

Building a Program from the Ground Up—Lessons Learned

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On July 27, 2017, Frederick Regional Health System cut the ribbon on its beautiful new Cancer Institute, a culmination of five years of planning,

fundraising, design, and construction. Over the ensuing weekend, we moved into the new building and opened the doors for business on Monday, July 31.

The transition has gone smoothly—though not without a few hiccups. Overall, however, our physicians, staff, and patients are delighted with the new facility. As I look back and reflect on the process, there are several lessons learned on the journey that could benefit any cancer program.

First, a building is not a box into which you drop a program. We made a considered decision to approach the project from the perspective that “form follows function.” As part of our design process, we visited several cancer centers. Some had designed the facility around their workflow, and others had designed the building and plopped the program into the facility—without regard for the processes of care. You can guess which ones worked well and which ones didn't.


Before we undertook the building design process, we engaged in a redesign of our workflows and care processes. We also decided to work with the Samueli Institute (samueliinstitute.org) to create an Optimal Healing Environment. That process resulted in additional modifications to our workflow and informed some of the choices we made in the building design. Staff had significant input into the process and were extremely engaged.

Another lesson learned was to be flexible and unafraid of rethinking decisions. For example, we initially were going to build the new Cancer Institute on our hospital campus, attached to the main hospital building. This decision would have created a grand entrance to the campus and unified important inpatient and outpatient services. At the time, the decision seemed to make perfect sense.

But, as we studied the issue further, we began to think we had made the wrong decision. The cost and complexity of building on the main campus was greater than initially anticipated. Parking for employees and patients was problematic. Locating the center on the hospital campus meant that we would be charging hospital outpatient rates, making us a more expensive provider of cancer care.

After further analysis, we decided to build on one of our ambulatory sites adjacent to an imaging and lab facility. We would save millions of dollars on construction, allow easy access for our patients and staff, and provide care to the community at the same cost as a physician's office—while offering all of the coordinated and comprehensive services of a hospital-based Cancer Institute. Our Board of Trustees enthusiastically endorsed this new plan, and it was welcomed by our staff and the community.

My final pearl of wisdom: understand it won't be perfect when you open—despite meticulous planning and stakeholder engagement. Moving staff into a new building is never without a few hiccups. For us, it was a water pipe that broke at the end of the first week, necessitating a one-day closure for repairs. And remember, you will never please everyone. Despite staff involvement during all stages of the design process, on day one, some were less than enamored of their new digs. Yes, some clinic workflows and configurations probably need to be tweaked. While we plan to wait a full month before doing so, we are meeting with physicians and staff and letting them know that we hear and acknowledge their concerns.

The opportunity to conceptualize, plan, design, and build a new cancer center has been an amazing experience of learning, growth, and maturation as a cancer center director, leader, and physician executive. Most importantly, it has been an incredible privilege to be part of a team that has brought to our community a brand new, patient-centered, state-of-the-art cancer center that elevates the level of care and will benefit our patients, their families, our staff, and our physicians for years to come. 

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