



Ophthalmic Facility Design Methodologies

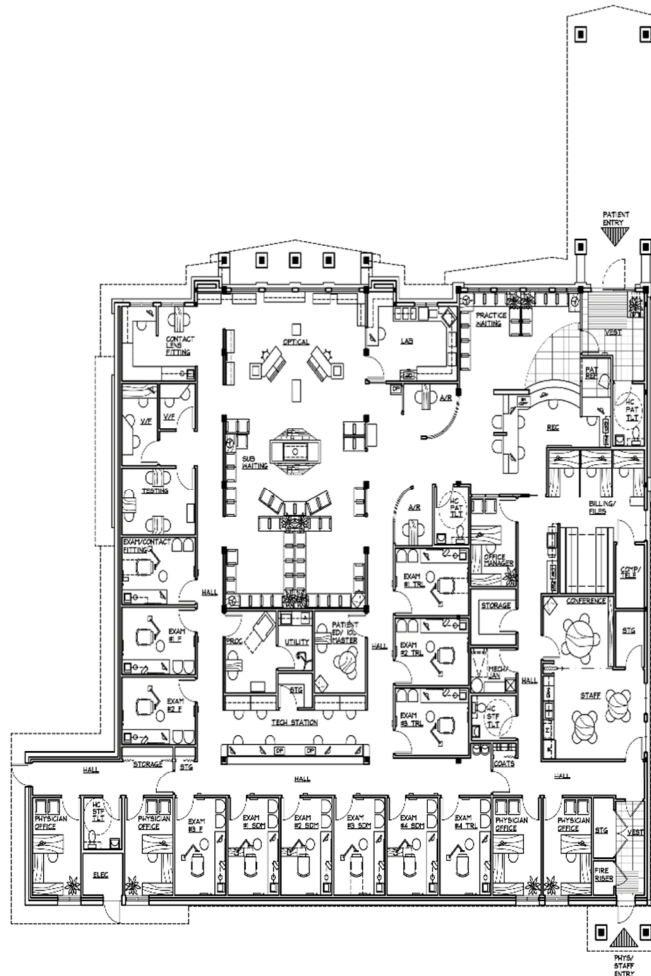
By: John A. Marasco, AIA, NCARB

Principal, Marasco & Associates, Healthcare Architects & Consultants

My architectural firm, Marasco & Associates, has been designing ophthalmic facilities for 30+ years. In fact, in the last ten years alone we have designed over 125 ophthalmic specific facilities across the United States, as well as abroad. Although each and every project has its unique constraints, there are a few design methodologies that we attempt to incorporate into every ophthalmic project. These methodologies have come from years of designing innovative facilities, which integrate new concepts, and unfortunately sometimes these methodologies fail in the process. Because of our past failures you do not need to try an approach that won't work. The following are just a few, although the most important, of these design methodologies. We recommend you try and incorporate them into your current or future projects – the outcome will be worth it.

The relationship between the waiting room and the optical shop is critical to maximizing your optical shops patient capture rate. This capture rate is directly proportionate to the financial success of your optical shop. Therefore, you simply cannot afford to let a patient leave your practice and go to Wal-Mart or Lens Crafters for their glasses. The location and distance between your waiting room and your optical shop should be kept to a bare minimum, if not non-existent. Simply put, your patients shouldn't be able to differentiate your waiting room from your optical shop; mentally to them it should feel like one space. Physically however, there should be at least a minimal separation, mostly for managerial purposes – a truly unrestricted space will be difficult to control by your opticians. This minimal separation between your waiting patients and your optical shop should include your dilating patients as well. Most of the ophthalmic facilities we have designed lately no longer have a separate dilating waiting room buried in the back of the examination area. Instead we place the ONLY waiting room, dilating or not, so close to the technician station and exam lanes that it functions just fine for both and is still adjacent to the optical shop as mentioned above. As far as your patients are concerned, the waiting room is the sun to their ophthalmic solar system – from the waiting room there is access to the optical shop, testing, technician station & exam lanes extremely easily. The location of this waiting room, buried within the practice as opposed to up front at the reception counter, although quite different from the typical ophthalmic office works brilliantly. This design methodology gives your technicians the opportunity to allow your dilating patients to actually browse the optical shop during their 10-20-minute dilation process without hampering the technicians' efficiency. Selling your patients on frames before they even know what their prescription is makes for an easy sale. This configuration also allows opticians to sell to patient family members during slow periods. If they have the time they can easily access the waiting room and simply ask someone with glasses if they would like them professionally adjusted & cleaned in the optical shop. This interaction often leads to discussions about new

technologies in frames/lenses and surprisingly sales from individuals who aren't even patients yet. Quite simply every patient/family member who enters your facility should not only know you have an optical shop but should subtly be forced to interact within it. Please refer to figure #1 for an overview of a recent design showing the above-mentioned design methodologies:

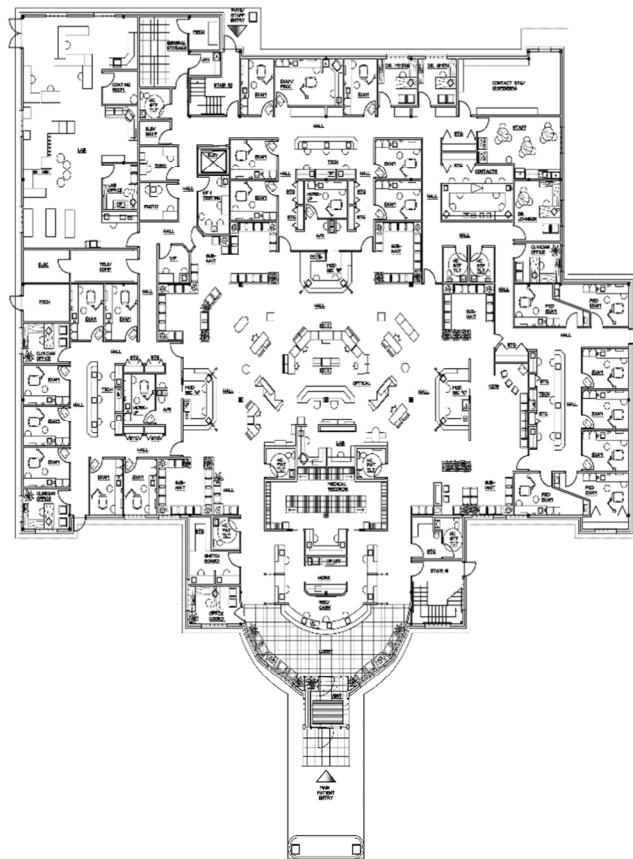


Although most physicians, both optometrists and ophthalmologists, like to see themselves as the quarterback of an ophthalmic team, they are actually running backs. Their job is to run as fast as possible from one exam lane to the next, so they can see as many patients in as little time as possible. This action is what keeps an ophthalmic practice profitable and should be highly prioritized. When it comes to generating income, the physician is multiples ahead of any technician or optician in your practice. Making this revenue-generating physician as efficient as possible makes a lot of economic sense and as mentioned above should be highly encouraged. In order to make a physician (running back) successful, a good technician (quarterback) is required to masterfully handoff the fully prepped patient (ball) to them. Therefore, the location of the technician within the facility is actually more important than the location of the physician. Remember the quarterback is in the center of the field, while the running

backs are back in the wings waiting for a handoff. It may sound counter intuitive - but to maximize a physician's productivity you must actually prioritize the technician's location. The physician must control limited spaces in order to be successful – their exam lanes, some testing functions and an area to dictate. On the other hand, the technician must control the entire ophthalmic team – the waiting room, all of the exam lanes, all of the testing functions, the optical shop, their own technician station and of course patient flow in & out of the facility. It's a lot to ask of an employee and in order to accomplish it successfully the technician (quarterback) must be in the position to control the entire playing field. The technician station should be centrally located as well as visibly and physically accessible from the physician exam lanes and dictation areas. The technicians appropriately screen the patients and let the physicians know which ones are ready to be seen and where they can be located. If they are out of the line of site how can they handoff the patient to the physician? How can a quarterback handoff to a running back if they can't even see each other? In addition to all this the technicians also need to respond directly to an instruction the physicians may have. In order to complete this function, the technicians need to be square in the middle of the field. Therefore, don't push them off into some corner of the facility as I so often see in existing facilities. If the technician (quarterback) is successful, then the physician (running back) will also be and thus the practice (ophthalmic team) will be profitable (win). Also refer to figure #1 and focus in on the technician station for an overview of a recent design showing the above-mentioned design methodologies in action:

If your practice is large enough to have many physicians, optometrists and/or ophthalmologists, don't make the mistake of simply increasing the overall size of your facility to adjust for the increased patient load. The traditional ophthalmic office design; with the waiting, reception, cashier/reappointment and business office functions up front and the exam, testing and procedure functions in the back - simply does not work for a larger scale practice. Imagine being the poor patient who opens the front door confronting 70-90 waiting room seats and 3-6 receptionists. This complexity is overwhelming to patients and ultimately misplaced. Although patients like the concept and services of a larger group they don't want to be treated like a number and the traditional design does exactly that. Imagine how irate a patient will get if while sitting in a large waiting room several other patients, whom have checked-in after them, get escorted to see a physician. In all likelihood those patients are seeing other physicians in the practice, but it's how this situation makes the unknowing patient feel that matters most. Although this traditional layout works functionally, it is an emotional disaster for the waiting patient. I know it's hard to believe, but I have also seen practices that actually have an exam lane #24. Imagine being the poor patient who gets escorted to that room. There is no doubt that they are thinking – “#24; man, I am never going to be seen in this place”. It is imperative that you design not only around optimum user efficiency but the psyche of the patient as well. In addition to these patient psyche issues a large traditional office creates undue travel distances for the technicians. By placing the waiting room up front and the exam spaces in the back you have no choice but to have your technicians travel the distance in between them all day long. Space without intelligent design is a waste of time. Good design does not take additional space but simply allocates this space throughout the facility in a more responsible way.

Instead of designing one large traditional ophthalmic office, try creating min, multi-physician offices within a larger facility. By simply separating the physicians into groups of 2-4 and giving them their own front office – reception, cashier/reappointment and waiting room – the travel distance problem is easily solved. Making the patient move themselves back and forth will save your staff huge amounts of time, thus increasing their efficiency and lowering your costs. This design methodology allows a physician to see their patients on a more intimate scale while maximizing their staff's efficiency and creating happier patients – a win-win-win situation. Then, by placing these mini offices around the optical shop, each & every waiting area, and thus patient, can have the direct access to the optical shop as discussed earlier in this article. Please refer to figure #2 for an overview of a recent design showing the above-mentioned design methodologies in action:



methodologies to be fully implemented. However, our hope is that the information contained in this article will give your current and/or future facility designs a friendly push in the right direction. Follow these principles to the best of your capability and you, your staff and your patients will all be happier.

Marasco & Associates - #1 in Healthcare Design

We have helped develop more than 400 Ambulatory Surgery Centers and over 1,500 Healthcare Facilities nationwide. During our 45+ year history, Marasco & Associates has distinguished itself as the industry leader in healthcare architectural services. With our unparalleled experience and dedication to our clients we can help move your project down the path to success. Through our intense collaborative design process our facilities maximize functional and operational efficiencies while providing your patients with the environment they deserve. For more information, please contact:

John A. Marasco, AIA, NCARB
Marasco & Associates, Inc.
1301 Speer Blvd., Suite A
Denver, CO 80204
303-832-2887
john@mahca.com

www.mahca.com