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Monthly Newsletter of Institute for Patient-Centered Design, Inc.

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Patient-Centered Design Online

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For more information, please visit

www.patientcentereddesign.org

Research Fund

The Institute for Patient-Centered Design, Inc. seeks to partner with academic research projects that inform the patient-centered design process. Full or partial sponsors or 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,

www.patientcentereddesign.org

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Volunteer Work: Gain invaluable experience while giving back

Designers must become knowledgeable of the spaces that they create. If they have never worked directly in a healthcare setting or observed their clients in this setting, designers must draw from experience as a visitor or a patient in a healthcare facility. What if the designer has no experience as a patient or visitor? The truth is many designers lack first-hand experience within a hospital setting. These individuals find themselves at a disadvantage when it comes to understanding the typical procedures and practices within such facility. For the designer who wishes to learn about his or her client, there is a solution: Become a hospital volunteer!

Volunteer work within a healthcare setting could prove to be rewarding as well as educational. Most hospitals have a volunteer program in place for members of the community who wish to donate their time to help patients and their families in a healthcare setting. Designers may inquire by simply calling the volunteer office of the hospital of their choice. Potential volunteers should recognize that there are normally schedule guidelines required by hospitals. In order to mitigate their risks, hospitals invest resources in their volunteers similar to those necessary for employees. This includes an application process, screening, testing for infectious diseases, orientation and availability of free vaccines to protect healthcare workers from potential infections. Because these resources are invested in volunteers, hospitals normally require a minimum commitment from volunteers interested in donating time. In addition, hospital staff members depend on volunteers to report promptly for their shifts. Potential volunteers should be sure that their schedules will allow the required commitment and communicate this to the volunteer coordinator upfront.

The advantages of volunteering are numerous. During orientation, volunteers are normally educated on methods for promoting safety within the facility, such as infection control quidelines. This information

is helpful for the designer to consider. Volunteers are also offered the option of selecting his or her preference for an assignment. This provides the opportunity to customize the learning experience to support the goals of the volunteer. Keep in mind that volunteers are not typically assigned to positions that require patient care. Popular volunteer positions include greeters, gift shop assistants, book mobile attendants, flower delivery personnel, etc. In some instances, volunteers may request unconventional assignments as long as they do not put the hospital facility at additional risk. While completing her architectural thesis, one designer requested a volunteer position in the engineering department of a hospital. This allowed her to shadow engineering staff and to note the needs in managing the facility. Volunteers may become very familiar with the departmental adjacencies, the circulation, and the public spaces within the facility. This can be quite beneficial in understanding the planning requirements of a hospital. Volunteers may also have exposure to patients and their families. Not only does this provide an opportunity to improve an existing healthcare environment by delivering volunteer service with thoughtfulness and care; but, it also allows volunteers to witness patient and family needs and to think about ways in which these needs may be addressed through design.

A lack of patient experience should never deter designers from considering the patient's perspective. Serving as a volunteer is an excellent way to gain experience inside a healthcare facility while demonstrating support for the patient experience. To learn about volunteer opportunities in your area, visit www.volunteermatch.org or contact the volunteer office at your local hospital.

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Collaboration Program

Become a collaborator with the Institute for Patient-Centered Design, Inc.

and stay informed of the latest information that we have available.

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

- Subscription to *Patient-Centered Design Online*™, electronic newsletter
- -Access to patient resources
 -Invitation to participate in user surveys, test groups, and provide feedback.
- -Free patient-readiness kit (while supplies last)

Academic Collaborator (\$50)

Available to students and faculty of academic institutions

- -Subscription to *Patient-Centered Design Online*_m, electronic newsletter
- -Name listed on our website
- Discount on publications
- -Discount on educational materials for designers
- -Email updates on grant opportunities
- -Eligible for Partnership Collaboration

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Research Initiative



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The built environment plays a significant role in the physical and mental state of humans. It affects one's capacity to maintain a healthy body temperature by providing protection from extreme thermal conditions. It impacts the ability to rest, concentrate, and to have social interaction by controlling noise. It provides shelter and shade from elements of weather, such as sun, rain, and snow. It frames or hides views to allow desired exposure or privacy.

The built environment facilitates the controlled conditions required for numerous functions to take place. In fact, humans spend 80 percent of their lives in enclosed spaces (Machado, P., 1989. "Human ecological approach," Building Evaluation, NY, Plenum Press, p.50.) The building has become an essential part of human survival. Because of its ability to nurture the delicacies of life and existence, one may conclude that the built environment possesses the power to heal.

Designers should explore the feasibility of creating a healing environment through architecture. One may examine methods of healing and how they may be utilized to influence the architectural layout of a project. The physical conditions of an environment may be evaluated to determine the positive and negative effects on the body and the mind. This information may inform actual projects and propose solutions on how architecture may contribute to the healing process in the healthcare environment.*



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The Institute for Patient-Centered Design, Inc. has established a Research Grant Fund to support academic research, practice-based research projects as well as in-house research studies. Organizations or individuals interested in research partnerships are encouraged to visit our website for more information at www.patientcentereddesign.org/partnership.

Interested donors may sponsor research or learn more at www.patientcentereddesign.org/sponsorship. Questions for the Research Department may be sent by email to research@patientcentereddesign.org.



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*Excerpts from Thompson, T.S. (2006). *The Influence of Architecture on the Healing Process.* Unpublished thesis, Savannah College of Art and Design, GA.

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Collaboration Program Continued...

Individual Collaborator (\$100) Available to any individuals interested in Patient-Centered Design

Professional Collaborator (\$150)

professionals, architects and

Corporate Collaborator (\$500)

Available to Companies and

www.patientcentereddesign.org/joinus

Do your patients feel safe?

What defines safety in a hospital? In a pediatric facility, keeping children safe is a top priority. Because of a child's dependence on adults, children's hospitals have programs in place to ensure the safety of their patients. Adult hospitals are not as rigid. Should they be? Many adults in the hospital may be sedated or heavily medicated. While in this state of mind, are adults as vulnerable as children?

How easy is it for the public to penetrate the checkpoints of hospitals and enter private patient rooms? Since hospitals are open to the public 24 hours per day, shouldn't there be measures in place to protect sleeping patients from intruders?

How safe are your patients? Is it common for strangers to wander into their rooms by mistake? Are the rooms of heavily sedated patients watched more closely to offer them added protection while in a compromised state of mind? Are these patients more likely to have a family member rooming in?

These are questions that must be considered by any risk management team; however, has the patient care team asked the question? How safe do my patients feel? The perception of safety may go a long way in the healing process. If a patient feels unsafe, is he or she likely to get the rest or have the peace of mind that is conducive to recovery?

Some Safety Concerns in an Inpatient Healthcare Facility:

- 1. Is my caregiver following infection control guidelines? (Hand washing, sanitizing equipment or using barriers, such as disposable thermometer sleeves)
- What steps have been taken to prevent medical error?
- Has my room been thoroughly cleaned from the last patient?
- Is my food safe to eat? 4.
- Are my belongings safe?
- Is my unit secured from unwanted visitors?
- Are the floors clean and slip resistant?
- Can my caregiver lift me?
- 9. How clean are the door handles, sinks, toilets, showers, etc.
- 10. Does my nurse know who I am and why I am here?
- 11. Is my linen clean?

Patients, providers, designers, tell us what you think! What should be done to protect the safety of inpatients? What measures can be taken to improve patients' perception of safety in the hospital? To share your perspective on this topic, please visit us at www.patientcentereddesign.org/perspectives.

Letter from a Patient

Each month, we will feature a letter from a patient addressing a specific need identified during his or her hospital stay. Patients are encouraged to write letters to communicate their concerns to the designers and operators of healthcare facilities. To submit a letter, visit www.patientcentereddesign.org/perspectives.



Dear Institute for Patient-Centered Design,

I am so pleased that so many hospitals have renovated their patient rooms, converting them from semi-private to private. As a patient with a chronic illness, it is very disturbing to share a bedroom with a complete stranger. Not only am I concerned about the cleanliness of such a room; I am also nervous about my personal safety and the security of my belongings. In the past, I have had visitors for my roommate to walk past my bed and stare. My sleep has been disrupted by the painful groans of the patient sharing the room. This feels like the ultimate invasion of personal space. In addition, it limits my interaction with my visitors, who feel uncomfortable in the room with the other patient. I would like to encourage designers and hospitals to continue creating private patient rooms only. I believe that it makes a huge difference in the healing process. -Anonymous

Dear Patient,

Thank you for your letter. Many state building codes have adopted a design standards manual that sets a standard of one bed per patient room on new nursing units, unless special circumstances dictate otherwise (Facility Guidelines Institute, 2010, p.89).

In general, research supports your intuition that private patient rooms reduce the spread of infection and promote patient privacy. Your letter will enable designers to understand the patient's perspective on this growing trend. Thank you!

Reference:

Facility Guidelines Institute. (2010). Guidelines for Design and Construction of Health Care Facilities. Chicago: American Society for Healthcare Engineering.

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