff
- Collaborate – one stop
- Closer proximity results in increased access to resources
- Access to primary care physicians , diagnostics, pharmacy
- Share resources among the teams
- Efficiencies and improved navigation will occur
- Sharing staff between teams

### ***Professional development and capacity building:***

- Professional interaction with colleagues
- Consistent compensation and classification with community staff
- Opportunity to build models for accessing clinical supports to build our capacity and maximize patient care and experience e.g. Referrals, Professional consults, Primary care, Other speciality services
- Team development
- Client centred co-education opportunities give staff space to participate and share time together with all teams
- Orientation for staff on space and teams
- Consider capacity levels when integration occurs – will there be more demand created and how will it be managed
- Will referral processes changes between team? Can they? Should they?

### ***Technology:***

- Signage and navigation support in the space for staff and clients
- Create a staff directory (for staff) to support finding people

### **Staying engaged**

- Allow dedicated face to face time among staff – like today's discussion
- Group format works
- Working groups for specific design elements