

Design

Impact of move from inpatient to outpatient settings

A significant trend in the health care industry is the migration of hospital service lines from inpatient to outpatient facilities, which is creating a churn in demand for outpatient facilities.

Several key factors, including reimbursement requirements, regulatory requirements and design influences, will affect costs and leasable rates for these facilities and should be considered in the decision-making process when acquiring an existing building or constructing a new facility.

• **Reimbursement from Centers for Medicare and Medicaid Services.**

If a tenant is licensed through the hospital and receiving reimburse-



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ment from CMS, it is possible for that to drive up the cost to build or renovate an outpatient center. Recent rulings from CMS and The National Fire Protection Agency should be taken into account.

• **Freestanding emergency departments and ambulatory surgery centers.** The increased patient acuity in

freestanding EDs and ASCs drive stricter health care and building



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code requirements. This, in turn, affects the type of construction and structural system that may be used for the building. Retrofitting an existing multistory medical office building for these uses adds challenges and expense with the required upgrades, regulatory requirements and separation

from nonreimbursed-based tenants.

• **Retail centers.** Vacant retail centers and big-box stores are a great opportunity for hospitals to relocate outpatient services. They are frequently located close to the patients they are trying to attract, and the large, open floor plans allow for flexible, multidisciplinary centers. One caution is that mechanical, electrical and plumbing requirements may require upgrades to these systems.

• **"Right-sized" design.** Today's outpatient facilities have what is known as a "sweet spot" for size and height that enables the building to attract and keep reimbursed licensed hospital-based tenants. With the current inpatient to outpatient migration trend, we have seen or likely will see the following services migrate out: ambulatory surgery, oncology, digestive health, sports performance and cardiovascular services.

Several of these services will alleviate the current inpatient burden on hospitals, which in turn will create a more cost-effective model for hospitals when done in an outpatient setting. CMS has finalized an increase in payments for hospital outpatient services and the trend is for hospitals to see an uptick in payment rates for outpatient services that are imaging services and nondrug related.

Additional design considerations for efficient and effective outpatient facility design include:

• **Floor-to-floor height.** Floor-to-floor heights are highly critical for many reimbursed licensed hospital-based practices, as well as nonreimbursed practices, such as imaging departments and freestanding emergency departments. Renovated multistory buildings may not be able to meet these required heights, which may drive large hospital tenants to new construction or former retail settings.

• **Tenant square footage.** As hospitals move to provide an integrated model of outpatient care, their space requirements within a single lease can easily exceed 10,000 to 15,000 sf. The larger footprint allows for an improved patient experience by offering a mixture of services and a one-stop-shop for patients outside of the hospital. Smaller, less flexible spaces may go unused for long periods of time or cause frequent turnover.

• **Depth of space.** Depth of space and common areas should be designed to create the best square

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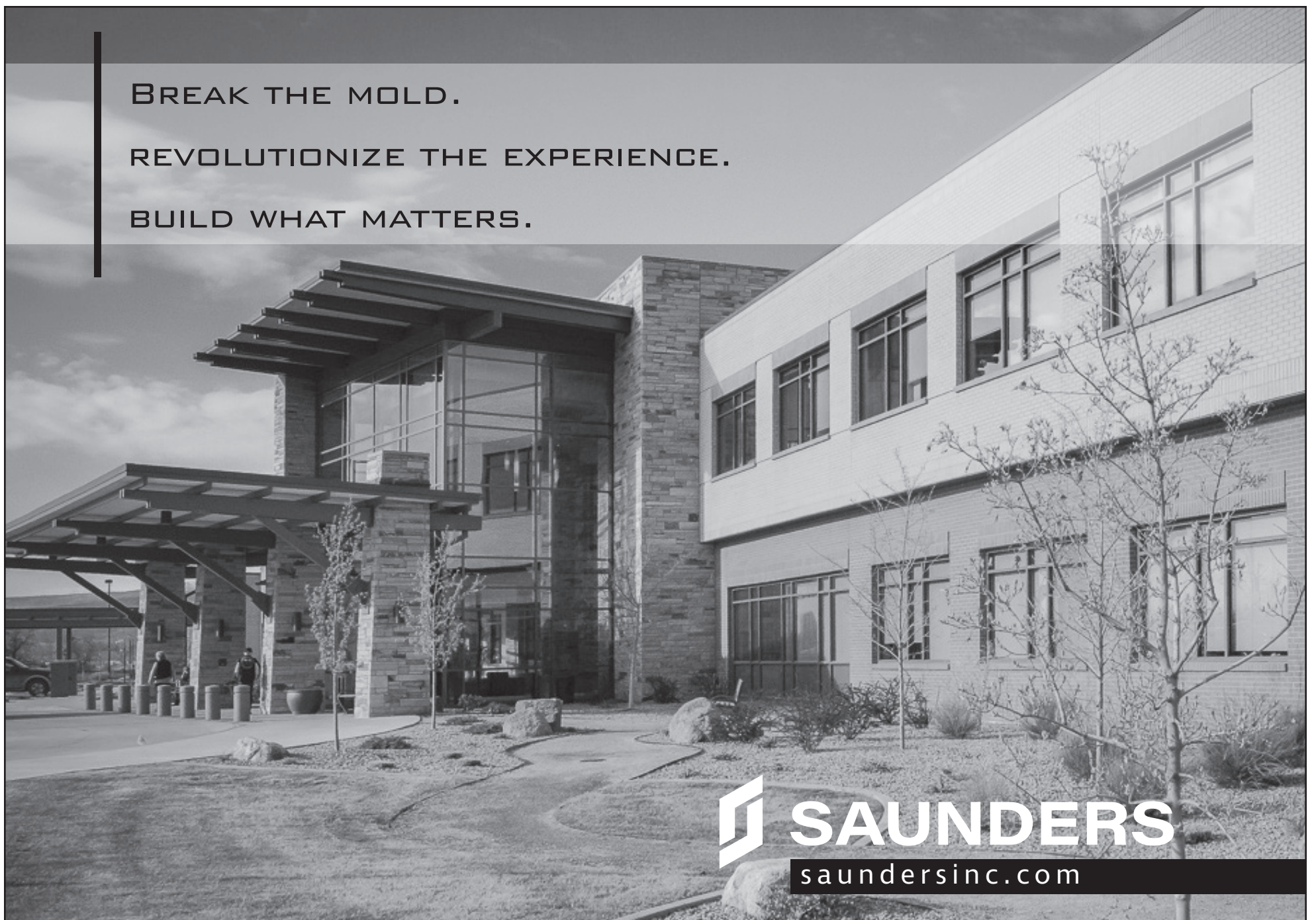


The trend of hospital services lines migrating from inpatient to outpatient settings continues to impact demand for outpatient facilities.

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medical environment but also Lone Tree and Douglas County offer some of the strongest demographics in the

nation with more than 80 percent of residents maintaining private health insurance and accessing medical services at least once annually. “There is absolutely a need for

this product type,” said Byrnes. “The hospital recently completed a large bed tower and medical office expansion and they are fully occupied now. The success of Sky Ridge

is another example of the amazing growth that’s happening in Lone Tree and Douglas County, which equates to the need for more medical office space.” ▲

Du Mond

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footage ratios for the tenants’ practices. Spaces that are too shallow or too deep will cause a suite size to be irregularly shaped, create life

safety conflicts and small unleased spaces. The trend of inpatient service lines migrating to outpatient settings does not appear to be slowing down. “Right-sized” outpa-

tient building design will become increasingly important, in addition to knowledge of the regulatory factors affecting licensed hospital-based providers reimbursed by CMS and a solid understanding of which

service lines are migrating out. Teams who have these at the forefront will be successful in meeting the increased demand and maintain long-term health care tenant leases.” ▲

Schmidt

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paths that return the traveler to their starting point encourage use, as do paths with interesting features such as lookouts, gazebos and surface material variety. Like indoor to outdoor transitions, it’s important to incorporate visually shaded and sunny paths in their respective climates. Structures that promote interaction such as barbecues, picnic tables and fire pits also increase outdoor engagement while encouraging important social opportunities. Exercise- and game-related activities like yoga, aerobics, tai chi, bocce ball, pickle ball, horseshoe pits and shuffleboard lanes also can be incorporated to establish specific outdoor functions. To enable a wide variety of active uses, turf lawns are relatively easy to maintain, more forgiving to falls and even can help to reduce noise pollution.

Seating in outdoor areas should be plentiful, accessible and comfortable. Movable options allow seniors to form groups, generate privacy and alter the space’s function. Chairs

and benches should have sturdy arms to assist occupants in lowering and raising themselves, and all seating should maintain climate and weather protection considerations. Seating materials shouldn’t just be comfortable, they should appear comfortable, which is why concrete and metal should be avoided when possible.

Plants and landscaping used in senior outdoor spaces are other contributing factors in increasing outdoor engagement. In general, plants should be widely varied and adaptable to multiple seasons. Plants that flower and annual and perennial flowers that change throughout the year keep the grounds attractive and interesting. Vegetable and flower gardens also are an excellent way to provide variety while encouraging seniors to get outdoors. Bird feeders, nesting boxes and ponds can attract birds, which can promote both active engagement and passive observation. Taking care of other living beings, whether they are plants or animals, reaps physical and emotional benefits for seniors.



Plants are a contributing factor in increasing outdoor engagement.

We are irrevocably linked to the natural world just outside our doors. As design professionals in the senior living industry, we are bound to strengthen these links and further the mission of the institutions we shape and build – to open our buildings, both literally and figuratively, to the many benefits of the world outside. Today’s senior living envi-

ronments go beyond simple accommodation to environments where seniors thrive as they benefit from features that promote healthy living. Buildings that encourage and provide easy access to a variety of outdoor spaces further the mission of the institutions as a whole by promoting health, happiness and well-being.” ▲

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