

# Care for All

Evolving cancer center design solutions  
for patients and providers



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A cancer diagnosis is devastating news for a patient and their family to hear from their doctor. It is an especially difficult task for the physician, as well -- one that no doubt contributes to increased stress and anxiety.

A 2019 survey conducted by the Association of Community Cancer Centers revealed that almost 52% of oncology care teams - from the front office staff, nurse navigators, physicians and physician assistants, to the clinicians, to those who work behind the scenes - reported having significant stress and feelings of "professional burnout".

There has been a seismic paradigm shift in cancer care. Cancer treatment that once was standardized and focused on treating the disease has become individualized and patient-centric. Today's cancer care protocols include a range of options: prevention, risk reduction, screening, diagnosis, treatment, and



survivorship, all individualized to the patient – their genetics and type of cancer, among other criteria – rather than treating the overall disease. Studies have shown that the built environment has become a critical part of the healing process.

The Following are a few insights into the challenges, solutions and key considerations that not only address cancer patient preferences but help reduce oncology caregiver stress as both groups navigate the cancer care continuum.

## **Immediate / urgent cancer care environments**

Throughout the course of treatment, many cancer patients experience severe side effects requiring prompt attention in immediate cancer care situations. Without access to this level of care, however, patients





often end up in the emergency department, which has negative consequences on cost, quality, and patient satisfaction.

Unfortunately, ED clinicians and staff often do not have oncology-specific training and may not be familiar with care coordination protocols. Additionally, patients may have long delays in care in the ED, and immunocompromised cancer patients are at high risk for infection in the ED or hospital.

To prevent patients from visiting the ED, many cancer centers are developing innovative strategies to facilitate urgent care needs for patients with cancer. The question becomes where to locate the immediate/urgent care space. According to the Healthcare Advisory Board, there are two main care models:

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ABOVE | *Phelps Health Delbert Day Cancer Institute, Rolla, Missouri, builds flexibility into its alternative therapy spaces and positions patient navigators for convenient patient access.*

**Model #1.** Partner with ED staff to develop protocols for triaging cancer patients, perhaps with a dedicated space for cancer patients in the ED. Under this model, A dedicated team of clinicians with oncology training and expertise is assigned to the ED. From there, ED physicians, medical oncologists, hospitalists, and inpatient nurses develop a set of standardized protocols to manage cancer patients in the ED. The protocols minimize cancer patient wait times for inpatient beds and imaging services, and ensure that IV fluids and appropriate antibiotics are given within 60 minutes of arrival.



**Model #2.** Immediate care clinic in the cancer center: For many patients, it may instead be preferable to go to a cancer care center so they can see a familiar provider in a familiar space – and sooner, and at less cost, than they could in the ED. A Multi-disciplinary Cancer Center that provides an immediate care clinic offers just such an option. This can be located adjacent to the medical oncology clinic for collaboration purposes or located next to the infusion area. If the latter is utilized, the immediate care clinic can also serve as an examination area for an infusion patient that has an adverse reaction during chemotherapy treatment. It also locates a provider near the infusion area. Another option is to locate the immediate care clinic close to the front entry, or with its own entry. This makes the clinic convenient for the patient, but flexibility and collaboration opportunities among caregivers may be compromised. Some cancer centers have opted to integrate immediate opened integrated care needs within their outpatient

clinic, addressing patient needs through scheduling and appropriate staffing.

In response to overcrowding in the ED, the Siteman Cancer Center at Washington University's Barnes-Jewish Hospital in St. Louis, Missouri opened an acute care clinic for cancer patients. The clinic operates seven days a week from 7 a.m. to 11 p.m. and is staffed by an oncology-trained nurse practitioner, four RNs, and a medical assistant and offers eight treatment chairs, six beds, and four patient rooms.

The UNC Rex Healthcare in North Carolina located its immediate cancer care clinic adjacent to the infusion center so that if a patient experienced a negative reaction to chemotherapy, an exam room and a provider were immediately available to facilitate emergency care. This location means that immediate assistance can be provided to chemotherapy patients receiving treat-



ment as well as patients who were are experiencing side effects in the days following without impacting regular medical oncology follow up care.

## Care coordination environments

Assistance with care coordination, especially among older patients, is essential. Research has shown that one of the services patients desire is assistance along the treatment process. Nurse navigators are often the “first contact” for newly diagnosed cancer patients and assist the patient along the healing journey, being accessible by phone as well as in person.

Space should be allocated for the navigator to not only have a touch down work area and access to consultation areas, but also for collaboration. It is important these spaces are designed for acoustical privacy, as nurse navigators spend significant amount of time interfacing with patients and caregivers via the telephone.

Location of these spaces often presents a challenge in design as nurse navigators require both backstage access to clinical care giver teams and front stage access to facilitate patient wayfinding.

In addition, it is important to provide spaces for navigators to collaborate with each other, as being on the front line can be extremely stressful.

## Survivorship care environments

The number of cancer survivors living in the U.S. continues to increase each year as a result of changes in early-detection practices and treatment advances. Subsequently, cancer survivorship is becoming an increasingly important part of a cancer patient’s journey.

According the American Cancer Society, approximately 1 in 4 cancer survivors report a decreased quality of life due to physical problems and 1 in 10 due to emotional problems.

In patient preference surveys, survivorship amenities may not score as highly as quality of care, however they are still very important to patient satisfaction. Survivorship care includes quality of life amenities such as group therapy and meeting rooms, and more intimate spaces used for such purposes as massage therapy, private counseling, salons/boutiques and places for meditation.

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ABOVE LEFT | Nurse navigators are often the first contact for newly diagnosed cancer patient and assist the patient a long the healing journey, being accessible by phone, as well as in person. Space for consultation should be allocated for the navigator.

RIGHT | UNC Rex Healthcare in North Carolina located its immediate cancer center clinic adjacent to the infusion center so that if a patient experiences a negative reaction to chemotherapy, an exam room and a provider are immediately available to facilitate emergency care.



In addition, rather than having the traditional conference room “pull double duty” as counseling space, counseling rooms with comfortable seating and calming decor provide safe spaces for family counseling sessions.

UNC Rex Healthcare made survivorship and quality of life amenities a central focus of its new cancer center. Among other elements, they included dedicated space for children’s counseling that features kid-friendly design elements. And instead of having wig/image/prosthetic space be a public-facing boutique, the space was discretely placed in a location that provides patients with more privacy as they learn learned to navigate their new normal.

As cancer continues to migrate from a fatal diagnosis to a manageable and treatable disease, cancer center design solutions for both patients and providers need to continue to evolve to meet the ever-changing requirements.

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BELOW LEFT | *For many patients, it may instead be preferable to go to a cancer care center so they see a familiar provider in a familiar space -- and sooner, and at less cost, than they could in the ED. A multi-disciplinary cancer center that offers and immediate care clinic offers just such an option.*

BELOW RIGHT | *UNC Rex Healthcare has integrated meditation spaces into is survivorship/quality of life amenities.*



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