

Current Projects

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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

<http://www.patientcentereddesign.org/sponsorship.html>



Patient-Centered Design Online™

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Utilizing First-Hand Experience as a Driver for Innovation:

A personal account of a designer's challenges as a patient

By Tammy Thompson, AIA

As I celebrate the birthday of my son, a neonatal intensive care unit (NICU) graduate, I remember the triumphs and challenges that we faced during the first several days after his birth. Like many other families, our son was born prematurely and was required to spend some time under the close observation of neonatal intensive care staff. Unlike most families, his mother was also quite sick. This was an unexpected turn of events. I had envisioned the birth of my first child to include "the complete bonding experience." I had read about initiating breastfeeding shortly after birth and the advantages of placing the baby on the mother's chest immediately after the delivery. I had watched countless documentaries that showed happy new parents getting to know their infants in the delivery room. I had hoped to enjoy a "rooming-in" experience with my husband and son in the days to follow. This all seemed like the ideal environment in which we could introduce our son to the family.

For reasons beyond our control, our son was born several weeks early. Instead of the magical bonding experience that I had planned, our son was whisked away to the NICU after one short greeting. I must express my gratitude that the circumstances leading to my son's preterm delivery allowed me to be surrounded by a remarkable team of medical professionals with my son's and my best interest in mind. I appreciate the fact that their preparation and quick response prevented further complications and may have saved our lives.

In the days to follow, I recovered in the postpartum unit, while my son grew stronger in the NICU. Although I tried to visit my son as often as possible, the trip to the NICU from my

patient room was difficult. During NICU visiting hours, I was required to wait for a caregiver to transport me in a wheelchair to my son's side. The temperature change between my patient room and the hospital corridor caused a great deal of discomfort during each trip. I traveled with medical equipment that was difficult for a single staff member to push alongside my wheelchair. Each time that I returned to my room, I was faced with a setback in my pain management resulting from the commute to the NICU. In addition, the physical separation from my newborn caused additional emotional stress. We faced many other obstacles as a result of the separation of our mother-newborn dyad.

As an architect and planner of healthcare spaces, I could not help but wonder how the facility could have accommodated my family's special circumstances in a more favorable fashion. In collaboration with LaShawna Heflin; a registered nurse with experience in labor and delivery, postpartum and neonatal intensive care units; I conducted a literature review on the subject. We proceeded to develop ideas for facilitating a more cohesive bonding experience between mothers with complicated postpartum recoveries and their NICU babies. The resulting research paper will be published this month in the 2010 edition of the *AIA Academy Journal*, the official journal of the AIA Academy of Architecture for Health.

As active advisors of Institute for Patient-Centered Design, LaShawna and I believe that there are special circumstances in which design intervention is imperative. These conditions may only be identified by patients and their care providers, who have worked to treat and resolve health concerns. Since many health facilities are similar in their overall layout, often these two

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parties may not be aware that there are physical and environmental solutions that may minimize the obstacles faced in the delivery of medical services. This is where the thoughtful attention of the designer comes in. The designer serves as the objective third party with the expertise to introduce solutions to the built environment.

Recognizing the need to provide a voice to this type of "patient-intensive" collaboration, Institute for Patient-Centered Design has launched a thought-provoking continuing education series entitled, "[Understanding the Patient in Patient-Centered Design](#)TM." This series of research-based articles and lessons provides innovative ideas and unique perspectives on the design of patient spaces. Readers may earn continuing education learning units (LU) through the AIA Continuing Education System (CES) by successfully completing a short quiz for each article. Institute for Patient-Centered Design is a nonprofit organization established to provide current information to design teams regarding the needs of patients in the healthcare environment. Support of this series allows the development of new lessons.

To review the article introduced above, visit the 2010 [AIA Academy Journal](#) (though it may not be available immediately, the 2010 edition is expected to be published this month). Readers may earn 1 AIA LU for reviewing this article and taking a short quiz online. To register for the quiz or to find more continuing education opportunities, please see our educational series, "[Understanding the Patient in Patient-Centered Design](#)TM."

Tammy Thompson is a registered architect and medical planner, currently working for an award-winning architecture firm that specializes in healthcare projects. She may be reached at tthompson@patientcentereddesign.org.

Connect with us on linkedin.com!

Institute for Patient Centered Design is now on linkedin.com. Please join our group [Patient Centered Design Alliance](#). There is a subgroup for [patients](#), [healthcare professionals](#) and [design professionals](#). 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 [submit a comment](#) directly on our website. We would love to hear from you!



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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 www.patientcentereddesign.org/perspectives.



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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 will offer 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.patientcenterdesign.org/education_series/all_courses.html

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

Calendar of Events

October 5, 2010

Healthcare 101: Medical Surgical Patient Unit Design
Online

<http://www.aia.org/practicing/groups/kc/AIAS074547>

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

<http://www.aiaatlanta.org/displaycommon.cfm?an=1&ubarticlenbr=91>

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 13-16, 2010

Healthcare Design 2010
Las Vegas, Nevada

www.hcd10.com

March 13-16, 2011

2011 International Summit & Exhibition on Health Facility Planning, Design & Construction[™] (PCD)
Tampa, Florida

<http://www.ashe.org/PDC/>

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.

Letter from a Patient

Dear Institute for Patient-Centered Design, I don't know that I can describe the stress associated with preparing mentally for a surgical procedure. Whether major or minor, I experience anxiety when dealing with a condition that requires surgery. For my most recent procedure, I arrived very early in the morning, hungry (from fasting for surgery) and nervous. To aggravate this situation further, I had a hard time trying to figure out where to park and where to check in. Because of this, I worried about being late for my surgery, and I worried that the staff would be upset about my tardiness. My blood pressure was elevated from rushing; and I went into the procedure with undue stress. After the procedure, I had no desire to walk through public lobbies to reach the hospital exit. With all of the advances in hospital construction, surely, something could be done to make it easier for patients to come and go for outpatient surgeries.

-Anonymous

Dear Patient,

Thank you for your letter. The ordeal that you describe sounds similar to air travel. Problems with parking, "wayfinding," check-in, and rushing to your destination could easily apply to the circulation through some airports. Perhaps this is why many design solutions to this problem seem similar to airport design strategies. Many large facilities offer the convenience of valet parking and registration kiosks to their patients. Some facilities use distinct symbols, colors, signage and memorable spaces to assist patients in finding their destinations easily. Decentralized check-in areas may serve specific patient populations. Another popular solution is to decentralize the surgical facility itself. Freestanding surgery centers are growing in number due to the convenience to patients and financial and logistical benefits to the healthcare providers. When planning any future procedures, you may wish to ask your healthcare provider if you have the option of having your procedure performed in a facility that is easier to navigate. You may also prepare yourself by visiting the website or calling the facility. Often, there are specific instructions or "pre-op" packages available with videos included to familiarize the patient with the facility in advance. In addition, you may wish to verify logistical details during your visit for pre-admission testing. Your experience is not unique. Your letter serves as a reminder to healthcare providers and designers that the entire healthcare experience from the point of arrival to departure may impact a patient's state of mind and subsequent physical indicators.