



Patient-Centered Design Online™

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## Current Projects

For more information,  
please visit

[www.patientcenterreddesign.org](http://www.patientcenterreddesign.org)

### Research Fund

The Institute is currently raising funds for a research project on the subject of lactation space design. Full or partial sponsors of research projects will be acknowledged in the Institute's published research report.

### Patient Toolkits

As a courtesy to patients who participate in research studies and surveys, we offer complimentary tools. Kits may include promotional items, such as pens, notebooks or journals for recording patient history/experience, bags for packing personal items for a hospital stay, water bottles, etc. If your organization is interested in providing helpful items that may be offered to patients, or a monetary donation to purchase such items, please visit <http://www.patientcenterreddesign.org/sponsorship>

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## Home Health Management, Designers and Patients: Creating an Environment for Better Healthcare

Written by Elizabeth S. Jones

Home health management, more commonly known as home healthcare is becoming a desirable option for a number of patients who are recovering from illness or surgical procedure, battling with chronic illness, and even patients who are looking for a more economical way to meet their medical needs. Extended hospital stays can lead to accumulating fees. While many healthcare facilities strive to meet the needs of patients, some patients simply desire to be in the comfort of their own homes, rather than a hospital room. Home healthcare affords patients the opportunity to recuperate in their homes, while medical personnel care for their needs. According to the National Association for Home Care and Hospice (NAHC), last year approximately 12 million Americans were receiving home healthcare from more than 33,000 medical providers (NAHC 2011). This number will likely continue to grow because of convenience, affordability and peace of mind for the patient and their loved ones.

Home healthcare has become a national movement, as the Home Health Quality Improvement (HHQI) National Campaign has created a grassroots movement to reduce avoidable hospitalizations and improve medication and care at home. The HHQI believes that "Hospitalizations can unnecessarily create financial and emotional burdens for patients and their families, and can negatively impact the healthcare delivery system" (HHQI 2011). Their campaign focuses on home health quality improvement while also improving patient quality of care.

Some hospitals opt for discharging patients to home care services rather than keeping a patient for an extended amount of time. Like many hospitals around the country, Palmetto Health Richland Hospital in Columbia, South Carolina has a

department that specializes in home health services. They focus on educating patients and their families on how to equip their homes for home healthcare.

Ralph and Gardenia Sligh are familiar with the benefits of home healthcare. Over the past eight years they have remodeled their house and lifestyle in order to accommodate healthcare in the comfort of their home. In July of 2003, Ralph suffered from a massive stroke that affected mobility on the left side of his body. After a nearly five week hospital stay, the hospital referred him to a rehabilitation facility. There he learned physical and occupational therapy, which taught him how to function with a walker and wheelchair. His medical care and therapy were constantly monitored by medical staff.

After a three week stay at the rehabilitation facility, he was given the option of moving to a nursing home or receiving healthcare at home. Medicare and their private insurance covered a registered nurse, a physical therapist, an occupational therapist and an in-home medical assistant for six weeks. According to Gardenia Sligh, "It was more cost effective for Ralph to recuperate at home rather than the nursing home. It also took a lot of stress off of me because I didn't have to travel to the nursing home ... and Ralph felt better knowing that he would be at home" (Interview, Sligh, August 11, 2011).

Redesigning their home to be more accommodating for medical care was the next big step. The Slighs met with a home healthcare coordinator from the hospital. The coordinator evaluated their home and gave them guidelines for making it adequate for home healthcare. Within three weeks, they redesigned the bottom floor of their house. They

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### **Patient Collaborator (No Cost) Available to Patients and Patient Advocates**

- Subscription to *Patient-Centered Design Online*<sup>™</sup>
- Access to patient resources
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- Free patient-readiness kit (while supplies last)

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- Discount on educational materials for designers
- 3 free Continuing Education lessons per year

removed all carpet, brought in a hospital bed and redesigned the bathroom to include a raised toilet, lowered seat and grab bars on the walls. They also widened doors and added new handrails to both sides of the staircases in their home.

Sligh says, "It would have been nice to have had an architect who specialized in home healthcare to come in and show us what to do" (Sligh, 2011). She explains that they have had to make additional changes based on her husband's daily needs.

Designers are crucial in creating healthcare facilities that adequately meet the needs of patients. As the presence of home care in modern healthcare practice grows, healthcare architecture extends beyond a hospital to patients' homes. With the home healthcare market on the rise, architects should consider rebranding themselves. Designers must merge residential design and health facility design to create complementary environments that facilitate the transition from health facilities to the home.

While larger architecture firms are typically commissioned to design healthcare facilities, there is a growing opportunity for smaller firms to specialize in design for the health and wellness of residential clients. Designers must not only educate themselves in American Disability Act Standards for Accessible Design ([www.ada.gov](http://www.ada.gov)), but they should also become knowledgeable of the equipment and services used to manage care in the home in order to develop modifications that will address the comprehensive needs of the patients they serve.

Institute for Patient-Centered Design is currently developing a network to serve this growing specialty through education and ideas exchange. If you are a home healthcare designer or a designer interested in improving home healthcare, please [contact us](#) to tell us about yourself and your interests. For more information about the HHQI National Campaign, please visit <http://www.homehealthquality.org>.

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## References

- Home Health Quality Improvement (HHQI). (2011). About the HHQI National Campaign. HHQI website (Online). August 2011. <http://www.homehealthquality.org/hh/default.aspx>.
- National Association for Home Care & Hospice. (2011). Basic Statistics About Home Care. NAHC website (Online). August 2011. [http://www.nahc.org/facts/10HC\\_Stats.pdf](http://www.nahc.org/facts/10HC_Stats.pdf)

## *Letter to the Editor*

Dear Institute for Patient-Centered Design,

"Your reply to the [letter from Cassie](#) in which you cited the potential impracticality of a pre-op tour was accurate but not forward thinking. Though a physical tour for each outpatient-surgery patient is infeasible, production of a brief video tour provided on DVD would be both feasible and relatively inexpensive. A paper-based version (combination of floor plans, descriptions, Q&A, etc.) could be even less expensive but might be less effective than a well-executed video."

-Doug A., Designer

Dear Doug,

Thank you for your comments. We agree. We have seen the ideas that you've described implemented by many pediatric surgery facilities in order to alleviate fears and to make patients feel comfortable, knowing what to expect from the procedure. As noted by one of our readers in a [previous letter](#), some of the techniques used in pediatric facilities could apply to adult hospitals to facilitate the healing process. To build on your idea, technology is available to merge a video tour with architectural renderings, in order to map out the connection between the point of arrival (self parking, drop off or valet) with each step of the patient's day-surgery experience. This is another example of a potential opportunity for the designer to enhance the patient experience.



Each month, we feature a letter from a patient or family member addressing a specific need or inquiry identified during a medical visit or stay. To submit a letter, please [click here](#).

*Dear Institute for Patient-Centered Design, I recently experienced my very first hospital stay with pregnancy complications in the ante-partum department of the hospital. My hospital room presented a slight challenge for me when it came to me engaging in simple tasks. One challenge I encountered was adjusting the temperature for my room. Anytime the room became too cold or warm I had to get out of bed to adjust the thermostat. I can recall getting up at 2:00 a.m. to adjust the thermostat because the room had become too cool, and it was difficult for me to sleep...*

-Anonymous

Dear Patient,

Thank you for your letter. The concerns that you raise are very common, particularly for older inpatient rooms. For designers who have not had personal patient experience, it is hard to imagine all of the potential causes of frustration that patients with limited mobility may feel. In "[Design for Patient Empowerment](#)," we discuss the controls that should be accessible from the bed, and temperature is a common oversight. However, this is a very important component to have at the bedside because patients may experience a variation thermal sensations ranging from very hot to very cold throughout the day and night. Yours is a prime example that this inconvenience could cause unnecessary movement, by prompting uncomfortable patients to get out of bed in the middle of the night to adjust the room temperature. Fortunately, this did not cause a fall in your case; however that is a potential risk for sleepy, medicated patients traveling about the room unnecessarily. Designers are encouraged to complete our online course on [Patient Empowerment](#) for more factors to consider on this subject. We will present the second concern that you've raised in Issue 17 of *Patient-Centered Design Online™*.

## Calendar of Events

October 13-16, 2011

AIA GA 2011 Design Conference  
Athens, GA

<http://www.aiaga.org/displaycommon.cfm?an=1&subarticlenbr=293>

October 30-November 2, 2011

2011 Planetree Annual Conference  
Nashville, TN

<http://www.patient-centeredcareconference.com/>

November 7-10, 2011

Hospitals and Communities Moving Forward with Patient- and Family-Centered Care: An Intensive Training Seminar—Partnerships for Quality and Safety

St. Louis, MO

<http://ipfcc.org/seminar.html>



HEALTHCARE DESIGN is "the Premier Conference that Informs, Engages and Shapes the Future of Healthcare Facility Design!"

[Register](#) for HEALTHCARE DESIGN 2011

November 13 - 16, 2011 | Nashville, TN

<http://www.hcd11.com>

Institute for Patient-Centered Design is proud to announce our association with the HEALTHCARE DESIGN Conference! This annual event engages the leaders in healthcare facility design on the most current, innovative, and evidence-based advances in the field. This year, we will hold a roundtable discussion entitled "Patient Empowerment" as well as a Patient-Centered Design Reception. We look forward to meeting you there! [Register now!](#)

As a courtesy to site users, we have listed information about upcoming events and links to related websites for more details. This does not necessarily constitute a relationship between Institute for Patient-Centered Design and any of the websites, events or organizations listed. Nor does this represent an endorsement or guarantee of any kind. While we strive to keep such information updated, we make no legal or otherwise binding commitment to do so. We do not guarantee any of the information on the websites listed. Nor do we guarantee the events themselves. The views and opinions expressed in this newsletter do not necessarily reflect the views of the Institute for Patient-Centered Design, Inc. We respect the rights of patients, family members and professionals to express their opinions and welcome comments on the topics published in this newsletter. We reserve the right to publish comments and letters at our discretion.

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[www.patientcentereddesign.org/joinus](http://www.patientcentereddesign.org/joinus)

### Lactation Design

Institute for Patient-Centered Design is embarking upon an exciting new program entitled "Lactation Design."

This program consists of a multi-phase research project that will enable the Institute to investigate the impact of the physical environment on a mother's decision to breastfeed.

VISIT OUR PROJECT WEBSITE

[LACTATIONDESIGN.COM](http://LACTATIONDESIGN.COM)

See our research paper in the

[HERD Journal!](#)

**Patient-Centered Design  
Events at HEALTHCARE  
DESIGN.11**

**Patient-Centered Design  
Reception**

Sunday, November 13, 2011  
7:30 p.m. - 9:30 p.m.

Come celebrate the first annual Patient – Centered Design Reception with the Institute! Enjoy a light reception during an insightful evening with other healthcare, design, and patient advocacy leaders. Don't miss the opportunity to participate in this exciting patient-centric movement! [RSVP Now!](#)

**Advisory Group Meeting**

Sunday, November 13, 2011  
5:00 p.m. - 7:00 p.m.  
Advisory Group Members Only

**R49: Roundtable Discussion**

Patient Empowerment - The Inpatient Room from the Patient's Perspective Round table discussion  
Wednesday, November 16, 2011  
10:30 a.m. - 11:30 a.m.  
Please register to attend at [www.HCD11.com](http://www.HCD11.com).

Sponsored by:

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Please feel free to contact the editor with your questions, comments, or concerns at [editor@patientcenterreddesign.org](mailto:editor@patientcenterreddesign.org)

Institute for Patient-Centered Design is proud to offer a unique continuing education series devoted to the needs of specific patient populations.

**Understanding the Patient in  
Patient-Centered Design™**

**Lesson I**

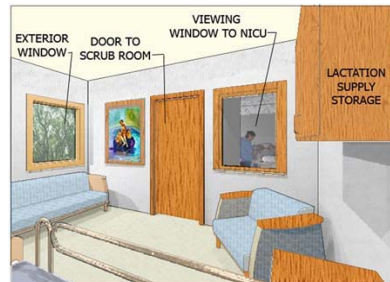
***Designing for Patient Empowerment: A look at the inpatient room from the patient's perspective***



(Earn 2 AIA/CES HSW learning units for the price of one!)

**Lesson II**

***The Challenges of Extended Postpartum Recovery for NICU Mothers: A proposed architectural solution***



(Earn 1 AIA/CES HSW learning unit.)

**Lesson III**



***Antepartum Spaces: Design considerations to address the unique needs of expectant mothers***

(Earn 1 AIA/CES HSW learning unit.)



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