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

American Society of Ophthalmic Administrators
Course 5110 - Saturday, May 6, 2017 @ 1:30 pm.

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Financial Disclosure

- I have the following financial interests or relationships to disclose.
- John Marasco is an owner and principal of Marasco & Associates, a health-care architecture & consulting firm and would like to design your next health-care facility.

The "A-team"

- Experience is the key to success.
  - 1, 5 or 10 projects is not experience - 50+ is experience.
  - Don’t be their “guinea pig.”
  - You shouldn’t be teaching you should be learning.
  - “You don’t know what you don’t know.”
  - The wrong team can be very expensive.
  - Hospital experience is NOT ASC experience.
  - Whatever you do don’t hire friends & family.

- Key members:
  - Business consultant
  - Attorney
  - Architect
  - Accountant
  - Equipment Planner
  - Interior Designer
  - Contractor
  - Health Department (ASC)
  - Banker
  - Local Jurisdiction
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### Entry

- **Drive under canopy**
  - Red weather can be dangerous for your elderly patients, family or friends
  - Be very careful with the drainage and prevailing wind
- **Lobby**
  - Subtly sell all of your services from this single point
  - Optical, Laser Vision Correction, Ambulatory Surgery, Medi-spa, Audiology...
- **Greeter 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
  - Sell yourself by placing a logo accent wall behind the concierge – hello person(s)
- **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, family & friends entry & exit paths
  - Don’t forget to sell the family & friends as well – staff must be proactive
- **Open & airy**
  - The 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**
  - 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 complimentary beverages & snacks
  - You’re away 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 - scribes & testing techs don’t count
  - If a provider uses 3 work-up techs 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 2-3 patients an hour in 4 lanes
  - With 3 work-up techs a provider can see 9-12 patients an hour in 5 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
- Conjoin break & conference rooms
  - Allows for multiple sized meetings or gatherings
  - Use a commercial track partition system not an “acoustical curtain”
  - Provide a separate kitchenette to maximize meeting potential
- Physician interaction room(s)
  - In 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 kiosk
- 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 Majal
- Don’t use automatic doors – inside & out
- Don’t provide ample exterior safety lighting
- Build for wants not needs
- Prioritize the cost of land thus don’t buy enough of it
- Don’t provide enough parking
  - 6 parking stalls per 1,000USF of building minimum
- Negate future expansion – land & facility configuration
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### Construction costs

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

<table>
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<th>5,000 SF</th>
<th>15,000 SF</th>
<th>35,000 SF</th>
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<td>$7-(9)-12/SF</td>
<td>$6-(9)-11/SF</td>
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<tr>
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<td>New Practice</td>
<td>$205-(272)-385/SF</td>
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<td>TI ASC</td>
<td>$203-(269)-381/SF</td>
<td>$185-(243)-343/SF</td>
<td>$176-(232)-325/SF</td>
</tr>
</tbody>
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- 1st quarter 2017 RS Means estimates – expect a 6-12% annual increase
- * 5-7 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
  - 6-12% of the construction cost
  - $1-2/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% financing is back
- Fixed, operating & tax (FOT or NNN) expenses
  - $5-9-17/SF depending on your location

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Thank You, Any Questions?

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