

PDF 1 OF 5 | CLINIC LAUNCH & READINESS KIT

New Hospital Launch Map

Build the hospital before the chaos arrives.

**No purchase
required**

This planning resource is designed to help veterinary teams ask better questions, align earlier, and build calmer operational foundations. It is not a software sales document.

Created by hospital operators for veterinary teams opening, expanding, relocating, or reworking the foundation of their clinic.

How to Use This Map

A hospital launch is full of hopeful energy. It is also full of hidden dependencies. This map gives your leadership team a place to make those dependencies visible before construction deadlines, vendor contracts, hiring plans, and opening-day pressure start making decisions for you.

Use it with the people who will actually shape the hospital: ownership, practice management, medical leadership, client service leadership, and the people responsible for technology, phones, payments, equipment, and daily flow. Do not worry about perfect answers. The honest answer is more useful than the polished one.

Planning principle

The point is not to finish this in one sitting. The point is to surface what is clear, what is still open, and what may become expensive if it stays vague for too long.

Use and sharing

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Opening Note

Opening a veterinary hospital is exciting. It is one of the rare moments where a team gets to design the kind of care environment they always wished existed: calmer for clients, clearer for the team, safer for patients, and stronger for the business.

It is also where a thousand decisions start colliding. The floor plan affects staffing. Staffing affects workflow. Workflow affects technology. Technology affects devices. Devices affect rooms. Rooms affect client experience. Payments, phones, imaging, scheduling, inventory, records, and communication all start locking together before the first patient ever walks through the door.

This Launch Map is designed to help your team slow down the right decisions before opening day speeds everything up. It is not meant to make the plan perfect. It is meant to make the plan visible, so your team can see where the foundation is strong and where it needs more thought.

No purchase of PawthosX One is required. This resource exists to help veterinary teams plan better, ask sharper questions, avoid expensive rework, and build clinics that feel calmer from day one.

Why This Map Exists

Most hospital launch problems do not come from bad intentions. They come from invisible assumptions. One person imagines a high-touch client experience. Another imagines a lean urgent care model. One person assumes checkout happens in the room. Another assumes checkout happens at the front desk. One person thinks technicians own estimates. Another thinks doctors will present them.

Nobody is wrong. But if those assumptions are not made visible early, the hospital starts making decisions on top of fog. This map helps bring the fog into the room, gently and practically, before the team is already trying to operate inside it.

It helps your team answer:

- What kind of hospital are we actually building?
- What should day one feel like for the team?
- What should day one feel like for clients?
- What decisions are already locked, and which are still open?
- What may become expensive if we get it wrong now?
- Where do we need clarity before choosing vendors, devices, workflows, or systems?

The goal

The goal is not perfection. It is alignment. When a team can see the same plan, it can build a calmer hospital together.

Part 1: The Hospital You Are Building

Every launch needs a clear center of gravity. Before the team chooses systems, vendors, devices, or workflows, it helps to name the kind of hospital you are actually trying to build. This section is not about labels for a brochure. It is about the operating model that will shape the day.

1.1 Clinic Model

Check all that apply. Add notes where the answer needs more nuance.

Clinic Type	Yes / No	Notes
General practice		
Urgent care		
Mobile veterinary care		
Hybrid mobile + physical location		
Specialty		
Surgery-focused		
Dentistry-focused		
Wellness-focused		
Rehab / integrative care		
Exotics		
Multi-location expansion		
Other		

Questions to Ask Yourself

What are we building that is meaningfully different from the hospitals we came from?

What are we copying only because it feels familiar?

What do we want clients to say after their first visit?

What do we want the team to feel after the first full week?

1.2 Launch Style

Select the launch style that best fits your plan. If the real answer is a blend, write that down. A phased launch is not a weakness. It is often a sign that leadership understands capacity.

Launch Style	Select
Soft launch with limited services	
Full launch with complete service offering	
Phased launch over 30 to 90 days	
Existing team moving into new location	
New team hired from scratch	
Mobile service expanding into physical space	
Existing hospital re-opening under new model	

What must go well first?

Write the one thing your hospital must do well before anything else. This is the promise that should guide day-one decisions.

Examples: "Run calm wellness and sick visits with clean records and smooth checkout." "Handle urgent care cases without overwhelming CSRs or technicians." "Create a premium client experience from booking through discharge."

Your answer:

Part 2: Launch Timeline

Timelines are not just dates. They are pressure maps. A fragile date in one area can create stress across the whole hospital, especially when construction, hiring, internet, equipment, phones, software, payments, and training all depend on each other.

2.1 Major Milestones

Milestone	Target Date	Owner	Confidence
Construction complete			Green / Yellow / Red
Equipment ordered			Green / Yellow / Red
Equipment installed			Green / Yellow / Red
Internet live			Green / Yellow / Red
Backup internet ready			Green / Yellow / Red
Phones live			Green / Yellow / Red
Software selected			Green / Yellow / Red
Payment system ready			Green / Yellow / Red
Imaging ready			Green / Yellow / Red
Lab setup ready			Green / Yellow / Red
Pharmacy process ready			Green / Yellow / Red
Hiring complete			Green / Yellow / Red
Training begins			Green / Yellow / Red
First appointment			Green / Yellow / Red

2.2 Timeline Pressure Points

What date feels most fragile right now?

Why?

What decision is holding up other decisions?

What decision are we making too early?

What decision are we avoiding because it feels hard?

Part 3: Space, Rooms, and Movement

A room is not just a room. A room is a workflow decision. Where people stand, where devices live, where patients wait, where doctors document, where technicians prepare, and where clients pay all shape the daily rhythm of the hospital.

The best floor plans do more than look clean. They reduce interruptions, make handoffs easier, give the team visibility, and help clients feel guided instead of bounced around.

3.1 Room and Area Planning

Area	Count	Devices Needed	Notes
Exam rooms			
Comfort room			
Treatment area			
Surgery			
Dentistry			
Imaging			
Lab			
Pharmacy			
Doctor workstations			
Technician workstations			
CSR / front desk			
Checkout area			
Client waiting area			
Team/admin space			
Inventory/storage			

3.2 Movement Questions

Where will clients physically enter?

Where will patients wait before rooming?

Where will clients pay?

Where will doctors document?

Where will technicians update records?

Where will discharge instructions be reviewed?

Where will controlled medications be handled?

Where will the team most likely get interrupted?

Where will traffic bottleneck on a busy day?

Part 4: Team Model

Your team model shapes the workflow more than almost anything else. A hospital can have excellent people and still feel chaotic if ownership is unclear. This section helps the team decide who owns the moments that matter before those moments start happening live.

4.1 Launch Staffing

Role	Launch Count	90-Day Target	Notes
DVMs			
Credentialed technicians			
Veterinary assistants			
CSRs			
Practice manager			
Inventory lead			
Surgery lead			
Client communication lead			
Remote/admin support			

4.2 Ownership Questions

Who owns the client experience from booking to arrival?

Who owns the client experience from arrival to rooming?

Who owns estimate creation?

Who owns estimate presentation?

Who owns treatment plan approval?

Who owns discharge instructions?

Who owns payment completion?

Who owns the medical record being complete before the end of the day?

Who owns callbacks and follow-up?

Who notices when something is stuck?

4.3 Questions to Ask Yourself

What tasks are we assuming doctors will do that someone else could own?

What tasks are we assuming CSRs will do that may overwhelm the front desk?

What decisions will technicians need visibility into without chasing someone down?

What does the team need to stop carrying in their heads?

Part 5: Services at Launch

Not everything has to happen on day one. Trying to launch every service at once can create complexity before the team has rhythm. A thoughtful launch gives the hospital room to build confidence, protect the team, and still grow into the full vision.

Mark each service as Day One, Later, Not Planned, or Undecided.

Service	Status	Notes
Wellness care		
Sick visits		
Urgent care		
Surgery		
Dentistry		

Service	Status	Notes
Radiology		
Ultrasound		
In-house lab		
Reference lab		
Pharmacy		
Online pharmacy		
Rehab		
Integrative care		
Telehealth		
Mobile services		
Boarding		
Grooming		

Service Complexity Questions

Which services create the most workflow complexity?

Which services require the most training before launch?

Which services should wait until the team has more rhythm?

Which services are essential to the hospital's identity from day one?

Part 6: Ideal Client Experience

This is one of the most important sections. Before choosing systems, devices, or workflows, define what the client experience should feel like. A clear client experience gives the team a shared target and makes operational decisions easier.

A strong client experience is not about being fancy. It is about helping people feel informed, cared for, and oriented during moments that can be emotional, expensive, confusing, or stressful.

6.1 Before the Visit

How should a new client feel before they ever walk in?

What should they already know before arrival?

What should they be able to complete ahead of time?

Where might they feel confused before the visit?

6.2 Arrival

What should happen when a client enters the building?

Who greets them?

What should the team already know before the client speaks?

What should never require the client to repeat themselves?

6.3 During the Visit

Where does client anxiety usually build?

How should wait times be communicated?

How should estimates be reviewed?

How should treatment updates be communicated?

What should the client never have to wonder?

6.4 Discharge

What should discharge feel like?

What should the client understand before they leave?

What should they receive before they get home?

What should never require a callback because it was missed?

6.5 The Ideal Sentence

At the end of the visit, what would you want a client to say? This sentence can become a simple north star for the choices your hospital makes.

Example: "That was easier than I expected, and I knew what was happening the whole time."

Your answer:

Part 7: Ideal Team Flow

A beautiful client experience cannot be built on a team that is quietly drowning. This section helps define how work should move for the people inside the hospital, so care can feel clearer, safer, and less dependent on memory.

7.1 Team Flow Questions

Where should the day feel calm?

Where should the day move quickly?

Where should the day intentionally slow down for safety?

Where does the team usually lose time?

Where does duplicate entry happen?

Where do people repeat the same information?

Where does work pile up at the end of the day?

What makes people stay late?

7.2 Visibility Questions

What should the CSR know without walking to treatment?

What should the technician know before the doctor enters?

What should the doctor know before entering the room?

What should leadership be able to see during the day?

What should be visible to everyone without someone needing to ask?

7.3 Handoff Questions

Which handoff feels most fragile? Mark the risk level honestly. A fragile handoff is not a failure. It is a place where better design can protect the team.

Handoff	Risk Level
Booking to check-in	Low / Medium / High
CSR to technician	Low / Medium / High
Technician to doctor	Low / Medium / High
Doctor to treatment	Low / Medium / High
Treatment to discharge	Low / Medium / High
Discharge to payment	Low / Medium / High
Visit to follow-up	Low / Medium / High

What must be impossible to miss before the patient leaves?

What handoff should never depend on memory alone?

Part 8: Vendor and System Decisions

Vendor decisions often feel separate until the hospital tries to operate. Then phones, payments, imaging, labels, workstations, internet, and software all reveal how connected they really are. This section helps your team separate what is decided from what is still floating.

Category	Decided?	Vendor/System	Open Questions
Practice software	Yes / No		
Payments	Yes / No		
Phones	Yes / No		
Internet	Yes / No		
Backup internet	Yes / No		
Imaging	Yes / No		
Lab	Yes / No		
Pharmacy	Yes / No		
Label printers	Yes / No		
Workstations	Yes / No		
Tablets/mobile devices	Yes / No		
IT support	Yes / No		
Client communication	Yes / No		
Inventory process	Yes / No		
Controlled substance process	Yes / No		
Reporting	Yes / No		

Vendor Decision Questions

Which vendor decision affects the most other systems?

Which decision do we feel least confident about?

Which decision would be most painful to change later?

Which vendor needs better questions from us before we commit?

What should we refuse to lock in until the workflow is clearer?

Part 9: Day-One Workflow Map

Use this section to outline how the hospital should move from appointment request to follow-up. The goal is not to design every possible exception. The goal is to understand the normal path clearly enough that the team can see where work may stall, repeat, or disappear.

9.1 Booking

Who books appointments?

Where do online requests go?

Who confirms the reason for visit?

Who collects history or intake information?

What should happen automatically or ahead of time?

9.2 Check-In

How does the client check in?

Who sees that the client has arrived?

What information must be confirmed at arrival?

What should already be done before the client arrives?

9.3 Rooming

Who rooms the patient?

Where is history captured?

What must be completed before the doctor enters?

What should be visible to the doctor before entering?

9.4 Exam

Where are exam findings documented?

How are concerns, recommendations, and declined items captured?

What should happen during the visit versus after the visit?

What should not wait until the end of the day?

9.5 Treatment Handoff

How does the doctor hand off to the team?

Where are treatment tasks captured?

Who confirms that approved items were completed?

What prevents missed charges or missed care items?

9.6 Estimates and Approvals

Who creates estimates?

Who reviews estimates with the client?

Where are approvals documented?

How are declined services documented?

What should happen when a client needs time, financing, or staged care?

9.7 Diagnostics

Who orders diagnostics?

Who captures results?

Who communicates results to the client?

How are pending results tracked?

9.8 Discharge

Who prepares discharge instructions?

When are discharge instructions prepared?

Who reviews them with the client?

What must be complete before the client leaves?

9.9 Payment

When does payment happen?

Where does payment happen?

Who owns checkout?

What happens if the client has a balance, refund, deposit, payment plan, or outstanding estimate?

9.10 Follow-Up

Who owns callbacks?

Who owns reminders?

Who owns lab result follow-up?

Who owns post-op or post-visit check-ins?

How does the team know nothing fell through the cracks?

Part 10: Known Risks

Every launch has risk. Naming risk early is not negative. It is responsible. When the team can see risk clearly, it can make better decisions, protect morale, and reduce the chance that opening week becomes a pileup of preventable surprises.

Mark each area as Low Risk, Moderate Risk, High Risk, or Unknown.

Area	Risk Level	Notes
Hiring		
Training		
Construction timeline		
Internet / IT		
Software setup		
Payment setup		
Phone workflow		
Device purchasing		
Imaging setup		
Lab setup		
Inventory setup		
Controlled substances		
Medical record process		
Client communication		
Team adoption		
Leadership alignment		

Top Three Risks to Address Before Opening

1.
2.
3.

Risk Questions

What are we underestimating?

What feels simple now but may become complex on a busy day?

What could hurt team morale early if we do not address it?

What could damage client trust early if we do not address it?

Part 11: Decisions That May Become Expensive Later

Some decisions are easy to make quickly and painful to unwind slowly. The purpose of this section is not to scare the team. It is to protect the future clinic from decisions made before the workflow was clear enough to support them.

Decision	Why It Matters	Needs Review?
Software platform	Affects records, billing, workflow, reporting, and training	Yes / No
Payment setup	Affects checkout, deposits, reconciliation, refunds, and client experience	Yes / No
Phone system	Affects CSR load, callbacks, routing, and client access	Yes / No
Room devices	Affects speed, documentation, and team movement	Yes / No
Label printers	Affects pharmacy, lab, inventory, and record accuracy	Yes / No
Imaging setup	Affects diagnostics, storage, access, and charges	Yes / No
Wi-Fi / internet	Affects nearly every modern workflow	Yes / No
Staffing model	Affects handoffs, morale, capacity, and patient flow	Yes / No
Floor plan	Affects every physical movement in the hospital	Yes / No
Client communication process	Affects trust, callbacks, and front desk volume	Yes / No

Before You Lock Anything In, Ask

Does this decision support the hospital we are trying to build?

Does this decision make the team's day easier or harder?

Does this decision improve the client experience?

Does this decision create hidden work somewhere else?

Will this still work if we add another doctor?

Will this still work if we add another location?

Will a new hire understand this process quickly?

Are we choosing this because it is best, or because it is familiar?

Part 12: Confidence Snapshot

This final section is a simple gut check. It helps your team see where the launch feels strong, where it feels uncertain, and where the next useful conversation should happen.

Area	Green	Yellow	Red
Timeline			
Staffing			
Floor plan			
Technology			
Workflow			
Training			
Client experience			
Payment process			
Medical records			
Leadership alignment			
Vendor readiness			
Day-one confidence			

Final Reflection

What feels strongest right now?

What feels least settled?

What decision would make everything else clearer?

What kind of hospital are we trying to become in the first 180 days?

What would make this hospital calmer than the one we came from?

Closing Note

A strong hospital launch is not about having every answer immediately. It is about knowing which questions matter before the answers become expensive to change.

The best openings feel calmer because the team has already thought through how the hospital should move, where friction may appear, and what decisions need to support the actual work. That clarity becomes a quiet kind of confidence. Clients feel it. The team feels it. Leadership feels it when the first busy day arrives and the hospital has something solid underneath it.

Before the first chaotic Monday

Before vendors, before devices, before workflows calcify, and before opening week pressure starts making decisions for you, get clear on the hospital you are actually building. That clarity is the foundation.

You are building something meaningful. Give the foundation the same care you plan to give the patients who will walk through the door.

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Prepared by PawthosX

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