

## 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>



## Patient-Centered Design Online™

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### Design that Goes Beyond Government Standards To Meet the Needs of All Users

Written by Elizabeth S. Jones

Last July, the Obama administration celebrated the 20<sup>th</sup> anniversary of the signing of the Americans with Disabilities Act (ADA) of 1990. This law, signed by former president George H.W. Bush, "prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, state and local government services, public accommodations, commercial facilities, and transportation" (ADA, 2011). During the ceremony, President Obama recognized that the ADA "began when Americans no longer saw their own disabilities as a barrier to their success, and set out to tear down the physical and social barriers that were" (Whitehouse.org, 2011).

While the ADA protects the rights of disabled Americans regarding all facets of life, it also protects disabled Americans by regulating the way buildings are designed. The *2010 ADA Standards for Accessible Design* is an extensive document that clearly details how all public facilities are to be designed for persons with disabilities. The manual breaks down design needs for government facilities as well as public and commercial facilities. This extensive list of legal requirements creates the foundation for accessible architectural design. However, there are some architects who go beyond standards and think outside of the box in order to create spaces that are not only accommodating but, specifically designed to engage all users.

This type of compassion in architecture is partly based on a growing number of disabled Americans. It is estimated that 10 million people in the United States are blind or visually impaired and this number is expected to double within the next 30 years (EEOC, 2011). Compassionate architecture is also reflective of personal need. One particular advocate for architectural design for the disabled is architect Chris Downey. He lost his sight three years ago as a result of a brain tumor that affected

his optic nerves. This life experience has allowed him to hone his skills as an architect for more than 20 years and increase awareness of the need for more considerate architectural design for individuals experiencing a space without the sense of sight. Downey says that now he has a "more generalized understanding for the impaired" (Interview, Downey, June 14, 2011).

Downey says that when he first lost his sight, he didn't know what to do right away, then he realized there is a lot in architecture that can be done without sight. While most people encouraged him to change his focus to the technical side of architecture, Downey was more interested in the creative process. With the technology of an embossing printer that uses a series of dots to print large format drawings, he continues to design buildings, consult on projects and serve as a voice for the visually impaired through his speaking engagements. He is currently working as a consultant for HOK on the Duke Eye Center in Durham, North Carolina and for SmithGroup in association with The Design Partnership on the VA Rehabilitation Center in Palo Alto, California.

For those of us who can see, it may be difficult to imagine navigating through a public building without sight. Downey is able to use his unique experience to create spaces that not only meet government standards for accessibility but also offer a better environment for those who are visually impaired. Downey explains that the "biggest 'aha' of losing [his] sight" (Downey, 2011) was realizing that building signage is often taken for granted. "Most hospitals are challenging to get around but close your eyes and try to get around" (Downey, 2011). He explains that some hospitals are considering systems similar to GPS that use sound to direct visually impaired patients and visitors through the building. Downey believes that "enhancing

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independence is the biggest part of design for the disabled" because there are few things that are true barriers. "As long as you can find your way, you can go anywhere" (Downey, 2011).

#### References

Americans with Disabilities Act. (2011). ADA Regulations and Technical Assistance Materials. ADA website (Online). June 1, 2011. <http://www.ada.gov/publicat.htm>.

The White House (2011). Speeches and Remarks. The White House website (Online). June 4, 2011. <http://www.whitehouse.gov/the-press-office/remarks-president-20th-anniversary-americans-with-disabilities-act>.

The U.S. Equal Employment Opportunity Commission. (2011). Questions and Answers About Blindness and Vision Impairments in the Workplace and the American with Disabilities Act. The EEOC website (Online). June 5, 2011. <http://www.eeoc.gov/facts/blindness.html>.

The Institute is delighted to share news of outstanding organizations improving the built environment for diverse users. For more information on Chris Downey's organization, Architecture for the Blind, please visit [www.arch4blind.com](http://www.arch4blind.com). For information on other patient-centric initiatives, please visit the *Patient-Centered Design Online*<sup>TM</sup> archives page at [www.patientcentereddesign.org/perspectives](http://www.patientcentereddesign.org/perspectives). Elizabeth S. Jones may be reached by email at [ejones@patientcentereddesign.org](mailto:ejones@patientcentereddesign.org).

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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 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.patientcenterdesign.org/education\\_series/all\\_courses](http://www.patientcenterdesign.org/education_series/all_courses)

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

## Calendar of Events

June 24, 2011

2nd Annual Southern California PFCC Conference  
Long Beach, CA

[https://pfccpartners.com/Conference\\_Info.html](https://pfccpartners.com/Conference_Info.html)

July 19, 2011

AAH of GA Quarterly CE/Networking Event  
Atlanta, GA

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

October 30-November 2, 2011

2011 Planetree Annual Conference  
Nashville, Tennessee

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



HEALTHCARE DESIGN is "the Premier Conference that Informs, Engages and Shapes the Future of Healthcare Facility Design!"

[Register](#) for HEALTHCARE DESIGN 2011

November 13 - 16, 2011 | Nashville, TN

<http://www.hcd11.com>

Institute for Patient-Centered Design is proud to announce our association with the HEALTHCARE DESIGN Conference! This annual event engages the leaders in healthcare facility design on the most current, innovative, and evidence-based advances in the field. This year, we will hold a roundtable discussion entitled "Patient Empowerment" as well as a Patient-Centered Design Reception. We look forward to meeting you there! [Register now](#) for early bird rates!

As a courtesy to site users, we have listed information about upcoming events and links to related websites for more details. This does not necessarily 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. To submit a letter, please [click here](#).

*Dear Institute for Patient-Centered Design, I went in for elective GYN outpatient surgery in a new facility at a teaching hospital. My surgeon met me out in the waiting room and changed my anesthesia plan, but I didn't feel comfortable talking to her in that setting. It was a gorgeous facility though. They had a kiosk that showed you the status of your operating room so you could tell when you were going in and friends could track your status.*

*Each pre-op room had actual walls but the end of the room was a large curtain. It was a teaching hospital but the rooms were too small to accommodate multiple providers so they flung open the curtain instead. I could see numerous other patients directly across from me who were recovering on the other side of the hall. It was embarrassing to be half naked and repeatedly examined while people were walking by me and wondering what the other patients could see...*

-Cassie R

Dear Cassie,

Thank you for your comments! Your letter is so full of insight, we decided to split it between two issues, to allow us to focus on both the pre-op concerns now and the post-op recovery later. Readers can expect to see the second part of your letter describing your recovery experience in our next issue. Your experience is an example of a beautiful design project that falls short in meeting patient-specific needs. Surgery consult rooms should be placed near outpatient surgery waiting rooms to allow patients to speak with their caregivers in a convenient and private location.

Lesson I of Understanding the *Patient* in Patient-Centered Design™ discusses design strategies for promoting caregiver trust. Creating spaces large enough for "teaming" of multiple care providers will allow caregivers to comfortably meet in the patient space without overflowing into the public areas, exposing the patient to compromised privacy. Designers of academic medical centers should always consider the additional medical personnel to be accommodated when sizing patient spaces. Thank you for bringing this real life experience to the attention of designers. We will feature part II of your letter next month. Designers may view [patient-centered design principles](#) for guidance in keeping the patient's needs in the forefront of the design process.