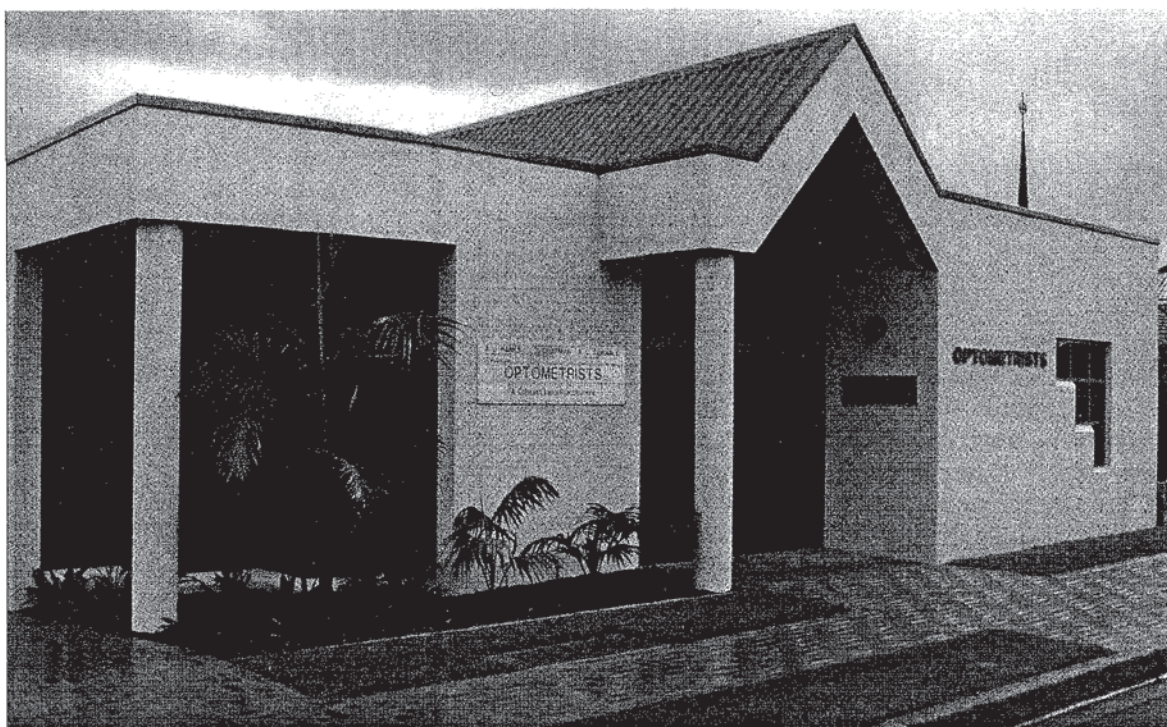


The final cost of the project was \$363,000 (US), comparable to the purchase price for more traditional commercial premises in our area. (This figure does not include the equipment or inventory).



ALL PHOTOS COURTESY OF THE AUTHOR

A "Purpose-Built" Practice

by Anthony J. Hanks, O.D., B.Optom.

We knew we had a problem. Our practice had been established for eight years and growth had exceeded our original expectations. The premises were too small, and we had discovered several inefficiencies in the office layout and patient flow.

Originally we had tried to fit all our operations into the limited space available.

With a total area of 1,800 square feet, this meant that as our practice had grown, most rooms had become too small. For example, the hallways were just three and one-half feet wide; with a staff member escorting each patient, it was awkward to pass another patient moving in the opposite direction.

Other problems included poor visibility in a large building, two consulting rooms for three optometrists, limited frame display and dispensing areas, and no dedicated contact lens training room.

We decided to relocate to larger premises, with the specific intention that we would never have to move

again. In the final analysis, this decision meant that as much time would be spent planning the new practice as building it.

Use of Consultants

An architect was an important part of the success of this project. While it was true that 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 decorator. We assumed we could make these choices ourselves; however, her input led to a much more cohesive result and we have had many positive comments about the "restful, relaxed" feeling in the office. She was able to guide us in conveying a message of "caring about quality," while trying not to support any perception of being "very expensive."

We were able to make good use of demographic information available from the local Chamber of Commerce and the Bureau of Statistics. For instance, we learned that Port Macquarie has a population of 30,000 people, but that it provides services for another 25,000 in surrounding areas. While the population is growing at a healthy 4% per annum, it was also important for us to learn that in fact 11% of the population are new arrivals

SYNOPSIS

This Australian optometrist explains how he and his partners upgraded their practice and its image by erecting a new, freestanding building for their office and customizing it to the needs of an optometric practice.

every year. This occurs because of the large number of retirees moving to the area, less 7% who either move away or die. Every year, 11% of our population does not know our practice. This fact reinforced to us the importance of being visible and easily identified.

Location and Layout

Finding the best location for the new practice was more difficult than expected.

Our result was finally achieved after contacting every local real estate office with a written description of our needs. This increased their awareness of our practice and resulted in some 30 alternatives being offered. From these we selected several "possibles" and eventually purchased a house which had formerly been occupied by a pathology practice. The house was then sold and moved off the property.

An important part of the location planning was deciding the style of practice: We wanted to build a health-care facility rather than a "shop." We wanted to be visible and identifiable, but did not want to be in the main shopping areas. Our property is therefore on a main arterial road, two blocks from our community's main street.

The new practice allows for four consulting rooms (three equipped so far), a special instruments room, contact lens training room, an edging and tinting laboratory, dispensing area, reception area, waiting room, staff room, various store-rooms, and rest rooms. The total is 3,000 square feet.

While the architect determined the overall dimensions of the space that could be constructed on the land available, the internal floor plan was developed with input from a variety of sources. These included the practices of some colleagues and other health care providers; ideas collected from articles, books, and manufacturers of dispensing furniture; and our own thoughts.

The general concept is to use a continuous (or "circular") hallway that takes 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.

Other features include the availability of special instruments and contact lens training to all consulting rooms, without the need to pass through the waiting area. These rooms also have glass walls, with mini-blinds, facing the central hallway so patients can see facilities even if they are not using them on this visit.

We knew we needed a large dispensing area to handle patients emerging from all three ODs at the same time. We installed four separate dispensing table workstations, and room for other patients to browse.

We are happily oversupplied with storage space. A staff room and staff rest room were small luxuries we knew would offer definite advantages. The staff room is also used as the central control area for the background music, alarm system, watering system, telephone system, messages-on-hold, etc.

Technology

We previously suffered the frustrations of controlling air-conditioning where some rooms were affected by large windows, while others (like the consulting rooms) had no windows. To solve this problem we have installed separate air-conditioning systems for the various room types: those with automatic doors opening to the street; the consulting rooms; and those affected by windows. It's true we could have saved 15% on the cost of the equipment by installing one larger system for the whole building. We felt that the extra cost was worthwhile, however, for the flexibility and efficiency of the three independent systems.

Another need was a way to know when patients were waiting. Our inexpensive solution has been to install an LED-lighting panel in each consulting room. These are controlled by two-way switching at the recep-

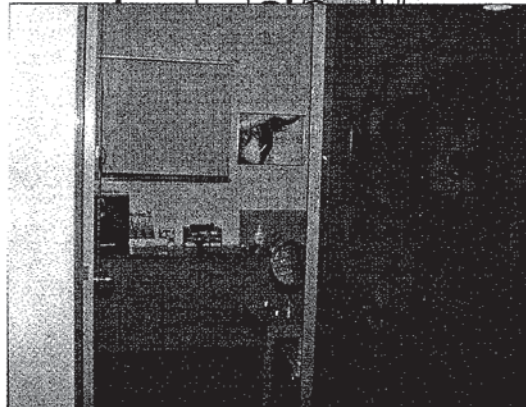
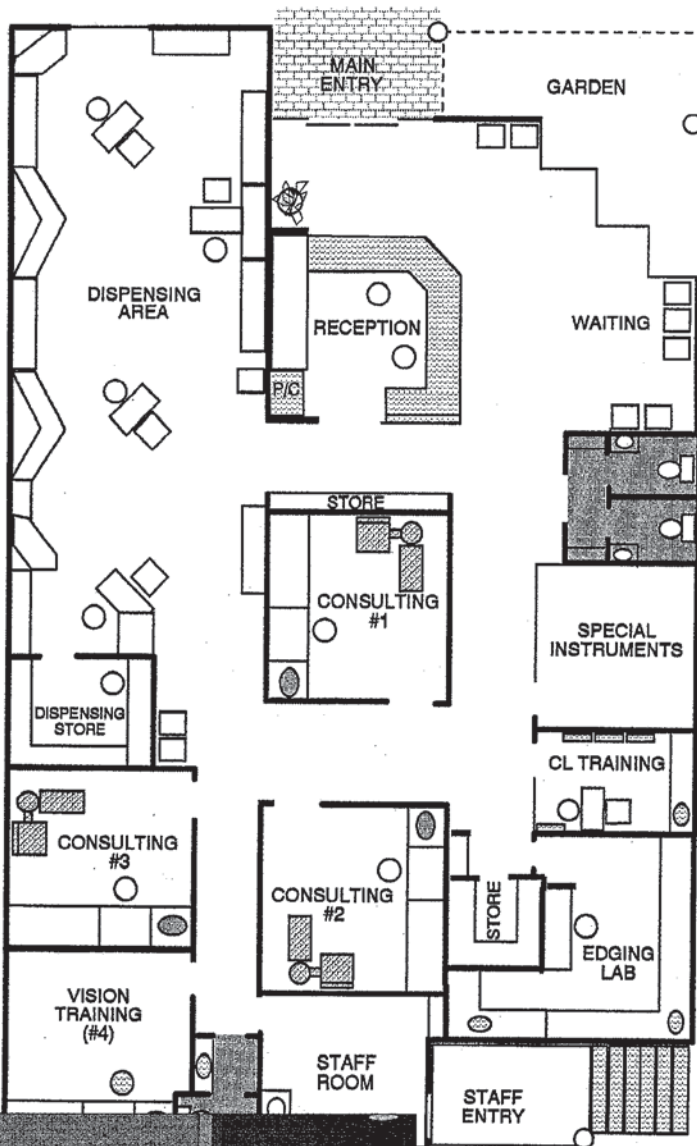
Anthony J. Hanks, O.D., B.Optom., practices in Port Macquarie, Australia. He also works as a clinical and professional consultant with particular interest in specialty contact lenses, children's vision, and professional practice development.

Communicating Our Move

With a new building on a different street, three blocks from our former location, we knew we would be more visible to new patients, but also wanted our established patients to know we hadn't disappeared.

Since the construction and outfitting of the new practice took nine months, we were able to use this period to communicate our move. We employed a number of strategies to be sure our current (and future) patients knew about our move:

- Sign in waiting room for nine months before move
- We mentioned the move to patients when discussing their next recommended examination
- Sign at new premises during construction
- Relocation notice mailed to all patient households
- "Open House" at the end of our first week
- Location maps with all recall letters for six months
- Location confirmed during all telephone discussions for appointments (ongoing)
- We booked ahead to ensure the change of address was included in the new phone book (issued eight weeks after we moved)



The contact lens training room. Note the use of glass walls and mini-blinds to make the room visible to all patients.

worked through the practice, rather than one using a dumb terminals. Staff now has the flexibility to log off the network and use individual PCs for other tasks when needed. There are two terminals at the reception desk to reduce congestion. There are also two bubble-jet printers, one handling receipts and invoices, the other for reports and banking. The bubble-jets are less expensive to run than laser printers while the presentation is still good, and they are much quieter than dot matrix printers.

Our patient files have been accommodated in a new computer filing system, with significant savings in space. It allows individual filing bays to roll along a common set of rails, so

tion desk. The arrival of the next patient can be indicated silently, and the optometrist can acknowledge by turning the light off.

In moving to a new location we took the opportunity to change to a new computer system, a set of IBM-compatible PCs net-

only one "space" is required for the user. By sliding the bays along, space is created alongside the bay required.

Other ideas include a multi-CD player for background music, a video system for contact lens patient training, sound-insulated walls for consulting rooms and rest rooms, a "sunset" sensor switch for external lights instead of a timer, and a CD player for our own "messages on hold."

Expectations and Results

While we have enjoyed a much-improved working environment, many readers will also be interested to know whether the exercise was financially worthwhile. We were able to sell the former premises to assist in the costs, but the total investment in our practice has certainly increased as a result of this exercise.

These strategies were relatively inexpensive and easy to implement. We are now confident we were successful in not losing (or confusing) our existing patients. In fact, recall response rate (measured as returning within two months of reminder) increased by 15% in the six months following the relocation.

We expected the new location to increase the practice workload by approximately 10%, partly because our premises were new, but also because of the benefits of greater visibility.

Even though the new practice opened during a general economic recession, we were pleased to find that the relocation and larger purpose-built premises led to an 18% increase in monthly patient. We are satisfied that this made the exercise worthwhile.

It is always useful to learn from our mistakes. There have not been significant areas in which we wish we had done things differently. Perhaps this is luck, or a measure of the time spent in planning, or perhaps we just haven't realized our mistakes yet!

On the positive side, the practice is now operating efficiently and we have confirmed the value of using expert consultants. We are also pleased with our choice of practice mode—a professional health care practice in a freestanding building. We have accepted the fact that we cannot appeal to the needs of all patients, and are pleased to be serving this segment.

The purpose of this article has been to share my thoughts on the establishment of a new practice facility. Hopefully some of these ideas will be helpful for colleagues considering a similar project.

In any new building it is difficult to completely visualize how it will turn out. Fortunately, our result was better than we expected. A purpose-built practice is a large project to attempt, but the final result can be very satisfying, and worth the effort involved. ●