# First Impressions

## Medical Facility Planning Guide

OMA
ONTARIO MEDICAL ASSOCIATION

# About This Series

"First Impressions: Medical Facility Planning Guide" is part of a series of guides the Ontario Medical Association (OMA) has made available to help physicians address a range of practice management topics. The guides walk you through issues and opportunities at various stages of practice, from opening up, managing, to winding down a medical practice.

Other titles in the series, which you can find at www.oma.org, include:

- First Impressions: The Patient Experience
- Starting a Practice: A Guide for New Physicians
- Revenue Management: Prescriptions for a Profitable Medical Practice
- Managing Your Medical Office Staff: An HR Guide for Physicians
- Closing a Practice: A Guide for Physicians
- Closing a Practice: When the Unexpected Happens

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# A. Introduction

Think of all the things that make a good first impression on your patients. Elements such as the way your office space looks and functions, how the phones work, how appointments are scheduled, and your support team can have a profound impact on how patients view you. The Ontario Medical Association (OMA) has prepared this leading practice toolkit to help you create a work environment that supports your patients and your success.

Section one of the First Impressions toolkit is a Medical Facility Planning Guide, and includes information on:

- determining your space needs (patient care, equipment, personnel, etc.)
- translating your requirements into appropriate space planning
- creating an efficient layout and flow
- regulations, permits, and construction documents
- incorporating design elements that influence patient satisfaction
- deciding on and implementing your technical specifications
- building the appropriate project team, and
- following the design and development phases

The companion guide focuses on the technology and personnel investments that add to the patient experience, including:

- selecting a telephone system
- selecting a patient scheduling system, and
- building your team

With careful planning, you can develop a cost-effective and efficient office space, one that is well-designed, well-staffed, and patient-centred – and one that always makes a positive impression.

For questions or more information, please contact us by telephone at 416.599.2580 or 1.800.268.7215, or by email at practicemanagement@oma.org.

# B. First Impressions

For any medical office or clinic, there is no standard design. Needs and budgets vary. However, there is agreement on the type of design that works – one that enables efficient processes, offers sensible workflows, cuts costs, and improves patient care. This guide aims to help physicians to make the best decisions when planning their new health-care facility.

Top considerations the physician must determine before clinic space and facility planning can begin are:

- Overall goals of the practice
- Medical operational details
- Patient care needs
- Medical equipment needs
- Personal needs

# C. Pre-planning: Determining your space needs

## Overall goal of the practice

Every physician needs to think about how they will provide patient-centred health care within their community. What is your management style? Your practice philosophy? Your objectives? The answers will help form the vision for the new medical office/clinic. Document them to provide the basis for establishing the right design and planning concept for the project.

In achieving your vision, you will be guided by practical considerations such as how much space you need and how much is available. Also, think about your long-term goals and what is the potential for expansion. Can you factor in possible changes in your schedule or practice style? What opportunities (e.g., specialists, new programs) can or should you plan for? Weighing all of these questions helps you to frame some of the fundamental approaches to your space.

## Medical operational details

Consider the medical service(s) to be provided by your facility, as well as what service(s) may be needed to provide the best possible patient-care model. These may include: FHT health services, pharmacy, lab, X-ray, nuclear medicine, hospital access, specialists, and more.

As well, if you want to run a practice that promotes collaboration and co-ordination by providers in a multi-disciplinary team, or perhaps you want to facilitate group visits or education sessions, you will want to consider the space required to facilitate these services (meeting rooms/classrooms, etc.).

Traditionally, physicians have independently established how their practice functions. So, in your planning, take into account current physician service agreements in primary care, which outline responsibilities for providing after-hours care.

## Patient-care needs

The type of patient care to be provided is an important factor in space planning. For instance, some specialties, such as Gynecology and Obstetricians, require larger rooms owing to the nature of patient examinations. ENT physicians, meanwhile, require sound booths. If you have patients who use assistive devices for mobility (wheelchairs, walkers, etc.), you will need an examination room with appropriate space to accommodate these devices, and you will need to ensure that equipment, such as the examination table, is accessible. All physicians need to ensure that their area and layout can accommodate the intended health service, procedures and patient population.

## Medical equipment needs

It is important to factor in medical equipment early in the planning process, as that will affect some of your space requirements. Two considerations:

- The physical dimensions of the equipment (i.e., width, depth, height, and weight). Will the equipment be situated on the floor? On a service counter? Or will it be self-supporting on a stand or wall-mounted? The manufacturer's equipment data sheets provide specification details for planning.
- The use of the equipment. How the equipment is applied for treatment, the positioning of patients, and the needs of physicians and/or medical staff in using the equipment all require proper space-needs analysis.

## Personal needs

Among the key questions to consider:

- How many physicians will work here, and for how many days/hours a week?
- Can space be shared between two or more part-time physicians? (This does not allow for as much personalization.)
- What interdisciplinary health professionals will work here? What are their hours and space-sharing potential?
- What kind of staff do you need (positions, numbers, tasks) to implement your ideal patient-care model? (See Appendix A for an interview form.)
- Will you provide teaching opportunities for interns and, if so, what ancillary spaces and services will be required?

The answers to these questions are critical to running an efficient medical office/clinic. To maximize your efficiency and productivity, you need to plan and design the appropriate square foot/metre needs for all personnel and their workstations.

# D. Translating physician needs into space planning

## Create individual job descriptions

Job descriptions are an essential tool in any business. What staff positions and functions do you need to support your patient-care objectives and clinical operations? Creating clear job descriptions – what, how, when and why – can lead to efficiencies in your practice, and in the design and planning process.

For a sample job description, such as a nursing position, see Appendix B. For information on how to draft a job description, refer to OMA's "Managing Your Medical Office Staff - An HR Guide for Physicians" at www.oma.org.

## Convert functions to square feet/metres

The job descriptions should identify medical program tasks and relate to the use of equipment and/or specialty patient-care rooms (from scale locations to exercise equipment for Cardiology). Consider all the ways that staff and patients need to access equipment and space.

Reference this information in a spreadsheet to estimate sufficient square foot/metre needs. See Appendix C (Space Requirement Chart) and Appendix D (Medical Clinic Space Planning) for help with the calculations. Note any specialty equipment (e.g., X-ray, ultrasounds) or patient-care services that call for specific spaces, as well as any regulatory requirements (e.g., for accessibility, see below).

It is prudent to build in a cushion to arrive at a gross floor area requirement. Also, look ahead to possible changes/additions to procedures, equipment, specialty areas, and treatment services. What might evolve? Why? When? Think of how that might affect future space needs.

### Review and apply regulations

In estimating and calculating space allowances, consider government regulations such as:

- Ontario Building Code (OBC) (June 9, 2009)
- Ontario Disability Act 2001 (ODA)
- Accessibility for Ontarians with Disability Act, 2005 (AODA), and
- Facility Accessibility Design Standards (FADS) documents.

Other standards and guidelines to consider include:

- Canadian Standards Association (CSA) Health Care Facilities Standards, and
- The College of Physicians and Surgeons of Ontario Infection Control Regulations & Guidelines (see Appendix E for an excerpt).

These regulations and guidelines (which are updated frequently) will almost always impact the square foot/metre requirements of medical offices and clinics, including issues such as suite access/entrances, interior corridor width requirements, washroom access by physically challenged patients, door width requirements, etc. Consideration should also be given to the equipment you have. Perhaps you have an examination room designed specifically for a person with disabilities. Is the equipment accessible? Can the space support accessible equipment?

Today, every effort is made in medical offices/clinics to incorporate universal design standards (some of these are included in the building regulations). Universal design refers to a range of ideas meant to produce buildings, products and environments that are inherently accessible to everyone, regardless of their age or ability (e.g., mobility, vision, hearing, dexterity, etc.).

Events may also impact the service you provide and should be considered when planning office layout. Do you have a pandemic plan? Can this be implemented in your office in the proposed design layout? For more information on pandemic planning, see Appendix I.

Taking the time to consider issues of access and ease of use will translate into a better-designed space that caters to your staff and to a patient-centred model of care.

## E. Creating an efficient layout/flow

### Tying tasks to locations

The staff job descriptions will identify what patient services, administration and/ or other tasks are being performed. This is key information to plan the layout of your medical office or clinic space, and ensure that the space works in the most efficient way. For instance:

- Use the information to determine the priority of tasks (which ones are the most important) and the relationships between them (how do they work together).
- Locate staff areas and rooms in the proximity needed to best accomplish tasks.
- Ensure that the right rooms and equipment are available for defined tasks.

All of this will make the most functional use of your space, help staff to achieve their expected performance, and save costs (see below). To visually depict and understand the relationship between tasks, rooms, areas and equipment, use a proximity chart. See Appendix C.

### Importance of traffic patterns

When you are driving, extra traffic or an inefficient route can cost you valuable time. With a daily commute, that time adds up. The same thing can happen in your office. Minimizing “traffic” inefficiencies in performing patient care and general office tasks can have a positive impact on daily activities – and on your bottom line.

Let us illustrate using a GP who has a $400,000 gross salary and works eight hours a day, four days a week for 45 weeks a year. That makes every minute worth $4.63, every second worth seven cents.

- *Example 1*: Sink is in an incorrect location in an exam room. This physician sees 40 patients per day and wastes 2.4 seconds with each one. It does not sound like much, but it adds up to $1,152 of wasted time per year. If you have three rooms like this and three physicians, over five years, you have wasted $17,280.
- *Example 2*: A prescription printer that is in the chart area outside the exam room. At 20 prescriptions per day, and 30 seconds to walk to the printer, that costs an unnecessary $2.10 per prescription – or $7,560 per year. Again, for a group of three physicians over five years, the cost for this additional time could amount to $113,400.

Having the optimal layout matters. Every decision has an impact on your efficiencies and costs. So, focus on the importance of traffic patterns and a well-organized space in your planning.

# F. Key design elements

## Visual aesthetics

Research shows that interior finishes and colours have a significant impact on the health, mood, and well-being of patients (and staff too). Consider that:

- An unappealing visual aesthetic can contribute to outcomes such as increased patient anxiety and elevated blood pressure.
- In contrast, certain materials and colour schemes can be soothing and help to create a positive view of the health-care experience.
- There is a strong correlation between healing and spaces that are stimulating (e.g., not overly neutral, an interesting use of colour, and positive distractions that focus on nature).
- While colour selection for any commercial space is only part of the total design, it does have the most visual and immediate impact on your sense of comfort.

At home, selecting colours and décor is a personal choice. Here, it is best to use a design professional. This expert can apply principles of colour psychology and suggest the look that will make for an appealing space, convey your desired image, and add to patient satisfaction.

## Technical specifications

The concept of the final office or clinical space design will be the basis for the technical interior architectural drawings. These and associated mechanical/electrical or structural engineering drawings will provide the roadmap for what shall be constructed and how.

Your design/planning consultant has the vision and the contractors follow those plans, as approved by the client and applicable authorities, to proceed with construction. Here are some of the principal technical elements and considerations in planning your space.

- Building permit: Required by law. To obtain a building permit from your municipality, you need an interior drawing package that conforms to applicable regulatory standards.
- Drawing package: This will detail the construction of drywall partitions, interior door and frame requirements, floor, wall and ceiling finishes, interior lighting and electrical needs, HVAC (Heating Ventilation and Air Conditioning), mechanical and electrical engineering specifications, etc. The drawing package will instruct the contractor(s) and provide material cost guidelines and product specifications. This should all be based on the established construction budget and reflect current industry costs for medical office/clinic construction.

- Sound and noise: Medical interiors have requirements for soundproofing, which apply to interior drywall construction. You need to ensure conformance to applicable drywall Sound Transmission Coefficient (STC) ratings, as well as to Noise Reduction Coefficient (NRC) ratings for ceiling specifications, doors and doorframes.
- Lighting: Measured with "foot candle" (FC) or "lux" (range of illuminance) specifications. Light sources can vary within a well-designed space (e.g., incandescent, fluorescent, low-voltage halogen, tungsten halogen, etc.). If you are maintaining existing light fixtures, consider if you are minimizing potential renovation costs at the expense of lighting efficiency. Lighting is one of the important design features of a medical interior (i.e., it can affect how patients and staff look physically and feel mentally).
- HVAC: The HVAC system may need to be modified to suit the new office/clinic space, e.g., ductwork locations to achieve the desired air exchange, and adequate fresh air specifications. These must be in accordance with ASHRAY/Canadian Standards Association (CSA) standards or better.

Establishing a functional medical office/clinical design requires step-by-step planning. By carefully considering all project guidelines, specifications, and phases – and the professionals working on it – you can get the necessary approvals, avoid construction delays, and help ensure satisfaction with the final results.

# G. Designing and planning the project

## Building the team

The design and planning functions involved in setting up a medical office or clinic are numerous and complex. That is why you require a team approach. The size of the project (e.g., single-physician office vs. large clinic) will determine the exact makeup of the team, but here are the possible players.

### Clinic operational team members

- Clinic Management
- Physician team (two to three members)
- Clinic Administration Manager
- Clinic Medical Manager
- Nursing Representative
- Clinic Aid Representative
- EMR Representative
- IT Representative.

## Outside professionals

These team members provide their specific expertise during various stages throughout the planning and implementation of the project, and can greatly enhance your success. Here is what each role brings to the project.

- Prime Consultant (e.g., Architectural/Engineering and Medical Facility Planning Consultant): The principal for medical/office design services. Prime consultants provide management services for the overall project. Their advice and consultation ensure that the client has the basis to make informed and evidence-based design decisions.
- Practice Management Consultant: Can bring advice/expertise regarding office management policies and procedures, analyze job descriptions, identify operational changes to improve staff functions, and provide input on EMR protocol.
- Financial Planner, CA: Provides advice on the financing of medical office projects (e.g., individual financing, bank or leasing options).

- Insurance Specialist and Investment Adviser: Provides advice on the office partnership and/or medical group/clinic financing, individual life insurance protection and group policies, and investment advice for future growth.
- Legal Consultant: Provides expertise on numerous contractual agreements – leasing, acquisitions and procurement – involved in a new medical office/clinic space.
- Real Estate Consultant/Developer: Can locate suitable space, and provide negotiation services for lease costs, parking needs and other related services.
- Financial Consultants (banker): Can advise on government funding viability (e.g., FHT set-ups), and help guide you to obtain the required applicable funding approvals.

## Pre-design phase

The design and planning phases are the same for projects of any size — only the details change. It starts with pre-design — information gathering. To find a new tenant space or building for your medical office/clinic, you'll need to explore a long list of issues — zoning, lease negotiations, potential construction costs, space feasibility, location comparisons, preliminary budgets for equipment, furniture and furnishings, parking, local transportation accessibility, and more.

Note that the following action items (and others suggested for each phase) are examples of the most common steps in this type of project. Your project might require additional steps, and the prime consultant can determine those as needed.

### Action items

- Financial feasibility study
- Space evaluation study
- Measured drawings
- Site photographs
- Construction budget
- Identify toxic and hazardous health material information
- Analysis of client's needs

## Conceptual design phase

This is where you gather and analyze the initial project/building information, and conduct a general review of applicable provincial laws.

### Action items

- Obtain building information
- CAD (computer-assisted design) master drawing input, ready for conceptual space planning
- Requirement study – staff questionnaires
- Conceptual space plans
- Preliminary review of Ontario Building Code, Ontarians with Disabilities Act 2001, and Accessibility for Ontarians with Disabilities Act 2005
- Project administration

## Design development phase

This process will provide the necessary analysis for space design and planning details, including engineering and construction considerations. Design planning will inform budgets for all possible expenditures in order to proceed with the next phase of preparing technical drawings.

### Action items

- Ergonomic standards review
- LEED certification (Leader in Energy and Environmental Design)
- Sustainability design
- Disability access standard review
- OBC review and analysis
- Clinic job description reviews regarding workstation designs
- Interior graphics and signage requirements
- Final clinic space plan
- Selection of interior construction material (preliminary)
- Budget confirmation/cost analysis
- Confirmation of building/space information (CAD Master)
- Space addition/expansion confirmation
- Clinic space plan confirmation
- Electrical plan (design information)
- Plumbing plan (design information)
- Furniture and furnishing analysis
- Medical equipment requirements

## Construction documentation phase

It is time to prepare the technical drawings for the project. These will provide the specifications for interior architectural and design planning, including engineering requirements for mechanical, electrical, plumbing, sprinkler, and structural design. In this phase, consider other project consultants who have technical information that will impact the final documentation phase (e.g., IT/EMR needs). All specifications for interior material selection are identified in the drawing package to be submitted for the building permit.

### Action items

- Tenant layout and interior design services
- Interior partition plan
- Interior electrical and communication plan
- Interior reflected ceiling plan
- Interior floor – and wall – finishing plan
- Elevation and detail drawings
- Elevation and section drawings
- General project and cabinet detail drawings
- Custom millwork detail drawings
- Interior finish schedule
- Written interior specifications

## Bidding or negotiation phase

At this stage, drawings are issued to contractors to establish a price for awarding a construction contract. The prime consultant provides general project management and co-ordination efforts to assist the client with bids, contract negotiations, and preparing contract documents.

### Action items

- Tender documentation issue
- Tender administration
- Tender approval
- CCDC agreement issue
- Coordination work of client's own forces
- Coordination services required for client's equipment
- Review applicable statutes, codes, etc.
- Obtain approval of authorities as necessary
- Prepare construction contract documents
- Receive proof of WSIB certificates, bonds and insurance policies

## Construction and contract administration phase

In this phase, the contractors are charged with the implementation and construction of your space. The functions of the various client consultants and other services need to be coordinated and timelines established to ensure that construction stays on schedule.

Your prime consultants will ensure that obligatory municipal and other related inspections, progress payments, and quality of workmanship are all provided as specified.

### Action items

- Bi-weekly site visits
- Site visit reports, as applicable
- Project administration – change notices, change orders, instructions, etc.
- Construction management services
- Progress billing approval
- Review of construction schedule
- Supplemental details and instructions
- Review contractor's documentation and project completion
- Evaluate contractor's proposed substitutions
- Services necessitated by default of client or contractor
- Site meetings
- General review of code and non-code-related matters
- Contract documentation interpretation
- Payment certification
- Substantial performance certification
- Statement of deemed completion
- Project closeout
- Systems demonstrations
- Manuals
- Instruct client on maintenance procedures
- Twelve-month warranty review

# H. Conclusion

In providing care, a physician has to think of the patient's overall well-being. Many different factors influence a patient's health. You can look at a medical office or clinic the same way--a number of elements combine to support the effectiveness of the space.

It is vital to: carefully consider your overall objectives and space needs; think about how the aesthetics and technical specifications of your design contribute to your goals; ensure good management practices during the project phases; and employ the right professionals.

By doing all that, you can achieve the desired outcomes for your medical office or clinic:

- a highly functional space
- financial gains and profits stemming from that functionality
- increased staff satisfaction thanks to proper designs for workstations and equipment spaces and, ultimately,
- enhanced patient care.

# Appendix A:
# Interview form for medical practices

| | |
|---|---|
| Client name: | |
| Doctor's name: | |
| Specialty: | |
| This form has been completed by:<br><br>Provide annual influenza vaccination to all office personnel. | |
| Name: | Title: |
| Date: | |

## 1. General

| | | |
|---|---|---|
| Square footage requirement: | Old location | New location |
| Location/floor level: | | |
| Preliminary layout by client: | Yes | No |
| Special clinical access important: | Yes | No<br>If possible |
| Emergency stretcher access: | Yes | No |
| Provision of elevator access: | Yes | No |
| Stretcher ability within elevator: | Yes | No |

## 2. Reception area

| | | | |
|---|---|---|---|
| Patient seating: | | Existing<br>New min. | New max. |
| Magazine-rack display: | | Yes | No |
| Magazine-table display: | | Yes | No |
| Magazine-wall display: | | Yes | No |
| Coffee table: | | Yes | No |
| Office lighting special requirements: | | Yes | No |
| *If yes, requirement:* | | | |
| Children's play area: | | Yes | No |
| *If yes, requirement:* | | | |
| Patient information and medical pamphlet area: | | Yes | No |
| *If yes, requirement:* | Wall hung | Table | Other |
| TV monitor — patient info display | Yes | No | In future |

## 3. Reception / Business areas and clerical support

| | | | |
|---|---|---|---|
| Clerical employees: | | Number | |
| Part time: | Yes | No | Number |
| Type of work: | | | |
| Patient booking: | | Number | |
| Clerical administration: | | Number | |
| File clerk: | | Number | |
| Job descriptions for all employees: | | Yes | No |
| Copies provided: | | Yes | No |
| Filing | | Existing # of patient files | |
| Storage type: | | Cabinet | Shelving type |
| Copier type | | | |
| Computer type | | | |
| Printer type | | | |

| | | |
|---|---|---|
| Fax: | Yes | No |
| Existing office equipment to be reused: | Yes | No |
| | Describe | |
| New to be selected | Yes | No |
| Custom built for new space | Yes | No |

## 4. Patient service areas — Nursing

| | | | |
|---|---|---|---|
| Separate from reception area: | Yes | No | |
| Close proximity | Yes | No | |
| If yes, close to what area: | | | |
| Patient seating area: Yes | No | # of seats | |
| Counter areas (describe placement of equipment) | Adult scale | Describe | |
| | Baby scale | Describe | |
| | Fridge | Describe | |
| | Other | Describe | |
| | Other | Describe | |
| Refrigerator location: | Under counter | Yes | No |
| | Full size | Yes | No |
| | Size | | |
| Sink required: | Yes | No | |
| Sink type: | Hand sink | Other | |
| If other, describe: | | | |
| Storage: | | | |
| Other equipment (specify): | Baby scale | Adult scale | |
| | Autoclave | Other (describe) | |

## 5. Storage area

| | | |
|---|---|---|
| Shelving: | Yes | No |
| Bulk supply purchases: | Yes | No |
| Size of room required: | | |

## 6. Laboratory / Venipuncture

| | | |
|---|---|---|
| Adjacent or separate from nurse's area: | Close | Separate |
| | Both | Not required |
| Requirements (length of counter surfaces): | | |
| Refrigerator | Yes | No |
| | Under counter | Apartment size |
| | Other | |
| Special equipment: Yes | No | If possible |
| If other, describe: | | |
| Sink: Wash-up | Hand sink | Together |

## 7. Examination rooms

| | | |
|---|---|---|
| Number of examination rooms: | | |
| Total number of rooms: | | |
| Specialty work: | Yes | No |
| If yes, describe: | | |
| Exam tables: | Existing | New |
| Type/Model No | | |
| Custom cabinet units required: | Yes | No |
| Re-using existing furniture: | Yes | No |
| Sink locations: | Yes | No |
| | Separate: wall hung | In-counter unit |

| | | | | |
|---|---|---|---|---|
| Special medical equipment requirement in typical exam room: | Yes | | | No |
| | Describe | | | |
| Exam lights: | Wall-mounted: | Yes | No | Describe |
| | Floor model: | Yes | No | Describe |
| Describe make and type of blood pressure cuff (Baumanometer): | Existing | | | New |
| | Wall-mounted | | | Type/Model No.: |
| | Table model | | | Type/Model No.: |
| Describe make and type of Otoscope, Ophthalmoscope | Existing | | | New |
| | Wall-mounted | | | Type/Model No.: |
| | Table model | | | Type/Model No.: |
| Paper dispenser: | Existing | | | New |
| | Wall-mounted | | | Type/Model No.: |
| Other storage requirement: | Yes | | | No |
| | Describe: | | | |

## 9. Procedure / Treatment room

| | | | | |
|---|---|---|---|---|
| Counter required: | Yes | | No | Length: |
| Bulk supply purchases: | Yes | | No | Large Small hand sink |
| Surgical/Medical equipment storage: | Describe: | | | |
| Special medical equipment usage: | Describe: | | | |
| Other storage requirements: | Describe: | | | |
| Specialty lighting (or) requirement: | Yes | | | No |
| | Model/Type: | | | |
| Specialty patient exam table: | Yes | | No | Size: |
| Describe anticipated procedures for this area: | | | | |

## 10. Doctor's office

| | | | | |
|---|---|---|---|---|
| Office: | | Private | | Shared |
| Furniture requirements: | | Desk | Credenza | Filing | Patient chair |
| Using existing furniture: | | Yes | | No |
| Soft seating (sofa): | | | | |
| Shelving/filing: | | | | |
| Other requirements: | Bookshelf | Wall shelving | | Both |

## 11. Special areas

| | | | |
|---|---|---|---|
| Rooms: | Patient education room | Interview room | Other |
| If other, describe: | | | |

## 12. Washrooms

| | | |
|---|---|---|
| Private: | Yes | No |
| Patient only: | Yes | No |

## 13. Coffee area / Staff room

| | | |
|---|---|---|
| Location proximity: | | |
| Seating for lunch: | Available | Table |
| | No. of seats | Coat storage |
| Other: | Staff shower: | Sports equipment storage |
| | Separate entrance | |

## 14. Patient coat storage facilities

| | | |
|---|---|---|
| Reception area: | Yes | No |
| | Describe | |
| Other: | Yes | No |
| | Location | Describe |

## 15. Telecommunications / Intercom system

| | | | |
|---|---|---|---|
| Intercom system requirement: | Yes | No | What functions: |
| Will you use Bell telephones: | Yes | No | What type: |
| Will you use other: | Yes | No | Describe: |

## 16. Radio / music

| | | |
|---|---|---|
| Location in office: | Yes | No |

## 17. Soundproofing

| | | |
|---|---|---|
| Current problems: | Yes | No |
| If other, describe: | | |

## 18. General office aesthetics

| | | | |
|---|---|---|---|
| Are aesthetics important to you: | | Yes | No |
| Do you have style preference: | | Yes | No |
| | | Traditional | Modern/Contemporary |
| | | Describe | |
| Colour preferences for new space: | | Yes | No |
| | | Describe | |
| Will existing furniture be matched: | | Yes | No |
| Art work: | | Yes | No |
| Window covering preferences: | Drapes | Roller Blinds | Vertical/Horizontal blinds |
| | Other | Describe | |

Please note any other information, ideas or considerations you feel are important to your new office.

# Appendix B:
# Sample job description

## JOB DESCRIPTION — NURSING

### Professional Requirements

- Holds current certificate of competence from the College of Nurses of Ontario
- RNAO membership is encouraged
- Family Practice membership is encouraged
- Responsible for own legal coverage
- Maintains Professional Development
- CPR certification
- Maintains up-to-date knowledge of programs and services available in the community

### Dealing with Patients

- Reviews patient list before each shift
- Ensures that rooms are stocked (see chore schedule, attached)
- Sets room up for procedures
- Carries out continuous triage of patients, phone calls, walk-ins
- Keeps rooms tidy/clean, table paper and used supplies removed, ensures that scopes are returned to charger
- Carries out initial assessment of each patient:
    - Obtains subjective data on each patient
    - Obtains objective data (i.e., temperature, blood pressure, height, weight, urine, etc.), required, based on subjective data (BP on all adults >40, anyone <40 on BP medication, and on all diabetics)
    - Labels specimens and requisitions and sends to lab
    - Completes diagnostic requisitions
    - Books tests/procedures as required
    - Follows established procedures and protocols

### Minor Procedures

### Nurse-performed treatments and procedures

- Dressing changes: simple/complex
- Suture and staple removal
- Apply slings, bandages and splints
- Ear syringing
- LN2 Treatment

### Nurse-assisted procedures

- Excision of minor skin lesions
- I&D
- FB removal
- Chaperones gynecological exams

### Health-care support

- Reinforces instruction given by physician
- Dressing changes

### Allergy testing

- As per established procedures and protocols

### Medications

- Checks for expiry date
- Follows protocols for disposal of outdated medications
- Ensures proper disposal of sharps and sharps containers
- Charts verbal orders and initial ordering by Doctor
- Orders medication samples and office stock of:
    - Gravol
    - Xylocaine
    - Adrenalin
    - Benadryl IM/PO
    - Flamazine
    - Eye tray

## Immunization

- Is familiar with Canadian Immunization Guide Book
- Utilizes Public Health unit for information and support
- Gives injections as ordered
- Documents as per protocols
- Carries out TB testing as per protocols
- Assists at flu clinics every fall
- INR
- Follows INR protocols and procedures

## Phones

- Assists and is available to reception for triage
- Documents all phone calls
- Follows College of Nursing standards regarding telephone advice
- If unable to contact patient and result is critical, notifies attending physician
- For non-critical result, leave a dated note on result
- If no answer after three days, sends form letter and note regarding result

## Cleaning procedures

- As per Infection-Control Policy

## Supplies and ordering

- Notes in order folder supplies that are needed, orders monthly
- Checks off when received
- Puts supplies away
- Orders growth chart sheets, etc.
- Orders patient info packages as required

## Computer

- Familiarizes self with the current office computer system

## Miscellaneous

- Manages home-care referrals
- Liaises with community services
- Phones for [test?] results
- Supports clerical staff with triage and patient appointments
- Maintains drug sample cupboard
- Manages transfer of patients to ER and ensures that the information needed by paramedics is available upon their arrival

# Appendix C:
# Space requirement chart

## Space requirement chart

| Name | Exam room access | Exam room | Treatment room | Patient WC | Medical supplies | Reception staff access | Private office | Work station | Private washroom | Direct exit access |
|---|---|---|---|---|---|---|---|---|---|---|
| | Req'd | Designated | Req'd | Req'd | Req'd | Req'd | Req'd | Req'd | Req'd | Req'd |
| Physician (GP) | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | Yes | Yes |
| Reception clerks | | | | | | Yes | Yes | Yes | Yes | |
| Dicta typist | | | | | | Yes | Yes | Yes | Yes | Yes |
| Nurse practitioner (NP) | | Yes | | Yes | Yes | Yes | | Yes | Yes | |
| Registered Nurse (RN) | | Yes | Yes | Yes | Yes | Yes | | Yes | Yes | |
| Registered practice nurse (RPN) | | | Yes | | Yes | | | Yes | Yes | |
| Health-care aids (HCA) | | | | | | Yes | | Yes | | |
| FHT Psychologists | | | | | | Yes | | Yes | | |
| FHT Family Counselling | | | | | | Yes | | Yes | | |
| FHT Drug Counselling | | | | | | Yes | | Yes | | |
| FHT Pharmacy Counselling | | | | | | Yes | | Yes | | |

# Appendix D:
# Medical clinic space program

## Medical Clinic Space Program

For
*Project Number*
*Project Number*

| Item No. | Area/Room | No. Units | Description/Space Requirements | | Unit Area ft. | Unit Area sq. m. | Unit Area sq. ft. | Task Specifics | HVAC | Plumb. | Elect. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | Foyer Area | | | | | | | | | | |
| 2 | Patient Waiting Area | 1 | Open Patient Seating Area | | 0 | 0 | 0 | See area details below | | | |
| 2a | | 1 | Patient Coat Storage | | 5x5 | 25 | 35 | | Yes | No | No |
| 2b | | 1 | Children Coat Storage | | 2x5 | 0.93 | 10 | | Yes | No | No |
| 2c | | 1 | Patient Winter Boot Storage | | 5x5 | 2.32 | 25 | | Yes | Yes | |
| 2d | | * | Magazine/Book/Info | | v | | v | | Yes | No | |
| 2e | | | | | | | | | Yes | | |
| 2f | | 30 | Patient Seating - 10 with, 10 no arms | | 20x25 | 47.38 | 510 | Specialty Seating | Yes | No | Yes |
| 2g | | 1 | Water fountain/Cooler | | 5x5 | 4.65 | 50 | | Yes | Yes | Yes |
| 2h | | 2 | Kiosk Appt/Area | | 5x5 | 4.65 | 50 | Patient Access | Yes | No | Yes |
| 2i | | 2 | Flat Screen (Patient View) | | v | v | v | Patient View | Yes | No | Yes |
| 2j | | 1 | Children Play Area | | 8x10 | 7.43 | 80 | Playground | Yes | No | Yes |
| 3 | Reception (Staff Positions) | | | | | | | | | | |
| 3a | Reception Clerk Station | 2 | Work Area - station counter, etc | | 5x5 | 2.32 | 25 | Patient Reception | Yes | No | Yes |
| 3b | Reception Stations | 2 | Work Area - station counter, etc | | 5x5 | 4.65 | 50 | EMR - Scheduling | Yes | No | Yes |
| 3c | Patient Call Centre | 2 | Office/Sound controlled room | | 8x8 | 11.89 | 128 | Telephone operator | Yes | No | Yes |
| 3d | Copier/Printer area | 1 | Open concept work station | | 8x10 | 7.43 | 80 | Staff access to area | Yes | No | Yes |
| 3e | Mail/Scanning work area | 1 | Higher counter 42” | | 8x10 | 7.43 | 80 | Scanning/Patient View | Yes | No | Yes |
| 4 | Business Offices | | | | | | | | | | |
| 4a | Clinic Management/HR | 1 | Private Office | | 11x12 | 12.26 | 132 | Managing/stagg/clinic | Yes | No | Yes |
| 4b | Accounts Payable/Receivable | 1 | Open Workstation (semi-private) | | 6x7 | 3.9 | 42 | Admin activity | Yes | No | Yes |
| 4c | Dictation Clerk(s) | 4 | Open Workstation (semi-private) | | 8x10 | 22.3 | 240 | Admin activity | Yes | No | Yes |
| 4d | ENR file scanning clerk | 2 | Open concept work station | | 6x7 | 7.8 | 84 | Admin IT activity | Yes | No | Yes |
| 4e | Meeting room (4) person | 1 | Private Space for meetings/staff use | | 10x12 | 11.15 | 120 | Private Meetings | Yes | No | Yes |
| 5 | IT Room | | | | | | | | | | |
| 5a | IT Computer Room | 1 | Open concept/rack/placement | | 8x10 | 7.43 | 80 | Computer Work | No | No | Yes |

## Medical Clinic Space Program

| Equipment | Patient/Staff Ergonomics | Specialty Items | Name | Job Description | Proximity | Space Needs Confirmation | | | | Client Approved Position | | Implementation | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| See Below | Yes | | | | | | | | | | | | |
| Coat hooks/shelves | Yes | | | | | | | | | | | | |
| Coat hooks/shelves | Yes | | | | | | | | | | | | |
| Shoe Tray | Yes | Drainage | | | | | | | | | | | |
| Wall Racks/Stand etc | Yes | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Yes | 17.2 sq. ft. per person | | | | | | | | | | | |
| Water Fountain | Yes | | | | | | | | | | | | |
| Kiosk Computer Units | Yes | | | | | | | | | | | | |
| Flat Screen | Yes (visual) | | | | | | | | | | | | |
| By the client | Yes (visual) | Children with Disability | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Comp. EMR | Yes (counter) | | | | | | | | | | | | |
| Comp. EMR | Yes | | | | | | | | | | | | |
| Comp. EMR | Yes | IT/Telephone/EMR | | | | | | | | | | | |
| Comp. EMR | Yes | IT/Printers/Fax/Copier | | | | | | | | | | | |
| Comp. EMR | Yes | IT/Printers/Fax/Copier | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Systems Furniture | Yes | IT/Computer | | | | | | | | | | | |
| Systems Furniture | Yes | IT/Computer | | | | | | | | | | | |
| Systems Furniture | Yes | IT/Computer | | | | | | | | | | | |
| Systems Furniture | Yes | IT/Computer | | | | | | | | | | | |
| Systems Furniture | Yes | IT/Computer | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| IT Rack Storage | Yes | Dry Fire Control | | | | | | | | | | | |

# Appendix E:
# Excerpt from CPSO's infection-control regulations and guidelines

As a primary care physician, you are ultimately accountable for the quality and safety of health services in your medical office. This responsibility is not restricted to patients but, rather, includes clinical staff and other visitors as well. To ensure safety in your office, the College of Physicians and Surgeons of Ontario (CPSO), in collaboration with The Provincial Infection Diseases Advisory Committee (PIDAC), has developed a best practices booklet entitled *Infection Prevention and Control for Clinical Office Practice*. Some of these best practices are derived from legislation, regulations or accepted standards of practice based on research, evidence and experience. They are designed to raise awareness about the day-to-day risks of transmission in a physician's office.

The best practices outline:

- Principles of infection prevention and control in a clinical office setting
- Legislation relating to clinical office practice and the duties of physicians as employers and supervisors
- Issues to consider when setting up a new clinical office
- Rationale and tools for screening and risk assessment for possible infection
- Recommendations for providing a clean clinical office environment
- Guidance for the reprocessing of reusable medical equipment
- Protection and safety issues related to staff

Listed below are practices worthy of review and consideration for your medical practice. You may or may not need to implement all practices; however, the following will help you use your professional judgment as necessary.

*In your practice, do you:*

- Practice hand washing and hygiene for staff and patients?
- Handle sharps properly?
- Have adequate personal protective equipment?
- Have N95 or equivalent respirators for airborne precautions?
- Complete adequate sterilization and disinfection?
- Separate and properly dispose of biomedical waste?
- Follow protocols for exposure to blood or body fluids? Vaccine storage and handling? WHMIS? Reportable communicable diseases?
- Use single-use devices only once?

*Consider the following for your practice:*

- Droplet, contact and airborne precautions
- Signage to help your patients do the right thing, such as respiratory etiquette practices
- The possible need to isolate a patient
- Booking and triaging patients who are at higher risk for seriously transmissible infections
- General housekeeping tips
- Use of multi-dose vials
- The benefits of a policy and procedure manual on infection prevention and control in your office
- The role of your staff in helping to reduce the risk

For more details regarding infection prevention and control in your office, you can download a free copy of the booklet "Infection Prevention and Control for Clinical Office Practice" at: www.cpso.on.ca

# Appendix F: Case study

How important is it to have the right plans and team in place when arranging office/clinic space? In this scenario, consider what can go wrong and how to make it right.

## Space Requirements

A physician group looking for new space was provided with a new 4,000-square-foot/372-square-metre space on the second floor, located over a commercial enterprise.

## Proposed Design Process

The developer and building owner told the client that their building consultants, supposedly experienced in medical clinic design work, would provide the design and planning for the clinic. As negotiations progressed, the building owner proposed, to save costs, to incorporate the design process into the construction budget. This was to be financed as part of the lease agreement.

The leasehold improvements and design fee costs were promoted as all-inclusive in the lease package agreement financed by the building owner. With the building owner's design process proceeding, the clinic space proposal was prepared with final "leasehold improvement standards," as proposed by the building owner.

## The Problem

After multiple clinic layouts, the physicians remained unsatisfied with the building owner's planning consultants. See floor layout diagram (Appendix G). The problems included:

- The floor space: with central building washrooms, the clinical space was divided in two.
- The design had a fundamental problem with the washroom locations.
- The clinic operational/functional elements could not be accommodated.
- The clinic's traffic pattern for staff and patients was unreasonable.
- The medical staff's time loss, attributed to additional walking distances, would be very costly.

As well, the lease document, which defined the responsibilities of landlord work and tenant work, needed major adjustments. Information or specifications were lacking in many areas, including interior drywall construction, soundproofing between exam rooms (insufficient), door and frame assembly, lighting, ceilings (too low), floor material selection (too cheap), etc.

Realizing that the building owner could not deliver on his promises, and that his associated consultants did not in fact demonstrate the advertised level of experience with respect to medical office/clinic planning, the physician group sought other outside help, at their own expense.

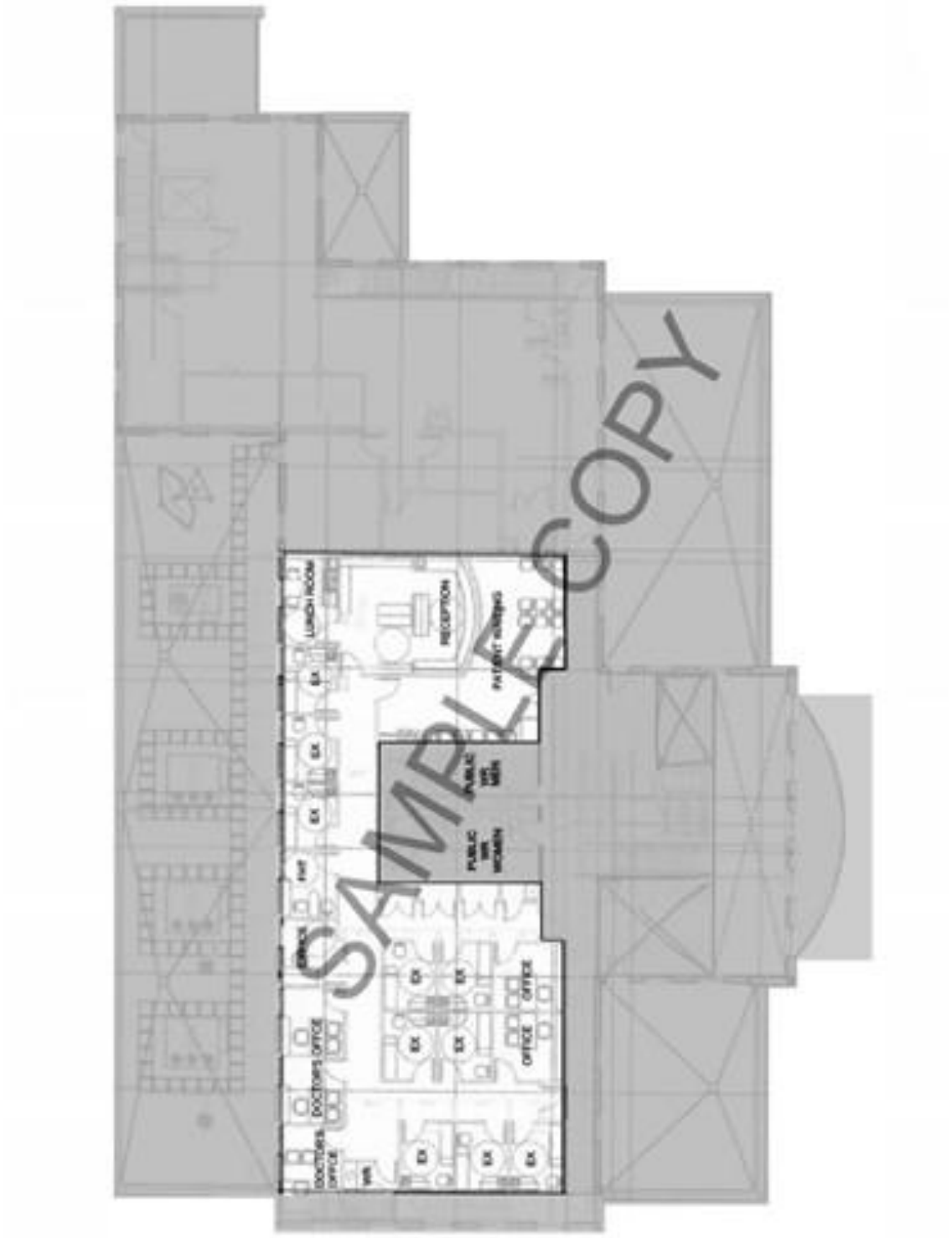
## The Solution

The space diagram in Appendix H shows the final clinical space. It was achieved by working with experienced medical office planners and negotiating with the building owner to arrive at an agreeable outcome.

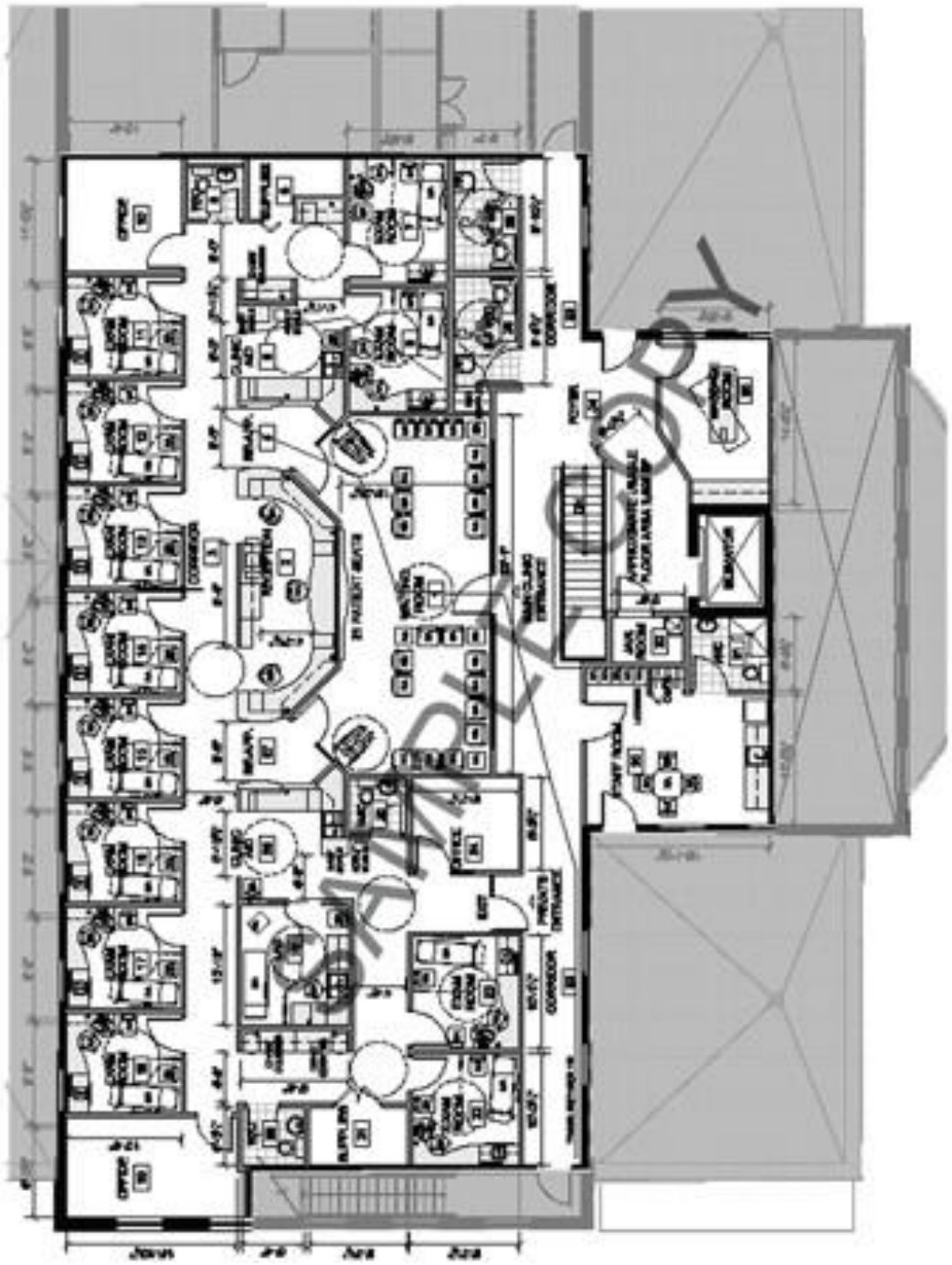
## Lessons Learned

- Do your homework. Evaluate any promises made to you.
- Pick the right team. This is critical to the success of your project. Specifically, your prime consultants will help you achieve your project visions and goals.
- Conduct a systematic review of potential leasable office space, or permanent building locations, whether new or existing.
- Even after you have performed a square foot/square metre analysis, issues might arise to make the space less suitable than anticipated. For example, the location of building columns can impact the potential floor space layout, resulting in additional space needs; potential plumbing restrictions can impact the preferred space design; additional HVAC cooling units can impact the area requirements if not ceiling mounted, etc.).
- Don't sign any lease documents before completing preliminary clinical/office design planning. If you are investigating multiple spaces, this is essential for determining the most appropriate location. Ensure that the goal of the project and the objectives of the medical clinic can be facilitated in the anticipated space.
- Bring on board consultants that give you the confidence to move forward with final documents as applicable.

# Appendix G:
# Floor layout



# Appendix H:
## Final clinic floor plan



# Appendix I:
# Pandemic Planning

## Pandemic Influenza Planning Checklist for the Physician's Office

An influenza pandemic will present unique challenges to the delivery of health care, producing case numbers likely to be far in excess of the capacity and capability of systems to cope in conventional ways.

It is important that you develop a preparedness plan now to ensure that your practice can respond to an influenza pandemic in a coherent, effective and co-ordinated way to maintain service continuity. The Canadian Medical Protective Association in their March 2008 Information Sheet on public health emergencies and catastrophic events noted: "Physicians are encouraged to prepare themselves and their practices for a possible pandemic/catastrophic event." Your planning for a pandemic will also help you respond to other communicable disease situations.

To help prepare your office for a health emergency, the Canadian Medical Association has worked with provincial medical associations to produce this practical tool: the Pandemic Influenza Planning Checklist for the Physician's Office. Given the variety of health-care settings and provincial policies, the checklist can be adapted to meet unique needs.

To help in developing your plan, important links to key websites at the international, national and provincial levels are included in the checklist. However, owing to the dynamic nature of local policies, you will need to add links to local contacts and documents and other information pertinent to your plan.

During an influenza pandemic, physicians will be on the front lines of response. Please take some time now to prepare to protect yourself, your family, your staff and practice, and your patients. Download and save the Checklist to complete and update it electronically.

The checklist below is reproduced here with permission from the CMA.

*Identify someone to coordinate pandemic influenza planning for your office. Remember to update the checklist annually or after each wave of pandemic influenza.*

| Key contacts and websites | Completed |
|---|---|
| Identify someone to coordinate pandemic influenza planning for your office<br>Name: | o |
| Maintain an up-to-date contact list of staff and volunteers and develop a plan for communication during a pandemic or other heath emergency. | o |
| Local medical officer of health and public health unit<br>Name:<br>Phone:<br>Email:<br>Fax:<br>Website: | o |
| Local hospital and emergency services<br>Name:<br>Contact number:<br>Name:<br>Contact number: | o |
| Provincial Ministry of Health (Emergency Management Unit)<br>Contact number:<br>Email:<br>Website: | o |
| Government of Canada<br>Pandemic Influenza Information Life: 1.866.999.7111<br><br>Public Health Agency of Canada (PHAC)<br>Pandemic Preparedness<br>www.phac-aspc.gc.ca<br><br>World Health Organization, Epidemic and Pandemic Alert and Response<br>www.who.int/csr/disease/avian_influenza/en/index.html | o |
| Pandemic Influenza Plans<br>Federal: Canadian Pandemic influenza Plan for the Health Sector<br>www.phac-aspc.gc.ca | o |
| Provincial:<br>Local: | o |
| Canadian Medical Association<br>Website: www.cma.ca<br><br>Ontario Medical Association<br>Website: www.oma.org | o |

| Staffing issues | Completed |
|---|---|
| Provide annual influenza vaccination to all office personnel. | O |
| Determine minimal staffing level required during pandemic influenza crisis. | O |
| Prepare a staffing contingency plan presuming that 20%-25% of your staff will be sick during the peak period. Include potential outside sources of human resources (i.e., nursing agencies, community organizations). | O |
| Make plans to ensure your family will be looked after during a pandemic so you may continue to work. | O |
| Encourage staff to develop their own family plans. | O |
| Discuss with physician colleagues how you can cover for each other if you need to take time off. | O |

| Education | Completed |
|---|---|
| Acquaint yourself and your staff with current clinical information about the recognition, treatment and prevention of influenza. Reference material is available at:<br>Federal: See Government of Canada, PHAC, and Canadian Pandemic Influenza Plan contacts as noted above.<br>Provincial:<br>Local: | O |
| Educate all staff about routine infection prevention and control practices. Reference material is available at (additional references on page 37):<br>Federal:<br>Health Canada: Infection-Control Guidelines: Routine practices and additional precautions for preventing the transmission of infection in health care. Part B Recommendations and Tools, Section III Recommendations for Ambulatory Care Canada, Communicable Disease Report 25S4, 1-142. 1999. Ref Type: Report — www.phac-aspc.gc.ca/publicat/ccdr-rmtc/99vol25/25s4/index.html | O |
| Community and Hospital Infection-Control Association: http://www.chica.org/<br>Provincial:<br>Local: | O |
| Provide education materials on pandemic influenza to patients. Reference material is available at:<br>PHAC: www.canada.ca/en/public-health/services/diseases/flu-influenza.html<br>Provincial:<br>Local: | O |
| | O |

| Surveillance | Completed |
|---|---|
| Identify key information sources for influenza activity.<br>Federal: Pandemic Influenza Flu Detection and Surveillance<br>https://www.canada.ca/en/public-health/services/flu-influenza/canadian-pandemic-influenza-preparedness-planning-guidance-health-sector/surveillance-annex.html<br>Flu Watch:<br>https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance.html<br>Provincial:<br>Local: | O |
| Designate someone to monitor and distribute public health advisories to staff. | O |
| Monitor and review influenza activity in your practice. | O |
| Report unusual cases of influenza-like illness and influenza to local medical officer of health. | O |

| Triage and patient management | Completed |
|---|---|
| Determine procedures to contact patients during a pandemic to reschedule routine visits or direct them to an alternative point of care. | O |
| Determine procedures for patient-care management at height of pandemic. It is expected that influenza will circulate for 6-8 weeks and may come back for a second wave (e.g., telephone triage, separate time blocks for influenza and non-influenza care). | O |
| Check local pandemic influenza plans for recommended disposition of patients with influenza-like illness (e.g., home with self-care guide, home care, alternate treatment site). | O |
| Check with local emergency departments daily for triage and diversion information. | O |
| Check provincial and federal pandemic plans for recommended use of antiviral medication. | O |
| Check with your local public health unit for plans to disseminate antiviral medication and vaccines locally. | O |

| Infection control | Completed |
|---|---|
| Wall mount alcohol-based hand sanitizer dispensers at office entrance for patient use. | ○ |
| Separate reception staff from patients by a minimum of one metre, or if possible, with plexiglass. | ○ |
| Post signs asking patients with influenza-like illness symptoms to inform reception personnel. | ○ |
| Provide a surgical mask to symptomatic patients. Check public health advisories about use of N95 masks. | ○ |
| Separate patients with influenza-like illness by at least one metre from other patients, or if possible, direct to a separate waiting room (and examination room). | ○ |
| Post respiratory hygiene and cough etiquette signs in the waiting area. | ○ |
| Provide hand hygiene material in waiting areas, examination rooms and washrooms. | ○ |
| Ensure all staff are informed of and follow routine infection prevention and control practices. | ○ |
| Wash or sanitize your hands before and after each patient encounter. Strict adherence to hand washing/hand antisepsis recommendations is the cornerstone of infection prevention and may be the only preventative measure available during a pandemic. | ○ |
| Assign staff who have recovered from pandemic influenza to care for patients with influenza-like illnesses. | ○ |
| Maintain at least a two-week supply of soap, hand sanitizers, paper towels, surgical masks and cleaning supplies. | ○ |
| Clean and disinfect examination and waiting rooms daily. | ○ |

| Financial planning | Completed |
|---|---|
| Determine potential financial resource needs during pandemic (e.g., line of credit, etc., staffing requirements and supplies). | ○ |
| Put method in place to document extra costs associated with a pandemic, which may be offset by compensation. | ○ |

This document was prepared
by OMA Practice Management
& Education department.

We value your feedback! Let us know what you think of this resource.

Please contact us for more information.

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