**Questions Log – AAH1703 webinar “Lean Inpatient Unit Design Strategies: New Research on Best Design for Effective Nursing”**

Q: Given the apparent contradictions in proximity of supplies and scores on level of satisfaction by staff, was there an effort to control for general staff job satisfaction as a confounding variable?

A: No, this was not included in our survey.  However, this certainly could be a confounding issue.  This ‘attitude’ factor can best be overcome with a large sample size.  In our study of 14 units, it could explain some of the outliers in our survey results.

Q: How did you measure the 'increase' in safety?

A: The nurses’ responses in the survey included judgments related to the degree to which patient safety is supported by the design of each different support resource (medication room, supply room, etc).

Q: In your score tabulations there were two Good Sam units, GSPuyallup4 and GSPuyallup6 that had significantly different scores. Were they different designs or different unit types?

A: These were two different units within the same hospital.  One is a large new unit and the other is a smaller older unit.

Q: In any of your studies, "public art areas," figured as part of improvement of performance from personal or healing from patients?

A: No, this was not included in the study.

Q: How would you project some of these findings might change at a very small, 25 bed Critical Access Hospital?

A: For a busy 25-bed unit, these findings would apply just like any other hospital.  However, many Critical Access Hospitals with 25 beds, sometimes with only an average daily census below 10.  These operate very differently, often with nursing staff sharing responsibility for monitoring ED and Surgery as well as the few inpatients, and this research has limited application there.

Q: Based on your years of work experience, were there a few findings from your research that are surprising or unexpected?

A: Yes, here are a few:

1. Supplies:  while we did not see a strong correlation with distance from supply room to patient, we did see a strong correlation to zoning.  We surmised that there is a sense of control with decentralized zoning, regardless of distance.
2. Medication room size:  we didn’t expect to see such a clear correlation to room size and patient safety
3. Equipment:  all units, whether they had central or decentralized rooms for equipment, scored very poorly.  As we noted in the presentation, comments provided in our surveys showed why—location is not the problem, rather, having a dedicated place for each item is more important, which apparently none of the units had!