



# An Outcomes Driven Approach When Planning a New Ambulatory Healthcare Facility

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The old cliché of “healthcare is always changing” is truer now than ever. Advances in medicine and technology, lessons learned from the pandemic, and an increased need for security all continue to shift the way care is delivered. In addition, what we consider “desired outcomes” has also changed. Not only do we need to consider business objectives, patient satisfaction, and care outcomes, but staff recruitment and retention has become a key concern for all healthcare providers. Our customer is no longer just the patient and families, our customer now includes staff of every level and retention and recruitment are key when designing new facilities.

These new outcomes, focused on patient and staff needs, impact the ambulatory facilities design and should be taken into consideration during the design process. Whether you’re constructing a new center or remodeling an existing structure, a thoughtful and intentional process that aligns desired outcomes with design strategies is essential to success.

As with any new endeavor, the strategy, business objectives, design and user buy-in need to align to ascertain the desired outcomes for ambulatory healthcare facilities. A proven, outcomes-driven process facilitated by a health expert, provides an informed and reliable

## AN OUTCOMES-DRIVEN PLANNING STRATEGY YIELDS MANY BENEFITS, SUCH AS INCREASED:

- **SPEED:** Accelerated site and facility concepts and schematic design process, reducing overall design time
- **PREDICTABILITY:** Limited change orders, which minimize unbudgeted design and construction costs and project delays
- **GROWTH:** Data-driven space programs that provide growth opportunities without overbuilding
- **FLEXIBILITY:** Adaptable spaces that emphasize revenue-generating areas balanced with the appropriate amount of support space
- **PRODUCTIVITY:** Improved staff and physician productivity through efficiencies in FTEs, decreased steps and increased throughput
- **EXPERIENCE:** Enhanced patient experience, by creating environments that are centered around their needs

roadmap for future growth in any patient care setting. This applies to planning a new on-campus medical office building, a surgery center, community provider clinic or other type of practice.

A diligent planning process ensures spaces are adaptable for different uses by specialty and can accommodate fluctuations in volumes while incorporating a sufficient level of standardization for constructability, consistency, and future flexibility.

Three components are essential to the planning process:

1. A strong cross-functional team that integrates every aspect of the enterprise including clinicians, logistics, IT, and security.
2. A functional program that supports defined operations and workflows.
3. A detailed room-by-room space program that delineates every space necessary.



## LEVERAGING AN EXPERT-LED CROSS-FUNCTIONAL TEAM

Functional and space planning of a healthcare facility impacts multiple factors – from patient and staff safety to clinician productivity and ultimately patient satisfaction. Buy-in at all levels is necessary to support effective change management and successful implementation of new operating processes. To achieve this, it is important to involve key stakeholders throughout the planning stages. These include, but may not be limited, to:

- **Healthcare design experts:** serve as the facilitators of the process to ensure that the guidelines established by leadership are respected and maintained while still meeting the needs of the user groups.
- **Organizational leadership:** sets the overall strategic direction, defines care models and makes decisions that affect the project scope. They will help lead and incorporate the operational changes established and champion the evolution of care.
- **Service line user groups:** provide an understanding of how they currently function in their space, contribute valuable input for reaching their ideal state, and help integrate new processes into practice for the new environment.

Through the user group sessions, not only are ideas discussed but the guidelines get tested, eventually leading to consensus and overall buy-in from the end users. Effective management of user group sessions takes a unique skillset to finesse dynamic personalities, encourage the free exchange of ideas and maintain the guidelines established by leadership at the onset of the project including the number of

## CASE EXAMPLE: Stakeholder Involvement

### Physician Engagement with Peers Proves Insightful

#### **Challenge:**

A health system was interested in implementing a dual entry exam room model in a new ambulatory facility where there would be separate circulation corridors for patients and staff. The physician user groups had limited direct experience with this model and they expressed some concerns. Specifically, they were focused on sound transference from sliding doors and patient privacy.

#### **Solution:**

The healthcare real estate developer introduced the physician user groups to physicians from another health system client who had implemented the model several years earlier. They openly discussed their concerns among others and learned that, with the right door closures and sound attenuation, noise transference was not a problem and that patients even found the space more peaceful than a shared corridor.

#### **Result:**

Direct communication with peers can help assuage the core concerns and/or provide opportunities to improve. The benefits realized by taking the additional time to engage stakeholders and ensure buy-in from key providers far outweigh forcing new operational processes that will ultimately not be applied in the new space.



*The user group meetings were an effective way for my colleagues and me to provide input and incorporate feedback from our administrative dyad team members. This process ensured we were utilizing the space in the most efficient manner possible from an operations and clinical perspective. MedCraft led the user group meetings in a way that was inclusive yet productive, and even connected us with peers to discuss lessons learned from implementation of a similar model.*



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rooms per provider, the module configuration, or the standardized room layouts. In addition to nursing and clinical staff, physician engagement is fundamental to the success of the project. By involving them early in the planning process, providers can offer input into how future state environments will improve their productivity and ability to provide

high-touch patient care. Providing opportunities for peer-to-peer engagement across different health system organizations is also highly beneficial because it allows providers to connect with their peers who have experienced similar paradigm shifts. They can ask direct questions and learn what worked well and what could be improved upon from other use cases.

## FUNCTIONAL PLANNING CONSIDERATIONS

A functional facility plan can mean the difference between a successful facility operating as planned, and a beautiful new facility that has hasty workarounds because new operations are not integrated.

The adjacent “Functional Planning Process” includes some important considerations to address during the strategic, functional, and operational planning process.

Once answers to these questions and key room drivers are understood, a narrative and space program is developed to outline the operational parameters and the design aspects that will support implementation. This narrative helps inform a concept plan that addresses patient care workflows, the location of services, number of exam and procedural rooms and how they all fit together. It will serve as the change management operational guide.

During the planning and development of a project there are many risks that are mitigated including changes in leadership, project scope, and provider compliment.

An effective functional plan establishes the key drivers of the business venture including service line mix, preferred care model, staff workflow, planned capacity and a room-by-room space list. The functional narrative documents the plan by detailing how the space is to be utilized. This includes materials supporting the decisions and assumptions made regarding operations, staffing, volumes, capacity levels. It becomes a record of the process for current and future operations and staff.

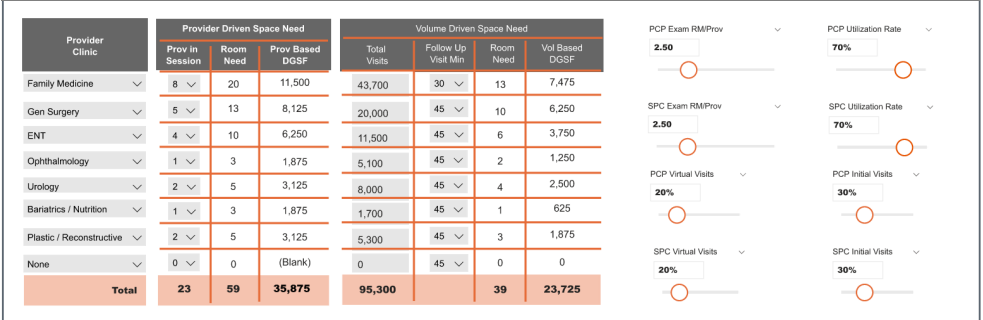
## FUNCTIONAL PLANNING PROCESS

1. What will the exam room count be driven by?
  - Volumes
  - Provider FTE
2. How will growth and capacity be addressed?
  - Based on 5-year and 10-year growth projections
  - Independent study
3. What type of care model will be deployed in the facility?
  - On/Off Stage
  - Traditional
4. What is the preferred exam room configuration?
  - Single entry/exit
  - Double entry/exit
5. Will telehealth be integrated into the service continuum?
  - Yes
  - No
6. Will there be centralized shared services?
  - Yes
  - No

INFORMS

- Concept Plan
- Patient Care Workflows
- Location of Services
- Number of Exam Rooms
- Number of Procedure Rooms
- Adjacencies & Efficiencies
- Support Services
- Projected Growth

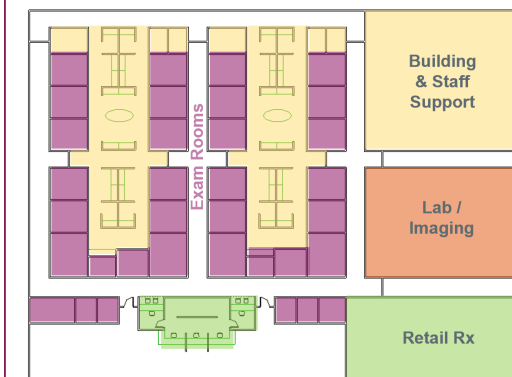
## REAL-TIME INTERACTIVE PLANNING DASHBOARD



## PLANNING PHASES

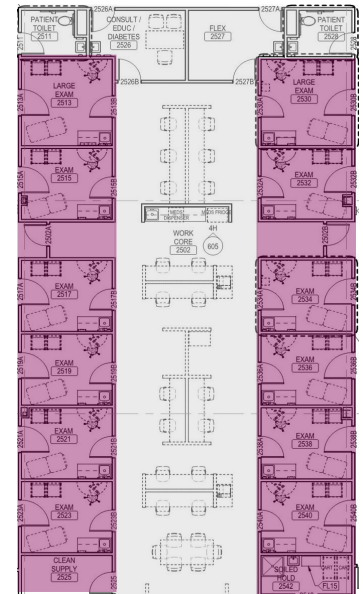
### CONCEPT PROGRAM

MOS	Key Room	DGSF / Rm	DGSF Need	Comments
<b>Procedure Area</b>			<b>45,900</b>	
Procedure Area	4	3,600	14,400	4 operating rooms, prep/post, CSP, support
23 Hr. Observation	24	750	18,000	Supporting FSED and Procedure suite
Freestanding ED	18	750	13,500	Capacity calculated at an average 1670 visits per room
<b>Diagnostic &amp; Treatment</b>			<b>6,200</b>	
Comprehensive Imaging	5	1,000	5,000	2 Rad, US, CT, MRI
OP Lab			1,200	
Clinical Pharmacy			1,000	support FSED and Procedure Suite
<b>Other</b>			<b>5,500</b>	
Public Area / Retail			2,000	Central reg. public restrooms
Building Support			3,500	Includes dietary component to support observation patients
		<b>DGSF</b>	<b>88,100</b>	



CONCEPT DIAGRAM

### POD-STYLE CARE MODEL



DUAL ENTRY EXAM ROOMS  
CENTRAL CORE WORK HUB

Key considerations during this stage include overall organization of the building and flexibility for future adjustments as well as addressing the following questions:

1. Is there an opportunity to combine interventional services to share support areas such as prep, recovery, and staff support?
2. How will circulation paths in the building accommodate staff, patients, and materials?
3. How will security, patient screening, and waiting spaces be addressed?
4. How can future growth and expansion be accommodated? Is shell space needed?
5. What are key adjacencies that will support operational workflows?

Given that it is difficult to forecast the future, planning for variation in targets or business goals is paramount during the process. The case study “Planning for Expansion Improves Path to Profitability” provides examples of how careful planning played out and led to measurable results.

The MedCraft Planning and Programming Team engaged stakeholders from across the continuum throughout the process from projecting case volumes, procedure types and times as well as operating room requirements and future growth projections. There were challenges along the way

## CASE EXAMPLE: Data Driven Capacity Planning

### Planning for Expansion Improves Path to Profitability

#### **Challenge:**

A new ambulatory surgery center was to include two dedicated gastroenterology (GI) procedure rooms in addition to four operating rooms (ORs). However, leadership had not yet recruited the GI providers, there was not a clear timeframe when the physicians would come onboard, and costs needed to be lowered by \$1.5M – \$2M without impacting the initial capacity.

#### **Solution:**

The project team reassessed the projected case volumes, procedure types and times, as well as specific OR requirements. As a result, a revised scope was established, and the team identified a cost-effective alternative for the design. This involved utilizing the initial four ORs for both surgeries and GI procedures and adding two multi-purpose ORs in the future. The new direction provided an initial savings of \$1.7M in upfront project costs and required reconfiguration of the OR suite and prep/post areas to accommodate two OR and two GI procedure rooms.

#### **Result:**

The expansion plan included two future ORs designed with the potential to tie into the sterile corridor, which is critical for both efficient workflows and flexibility of use. The expansion was designed to create minimal disruption during construction of the new ORs and prep/post beds. By setting up the exterior wall circulation, a physical connection from the corridor to the OR and the prep/post area could be constructed over a weekend. Overall, this plan met the revised budget and significantly enhanced the center’s projected profitability.

including physician recruitment delays amidst the COVID-19 pandemic but creative solutions prevailed and **resulted in a cost reduction of \$1.5 - \$2M without impacting the capacity.**

### CONCLUSION

When embarking on a new facility project, whether for an on-campus large medical office building or a small community-based provider clinic, it’s valuable to engage an objective

partner who understands facility planning, has strong knowledge in clinical operations and is highly experienced in innovative healthcare design.

For questions, comments, or more information about MedCraft’s broad scope of capabilities and services from a team of multi-disciplinary experts dedicated solely to healthcare, visit us online at [www.medcraft.com](http://www.medcraft.com).

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