

Current Projects

For more information,
please visit

www.patientcentereddesign.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.patientcentereddesign.org/sponsorship>



Patient-Centered Design Online™

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Design Impact on Breastfeeding Rates

Written by T. S. Thompson

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 it to investigate the impact of the physical environment on a mother's decision to breastfeed.

Although top authorities on health and wellness support the practice of breastfeeding as the best source of nutrition for infants (Galson, 2009), only 13% of infants in the United States are breastfed exclusively for the first six months (USBC, 2010). While the Institute respects a mother's personal choice to breastfeed or not, statistics suggest that the majority of mothers desire to breastfeed their babies; but, without adequate support, they are not able to do so. In the United States, 75% of new mothers initiate breastfeeding; however, less than a third of those mothers continue breastfeeding for one year (USBC, 2010), as recommended by the American Academy of Pediatrics (AAP, 2005).

The factors that may contribute to this decrease include failure to establish a breastfeeding routine from the time of birth, inadequate or nonexistent lactation accommodations in the workplace, and a lack of supportive services and products for breastfeeding mothers. In an interview with the Institute, Nadra Powell, an elementary school teacher and mother of two, stated "I probably would have breastfed longer if the school had a lactation room (N. Powell, personal communication, July 19, 2010)." Powell explained that she expressed breast milk in her classroom during breaks, and that she always felt nervous that someone would walk in on her. This example leads one to question the impact of facility design on breastfeeding rates. How many mothers decide to wean their babies earlier than expected due to inadequate lactation accommodations in the workplace? How many new moms choose not to breastfeed altogether due to an environment that does not facilitate the education and support necessary to initiate

breastfeeding in the hospital?

Entities like [Baby-Friendly Hospitals](#) and breast milk banks are using breast milk to save lives by providing milk for critically ill infants. Their programs are hinged on the decision of mothers to supply what many in this profession term "liquid gold." The objective of the patient-centered design advocate is clear: To support the lactation process, making it easier for mothers to breastfeed and maintain a sufficient supply of milk to support the health of their babies for as long as they choose.

In collaboration with Stanley Beaman & Sears and Trinity Staffing Resources, Institute for Patient-Centered Design recently sponsored a research paper entitled "Lactation Space Design: Supporting Evidence-Based Practice and the Baby-Friendly Hospital Initiative." This work will be published in the Spring 2011 issue of the [Health Environments Research and Design \(HERD\) Journal](#).

The Institute is currently seeking partners and sponsors for its multi-phase research project to address the environmental needs of breastfeeding for mothers in multiple settings. To learn more about this program, or to pledge your support, please visit www.lactationdesign.com.

References:

American Academy of Pediatrics. (2005). AAP policy statement. *Pediatrics*, 115(2), 496-506. doi:10.1542/peds.2004-2491.

Galson, S. K. (2009). Surgeon General's perspectives. *Public Health Reports*, 124, 356-357.

United States Breastfeeding Committee. (2010). "Healthy People 2020 Objectives Combat the Barriers to Breastfeeding" (Online), April 1, 2011. <http://www.usbreastfeeding.org/NewsInformation/NewsRoom/201012HP2020andTJCToolkit/tabid/185/Default.aspx>

Collaboration Program

Become a collaborator member of the Institute for Patient-Centered Design!

Patient Collaborator (No Cost)

Available to Patients and Patient Advocates

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

Individual Collaborator (\$100)

Available to any individuals interested in Patient-Centered Design

- Subscription to *Patient-Centered Design Online™*
- Name listed on our website
- Discount on publications

Professional Collaborator (\$150)

Available for healthcare professionals, architects and interior designers

- Subscription to *Patient-Centered Design Online™*
- Name and company name listed on our website
- Discount on publications
- Discount on educational materials for designers

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



[Free Preview!](#)

Registration: \$35.00
\$25.00 for Members*

(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



[Free Download!](#)

Quiz fee: \$15.00
\$5.00 for Members*

(Earn 1 AIA/CES HSW learning unit.)

Lesson III

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



[Free Preview!](#)

Registration: \$35.00
\$25.00 for Members*

(Earn 1 AIA/CES HSW learning unit.)

*Professional Collaborator Members receive a discount on all educational materials.

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PRINCIPLES OF PATIENT-CENTERED DESIGN

Patient-centered design supports the practice of patient-centered care by creating environmental conditions that facilitate healing. The following principles may be applied to health facility design to engage patients.

1. Respect privacy
2. Facilitate communication, collaboration and trust
3. Encourage patient and family participation
4. Empower patients
5. Promote safety and security
6. Provide accessible accommodations
7. Create a comfortable environment
8. Facilitate healing
9. Support staff's goals through design
10. Look for design opportunities to respond to unmet needs

For more information, please [contact us](#).

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

Collaboration Program Continued...

Corporate Collaborator (\$500)

Available to Companies and Organizations

-Subscription to *Patient-Centered Design Online™*

-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

Understanding the *Patient* in Patient-Centered Design™ Continuing Education Series

"Patient-Centered Design" is a principle that should be in the forefront of any health facility project. Often, designers find themselves working with limited information about patients. This series offers new lessons regularly that explain the commonly overlooked details of seeking medical treatment and how these factors may be influenced by the built environment. Written *by* designers and *for* designers, the lessons include valuable input from interviews with patients and clinicians. For more information on the series, please visit http://www.patientcentereddesign.org/education_series/all_courses

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

Calendar of Events

April 27-28, 2011

Joint Commission Resources 2011 Emergency Preparedness Conference: "Collaboration, Continuity and Community"

Arlington, VA

<http://www.jcrinc.com/Conferences-and-Seminars/2011-Annual-Emergency-Preparedness-Conference/2243/>

May 2-5, 2011

Hospitals and Communities Moving Forward with Patient- and Family- Centered Care Intensive Training Seminar

St. Louis, Missouri

<http://www.cvent.com/EVENTS/Info/Summary.aspx?e=d86c377f-0809-40bb-ae17-7f0cad08141e>

June 24, 2011

2nd Annual Southern California PFCC Conference

Long Beach, CA

https://pfccpartners.com/Conference_Info.html

October 30-November 2, 2011

2011 Planetree Annual Conference

Nashville, Tennessee

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

November 13-16, 2011

2011 Healthcare Design Conference (HCD.11)

Nashville, Tennessee

<http://www.hcd11.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 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.

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. Readers are encouraged to write letters to communicate their concerns to the designers and operators of healthcare facilities. To submit a letter, please visit

www.patientcentereddesign.org/perspectives.



Dear Institute for Patient-Centered Design, I was recently hospitalized in a "semi-private" patient room with three other patients. There was a "privacy" partition that split the room in half. The four of us shared one bathroom. I was extremely uncomfortable. After a week of no improvement, I was transferred to another hospital. In the new facility, I received much better accommodations (a private room) and better treatment. I was home within a few days. This makes me wonder if my recovery was directly related to my surroundings.

-Anonymus

Dear Patient,

Thank you for sharing your experience with us. Without speculating on the precise reasons for your recovery in the new facility, we do understand that many caregivers possess the expertise, compassion and desire to treat conditions successfully; but, they are sometimes limited by the facility in which they deliver care. Few would disagree that a single occupant patient room provides a more private, comfortable and quiet environment in which to recuperate. In addition, a private bathroom could also reduce the potential of infection spreading from one patient to the next.

Not all hospitals are financially able to build new facilities at this point. Some facilities are choosing to reduce their bed counts (taking beds out of service) in order to offer private patient rooms. Other facilities may not have this option. Please be encouraged that as new hospitals are built, most states require one occupant per inpatient room. This will eventually result in more widespread private patient rooms.