**Questions Log – AAH1702 webinar “Dublin Methodist Hospital: Culture Driven Design-Seven Years Later”**

Q: Comment: I'm a nurse and architect. Clocks are also important for patient orientation.

A: Agreed.

Q: Room number at sink area?

A: Since all of the rooms are identical, there was concern that the staff needed a way of confirming they were in the correct room. Adding the room number near the sink helps confirm this and is easy for staff, patients and family members to see.

Q: Did the original design look at on stage off stage concepts?

A: There are several on stage and off stage areas throughout the hospital. For example, since there is no basement, the service areas are located on the first floor. These are separated into a separate off stage zone. On the inpatient floors, there is a separate off stage zone located between the inpatient units.

Q: How was equipment storage envisioned and how has it worked?

A: There is a separate centralized equipment storage area on each patient floor. In each patient unit, there is an enclosed equipment storage room. There are equipment alcoves along all patient room corridors to facilitate distributed equipment storage.

Q: Speaking of trash, what did the architecture team do to handle the patient's trash at the patient bedside? (Patients not able to access trash can underneath hand wash sink)

A: There is a trash can at the bedside.

Q: What feedback have you received on the same handed rooms?

A: The staff appreciates the standardization of the same handed rooms.

Q: Has the 20 bed unit been satisfactory?

A: The 20 bed unit was based on a staffing ration of 1 nurse to 5 patients for general acuity care. Since the rooms are acuity adaptable, they add more staff as necessary. The hospital feels this is working as desired.

Q: Is this a LEED building?

A: The building is designed to LEED Silver standards, but OhioHealth did not apply for LEED certification.

Q: All those bud vases... a nice touch, but are they dust collectors?

A: The flowers in the bud vases are artificial and are replaced periodically.

Q: Do the perches provide sufficient space for all of the staff on the units? Do staff feel a need for any quiet, focused work spaces?

A: The design of the unit is very quiet due to the distributed nature of the perches, and the materials. There is an enclosed room in the staff zone just off the patient units that they can go to if desired.

Q: It appears that there is carpet in the corridors. Is this true in the ICU also? Did Ohio Health decide to use carpet at other facilities also?

A: There is carpet throughout the corridors in the patient unit. This is also true in the ICU designated unit. I’m not sure if OhioHealth is using carpet in similar locations at their other facilities.

Q: Do you have overhead lifts in the rooms and how do you coordinate with cubicle curtains?

A: The decision was made to use portable patient lifts due to the use of the ceiling mounted Patient Station over the patient bed.

Q: It appears that near the nurse stations are automated supply dispensing cabinets with glass doors. Being open to the corridor, these appear more institutional than spa-like. Can you comment on the thought here?

A: While there are Omnicell dispensing units at the center perches, all of the perches also have enclosed cabinets for supplies that do not need to be tracked. While the Omnicells are out in the open for convenience, they are off the major circulation and are not very noticeable. There are many spa-like amenities around the Omnicells that offset their institutional appearance.

Q: How well did the nurse perches work with staff?

A: All of the staff we talked to really like the perches.

Q: What was general construction cost per SQ. Ft?

A: $296/SF

Q: Are they maintaining the indoor trees? Are they thriving?

A: The indoor trees are thriving so well that several of them have had to be replaced because they grew too large.

Q: Are you collecting metrics to add to the EBD database?

A: Unfortunately, the planned ongoing research was curtailed due to the economic crisis that happened the same year the hospital opened.

Q: Any issue related to keeping the trees in the atrium heathy?

A: There are no issues keeping the trees in the atrium healthy. The only issue is that the trees grew too large and started leaning towards the glass, which caused the hospital to replace them.

Q: How where you able to resolve the visual connectivity to the corner rooms?

A: The only way to resolve this has been to either spend more time in the room when there are patients in them, or to locate a WOW near the entry to provide a better visual presence.

Q: In terms of IT input...did they say laptops were what they planned to use?

A: The decision to use laptops included the IT team at the time of the design.

Q: Do the administrative offices still have no doors?

A: The administrative offices have been moved to the adjacent MOB and the original space has been converted to a NICU. The new administrative offices have doors.

Q: Are the floors carpeted?

A: The floors in the corridors of the patient units are carpeted, as are other office and patient respite areas of the hospital.

Q: In your post occupancy evaluation- Was there any issue with paper and paper storage in the decentralized nurse pods?

A: The operational goal was to use as little paper as possible, but there are printers and paper storage near each perch.

Q: What was the cost difference to make the all unit as acuity adaptable?

A: The additional cost per room was $2400 or $48,000/unit

Q: What has been the perception of staff of this facility? What has been the turnover of staff? Are there any metrics for staff satisfaction and performance?

A: The staff that work in the facility love being there. However, there were staff that were originally hired that did not like various aspects of the building and have moved on.

Q: How are the trees in the atrium doing?

A: The trees are doing very well and everyone loves them.

Q: Are there doctor's spaces? Perches?

A: The perches are for physicians, nurses and anyone else that wants to use them. They are very collaborative. Some phyisicans that want privacy tend to use the ones towards the rear of the unit, away from the traffic coming/going to the unit.

Q: Do you have residents on the floors?

A: While there are residents present at various times, there are no special areas for them.

Q: Acuity adaptable rooms are considered the pinnacle of room design. Could you please talk about that?

A: Having acuity adaptable provides ultimate flexibility for how you organize patients. Originally, intensive care patients were distributed through the inpatient units. This caused problems for intensive care staff. The hospital decided to co-locate all of their intensive care patients on a single unit, and it didn’t cost them anything to do this.

Q: Does the nursing staff remain distributed near the patient room at 3 am?

A: Yes. They do not move their patients.

Q: Would you do trees again?

A: Yes.

Q: New unit - built as acuity adaptable? Or have they decided not worth the investment?

A: We are currently designing acuity adaptable inpatient units for other clients. Hospitals like the inherent flexibility this affords, especially in a time when they are seeing increasing levels of acuity.