

To: Rural and Underserved Communities Health Task Force

In response to your request for information I offer the following thoughts.

I began my career in healthcare as a biomedical equipment technician in 1982 in a hospital in central Illinois. As that period of time coincided with the logarithmic advances of technology within the delivery of clinical care, I was often part of clinical teams within the ICU and Operating rooms to coach physicians and other healthcare professionals on the functional operations of the equipment. Over the course of the next 25 years, my scope of responsibilities grew to include the planning, design and construction/renovations of the facility.

This knowledge and experience led to an offer from our primary Architectural and Engineer firm to join them and create a group that could help integrate the changing requirements for the healthcare built environment. Over the next 6 years I had the opportunity to consult with international healthcare projects ranging from an 8 bed hospital in Barrow Alaska to over 800 plus bed hospitals in the U.S., Canada, UAE, and Saudi Arabia.

The project in Barrow led to my current position with Rider Levett Bucknall, a global cost, project management and advisory firm where I primarily focus on healthcare.

All of the important issues listed within the RFI have at the core one common element, the built environment from which the delivery of healthcare centered.

From that perspective of the built environment, efficient and effective healthcare delivery requires that form follows function. However, function can be enhanced or marginalized by finance. One of the key issues I have experienced over the last three decades is the failure to properly finance and protect a sustainable healthcare facility, draining the scarce capital and operational funds available for rural and underserved areas. This issue has ripple impacts into all of the items within the RFI impacting human factors and utilization of existing services.

There is no silver bullet for the challenges that you are facing, however there is silver buckshot. We are currently working with several small and financially challenged healthcare facilities to bring the lessons learned from our global experience, participation with the Center for Health Design, The FGI Guidelines, and several colleagues in other firms to identify and implement efficient and effective healthcare built environments.

I would be happy to discuss in detail if this fits into your agenda.

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