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Healthcare tenant work demands design in equal doses with practicality - by Eric Gould

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Eric Gould, Helicon Design Group, Inc.

Construction for healthcare tenants can be one of the most expensive project types, with square foot costs often approaching or exceeding \$150 per square foot or more in the suburban market.

Despite the challenges of high cost and aggressive construction schedules, new standards of the healthcare market still need to be understood and met. Owners, architects and contractors continue to learn and find new ways of providing offices for healthcare tenants that still address the concerns (and better budgets) of hospitals and privately owned healthcare companies.

Landlords can still mind the economics of commercial real estate while providers can stay current with ever-evolving patient-centered design needs.

As hospitals and health organizations have deployed clinics and specialists to the suburbs, landlords have offered 10-year deals in order to cover construction costs and provide the level of fit and finish practitioners need.

Likewise, architects and designers have learned strategic upgrades within a budget while meeting the patient experiences now considered crucial to care and healing.

Understanding a provider's particular specialty early on will obviously provide a better picture of their construction requirements. Generally, no two specialists are alike. Pediatricians, OB/GYNs, cardiologists and dermatologists all have very different methods of operation and in particular, exam rooms. All practices will want to maximize floor area dedicated to exam rooms since those are essential to the economics of their practice.

The design challenge is to meet the expectations of square feet, or exam rooms per practitioner, while still maintaining a plan that feels welcoming, easy to navigate, and not compacted.

Reception areas are the patient's first encounter with a provider. There is a raft of new data, much of which has shown the contribution calming finishes and lighting make to the wellness experience. For our recent projects, we have eliminated standard overhead two-by-four lighting fixtures and have installed, where possible, recessed and indirect lighting to provide a less clinical, more residential feel.

Natural wood is also an essential psychological element for patients in a healthcare environment. Although real veneers and finishes are not always within a tenant budget, wood grains can be provided with plastic laminates at built-in reception desks and other furnishings that can evoke a natural sensibility.

Medical assistant stations and other open areas within the clinical area are also similarly finished (also with down, or indirect lighting) to further soften the patient experience.

Perhaps the most innovation and focus has been on the exam room and the patient experience. Many providers have begun opting for larger exam rooms, able to accommodate family members

along for doctor visits. While larger size is not always possible, doctor position to the patient is essential, and current tablet and desktop arrangements allow doctors to face patients and family while logging into their computer system to provide test results or note changes in the patient's condition.

Again, the design trends inside the exam rooms are humanistic, and focused on evoking natural materials and providing comforting colors and textiles. Often, depending on the practice specialty, lighting over the exam table is moved to the sides, avoiding direct light into patient's eyes.

While natural light is not always accessible throughout commercial buildings, there are numerous ways to "borrow" daylight into corridors and other inboard spaces with limited use of transom glass and other glazing that can be provided with budgets in mind. These obviously break down the repetitive nature of healthcare use, which by nature requires lots of small rooms and spaces.

Also essential to the healthcare experience is artwork, which also softens the clinical experience. Design professionals often have creative options for specifying artwork that works within furnishing and fixture budgets.

Of course, the pragmatic operational concerns of different practice types must also be understood and accommodated. Some expenses, like plumbing to each exam room might be essential for some, while others, such as some current dermatology and ophthalmology practices, are dispensing with exam room sinks and opting instead for hand sanitizing only.

Acoustics and patient privacy will be a concern to all. Exam room partitions will most likely be required to be built to full-height to the deck above, but depending on the HVAC system in place, return air must be accommodated while still providing acoustic privacy.

Modern healthcare planning and design challenges are many, but if well understood, successful facilities can be achieved, providing many years of successful operation for both tenants and landlords, alike.

Eric Gould, AIA, is principal of Helicon Design Group, Inc., Boston.

New England Real Estate Journal - 17 Accord Park Drive #207, Norwell MA 02061 - (781) 878-4540