



Stakeholder collaboration for effective design

Alex Holderness for Healthcare IQ

With [Australian Healthcare Week](#) being just around the corner, Healthcare IQ caught up with **Mark Mitchell**, Principal at Billard Leece Partnership. He's been working on the Ballarat Regional Integrated Cancer Centre project

The project is on the outskirts of Melbourne and serves around 200,000 people. Mark explained an overview of the project: "The centre itself is located on the Ballarat Base Hospital site, of which the project is located in a part new-build, part refurb. The refurb's of an historical building and it's a centre that looks to integrate all the cancer services throughout that region which are located at various other locations and also to accommodate some growth. It's four bunkers, 17 chairs and an administrative and wellness hub to be able to bring all the players together into a single centre."

As I've been speaking to industry leaders in the run up to the conference, one area that commonly arises as a key challenge during design is communication. Mark gave us his insight on some of the techniques he's used to improve stakeholder collaboration throughout design.

Building strong stakeholder relationships

A lot of the challenges become stakeholder related, trying to get everyone into the same room, establishing a common vision. In parallel to us developing the design, stakeholders had a series of workshops to try and make sure they were all on the same page, because they may not even have met each other at the beginning of the project. The goal was to try and have a seamless patient journey. With that came a lot of rethinking around how the different components carried out their work and how they approached patient care. A lot of the stakeholder consultation was quite fascinating, to get all those pieces out on the table.

If there is significant resistance, it's often managed before we see too much of it. Predominantly the people that we've selected to be part of the stakeholder consultation all-share division, or develop division. They came to the table ready to try and find solutions to some of these things. With this being a new facility, there were a lot of people who we had to try and think of for roles that didn't currently exist.

The spirit of cooperation of trying to get things done meant that we were able to overcome the little hurdles as they came along. We did a lot of taking the client by the hand and just moving them away from what they're used to. Some stakeholders can be a little bit risk averse about trying to make hermetically sealed environments and sometimes the best environment for patients. We found that people were willing to engage and go on a journey of which they weren't restricted by their prior experience, neither were we, learning from each other's processes. We found that some of the people we met changed their mind dramatically from the beginning to the end of the process about what was going to be a good design outcome.

Creating a successful communications plan

I'm sure you've heard before about trying to get rid of the jargon wherever it's possible, what we try and do specifically is involve clinicians so that there's a level of translation between the design team and the clinical team to ensure a better understanding of what the other is talking about. We find that having that person is central to the briefing phase all the way into the schematic design phases is important. It provides an understanding of some of the nitty-gritty which the design team might not be ready for yet but is important for the clinical team to get right. If you don't get that right it's more difficult to concentrate on the big picture pieces. We tend to find that communication has a lot to do with who the people are, building a level of trust and being available to respond to issues in the language that the clinicians are interested in.

It's important that all people working there have some level of buy-in so that there's not a resistance at moving. That's what a lot of the communication strategies are about, making sure that there's a level of understanding that's enough so that if there's any issues that arise, it can be dealt with before move-in date. What we find is if there is a level of resistance to the project from the vision principles, that's when we try and talk to the leaders of the stakeholder group, often the hospital. We try to find out whether these are genuine concerns or not. If they are, have a separate meeting if need be and bring that person up to speed on what the vision principles are. It's not creating a hostile environment, rather an educated style of trying to make sure that the vision is realised.

When creating a positive culture, it's quite challenging when you're doing half of a facility or part of a facility. One of the things that we looked at in Ballarat was asking the hospital about what sort of office policy they like would, and so they had to develop one and work out what might be the future office policy for the rest of the hospital, even those that weren't necessarily moving as part of the project. Office policy can be a sensitive thing in hospitals, so that was a brave move, but so far so good as far as getting engagement across the board.

Mark will be presenting at Health Facilities and Design and Development on Tuesday 26 February as part of Australian Healthcare week. His presentation will look discuss how to '[Improve Stakeholder Satisfaction through Advanced Design Methodologies](#)'. For more information or to download a copy of the full agenda **visit www.austhealthweek.com.au, email enquire@iqpc.com.au, or call 02 9229 1000.**