

METRICS THAT MATTER: OUTPATIENT CLINICS

POSITION STATEMENT

In the era of healthcare reform and big data, we measure everything. But what are the metrics that really matter?

We propose that the discussion on metrics that matter starts with three key questions:

1. What matters to you?
2. Can it be measured?
3. Can we improve it through design?

Typically we move from step 1 to step 3- but the fact is, we cannot manage what we do not measure.

Each system must identify for itself what are the metrics that matter, and then put in place a process to systematically collect them, to make defensible decisions, and create robust catalysts for innovations. The next page identifies a starting point to capture the metrics that matter.

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THE PRINCIPLE

Facility design cannot impact operational and organizational metrics in isolation- however it can be a significant contributor. The extent to which it contributes is the strongest argument for an ROI for the extensive capital cost of new construction.

Design creates the latent conditions that impact the active operations of a facility. These can be thought of as “affordances”- what an environment facilitates/ or inhibits because of the way it is designed.

There is also a robust body of evidence that suggests that some aspects of design can have a direct patient experience impact (such as exposure to daylight can reduce stress, and anxiety).

It is important therefore that as you collect your operational metrics- you also **clearly define your design intent**, and identify the specific design metrics that could impact the key performance indicators/ metrics that matter.

OPERATIONAL/ FINANCIAL METRICS

1. Waiting room average wait times
2. Exam room average wait times
3. Time with provider
4. Patient activity time – Door to Exam room, Door to provider, Door to Discharge, Diagnostics sub-wait
5. Patient satisfaction scores
6. Employee Satisfaction Scores
7. Turnover Rates
8. Throughput per exam room
9. Throughput per provider
10. FTEs per exam room
11. FTE per patient volume
12. Staff utilization

13. Equipment cost savings – centralization of services
14. # of same day referrals/ consults (integrated care delivery system)
15. # of same day diagnostics

Financial:

1. Average total costs per exam room (Average total fixed costs per exam room +Average employee costs per exam room)
2. Project cost
3. Construction cost
4. Market share change
5. Construction dollars spent after opening

Energy:

1. Total Potable Water Use (Gal/month)
2. Total Energy Use/ Month

DESIGN/ CONSTRUCTION METRICS (A WORKING LIST)

1. Longest distance walked
2. Average distance walked
3. Level of standardization
4. Cost per square foot
5. Time to completion
6. Wayfinding – ease of navigation
7. Sq Ft Per Employee
8. Sp Ft Per exam room
9. Ratio of Patient Spaces to Support Spaces
10. Visibility/ line of sight
11. Employee amenities
12. Lighting Levels
13. Sound Levels
14. Visibility Point to Point
15. Access to daylight/ nature
16. Flexibility