

Design

The demise of the waiting room as it exists today

Health care facilities across the country are making dramatic changes to their waiting areas in response to the coronavirus pandemic, which has accelerated the growing belief that the very concept of a “waiting room” is long overdue for a critical reevaluation.

Currently, from hospitals to retail clinics, patients entering a health care environment are being treated with the assumption that they could be COVID-19-positive and adjustments to intake processes have been made accordingly. The Centers for Disease Control and Prevention recommend the implementation of “source control for everyone entering the facility, regardless of symptoms.” These changes start with the medical staff’s level of personal protective equipment, such as N95 masks, face shields and gowns, for all personnel interacting with



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visitors and patients. Many health facilities also are attempting, as much as possible, to maintain 6 feet of separation between visitors, and between provider and patient.

Such “social distancing” modifications have extended to waiting rooms themselves, either by removing or reconfiguring seating areas. For nonemergency intake facilities, the increased use of appointments is helping to reduce crowding as well. Patients must also do their part by wearing masks before entering the facility and arriving unaccompanied.



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Old carpets are replaced with other resilient floorings, deep cleanings occur regularly, hand sanitizer is everywhere and Plexiglas shields are being installed. Waiting rooms in the time of COVID-19 are definitely areas in transition.

Why Wait?

Even before the pandemic, the medical community widely recognized the idea of a “waiting room” was in dire need of a rethink. Waiting is never enjoyable, especially if you are waiting in an area with other potentially sick and contagious patients. From an economic standpoint, a patient waiting is not contributing to a hospital’s bottom line and it is seldom a “value-added” experience for patients, who are often missing out on their own work and other obligations as they wait.

Most importantly, improved intake improves health outcomes. After all, getting the patient where he needs to be as quickly as possible, especially in emergency situations, is vital.

Intake trends already were headed in the right direction, including incorporating biophilic design in waiting areas and prioritizing quick and efficient intake and rooming.

But they still have a way to go. Overall, the average wait time to see a doctor in a taken before the pandemic was approximately 18

minutes, 13 seconds; as expected, longer waits negatively impacted patient satisfaction. For hospital emergency departments, normal wait times exceeded 90 minutes.

Pioneering facilities are beginning to completely rethink the process; several have created the position of “intake physician” as a point person to immediately assess incoming patients and assign them to the appropriate path of care. COVID-19 may push health care facilities toward “just-in-time” delivery of care and a greater integration of technology.

A Future Relic

Revamped intake procedures go hand in hand with revamped spaces, and clearly the temporary modifications to the areas themselves must be made permanent in many respects.

Private waiting spaces – they might even be described as “pods” – are one possible step forward, because while patients must be socially distant from each other, the close companionship of a friend or family member who can advocate and convey patient needs, is often vital to health outcomes; it can truly save lives if the patient is incapacitated to some degree and is unable to fully describe their need themselves.

More broadly, patient intake needs to be staged in various zones of processing. Some facilities have even erected pre-entry tents amid the COVID-19 outbreak to screen for high temperatures before admitting

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Construction

Flexible design solutions for health care renovations

Health care construction is one of the most necessary and challenging sectors of commercial construction.

As technology advances, regulations change and the needs of patients and employees shift, a constant evolution in design and construction is necessary to meet the objectives of these projects.

The urgency of the onset of COVID-19 has shed light on a need for improved efficiency in the renovation and construction of health care facilities. “An immediate concern is for hospitals to keep elective, or necessary but not life-threatening, surgery cases going while dealing with overflowing emergency departments and intensive care unit beds,” said Richard Simone in Healthcare Construction + Operations News.

Implementing facility renovations to create segregated areas and reconfigure existing spaces will be key to maintaining revenue-generating operations. Revisiting modular construction solutions, building new HVAC systems and considering micro-hospital developments for specialized services will lead these developments.

“What drives our clients to modular is the flexibility, time and financing we can bring with it,” said John Lefkus, president and a principal owner of RAD Technology, a



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modular builder that specializes in radiation, sterilization and oncology facilities.

Urgent care facilities and ambulatory surgical centers separate from large hospital facilities will continue to grow, as they often offer procedures at a lower price and reduce the risk of exposure to infection. In addition, the desire for treatment options to be available closer to patients and for facilities themselves to become smaller and more specialized is increasing the demand for additional free-standing centers. The future of new construction will include an expansion of medical facilities providing services outside of acute care, such as childbirth, dialysis, medical imaging and rehabilitation.

Increased regulations and policies around isolation and surge capacity at hospitals to mitigate COVID-19 have impacted the build environment and will continue to do so. In order to deliver a quality construction project on time and on budget under this new environment, stakeholders must select a team that is up to date on the latest techniques

in the health care planning, design, and construction processes as well as Life Safety Code compliance, and understand the special considerations in Infection Control and Risk Assessment. Moving forward, specialized healthcare certifications such as ASHE and ICRA will be expected of all members of the project team.

Onboarding general contractors earlier in the design and preconstruction phase provides another opportunity to maximize efficiency. As issues in supply chains, speed-to-market and labor shortages continue to increase as a result of COVID-19, the insight and experience of professional general contractors will be an asset early on. Their ability to advise on material selection and procurement to fit the goals, budget and project timeframe combined with longstanding relationships with subcontractors can mitigate the impact of the aforementioned issues.

To expedite the construction process so that the provider can start servicing patients, the owner, design professionals and contractors are, “Working together to see how these buildings can be constructed as fast as possible,” said Robert Brewer, a partner of Grassi’s architecture and engineering practice in a recent Construction Dive article.

Involving GCs from the get-go can help owners identify any potential obstacles from the start and integrate solutions into the project budget and timeline. Inspections can be scheduled in an efficient sequence, clear purchasing, and delivery dates can be set, and performance standards can be set so that work gets done correctly the first time.

“We have a keen understanding of who can do what and have created a dynamic and flow within our team,” says Bill Bryant, senior project manager at Global Construction. Seasoned professionals also will be able to react on the fly, overcoming obstacles and adapting resource allocations to ensure maximum job-site productivity.

Finally, selecting a team that values staff and patient safety and understands the expectations of conducting work in an operational facility will still be paramount. Designers and architects who have a holistic view of the project and understand how their decisions impact the construction process will be better suited for these projects. General contractors who have developed systems and practices that ensure uninterrupted patient care and patient, staff and visitor safety will lead the way for the future of medical facility construction. ▲