



A Room of One's Own: An Innovative Model for Patient-Centered Surgical Care

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Reasons for Renovation

The Children's Medical Center is a 155-bed pediatric acute-care facility located in Dayton, Ohio. The hospital is a primary referral center for a 20-county area in west central Ohio, and the Department of Surgical Services is the primary center for children needing surgery within this area. Since the last department renovation in 1989, the volume of surgical procedures had increased 32 percent with a major shift from the traditional inpatient status to outpatient status. More than 9,000 procedures a year are performed in the Day Surgery Department, with about 8,000 of those being outpatient procedures. The increase in volume alone provided sufficient need to renovate the Day Surgery Area.

Additionally, the existing environment consisted of seven separate multipatient open rooms with several entrances. The patient cubicles had limited space, making it difficult for parents, nursing staff, and medical staff to provide quality patient care.

Another negative feature of the open-bay configuration was its difficulty in maintaining proper infection control. When one child had a communicable disease such as chicken pox, a room with six beds had to be closed off and occupied by one infected patient. And if a child underwent surgery before evidence of a communicable disease was determined, all patients and staff present on the day of surgery were potentially exposed to the disease.

In terms of privacy, there were several problems. Separated only by cubicle curtains, sights, smells, and sounds from neighboring cubicles were distracting to patients and parents. Another child's crying could be interpreted as a lack of care. At times crying infants were placed beside teenage patients. During peak hours the open bed units were crowded, which gave the perception of rushed rather than individualized care.

The lack of olfactory privacy was also a hindrance in the open plan. This element is often overlooked in healthcare environments, where patients may have adverse reactions to anesthesia such as vomiting.

Confidentiality was also difficult to maintain, as staff communications with their colleagues and parents were easily overheard and sometimes misinterpreted.

Efficient utilization of space and staff were also a concern in the existing open model design. The multiple rooms required duplication of staff and support spaces. A new model of care was needed to decrease the number of different patient/staff interactions and to provide opportunities to improve the clinical care.

With the proliferation of outpatient surgery centers in the area, the need to design a facility that was customer-focused for children, parents, and surgeons became a necessity from a competitive perspective.

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Programming and Design

The design team was comprised of E. Lynn App Architects Inc., their healthcare design consultant, the hospital's director of surgical services, and the director of physical plant and property. The team compiled room data sheets for each room type. In addition to the usual list of utilities, finishes, furnishings, and equipment, the group consulted hospital staff to develop a thorough description of how each space would be used and who would occupy the space. These meetings provided a forum for those involved to discuss operational and model-of-care changes. As a result, the group forged a shared vision of the desired physical and clinical environments. Because the group carefully considered each space at this early stage, design development and production of construction documents proceeded with few significant revisions.

The need to make space utilization and staffing more efficient in the renovated suite was critical. "The designer has a very important role to play in making staffing efficient. If facilities do not have the right number of rooms, or proper adjacencies and layouts to make someone's job easier, then staffing efficiencies will not be achieved."⁽¹⁾

The space planning was also a group effort that focused on issues such as nurse-to-patient ratios, decentralized work areas, patient and staff circulation patterns, communication and information systems, and equipment access. Although redesigned and relocated, the original Post Anesthesia Care Unit (PACU) has been maintained as an open-bay unit to facilitate medical staff interaction during the initial anesthesia recovery period. After the patients are conscious and extubated, they are returned to a single room. Most patients will bypass the PACU and return directly to a single room to be with their parents.

When starting the design phase of the project, considerations were given to the goals of the project, the space available, and the budget limitations. It was strongly believed by the design team that a single room model would best meet the goals and needs of the project. The single room model supported the model of care being pursued and would provide increased flexibility in the space allocated for the project. In order to support the conceptual design, several methodologies were used.

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The first method used was to determine the number of beds needed. A time/patient flow study was conducted for a period of four weeks. The staff documented the number of patients in hourly increments in the preop, PACU I, and PACU II areas. The study tracked the flow of the patients through the perioperative process, demonstrating how many patients were in each separate area as well as how many total patients were in the system at the same time. This study was repeated several times during the initial design phase to address the seasonal issues of pediatric surgery. Results of this study were used to determine the number of day surgery and PACU I beds. This first study reinforced the feasibility of using a single room model.

The second method applied to test the number of beds needed and floor plan scheme of the single room was another type of time/patient flow study. With this study, three actual surgery schedules were used representing low-, medium-, and high-volume schedules. The schedules utilized represented an average patient mix in terms of inpatients, same-day-admit patients, and outpatients. The types of surgical procedures were also considered. After the schedules were determined, a mean time was established for preop, surgical procedure, PACU I, and PACU II. The patients were tracked in 10-minute time increments in the area they occupied. This flow study provided the design team with a more specific picture of how many patients were in each area at the same time. This study further reinforced the number of beds to be considered in each area and how the single room model would fit with actual patient volumes.

Throughout the planning and schematic design phase, the design team continually received challenges from the hospital's Facilities Planning Committee regarding the single room model. It was difficult to grasp the concept that more walls and individual rooms would actually increase the flexibility of the new space. The design team was asked to provide two suite floor plans, one with the single room model and one with an open-bay configuration. After completing both plans, the comparison revealed that each plan could have the same number of patient beds, but the open-bay plan was not much of an improvement over the existing environment. The design team was then challenged to provide concrete information proving that the single room model was the better alternative.

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The architecture firm contacted the Promodel Corporation of Orem, Utah, a company that specializes in computer modeling. Such computer simulations "place data in familiar visual surroundings (i.e., floor plans, site plans, maps) . . . and allow manipulation and reporting using an intuitive point-and-click technology. Managers with minimal training can use the system for better and more efficient decision making based on fact and not guesswork. These visual systems also effectively communicate decisions to committees, the public, and internal staff members."⁽²⁾ Computer simulations provided the design team with actual factual support to compare the two floor plans. This information was then used to determine which plan would actually support the goals of the project.

Using Promodel's MedModel software program required significant data input. Initially, the open-bay and single room model floor plans were added to the system. Next, a scenario was selected to reflect the actual operation of the unit.

Then, time sequences were added to reflect the preop, surgical procedure, PACU I, and PACU II times. The system also added in the staff intervention sequence to test the actual work flow and staff movement process. After completion of the data entry, an actual surgery schedule was used to test the outcomes of both models. The model ran the complete schedule start to finish, and time increments of the schedule could be used to compare patient flow. Three peak department time frames were selected by the design team to assess in detail.

After running the model, the data analysis provided a number of different parameters to review. Some of those parameters included the number of occupied preop beds, operating rooms, PACU I beds, and PACU II beds, as well as the number of patients waiting for preop beds and the total patient census.

From the information provided, several clear-cut facts demonstrated the efficacy of the single room model over the open model. Average wait time for preop beds was 4 minutes with the single room versus 53 minutes for the open model. Compliance with the operating room schedule was closer with the single room model than the open-bay model. The average length of stay with the single room model was 233 minutes; the open-bay model's average length of stay was 278 minutes. Another conclusion from the data provided was that the single room model could support a 20 percent increase in patient volume above and beyond the current patient loads.

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By utilizing the computer simulations, the design team was able to develop factual support for the single room model and receive final approval from the Facilities Planning Committee.

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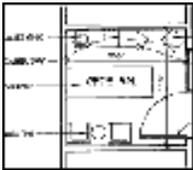
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The Single Room Model

The single room model was explored and ultimately chosen as a method to maximize staff and space utilization, as well as improve privacy and customer satisfaction.



[Figure 1](#): Single room floor plan

In the earlier stages of design, several surgery units were visited. A number of hospitals, it was observed, had adopted the single room model and the outcomes had been very positive. The single room model had actually improved space utilization, as each room was flexible and not dedicated to a particular recovery stage.

Regarding the changing nature of healthcare facilities, "It's important to maintain a futuristic attitude. In other words, all buildings should be flexible and multifunctional. Rooms should be designed on a modular basis so that the function can be changed over time without major alteration to the size or shape."⁽³⁾

When the Day Surgery Department made the transition to the single room model, the staffing and nursing care patterns were modified. Previously, a child would have a different nurse providing care at each stage of recovery. This did not allow for continuity in care. Now the nursing staff is the same for each patient before and after surgery. Patients and parents alike appreciate this more personalized model of care.

"Patients like the single room model...Nurses like it because it provides a better atmosphere for teaching. The door can be closed, and patients are not distracted," says Mary Gregory, a healthcare design consultant and registered nurse.

There has been an adjustment period for the medical staff to shift to this model of care, in terms of patient observation in multiple private rooms. As communication methods are fine-tuned, the renovated suite is proving to be a dramatic improvement for all involved.

The single room model also has been the solution to the problematic privacy issues mentioned earlier. The individual rooms now promote

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acoustic, physical, visual, and olfactory privacy.

"Like adults, children value privacy and suffer when it is not available. Illness compounds the need for privacy yet, ironically, increases the probability that one will have less of it. A proper balance between the health professional's valid need for ready access to the patient and the patient's and parents' desires to be alone or to be surrounded by loved ones can be achieved, provided certain principles of design are borne in mind."⁽⁴⁾

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Confidentiality is easily achieved within the single rooms as there are doors to close and private telephones. Since the renovated patient rooms feature seating for parents, the need for a large public waiting room has been diminished. The parents and patients perceive their room as "home base" and their own private space.

"Preop and postop rooms should be large enough to accommodate the family members who will remain as caregivers as long as possible until the patient has to go away to surgery."⁽⁵⁾

As each room has storage cabinets for personal items, the need for a separate patient locker room has been eliminated. Functionally, the need to transport patients from one area to another has significantly decreased. This, in turn, decreased the need for frequent room cleaning.

Previous issues of infection control have been addressed as the new rooms provide physical barriers from infected patients. The HVAC design assists in these efforts as some rooms are filled with negative air pressure that is pulled out of the building and not recirculated.



[Figure 2](#). Suite floor plan.

The patient rooms are served by a common corridor, which features three nurse stations at primary circulation nodes. An admitting area is within close proximity, as are restrooms for parents and patients.

Improving customer satisfaction in terms of the facilities was a major goal of the renovation. The design team wanted to meet the high expectations that customers have developed based on other markets such as retail and hospitality.

The renovated rooms offer amenities such as seating for parents and video game access for the patients. A television and VCR give patients the opportunity to view their favorite videos brought from home and for parents to view videos on postoperative care for their child. These features give the child and parent more control over their environment and promote a better quality of care.

In general, the single room concept facilitates a patient-centered care nursing model. The increased customer satisfaction levels thus contribute to the hospital's marketing efforts.

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Interior Design

One goal of the Day Surgery Area renovation project was to create spaces for children of all ages that would still be appealing to parents and the hospital staff as well. The theme of aviation and travel was selected in part because the Wright Brothers were from Dayton, Ohio, the birthplace of aviation. There was also the analogy that each child embarks on a new journey when admitted to the hospital for surgery. Several design elements were combined to create a more comfortable environment for patients, parents, and staff.

Artwork plays a critical role in defining the travel theme throughout the spaces. Colorful postcards were sent from all over the world with get-well wishes written on them in native languages. They were made into unique collages and framed, creating interesting and personalized objects of art. Travel posters and foreign monies were also framed to enhance the travel theme. Large maps of individual countries adorn the halls with splashes of color, greeting visitors as they get off the elevator and throughout the surgery suite.

"Studies show that the public's perception of the quality of healthcare being delivered in a facility is shaped, to a large degree, by the image and appearance presented, not only by the condition of the physical plant, but also the quality of interior design. Many hospitals are turning to image enhancement through fine art as one very important element of their total marketing effort."⁽⁶⁾

Sheet vinyl resembling plank wood flooring surrounds decorative compass medallions, which add warmth and texture to the public spaces. This flooring is residential in appearance yet meets the requirements for infection control in the hospital.

The graphics throughout the suite are whimsical in design so as to steer away from conventional plastic wall-mounted signs. Over the reception desk area hovers a huge horizontal canvas banner (stretched over a lightweight steel frame) that reads Day Surgery in a cartoon-style font. This banner is three-dimensional and appears to be flying behind a large bi-wing model airplane.

The banner element is carried out in the patient room corridor as well. Each room has a window from which hangs a handcrafted wooden airplane with a banner that displays the patient's name. The name cards that are inserted are also color coded by surgeon for ease of identification by medical staff.

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[Figure 3](#): A single room as seen from the corridor.

Lighting plays an important role in the design goal to create a space devoid of glaring fixtures and institutional layouts. Sun-themed wall sconces create warm, glowing points of interest down the corridors. The nurse call lights are surrounded by graphic starbursts. In the patient rooms, light coves provide soft indirect light. Above the countertops a recessed can fixture provides task lighting for the staff to write chart notes.

In reference to healthcare lighting, "By creating comfortable, nurturing, low-stress treatment and rehabilitation spaces, designers can contribute to a patient's positive mental attitude and create an atmosphere conducive to convalescence."⁽⁷⁾

In terms of color, it was decided early in the project that since patients ranged in age from a few days to 18 years, pastels and primary colors would be avoided. Instead, medium hues of blues and greens are used in the main corridors. White cloud graphics occur on the walls where they meet the ceiling tiles, blurring the distinction between wall and ceiling. As this is a surgery suite, the cooler color spectrum was found appropriate to promote a calming, restful mood for surgery preparation and recovery. Occasional accents of yellow-orange sunburst graphics add interest to the color scheme. The patient rooms are relatively neutral in tones of beiges and tans so as not to compete with the colorful artwork of framed postcards and travel posters on the walls.



[Figure 4](#): Photo of main corridor.

"Color is known to have physiological as well as emotional impact. A person's response to color, in other words, is total: color influences the autonomic nervous system, respiration, blood pressure, muscle tension, eye blinks, cortical activity, and many other body functions."⁽⁸⁾

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Construction

Since most of the project involved renovating existing space, the patients, parents, surgery department staff, medical staff, and in-house construction crews were faced with many challenges during the renovation process. This project was phased so that as one area was completed, it would be occupied and part of the existing area would be vacated and renovated. Consequently, patient flow patterns, nursing support, supplies, and entrances to the department could change over the course of a weekend. Careful planning was needed to ensure that there were sufficient patient care spaces, that beds would fit through temporary corridors, and that communication and support systems were functioning. Flexibility, creativity, and resourcefulness were key during the construction phasing process. The cooperative relationship between the nursing staff and the hospital's building services department provided a successful transition into each phase.

Another challenge during any renovation is coordinating construction noise. In this case, patients were being cared for adjacent to the construction area where drilling and hammering sometimes interfered with patient care. During regular construction meetings, stages of the project that produced additional noise were coordinated in an attempt to lessen the loud distractions during peak hours of care.

Conclusion

At the onset of the project, the goals and needs for the renovation were clear. As the project has progressed and areas are being completed, it has become evident that the planning and design have been successful and the original goals are being met. The single rooms have enabled the staff to implement a change in the model of care provided. The rooms have enhanced privacy, improved infection control, and addressed confidentiality concerns. With a single entrance into the Day Surgery Area, families find their rooms easily. The environment is comfortable and relaxing.

Recent customer satisfaction surveys have been positive, with comments such as "the rooms are a great improvement" and "it's nice to be able to stay in the same room as my child." One parent compared staying in one of the new rooms to "staying at the Hilton." Karen Herby, director of surgical services at the Children's Medical Center, stated, "The single room model enhances the nurse's ability to care for more patients within a primary care model." 🐼

Notes

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In recent years there has been a dramatic shift in surgery departments from inpatient to outpatient procedures. The Department of Surgical Services at the Children's Medical Center in Dayton, Ohio, has experienced this change with an increased overall volume of 32 percent since the last department renovation in 1989. The existing open-bay preop and postop units were found to be inefficient in terms of space and staffing, and lack of privacy was problematic.

A team of architects, consultants, and hospital staff was formed to investigate the possibilities for improvement, given the limited space available in and around the existing surgery department. It was determined, after a preliminary analysis of the spatial requirements, that a new model of care would be the best solution for the renovated suite. The new model of care would allow nurses and staff, who formerly cared for many patients in open-bay bed configurations, to be assigned to a small group of patients in single rooms. The single room model therefore became the desired spatial model for the renovated suite floor plan.

The benefits of the single room model include:

- Greater privacy for patients and parents
 - Auditory
 - Physical and visual
 - Olfactory
- Enhanced confidentiality
- Improved infection control
- Better room flexibility

- Increased customer satisfaction.

The opportunity to test early space planning solutions arose during the design process. A computer simulation program was used to model the traffic flows of patients and staff at different times of the day. In this case the simulation reinforced the space planning theories.

Design issues such as wayfinding, lighting, and color selection were addressed with the patients and parents in mind. A theme of travel was selected early in the project as it appealed to young and old alike. In terms of navigating through the Day Surgery Area, compasses in the flooring and framed maps on the walls act as landmarks. The lighting throughout the corridors and patient rooms is indirect, allowing patients to be transported on gurneys without the glare of fixtures directly above them. The color palette of blues, greens, and beiges is calming and relates to the framed maps on the walls.

The single room model is proving to be successful on many levels at this facility. Patients and parents appreciate the privacy and amenities offered in the individual rooms. The nurses and staff can now focus on a few patients for an entire day, allowing better quality and continuity of care. Finally, from a marketing standpoint, the renovated suite with private rooms provides features that exceed those of other area outpatient surgery centers.

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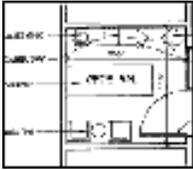
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Single Room Floor Plan

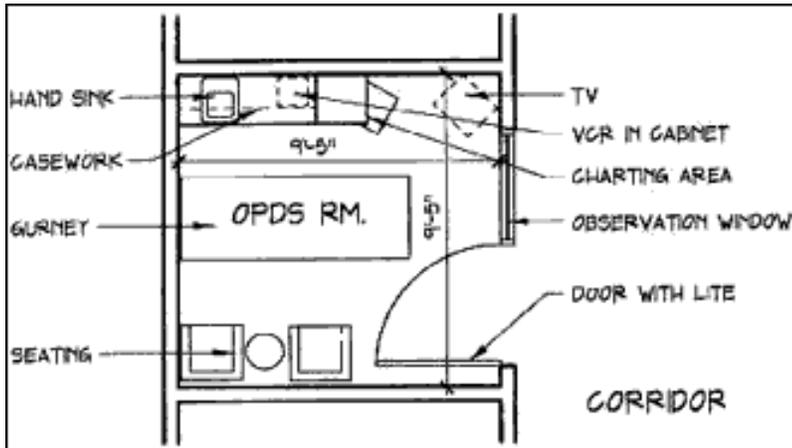


Figure 1: Single room floor plan.

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Suite Floor Plan

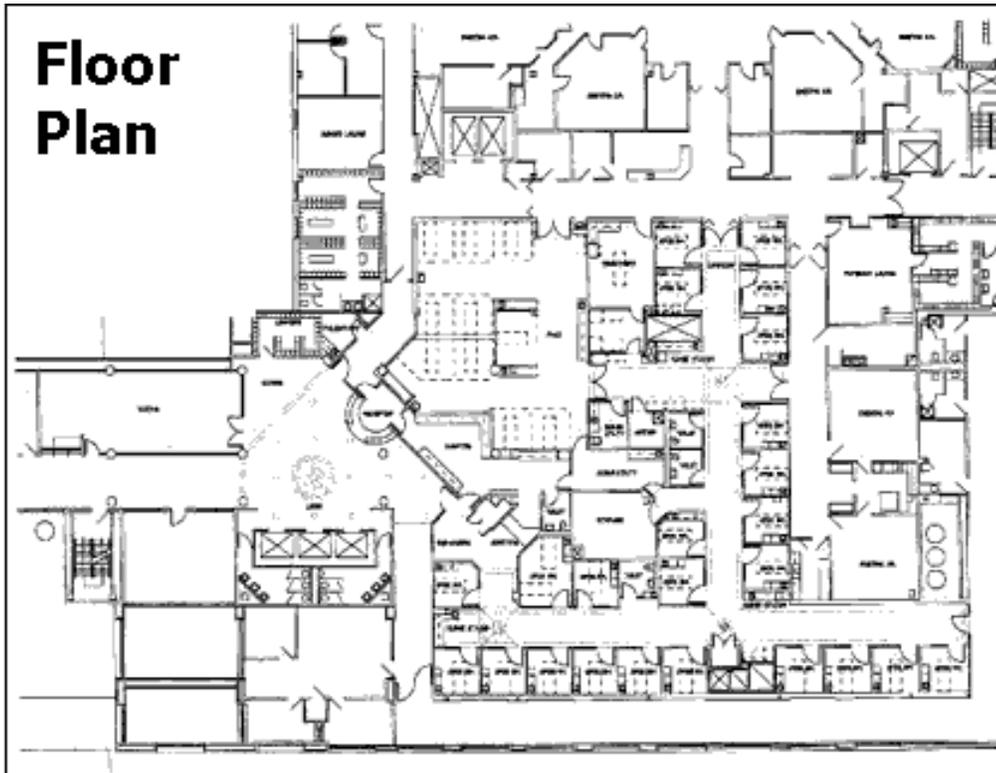


Figure 2: Suite floor plan. The patient rooms are served by a common corridor, which features three nurse stations at primary circulation nodes.

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Figure 3: A single room as seen from the corridor.

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Children's Medical Center, Dayton



Figure 4: Main corridor.

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