Designing with the Patient in Mind

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Designing with the Patient in Mind
Presenters:

Mindy Goodroe, Associate Principal, HKS, Inc.
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Learning Objectives

• Explore the ways that design can influence the patient experience.

• Compare approaches to design that incorporate the needs of the patient.
Healing Business Case Safety
Why: Business Case

- Competition
- Performance Feedback
- Profitability + Reimbursement
- Patient Satisfaction
Treat the Patient Like a Person, not a Consumer

- I am a patient...
- Who wants a meaningful interaction...
- With somebody I trust...
- At a reasonable cost...
- In a clean and convenient location...
- Connected to my wider social network...
- Where I am the priority...
- I don’t want to shop for healthcare, but I want to be taken care of in the best way possible...
Treat the Patient Like a Person, not a Consumer

87% of people see themselves as patients, not consumers.

Overall satisfaction, follow-up care and Wi-Fi connectivity predict the return to a clinic.

SOURCE: CADRE Clinic 20XX study
Why: Design is important

- The Unborn Child
- The Newborn Child
- The Sibling
- The Mom
- The Dad
- The Grandparents
- Friends
- Nurses
- Techs
- Physicians
- Medical Assistants
- Administrators

- 9 MONTHS
- 80 YEARS

Cluttered Settings
Redundant Systems
Lack of Engagement
Trip Hazards
Inefficient Workflow

Source: NXT Health
How can I achieve this?

• Patient Involvement
• Surveys
• Advisory Council

• Research
• Design
• Operational Planning
Patient Engagement Spectrum

**INFORM**
- Provide balanced and objective information
  - Presentation Meetings
  - E-mails/Social Media Updates
  - Website
  - Event

**ADVISE**
- Obtain feedback and hear concerns
  - Polls
  - Focus Groups
  - Surveys
  - Mock Ups

**INVOLVE**
- Understand issues/concerns and develop options
  - Open Houses
  - Roundtable Discussions
  - Experience Mapping
Provide balanced and objective information

- Presentation Meetings
- E-mails/Social Media Updates
- Website
- Event

ACE SUMMIT AND REVERSE EXPO
Obtain feedback and hear concerns

- Polls
- Focus Groups
- Surveys
- Mock Ups
Understand issues/concerns and develop options

- Open Houses
- Roundtable Discussions
- Experience Mapping

The time line captures the journey one takes from arrival on campus, through experiencing healthcare at its best to the lifelong opportunity to use this community amenity on the Atlanta Beltline as a resource for good health and wellbeing.
Ways to Achieve a Healing Environment
Design Influences

- Hospitality + Home
- Comfort
- Familiarity
- Warming of space
- Light
- Finishes
Positive Distraction

• Non-pharmacological intervention for pain/stress reduction as well as behavior modification
Engaging the Patient

• Sense of place
• Intergenerational design
• Sensory comfort/ appeal
• socialization and/or privacy
Engaging the Family

- Helping in the healing process
- Tremendous responsibility
Reduce Stress: Arrival

- Parking
- Wayfinding
- Patient/Staff flow
- Efficiency
- Minimal hand-offs
- Proximal location of services
Reduce Stress: During Care

• Efficiency and quality of care
Time Between

• Value Added: make it engaging and educating
• Material to prepare for visit
• Serene environment
• Choice of Space
Trust

- Cleanliness / Hygienic
- High Technology
- Feeling secure
- Clear expectations
- Knowing the care team/plan
Respite + Reflection

- Access to nature
- Serenity
- Calmness/quiet
Amenities

• Dining / Access to healthy food
• Areas of respite and reflection
• Concierge services
Technology

- High-tech monitoring
- Access to information
- Connection to outside world
Patient safety

- Infection Control
- Hazards
- Materials
- Access
- Fall Risk
- Security

ACE SUMMIT AND REVERSE EXPO
Designing with the Patient in Mind

Improving Security and Safety While Reducing Risk through Design

Tom Smith, CHPA, CPP
Tom Smith is a former International Association for Healthcare Security & Safety (IAHSS) President, the current Chair of the IAHSS Council on Guidelines and the President of Healthcare Security Consultants. Tom has extensive experience working on both the IAHSS design and industry guidelines and was a member of the Health Guidelines Revision Committees for the 2014 and 2018 FGI Guidelines.
Session Objectives

• Investigate best practices available to address security issues in the design process.

• Discover opportunities to limit the potential for security disruptions in healthcare facilities.

• Explain the importance of addressing physical and operational security issues during concept development and design.

• Recognize security-sensitive areas in health care settings and design security measures to complement the services provided.

• Identify the expertise needed for multidisciplinary project teams to successfully address security concerns.
Healthcare workers face significant risks of job-related violence

While under 20% of all workplace injuries happen to healthcare workers...

Healthcare workers suffer 50% of all assaults.

Source: Bureau of Labor Statistics
“Overall, we estimated that proactive and reactive violence response efforts cost U.S. hospitals and health systems approximately $2.7 billion in 2016. This includes $1.1 billion in security and training costs to prevent violence within hospitals, and an additional $429 million in medical care, staffing, indemnity, and other costs as a result of violence against hospital employees.”
IAHSS Council on Guidelines

- Appointed to develop non-prescriptive basic industry “operational” guidelines.

- Guidelines evolved into a mix of basic and more detailed guidelines.

- Became evident that guidelines for the built environment – during design - prior to “operations” – could improve program quality and compliment the operations guidelines.

- The concept for Design Guidelines was developed by the Guidelines Council in October 2009.

- The Council agreed to empower a Task Force to develop the HCF Security Design Guidelines.
“Good judgment comes from experience and a lot of that comes from bad judgment”

Will Rogers
## IAHSS Design Guidelines Task Force

<table>
<thead>
<tr>
<th>Membership</th>
<th>Vice Chair, IAHSS Guidelines Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chair, IAHSS Guidelines Council</td>
<td></td>
</tr>
<tr>
<td>Member, IAHSS Guidelines Council and Chair, Design Guidelines Task Force</td>
<td></td>
</tr>
<tr>
<td>Representative of Authority having Jurisdiction, Architect and Health Care Surveyor - Wisconsin</td>
<td>Representative from Industry – Public Safety Advisor, ADT</td>
</tr>
<tr>
<td>Representative of Health Care Facilities, Design &amp; Construction, IAHSS member - Massachusetts</td>
<td>Representative of Emergency Management Agency and Regional Administrator - Maryland</td>
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<tr>
<td>Representative from Industry – President, SafirRosetti</td>
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</tbody>
</table>
IAHSS Design Guidelines

Who Are the Design Guidelines For?
(healthcare security practitioners, designers, engineers, architects, project planners, building owner representatives, department stakeholders)

How and Why Were they Developed
(multidisciplinary expertise, proactive and more prescriptive approach. Includes tools to design and build security into each renovation or new construction project)
Who was involved in planning this work....who was not involved?

Is it too early or too late for security?
IAHSS Design Guidelines

- Applicable to all Healthcare Facilities (HCFs) by addressing security expertise needed.
- Address security **upfront** and **early** on during design
- Focus on ‘**What should be done**’ (checklist) not how or why
- Clear, concise & **reasonable** (more prescriptive than our Basic Industry Guidelines)
- **Cost effective** (expense avoidance)
- **Security emphasis** impacting wide range of areas including Safety, Emergency Management, Regulatory Compliance.
- **Compliance and consistency** with regulatory requirements and best practices.
IAHSS Design Guidelines

General Guideline
• Parking and External Campus Environment Design
• Buildings and the Internal Environment Design
  • Inpatient Facilities
  • Emergency Department
  • Mental Health Areas
  • Pharmacies
  • Cashier and Cash Collection Areas
  • Infant and Pediatric Facilities
  • Protected Health Information Areas
  • Utility, Mechanical, and Infrastructure Areas
  • Biological, Chemical, and Radiation Areas

Emergency Management Design
IAHSS Design Guidelines - General

- Highly sensitive areas
- Public vs. staff areas
- Interior Perimeters including areas segregating visitors
- Building Perimeter
- Property Perimeter
What Is Wrong With This Picture?
IAHSS Study 2009

How Many Times did Patients Elope in 2009?
(N=166)

Percentage:
- 0 Times: 10%
- 1-50 Times: 80%
- 51-100 Times: 10%
- 101-300 Times: 5%
- More than 300 Times annually: 5%
Behavioral Health Unit Design Example
In 2012, the IAHSS Guidelines Council, Security Design Guidelines Task Force, submitted approximately 40 comments to the FGI Health Guidelines Revision Committee.

The response was very positive and two IAHSS members were appointed, mid-cycle, to the 2014 HGRC.

It was made clear that design information related to security and emergency management was needed.

The IAHSS Design Guidelines are now referenced within the 2014 FGI Guidelines.
Psychiatric Injury (existing)

Security

Infection Control (existing)

Medication Safety

Patient Handling (existing)

Falls

Immobility

Psychiatric Injury (existing)

Falls Safety Risk Assessment Team

Applying the Guidelines at your facility
<table>
<thead>
<tr>
<th>SRA Component</th>
<th>Facility Type/Area</th>
<th>Project Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection control risk assessment (ICRA)</td>
<td>All</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. All renovations</td>
</tr>
<tr>
<td>Patient handling &amp; movement assessment (PHAMA)</td>
<td>Where pt handling, transport, transfer and movement occur</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space</td>
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<tr>
<td></td>
<td></td>
<td>3. Minor and minimal renovations where patient handling occurs</td>
</tr>
<tr>
<td>Patient fall prevention</td>
<td>Any area to which a patient or family member has access</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Minor and minimal renovations where patient falls may occur</td>
</tr>
<tr>
<td>Medication safety</td>
<td>Medication safety zones</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Minor and minimal renovations where medication preparation, processing, and distribution occurs</td>
</tr>
<tr>
<td>Behavioral and Mental Health Risks</td>
<td>Any area where behavioral health patient care is provided</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation and renovations changing functional use of space to include the care of behavioral health patients</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Minor/minimal renovations where behavioral health patient treatment occurs</td>
</tr>
<tr>
<td>Patient Immobility</td>
<td>Inpatient</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Major renovation/renovations changing functional use of space to inpatient use</td>
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<tr>
<td></td>
<td></td>
<td>3. Minor and minimal renovations where inpatient care occurs</td>
</tr>
<tr>
<td>Security Risks</td>
<td>All</td>
<td>1. New construction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. All renovations</td>
</tr>
</tbody>
</table>
Summary - Your Programs and Practices

- Include security professionals early in Healthcare Facility Designs
- Utilize Safety Risk Assessment Tools
- Utilize security design resources
- Consider the layers of security when designing new construction or renovation projects.