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## GUEST OPINION

### Novato Hospital Man's Death Not in Vain

In a sadly fortuitous and unforeseen way the recent and apparently preventable death of one patient at Novato Community Hospital will have saved countless lives in a brand new hospital slated to open in late 2007 in Georgia.

As a Novato-based new hospital planner and designer I read the facts of the case quite differently. Others put the fault on one nurse; it see it as a problem of facility design.

Presented with the sad progression of events, the hospital planners and architects in Georgia are now designing the new medical center so that what happened at NCH will not happen there.

George Thraikill had been considered stabilized and had been moved from the intensive care unit to a "regular room" on a "regular nursing unit."

At one point his monitor registered a signal disruption. The disruption was transmitted electronically to the intensive care unit monitoring station. The intensive care unit called the regular unit, where the patient had been sent.

A floor nurse went to his room, did not see the patient, who was on the floor behind the bed, hidden from her view by both the bathroom as she first walked in the room and then by the bed itself. The nurse assumed the patient was in the bathroom, right

next to the corridor, so she left.

Mr. Thraikill was discovered seven minutes later, too late to save his life.

His widow is suing Novato Community Hospital, claiming the facility is responsible for the wrongful death of her husband. It is my firm opinion that the "facility" — the management and nursing staff — were not at fault.

The man's death could have been avoided were the hospital designed for today's patients.

The culprit is the fragmentation of different "types" of patients and the labyrinthine configuration of patient corridors, nursing stations and patient rooms that obstruct the line of sight and slow the caregiver's walk to the patient.

Compounding this are the federal and state guidelines for hospital design and a payment system that requires hospitals to constantly transfer patients from one level of care, such as an intensive care unit, to another level of care, such as a "regular nursing unit" or a



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"step-down unit."

Do we blame hospital management and the nursing staff because the patient had to be transferred? Do we blame the nurse because she had to walk down a corridor, turn into a patient room where a bathroom obstructs the view of the patient's bed and, in this sad case, couldn't see the patient lying on the other side of the bed? That's not a management or caregiver problem. That's a facility design problem.

Today's patients are sicker and getting older. Baby boomer parents and soon the baby boomers themselves are becoming the dominant customer of our health-care facilities.

The intensity of care that must be given to each patient by ever more knowledgeable and experienced clinical nursing staff is far greater than it was 10 years ago. The 1:6 nurse-to-patient ratio is precisely because of this fact.

The average nurse in the United States is 42. They get tired during their shifts, especially if they have to walk down a corridor-based "regular nursing unit" to a patient room far from the nursing station. Kaiser did a study several years ago that showed floor nurses logging 16 miles per shift.

In Georgia we're designing the right hospital — and then we're

going to challenge the government to support our decision because, as one might expect, their ears should perk up when they hear that the cost of operations and therefore patient care charges will be radically reduced. There won't be any transfers, just discharges of patients to their homes.

We're designing an Intensive Care Hospital. Each nursing unit will be designed with a central nursing station with wraparound patient rooms, just like today's ICUs. "No hidden patient" is our motto. The patient bathrooms will be on the outside wall of the rooms. All interior patient room walls will be glass, with privacy curtains to be used when appropriate. My hunch is that a nurse might walk a half-mile during her shift. And that's only the beginning.

The planners and architects working on Marin General Hospital's seismic renovation now have the same opportunity as the team in Georgia. Perhaps they will realize that healthcare is a whole different ball game and therefore a whole different ball park must be built so that the untimely death of one Novato Community Hospital patient will not have been in vain.

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