



Cancer Center Construction— An Administrator's Perspective

by Amanda Henson, MSHA, MBA

The new DCH Cancer Center located in Tuscaloosa, Alabama, opened its doors in April 2009 amidst an unsteady national economic situation and unpredictable future for healthcare reform. Despite these daunting challenges for healthcare consumers and providers alike, DCH Regional Medical Center stayed on course with this five-year project to complete construction of a new, state-of-the-art, 90,000-square-foot cancer center. Driving this project was the striking need for a much larger facility for the community of West Alabama. The existing cancer center facilities were outgrown by increasing patient volumes nearly five years prior. The new cancer center would meet two critical needs—additional space and updated equipment. The final cost of the project totaled about \$30 million. Today the DCH Cancer Center is a special structure in West Alabama, and is a cornerstone for the ongoing development the DCH Health System plans to implement.

This multi-year project resulted in a two-story outpatient cancer center, which is attached to the hospital. The first floor, home to radiation oncology, includes two advanced linear accelerators. In addition, multiple amenity spaces exist for our patients and the community, including a chapel, boutique, and resource library. The second floor houses medical oncology, which includes an infusion space four times the size of the previous infusion area that is fronted by windows overlooking a terrace garden. Also on the second floor is a large wellness room that accommodates our support programs and nutritional seminars. Both the first and second floors include shell space to allow for future program expansion. Throughout the new cancer center, design elements focus on creating a warm, comforting environment of care to enhance the patient experience. For a complete description of the DCH Cancer Center see the March/April 2010 *Oncology Issues* Member Profile article.

Outgrown and Out-of-Date

In 2004 DCH Regional Medical Center began the process of planning for a new cancer center to replace the existing facility built in 1986. Growing patient volumes in the 11-county service area fueled the need for more space. Between 1997 and 2009, the DCH Cancer Center grew 71.5 percent in medical oncology visits and 7.3 percent in radiation oncology visits. The original certificate of need (CON) submitted to the state of Alabama in 2005 estimated that by the end of 2009, we would see close to 46,000 patient visits. However, by 2007 the Cancer Center had already surpassed that number. To put the space needs in perspective, the original infusion center built in 1986 to treat 8 to 10 chemotherapy patients at a time was treating nearly 20 patients just prior to the construction of the new center. We often used straight-back chairs when recliners were unavailable.

In addition to space needs, the existing cancer center's radiation equipment needed replacement, as it approached the end of its useful life. The purchase of two new linear accelerators in conjunction with a new treatment planning system and electronic medical records (EMR) system coincided with the construction of the new cancer center. With the new equipment, our Cancer Center now offers leading-edge treatment modalities, such as stereotactic radiosurgery (SRS) and stereotactic body radiation therapy (SBRT).



The DCH Cancer Center's infusion suite (shown both during construction and after completion) gives patients the comfort of privacy and the feeling of openness. The natural light from the outdoors fills the infusion room to add warmth to the environment.

Lessons Learned—The Construction Planning Process

Looking back on the new cancer center construction process from an administrative director's standpoint, the most important factor for successful completion was putting together the right construction planning team. Hiring an architectural firm with experience in cancer center construction was essential. The architects took an interest in understanding our organization's mission and vision. They knew how to listen to the appropriate end-users and incorporate the ideas necessary to develop a

center to best suit our *patients'* needs. After careful consideration, DCH senior administration chose FKP Architects in Houston, Tex., for the architectural design of our new center. FKP Architects were already familiar with the DCH Health System, the community we served, and our organization's long-term strategic plan. Thus, the firm was an optimal fit for this project.

As the director during the construction project, I found it critical to be in constant communication with a variety of managers throughout the hospital. To ensure all components of the new cancer center operation and opening were covered, I developed a cancer center operations steering committee at the start of the project and pulled in key players from around the hospital to meet consistently until the project was complete and the new center was operational. As a result of the efforts of this consistent, dedicated committee, the startup and move into the new building were seamless and efficient.

The committee identified many potential problems in advance and prevented numerous headaches from occurring post-move. We developed a standard timeline pareto chart to monitor progress of assignments over the course of our meetings. Examples of items followed throughout the construction include installation of data and phone lines, biomedical approval of all new cancer center equipment, and purchasing and delivery of required supplies. Key personnel serving on this operations committee included:

- Construction Director
- Facilities Director
- Information Technology Director
- Risk Management personnel
- Radiation and Medical Oncology managers
- Environmental Services
- Purchasing Department Director
- Engineering and Biomedical Directors.

In 2006, during the planning phases for the new cancer center, we looked to two critical groups to gain insight on the new facility's design. The first group provided insight gained from site visits to other successful cancer programs. To achieve this, a representative group of staff and physicians from DCH Cancer Center and the hospital made site visits to other cancer programs around the South. Through these site visits and interviews, DCH became better able to articulate both what was needed for the new cancer center *and* what was *not* needed. Cancer center design took form around the staff and physicians' recommendations for optimal patient throughput and convenience.

The second group we turned to was made up of current and past patients. We pulled together focus groups to learn what, if anything, they wanted to see in terms of additional services or amenities. From the site visits and focus groups, we were able to develop a list of programmatic and service-related needs, including:

- More privacy in the treatment room
- More outside light throughout the center
- Easier and more convenient parking
- Support program space
- Nutritional services
- Ease of patient registration
- Updated and comfortable furniture.

The Staff Perspective

One challenge we faced, and continue to face, is helping some patients feel comfortable with the fact they no longer see all of the staff like they used to in the smaller cancer center. Some of our patients miss that closeness. But a greater number of patients love the privacy and flow of the entire patient care process.

—Becky Clanton,
Registration Manager

The new cancer center gives our patients a beautiful environment to come [to] for their treatments. Our staff continues to give the same compassion and caring atmosphere they did in the smaller cancer center. It has been more challenging to the patients to find their way around, but with the help of all of our volunteers and staff, we have tried to make the transition as smooth as possible since our opening in April 2009.

—Bernadine Dellapenna,
Social Worker

Our Tuscaloosa community dug deep into their pockets and generously supported this enormous project. I feel that in response to their generosity, we should not simply "meet" but rather "exceed" the community's expectations for quality, compassionate cancer care. We are continuously striving to find ways to "raise the bar."

—Vicki May,
Nurse Practitioner

The driving force behind the construction became entirely patient centered. The cancer center worked with the architects to establish the design focus around not only healing patients physically, but also addressing their spiritual and psychological needs. The mind, body, spirit concept became a basis for design in the construction of the center, and the inclusion of amenities and services for patients extended well beyond the physical treatment of the patients' illness. Services and amenities in the new cancer center include:

- A chapel
- A boutique
- A café
- A resource library
- A Wellness Room for yoga, nutritional seminars, and more
- Support programs for patients, caregivers, and children
- An art workroom for art therapy programs
- Music therapy.

Lessons Learned—Staff Readiness

Administrative directors involved in new cancer center construction need to keep in mind the magnitude of changes and anxieties staff will endure during the construction. In addition to a new building with new operational processes, staff may also be learning new technologies and entirely new ways of performing their jobs. These anxieties, if left unaddressed, can create staff morale problems at a time when you most need staff support.

Many of my staff had spent their entire careers work-



During construction, the DCH Foundation led numerous hard hat tours. On this tour, a local women's organization pre-viewed a room they funded within the new center.

ing in our old cancer center, so I specifically wanted to go the extra mile to prepare them for the big changes associated with the move to our new facility. The cancer center and its upgrades were going to be a major adjustment.

First, I engaged my front-line managers so they were knowledgeable and directly involved in the planning of our operational changes. The closer these managers became to the decision-making process, the more influential they were with their direct report staff. This process helped to implement positive changes through increased and timely communication. Several of my front-line supervisors were active on the cancer center operations steering committee, and that kept them engaged weekly in the progress of the construction. I kept staff informed through weekly or biweekly staff emails updating everyone on the progress of the new cancer center and timelines for upcoming events.

I also helped prepare the staff to handle the numerous changes through frequent small group "hard hat tours" of the new center. The new building was four times larger than the previous cancer center, and I wanted the staff to feel comfortable in this new environment. These tours allowed staff to give me feedback on the design of the building, express their likes and dislikes, and think through—ahead of time—how the patient flow processes were going to change.

As a way to decrease growing anxieties as the opening of the new cancer center neared, I brought in a licensed counselor from our health system's Employee Assistance Program to lead my staff through a structured change-management program. The three-hour program was scheduled in two separate sessions so the entire staff could attend. The program was held in the cancer center conference room during work hours and provided the staff with an opportunity to express their anxieties and concerns about the upcoming move. The program discussed successful ways of dealing with large changes in the workplace and helped prepare staff for the variety of feelings they were going to have once they moved into the new center.

My goal was to keep the staff as positive and engaged as possible. Since we were all under a much more intense working environment leading up to the move, the direct supervisors coordinated surprise staff breaks during the four weeks leading up to the move. The breaks were held once a week at a surprise day and time. With themes like "Popcorn and a Movie" and "Ice Cream Social," these breaks gave the staff 15 minutes to socialize and have a snack during the middle of the day. It was important to show staff our appreciation for all of the extra duties and hard work they were doing.

Lessons Learned—Community Support

In 2007 when I interviewed for the position of Cancer Center Director, I was amazed by the degree of community

excitement for and commitment to the future cancer center. The drive and enthusiasm behind this commitment was contagious.

In 2007 the DCH Foundation initiated its first-ever capital campaign with the DCH Health System, and engaged the help of a capital campaign steering committee to drive the fundraising efforts within the community to help fulfill the need for a new cancer center. The committee, made up of prominent Tuscaloosa business leaders, was very passionate about building a state-of-the-art cancer center to take care of their families, friends, and the community. The steering committee's goal was to raise \$10 million, and now at the one-year anniversary of the DCH Cancer Center's grand opening, that goal has been surpassed. Two of the largest gifts to the new cancer center came from the DCH Health System employees and volunteers; each group pledged \$1 million.

The fundraising efforts extended well beyond raising money for the bricks and mortar of the building. The steering committee also focused on fundraising for additional support and outreach programs they felt were critical to treating a patient's entire cancer care needs. We found people in the community with strong passions about art and music therapy, spiritual guidance, and other programs. In the end, a donor base was established to provide us with the funding for the outreach and support programs that had been identified earlier. In addition, we have attracted a large number of community volunteers to help in our cancer center. In total, 150 volunteers give their time in the new cancer center throughout the course of the week, handling such duties as helping to escort patients in wheelchairs or taking warm blankets to patients receiving chemotherapy.

All of the donors supporting the cancer center, whether through their volunteer time or funding, have helped make this truly the community's cancer center.

Looking to the Future

Looking back on the past year since the opening of the new Cancer Center, I am pleased with several outcomes. Above all, I am pleased with how smoothly the physical move occurred. The attitude of the staff and the teamwork they displayed made the entire process seamless. As a director, I understand that nothing is more valuable than a staff committed and passionate about their work. I am lucky to work with such a staff every day.

The expertise of the construction and architect team made coming to work enjoyable, even during some of the most stressful times and long work hours. It was clear that the entire group had the same vision, a high level of motivation, and a strong passion to create a building they were proud to stand beside.

This cancer center would not be as valuable as it is today without the community's support. The excitement has been overwhelming, and even one year later, we have people coming forward with donations, ideas for programs, and inquiries on how to volunteer.

The DCH Cancer Center is truly a beacon of hope for the people of Tuscaloosa and West Alabama. There is no question in my mind that we have one of the best community cancer centers in the nation. 🏡

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