

The Patient Friendly, High Volume, Attractive, So You can Deliver ...



High Quality Care Ophthalmic Practice Environment

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In today's healthcare environment your ophthalmic facility has to be many things. It has to be high volume, but not seem like the patient is being herded like cattle. It has to be attractive, but not too attractive so the patient does not think you charge too much (only if they really knew!). It has to be environmentally friendly, but not cost too much. It has to be flexible, but address your unique needs. And most of all it must promote the doctors providing high quality care.

So with all these competing agendas where do you start?

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Healthcare is about doctors caring for people. That means people getting access to doctors, so the design of your ophthalmic facility needs to begin with people, not walls, roofs, bricks and mortar. That is where so many practices and architects go wrong, approaching the design of the ophthalmic office as an architectural project, when it is really a connection project.

The focus when designing a new ophthalmic office or renovation to an existing should be how this new practice environment will promote the doctors and patients connecting more and more often. There are a host of functions and people that are involved in this connection. How these functions and people interact with the office design is termed the **Practice Flow**, with the three parts being the Patient Flow, Staff Flow, and Doctor Flow.

Patient Flow

Let's look at the **Patient Flow**. When the patient comes to your office, they want to be seen on time, treated with respect, and receive quality ophthalmic care. Your practice has the doctors to provide the quality care; it now needs the office to allow that doctor to deliver that care. This will require the office design to promote an efficient smooth process "upstream" from the doctor so he/she can have patients ready to be seen on time.

When developing a concept for successful Patient Flow you

start as the patient does, registering and checking in, then follow each step as they progress through the office visit. Concepts to follow are:

Reception Area

Reception desk are often a logjam due to the sheer volume of patients being seen and inefficient systems in place. Practices should promote pre-registration, whether it through packages sent out, phone registration, or web site portals to reduce the amount of work that is required at the time of the visit.

The reception desk needs to be designed to be open and located so the receptionist can greet the patient as the patient enters. This will require the receptionist to be at his/her desk at all times. Therefore require another system of notifying the technician a patient is ready other than the receptionist leaving her/his desk and delivering charts in the paper chart world. Because the reception desk is open and the receptionist is focused on patients entering and in the waiting room other staff will be required to handle phone duties. This will allow patients to be processed and ready for the technician faster.

The reception area needs to be planned to accommodate self check in/registration kiosks. This technology is becoming more and more available and in the near future will completely change the way check in is handled.

As the patient is processed through the clinic a basic design concept needs to be that the patient can see themselves out after the exam. People's natural tendency is to exit a facility the same way they entered. Because of this the idea that a patient should not backtrack is counterproductive. When you try to force a patient to exit a different way than they entered you create work for the staff and doctors having to show the patient the way out. Concepts to follow when developing a Patient Flow pattern through your clinic are:

Patient Flow Through Clinic

Place only spaces and staff that have patient contact along the patient's flow pattern. The more non-patient areas you have the more confusing and elongated the path will be.

Have the check out counter located so the patient passes it on the way in and have the tech point it out to the patient as the place to go when the visit is over.

Place diagnostic functions along the path as they will logically occur during the visit.

Have a dilating sub-wait within the clinic to eliminate patients having to go back out to the main waiting to dilate. This will keep the techs closer to their doctor more and cause less confusion in the waiting room.

Staff Flow

Staff Flow is the second part of the overall Practice Flow. The focus here is to keep the need to walk to a minimum. This will require the technicians' area and job description to be organized so they have all they need in a close proximity to the doctors pod they are supporting that session. The only time the technician should have to leave that area is when they are going for a patient from the waiting room.

Concepts to follow when developing the Staff Flow are:

Staff Flow

Utilize electronic communications to reduce the need to walk to transmit information or instructions as much as possible. Communications that should be planned to be handled electronically are:

1. Notifying the doctor which patient is next.
2. Receptionist notifying the technician a patient has checked in and is ready
3. Notifying the technician or doctor the doctor has a phone call (This is not to mean using overhead paging).
4. The doctor calling for a technician to assist or perform follow up work.

Systems such as light signaling systems, computer network and printers, and EHR's can be used to accomplish this electronic communication.

The tech station should be located so they can see their doctors pod hall and the dilating area. This station should be planned to have a printer/fax/scanner, computer, and if the practice is still on paper charts a place to keep the pre-pulled charts for that session.

Techs' stations will need to be planned to accommodate multiple techs per doctor seeing patients.

Doctor Flow

Doctor Flow is the final part to the Practice Flow and it is the simplest of all three. The doctor simply needs the correct number of exam lanes on a dedicated hall, called a pod that only the doctor, their patients, and staff traverse. This pod supported by the electronic communications means the doctor has very little area to cover during her/his exam session. With only he/she, their patients and team on that hall there will be little distraction during the day producing a higher volume and calmer more enjoyable practice.

In summary, the key to a successful patient friendly, high volume, attractive, so you can deliver quality care ophthalmic practice environment is thinking function, communications, and eliminating competing agendas within job descriptions prior to the first line of "design" being drawn. Without knowing how you want the new environment to function before drawing begins, the drawings will not support an efficient, productive, and successful concept.



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