Optimizing Patient Flow, Staff Efficiency & Satisfaction Levels Through Facility Design

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Optimizing Patient Flow, Staff Efficiency & Satisfaction Levels Through Facility Design

I have the following financial interests or relationships to disclose

John Marasco is an owner and principal of Marasco & Associates, a healthcare architecture & consulting firm and would like to design your next healthcare facility.

Experience is the key to success

1, 2 or 3 projects is not experience - 50+ is experience

Don't be their "guinea pig"

You should be working with the principals of the company

"You don't know what you don't know"

The wrong team can be very expensive

Hospital experience is NOT ASC experience

Whatever you don't bring to the table, friends & family

Key Members:

- Business Consultant
- Attorney
- Architect
- Accountant
- Equipment Planner
- Interior Designer
- Contractor
- Engineer
- Health Department (ASC)
- Local Jurisdiction

The "A-team"

Financial disclosure
Entry

- Drive under canopy
- Bad weather can be dangerous for your elderly patients, family or friends
- Be very careful with the drainage and prevailing wind
- Some of our clients have successfully used heated drives & walks

- Lobby
- Subtly sell all of your services from this single point
- Optical, Laser Vision Correction, Ambulatory Surgery, Medi-spa, Audiology...

- Greater or Hello & goodbye
- You have one chance to make a first impression so don't blow it
- Think hotel lobby & concierge not subway token attendant
- By moving the waiting area you can eliminate those horrible glass sliding windows
- Often covered in tacky announcements
- Your patients, family & friends are your biggest referral source
- Make sure their experience is exceptional from the get go
- You want everyone talking about how great your office is - staff attitudes as well

Optical

- It should be the sun of your practices solar system
- Make sure patients, family & friends can't miss it
- Easy access
- To the Lobby, waiting rooms (s), your patients, family & friends entry & exit paths
- Don't forget to sell to the family & friends as well - staff must be proactive
- If you have separate operational hours than your clinic make sure it's securable
- Open & airy
- Products should be visually open however to minimize theft physically controlled
- Good display cabinetry can handle both of these issues
- Although natural light accentuates products, direct sunlight is too intense for display
- Avoid southern exposure if you can
- For control purposes don't have traffic flow through your optical display area
- Size
- Can be on the small side ~400SF while on the large side ~1,200SF should do it
- Optical size isn't proportionate to practice size
- Make sure you have men, women, children, fashion, sport/sun, low vision...

Waiting

- Centralize multiple waiting rooms for easy access to providers & services
- Think smaller offices within a larger office
- Minimizes staff travel distances to maximize efficiency
- That's right - no more separate dilation room
- Leave empty spaces for wheelchairs
- Go for the "Starbucks" look
- Comfortable seating arrangements
- Provide non-alcoholic beverages & snacks
- Yes it's easy but it's worth it
- TV is okay but only if it's informative & non repetitive
- Don't let your staff have direct sight lines
- If you're going to spend money anywhere in the facility do it here & in the Lobby
- Kids area
- If you see children in the practice give them a controlled environment to wait in
- Elderly & children don't always mix well
- Watch movies to keep them calm - no laundry baskets full of Tonka trucks
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Pod

- Centralized provider & tech station
  - Keep the days records, with photos of the patients, back here not up front
  - Provide a super-person booth for the providers - don’t let them leave the pod
  - Keep the team together & within view of each other – the techs are the quarterbacks

- Exam Lanes
  - A typical tech can work-up 3-4 patients an hour - optease & testing techs don’t count
  - If a provider uses 1 work-up tech they can see 3-4 patients an hour in 3 lanes - the provider in a room, a patient in a room & a tech in a room
  - With 2 work-up techs a provider can see 9-12 patients an hour in 4 lanes
  - Always give your providers the maximum number of techs & lanes they can justify

- Exam lanes only or work-up rooms & exam lanes?
  - Create an exam-lane/procedure room in lieu of an underutilized procedure only room
  - Avoid the “bowling alley” layout at all costs – think lucky horse shoe

Testing

- Centralize common testing but de-centralize specialized testing – refractive, retina...

Other pearls

- Common break & conference rooms
  - Allows for multiple sized meetings or gatherings
  - Also a commercial track partition system not an “acoustical curtain”
  - Provide a separate kitchenette to maximize meeting potential

- Physician interaction room(s)
  - On lieu of private offices to save $’s
  - With no more than 4 per room the odds of overlap are next to zero

Laser Vision Correction

- Clinic testing & lanes can be shared for maximum utilization
- Place the laser room next to a waiting room to accommodate real-time viewing of a procedure by prospective patients, family & friends during group consultations

Ambulatory Surgery Center

- Place your Femtosecond laser to be used by all OR’s as well as your LASIK
- Circular flow through soiled, sterile & OR’s maximizes staff efficiency
- A “swing” OR maximizes flexibility & accommodates non-sterile specialties
- Sandwich the laser (YAG, Argon…) room between clinic & ASC for ease of access

Common mistakes

- Create circular flow pattern for patients
- Build around the check-in lobby
- Don’t build for future technologies
- Don’t accommodate for specialty needs
- Choose the budget over quality
  - Sound & HVAC control (hot, cold & humidity)
  - Durable material choices
  - But don’t build the Taj Mahal
- Don’t use automatic doors – inside & out
- Don’t provide ample exterior safety lighting
- Build for wants not needs
- Prioritize the cost of land then don’t buy enough of it
- Don’t provide enough parking
  - parking stalls per 1000USF of building minimum
- Negate future expansion – land & facility configuration
### Construction costs

- **Location within the USA**
  - Low Cost = south-central states (Fayetteville, AR), Medium Cost = national average (in) and High Cost = northern union states and west coasts (New York, NY)
  - TI = Tenant Improvements or finishing space in an existing shell

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- **1st quarter 2016 RS Means estimates – expect a 10-15% annual increase**
- **5-6 SF of site for every 1 SF of building - don’t forget about future expansion**
- **If demolition of existing space is required add this amount to the TI cost**

### Other construction cost drivers

- Union towns
- Temporary material shortages
- LEED or "green" building technologies
- Build quality
- Aesthetic appeal
- Natural disasters
- Architectural & SMEP engineering fees
  - 7-12% of the construction cost
  - $3.00/SF for Interior Design finishes
- Impact fees, tap fees, water retention fees...
- Financing & Interest during construction costs
  - 5-7% of the borrowed money
- Rates are very competitive today, 100% is back
- Fixed, operating & tax (FOT or NNN) expenses
  - $5-(10)-25/SF depending on your location

Thank You, Any Questions?