



**The American
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of Architects**

Academy of
Architecture for Health

an **AIA** Knowledge Community

End-of-life Care Environment

December 10, 2019
Sharmin Kader, Ph.D.
TreasorHL



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End-of-life Care Environment

December 10, 2019

Moderated by: Michelle Yates



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The Master Series are tailored to healthcare design professionals with sufficient exposure to jump-start interest in wanting to learn more.



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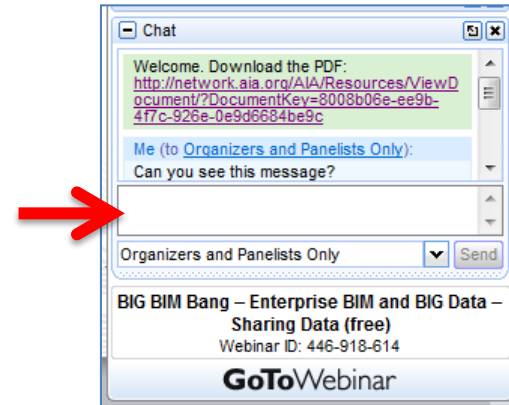
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Content-related questions will be answered during the Q&A portion, at the end of the presentation, as time allows. Any questions not answered during Q&A, will be answered and posted online within two (2) weeks.

Tech support questions will be answered by AIA staff promptly.





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Presenter

Sharmin Kader, Ph.D.



End-of-Life Care Environment



Kader, S. (2016). *Development of Hospice Environmental Assessment Protocol (HEAP): A post occupancy evaluation tool* (Doctoral dissertation, University of Kansas). <https://kuscholarworks.ku.edu/handle/1808/21798>

Content

- History of Death
- Background
- Objectives
- Methods
- Findings
 - Therapeutic Goals
 - Design Considerations
- Summary
- Q&A

Traditional

Priest
Soul
Community



Modern

Doctor
Body
Hospital



Post Modern

The self
Personality
Family



History of Death



Hospice

Nursing Home

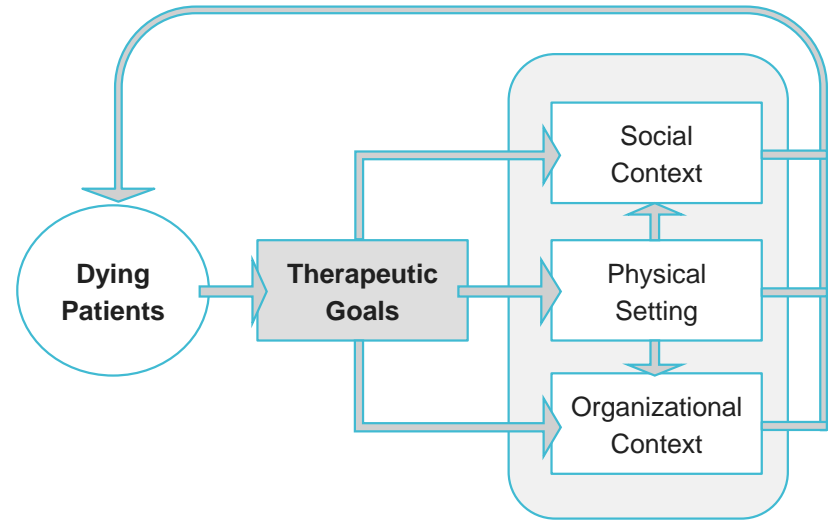


Background

To identify the Therapeutic Goals
To develop the Design criteria
To develop the POE tool

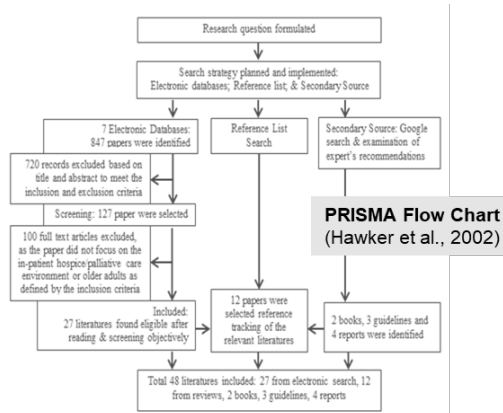
Objectives

A conceptual framework by Cohen & Weisman (1991) of
Person-environment System



QUALITATIVE RESEARCH

Systematic Literature Review



10 Experts' Opinion

1. Book Author & Researcher
2. Book Author & Architect
3. Architect & Researcher
4. Architect (AIA Award)
5. Architect (AIA Award)
6. Architect
7. Architect
8. Interior Designer
9. Landscape Book Author & Researcher
10. Landscape Architect (Award)

5 Case Studies



Wisconsin | Missouri | Oklahoma
Georgia | Texas

Methods

FINDINGS

Eleven Therapeutic Goals

1. Continuity of Self
2. Access to Nature
3. Privacy
4. Social Interaction
5. Safety & Security
6. Autonomy
7. Stimulation
8. Spiritual Care

Direct
Influence on
Patient
Experience

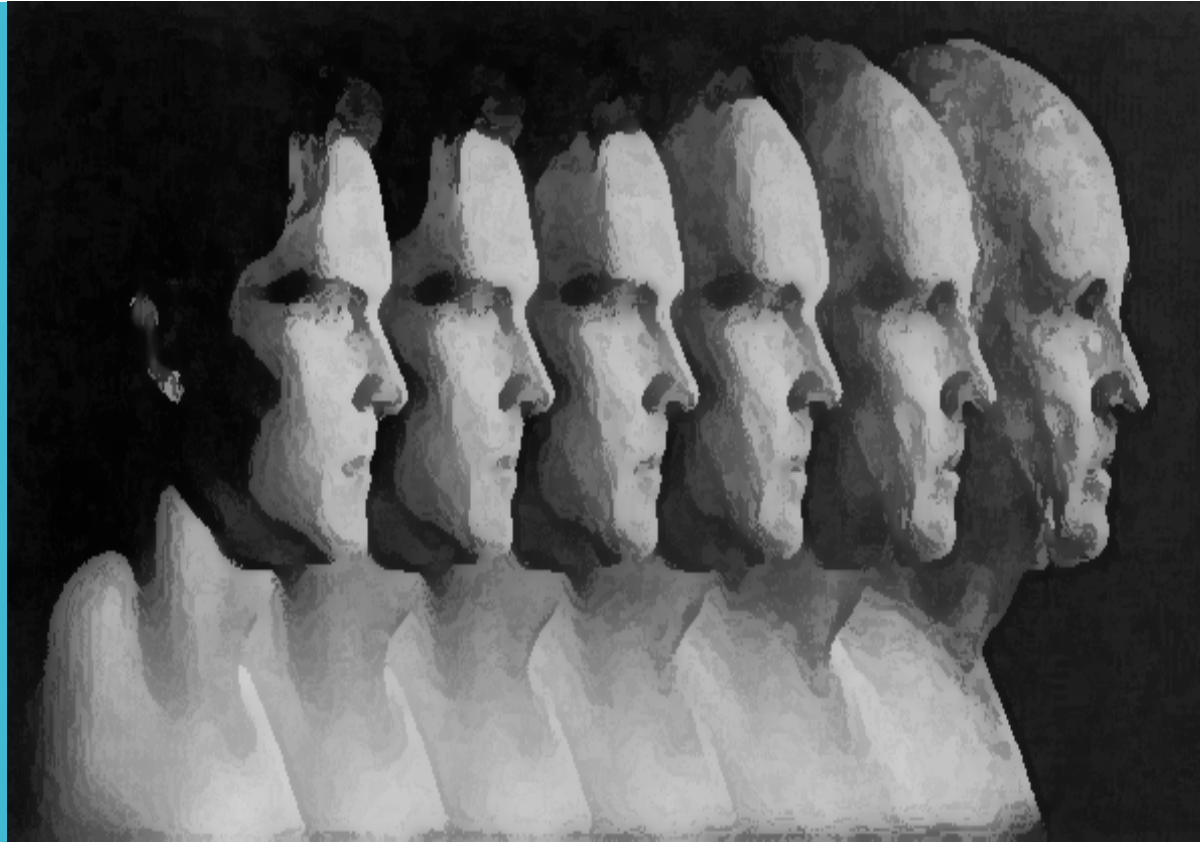
9. Family Accommodation
10. Support for Staff
11. Support after Death

Indirect
Influence on
Patient
Experience

Definitions

<i>Provide continuity of self</i>	Environmental characteristics that help preserve or support patients' past activities, preferences and awareness.
<i>Provision of access to nature</i>	Environmental characteristics that provide opportunities for visual and physical access to nature.
<i>Provision of privacy</i>	Environmental characteristics that facilitate patients' choices in various levels of privacy through regulation of visual and auditory stimuli.
<i>Facilitate social interaction</i>	Environmental characteristics that facilitate and enable meaningful interaction between patients with staff, their family and other patients.
<i>Maximize safety and security</i>	Environmental characteristics that maximize patient safety and security of self.
<i>Provision of autonomy</i>	Environmental characteristics that enable patients to exercise choice and personal preference about their environment & everyday life.
<i>Regulate stimulation and support sensory therapies</i>	Environmental characteristics that contribute to an appropriate quantity and quality of sensory experience & support palliative therapies.
<i>Provision of spiritual care</i>	Environmental characteristics that facilitate opportunities for patients' spiritual care; religious, philosophical, existential, and personal beliefs, values, practices, and preferences.
<i>Provide family accommodation</i>	Environmental characteristics that facilitate patients' family accommodation and support control, functional independence, comfort, privacy, recreation, and spiritual care.
<i>Provide support after death</i>	Environmental characteristics that support care and dignity for patients and their families during the moment of death, body removal, bereavement and remembrance.
<i>Maximize support for staff</i>	Environmental characteristics that support staff for better efficiency, communication, observation, satisfaction, and wellbeing.

ONE
Continuity of
Self



Create home-like environment



Provide scope for personalization



Design Considerations

TWO
Access to
Nature





Building Design

- Maximize natural light, views, fresh air through design
- Use of natural material (wood and stone)
- Patients' bed accessible outdoor areas & landscape
- Window size and location to provide maximum view
- Transitional spaces from Indoor to Outdoor
- Representation of Nature in form of arts, or materials

Garden Design

- A garden carries a symbolic value “ THE ULTIMATE HOME ”
- Create a visual interest and destination in the garden.
- Make garden visible from patients' room and other areas.
- Bed accessible with wide pathways to garden.
- Provide multiple seating arrangements for group & individual.
- Have indoor plants/flowers, or Zen garden, or courtyard.



Design Considerations

THREE
Privacy



PRIVACY IN PATIENT ROOM

- Private Room with private bathroom
- Avoid visibility of the patient's bed-head from circulation
- Good acoustic design
- Visual privacy of patient room from outside garden or pathway.
- Acoustic privacy through layout; presence of buffer zone (foyer, toilet) between rooms and corridor.



OTHER AREAS

- Various sizes of social spaces
- Space for private conversation & cell phone conversation
- Provide privacy in outdoor setting



Design Considerations

FOUR
**Social
Interaction**



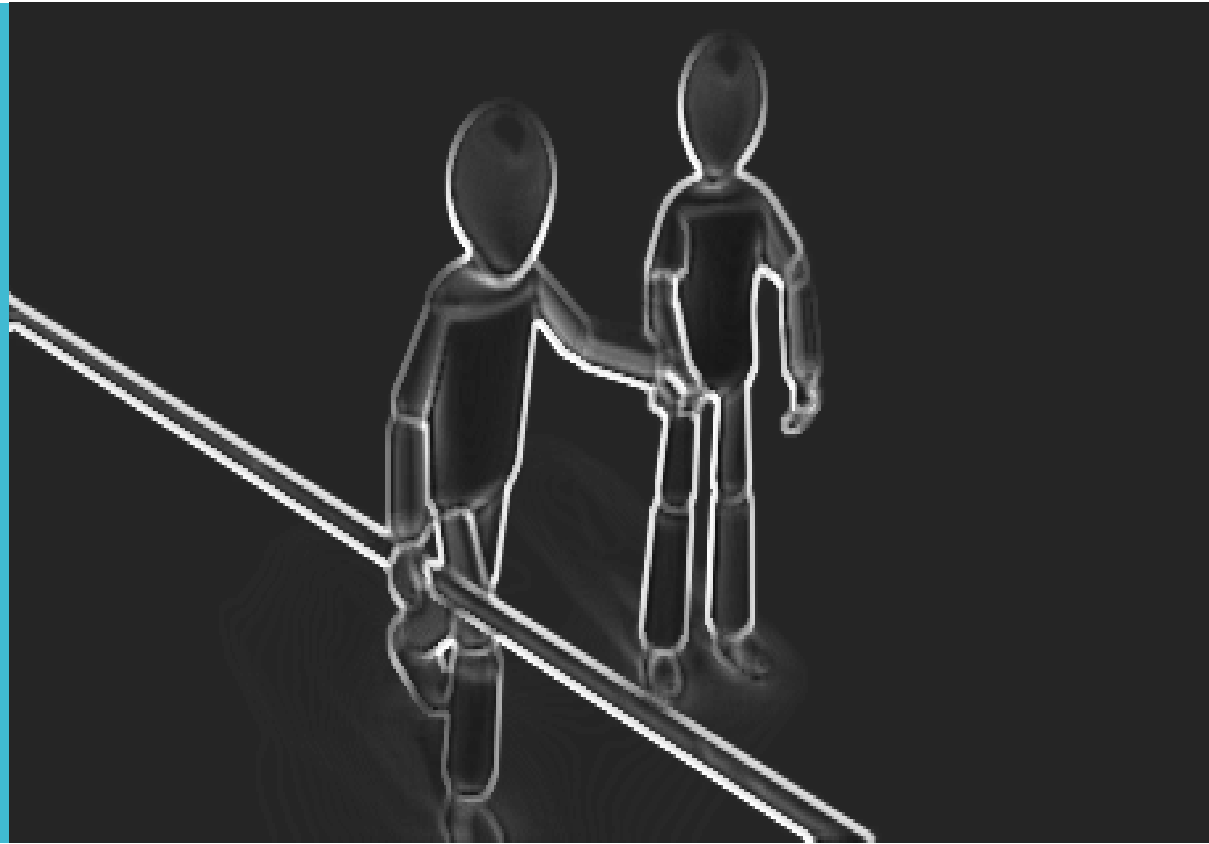


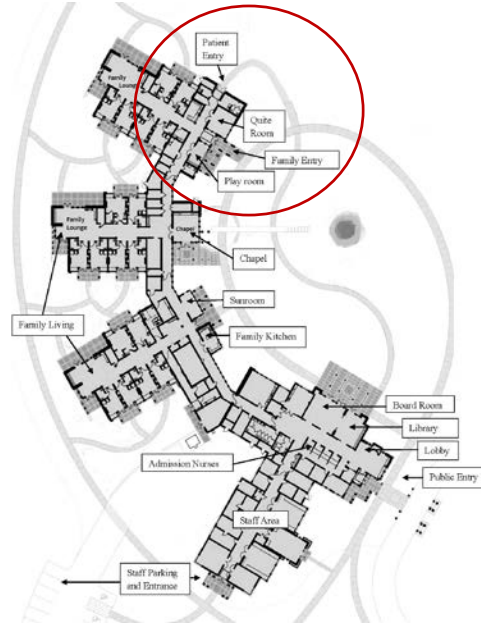
Design Considerations



FIVE

Safety & Security

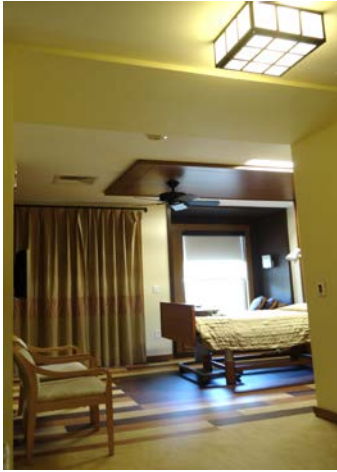




Design Considerations

SIX
Autonomy





Control over
micro-
environment



Access to
communication

Control over
daily routine

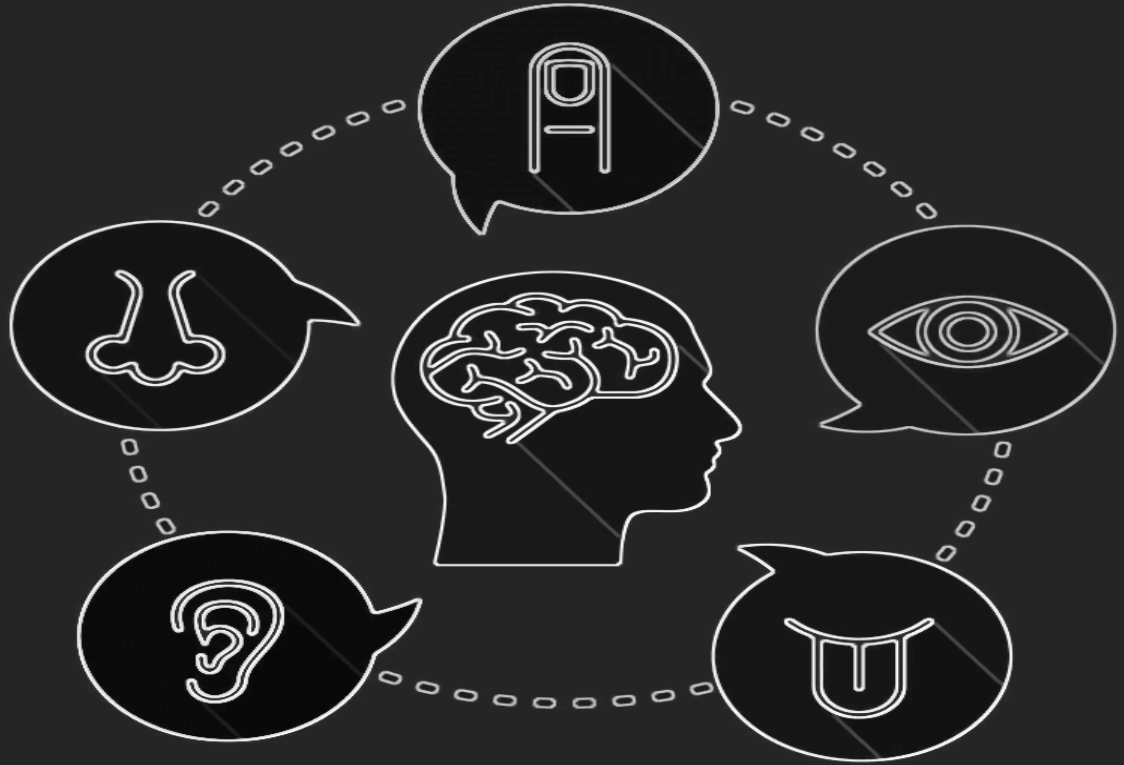
Patient's wishes
and choices

Design Considerations



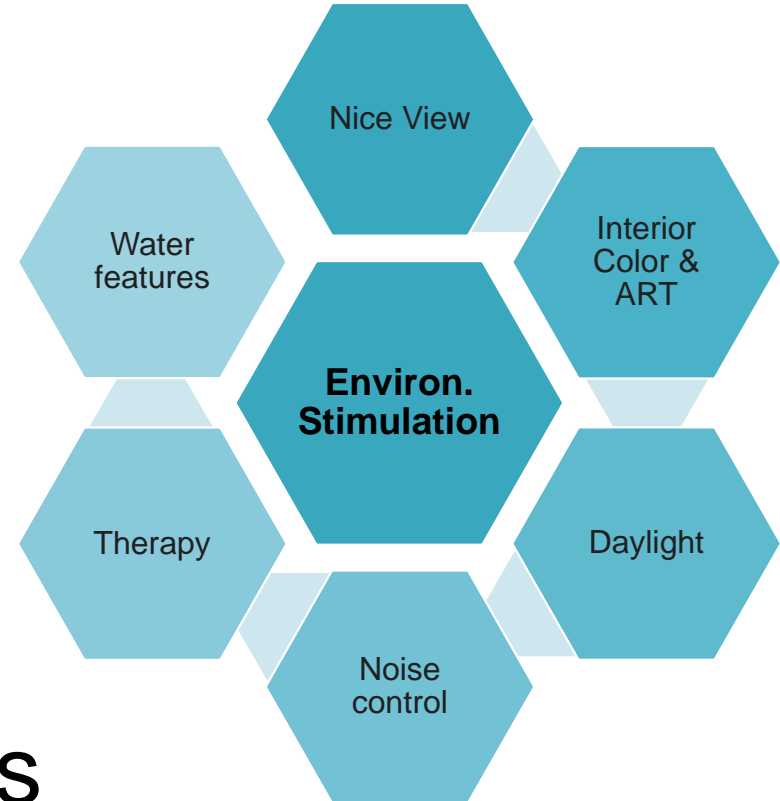
SEVEN

Sensory Stimulation & Therapy





Design Considerations



EIGHT
Spiritual
Care





Create calm contemplate environment.
Non-denominational.
Chapel for 10 to 12 people.
Quite room for 4 to 5 people.
Quite spaces for an individual person.
Achieve sacredness through design.
Retreat area in garden / outdoor chapel.



Design Considerations

CHAPEL OR MEDITATION SPACE

Wheelchair or bed accessible.
Good acoustic design
Comfortable and flexible furnishing
Enrich with architectural delight (e.g., skylight, stain glass, water features).

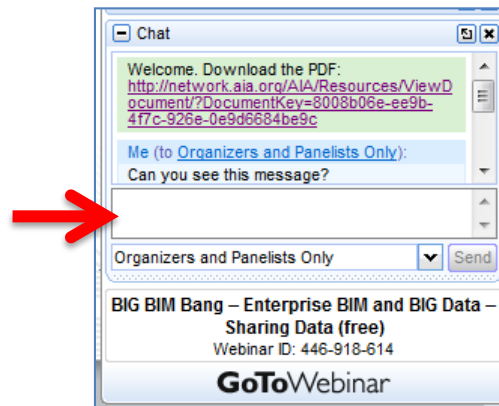


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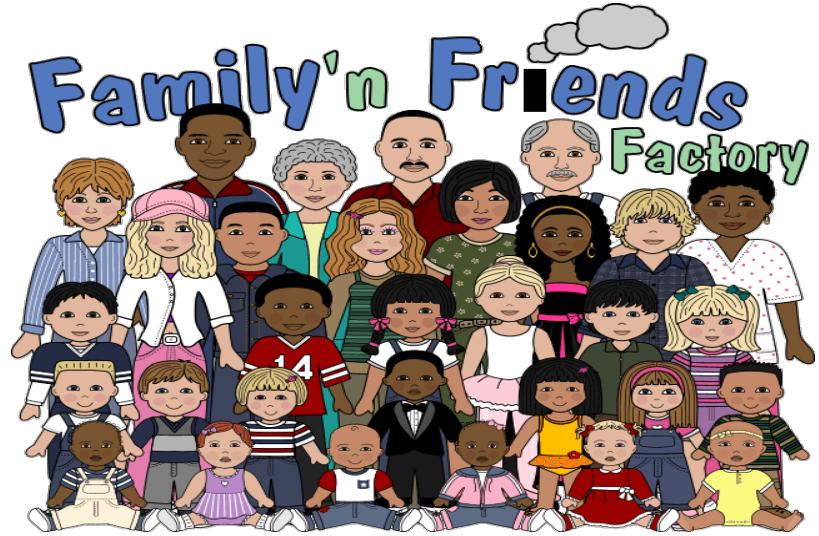
Question Reminder

Submit your questions and comments
via the chat box.



NINE
Family
Accommod
ation





Who is family?



- Comfortable overnight stay
- At least one double-suites [old/sick spouse]
- Enough storage space
- Easily accessible location and wayfinding.
- Children play area
- Various social spaces with recreation.
- Functional independency
 - Laundry facilities
 - 24-hour kitchen or kitchenette
 - Designated shower areas & toilet
 - Computer, phone, wi-fi internet connection
 - TV, DVD players, games, books, CDS for recreation

Design Considerations

TEN

Support for Staff





- Provide privacy by building layout design (separate zoning).
- Staff-only outdoor area.
- Separate parking & secure entry at night.
- Good break room.
- Workstation with daylight, enough storage area, etc.
- Short-corridor run.
- Other operational safety and comfort.

Design Considerations



ELEVEN

Support after Death



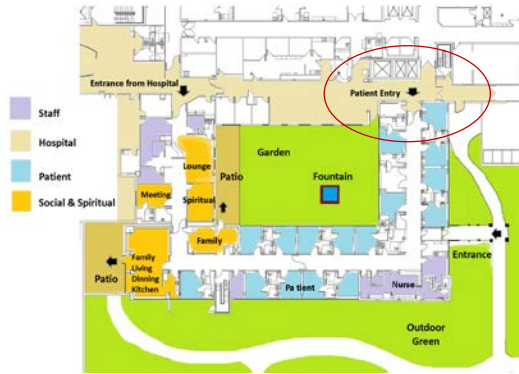


- Enough bedside space for Family Rituals
- Having an operable opening (window) to “Allow The Soul To Leave”.
- Signage outside the door - event of death.
- Quite space for family to gather.
- Exit Route - Discreet and sensitive route to transfer deceased body.
- Bereavement suite.
- Scope for remembrance.

Design Considerations



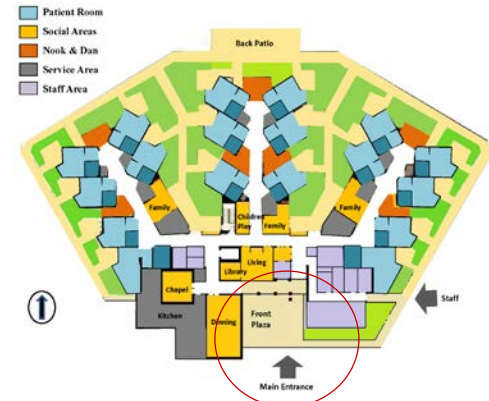
Deceased Patient's Body Removal



Separate side entry through public route



Separate side entry



Use only front entry though have outside walkway from each patient room

Design Considerations

VIEWING ROOM

- Not common in the USA.
- Example from Europe.
- Attached to a private waiting room.



A BEREAVE SUITE FOR FAMILIES

- Locate near to the entrance and avoid route through in-patient units.
- Private lounge area with a bathroom & visual -acoustic privacy.
- Intimate arrangement, comfortable furnishing, connection with outdoor space
- Facilities for light refreshments
- Environmental aesthetic encourage reflection & foster self-nurturing behaviors.

Design Considerations



Ways to express REMEMBRANCE

Design Considerations



Summary



THANKS

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Time for Questions and Comments





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For questions, please email knowledgecommunities@aia.org



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The U40 List is nomination oriented recognition to celebrate individuals making a significant contribution to the advancement of health facilities design. Each year up to two individuals will be selected to have their names added to the distinguished U40 List. The nominees will receive a travel stipend to attend the Summer Leadership



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Upcoming Webinars

Date	Series	Topic
2/11	Beyond the Basics Series	The Not-So-Connected Building
3/10	HC 101 Series	Exam, Procedure, and Operating Rooms: Design advice based on the FGI Guidelines

Dates & topics are subject to change