2025 ONEder Grant

Developing solutions to address the unique strategic facility planning needs of small, rural hospitals.

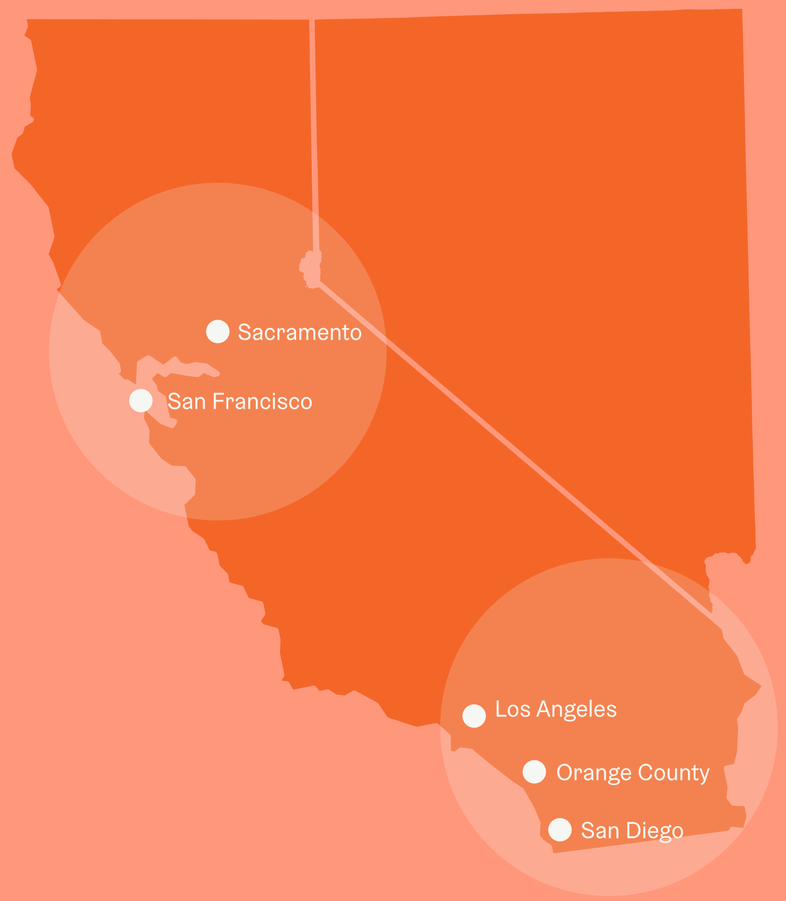
Contents

Project Summary & Overview

This section provides a concise synopsis of the project’s intent, scope and outcomes.

01

Hello!



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STATS

92%
HEALTHCARE PROJECTS

47
YEARS IN BUSINESS

5
OFFICE LOCATIONS

110+
EMPLOYEES

100%
EMPLOYEE OWNED

95%
EMPLOYEE RETENTION

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	Developing Services & Care Models
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	Redesigning Space & Facilities

Project Summary

Project Summary

This research report examines the needs of small, rural hospital leaders as they undertake strategic facility planning efforts.

The effort was conducted over 8 months, involving comprehensive research of published materials, six in-depth interviews with executive leaders at small, rural hospitals from across the United States and the development of four unique service prototypes to address key requirements identified in the research.

Findings indicate that when undertaking strategic facility planning, leaders at small, rural hospitals are consistently stymied by the difficulty in extracting actionable value from available data, the persistent financial pressures of operating a low-margin healthcare facility, the interpersonal challenges of guiding a project team, and the uneasy balance of maintaining daily operations while exploring future growth.

This report presents design prototypes developed by the project team that provide digital tools that simplify the process of data analysis, support the development of high-quality room program calculations, socialize ongoing project management efforts, and provide consistent and tailored project presentations.

We believe that by providing a series of tools, highly tailored to the unique strategic facility planning demands of small, rural hospitals, we can improve their ability to plan for the future of their campus and continue to provide care for the communities they serve.

Project Overview

Small, rural hospitals have immense need for strategic facility planning, but rarely have the resources, staff, and capacity to undertake this critical process.

WHY THIS TOPIC

Throughout the United States, hospitals are facing a mounting crisis that threatens their fundamental ability to serve their communities.

These pressures are most visible in small, rural facilities, where constrained funding, staffing shortages, and limited specialized resources often force leadership into a reactive stance.

Consequently, long-term strategic facility planning, a major element in ensuring long-term survival, is frequently sidelined.

Because the decisions made today dictate whether rural communities retain access to healthcare, the need for forward-looking strategic facility planning has never been more urgent.

For the 2025 ONEder grant, our team focused our research and design efforts on bridging this gap.

Our goal was to identify opportunities for high-value, no-cost tools designed to streamline the processes and systems that make strategic facility planning possible.

Our team of architects, designers, and strategists followed a design and product development methodology to ensure we are building tools based on real needs.

01 → 02 → 03

Research

- Investigate the current operational landscape of small, rural hospitals.
- Conduct concurrent, in-depth interviews with small, rural hospitals leadership, nationwide.
- Identify systemic challenges and specific, "boots-on-the-ground" needs.

Synthesis

- Synthesize research findings to identify common themes, pain points, and operational needs.
- Prioritize opportunities to develop new tools that address these specific requirements.

Prototype Development

- Evaluate the specific inputs and outputs required to deliver maximum utility.
- Align design opportunities with our capacity for rapid prototype development.
- Develop initial system and service prototypes based on prioritized opportunities.

By identifying the critical needs and design opportunities of rural hospital executives, our research establishes a clear framework for design development.

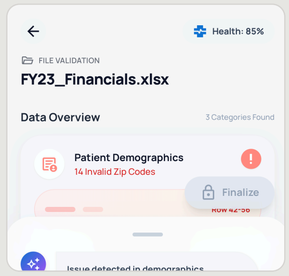
NEEDS

A need for tools to translate raw data into "actionable" insights.

OPPORTUNITY

How might we help leaders to see meaning from diverse data, in order to make accurate and informed decisions?

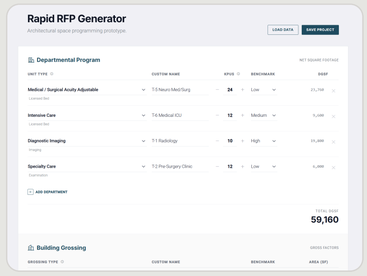
PROTOTYPE



Data Concierge

A need for support in developing precise, well-scoped RFPs.

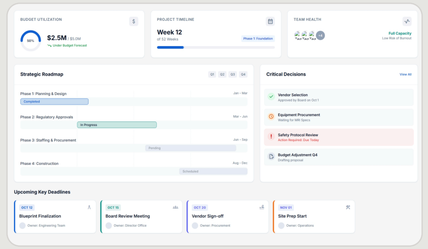
How might we ‘right-size’ a project for a given hospital, in order to align opportunity with capacity?



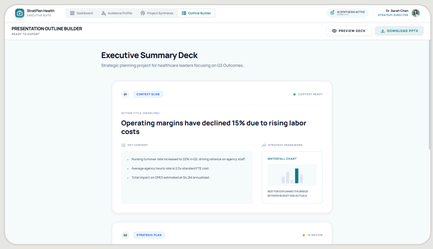
Rapid Building Programmer

A need for a strategic facility planning process that aligns stakeholders on vision, goals, and prioritization.

How might we ensure a collaborative, strategic facility planning process, in order to align stakeholders around a shared vision and goals?



Project Management



Team Communications

Team & Context

This section provides an overview of the project team and key contextual information about small, rural hospital designations, operational structures, and systemic challenges they face.

02

Team

As a multidisciplinary collective of architects and service designers, we share a singular focus: optimizing the operational flow of healthcare.

Project Team

Elliott Wortham
STUDIO DIRECTOR

Elliott is a design and strategy consultant specializing in healthcare strategy, experience, and service design. He’s worked on a variety of innovation projects (several in the cancer care space) with independent healthcare organizations, start-ups, and large systems like Cleveland Clinic, Mayo Clinic, and Stanford Health.

Nuzi Barkatally
PROJECT MANAGER

Nuzi Barkatally is a healthcare operator, advisor, and host of the Healthcare by Design podcast. Formerly VP of Startup Banking at Silicon Valley Bank and a leader at Manatee and Dollar Shave Club, she has mentored Techstars’ startups for a decade. Nuzi holds a Master’s from the Royal College of Art and Imperial College London, focusing on AI ethics in healthcare.

Aaron McKinsey
SENIOR STRATEGIST

Aaron is a strategist with a passion for healthcare strategy, innovation and experience design, coupled with a strong research background. He is most excited when collaborating with diverse teams and diving into experiential research. He’s worked on numerous design projects with clients such as Falck USA, UCSF,CHLA, and Stanford Health.

Eric Peabody
PRINCIPAL ANALYST

Eric's expertise in integrating data analysis, lean process improvements, medical planning, and architecture is founded on a broad range of highly technical projects in both inpatient and outpatient environments from small-scale ambulatory surgery centers up to full-campus hospital redevelopments projects.

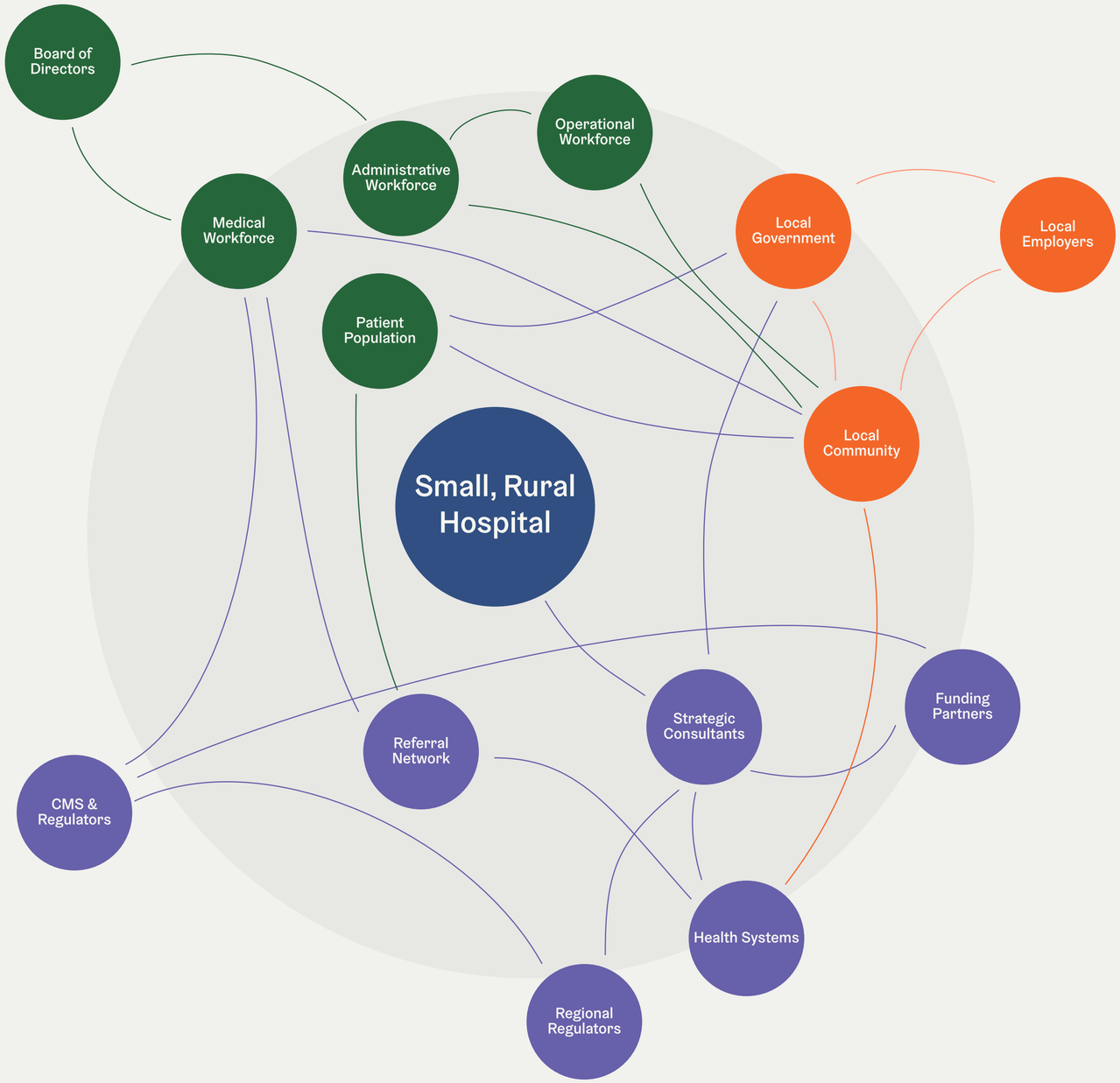
Context

Prior to expert interviews, we conducted critical desk research establish context for the challenges and opportunities faced by small, rural hospitals.

While small, rural hospitals are foundational to community health and economic stability, they face a precarious future driven by mounting financial, regulatory, and operational pressures.

As regional anchors, rural hospitals must navigate a multifaceted landscape of community, economic, and institutional pressures.

Their long-term viability is essential to the enduring physical and social well-being of the communities they support.



Small, rural hospitals operate within specific legal designations that dictate their maximum capacity, funding streams, and growth potential, ultimately shaping their strategic trajectories.

Legal categories defined by the Centers for Medicare & Medicaid Services (CMS).

Critical Access Hospital (CAH)

- Federal hospital designation regulated by Medicare
- ≤25 acute care beds and 96-hour average stay
- Receives cost-based reimbursement

Rural Emergency Hospital (REH)

- Newer designation (since 2023) for former small rural hospitals
- Hospital must drop all inpatient beds
- Must maintain a 24/7 emergency department and observation services

Alternative specialized Medicare designations for rural hospitals.

Sole Community Hospital (SCH)

- Medicare designation for hospitals that are the primary source of inpatient care in their region
- Must generally be located at least 35 miles from other similar hospitals

Rural Referral Center (RRC)

- Medicare designation for hospitals that are the only source of inpatient care in a specified geographic area
- Not limited by bed count (often up to 100+ beds)

Medicare Dependent Hospital (MDH)

- Small rural hospitals (≤100 beds) with a high proportion of Medicare patients
- Status is for rural hospitals that are too large for the CAH designation but still rely heavily on Medicare patients for survival

Along with legal designations, various ownership structures provide the context on which rural healthcare leaders must base their strategic facility planning priorities.

Government Owned

NOT FOR PROFIT

Local government ownership distinguishes the rural healthcare sector.

These municipal entities often operate hospitals not for profit, but as a necessary service to maintain community health.

Privately Owned

NOT FOR PROFIT

Nonprofit ownership is the largest category nationally, though its rural share is slightly lower.

These facilities operate as non-stock, tax-exempt corporations and often include religious organizations or community nonprofit structures.

Privately Owned

FOR PROFIT

Investor ownership defines this model, involving individuals, corporations, or private equity firms.

Currently this is the least common rural structure, but is increasingly driven by operators and private equity firms acquiring financially struggling hospitals.

We identified that small, rural hospitals face unique and complex challenges when approaching strategic facility planning.

01
Capital Scarcity and Financial Risk

- **Chronic capital shortages** hinder necessary facility projects.
- **Thin operating margins** prevent reserve accumulation, leading to widespread deferred maintenance.
- **Financial instability** categorizes hospitals as high-risk borrowers, restricting access to private capital.
- **Capital constraints** force reliance on complex, time-consuming public loans with matching fund requirements.
- **Escalating construction costs** intensify the inability to address aging infrastructure.

02
Regulatory Constraints on Facility Design

- **Strict federal designations** and intense state oversight impose rigid design limits on facility planning.
- **Critical Access Hospital status** secures cost-based reimbursement but strictly limits capacity to 25 beds.
- California's OSHPD enforces **stringent seismic compliance** requirements for all rural facilities.
- **Regulatory mandates** significantly increase the complexity, timeline, and capital cost of construction.

03
Service Volatility and Workforce Shortages

- Strategic planning is undermined by the persistent, **high-cost struggle to recruit and retain specialists.**
- **Patient leakage to urban centers** shrinks local volume, forcing the closure of essential service lines.
- **Recruitment demands** divert significant time and capital away from physical plant improvements.
- **Market volatility** destabilizes the business case for major facility investments.

04
Community and Strategic Alignment Risk

- **Facility planning faces risks** from volatile community sentiment and external organizational control.
- **Decisions to close essential units** may trigger intense public backlash and loss of trust.
- **System affiliation** secures necessary capital but results in a forfeiture of local autonomy.
- **Corporate mandates** often enforce standardization that overrides unique local service needs.

Research & Findings

This section provides a comprehensive overview of our research approach, methodology, and key findings presented as insights, needs and quotes from interview subjects.

03

Research

We designed and implemented a research approach with the intent of understanding the unique challenges and opportunities that small, rural hospitals encounter as they approach strategic facility planning.

Our Research Process:

1. Contextual Desk Research
2. Market Analysis
3. Expert Interviews

To strengthen our understanding of the challenges faced by small, rural hospitals, we began our research with a review of secondary sources.

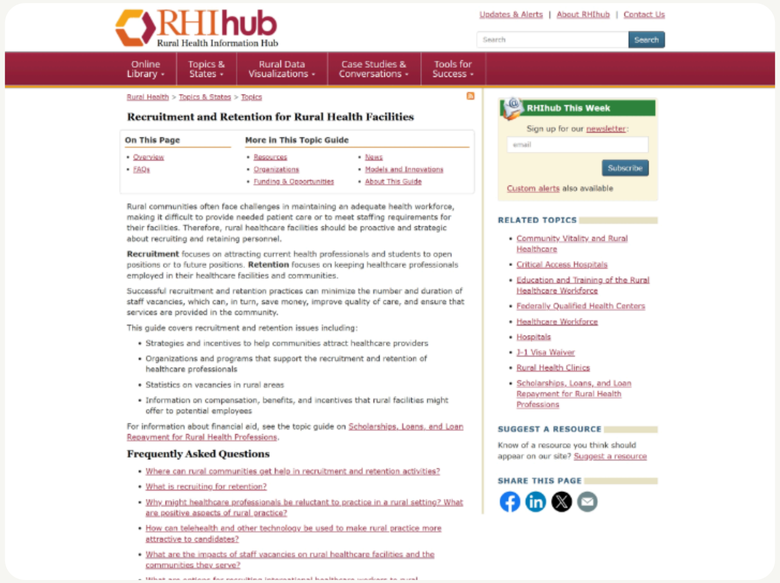
Selected Sources:

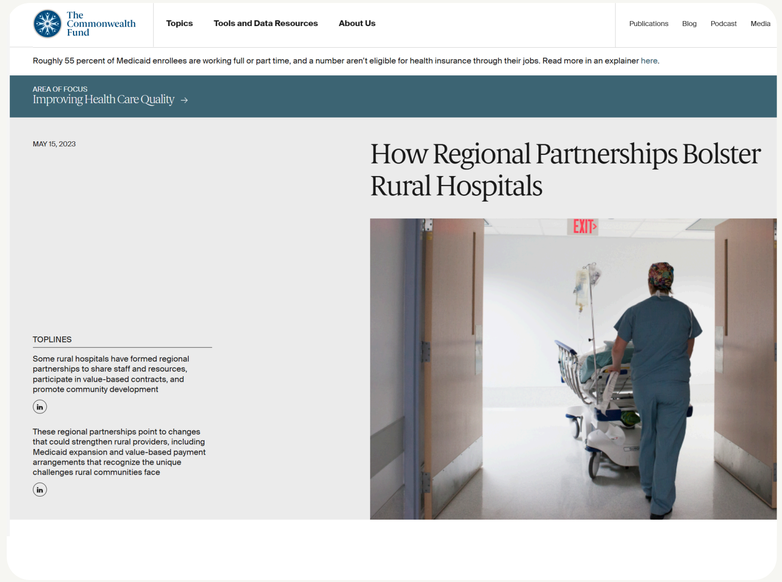
NHRA

UC Berkeley

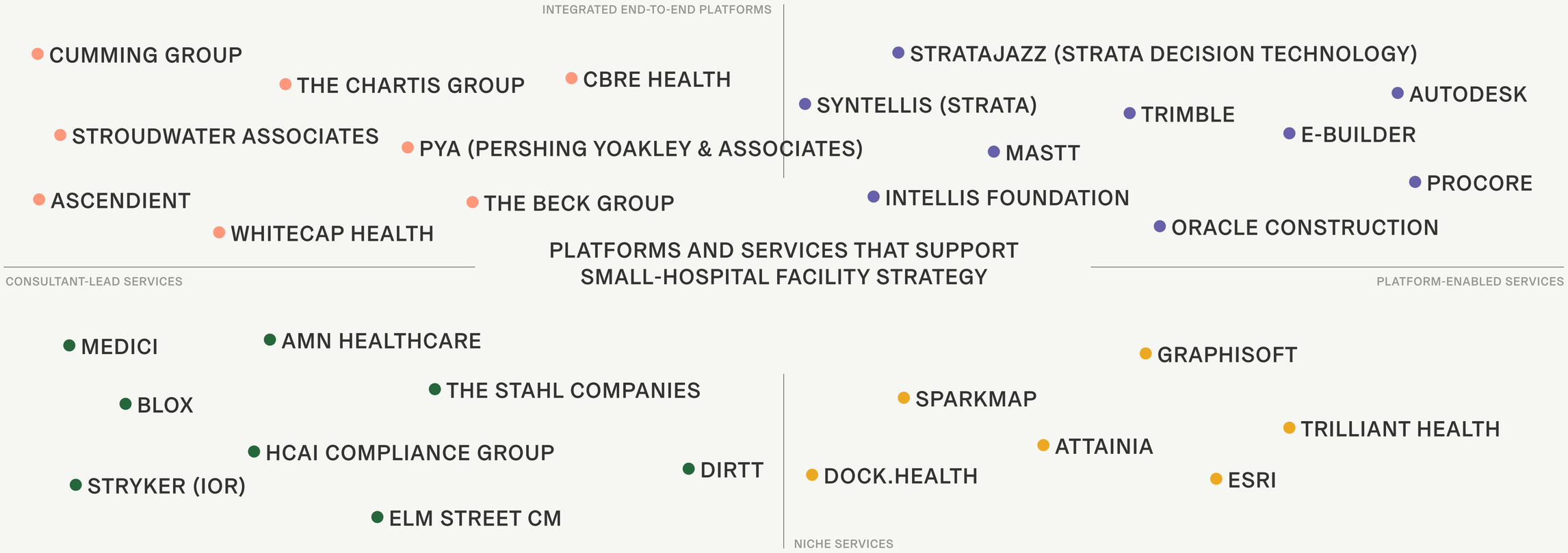
RHI Hub

Commonwealth Fund





We then assessed available strategic services and tools, finding a consistant misalignment with the unique requirements of small rural hospitals.



Lastly, we interviewed executive leadership at 6 small, rural hospitals, representing various sizes, ownership structures and community profiles.

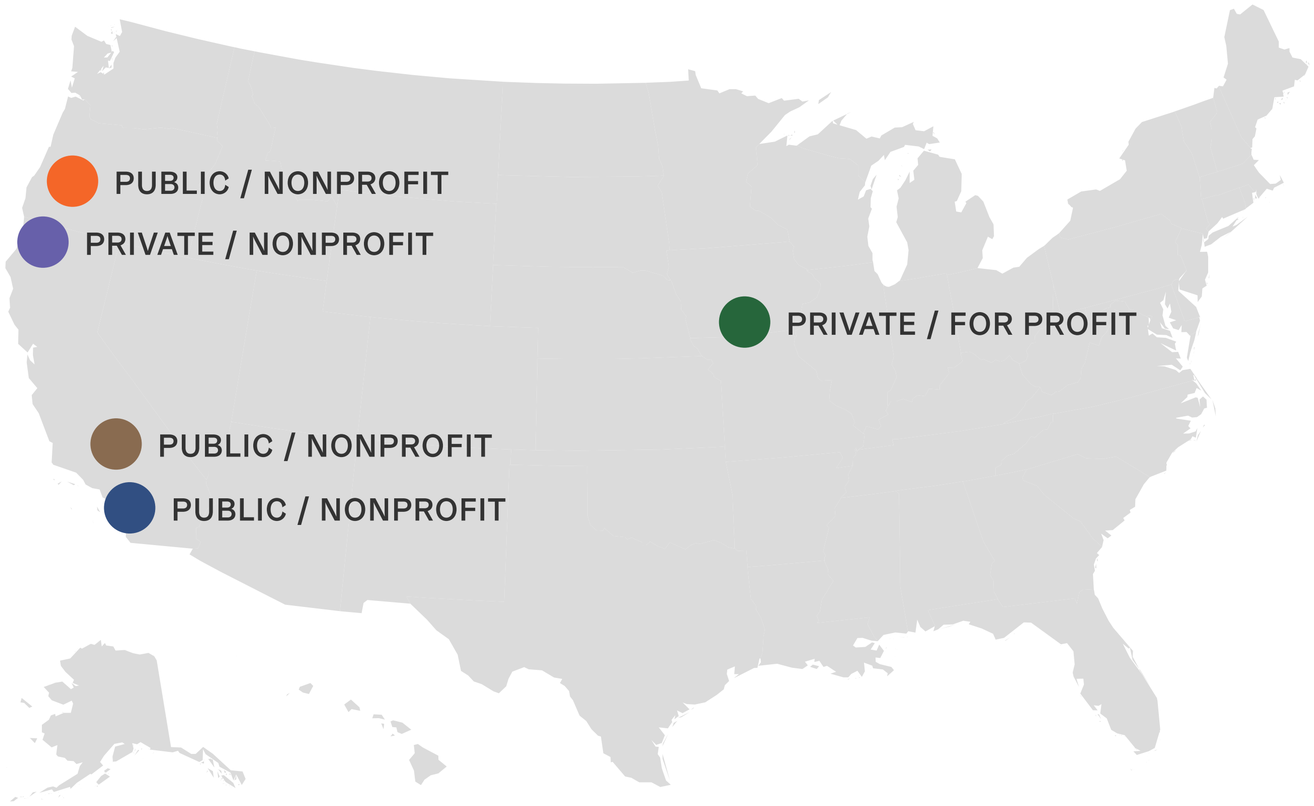
INTERVIEW GOALS

To understand the processes for facility strategy and design for small, rural hospitals.

To learn about common challenges faced by small, rural hospitals in facility strategy, planning and design.

To identify opportunities for process and/or tools to improve facility strategy, planning and design.

INTERVIEWEE HOSPITAL REGION & OWNERSHIP STRUCTURE



Key Findings & Insights

Levering the findings from our research, our project team synthesized common themes, pain points and needs.

The strategic facility planning lifecycle for small, rural hospitals can be broken into four interconnected phases of work.

PHASE	01	02	03	04
	Supply & Demand Analysis	Care Models & Program Refinement	Align Business & Facility Strategy	Synthesis & Refinement
EXAMPLE ACTIONS	▪ Market & Competition Assessment ▪ Data Collection ▪ Evaluate Supply & Existing Capacity ▪ Assess Regulatory Compliance ▪ Future Demand Forecast ▪ Strategic Resource Review	▪ Care Model Innovation & Impact ▪ Provider Experience Assessment ▪ Benchmarking & Gap Analysis ▪ Develop Facility Program ▪ Network & Site of Care Strategy ▪ Scenario Modeling	▪ Cost Estimating ▪ Financial Modeling to Balance CapEx & OpEx Expenses ▪ Project Phasing & Cash Flow ▪ Organize into Structured Capital Program	▪ Change Management Strategy ▪ Stakeholder Consensus ▪ Executive Presentations

We found that throughout the stages of strategic facility planning, hospital leaders may encounter moments marked by unique challenges and specific needs.

PHASE

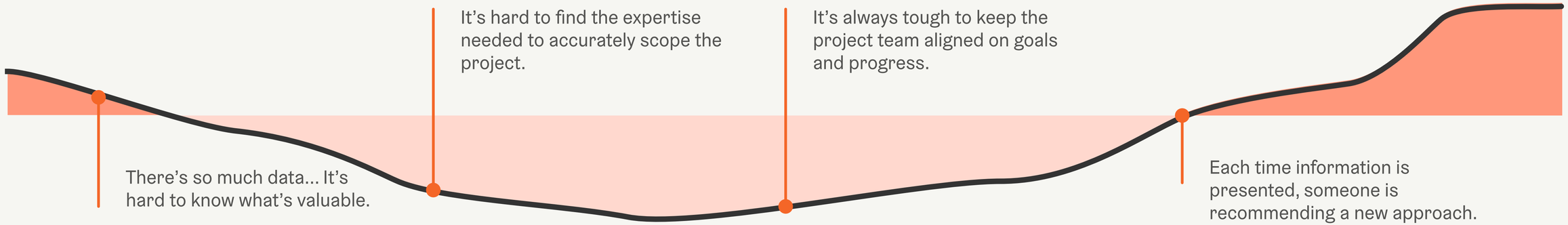
01 Supply & Demand Analysis

02 Care Models & Program Refinement

03 Align Business & Facility Strategy

04 Synthesis & Refinement

EMOTIONS



EXAMPLE NEEDS

- Visualizing how investments can serve multiple purposes.
- An "anchor document" to provide data that defends the against "crazy ideas".
- Tools to translate data into "actionable" insights.

- A "team-based" planning process that breaks down silos and drives consensus.
- To align facility planning with physician and staff recruitment timelines.
- A Governance processes to evaluate capital requests against the strategic plan.

- To align all facility planning with complex reimbursement models.
- Accessible expertise in rural-specific financing mechanisms.
- A need for financial models that justify prevention-based services.

- To quantify and communicate the risk and cost of inaction.
- Tools and processes to communicate project outcomes and drive stakeholder alignment.
- A "strategic anchor" tool that provides a clear, data-driven rationale.

Our research distilled four key insights that characterize the challenges small, rural hospital leaders encounter during the strategic facility planning process.

INSIGHT 1

Too Much Noise, Not Enough Signals

Small, rural hospital leaders may struggle to find value from the flood of available operational, financial and strategic data.

INSIGHT 2

Money Keeps the Lights on

Because of the unique pressures facing small, rural hospitals, financial decisions dominate strategic direction.

INSIGHT 3

Strategic (Mis)alignment

The lack of standardized processes for strategic facility planning may lead to confusion and missed opportunities.

INSIGHT 4

Balancing Tension

The daily pressures of operating a small, rural hospital are so acute, that leaders are often unable to consider strategies for future growth.

INSIGHT 1

Too Much Noise, Not Enough Signals

Leaders at small, rural hospitals must navigate a tremendous volume of financial, regulatory, utilization, and patient demand data, often without the specialized staff or tools to distill meaningful and actionable signals.

The lack of analytical capacity increases the inequity gap between these facilities and high-resource systems, often forcing a reliance on “gut decisions” rather than objective data, potentially leaving valuable resources on the table and making long-term sustainability harder to advocate for.

The design challenge is to bridge this resource gap by translating dense technical complexity into clear strategic signals that empower leaders to build high-caliber, evidence-based cases for growth.

INSIGHT 1

Needs and Quotes

NEEDS

- A data tool that helps leaders visualize how a single investment can serve multiple strategic purposes.
- A foundational "anchor document" to provide objective data that defends the strategic plans against unvetted proposals.
- A tool to translate raw data into actionable insights.
- A way to quantify market opportunity and build a business case for expansion.
- A way to validate or invalidate community and board member assumptions.
- A simple, accessible tools to calculate the ROI for new or expanded service lines.
- Access to comparative data and benchmarks to inspire creativity and provide decision support.

QUOTES

"Getting that data distilled down to actionable, understandable, bite sized things is tough.”

"I'll admit that my perspective on data is that sometimes I have a hunch and I'm either trying to prove or disprove it."

"...You have two kinds of data; you have none and then you have the blizzard of too much."

INSIGHT 1

Opportunities

1A

How might we help leaders to see meaning from diverse data, in order to make accurate and informed decisions?

1B

How might we help leaders balance a combination of qualitative and quantitative data, in order to support nuanced decision making?

1C

How might leaders access alternative, creative, outside the box ideas, in order to identify and pursue new strategies for survival and growth?

INSIGHT 2

Money Keeps the Lights On

Leaders at small, rural hospitals navigate a landscape where lean operating margins may force financial survival to outweigh strategic clinical and community priorities.

The constant financial pressure can become an overwhelming priority, reducing the hospital's capacity to provide long term essential care.

The design challenge is to create intuitive tools that uncover pathways to financial security, strengthening sustainable services, finding creative ways to maintain essential care lines, and helping leaders maximize the revenue potential of their current resources.

INSIGHT 2

Needs and Quotes

NEEDS

- Ways to find new sources of capital or get creative with already existing sources of capital.
- Better cash flow management to fund multi-year planning and construction.
- To align all facility planning with complex reimbursement models.
- Accessible expertise in rural-specific financing mechanisms.
- A need for financial models that justify prevention-based services.
- A need for financial "cost certainty" earlier in the planning and design process.
- A need for financial strategies to manage unfunded mandates, particularly seismic compliance.

QUOTES

"All of your strategies and all of your building must align with reimbursement. If you're in a rural area, Medicare dictates how you build, what you build and why you build it."

“Are there pervasive challenges? Money. Money. It's money. It's 100% money."

“We finally had to make a very, very difficult decision to close the maternity ward because it was hurting the ability to keep the overall hospital operational."

INSIGHT 2

Opportunities

2A

How might we help hospital leaders balance new capital acquisition with resource optimization, in order to ensure flexible and sustainable funding approaches for their projects?

INSIGHT 3

Strategic (Mis)Alignment

Leaders at small, rural hospitals understand that team alignment is critical to facility strategy, yet they often lack a formal process to achieve it.

The informality forces reliance on individual relationships and ad hoc conversations, making strategic alignment feel like a product of chance rather than a deliberate organizational practice. Without a consistent framework, high stakes decisions become vulnerable to the specific makeup of the leadership team at any given moment.

The design challenge is to create lightweight frameworks that align stakeholders around a shared vision and goals, establishing a strategic anchor to guide project prioritization and provide a repeatable practice for strategic decision making.

INSIGHT 3

Needs and Quotes

NEEDS

- A strategic facility planning process that aligns stakeholders on vision, goals, and prioritization.
- Tools and processes to manage stakeholder alignment.
- A "strategic anchor" tool that provides a clear, data-driven rationale.
- A cross-departmental, "team-based" planning process that breaks down silos and drives consensus.
- To align facility planning with physician and staff recruitment timelines.
- An objective governance processes to evaluate provider-dictated capital requests against the strategic plan.
- Ability to bridge the gap between small, local architects and large, specialized firms.
- A need for support in developing precise, well-scoped RFPs.

QUOTES

“So much of the decision-making in the C-suite is idiosyncratic based on who's in the team at any given time.”

“One would think that before you bought a building you had a plan... In our case, that did not happen.”

"How do you involve the other members of your internal admin team in this whole planning and execution process? At this point, it's been predominantly me."

INSIGHT 3

Opportunities

3A

How might we ensure a collaborative strategic facility planning process, in order to align stakeholders around a shared vision and goals?

3B

How might we ‘right-size’ a project for a given hospital, in order to align opportunity with capacity?

INSIGHT 4

Balancing Tension

With Leaders at small, rural hospitals wear many hats that they are often just barely keeping their head above water.

The constant pressure of daily operational demands often dominates their attention, making planning for future growth difficult. By prioritizing immediate stability above all else, leaders risk falling into a reactive cycle that inhibits long term resilience.

The design challenge is to provide strategic foresight tools that lower the barrier to strategic facility planning, ensuring that the process is simple and achievable without sacrificing the demands of daily operations.

INSIGHT 4

Needs and Quotes

NEEDS

- Identifying small, high-leverage strategic moves that build long-term resilience.
- A tool to model options for investment without risking daily operations.
- A lightweight "hypothesis tester" that allows leaders to test a "hunch" against data.
- A formal, proactive, and data-driven planning process to move beyond reactive planning.
- Tools that are adaptable and agile, allowing organizations to "pivot" in a dynamic healthcare environment.
- To quantify and communicate the risk and cost of inaction.
- Support in developing precise, well-scoped RFPs.
- Low-cost, "template" or "pre-vetted" design solutions.

QUOTES

"If you can show that today you don't have enough supply to meet the demand, that's a better argument than saying I don't think I'll be able to meet the demand two years from now."

"When you're running on the margin and your seismic retrofit is going to cost millions to billions... You may have to close labor and delivery... There are no good choices."

"You'll find that in a lot of the rural hospitals many people who wear multiple hats just don't have the financial resources to get the number of experts you need."

INSIGHT 4

Opportunities

4A

How might we provide leaders at small, rural hospitals a way to analyze the day-to-day needs of the hospital with the demands of the future in order to balance survival and growth?

4B

How might we provide leaders at small, rural hospitals with strategic foresight tools, platforms and/or systems, in order to understand and prioritize their unique needs and challenges?

Prototypes

The following section outlines the process used to develop our initial concepts, followed by an in-depth review of four prototype explorations.

04

We narrowed our focus to three core opportunity areas, prioritized by their potential to deliver meaningful value to rural hospital leaders and our capacity for rapid, technical prototyping.

1A

How might we help leaders to see meaning from diverse data, in order to make accurate and informed decisions?

3A

How might we ensure a collaborative strategic master planning process, in order to align stakeholders around a shared vision and goals?

3B

How might we ‘right-size’ a project for a given hospital, in order to align opportunity with capacity?

Image recomposed using AI

From the three opportunity areas, we developed four prototypes to be ‘force multipliers’, addressing specific needs during the strategic facility planning process.

PHASE

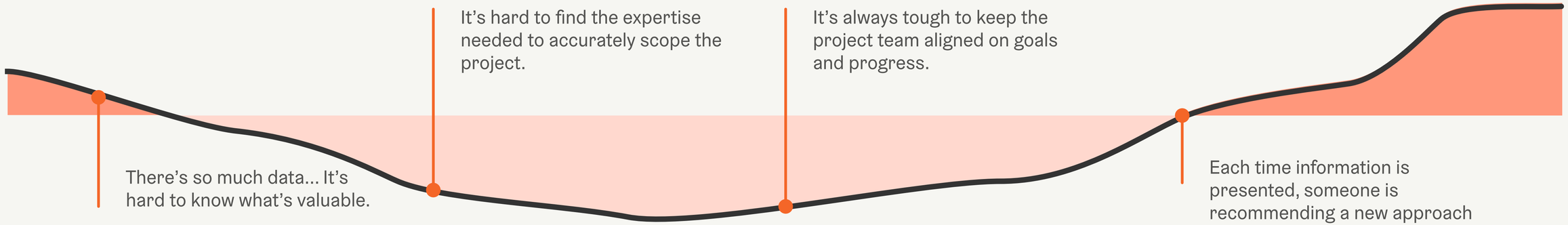
01 Supply & Demand Analysis

02 Care Models & Program Refinement

03 Align Business & Facility Strategy

04 Synthesis & Refinement

EMOTIONS



PROTOTYPES

01 Smart Data Concierge

02 Rapid Building Prototyper

03 Strategic Management Dashboard

04 Durable Communications Platform

Prototype 01

Smart Data Concierge

THE CHALLENGE

Imagine a rural CEO attempting to synthesize mountains of disparate data for a strategic facility planning effort.

She faces a difficult decision-making process; she has neither the specialized analysts to structure the information for her nor the personal bandwidth to clean and organize all of it herself.

THE OPPORTUNITY

How might we help leaders to see meaning from diverse data, in order to make accurate and informed decisions?

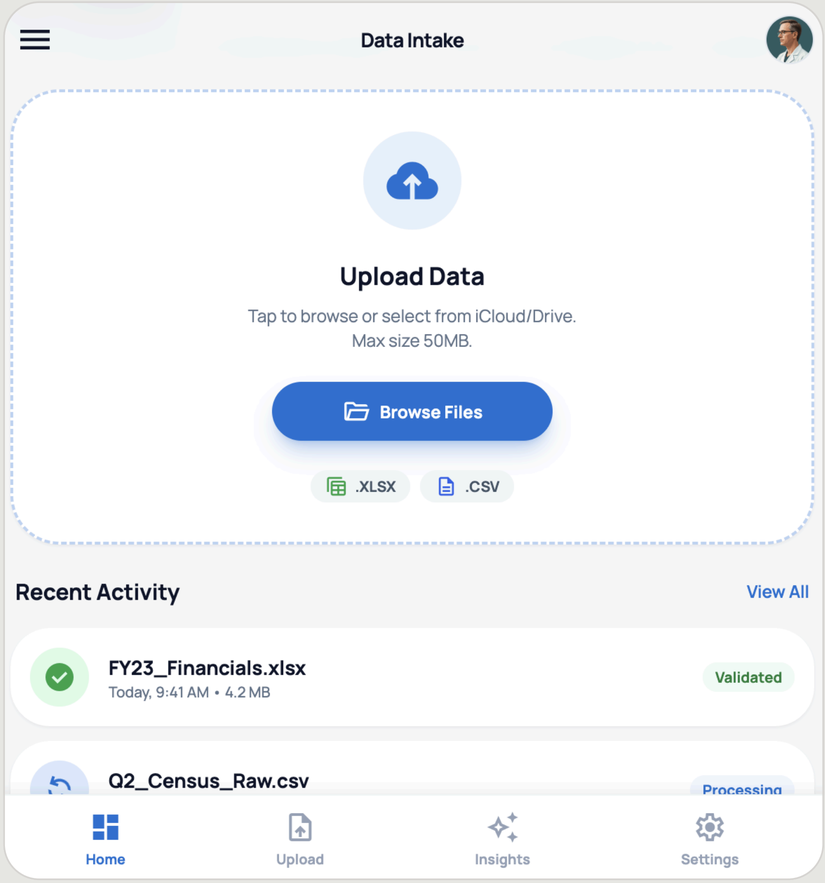
Smart Data Concierge

OUR SOLUTION

We have developed a conversational interface that acts as a specialized data assistant.

The data assistant leverages an AI agent to flag errors and suggest corrections in real-time.

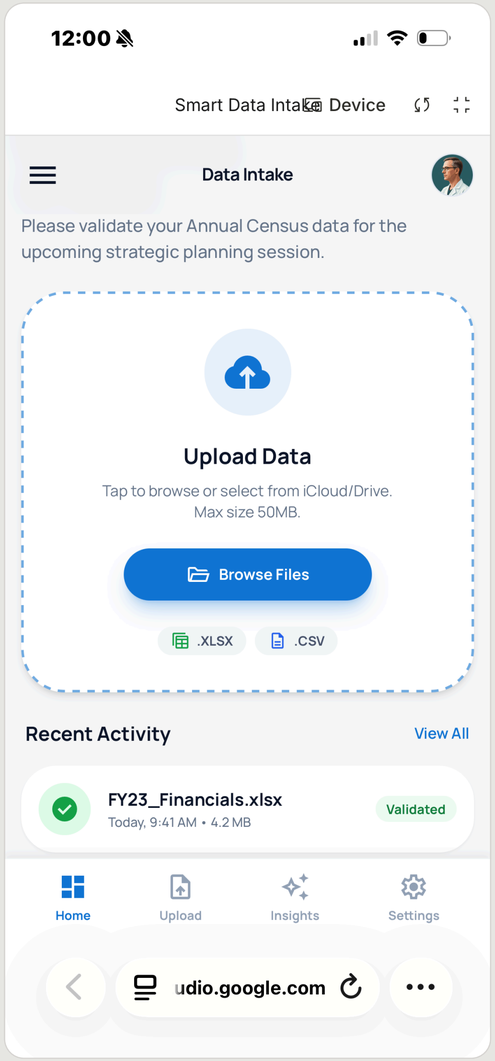
This solution provides a simple, non-technical entry point for cleaning financial and census data, transforming it into a "planning-ready" format that can be used for long-term strategic modeling.



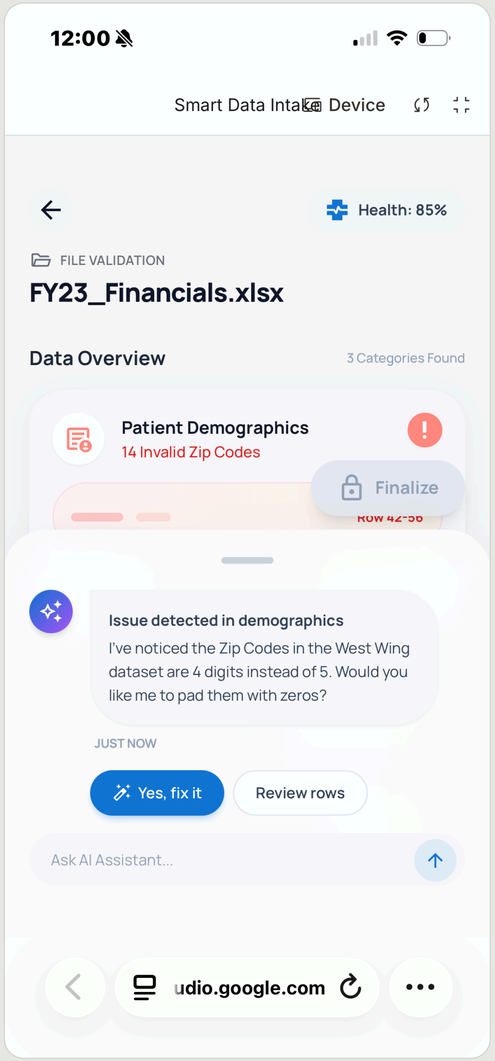
Prototype Details

INTELLIGENT VALIDATION INTERFACE

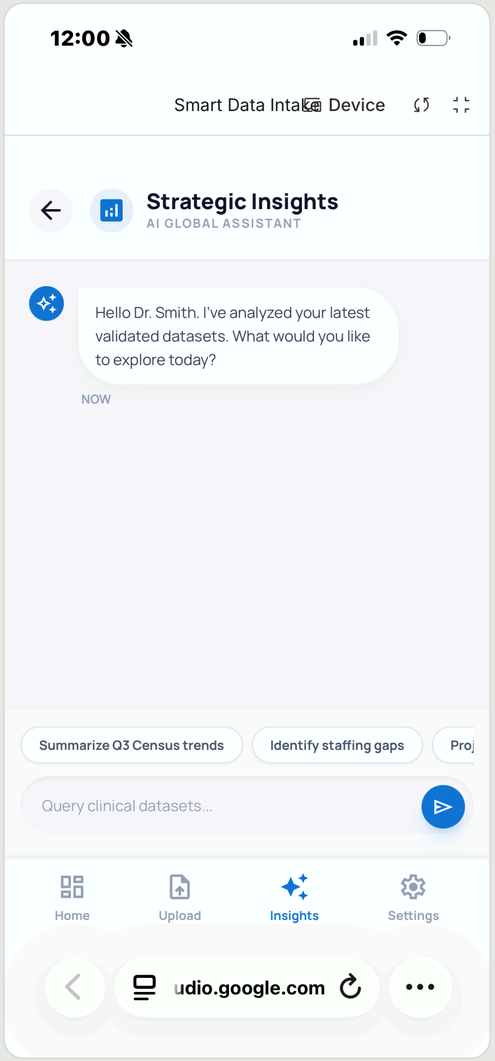
1. Reduces cognitive load via a "Soft Precision" interface aesthetic.
2. Groups individual errors into high-level "Health Cards" to streamline review.
3. Translates complex formatting errors into plain english questions via a sidebar "Data Agent."
4. Resolves data issues through natural, conversational interactions.



FRICTIONLESS INGESTION



CONVERSATIONAL TRIAGE



STRATEGIC READINESS

Prototype 02

Rapid Building Programmer

THE CHALLENGE

Imagine a leadership team attempting to develop an in-house building program for an inpatient expansion.

This lean approach may unknowingly bypass nuanced spatial program criteria required to determine if a project scope is financially or operationally viable.

Without the technical training to account for "invisible" requirements like circulation, mechanical shafts, and wall thickness, a significant gap emerges between the initial vision and the actual budget.

THE OPPORTUNITY

How might we ‘right-size’ a project for a given hospital, in order to align opportunity with capacity?

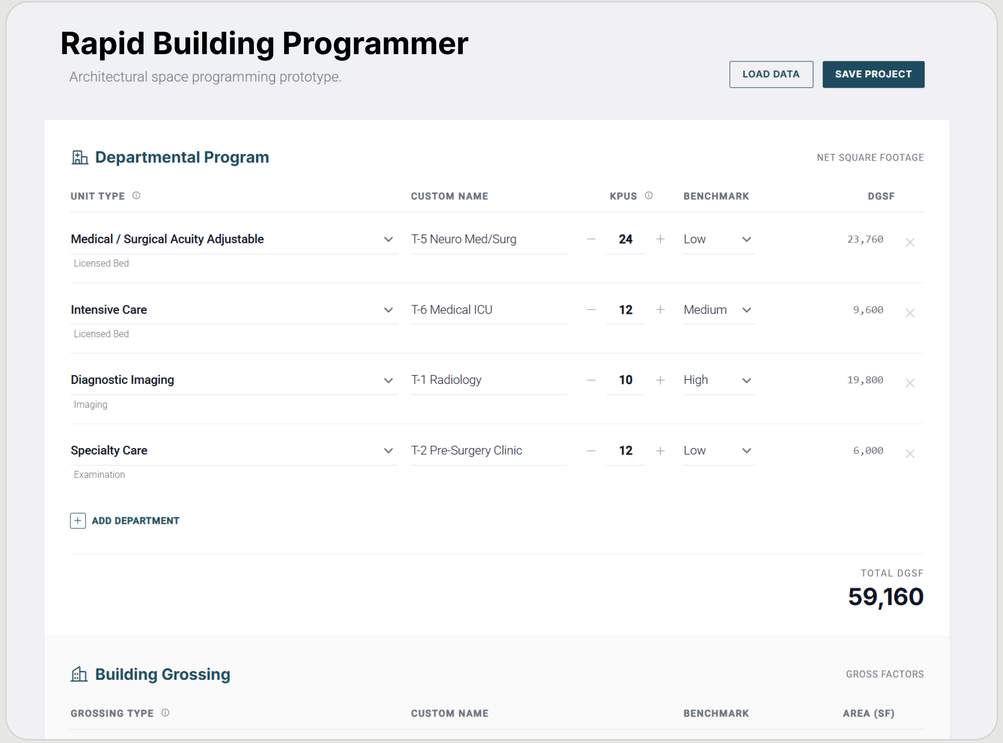
Rapid Building Programmer

OUR SOLUTION

This tool converts patient demand forecasts into highly specific Gross Square Footage (GSF) estimates.

By leveraging selectable industry benchmarks, it ensures that facility footprints are grounded in architectural reality, providing a reliable foundation for cost-modeling and Net Present Value (NPV) analysis.

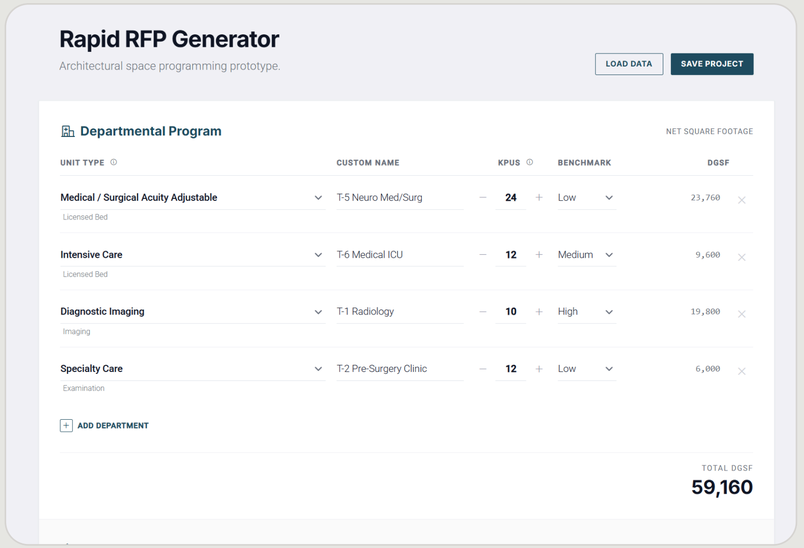
This solution provides high-quality projections of required space, leading to more accurate assessments of project scope and budget.



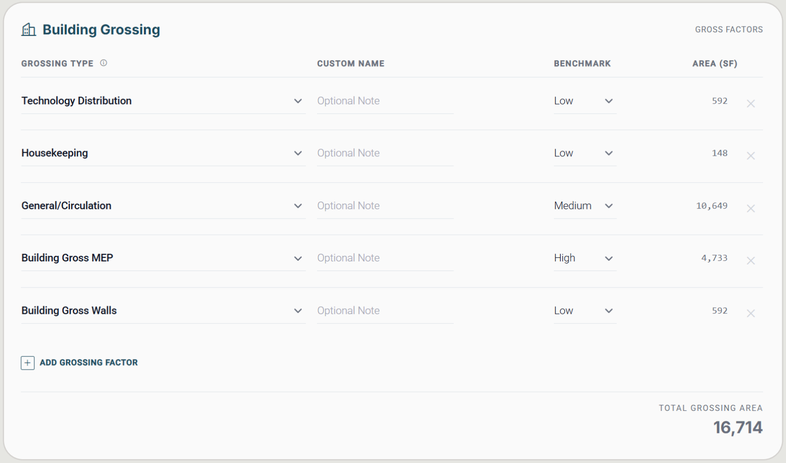
Prototype Details

KEY FEATURES

1. Converts forecasted demand into precise department and building square footage.
2. Provides low, medium, and high sizing benchmarks for planning flexibility.
3. Accounts for essential circulation, support, and utility areas.
4. Enables the mixing and matching of various departments and units.
5. Supports the calculation of total project costs.
6. Ensures space estimates align with business planning requirements.



Departmental Program Calculator



Building Grossing Calculator

Prototype 03

Strategic Planning Dashboard

THE CHALLENGE

Imagine an administrative team trying to manage a complex strategic plan while balancing multiple operational roles.

In the daily flood of emails and ad hoc meetings, critical project nuances are lost. As clarity erodes, goals become obscured, deadlines slip, and accountability breaks down.

THE OPPORTUNITY

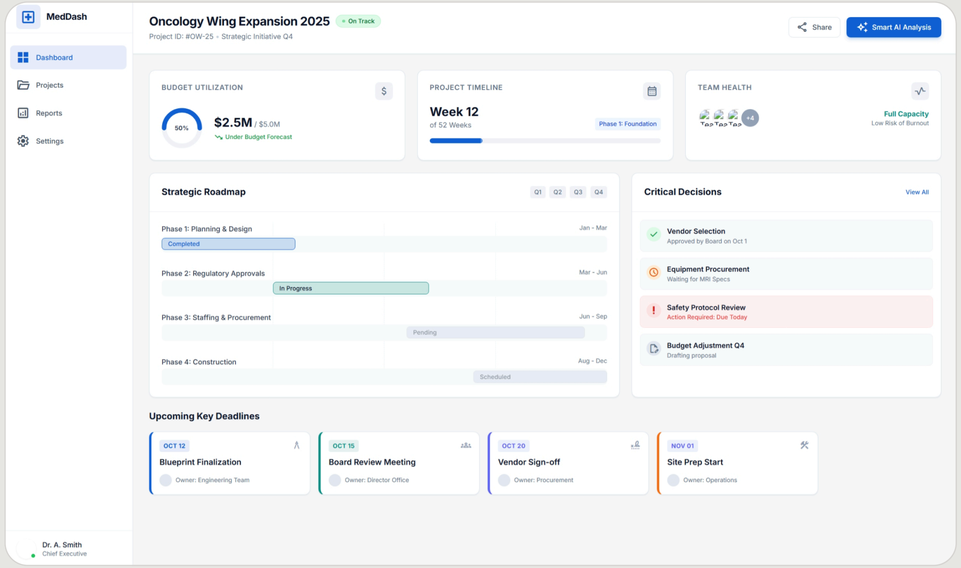
How might we ensure a collaborative strategic facility planning process, in order to align stakeholders around a shared vision and goals?

Strategic Planning Dashboard

OUR SOLUTION

This interactive dashboard provides a "single source of truth" for the strategic planning process.

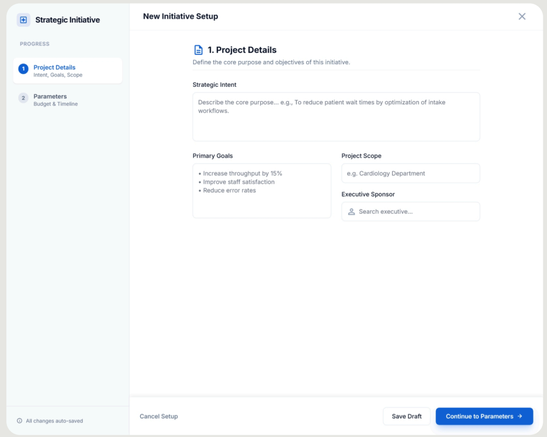
This solution converts static plans into a live, shareable roadmap, allowing teams to track progress against foundational objectives and adjust responsibilities in real-time, ensuring the project stays responsive to change without losing its strategic anchor.



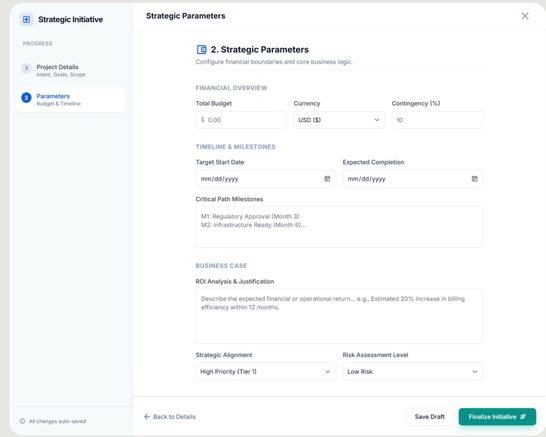
Prototype Details

KEY FEATURES

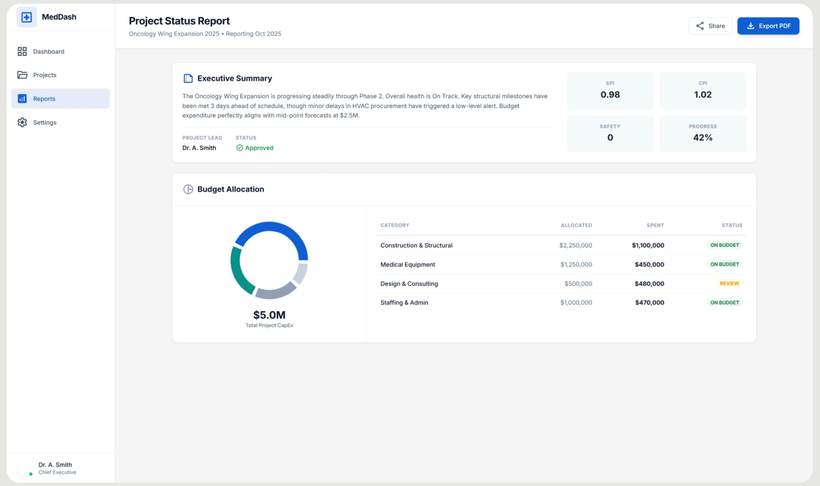
1. Synchronizes stakeholders to keep leadership anchored to core strategic goals.
2. Tracks progress against objectives and adjusts responsibilities via a live, shareable roadmap.
3. Simplifies the entry of project narratives and details using natural language input.
4. Generates automated updates, summaries, blocker alerts, and budget warnings.
5. Visualizes past milestones, current tasks, and future decision points through interactive dashboards.
6. Provides rapid snapshots of overall project health via rich data visualization.



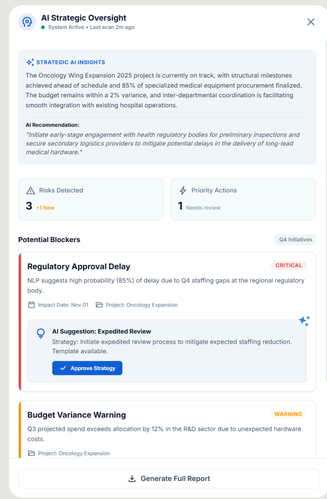
INPUTTING PROJECT NARRATIVE



INPUTTING PROJECT DETAILS



RAPID PROJECT PROGRESS SNAPSHOT



AI GENERATED PROJECT UPDATE

Prototype 04

Durable Communications Platform

THE CHALLENGE

Imagine a hospital leader needing to provide regular project updates to their the board, staff, and the community.

Despite their best efforts, these communications become confusing as key data is omitted and core objectives are described inconsistently. Presentations meant to align stakeholders instead become high-stress events that slowly erode confidence and leave the project trajectory unclear.

THE OPPORTUNITY

How might we ensure a collaborative strategic master planning process, in order to align stakeholders around a shared vision and goals?

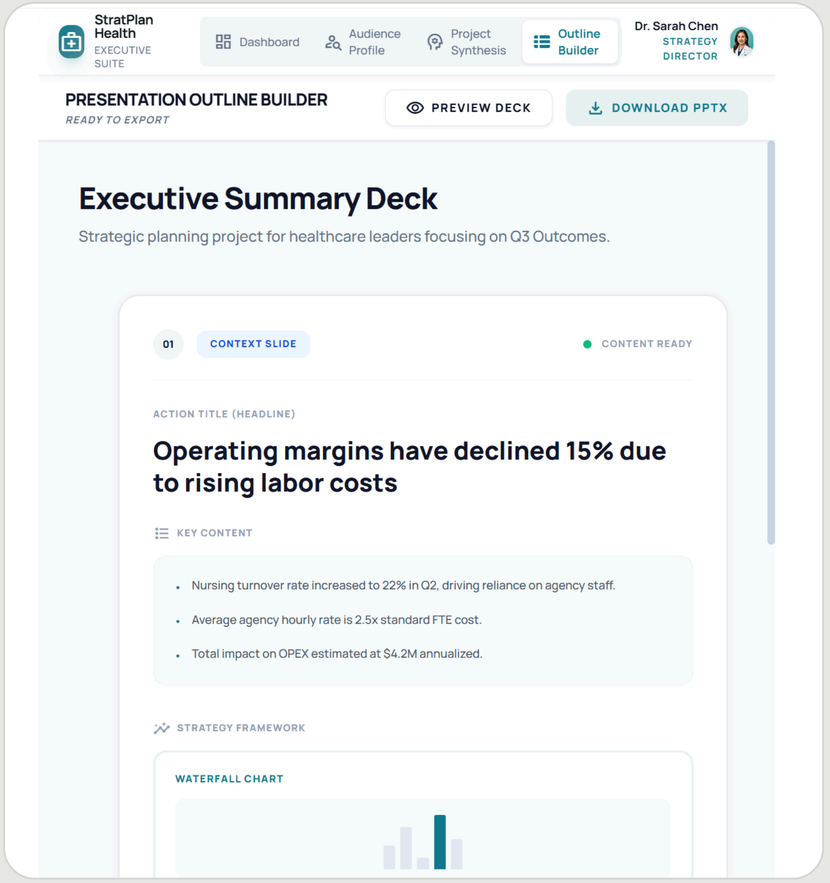
Durable Communications Platform

OUR SOLUTION

This tool automates the creation of high-impact communications by utilizing a user-developed project dictionary to define core goals.

Throughout the project it layers ongoing updates with the dictionary into tailored presentation outlines and action statements, allowing leaders to deliver synchronized, professional updates with minimal manual effort.

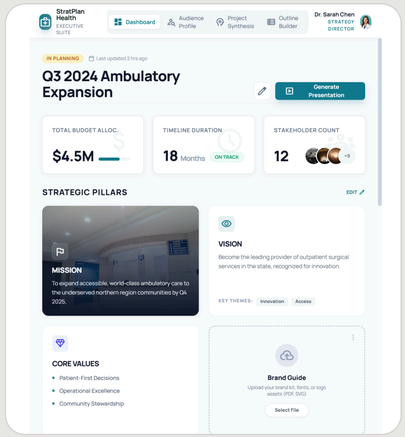
This solutions provides a user with presentation outlines and content, grounded in a consistent project narrative, while layering on timely, nuanced updates.



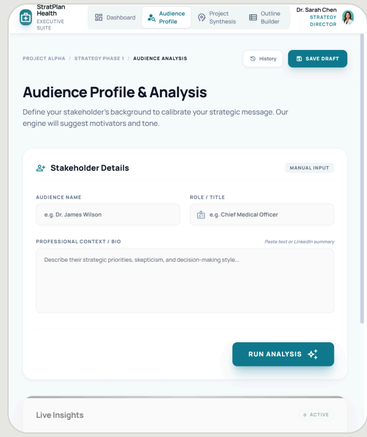
Prototype Details

KEY FEATURES

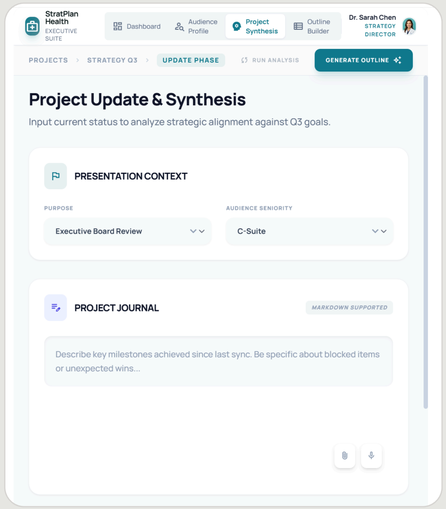
1. Maintains consistency and defines core goals via a standardized project dictionary.
2. Automates the generation of custom presentation outlines and status updates.
3. Translates technical data into clear, accessible messaging for diverse stakeholders.
4. Establishes key project parameters and information baselines at the outset.
5. Structures presentation outlines automatically based on audience inputs.
6. Converts ongoing data into tailored action statements for synchronized updates.



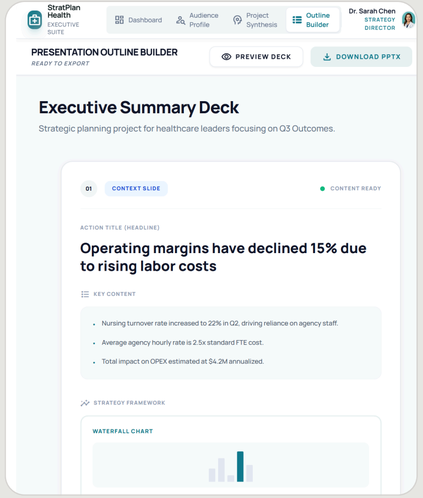
PROJECT DICTIONARY



AUDIENCE ANALYSIS



CONVERSATIONAL UPDATES



PRESENTATION OUTLINE AND SUGGESTED CONTENT

Conclusion & Acknowledgements

This section provides a summary of our learnings, next steps and acknowledges our amazing support team from One Workplace.

05

Conclusion

SUMMARY OF LEARNINGS

From our research, we came to understand that many leaders at small, rural hospitals are doing everything they can to support the daily and long-term success of their hospitals, but are hamstrung by regulatory structure, limited staff expertise, overstretched responsibilities and the consistency of tight finances.

Because of these pressures, much of what can be built to support their strategic facility planning efforts are not grand, overarching systems, but lightweight tools that support them in specific, high-value ways.

NEXT STEPS

Looking forward, we anticipate re-engaging with some of our interview subjects to receive feedback on our initial prototypes. With this feedback, we intend to make improvements to these tools and ideally offer free, fully functional versions to the broader community of small, rural hospital leaders.

Image recomposed using AI

Acknowledgements

WE WOULD LIKE TO EXPRESS OUR SINCERE GRATITUDE TO THE FOLLOWING PEOPLE:

- Kristin Moseley
- Denise Treu
- Greg Callas
- Carolyn Clark Beedle (CCB)

ABOUT THE 2025 ONEDER GRANT

As society faces ongoing disruption and rapid transformation, designers and architects are uniquely positioned to reimagine the spaces where we work, learn, heal and gather. The ONEder Grant invites bold, interdisciplinary proposals that apply strategic foresight and adaptive experimentation to the challenges and opportunities in the evolving fields of workspace, collaboration, learning environments, healthcare and community housing design.

Today's realities demand more than incremental improvements—they call for innovative, human-centered solutions that support resilience, well-being, and performance in the face of uncertainty. This grant seeks to support research and prototyping that explores new models, tools, and strategies to create environments that are not only functional, but also responsive, inclusive, and future-ready.