

## Current Projects

For more information,  
please visit

[www.patientcentereddesign.org](http://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.html>



## Patient-Centered Design Online™

## this issue

Design Solutions for "Always Events" **P.1**

Principles of Patient-Centered Design **P.2**

Letter from family: Design Coordination **P.3**

## Design Solutions for "Always Events"

Written by T. S. Thompson

Many hospitals are on alert to identify and avoid incidents that cause harm to patients receiving treatment. "A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof (The Joint Commission, 2011)." A similar term "never event" refers to an adverse event that is "unambiguous, serious, and usually preventable (Agency for Healthcare Research and Quality)." Healthcare organizations track and report data on such occurrences. This helps to identify and address preventable incidents that may lead to injury, illness or even death in health facilities. As a result, health environment design research has devoted effort to develop solutions that will prevent such events. Researchers have explored methods for preventing medical error through standardization. Technology has introduced "smart" building components to alert hospital staff if the wrong patient is transported into an operating room to prevent wrong surgery events. MRI safety zones have been identified to allow clear demarcations for patient screening as well as areas restricting individuals other than MRI-trained staff. These examples are evidence that designers are proactively thinking of physical solutions to address never events.

In contrast to the never event, the Picker Institute has introduced the "always event" concept. "Always events are aspects of the patient and family experience that should always occur when patients interact with health care professionals and the delivery system (Picker Institute)." Institute for Patient-Centered Design believes that this is an exciting new movement that designers should embrace. Picker Institute has worked with patients, families and caregivers to identify two "guiding themes" of always events.

The first theme is "Communication (Picker)." To

promote this theme through design, we suggest examining the environments in which caregivers communicate with each other and with patients. These spaces should facilitate a clear, open exchange of information, accommodating current tools such as patient information terminals in exam rooms, in consult areas and at the inpatient's bedside.

The second theme is "Care Transitions (Picker)." Designers should consider the process involved in moving from one form of care to another. How is information shared between providers? What provisions are in place to ensure that patients always receive current and accurate information regarding their plan of care and medical records? Are complementary services scattered across town, or are they strategically organized to promote a convenient transition from one service to the next? Is the electronic medical records infrastructure in place to connect service providers or clinical departments seamlessly?

How can healthcare facility and product designers support the concept of always events? Patients, providers and designers, please share your insight at [www.patientcentereddesign.org/perspectives](http://www.patientcentereddesign.org/perspectives). For more information about Picker Institute or its always events, visit [www.pickerinstitute.org](http://www.pickerinstitute.org).

### References:

Agency for Healthcare Research and Quality. (n.d.). Patient Safety Primer: Never Events. Retrieved from <http://psnet.ahrq.gov/primer.aspx?primerID=3>

Picker Institute. (n.d.). Patient Focused Always Events. Retrieved from <http://alwaysevents.pickerinstitute.org/?cat=7>

The Joint Commission. (2011). Sentinel Event Policy and Procedures. Retrieved from [http://www.jointcommission.org/Sentinel\\_Event\\_Policy\\_and\\_Procedures/](http://www.jointcommission.org/Sentinel_Event_Policy_and_Procedures/)

## 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.

Not a member? [Join Us!](#)



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

## 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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### Collaboration Program Continued...

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Available to Companies and Organizations

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-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](http://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.html](http://www.patientcentereddesign.org/education_series/all_courses.html)

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

## Calendar of Events

**March 13-16, 2011**

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

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

**March 20-22, 2011**

*Environments for Aging. 11*  
Atlanta, Georgia

[www.EFA11.com](http://www.EFA11.com)

**April 19, 2011**

*Continuing Education/Networking Event of AIA AAH of GA*  
Atlanta, Georgia

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

**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>

**May 3, 2011**

AIA AAH Healthcare 101/201 D&T: Surgery Webinar

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

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](http://www.patientcentereddesign.org/perspectives).



*Dear Institute for Patient-Centered Design, I am a marketing professional for an architectural firm, so I understand the level of detail that goes into planning healthcare spaces. During the recent hospitalization of a family member, the most obvious planning mistake caught my attention. The electrical outlet used for the IV pump was located in the corner of a wall perpendicular to the storage closet. Please note the coordination mistake that went into designing this room. I must unplug the IV pump in order to get to his clothing because the size of the plug prevents the closet door from opening. These types of mistakes can happen when designers don't think about the simple function of the spaces that they create.*

*Thank you,  
Tracy*

Dear Tracy,  
Thank you for sharing your family's experience with us. Based on your description, it appears that this is not only an inconvenience for you; but, it could potentially be a trip hazard for room occupants. With the abundance of equipment that is often necessary in patient rooms, designers normally provide multiple electrical outlets at the headwall to prevent clutter and entanglement associated with cords. Your description also leads us to believe that this is an older room, because current design practice typically separates medical equipment from patient and family storage. You may wish to bring this to the attention of hospital staff, as the solution is likely simple to correct the risk. (Designers, please note the user's frustration that can result from coordination/planning errors.)