

Purpose

need not send you around the twist!

By Anthony J Hanks

OD, BOptom, FAAO
OPTOMETRIST
PORT MACQUARIE,
NEW SOUTH WALES



Careful planning, minute attention to detail and a dedicated building team allowed Tony Hanks and his associates to erect a purpose-built practice at Port Macquarie on the New South Wales north coast. Here Tony shares his thoughts on establishing the new facility in the hope that some of the ideas used will help colleagues who may be considering similar projects.

Eight years after establishing our practice in Port Macquarie we found growth exceeding original predictions, with the premises too small and inefficient in layout and patient flow.

So we decided to relocate to larger premises, hopefully intending never to move again. This meant that as much time would be spent in planning the new practice as was involved in its construction.

Use of consultants

An architect was vital to the success of this project and even though he did not have a good appreciation of the specific needs of an optometric practice, his ideas and expertise were certainly worthwhile. Equally important was the interior designer. We had previously assumed we could do this ourselves, but her input led to a much more cohesive result and we have had many positive comments about the 'restful, relaxed' feeling in the practice. She also guided us in conveying a message of 'caring about quality', while trying to avoid perceptions of being 'expensive'. Another valuable external source was the Australian Bureau of Statistics and its '4 site' program on population demographics.

Location

Finding the best location for the new practice was more difficult than we had expected. After contacting every local real estate office with a written description of our needs, we had some 30 alternatives to chose from and eventually purchased a house which had been a pathology practice. The house was then sold and moved away.

Free-standing

An important part of the location planning was the decision about the style of practice: we wanted to build a health-care facility, not a shop. It had to be visible and identifiable, but not in the main shopping areas. We chose a main arterial road, two blocks from Port Macquarie's main street, which provides plenty of on-street parking and, with a level site, access for less mobile patients. The free-standing building also has rear on-site parking for six staff, with access through the staff room.

Practice size

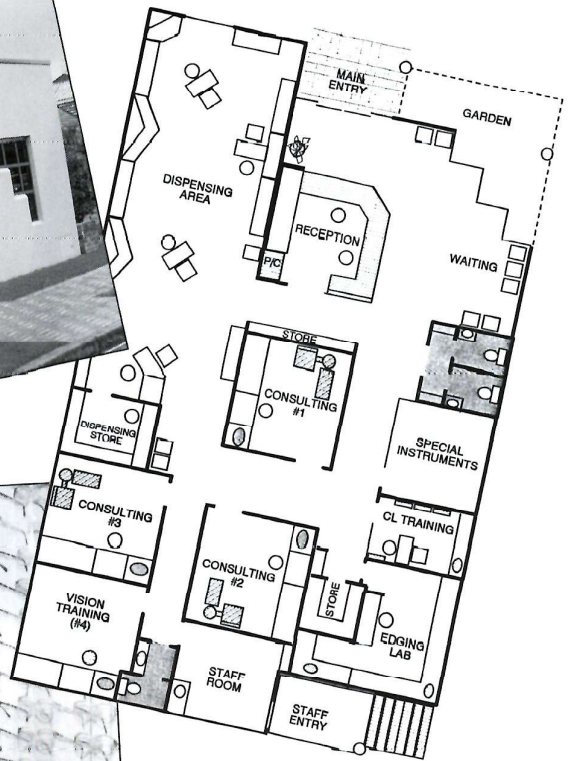
The original practice had two consulting rooms shared by the three optometrists — not an ideal solution when all three wanted to work simultaneously. The new practice has four consulting rooms (of which three are already equipped), a special instruments room, contact lens training room, edging and tinting laboratory, dispensing area, reception, waiting room, staff room, store-rooms and toilets. Total size is 280 sq m (3,000 sq ft).

Layout

We use a circular hallway, taking patients from reception, past special instruments, to the consulting rooms, then to dispensing, and finally back to reception. Alternatively, a patient being seen for a delivery or adjustment can be taken directly to the dispensing area by using the hall in the reverse direction. This is illustrated in the layout diagram opposite.

Other features include special instruments and contact lens training which are available to all consulting rooms without the need to pass through

building



Clockwise from top left: the exterior of the practice; a plan of the layout; the airy waiting room looking on to the street; and new dispensing area

the waiting area. These have glass walls, with micro-venetian blinds facing the central hallway so that patients can see facilities even if they are not using them on this visit.

We were aware that a large dispensing area was needed to handle patients, all of whom could possibly emerge at the same time from the three consulting rooms

(later to be four). We provided four separate dispensing table workstations and room for other patients wishing to browse.

Storage was important and at this stage we are happily oversupplied in this area. A staff room and staff toilet were small luxuries, but ones which we knew would be a definite advantage. The staff room is also used as the central control area for background music, alarm, watering system, telephone and similar.

Technology

We decided to incorporate some of the latest technological innovations

in the interest of practice

efficiency. Examples included:

- Independent air conditioning areas
- Silent 'patient waiting' intercom lights
- Master switch for all internal lighting
- Networked computer system
- Compactor filing
- Multi-CD background music
- Video for CL patient training
- Sensor switch for external lights
- Coloured neon fixation lights.

The air-conditioning system was upgraded to provide individual climate control to overcome problems of heating in rooms with north-facing windows.

Another need was to be able to know that the next patient was waiting. We have all had the situation of believing we are running late, pressuring

ourselves to conclude the consultation, only to find that the next patient is a 'no-show'. Our inexpensive solution has been to install an intercom neon in each consulting room. These are controlled by two-way switching at the reception desk. The arrival of the next patient can be indicated silently, and the optometrist can acknowledge the message by turning the light off.

Another inexpensive step for efficiency has been the wiring of a single master switch inside the staff entrance to control all lights throughout the practice. We had previously found that it took several minutes to walk around at the beginning and end of each day turning all lights on or off.

In moving to a new location we also took the opportunity to change to a new computer system. We chose Sunix 'Vision' networked through the practice and have been pleased with how quickly the staff adapted to it. There are two terminals at the reception desk to reduce congestion with two hubble jet printers, one handling receipts and invoices, the other for reports and banking. This avoids the need to change paper for different tasks and the presentation is good while the operation is quiet.

Costs even included CD player

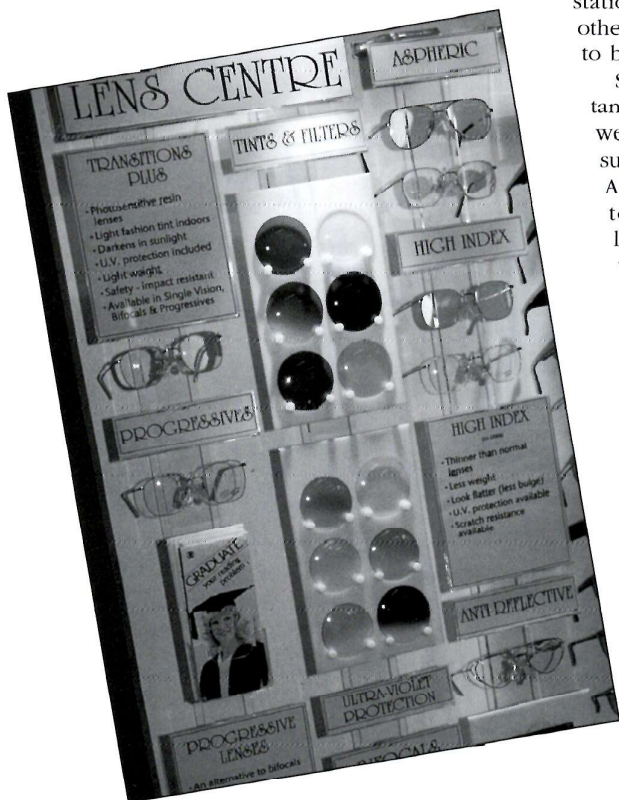
Other ideas included a compactor filing system for patient records, a multi-CD player for background music, video for contact lens patient training, a 'Sunset' sensor switch for external lights instead of a timer, and coloured neon lights for the various fixation directions in the consulting rooms.

We were pleasantly surprised that this was comparable to the purchase price of more traditional commercial premises in our area.

The final cost of the total project was \$470,000. However, this would obviously have varied depending on the land content in different locations. (This figure does not include the equipment or inventory).

Summary of overall cost	\$
Land and legal costs	210,000
Sale of house (moved away)	- 5,000
Architect and interior designer	5,000
Building construction	200,000
Fixtures and fittings	30,000
Air conditioning	17,000
Carpets and floor coverings	<u>13,000</u>
Total	\$470,000

Our self-imposed brief was to provide a comfortable working environment and a pleasant, professional atmosphere for patients. We did not want to be 'over-the-top' with too much brass or marble and with the help of the interior designer we are most pleased with the result and have had many positive compliments from our patients. □



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