



Ambulatory Care

CASE STUDIES

UF Health Springhill Clinic

St. Mary's Satellite Emergency Center

Celebration Health Women's Institute

Meeting the demand for highly specialized space while designing for flexibility, minimizing patient impact, and reinforcing organizational brands in a time of shrinking margins and heightened competition.

Flad Architects

It's a new kind of facility. It's not really a clinic, but it's not a hospital. The lines are blurring.

Brad Pollitt - UF Health

Ambulatory Care

It's a great way to take part of a hospital into a community. It's far better than urgent care, and far more complex, too. **Tom Grove** - Flad Architects

It gives us maximum flexibility, and you can't beat that.

Raymond Moe - Florida Hospital

We had more acreage than what we needed for this building. We had to spend two months of design time master planning the entire site so that what we built today wouldn't have to be torn down ten years from now.

Rick Stoughton - St. Mary's



A New Model, A New Building

Healthcare, like most industries, is on a constant march toward greater efficiency as regulatory uncertainty and rising costs eat into profit margins. This is pushing procedures out of high-dollar hospitals and into lower-cost outpatient clinical settings in an effort to maximize space utility. Yet not every clinical setting can accommodate—in terms of space or the mechanical, electrical, and plumbing systems—these surgical procedures or the advanced equipment they require.

Some healthcare systems, including UF Health in Florida, are responding by concentrating specialty clinics into large ambulatory care centers that share secondary services, such as imaging and labs, in order to achieve economies of scale and to expedite care for patients. The ambulatory care centers then offer a new and more affordable alternative for some procedures and allow systems to better use (and ultimately optimize) hospital operating room space.

The Renovation Risk

Medicine evolves rapidly and healthcare systems and their patients are all too acquainted with the constant renovations that seem to occur at hospitals. These are frustrating for patients and

taxing on employees. So the health systems are demanding assurances from architects that any new ambulatory care spaces will be flexible enough to accommodate—without major renovation or disruption—the inevitable changes in medical practice, technology, and equipment that no one can predict but will ultimately adopt.

The Wayfinding Risk

As specialty care moves out of smaller clinics and into centralized facilities, healthcare organizations also seek to minimize the wayfinding impact on patients, many of whom struggle with the challenges of multiple entrances, structured parking, and greater distances to travel from car to care.

Embracing the Opportunity

Of course, with any challenge comes opportunity. As shifting care models and operating structures create a demand for new buildings, healthcare systems can use new facilities to reinforce brands and to create architectural signatures that help communicate important mission-driven messaging to current and prospective patients. In other words, they build their brands whenever they build a building.

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Specialty Practices

To build a space that can be this clinic today and another clinic next year with minimal renovations is a big deal.



Brad Pollitt – UF Health

Case Study 1 UF Health Springhill Clinic

The University of Florida and Shands wanted to consolidate specialty practices on a new medical campus in Alachua County. Flad Architects developed the master plan for the 40-acre campus and designed its first building, a family medical office building housing the University of Florida Physicians specialty practices in neurology, cardiology, psychiatry, dermatology and women’s health. In all there are eight clinical suites, including an infertility clinic and in vitro fertilization lab, on four floors.

Like other healthcare organizations, Shands must address the many challenges, including rapid changes, of the industry. Part of the Shands strategy is to maintain small neighborhood primary care practices, distributed throughout the Shands service area based on population and utilization. Specialty clinics, however, are to be concentrated in central

locations. This affords economies of scale and allows Shands to support its clinics collectively with in-house ancillary services such as radiology and labs. The combined facility also increases cross-referrals among specialty clinics.

Flexibility

The new Springhill MOB includes an infertility clinic and in vitro lab. These new facilities allowed Shands to move in vitro fertilization procedures out of the hospital setting, where they took up high-dollar operating room space, and into the clinic where they can offer the procedure just as safely, just as successfully, but more efficiently. This move then allows Shands to optimize existing hospital space along with the new clinic space.

It is impossible to predict what other changes will come five or ten years from now, and yet the MOB has to be able to accommodate them. Shands Vice

President of Facilities Brad Pollitt says it was critical to incorporate into the design of the new facility enough flexibility to enable the inevitable evolutions of medical practice without tearing it apart and putting it back together again—an expensive process that burdens staff and distances patients.

“To build a space that can be this clinic today and another clinic next year with minimal renovations is a big deal,” Pollitt says. “We’re pushing toward flexibility for 20 years. We know that’s not easy, but we know it’s not impossible, either.”

Flad incorporated a modular design with universal exam rooms that satisfied the demands of each of the eight clinics. Procedure spaces were sized and situated for easy down conversion into two exam rooms. Clinical and support spaces were stacked as much as possible to optimize MEP systems efficiency.



Access and Wayfinding

Bigger buildings, though, can present bigger challenges to patients. Open surface lots can give way to structured parking ramps, which economize space but obscure main entryways. Multiple floors require elevator rides that slow transitions from the car to check-in, protracting the clinic visit.

Aware of those realities, Pollitt looked to Flad for its expertise in intuitive wayfinding design that relies on exterior sightline orientation and interior architectural landmarks in lieu of relentless signage to help patients find their way more naturally and peacefully through the building.

“I can’t sign every clinic in every direction from every point in the building,” Pollitt says. “The wayfinding has to be intuitive.”

To that end Flad utilized a central corridor with only two clinics per floor to minimize confusion. Views to the parking lot and entry from each floor help patients reorient themselves as they exit a clinic or the elevator. Clinic-specific color coding throughout the facility eases decision making at any turn. It’s a kind of wayfinding that doesn’t compete with or detract from the architecture because it is part of the architecture.

“Each element is simple, but collectively they create an implicit system that does not overly rely on signs or arrows to direct patients through the

building,” says architect and planner Tom Grove. Pollitt agrees. He likes the fact that the building does a lot of its own directing, which minimizes stress for patients. “When wayfinding is done well, you don’t see it, but you don’t get lost. When it’s not done well, you have a bunch of signs and it’s a cluttered mess and you don’t know where you’re going.”

An Architectural Signature

Bigger buildings have bigger profiles. That was part of Shands’ motivation for concentrating specialty clinics into larger ambulatory care centers. The Springhill MOB is situated close to the interstate and just off a main Gainesville thoroughfare. This was intentional for both convenience and exposure, but Pollitt says it is really the design itself that gets people to look twice.

Diverging from the familiar gothic style of the University of Florida campus, the modern Springhill facility reflects the more modern and innovative sensibility of the Shands Cancer Hospital, which was also designed by Flad and built in 2009. While Pollitt wasn’t looking to create an architectural signature with the two buildings, he says that’s exactly what Shands has done. People start to recognize the similarities between the two buildings, and they associate a high-quality building with high-quality care,” Pollitt says. “The design makes a difference.”

Flad Architects



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Big Demand. Small Building.

This stand-alone facility will help reduce those precious moments that you or a loved one spend en route to the emergency room when every moment counts.

Pat Cannon — Sun Prairie City Administrator

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Case Study 2 St. Mary's Satellite Emergency Center

Every year more than 20 percent of American adults between the ages of 18 and 64 visit an emergency department. The Centers for Disease Control and Prevention report that, all told, there are more than 136 million ED visits annually, and that number grows every year. Some of that is due to population growth, but not all of it. The American College of Emergency Physicians reports that the emergency department visits increased at twice the rate of the U.S. population growth in the decade spanning 1997 to 2007.

The demand for emergency care is evident everywhere. Then consider Sun Prairie, Wisconsin. The Madison suburb and second-

largest city in Dane County has grown more than 93 percent since 1993 and is one of the fastest growing communities in the state. Served primarily by three hospitals in downtown Madison, an emergency-room visit could be twenty or more minutes away for most Sun Prairie residents.

St. Mary's Hospital saw the need and opportunity, but was not at the time prepared to invest in an entire hospital. Instead it decided to build Wisconsin's first freestanding emergency department to meet the need for emergency care and to optimize the use of local emergency medical services vehicles.

"It's a great way to take part of a hospital into a community," says Tom Grove, principal at Flad Architects. "It's far better than urgent care, and far more complex, too."

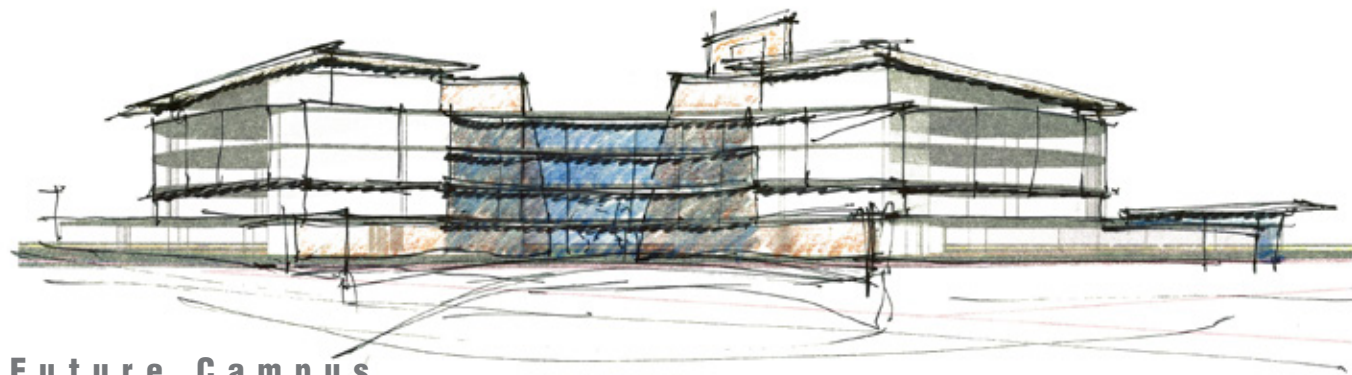
That's a bit of an understatement due to the slight twist that St. Mary's presented: The healthcare system wanted to reserve the right to add a hospital later, which meant that the ED had to be in just the right place and designed in just the right way for that to happen.

"It was very unique," says St. Mary's Director of Project Management Rick Stoughton. "It was such a small piece of a 15-year campus. To lay it all out, it made you think a lot more about what you are going to put in there in the future."

Small Building, Big Campus

Some would say that St. Mary's Hospital did things a little backwards when it built its Sun Prairie Emergency Center. With enough land for an entire medical campus, the healthcare system built just one department when it first broke ground. It's more than a little cart-before-the-horse, and it





Future Campus



wouldn't have worked at all unless Flad Architects had master planned the site, visualized the entire hospital, and anticipated all potential challenges at the outset.

"We had a lot more acreage than we needed for this building," Stoughton says. "We had to spend two months of design time master planning the entire site so that what we built today wouldn't have to be torn down ten years from now."

To do that, the design team had to consider all the options that might be part of the future hospital or campus. Parking structure. Loading dock. Helipad. Other factors included topography and elevations. If a hospital does get attached to the ED, the floors need to line up. The entrance has to remain visible and accessible. The once-freestanding ED would also need to meet the more-stringent hospital building codes without major renovations.

While St. Mary's remains tight-lipped about what else it is considering for the campus, Stoughton remains confident in the choice to start with the ED and go from there.

Big Opportunity

A freestanding ED would not have been possible for St. Mary's a decade ago. The advent of electronic medical records made it possible to keep a lean staff on site, which keeps costs down, but still enables ED docs and other personnel to

take advantage of expert consultations without delay.

"A radiologist can read a film remotely instead of having to be there," Stoughton says. "It expedites care and enables second opinions from around the world."

Stoughton expects advances in technology to drive other changes and to lead to opportunities for improved care and greater cost savings. While anticipating changes in procedures and equipment remains one of the greater challenges in designing healthcare space, Stoughton believes the ED is ready to handle future innovations. "The good thing is that most technologies are getting smaller instead of bigger," he says. "And the whole place is wired already. It's exciting."

Grove agrees, noting that the challenges ahead to be less about space and more about changes in how healthcare is delivered and where. "A freestanding ED is a relatively new concept," he says.

"The whole industry is changing, and that's exciting. Healthcare is extremely complex, and it is intriguing to solve these complex facility and design problems. It is also incredibly rewarding to work on spaces that can transform people's lives. At Flad we recognize the opportunity and the responsibility in that."

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Integrated Marketing



Celebration’s MOB reflects more of a hospitality-industry influence than a hospital’s. It has the same grace and feel of a five-star hotel.



Raymond Moe - Florida Hospital

Case Study 3 Celebration Health Women’s Institute

It is a transformative time for healthcare. Like many things in the industry, the medical office building (MOB) is evolving. Design innovations and market forces are changing the MOB inside and out. New clinic configurations reflect the influence of market pressures on healthcare systems that are increasingly challenged to differentiate themselves from the competition in order to remain relevant and viable.

Health systems are responding with more deliberate branding along with efforts to improve efficiencies and profitability. The result is, in some cases, a strategically conceptual MOB designed to achieve far more than economies of scale. In some cases the goal is to leverage ancillary practice groups that attract a specific and similar clientele. The goal isn’t exactly cross

selling, but the idea is similar: gather specialties with potentially overlapping patient groups so that the patients are lured by the ease and efficiency of one medical center for multiple needs. It’s an integrated-market approach that consumers will likely be seeing more of in years to come.

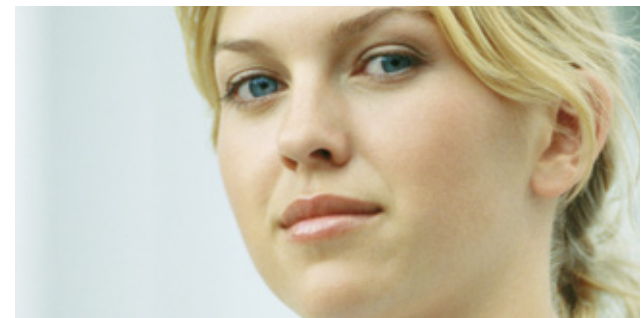
Consider Florida Hospital’s new Celebration Health Women’s Institute, a four-story, 80,000-square-foot building dedicated to women’s health services, including gynecology, obstetrics, breast care, radiation and oncology. It, like a traditional MOB, benefits from shared lab and image services. Yet the Women’s Institute took that concept a step further with flexible exam rooms—a relatively novel concept for a building housing independent clinics.

In a typical MOB, each practice group would lease a set amount of space and pay for that

space. On slow days, some exam rooms would remain empty. On busy days, patients would spend longer stretches in waiting rooms. Practice growth would be limited by the availability of adjacent space within the building unless the physician group was willing to relocate. It was a forecasting challenge for clinic operations managers, that made growth a problem instead of a success.

“Growth lines were limited,” says Raymond Moe, senior project manager with Florida Hospital. “If you have a practice group that is over-performing, which is a good thing, there had to be a better way to handle it.”

At Celebration, the flexible exam space gives practices some leeway for high demand on any given day and for long-term growth. “If my patient load is expanding one day, there is no reason I



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Raymond Moe - Florida Hospital

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can't flex another exam room," Moe says. "It gives us maximum flexibility, and you can't beat that."

The flexible space is good for the clinics, which can staff up to meet a day's demand, because it increases daily revenues and protects investments in good will, as patients are pleased when they don't have to wait months for appointments or hours in a waiting room. Ultimately, it serves the business in the short term and the long term.

The concept does require a different operational model and slightly less proprietary attitudes about space. "In some ways, it's like sharing an office," says Tom Grove, an architect and planner for Flad Architects. "Physicians have to give up some control for this to work."

Yet Moe says MOB practice groups bought into the idea because it promised to ease growing pains as practices expanded. Doctors were already familiar with shared lab and imaging services, so shared exam space was in many ways just a natural extension of that.

Moe says meticulous budgeting and financial breakdowns of the cost of the leasable space helped make the case for the broadened idea of shared services. Once it was clear that better space optimization ultimately benefitted both the hospital and the physician groups, it was easier to convince the doctors that it was a viable and sensible alternative.

"These are very special buildings, and these are definitely uncharted waters," Moe adds. "It doesn't happen in a vacuum. It's a true design effort and a true collaborative effort."

Grove notes that it was imperative to maintain opportunities for customization for each physician group in the MOB so that they retained a sense of ownership and control of both aesthetics and functionality. "This had to be an opportunity for better clinic operations," Grove says. "It was not simply compromise."

Of course, flexible space is just one feature of the integrated-market MOB. The Women's Institute also reflects other evolving healthcare mores. Celebration's MOB reflects more of a hospitality-industry influence than a hospital's. "It has the same grace and feel of a five-star hotel," Moe says, noting that the interiors feature soft, somewhat feminine-leaning finishes and designs.

The goal is to attract patients who want to receive medical treatment in a comfortable, inviting environment of their choosing.

Indeed, The Women's Institute is banking on the growth of destination healthcare. The patient profile certainly supports the model, as many fly in from across the country to access physicians and care. "This is very unique and new," Moe says, "but there is a lot of literature out there that says this is the future of healthcare. There's always constant pressure to reinvent yourself."



Flad Architects



Flad Architects has earned a reputation for outstanding client service, fiscal responsibility, and design excellence over its 85-year history. Specializing in the planning and design of innovative science facilities for academic, healthcare, government, and corporate science and technology clients, Flad is nationally known and honored for its planning and design expertise. In addition to traditional architectural services, Flad provides strategic facility planning and programming, laboratory planning, interior design, landscape architecture, and structural engineering.