

SpaceMed Feature

Benchmarking a Hospital's Functional Layout Against Ten Key Principles



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Whether expanding or reconfiguring an existing campus, or planning an entirely new healthcare campus, key questions for hospital planners should include:

- How well do we orient our customers as they arrive on the campus and circulate through the facilities?
- Are the facilities configured to use staff efficiently and allow the sharing of valuable space and expensive equipment?
- Is the space organized and configured to provide the most cost-effective setting for any given function?

You can perform a mini-assessment of the current functional layout of a hospital facility and identify potential issues by comparing the current site and facilities to the following ten facility configuration principles:

- 1 Separate key types of campus traffic.** Site access points should be clearly marked with directional signage to relevant parking lots and easily identifiable building entrance points for emergency traffic, service traffic, and public and visitor traffic heading for patient intake and admission, medical office buildings, or various outpatient services. External signage should be reviewed with the fresh eyes of someone who is unfamiliar with the campus to identify issues relative to misleading, incomprehensible, or inconsistent destination names and directional signs that are unreadable or absent.
- 2 Clearly define the front door.** Just as most shopping centers are designed with a single prominent entrance to assist first-time customers who are unfamiliar with the overall layout and require orientation, healthcare centers should generally have a clearly defined main entrance or “front door” supplemented by ancillary entrances that patients will be encouraged to use on subsequent visits (leading directly to their service destination). Ideally, with a well-designed patient information and communication system, patients should be provided with a campus map and directions to their destination prior to their arrival.
- 3 Coordinate and co-locate customer intake and access services.** A single, one-stop-shopping location should be provided at the main entrance (such as a customer service center, for patient and visitor reception; information dissemination; admitting, registration, and insurance verification; family support services; and amenities), generally adjacent to the front door from which other patient and visitor services and satellite registration points can be coordinated (hub and spoke concept).

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- 4 Optimize the use of prime real estate.** Services that involve customer interaction and face-to-face contact should be concentrated on the grade-level floor adjacent to the front door or major outpatient entrances. The use of this prime real estate for administrative offices and other support services that could be located remote should be discouraged.
- 5 Minimize the total number of outpatient destinations.** Related clinical services should be grouped around a centralized reception and intake area or “destination” marked with clear and consistent directional signage. For example, patients can be directed to a Diagnostic Center reception and waiting area from which they are escorted to the point-of-care — radiology, nuclear medicine, CT, MRI, and so on — when the staff and procedure room are available. Diagramming the current number of possible outpatient destinations and the routes required to reach them also identifies inconvenient service locations and wayfinding issues.
- 6 Position diagnostic and treatment services for changing technology and future operational flexibility** by co-locating services with similar facility needs such as the following:
 - Routine, quick-turnaround procedures — for example, phlebotomy and simple X-rays
 - Specialty imaging, interventional services, and surgery
 - Same-day medical procedures
- 7 Minimize inpatient transfers** by providing private patient rooms (to the extent possible), organizing inpatient nursing units by specialty rather than acuity (depending on volumes), and implementing the acuity-adaptable patient room concept (where possible).
- 8 Unbundle high-volume, recurring outpatient services to an off-site location.** If contiguous parking and convenient access cannot be achieved on the main campus, high-volume, recurring, outpatient services should be relocated off-site; examples include outpatient physical therapy, behavioral health, intravenous/infusion therapy, and renal dialysis.
- 9 Unbundle building support services.** Space for building support services should be located in inexpensive construction (on or off site) while facilitating efficient material distribution to key users such as the inpatient nursing units or the surgery suite.

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- 10 Provide flexible generic administrative office space.** Larger office suites should be planned (on or off site) in lieu of smaller pockets of offices throughout the hospital campus. Flexible, generic office space should be planned to accommodate various department staff who do not require face-to-face contact with customers so that offices and workstations can be reassigned periodically as programs and staffing levels change.

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