First Impressions
Medical Facility Planning Guide
ONTARIO MEDICAL ASSOCIATION
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 team can all have a profound impact on the way your patients see 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.

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

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.

For more information, please contact the OMA’s Practice Management and Advisory Services:

tel: 416.599.2580
tf: 1.800.268.7215
email: practicemanagement@oma.org
# Table of Contents

**Foreword**

**Section 1: Medical Facility Planning Guide**

1. Pre-Planning: Determining Your Space Needs
   - Overall Goals of the Practice
   - Medical Operational Details
   - Patient Care Needs
   - Medical Equipment Needs
   - Personnel Needs

2. Translating Physician Needs Into Space Planning
   - Create Individual Job Descriptions
   - Convert Functions to Square Feet/Meters
   - Review and Apply Regulations

3. Creating an Efficient Layout/Flow
   - Tying Tasks to Locations
   - Importance of Traffic Patterns

4. Key Design Elements
   - Visual Aesthetics
   - Technical Specifications

5. Design and Planning Project Phases
   - Building the Team
   - Pre-Design Phase
   - Conceptual Design Phase
   - Design Development Phase
   - Construction Documentation Phase
   - Bidding or Negotiation Phase
   - Construction and Contract Administration Phase

Conclusion

Appendices

- Appendix A: Interview Form for Medical Practices
- Appendix B: Sample Job Description
- Appendix C: Space Requirement Chart
- Appendix D: Medical Clinic Space Program
- Appendix E: Excerpt from CPSO’s Infection Control Regulations & Guidelines
- Appendix F: Case Study
- Appendix G: Floor Layout
- Appendix H: Final Clinic Floor Plan
- Appendix I: Pandemic Planning
Medical Facility Planning Guide

For any medical office or clinic, there is no standard design. Needs and budgets vary. But 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 make the best decisions when planning their new health-care facility.

1. Pre-planning: determining your space needs

◊ Overall goals of the practice
Every physician needs to think about how they’ll 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.

◊ 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/classrooms, etc.).

Traditionally, physicians have independently established how their practice functions. 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 Obstetrics require larger rooms due to the nature of patient examinations. ENT physicians, meanwhile, require sound booths. If you have patients that use assistive devices for mobility (wheelchairs, walkers, etc.), you will need an examination room with appropriate space to accommodate for these devices, and 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.

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

◊ Overall goals of the practice
◊ Medical operational details
◊ Patient care needs
◊ Medical equipment needs
◊ Personnel needs
2. Translating physician needs into space planning

◊ Medical equipment needs
It’s 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? A service counter? Self-supporting by stand? Wall mounted? The manufacturer’s equipment data sheets provide specific 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.

◊ Personnel 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 doesn’t 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 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 stations.

◊ 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, see the HPS Managing Staff Toolkit, by visiting the Health System Programs page at www.oma.org.

◊ Convert functions to square feet/meters
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 Program) 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’s 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), https://www.oma.org/Members/Programs/Legal/Pages/AODA.aspx, and
• Facility Accessibility Design Standards (FADS) documents.

Other standards and guidelines to consider include:

• Canadian Standards Association (CSA) Health Care Facilities Standards, and
• College of Physicians and Surgeons of Ontario’s 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 like suite access/entrances, interior corridor width requirements, washroom access by patients with disabilities, 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.
3. 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’re 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’s illustrate, using a GP who has a $400,000 gross salary, and works four days/week for 45 weeks/year, eight hours/day. That makes every minute worth $4.63, every second worth seven cents.

• Example 1: Sink in an incorrect location in an exam room. This physician sees 40 patients per day, and wastes 2.4 seconds with everyone. It doesn’t sound like much, but adds up to $1,152 of wasted time per year. If you have three rooms like this and three physicians, over five years you’ve wasted $17,280.

• Example 2: Prescription printer that’s 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 understand the importance of traffic patterns and a well-organized space in your planning.

4. 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:

• 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.

◊ 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 then 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 (Heat 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 specs. This should all be based on the established construction budget, and reflect current commercial office/clinic project construction industry costs.

• Sound and noise: Medical interiors have requirements for sound proofing, which applies 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 door frames.

• 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’re maintaining existing light fixtures, consider if you’re 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., duct work 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.
5. Design and planning project phases

◊ Building the team

The design and planning functions involved in setting up a medical office or clinic are numerous and complex. That’s 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’s 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 ensures 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: Advice on the financing of medical office projects (e.g., individual financing, bank or leasing options).
- Insurance Specialist & 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.
- 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-up), 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, including 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. 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
- Project administration

◊ Design development phase

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

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, re. the workstation design
- Interior graphics and signage requirements
- Final clinic space plan
- Interior construction material selection (preliminary)
- Budget confirmation/cost analysis
- Confirm 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’s 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 for the drawing package to be submitted for the building permit.

Action Items

- Tenant layout and interior design services
- Interior partition plan
In providing care, a physician has to think of the patient’s well-being in total. All sorts of 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’s 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, practice good management 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 profit due to that functionality
• increased staff satisfaction thanks to proper station and equipment space design, and ultimately
• enhanced patient care.
Appendix A: Interview form for medical practices

Clinic name:  
Doctor's name:  
Specialty:  
This form has been completed by:  
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  
If possible  
Emergency stretcher access:  
Yes  
No  
Elevator access- provide:  
Yes  
No  
Stretcher ability within elevator:  
Yes  
No  

2. Reception area

Patient seating:  
Existing  
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:  

3. Reception / Business areas and clerk

Clerk 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 no. 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, to what area:  

Patient information and medical pamphlet area:  
Yes  
No  

If yes, requirement:  
Wall hung  
Table  
Other  

TV monitor - patient info display  
Yes  
No  
In future  


### Appendix A

**Patient seating area:**
- Yes □
- No □
- No. of seats

**Counter areas (describe placement of equipment):**
- Adult scale □
- Baby scale □
- Fridge □
- Other □
- Describe

**Refrigerator location:**
- Under counter □
- Full size □
- Size

**Sink required:**
- Yes □
- No □

**Sink type:**
- Hand sink □
- Other □

**Storage:**
- Baby scale □
- Adult scale □
- Autoclave □
- Other □
- Describe

**Other equipment (specify):**
- Baby scale □
- Adult scale □
- Autoclave □
- Other □
- Describe

**5. Storage area**
- Shelving: Yes □
- Bulk supply purchases: Yes □

**6. Laboratory / Venipuncture**
- Adjacent or separate from nurse area: Yes □
- Separate □
- Both □
- Not required □

**Requirements (length of counter surfaces):**
- Yes □
- Under counter □
- Apartment size □
- Other:

**Special equipment:**
- Yes □
- No □
- If possible □

**Sink:**
- Wash-up □
- Hand sink □
- Together □

**7. Examination rooms**

**Number of rooms required per physician:**
- Yes □
- No □

**Total number of rooms:**
- Yes □
- No □

**Specialty work:**
- Yes □
- No □

**Exam tables:**
- Existing □
- New □

**Custom cabinet units required:**
- Yes □
- No □

**Re-using existing furniture:**
- Yes □
- No □

**Sink location:**
- Separate wall hung □
- In-counter unit □

**Special medical equipment requirement in typical exam room:**
- Yes □
- No □

**Exam lights:**
- Wall Mounted: Yes □
- No □
- Type/Model No.: Describe:

**Describe make & type of blood pressure cuff (Baumanometer):**
- Existing □
- New □

**Describe make & type of Otoscope, Ophthalmoscope:**
- Existing □
- New □

**Paper Dispenser:**
- Existing □
- New □

---

OMA • Practice Management Toolkit • Medical Facility Planning Guide
## 9. Procedure/Treatment room

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other storage requirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counter required:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sink required:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical/Medical equipment storage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special medical equipment usage:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty lighting (or) requirement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model/Type:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty patient exam table:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe anticipated procedures for this area:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 10. Doctor office

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shared</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Desk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credenza</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Filing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient chair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using existing furniture:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soft seating (sofa):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelving/filing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other requirements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bookshelf</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wall Shelving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 11. Special areas

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooms:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient education room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interview room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other, describe:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 12. Washroom

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient only:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 13. Coffee area/Staff room

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location proximity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Seating for lunch:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 14. Patient coat storage facilities

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reception area:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 15. Telecommunications/Intercom system

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercom system requirement:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you use Bell telephones:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Will you use other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 16. Radio/music

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location in office:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 17. Soundproofing

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current problems:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If other, describe:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix B: Sample job description

JOB DESCRIPTION – NURSING

Professional Requirements

- Maintain 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
- Maintain professional development
- CPR certification
- Maintain knowledge of programs and services available in the community

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
- Chaperone Gyne exams

Health Teaching

- Reinforce instruction given by physician
- Dressing changes

Allergy Testing

- As per established procedures and protocols

Medications

- Check for expiry date
- Follow protocols for disposal of outdated medications
- Proper disposal of sharps and sharps containers
- Chart verbal order and initial ordering by ordering Doctor
- Order medication samples and office stock of:
  - Gravol
  - Xylocaine
  - Adrenalin
  - Benadryl IM/PO

Rooming Patients

- Review patient list before each shift
- Ensure that rooms are stocked (see chore schedule, attached)
- Set room up for procedures
- Continual triage of patients, phone calls, walk-ins
- Keep rooms tidy/clean, table paper and used supplies removed, ensure scopes are returned to charger
- Initial assessment of each patient:
  - Obtain subjective data of each patient
  - Obtain objective data (i.e., Temp, BP Ht., Wt., Urine etc.), required based on subjective data (BP on all adults >40, anyone <40 on BP medication and all diabetics)
  - Label specimens and requisitions and send to lab
  - Complete diagnostic requisitions
  - Book test/procedures as required
  - Follow established procedures and protocols

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

18. General office aesthetics

Are aesthetics important to you:

- Yes □
- No □

Do you have style preferences:

- Yes □
- No □

Colour preferences for new space:

- Yes □
- No □

Will existing furniture be matched:

- Yes □
- No □

Art work:

- Yes □
- No □

Window covering preferences:

- Drapes □
- Roller blinds □
- Vertical/Horizontal blinds □
- Other □
- Describe

19. Professional Requirements

- Maintain 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
- Maintain professional development
- CPR certification
- Maintain knowledge of programs and services available in the community

20. 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
- Chaperone Gyne exams

Health Teaching

- Reinforce instruction given by physician
- Dressing changes

Allergy Testing

- As per established procedures and protocols

Medications

- Check for expiry date
- Follow protocols for disposal of outdated medications
- Proper disposal of sharps and sharps containers
- Chart verbal order and initial ordering by ordering Doctor
- Order medication samples and office stock of:
  - Gravol
  - Xylocaine
  - Adrenalin
  - Benadryl IM/PO

Rooming Patients

- Review patient list before each shift
- Ensure that rooms are stocked (see chore schedule, attached)
- Set room up for procedures
- Continual triage of patients, phone calls, walk-ins
- Keep rooms tidy/clean, table paper and used supplies removed, ensure scopes are returned to charger
- Initial assessment of each patient:
  - Obtain subjective data of each patient
  - Obtain objective data (i.e., Temp, BP Ht., Wt., Urine etc.), required based on subjective data (BP on all adults >40, anyone <40 on BP medication and all diabetics)
  - Label specimens and requisitions and send to lab
  - Complete diagnostic requisitions
  - Book test/procedures as required
  - Follow established procedures and protocols

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

Immunization
- Be familiar with Canadian Immunization Guide Book
- Utilize Public Health unit for information and support
- Injections as ordered
- Document as per protocols
- TB Testing as per protocols
- Flu clinics every fall

INR
- Follow INR protocols and procedures

Phones
- Assist and be available to reception for triage
- Document all phone calls
- Follow College of Nursing standards regarding telephone advice
- If unable to contact patient and result is critical please notify attending physician
- For non-critical result leave a dated note on result
- If no answer after three days send form letter and note regarding result

Cleaning Procedures
- As per Infection Control Policy

Supplies and Ordering
- Note in order folder of supplies needed, order monthly
- Check of when received
- Put supplies away
- Order growth chart sheets etc
- Order patient info packages as required

Computer
- Familiarize yourself with the present computer system

Miscellaneous
- Home-care referrals
- Liaise with community services
- Phone for results
- Support clerical staff with triage and patient appointments
- Maintains drug sample cupboard
- Transfer of patients to ER, ensure that the information needed by paramedics is available upon their arrival.

Appendix C: Space requirement chart

<table>
<thead>
<tr>
<th>Name</th>
<th>Exam room access</th>
<th>Exam room</th>
<th>Treatment</th>
<th>Patient WC</th>
<th>Medical supplies</th>
<th>Reception staff access</th>
<th>Private office</th>
<th>Work station</th>
<th>Private washroom</th>
<th>Direct exit access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician (GP)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Reception clerks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dicta typist</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Nurse practitioner (NP)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Registered nurse (RN)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Registered practice nurse (RPN)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Health care aids (HCA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHT Psychologists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHT Family Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHT Drug Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHT Pharmacy Counselling</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 Infectious Diseases Advisory Committee (PIDAC), developed a best practices booklet titled *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 day-to-day risks of transmission in a physician’s office.

The best practices will outline:

- Principles of infection prevention and control in a clinical office setting
- Legislation relating to clinical office practice and 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 infection
- Recommendations for providing a clean clinical office environment
- Guidance for reprocessing of reusable medical equipment
- Protection and safety issues related to staff.

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 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 in regards to 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: http://www.cpso.on.ca/policies/guidelines/default.aspx?id=1766.

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 Need
A physician group looking for new space was provided with a new 4,000-square-foot/372-square-meter 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, will provide the clinic design and planning. 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 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). Among the problems:
• The floor space, with central building washrooms, divided the clinical space in two.
• The design had a fundamental problem with building washroom locations.
• The clinic operational/functional elements couldn’t be accommodated.
• The clinic traffic pattern for staff and patients was unreasonable.
• The medical staff time loss, attributed to additional walking distance, would be very costly.

As well, the lease document, which defines 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 couldn’t 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. That’s 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’ve performed a square foot/square meter analysis, issues might arise to make the space less suitable than anticipated (e.g., 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’re investigating multiple spaces, this is essential for determining the most appropriate location. Ensure that the project intent and medical clinic objectives can be facilitated in the anticipated space.

• Bring on consultants that give you the confidence to move forward with final documents as applicable.
Pandemic Influenza Planning Checklist for the Physician 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 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 level are included in the checklist, however due 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 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 is reproduced here with permission from the CMA.

Identify someone to co-ordinate pandemic influenza planning for your office. Remember to update the checklist annually or after each wave of pandemic influenza.
## Key contacts and websites

<table>
<thead>
<tr>
<th><strong>Identify someone to co-ordinate pandemic influenza planning for your office</strong></th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
</tbody>
</table>

| **Maintain up-to-date contact list of staff and volunteers and develop a plan for communication during a pandemic or other health emergency.** | Completed |

<table>
<thead>
<tr>
<th><strong>Local medical officer of health and public health unit</strong></th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>Website:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local hospital and emergency services</strong></th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Contact number:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Contact number:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provincial Ministry of Health (Emergency Management Unit)</strong></th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Website:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Government of Canada</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pandemic Influenza Information Life: 1.800.454.8302</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Public Health Agency of Canada (PHAC)</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pandemic Preparedness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>World Health Organization, Epidemic and Pandemic Alert and Response</strong></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Pandemic Influenza Plans</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal:</td>
<td></td>
</tr>
<tr>
<td>Canadian Pandemic influenza Plan for the Health Sector</td>
<td></td>
</tr>
<tr>
<td>Appendix G: Clinical Care Guidelines and Tools</td>
<td></td>
</tr>
<tr>
<td>Appendix F: Infections Control Guidelines</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Provincial:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ontario Medical Association</strong></td>
<td></td>
</tr>
<tr>
<td>Website: <a href="http://www.oma.org">www.oma.org</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Canadian Medical Association</strong></td>
<td></td>
</tr>
<tr>
<td>Website: influenza — <a href="http://www.cma.ca/h1n1">www.cma.ca/h1n1</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Education</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquaint yourself and your staff with current clinical information about the recognition, treatment and prevention of influenza. Reference material is available at:</td>
<td></td>
</tr>
<tr>
<td>Federal:</td>
<td></td>
</tr>
<tr>
<td>See Government of Canada, PHAC, and Canadian Pandemic Influenza Plan contacts as noted above.</td>
<td></td>
</tr>
<tr>
<td>Provincial:</td>
<td></td>
</tr>
<tr>
<td>Local:</td>
<td></td>
</tr>
<tr>
<td>Educate all staff about routine infection prevention and control practices. Reference material is available at (additional references on page 37):</td>
<td></td>
</tr>
<tr>
<td>Federal:</td>
<td></td>
</tr>
</tbody>
</table>
### Community and Hospital Infection Control Association: [http://www.chicas.org/](http://www.chicas.org/)

#### Provincial:

- Provide education materials on pandemic influenza to patients. Reference material is available at:

#### Local:

- [Website](http://www.chicas.org/)

### Infection control

<table>
<thead>
<tr>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/15" alt=" " /></td>
</tr>
</tbody>
</table>

- 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 wash rooms.
- 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.
- Assign staff who have recovered from pandemic influenza to care for influenza-like illness patients.
- Maintain at least two week supply of soap, hand sanitizers, paper towels, surgical masks and cleaning supplies.
- Clean and disinfect examination and waiting rooms daily.

### Surveillance

<table>
<thead>
<tr>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/15" alt=" " /></td>
</tr>
</tbody>
</table>

- Identify key information sources for influenza activity.
- Federal: Pandemic Influenza Flu Detection and Surveillance
  - [http://www.influenza.gc.ca/surv_e.html](http://www.influenza.gc.ca/surv_e.html)

#### Provincial:

- Designate someone to monitor and distribute public health advisories to staff.
- Monitor and review influenza activity in your practice.
- Report unusual cases of influenza-like illness and influenza to local medical officer of health.

### Triage and patient management

<table>
<thead>
<tr>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/15" alt=" " /></td>
</tr>
</tbody>
</table>

- Determine procedures to contact patients during a pandemic to reschedule routine visits or direct to an alternative point of care.
- 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).
- 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).
- Check with local emergency departments daily for triage and diversion information.
- Check provincial and federal pandemic plans for recommended use of antiviral medication.
- Check with your local public health unit for plan to disseminate antiviral medication and vaccines locally.

### Financial planning

<table>
<thead>
<tr>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="https://via.placeholder.com/15" alt=" " /></td>
</tr>
</tbody>
</table>

- 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.

### Additional resources:

