

HEALTH

/ Insights on Design,
Construction & Operations /

FACILITIES MANAGEMENT[®]

www.hfmmagazine.com
VOL20 NO6

JU



UPFRONT

/ News and trends /

HOSPITALS WEIGH BENEFITS OF 'NO HIDDEN PATIENT' DESIGN

Seminar Review
Questions Page #3



American Hospital
Association

UPFRONT

/ News and trends /

HOSPITALS WEIGH BENEFITS OF 'NO HIDDEN PATIENT' DESIGN

DESIGN

Designing hospitals so that nurses can easily see patients seems like a straightforward patient safety goal that would apply to any new hospital construction. But like many things in health care, it's not as simple as it seems. Visibility is just one part of the patient safety puzzle whose pieces don't always fit together easily.

That's not stopping California hospital consultant **Jeff Hardy's "No Hidden Patient" campaign**. After years of helping hospitals with process and facility design, a 2005 newspaper article prompted him to start advocating for better patient visibility. An older man in a local hospital had fallen out of bed. Though a nurse checked on him, she didn't see him in bed and assumed he was in the bathroom. He died several minutes later.

Hardy wondered: If it was easier to see patients, wouldn't it be easier to save them?

He started a Web site (www.nohiddenpatient.com), speaks at confer-

ences and writes articles urging hospitals to design more units like ICUs, with visibility of patients being the top priority. He's recruited a promi-

"Is privacy so important that patient safety is at stake?" asks Hardy, contending that patients throughout the hospital have more severe med-

hospitals are being built, many with all-private rooms, in the current frenzy of hospital updating and expansion.

Hardy has collected a number of anecdotes from nurses, doctors, hospital administrators, patients and their families about incidents that they say could have been averted if a staff member was nearby. Hardy says the problems stem from private rooms and long corridors with hidden rooms in the corners, and nurses' stations that are either too centralized (nurses are far from patients) or too decentralized (nurses can't communicate easily with one another).

His campaign raises a question that is being debated by hospital designers, administrators and nursing executives wherever a new construction project is planned. Where is the best spot for nurses? They need to be close to patients and supplies, and available to other caregivers and doctors. They also need a quiet place to concen-



Glendale (Calif.) Memorial Hospital's critical care unit allows nurses to see patients and communicate with peers easily.

nent emergency physician to the cause, who last year spearheaded the California Medical Association's approval of the No Hidden Patient concept for new hospital construction.

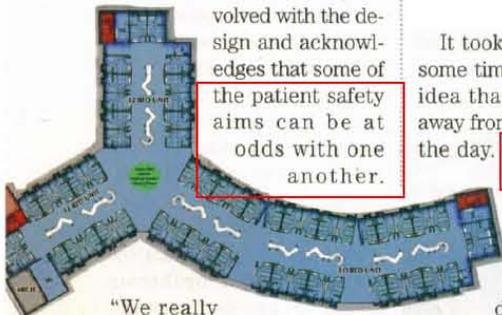
ical problems than they used to and need more attention, and hence more visibility. Hardy's concept goes beyond simply design, to discuss processes of care. But he targets the way new units and

Note: Markups / notes are for Seminar attendees only

trate on documentation.

St. Joseph's Hospital in West Bend, Wis., is a good place to answer that question. It was completed two years ago as the nation's first hospital to be built with patient safety as a central design element.

Mike Murphy, vice president for administration and chief nursing officer at St. Joseph's, was intimately involved with the design and acknowledges that some of the patient safety aims can be at odds with one another.



"We really looked at how you balance visibility as one aspect of safety with other aspects of safety we felt were equally as important, such as standardization of supplies and location and sound control," Murphy says. "Many of the attributes we used don't necessarily contribute to visibility but they contribute to the ultimate goal of keeping patients safe. We found that sometimes our guiding principles directly conflicted with one another."

At St. Joseph's, the ICU has a central nurses' station that gives direct line of sight to all patient rooms. The medical floors, though, are larger and use a highly decentralized design that gives nurses both a central location to meet and work, but also alcoves near each patient room where they can observe patients and input data on the computer.

Hardy's "Three Maximums":

1. Maximum Patient Safety
2. Maximum Floor Staff Safety
3. Maximum Operational Efficiency

"Maximum patient safety is the only kind of safety there is"

How would you compare the relationship between patient safety and "hospital design", with passenger safety and "airplane design"? Is it "central" or is it "preeminent?"

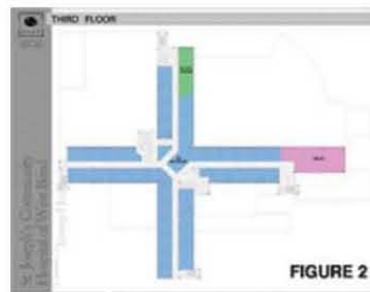
It took St. Joseph's nurses some time to get used to the idea that they'd be further away from one another during the day. They keep in touch by phone, and Murphy says that can be an advantage for a nurse who is in the middle of a dose calculation and doesn't want to be interrupted. She can simply call back.

The Center for Health Design, Concord, Calif., sees more hospitals using a hybrid approach—combining a central station with additional workstations closer to patient rooms, says research associate Amy Keller. "You get the best of both worlds, it allows for patient supervision and the staff to interact with each other," she notes.

For Hardy, that isn't quite good enough. He'd like to see units designed so nurses can watch patients at the same time as being near their colleagues, without requiring them to walk back and forth between a central station and the satellites. He acknowledges that this may be more expensive and require building vertically. "It's time for a new model," he says.

By Jan Greene, an Alameda, Calif.-based freelance writer.

For reference only: This is one of the patient care units that Mike Murphy is referring to in the article



Insert courtesy of Healthcare Design Magazine, August 2006. "Designing Around Patient Safety", by John Reiling For complete copy of the article go to: www.healthcaredesignmagazine/Dispstpg.htm?ID=1755

What would your new model look like?