ISSUE

2010

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

Patient-Centered Design Online™

this issue

Changes Where They are Needed Most P.1

Calendar of Events P.3

Letter from a Patient P.3

Current Projects

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 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

www.patientcentereddesign.org

Changes Where They are Needed Most Accommodations for Patients By T.S. Thompson, AIA

In modern facility design, the newly renovated or recently constructed hospital features a grand atrium trimmed in wood with fish aquaria, aviaries or other natural elements imported into the public space. It boasts a bright, airy food court with many dining options from which staff and visitors may select. The new facility includes wireless internet options and resource centers as added family amenities. There is a movement to transform healthcare facilities into unintimidating, user-friendly places. While the effort to provide beautiful facilities is applauded; how much of this design actually reaches the patient room?

If one could glance inside an occupied patient room, what would be found? Is the occupant struggling to unplug an IV pump in order to make it to the bathroom on time? Is this patient leaning out of the bed trying to reach his personal belongings in the night stand? Is this patient sweating because the temperature control is located near the door instead of at the bedside? Is the patient exposed or underdressed? Is she embarrassed because she did not have the energy to shout through the closed door, asking visitors to wait before entering? Is the patient waiting for someone to enter to ask for help, such as "I need my purse from the wardrobe" or "my oxygen tubing fell from my bed?"

How much can be realistically accomplished from the bed? Currently, most patients have the option of making a telephone call, activating the nurse call system, activating the controls for the bed and operating the TV from bed. It is assumed that any other assistance would be provided by the patient's nurse, the nurse's assistant or a family member. Consider how the



patient feels when he or she needs something and is required to call for help for the simplest of tasks. Consider time sensitive matters that require a prompt - not an emergency - response.

To the patient confined to his or her inpatient room, how important is the water feature in the lobby? How often do inpatients even see the lobby? If they enter through the emergency department and are admitted on an inpatient unit, perhaps they are wheeled through the main lobby upon discharge. As noble as the intentions are to enhance public spaces in hospitals, in some cases, the patient may not reap the benefits of the design.

Healthcare design has taken cues from industrial design. Same handed rooms have been explored because it is believed that these rooms would facilitate a reduction in staff errors if each room is exactly the same. Healthcare design has taken cues from hospitality design because it is believed that luxurious, hotel-style amenities would dispel the institutional perception. Healthcare design has taken cues from airport design because it is believed that patients with chronic illnesses wish to be treated like frequent

Collaboration Program

Become a collaborator with the Institute for Patient-Centered Design, Inc. and stay informed of the latest information that we have

avallable.

Patient Collaborator (No Cost)

Available to Patients and Patient Advocates - Subscription to Patient-Centered Design Onlinem, 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 g

opportunities

-Eligible for Partnership

Collaboration

Continued on page 3

flyers. Hospitals and healthcare designers have looked to various industries for answers on how to please the patient. Perhaps the answer is closer than they think.

Sometime designers attempt to relate the healthcare experience to encounters that they have had in other industries. A potential solution is to have a personal hospital experience to truly understand the unmet needs of patients. Designers may learn from visiting a sick friend or family member. They may have the opportunity to observe by becoming a hospital volunteer or by visiting church members in a hospital or nursing home.

Although hospitals are justifiably concerned with protecting patients' privacy, many patients would like to have a voice in the development of spaces to accommodate them. The solution is not to always wait until the patient has recovered and ask him to participate in a design meeting. Often in this case, the design has already taken place and patients are asked for feedback on details, such as colors and finishes. Hospital administrators visit patients regularly to inquire about patient care satisfaction. Why not ask about patient environment satisfaction?

Many patients are vulnerable. They are entrusting strangers – sometimes a new set of nurses each day - with their health. Not every patient has a family member staying over to provide support. What can designers do to address some of the unmet and underaddressed needs of patients?

Institute for Patient-Centered Design has launched a new educational series entitled, "Understanding the *Patient* in Patient-Centered Design™." The first lesson of this series, "Designing for Patient Empowerment" is available online. Participants may earn continuing education credit for successfully completing this course. New lessons will be available online regularly. For more information on this lesson or the series, readers may visit http://www.patientcentereddesign.org/education series/all courses.html

The Institute for Patient-Centered Design is a Registered Provider with the American Institute of Architects Continuing Education Systems (AIA/CES).



T. S. Thompson is a registered architect and medical planner, currently working with an award-winning healthcare design firm in Atlanta, Georgia. Ms. Thompson actively contributes to the work of the Institute for Patient-Centered Design, in the new series, "Understanding the Patient in Patient-Centered Design™." She may be reached at thompson@patientcentereddesign.org.



Connect with us on linkedin.com!

Institute for Patient Centered Design is now on linkedin.com. Please view our <u>profile</u> or join our group <u>Patient Centered Design Alliance</u>. There is a subgroup for <u>patients</u>, <u>healthcare professionals</u> and <u>design professionals</u>. Our group members are able to view updates and participate in discussions online. If you are not a member of linkedin, you may join our mailing list or <u>submit a</u> <u>comment</u> directly on our website. We would love to hear from you!

Patient Letters

Each month, we feature a letter from a patient addressing a specific need or inquiry 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 <u>www.patientcentereddesign.org/perspectives</u>.

Copyright © 2010 Institute for Patient-Centered Design, Inc. All Rights Reserved.

Collaboration Program

<u>Continued...</u>

Individual Collaborator (\$100)

Available to any individuals interested in Patient-Centered Design -Subscription to Patient-Centered Design Onlinerm, electronic newsletter -Name listed on our website -Discount on publications

Professional Collaborator (\$150)

Available for healthcare professionals, architects and interior designers -Subscription to *Patient-Centered Design Onlinem*, electronic newsletter -Name and company name listed on our website -Discount on publications -Discount on educational materials for designers

Corporate Collaborator (\$500)

Available to Companies and Organizations -Subscription to *Patient-Centered Design Online*, electronic newsletter -Company name and profile listed on our website (includes a link to the company's website) -Discount on publications -Group discount on educational materials for designers

To learn more, please visit www.patientcentereddesign.org/joinus

Please feel free to contact the editor with your questions, comments, or concerns at editor@patientcentereddesign.org

Calendar of Events

August 15, 2010

AIA AAH ICU Design Citation Award Submission Deadline http://network.aia.org/AIA/AcademyofArchitectureforHe alth/Home/Default.aspx

September 27-29, 2010

Better Care, Better Health: Delivering on Quality for All Americans AHRQ's 2010 Annual Conference Bethesda, Maryland http://www.ahrq.gov/about/annlconf10.htm

October 5-8, 2010

2010 Planetree Annual Conference Denver, Colorado http://www.planetree.org/

October 19, 2010

Quarterly Meeting of AIA AAH of Georgia Atlanta, Georgia <u>http://www.linkedin.com/groups?mostPopular=&gid=30</u> 78062

November 1-4, 2010

Hospitals and Communities Moving Forward with Patient- and Family-Centered Care Intensive Training Seminar Pinehurst, North Carolina http://www.ipfcc.org/events/seminars.html

November 13-1, 2010

Healthcare Design 2010 Las Vegas, Nevada www.hcd10.com

As a courtesy to site users, we have listed information about upcoming events and links to related websites for more details. This does not constitute a relationship between the Institute for Patient-Centered Design and any of the websites or events 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.

Letter from a Patient



Dear Institute for Patient-Centered Design, What is the purpose of valet parking at a hospital? I realize that hospitals are striving to become more "patient-friendly;" but, how does that help? -Anonymous

Dear Patient,

Thank you for your letter. Valet parking at health facilities is often a necessity, not a luxury. As many hospitals expand their facilities, large parking areas are often relegated further from the building. This is sometimes the best solution for providing seamless expansion of clinical services. In the planning process, hospitals must make provisions for sufficient parking for staff, patients and visitors. Valet parking for patients and visitors, along with shuttle parking access for staff is sometimes an option for allowing designated parking in a remote location from the hospital.

Valet parking also allows many facilities to consolidate parking by utilizing the space provided more efficiently than the arrangement that self-parking would allow. In health facility planning, real estate on a hospital campus is very valuable and should be conserved for clinical areas where possible.

Valet parking allows patients and their families direct access to the health facility without the inconvenience of parking at a distance from the facility. Curb-side service is often essential to patients who commute to the hospital alone or parents who bring their children to the hospital without the assistance of another driver. A parent who wishes to remain with his or her small child during a hospital visit would not have the option of dropping the child off at the entrance and driving away to find parking. Valet parking is often a free service to patients and a welcomed amenity for those arriving in pain or under other circumstances that limit mobility.

Copyright © 2010 Institute for Patient-Centered Design, Inc. All Rights Reserved.