



# How Facility Design Impacts the Patient Experience—Part 1

How your office looks and feels can make you or break you.

BY JUDY CAPKO AND CHERYL BISERA

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**Editor’s Note:** *This is part one of a two-part article. The second part will run in the August 2026 issue.*

**T**he reality is that most people spend more waking hours at work than anywhere else. For those that work in the medical

field, the majority of that time is spent in a medical facility such as a hospital, clinic, surgical center, urgent care clinic, specialty treatment facility, medical office, or diagnostic center. Even though so much time is spent in the work environment, how we feel about that space is usually subliminal and not something we consciously think of. Where you work is just a fact of life. Though some may grow frustrated working in an inefficient facility or confined to a

space that is too small to “do the job right”—and they might even gripe from time to time—most eventually accept their workspace and figure there isn’t much they can do about

portance and impact on a practice or other healthcare facility. The physical plant can actually be considered a practice tool. Just like diagnostic and procedure equipment, how well it

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it. The truth is that the importance of this space, and its contribution to a business’s success or demise, is consistently underestimated.

## The Importance of Your Physical Plant

The physical space you work in is an environment of its own, often neglected and misunderstood in its im-

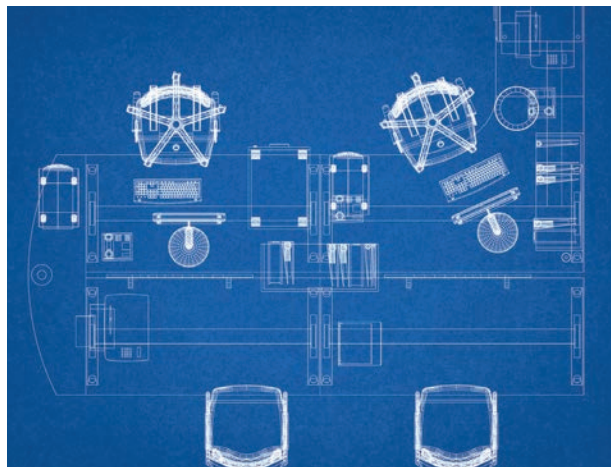
ports is vitally important to the overall performance of the people that use it and the business as a whole. In a medical facility, this means physicians, employees, and patients.

## First Steps First

When planning or evaluating a space, think first of the facility’s performance requirements before worrying about its ambience and how it looks, because an attractive building that is not big enough or that lacks the proper layout will cost you in lost revenue every single day. That’s right, no matter how attractive your facility or the décor is, it cannot overcome inefficiencies that cause disruption and waste time like a poorly laid out or insufficient space.

We rarely see a practice build a space that is too large.

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Decision-makers are far more likely to underestimate their space needs, often due to a focus on budget concerns that do not take into account or encourage growth. In these cases, not enough square footage is acquired, and the mistake is costly in the long run. Failing to recognize how important it is to identify your real space and function needs on the front end can result in a need to renovate or expand space long before it was intended, costing far more money than having done it right the first time. Additionally, the inefficiencies of an inadequate space drain a practice of resources every day. All of these contribute to an enormous loss in the long run.

It is important to take a diagnostic approach to examining how well existing space functions—what works well and what is hindering performance and patient service. Compromising performance and service are costly mistakes in the use of time and resources, as well as threatening your ability to be more patient-centered.

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### When selecting new space think about the site itself, not just the space you will occupy.

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When considering how to apply your décor budget—which of course has an important influence on the patient experience as well as that of staff—you don't want to skimp, but it is important to focus the majority of this budget on the reception area. This is a space that every patient encounters. Patients expect this space to be as comfortable and well put together as their own home, or more so. The clinical space décor is expected to be bright, clean, and simple.

#### It's a Package Deal

Don't overlook the obvious. Selecting a new space is not just a new suite, but often a new building. That means location, amenities, and parking convenience all need to be considered. In addition, what's the area

like? Can your patients easily transition to this new location? How is the signage leading to your suite? Are the neighboring businesses a good match for your practice? A pediatric practice next to a Hooters restaurant might not be a good idea. An

orthodontist across from a middle school or a sports medicine practice near a fitness club sounds like a wise choice. When selecting new space think about the site itself, not just the space you will occupy.

#### Case Study: A Painful Mistake

Heidi Springer, MD, and Timothy Guard, MD, outgrew their rheumatology office space several years before they decided to make the big move and the even bigger investment in a new office. Finally, they were ready and spent the better part of a year looking for new space. The

entire practice team remembered how quickly they outgrew the existing office, so they carefully thought about how much space they would need once they added another physician and another provider. They also wanted an infusion lounge to provide extra comfort for the patients. The doctors and their practice manager, Sandra Black, looked at many possibilities, and they ended up choosing an office with great visibility from the highway that was near a major intersection, giving them added exposure and making it easy for patients to find.

Once they decided on the office space they wanted, the design phase took another six months. They looked at drawing after drawing of floor plans, paying close attention to

every detail. Sandra and the physicians addressed every shortcoming of their existing space and considered all the aspects of their future needs. The nursing supervisor was involved in the design of the clinical space and paid close attention to clinical flow

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and communication. Everyone was meticulous in analyzing their space needs and traffic flow, and privacy issues and OSHA requirements were evaluated. Once the floor plan was finalized, Sandra worked closely with the designer to make sure the interior was beautiful and the reception room would be both aesthetically pleasing and comfortable.

At long last, they moved in and were ready to see patients. The reception room was stunning, the administrative staff had plenty of room, the manager now had much needed privacy, and there was a conference room that also served as a staff lounge. The clinical area was spacious with a large nurses' station, more treatment rooms, and a first-class infusion treatment lounge. They were prepared to grow. What they weren't prepared for were their very own patients!

The practice consists mostly of adults, with more than 35% of those being senior citizens. The building they chose is three stories high. And though they are technically on the first floor, the first floor is actually a split-level. The new suite is on the upper half of the split-level. Patients are required to walk from the first floor parking lot, through the general lobby to a 10-step staircase, or take a mechanical lift (not an elevator) to get to the suite. Not only is this inconvenient for older or handicapped patients, it's confusing, as the suite is still considered part of the first floor. Patients taking the lift would push "2" thinking they needed to go up from what is obviously the first floor but would end up on the floor above the suite because two levels were

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named “1.” No amount of signage or prior instruction to patients arriving at the office for the first time solved the problem. Patients arrive late, and senior citizens are quick to voice their displeasure. Many of them are afraid to take the lift, meaning they must take the stairs—handicapped or not. It is a painful mistake, and one that could have been avoided.

The practice selected an interior designer who had substantial experience with medical offices but failed to hire a medical design architect. A medical architectural design firm certainly would have discouraged selecting a space that fails to meet the needs of a large portion of the practice’s existing patient population. It was a mistake this practice learned to regret and one that unfortunately can’t be reversed or repaired.

**Function Following Form**

When designing a medical facility, most practices and architects make the mistake of planning the

**Maximize Profitability: Feeding Providers Efficiently**

The reason renowned medical space planner and architect Larry Brooks named his firm “Practice Flow Solutions” instead of “Patient Flow Solutions” is because there is so much more that goes into the flow of a practice than patients. Patient flow is really the byproduct of all the other flow systems within the practice. This may be hard to grasp for those who work “in the trenches,” because in that case it’s often all about getting the patient through the system. In facility planning, however, there are many other considerations in addition to patient flow. For instance, if a practice has a well-designed space but schedules appointments at an impossible rate for the providers, the space (and practice) will seem chaotic, crowded, and inefficient.

In this situation, stress mounts at a rapid rate. What is interesting is that if you look only at the floor

ty upstream (having just more than enough hands and staff time available than is ultimately needed) works for the appointment template, staffing, and space. You do not need a large amount, just a small amount more than the doctor needs or can handle. Regarding staffing, we like to see employees with a little time on their hands so they can make sure the doctor has all he or she needs and that the next patient is ready. If we go into a clinic and see staff running around busy, then we suspect the providers are, unknowingly, not using all their time wisely.

This is because the staff is off doing something and not there to assist the doctors, so the doctors do things that should be delegated or lose time because patients are not ready when they are. Utilizing providers for lower-level tasks is inefficient and costs a practice, hospital, or other healthcare system in lost revenue and compromised patient service. This all ties in with knowing how much space you need and properly designing it, because the more efficient the practice is, the higher patient volume the practice will typically achieve. This means the practice will need more space and that space needs to be arranged to handle higher volumes of traffic. When done properly, the result is a thriving practice with a space that contributes to success and encourages growth.

**Straightening Out Priorities**

The most important consideration in designing a new medical fa-

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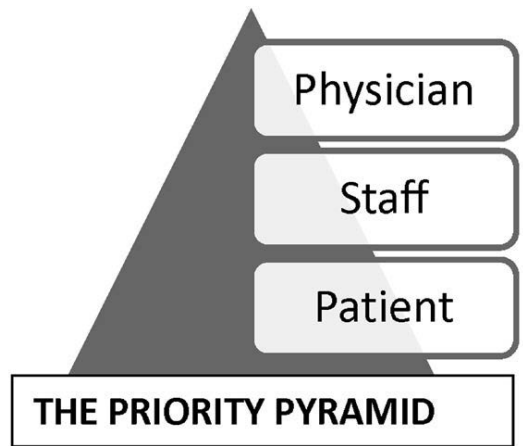


Figure 1: The Priority Pyramid

**When providers’ time and skills are maximized and time is not wasted, practices become more efficient and profitable.**

design before they know how they need the space to function. There is more to the design of a medical facility than its physical plant. It is similar to industrial engineering, where you must organize all the functions of the plant to work together in order for the plant to function at its highest productivity.

Famous architect Louis Sullivan stated that “form follows function.” Consider the reverse in regard to medical facilities, “function follows form”—meaning a poorly functioning practice can be put in a very well-designed space, and its productivity will increase, and vice versa. Reaching the highest level of production requires well-organized and well-managed practice systems but also a well-designed physical space.

plan and fail to consider the specific function the practice requires of the space, it can look like an ideal plan with smooth patient flow.

To organize the systems and staff correctly, you have to know the projected potential patient volume of each provider. The general concept we use once we have the data on existing workflow is the funnel. The idea is to get all you can out of the doctors’ potential (small end of funnel—output), and all the systems and staffing upstream must have a little excess capacity (large end—queuing). This allows a steady stream of patients to the doctor. When providers’ time and skills are maximized and time is not wasted, practices become more efficient and profitable.

This small bit of excess capaci-



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cility is planning how it should function before you start drawing. This crucial step is one that will save you headaches and lost revenue because if you don't get it right, you don't get a chance to go back and do it over. We've seen plenty of practices stuck with a poor design once a build out is finished simply because they didn't hire a professional to help them map out the functional requirements of the facility first. If it

them, and the doctor's time is misused.

**3) The Patient:** We have found that by concentrating on the doctor and staff flow patterns and time utilization, the patient benefits by the practice functioning more smoothly and running on time. Every patient wants to get in soon, get through quickly, and get good care—efficient space planning can help with all three.

Everyone in the practice is important, and the priority pyramid is

of patients seen, it's a simple conclusion that the physicians' production is not optimized, thus inhibiting the profitability of the practice and, most likely, patient service.

This doesn't happen because the doctors don't care or are not working hard. It generally means they aren't working smart. They may be taking too many unnecessary steps or being interrupted excessively and unnecessarily. Sometimes they are simply doing tasks that could easily be delegated to support staff. Too often we assume we are working as fast as we can and doing the best we can, when in fact, there may be a way to streamline processes and work to ensure our facility maximizes the opportunity to do so.

Part of the problem is that all of us get used to working a certain way in our environment and seldom take a critical look at what we could do differently. When you are thinking about design modification or acquiring new space, one of the best investments you can make is to bring in medical design experts and healthcare management consultants to help guide the process. These experts will provide an objective and critical look at what you can do to streamline flow, improving efficiency, patient service, and profits.

In part two of this article, we'll take a look at the impact on a practice that just one system, specifically practice communication, can have when poorly organized and managed. **PM**

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## The most important consideration in designing a new medical facility is planning how it should function before you start drawing.

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doesn't work for the physician, staff, and patients, you will pay the price for a very long time. So, start off right from the get-go, and get your priorities in order.

*Figure 1 is a guide to help you prioritize the functions of a healthcare facility space—the Priority Pyramid:*

**1) The Physician:** The doctor is the reason the facility, staff, and patients are there in the first place. Concentrate on eliminating steps and time between patients for providers. Often we find that managers/administrators start worrying about how long the doctor is in the exam room. It's not their, or our, prerogative to tell a doctor how much time he or she should spend with a patient. The physician knows best. What we have discovered is that any lost time during the patient visit pales in comparison to the physicians' lost time when the space design is not efficient for flow. If the doctors have to walk down a long hallway to a desk or counter space, or if exam rooms are far apart, the clinicians end up taking many steps that would otherwise be unnecessary. These steps equate to considerable lost time and lost revenue at the end of the day.

**2) The Staff:** When staff time is misused, either more staff members are required or staff members are not available when the doctor needs

not a level of importance—after all, without patients there is no need for either staff or physicians. We all need each other. However, if the physicians' needs aren't met, their production isn't optimized, and everyone pays the price. The physicians ultimately provide the care that produces revenue to keep the practice going.

### Efficiency: It's About People, Space, and Systems

It is not just about bricks and mortar; an efficiently planned space requires understanding the entire business—the functions, work processes, and flow involved, including:

- Appointment scheduling templates;
- Communication systems;
- Staffing model;
- Individual job descriptions; and, of course,
- The doctors' potential rate of seeing patients.

The last item on the above list is seldom given enough value and attention. How fast and how many patients the physician can see over a specific period of time dictates the workflow once the patient is roomed. This is vitally important. We say potential rate of seeing patients, which sometimes is far greater than the actual number of patients seen. When we discover the potential is greater than the number



**Judy Capko** is Founder of Capko & Company, Thousand Oaks, California.



**Cheryl Bisera** is an author, speaker, and the founder and leader of Cheryl Bisera Consulting, Ventura County, California.