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In Touch and Inspired – Health Care Facility Design has a New Face

By **Nora Haile**

Contributing Editor

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Health care facilities traditionally haven't been places people look forward to visiting. But lately, things are changing. Chances are small touches like soft music or a trickling fountain have made a recent appointment, and waiting for it, more pleasant. Clinics and ambulatory surgery centers are designing with the patient in mind, replacing cold impersonal décor with color, textures and sound that speak to the senses, pleasantly. Interviews with leading northwest organizations that design, build, lease and sell health care facility space corroborated on nearly all points related to design trends and shared what they're noticing in the market.

On the building side, George Constantine of Constantine Build-

ers, Inc. (CBI) says, "Doctors are focused on the patient experience." Over 70% of the company's business is health care related, building, remodeling or implementing tenant improvements for specialty and medical clinics. Constantine pointed to a recent project with Northwest Weight Loss Surgery located in Lynnwood as a prime example of patient-centric building design. "Dr. Kevin Montgomery and his team did it right. The team included Pat Paulson, a member at the time of the national board for ASC, who specializes in design consultation for ASC and weight loss clinics and practices." He notes the simple but meaningful features of 48" doorways, wider seats in reception, water features and natural design elements including a separate waiting area for pre-surgery. All details focus on the patient – aiming to make a personally tough, highly sensitive process a relaxing and supportive experience.

"Health care is taking its lead from the hospitality industry now," agrees Kent Gregory, Taylor, Gregory, Butterfield Architect's founding principal. The firm has an impressive portfolio of Acute Care, Medical Buildings, Clinics and Ambulatory Surgery

Centers as pleased clients. "We're designing health care facilities that create a sense of flow, a sense of calm." If not, patients may go elsewhere.

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“Providers have to market their business as never before. Patients are doing what all good consum-



The Rainier Orthopedic Surgery Building

Photo courtesy of Taylor, Gregory, Butterfield Architects

ers do, comparison shopping. Image, appeal, service, cost – all become points of evaluation.” His theory is that even as early as five years ago, selecting a health care provider or primary care doctor was one of the few decisions where patients didn’t necessarily take cost into consideration, because insurance covered care. That’s changing quickly. As insurance costs climb, more costs are transferred to the patient and the patient becomes more critical in evaluating the overall experience.

The positive patient experience is tied to “flow” as well, according to Gregory. He explains that the concept of flow takes space planning to a different level; for instance, placing staff and nursing stations at integral points in the facility to ensure smooth workflow as well as clear, directional patient pathways. Bringing people through a clinic effectively and

efficiently makes the experience much more pleasant not only for patients, but the staff as well. “Health care is high stress and typically sees a high turnover.

When a clinic takes into account staff comfort and efficient flow, everyone benefits.”

Major players in the Northwest’s clinic mar-

ket see the benefits of welcoming, efficient facilities. Mark Lewinski, Partner and President/COO of Kirtley-Cole, has worked with the Everett Clinic, the Polyclinic and others. He mentioned a completed project for Proliance Surgeons. “Their orthopedic surgery center went for a warmer, welcoming feel in the reception and waiting areas – a model similar to hospitality reception areas.” The Polyclinic, another project, used a cool, clean design for their waiting area.

“Patient comfort is paramount in current design,” says Charlie

Hampton, Vice President, Transaction Services Group of Grubb & Ellis. The sales and leasing of health care facilities often includes implementation of tenant improvements or build outs. While physicians continue to balance cost with function and design, Hampton has noticed that clients consider the overall patient psychology when they look at space. “The old ‘hospital-like’ feel isn’t conducive to what today’s doctors are trying to do with their offices now.”

There’s added emphasis on the senses of sight, sound and touch, as well. Gone (or going) are the old plastic laminate counters, white walls and carpet. It’s generally accepted that carpet is unhealthy, so with hard surface floors prevailing, how sound car-



The Reception Area of Northwest Weight Loss Surgery

Photo courtesy of Constantine Builders

ries from hallways to treatment rooms has come into play. With clients like Group Health and

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Swedish Hospital, CB Richard Ellis is the world's largest provider of real estate services to the health care industry. Paul Carr is First Vice President representing CB's local health care team. Mr. Carr remarked, "I recently toured Swedish's new orthopedic hospital that CBRE is building. The project manager made sure to point out acoustics, finishes and natural lighting. He talked about creature comforts you'd expect to hear on a high end hotel tour." Less institutional, more spa – it makes sense. If you feel good about your experience, you're more likely to go back.

And what about the environment? In the socially conscious Northwest, it's not far-fetched to expect a prevalence of green-building. But natural lighting and healthy airflow aside, the environment takes a back seat in most situations.

"The economic drivers and incentives aren't in place here yet," TGBA's Gregory states. While the firm is seeing more interest in green design and building, it isn't yet an established trend. Lewinski of Kirtley-Cole said from a clinic standpoint and the doctors in those areas, it doesn't seem to be a focus, and isn't as meaningful for patients. Add to that the estimate that "going green" can cost between 2% and 5% more than traditional construction costs if going for LEED certification due to tracking of paper and proc-

esses. With a multi-million dollar project, this can be a significant consideration.

That doesn't mean there's no market for sustainable building. Constantine, who has completed LEED certified projects, sees some clients leaning that direction – typically when working on a "ground up" project where they expect to be in a building for the duration. Then it can make economic sense. "It comes down to the client's objectives. For instance, we had a project where we used recycled denim jeans for insulation. The doctor wanted to make a commitment to sustainability."

CBRE's Carr comments that while there's some limit to how far you can take green concepts in a pre-existing building, high energy usage health care facilities are proactively searching for ways to be more energy efficient. Plus from a marketing standpoint, there's the perception that a green building is a healthy building.

What about location? Is what Carr termed "adjacency" – when the medical facility locates according to referral sources – important? Most of the parties interviewed agree that with the shift from primarily inpatient to the outpatient services, there's more development concentrated on the cross referral community of providers. Gregory asserts that building to encourage that community is a "big deal."

Hampton notices a move to suburban areas, with doctors thinking

more like retailers, getting close to the patient base. He points out cost is always an issue, as well. "The onus is still on practitioners and hospitals to pay for improvements." With that consideration, adjacency makes sense not only from the patient-centric perspective, but also economically.

On the other hand, it may depend on the procedure, says Constantine. "If your doctor says you need to see a particular orthopedic surgeon because they're the best for your condition, then you'll probably make the trek, for the simple reason that you trust your doctor." People are willing to travel for certain services, particularly for specialist care, if they feel it's in their best interest. Once again, it comes back to the patient.

Clearly, the consumer/patient continues to drive health care trends. In this era of spa popularity and holistic health, it seems obvious that patients would respond to treatment better if comfortable and relaxed. With that awareness permeating health care to the level of facility design, maybe going to the doctor won't be so onerous. Perhaps patients will even be more likely to schedule those preventive care visits.

Nora Haile is a contributing editor to the Washington Health care News, as well as principal and owner of NHaile Solutions, LLC, a communications services firm in Seattle, WA. She can be reached at nora@nhaile.com.