

## "Top Ten Ways to Plan a Successful Hospital"

There's been a great deal of interest lately in the "Top Ten Lists" produced by comedian, David Letterman. Recently, Letterman produced a list that we thought you'd be interested in.

### "Signs You're in a Bad Hospital"

You go in for routine surgery, you come out with a tail.

You recognize your doctor as the kid who was mopping the lobby when you checked in.

Instead of a sponge bath, they send in a St. Bernard to lick you.

Every couple of minutes you hear a bugle playing taps.

You and your room mate have to take turns on the I.V.

Instead of "patient" they use the term "plaintiff".

(Presented 3/15/95, Broadcast of the Late Show with David Letterman.)

It's ironic that this humorous list reflects many of the issues affecting hospitals today such as Quality Management, Cross Training, Outsourcing, Alternative Therapies and Managed Care. While it's easy to recognize the signs of a "bad hospital", most of us are in the business of planning ways to improve healthcare and hospital systems. What follows is a "Top Ten List" from McKahan Planning Group. We hope you find it useful.

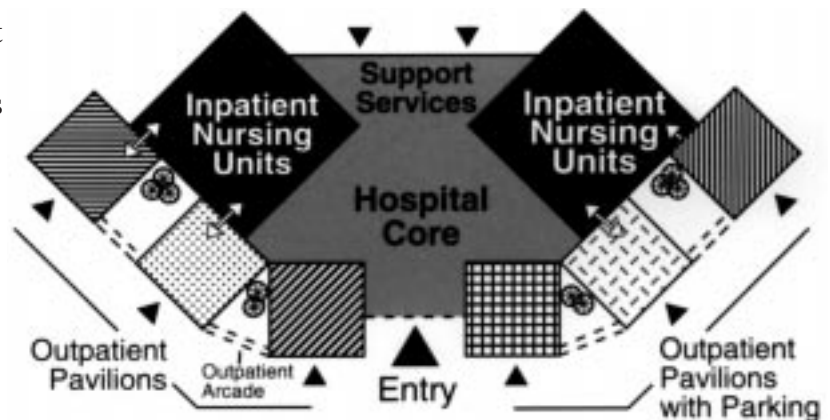
## "Top Ten Ways to Plan a Successful Hospital"

### 10. Accommodates both Inpatient and Outpatient Populations.

A successful hospital must be planned for declining Inpatient utilization and an increase in hospital based Outpatient Services. The ability to convert traditional Inpatient Departments to Outpatient Service Centers is crucial to successful hospital master planning.

Successful hospital based Outpatient Programs should:

- Share staffing and medical equipment between both Inpatient and Outpatient populations.
- Service both Outpatients and Inpatients with the same level of expeditious medical care. (Outpatients are not secondary to our traditional Inpatient customers.)
- Be able to segregate Outpatients from Acute Inpatients through the use of separate service corridors and waiting rooms.
- Planned with the flexibility to swing space from Inpatient uses to increased Outpatient capacity.



*The Hospital of Tomorrow may resemble a retail shopping mall wrapped around a hotel complex. This conceptual drawing demonstrates how Outpatients can have convenient, grade level access to Diagnostic and Procedure Areas, with Inpatients using the same departments connected to hospital Nursing Towers.*

*A central arcade connects each of the Outpatient Pavilions for Ambulatory Patients, while Support Services feed supplies and staffing to the entire complex.*

**"Hospitals are going through a self-transformation of institutional form & purpose."**

Steven H. Sieverts

## 9. Knows How to Recycle Itself.

As shown in the chart below, Inpatient utilization of hospitals is dropping. Every major city in the U.S. has 30% to 50% more beds than it requires.

This phenomenon will force hospitals to "recycle" their existing facilities and convert space to new, revenue producing, healthcare services. Existing Inpatient Nursing Towers may successfully be converted to:

- Skilled Nursing and hospital based Sub-Acute Units.
- Creation of Co-op Care Nursing Units. These are Sub-Acute Patients assisted by friends or family members during hospitalization. (Example: Rhode Island Hospital, Co-op Care Program.)
- Creation of 23-hour Observation Units for Chest Pain, Asthmatics, Outpatient Recovery Centers and Inpatient Discharge Holding Units.
- Conversion of Nursing Towers to Specialist Clinical Offices. Hospital based specialists can utilize converted Nursing Wings for medical offices, providing those physicians with direct physical access to Patient Care Units.

Hospital Beds - Supply vs. Demand			
Inpatient Beds Per 1,000 Population			
Market	Supply of Beds ('94)	Demand for Beds ('95)	% Utilization
New York	5.5	3.3	50%
Chicago	4.3	2.2	51%
Miami	5.0	2.3	46%
Phoenix	3.2	1.6	50%
Los Angeles	3.7	1.5	40%
San Diego	2.8	1.5	54%

## 8. Aggregates Patients by Acuity.

The real indicator of a successful hospital is the *quality* of its patient outcomes, and not the *quantity* of its specialty care beds.

Patients who used to be grouped by their specialty designation, are now aggregated by the clinical resources required for their course of treatment.

The planning and design of these multi-specialty Nursing Units should be based on staffing skills, length of stay and acuity of patient care. Look for:

- \* Larger, more flexible, universal patient rooms.
- \* Information systems that track patients across the continuum of hospital care.
- \* Multi-specialty Care Teams assigned to patients with similar acuity or length of stay.

Consolidation of speciality Nursing Units increases utilization of existing facilities and provides quality patient care in the lowest acuity setting.

## 7. Can Accommodate the "One Day Medical Patient."

Can your hospital do Diagnostic Testing, Arthroscopic Surgery, start Physical Therapy and discharge a patient in 23 hours or less? Welcome to the world of the "One Day Medical Patient." Hospitals are now developing clinical pathways for these short stay, ambulatory procedure patients.

Similar to hospital based Recovery Units, these 23-Hour Procedure Centers are designed for extended stay Outpatient Surgery, Recovery, Invasive Radiology and Cardio-Pulmonary procedures.

## 6. Becoming a Road Warrior

To improve community outreach, hospitals are "taking their show on the road". Successful hospitals may create medical motor pools for Home Health Nursing and Mobile Screening/Diagnostic Vans. These new high-tech "Road Warriors" will travel a regular circuit between hospitals, schools, the workplace and retail centers.

## 5. A Well Wired Workplace

Hospital systems lag far behind other U.S. industries in the development and implementation of information technologies. Over the next ten years our health systems will be investing almost \$15 billion in new clinical information systems. (Source, Volpe, Welte & Co.)

The "well wired" Health Center of the future will feature:

- Accessible cable tray systems, additional communication closets and a communication cabling master plan.
- Greater use of hand held computers and Personal Digital Assistants (PDAs) for patient records, order entry, billing and communications .
- Explosive growth of tele-medicine, linking hospital and physician offices for Digital Imaging Systems and Electronic Medical Records.

Projected Hospital Use Patterns			
	1995	1997	2000
Inpatient Beds	704,109	622,098	500,000
Average Length of Stay	6.7	6.4	5.9
Care Per 1,000 Population / Yr.			
	1995	1997	2000
Days of Hospital Care	737	640	502
Hospital Based Outpatient Visits	1,578	1,715	1,921

Source: Dennis R. Moser & Associates, 1995.

## 4. Values Volunteerism

Few hospitals can afford to meet the challenges of modern healthcare using only salaried staffers. The "age-wave" will provide hospitals with an altruistic, new generation of healthcare volunteers.

Operational and facility plans should be designed to accommodate these new volunteers, including:

- Volunteer conference, office and work rooms.

- Facilities for volunteer homecare programs, medical transport systems and a variety of personalized patient care amenities.

## 3. The Hospital as a Healing Environment

Hospitals should be trend setters, creating healthy environments through therapeutic design concepts. In an effort to soften their institutional image, improve environmental quality and increase their patients sensory connection to nature, many hospitals are "going green". Research indicates that indoor plantscaping, rooftop gardens, solariums and small atria have a healthy impact on hospital staff and improve quality of patient care. (Research Study: Univ, Calif. Berkeley, 1995)

## 2. Declare Victory!

Low utilization of patient care services may be a sign that your hospital has fulfilled its medical mission within your community. A hospital's Mission Statement empowers it to battle against human suffering, pain and disease. If your medical care organization has now won that battle, doesn't it make sense to "declare victory" and pursue other goals? If your patient population is now medically overserved, can you decommission unnecessary facilities, off-load medical equipment and duplicated services? Successful hospitals and health systems know when it's appropriate to battle disease, to redeploy medical resources and even "declare victory."

## 1. Think outside of "the Box."

"Hospitals are run by people fascinated with big white buildings and all they contain." (J. Ian Morrison)

Hospitals are no longer viewed as the centerpiece for community healthcare. To survive and thrive in today's medical marketplace, hospitals must evolve and adapt to a new system of healthcare which is not

"place centered." We must plan for a (cradle to grave) continuum of patient care that exists outside of "the box". This system of Community-based Health Planning will require new facilities for Home Care, Workplace Wellness, Primary Care in schools and retail-based Diagnostic and Ambulatory Care Centers.

It's an exciting time to be a Healthcare Architect. Architects are agents for change, and change is the common denominator of modern healthcare. We hope this "Top Ten List" helps expand your thinking about the changing role of hospitals and health systems in our evolving medical marketplace.

This monograph is #3 in a series produced by:  
**McKahan Planning Group, 1996**  
12702 Via Cortina Del Mar, CA 92014  
619-259-3979