

360

# Putting Healthcare in a Better Place

Issue 62



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**In hospitals all over the world, workarounds are multiplying while staffs are more challenged than ever to provide care in facilities that don't adequately support them or their work.**

Higher-quality healthcare is a big objective all over the world. Administrators, academicians, and legislators have been debating the issue for decades. But discussions driven by medical, budget, and consolidation concerns have usually put healthcare environments in the back seat.

Now healthcare facilities are an important piece of a system stretched to the breaking point. An aging population, rising obesity and related conditions, and dangerous outbreaks of infectious diseases are just a few of many triggers driving the crisis. Especially throughout North America and especially in acute care, changes are coming from every side, and they're gathering momentum.

New, more efficient healthcare models are emerging as teams of physicians, nurses, clinicians, and specialists collaborate to deliver care in patients' homes, specialized hospitals, outpatient clinics, and in the community, says Caroline Kelly, a researcher with Nurture, a Steelcase company dedicated to healthcare environments. Nurture recently completed an extensive study of acute care units, including patient rooms and family lounges, nursing stations and break areas, and the areas in between.

"New approaches to environments that respond to and anticipate improvements in healthcare delivery offer a significant contribution to higher-quality care," says Kelly.

New user-centered insights into effective healthcare environments couldn't be more timely. Throughout the healthcare system — and especially in hospitals — care today revolves more and more around patients and their families, with personal electronic medical records documenting each step. With increased emphasis on education and engagement so people can make informed choices, the need for ubiquitous access to networks is even more important.

Inside hospitals built decades ago, staffs are struggling to cope with the advances in technology and changes in treatments. Meanwhile, workloads are growing, and the physical and emotional stress of the job is escalating as staffs log more miles on their feet and lift tons of cumulative weight each shift.

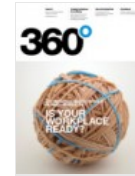
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## 360°

### What's Being discussed?

Check out the latest information on workplace research, insights and trends that will help you understand how people really work and how creating great space can make a difference.



Is Your Workplace Ready?

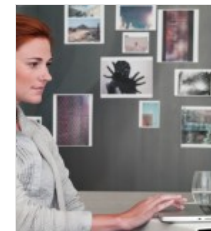
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Can it handle the global, mobile, nonstop reality of business today? Because that's the new reality for globally integrated enterprises. Business is increasingly a team sport that leverages technology to cross borders and time zones. Work is more... [more](#)



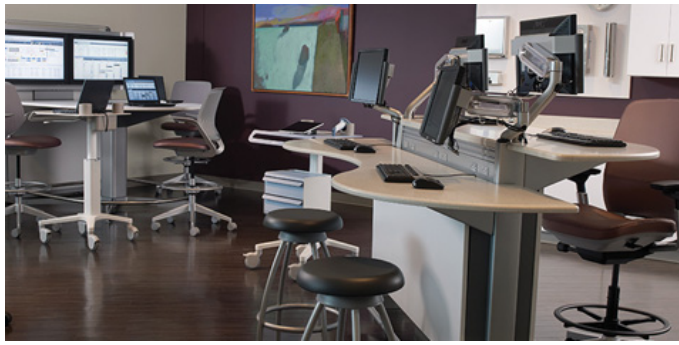
### Un/Tethered

Just a generation ago, work and life were treated as different entities. Thanks to mobile technology and a globally interconnected world, we've gone from "Honey, I'm home!" to "I'll be just a second, I'm checking email." What does... [more](#)

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Having identified specific needs and the opportunity to support the way clinicians really work, Nurture has developed innovative new products that put their principles into practice. Sync work stations are designed for locations where activity is constant and fast-changing. Pocket, an almost noiseless mobile worksurface, is meant to accompany nurses as they work.

At the same time, communications that traditionally took place around nursing stations and bulletin boards are now often transmitted electronically. Yet the need for face-to-face communication is higher than ever as healthcare becomes more complex and stressful.

“So many healthcare facilities have these fortresses that aren’t susceptible to change,” says Cyndi McCullough, MSN, a nurse who is senior healthcare consultant and vice president at HDR Architects, a firm specializing in the design of healthcare institutions with 185 offices worldwide. “When you have a place that supports the caregivers where they’re working at the moment, with patient information right there where you need it, then you have a better healing environment for the patient.”

Says Jan Carlson, vice-president of product marketing and development at Nurture: “It’s really about people — balancing the imperatives of care with the needs of people.”

### Going Inside the Whirlwind

Like all human-centered design, the Nurture team’s process starts with research that includes first-hand observations. Findings are synthesized to basic design principles for products and spaces, which are prototyped and measured for effectiveness.

Their observations included six hospitals in the United States and Canada, ranging from a small rural critical-access hospital with 25 beds to a large academic medical center with 550 beds and six intensive care units.

“The inherent complexity and ongoing change in acute care make it difficult to design for, but at the same time these challenges also provide a platform for exploration and innovation,” says Kelly.

It’s critically important to design environments based on an understanding of clinical and workflow best practices, she emphasizes.

“Caregivers’ evolving patterns of team-based care have them coming together during group rounds or shift changes, then breaking into groups of two or three, and then working independently a moment later — but there is very little accommodation for that flexibility. When charts, equipment and supplies aren’t in the right place at the right time, people get creative: they use over-bed tables for med prep, they use linen hampers for charting surfaces, and they hoard supplies in surprising places. Families have to improvise, too — when they have a loved one in the hospital for days and weeks at a time, we see how they eat, sleep, and work in waiting rooms and patient rooms, even though these rooms aren’t intended for those purposes.



Focusing on the new realities of healthcare, Nurture has created thought-starter concepts for acute care unit spaces. This caregiver station retains value as meeting space for sharing of information despite ongoing decentralization of care.

“Besides the inconvenience, all these make-do arrangements give the appearance of disorder, which research tells us contributes to fatigue for caregivers and feelings of uncertainty and lack of control for patients.”

Another key observation: the evolution of healthcare has taken it beyond the spaces where care traditionally took place. Makeshift workstations in corridors allow nurses and staff to see their patients and each other, but they clutter the passageway. Because the need for collaboration and instant communication is continuous, it takes place around the

bed-assignment board, the central nursing station, and in patient rooms.

Meanwhile, instruction and learning takes place everywhere. Information is posted in folders on corridor walls for patients and families. Physicians meet with residents, interns, and students. Staffs hold ad hoc meetings around the nursing station for updates. And technology is everywhere, both fixed and mobile, often overwhelming the environment aesthetically and functionally.

"While the hospital's primary function is care and healing, the requirements to deliver quality care can work against physical, social, and emotional needs," says Carlson.

### Getting to Principles

Based on their research, the Nurture team developed six design principles:

- Offer comfort for the patient, family, and staff while supporting clinical care. New healthcare environments should minimize patients' feeling of being alone, afraid, or uncomfortable. Families need to be close to the patient and understand the situation, but not in the way. And caregivers must have the space, equipment, and support for the tasks they perform, no matter how fast-changing.
- Design spaces to evolve. With change occurring so rapidly – demographics, technologies, treatment protocols, funding environments, and more – built-in flexibility is a lasting advantage.
- Provide for connections, closeness, and capacity. Facilities and furnishings should support collaboration, both face-to-face and with data. They should keep caregivers close to patients. And they should be easily scalable to accommodate unexpected influxes of patients.
- Plan for ubiquitous learning. Spaces and furnishings should let people gather wherever they are. Ideally, teaching and learning happens throughout the unit and involves everyone – staff, patients, and families.
- Prevent technology from overwhelming the environment. The built environment needs to integrate and accommodate medical and information technology and allow for its evolution — without displacing people as the center of attention. Hidden-yet-accessible cable management and quiet carts to move equipment around are among the many ways to reduce stress.
- Design for intuitive behaviors. By designing for the routine, it's possible to decrease cognitive load, which decreases stress. Everything repetitive should be obvious – from the purpose of a room to the placement of supplies and equipment.

### Where the Action Is

Focusing on the new realities of healthcare, Nurture has created thought-starter concepts for acute care unit spaces. Example: a caregiver station — renamed as an interdisciplinary space — retains value as meeting space for sharing of information despite ongoing decentralization of care. With an array of screens to share information, staff can find the tools — and colleagues — they need to perform their duties. Groups can gather around a standing-height table for collaboration. Clinicians can work side-by-side perching at a two-person workstation, or work individually on a mobile worksurface.

"There's a definite need to improve communication between nurses and doctors and to offer support for learning by clinicians, students, and staff," says Alan Rheault, Nurture's director of industrial design. "Effective communication has a direct impact on quality of care."

### Toward Better Care Experiences

A careful look at trends in healthcare delivery can lead to higher-quality care, even without a wholesale remodel or new reconstruction. Nurture continues to mine its research and collaborate with partners in the A&D and healthcare community to advance its knowledge and create more clinical solutions to improve care delivery and experience for patients, families and caregivers.

"Innovation in healthcare solutions can lie in small differences as well as entirely new ways of defining what a healthcare space could be," says Rheault.

**Tags:** [Healthcare](#), [Nurture](#), [User-Centered](#)

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### Comments

**Kris Palaschak says:**

October 24, 2011 at 10:16 am



i am very interested in the research which you referenced in your article. Would you be able to send that information or tell me where it is posted on the website? Thanks.

[Reply](#)

**Ann Sloan Devlin says:**

October 31, 2011 at 5:41 pm



I saw a presentation at edra 39 (for which Caroline Kelly was a listed speaker) in which a new new clinical exam room was tested using a half-round table that allowed patients to sit alongside the physician. Is this table (or something like it) in production at Steelcase?

I am doing research on perceptions of electronic record keeping and physician engagement with patients. I'd like to use a table like the one in this presentation to photograph for my experiment.  
Thank you,  
Ann Sloan Devlin

[Reply](#)

**James Heaven says:**

February 15, 2012 at 8:50 am



Another great article Steelcase. It's all about the workplace as a strategic asset, not a cost to be minimised. We're find more and more people are taking it on board, and it's making a big difference to everyone's quality of life at work.

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