Good Design Is Good Business

An Urgent Care Physician’s Guide to Medical Interiors

By Patricia Fortenberry, IIDA
Principal – Health Space Design

In collaboration with the
American Academy of Urgent Care Medicine

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About the Author: Patricia Fortenberry

Disclaimer

The information provided in this guide does not preclude the need for a functional and physical design program for each specific project.

It is the responsibility of the Project Architect, Project Designer and the Project Engineer to develop a complete and accurate project design that best meets the users’ needs and applicable code requirements.
FORWARD

There are more than 20,000 physicians who practice Urgent Care Medicine today, and the number is increasing. Urgent Care professionals have developed Urgent Care Medicine into an important, recognized specialty that represents this fast-growing medical field.

As the Urgent Care Medicine field grows, it is critical that the development of training programs geared specifically towards Urgent Care Medicine take place covering all aspects of urgent care delivery.

For our part, the American Academy of Urgent Care Medicine’s has sought to advance the profession of Urgent Care Medicine by elevating its standards through lectures, seminars, conferences, workshops and publications.

It is for this reason that we are pleased to work with Health Space Design to bring you a step-by-step guide to understanding medical interior design and how it impacts your urgent care center.

We encourage you to take advantage of information provided in Good Design Is Good Business. It will help you to make more sound business decisions when opening and managing your practice. More importantly, it will provide you with information on achieving an environment of care.

Please review this guide. Provide us with your feedback and let us how we can help you achieve a successful interior design for your clinic.

Franz Ritucci, M.D.
President, AAUCM
INTRODUCTION

This step-by-step guide is an introduction to the essentials of medical interior design. It was written for the American Academy of Urgent Care Medicine as an additional resource for its members. Its goal is to help physicians and health care professionals better understand interior design and how it can enhance the success of their urgent care centers.

It provides useful advice on determining budgets and designers, selecting the right look and feel based on patient need and expectations, and avoiding costly pitfalls.

As a medical interior design firm with more than 20 years experience, Health Space Design (www.healthspacedesign.com) recognizes that the look and feel of an urgent care facility is only one of many considerations when planning your urgent care center. But don’t underestimate its value.

Selecting the right interior design that complies with state and federal codes, adheres to clinical best practices and meets industry standards will save you considerable aggravation and potentially needless expense.

Interior Design at the Front Line of the Patient Experience

Interior design is the front line of your business – helping to form a patient’s first impression of your practice and serving as a key driver in ensuring patient satisfaction and positive outcomes.

Selecting the right finishes and furniture is more than fabric selection and paint chips; it’s critical in creating an environment of care, protecting patient privacy, health and well-being and generating return visits and patient referrals.

In the following pages, you will learn the basics of interior design and understand what it takes to go from concept to completion. It is our intent to help you use this information to make sound business decisions.

In short, we will demonstrate why good design is good business.
Part I Definitions, Requirements, Roles and Responsibilities

I. Interior Design – What Is It?

Interior design balances the interplay of furniture, fabrics, finishes, lighting, colors, and space to create the desired look and feel of your urgent care center. But it’s more than aesthetics and style. It’s how form and function work together to meet your patient and staffing needs.

**Design vs. Medical Design**

Medical design is a sub specialty of interior design. According to the National Council of Interior Design, it entails “the scope of services performed by a professional design practitioner, qualified by education, experience and examination to protect and enhance the health, life safety and welfare of the public.”

In other words, medical interiors have unique design requirements to protect patient privacy, health and well-being. It’s critical to work with an experienced designer who understands the compliance issues and clinical processes that govern a healthcare environment. The right expertise will go a long way in helping you avoid potential code violations, costly change orders, and dissatisfied patients.

II. Good Design Is Good Business

If you take away one lesson from this primer, understand that good design is critical to a successful center.

*Improves Patient Outcomes* – First and foremost design improves results.

According to the International Interior Design Association (IIDA), a mounting body of data shows design features that respect patients, are inviting and comforting, and encourage family involvement result in improved patient outcomes. [http://www.iida.org/content.cfm/the-human-factor](http://www.iida.org/content.cfm/the-human-factor)

Selecting the right finishes can minimize slips and falls and reduce the chance for infection.

Choosing the right layout can improve workflow
efficiency – allowing physicians to see more patients each day.

*First Impressions and Patient Satisfaction* – You only get one chance to make a first impression. Good design contributes to a welcoming environment that can instill confidence and minimize stress. Because patients and families are unable in most instances to immediately quantify the quality of care provided by the clinic, they rely on other clues to assure themselves that they are in good hands.

The net result of good design: more positive first impressions and higher patient satisfaction, which have been shown to increase the likelihood of referrals and return visits.

**III. Design Requirements of an Urgent Care Center**

*Urgent Care Center Required Services*

To qualify as an urgent care clinic, it *must* have its own radiology room and lab or have access to them in a shared facility.

Urgent care centers must conform to all Americans with Disabilities Act provisions and Healthcare Information Privacy Protection Act regulations. If affiliated with a hospital, the Center also needs to meet all Joint Commission (JC) standards. Fines can be considerable for non-compliance.

*State-by-State Regulations*

Currently only Arizona has regulatory standards for urgent care centers. Texas and New York are in the process of writing their own regulations. These regulations can cover such areas as the size of the exam room, the finishes you use, and layout of your space.

**IV. Roles and Responsibilities**

*Physicians*

If you are in charge of determining the interior design of your urgent care center, you will need to make design decisions based upon patient and staff requirements, your target market, and the number of patients you will see in a day.
Level of involvement – A physician’s level of involvement is based on his or her time constraints and his or her degree of interest. At the very least, we strongly recommend physicians attend architect construction meetings to review plans and budget changes.

Physicians (or their designees) should also attend the walk-throughs and “punch,” a trade term referring to the process of correcting deficiencies and making minor adjustments at the end of the job.

*Architects/Contractors/Designers*

Depending on the nature of the project, you will need to employ an architect, contractor and designer.

Architects are legally responsible for building code compliance, construction documents, and structural work that involves moving walls, electrical, plumbing or fire protection considerations.

Contractors oversee construction on new buildings or renovations. They will employ subcontractors to handle MEP (mechanical, electrical and plumbing).

Generally you don’t need an architect for a “cosmetic refresh” of the interior.

Interior designers handle the interior space including room layout and the selection of furniture, finishes (paint, flooring, wall coverings, sound proofing tiles, etc), lighting, certain equipment and accessories like signage and artwork.

Selecting attractive and aesthetically pleasing furniture and finishes is only part of a designer’s responsibility. You need an expert who understands how to minimize infection and patient wear and tear, maximize patient comfort (including bariatric patients) and extend the life cycle of your investment.

You should select a medical interior designer who has knowledge of code compliance (ADA, HIPAA), clinical processes, state regulations, and Joint Commission (JC) requirements.

**V. Selecting Your Designer**

*Architect/Contractor/Designer Qualifications*

Architects must be licensed in the states where they practice and have at least an undergraduate degree in architecture.
Select an interior designer with actual medical interior design experience. Ask for recommendations from contractors, real estate brokers, and colleagues. Get references and see examples of their work – ideally in person.

You can also search the American Academy of Healthcare Interior Design (AAHID) by zip code to find a qualified local practitioner.

Contractors should be registered and certified in the states in which they are building. It’s not as critical for contractors to have medical construction experience as it is for the designer and architect.

**Staff, Family Input**

We offer word of caution when designating a family or staff member to handle your interior design. For the previously stated reasons, it is not enough to have a strong decorative sense. Medical interior design requires training and an understanding of unique demands of medical environments.
Part II – Financial Considerations

I. Timeline

The time required to build or renovate an urgent care center will impact your overall budget.

Typical urgent care centers and smaller buildings fewer than 5,000 square feet generally take between 4 to 8 months to complete.

*Here is a break down of a typical project:*

**Phase 1** (1.5 – 3 months): Site selection, hiring an architect and designer, financing and completing a feasibility study (including a schematic design) and contract documents. Schematic design is the drawings, documents, or other media that illustrate the concepts of the design and include spatial relationships, scale, and form for the owner to review.

Ninety percent of your design costs will occur here.

**Phase 2** (1.5 - 3 months): Hiring a contractor, permitting, and managing the project build out process. Ten percent of your design costs occur here.

**Phase 3** (1 month): Project completion, certificate of substantial completion, occupancy, final punch, transferring services into the owner’s name, and actual move-in.

II. Space Considerations

*Size of Space*

Before you seek financing, it’s critical to determine your space requirements. Consult a medical interior designer early in the process. Doing so will help you avoid 1) leasing or buying too little or too much space and 2) approving designs that don’t meet HIPPA and ADA compliance and industry best practices.

An average urgent care center is between 2,500 and 3,000 square feet. In determining your space requirements a good rule of thumb is 1,500 square feet per physician, which allows for 3 exam rooms and an additional 1,000 square feet for a radiology room, lab and reception/waiting area.

Alex Gonzalez Vice President - Commercial Lending at Stillwater National Bank in Austin, Texas specializes in healthcare lending for physicians, dentists and other healthcare professionals and regularly reviews loan requests.
His advice to physicians applying for a loan: make sure they use the average cost per square foot for medical office space in their market to ensure an accurate and realistic business plan. He estimates that approximately 40 percent of the loan should be allocated to interior design considerations and Tenant Improvements (TI) – see below.

He discourages padding budgets when applying for a loan and selecting finishes and materials that are too high end or selected solely on cost. In other words, they should be appropriate for the patients you will serve. He also strongly encourages physicians to include a ten percent contingency to cover unexpected changes or cost overruns.

**Lease or Buy**

Ownership allows for more control over a space while leasing requires less up-front capital.

**TI Dollars:** As an added enticement, landlords may provide Tenant Improvement (TI) dollars as part of negotiated lease. TI dollars are not typically offered with newly constructed buildings.

*A few things to keep in mind about TI*

- TI dollars generally cover things attached to the building – finishes, flooring, cabinetry, and lighting. It doesn’t cover furniture.
- TI dollars never cover the full cost of the build out.
- They are generally based on cost per square foot
- They are never paid up front. They are out of pocket reimbursable expenses.
- More TI dollars generally accompany a higher cost per square foot – depending on the broker and the space.
- You can apply to the property management company for reimbursement after you receive your certificate of substantial completion and certificate of occupancy.

**Free Standing vs. Shared Space**

One key consideration is whether to build a freestanding clinic or share a space in a building with an existing radiology or lab component. While a freestanding clinic gives you more flexibility with your design, it’s also a bigger investment. With a shared space, you reduce costs and don’t have the added expense of designing a lab and radiology room.
**Independent vs. Hospital Affiliated vs. Corporate**

There are three kinds of urgent care centers: an independent clinic, a hospital affiliated clinic, or clinic affiliated with a corporate chain.

An independent center gives you more design freedom. As part of a branding strategy, centers affiliated with a hospital or corporate chain may want the same look and feel regardless of the location.

**III. Furniture, Finishes and Equipment**

Beyond equipment for radiology and lab space, your budget will require furniture and finishes, which must take into account:

- *Patient and staff safety*
- *Comfort and appearance*
- *Durability*
- *Ease of repair and maintenance*

**IV. Selecting the Right Design**

What is the right design for an urgent care center? The look and feel of your urgent care center needs to reflect your service offerings, business strategy, and the target demographic.

**Service Offerings**

Urgent Care medicine “is the provision of immediate medical service offering outpatient care for the treatment of acute and chronic illness and injury.” Therefore, your urgent care interior should be designed for convenience and easy, faster access to medical services.

**Business Strategy**

Urgent care is redefining how physicians treat non-life threatening medical events. Centers can be found in locations not typically associated with medical care - including malls, storefronts, shopping centers, and converted banks.
To attract patients and compete with more traditional providers, the interior design of an urgent care center should convey a warm, welcoming environment – where patient comfort, peace of mind and convenience are top priorities.

**Target Patients**

By targeting high-use segments, urgent care physicians and owners can be more deliberate in site selection and more efficient and effective in creating an appropriate look and feel.

Physician-owned freestanding urgent care centers can be found most anywhere, but they are typically located in suburban areas, appealing to middle- and upper-income married homeowners with children.

That doesn’t mean that an urgent care center’s clientele is limited to this segment. Urgent care centers attract wide cross section of patients including urban young, single upwardly rising professionals, recent immigrants without health insurance, low-acuity Medicaid populations or rural residents in communities too small to support an emergency room.

In short, the look and feel of your urgent care center should be as varied as the patients you serve. High-end materials are not always appropriate and low cost materials can look cheap. But regardless of your patient demographic, your design should be dedicated to protecting their privacy, health, comfort and well-being.
Part III – Implementation

As previously stated, medical interior design is about how form and function work together to meet your patient and staffing needs.

I. Form (Style)

Health Space Design believes an urgent care center should be more like a cafe and less like a physician’s office, clinic or emergency room.

It should be designed to convey friendliness and comfort. The fabrics and finishes should use warm colors, wood tones and natural light. Art should contain waterscapes, landscapes, positive cultural artifacts, flowers/gardens and figurative representations using realistic-photographs and paintings.

Branding: In many respects, the look and feel of your office is like your brand. A brand can differentiate your center and shape the patient experience. Branding can be especially useful when opening multiple locations. A consistent look and feel creates a feeling of continuity of care and provides a level of added comfort regardless of which location your patients use.

II. Function

Furniture and Finishes Suitable for Medical Interiors

Surfaces (Counters and Tabletops): Surfaces should be easily cleanable; constructed of non-porous materials to reduce surface contamination linked to healthcare associated infections.

Flooring: Flooring should be slip resistant to protect against falls and associated injuries. Carpet with a low roller mobility rating should be used for ease of egress for those with mobility issues and wheelchairs. Slip resistant flooring should be used in toilet rooms, exam rooms, and corridors. Porous materials like grout should be sealed to protect against dirt, stains and contamination.

Furniture: Laminate or solid surface material should be used for tables and surfaces. Polyurethane arms or arm caps should be specified to reduce soft tissue damage from falls and provide easily cleanable surfaces. Corners should be rounded not sharp. Seating height should be slightly higher, and the seating deck should be firm enough to allow for ease
of exiting. Metal frame construction is needed for stability and long life with clean outs for housekeeping, and field replaceable backs and seats should be used for quick and easy repairs or finish upgrades.

**Fabrics:** Fabrics should be high performance and stain resistant. Ideally, materials for upholstery should be easily cleanable and impervious to moisture.

**Lighting/Lamps:** Rooms should be well lit with a combination of direct and indirect lighting and natural light.

### III. Clinic Layout

Operators also need to be aware of clutter, ADA and HIPPA compliance.

**Front Desk/Check Out** - The reception area is usually the first place patients have face-to-face interaction with staff. The design provides an opportunity to project a positive impression.

Strategies for preserving patient privacy include the use of partitions at the counter, the positioning of waiting room seating and ensuring staff computers face away from the waiting areas, physically separating the reception desk from the waiting room, using sound-masking systems, and locating staff telephones in a sound-proof office.
In addition, accommodations in counter height need to be made for ADA compliance.

**Waiting Room** – It should support activities and needs for privacy, work, technology, education and relaxation.

This may include windows with views to soften the environment, walls with multiple power outlets for laptops and mobile devices and furniture arrangements that don’t resemble a bus station – all of which puts the patient and his or her family at ease. There should also be unobstructed aisles allow wheelchair access.

**Exam Room** - Recognize that there are two main activities in an exam room: consultation and examination. Use the configuration of furniture and tools to create zones to support these activities.

To meet ADA requirements, there must be 5 foot turning radius for wheelchair in both exam rooms and restrooms. There should also be sufficient sound attenuation in the walls so conversations can’t be overheard from one room to the next.

**Nurse Station** – should be centralized with exam rooms around it. This allows physicians to move efficiently from room to room and provide clear site lines if medical attention is needed.

**Radiology** – While the walls need to be lead-lined, there are no special interior design requirements for a radiology room.

**Toilet Room** – Grab bars and a handicap sink are required.
Conclusion: Good Design Is Good Business: Toward Best Practices

In many ways, today’s urgent care physicians are at the forefront of a whole new way to deliver healthcare for non-life threatening medical conditions. The experience they gain will be invaluable as the urgent care industry continues to evolve.

Starting an urgent care center presents physicians with many challenges. Knowledge of interior design should assist you effectively treating your patients and realizing your business objectives. It is our hope that this guide has given you a better understanding of medical interior design.

Working with the AAUCM, we hope to develop best practices to better serve patients and enhance the reputation and acceptance of Urgent Care Medicine.

About the Author:

Patricia Fortenberry, IIDA, EDAC, AAHID is principal and co-founder of Health Space Design, a medical interior design firm. She has over 20 years of design and project management experience in facility planning and healthcare interiors. Her work includes acute care facilities, urgent care clinics, medical and dental offices, specialty clinics, infusion centers, and behavioral health facilities.

Her experience as a construction project manager and owner’s representative for the largest hospital network in Central Texas has provided her with a unique perspective on the complexities of renovation, design and construction projects, and requirements of the healthcare environment.

Patricia applies a philosophy of human-centered design that delivers an improved user experience and functional efficiency through a deep understanding of the lives of the people that utilize the healthcare space.

Please visit – Health Space Design at www.healthspacedesign.com or email Ms. Fortenberry at patricia@healthspacedesign.com or call her at 512-709-9984.