



Inpatient Unit Design: Defining the Design Characteristics of a Successful Adaptable Unit

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ABSTRACT:

Healthcare is perhaps going through one of the most challenging phases in U.S. history, with an aging population, rising acuity, growing consumer expectations, a tighter labor market, and advancing technology. Hospitals continuously respond to such changes by implementing changes in unit operational models. The physical design of a unit could facilitate or impede the implementation of such changes, thereby affecting efficiency, stress, and renovation cost. In view of the massive investment being made into inpatient units, this research aimed at ascertaining: 1) what flexibility means to different stakeholders of care delivery, 2) what physical design variables stakeholders identify as dimensions of architecture that influence flexibility, and 3) what elements of the designs promote or hinder flexibility. Existing literature discusses flexibility mostly at the hospital or the patient room level. Moreover, typical flexibility considerations have centered on convertibility and expandability. This study makes a contribution to understanding flexibility at the inpatient unit level, from a viewpoint of adaptability to operational changes. The study used an exploratory design and collected data through semi-structured interviews of stakeholders in nursing, materials management, respiratory services, pharmacy, environmental services and dietary services from six hospitals across the United States. Content analysis of interview transcript suggests a set of seven 'static' attributes the presence of which, irrespective of size, shape, circulation, and other configurations, would ensure flexibility of operations in the short as well as long run: 1) multiple division/zoning options,

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2) peer lines of sight, 3) patient visibility, 4) centrality of support, 5) resilience to move/ relocate/interchange units, 6) multiple administrative control and unit spread options, and 7) ease of movement between units and departments.

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