

Academy of Architecture for Health On-line Professional Development

Dublin Methodist Hospital: Culture Driven Design–Seven Years Later

Master Studio Series

Tuesday, March 21, 2017

2:00 pm – 3:00 pm ET

1:00 pm – 2:00 pm CT

12:00 am – 1:00 pm MT

11:00 am – 12:00 pm PT

Presenter

Greg Mare, AIA, EDAC
AECOM

Moderator

John Kreidich
McCarthy Building Companies

Academy of Architecture for Health On-line Professional Development

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Master Studio Series

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Masters Studio Series sessions are tailored to provide healthcare design professionals with sufficient exposure to jump-start interest in wanting to learn more.

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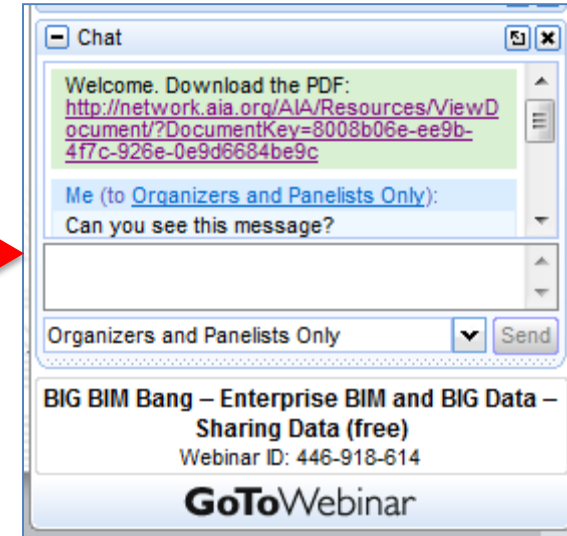
- **in the Chat box** at the conclusion of the live presentation;
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Dublin Methodist Hospital: Culture Driven Design— Seven Years Later

Presenter



Greg Mare, AIA, EDAC
AECOM

As the Director of AECOM's healthcare practice for the Americas, Greg Mare has four decades of experience as an innovator in healthcare planning and design. He is an industry leader in patient experience development, evidence-based design process and health and wellness environments. He is also a highly respected public speaker on healthcare design issues including patient quality and safety, operational efficiency, standardization, flexibility and pediatric environments. Greg is a member of the Center for Health Design's EDAC Advisory Council and was named one of 'Twenty Who Are Making a Difference', published in Healthcare Design magazine.

Presentation Description

Dublin Methodist Hospital was designed to “**change the way health care is delivered in central Ohio**”. It was also considered the most evidence-based designed hospital in the United States at the time it opened in 2008. Seven years later, many of the goals were achieved, and Dublin Methodist has become one of the most successful hospitals of its kind in central Ohio and beyond.

However, there were several unexpected consequences that remind us “culture eats design for lunch”. See what design innovations worked and what didn’t.

Learning Objectives

1. The hospital defined its desired culture at the beginning of the design process. Learn about the challenges of achieving this, and the impact on operations and design when the culture changes.
2. Designed with acuity adaptable patient rooms throughout, learn what the challenges were of this model of care and what it has evolved into.
3. All of the inpatient rooms were designed same handed, with patient bathrooms located on the headwall, in an effort to reduce falls. Hear about DMH's falls statistics, and what they attribute them to.
4. Designed for the latest technology available at the time, learn what has worked, what has become obsolete and what is replacing it.

VISION for Dublin Methodist Hospital

- Fits into the community
- Breaks down fear and intimidation
- Easy to find what you need
- Helpful, informative people where you expect them
- Reassuring sense that everything is under control
- Environment exudes a sense of restorative warmth

Focus on Patients, Families, Physicians and Staff

- Redefine the way patient care is provided in central Ohio.
- An innovative, stress-reducing facility design featuring plenty of natural light and green space
- An environment that promotes the natural healing process while respecting patient privacy and dignity

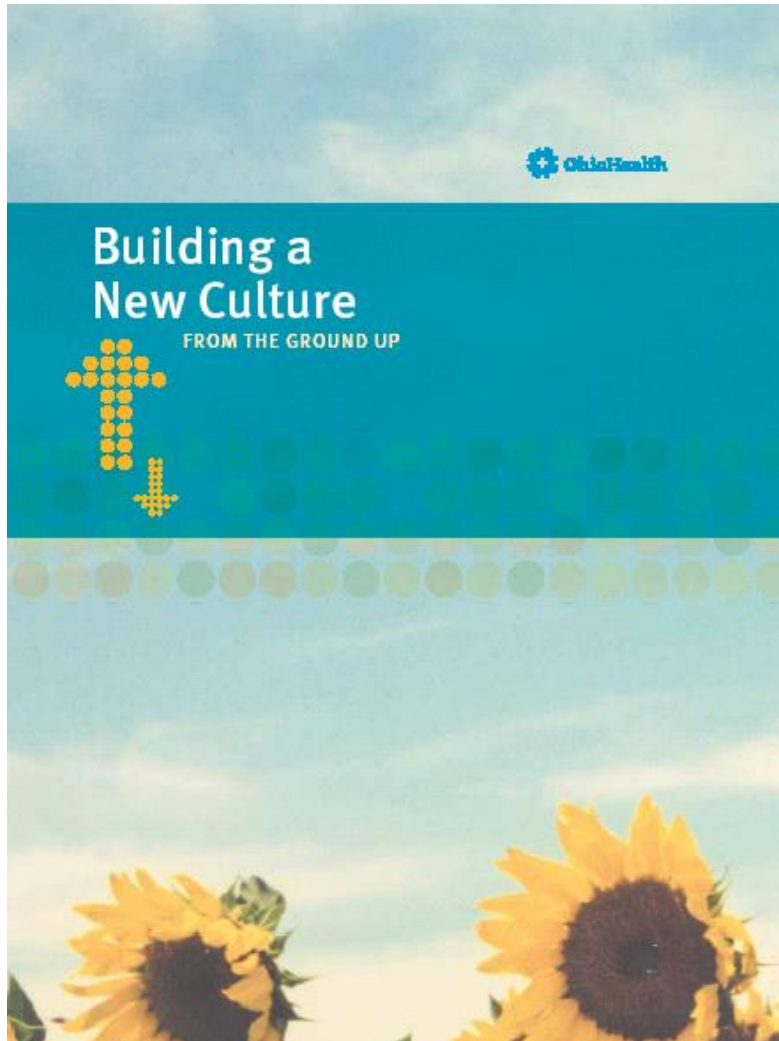
Guiding Principles

- Create a healing environment emphasizing stress reducing design
- Design for maximum standardization
- Wide representation of stakeholders in design process
- Create patient/family centered environment that respects privacy and dignity
- Clear wayfinding & accessibility
- Digital, wireless and paperless to the maximum extent possible

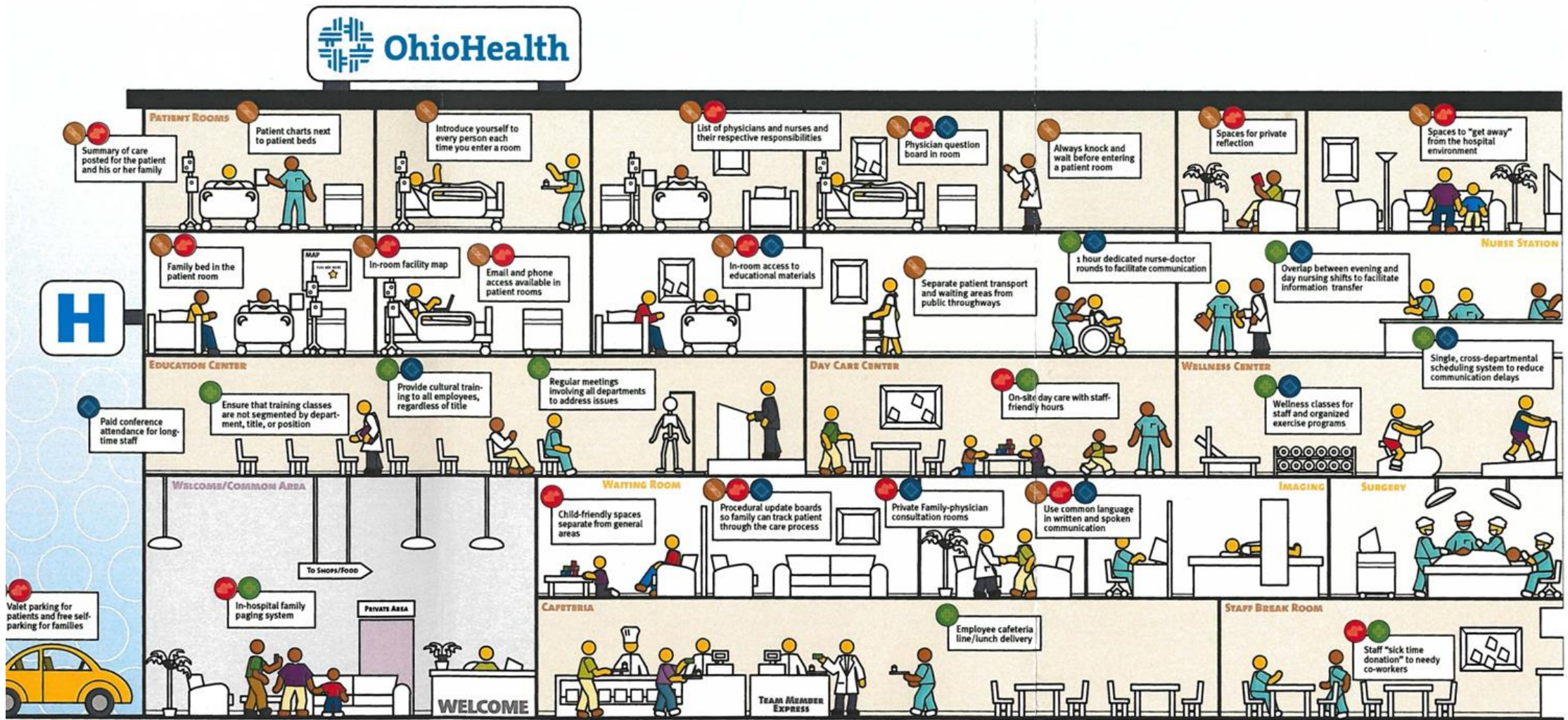
Defining the Culture

- The values, norms, beliefs, and practices that govern how an institution functions.
- What is taught to new members as the correct way to perceive, think, and feel.
- Culture is rooted in the details of an organization's everyday life. It is important that every communication, action, process, or policy be evaluated to determine their alignment with the desired culture.

Defining the Culture



Expressing Core Values



Patient Experience Mapping

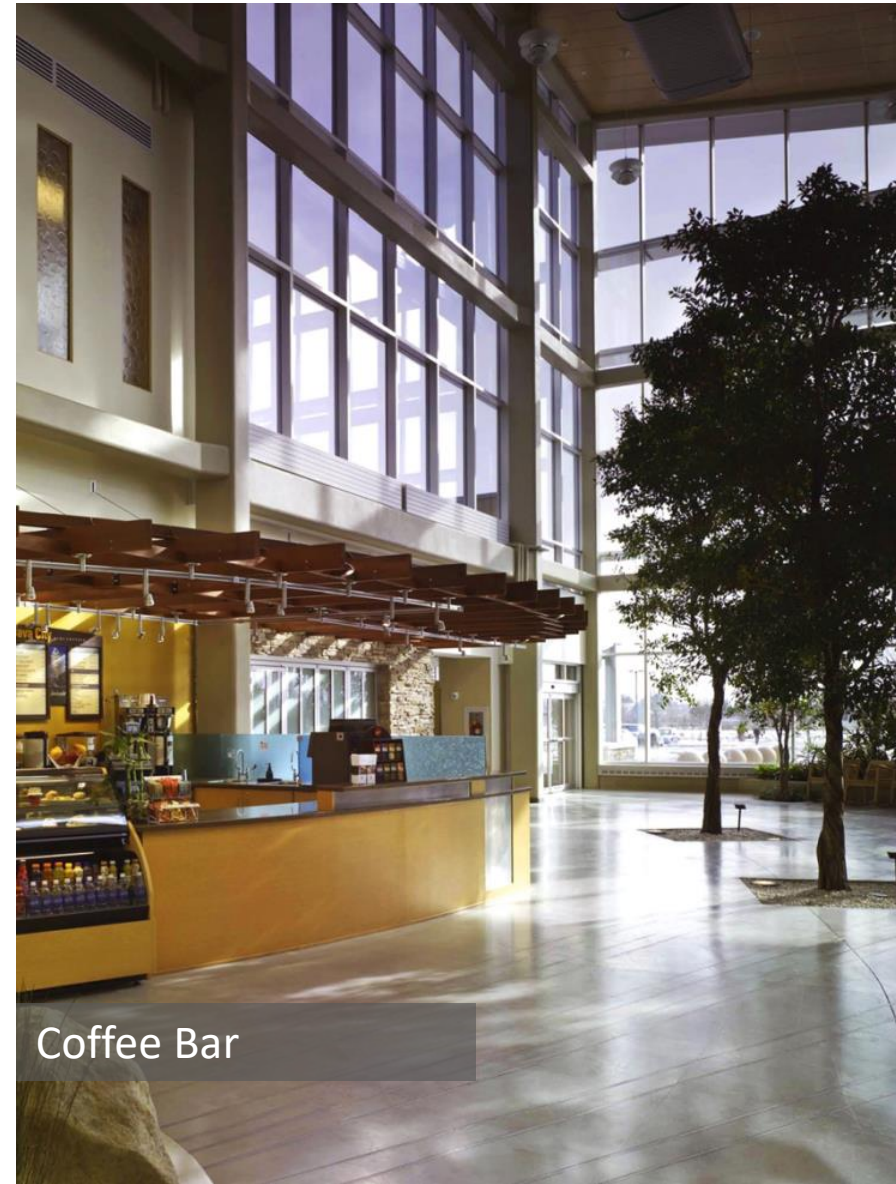


Inspiration





Lobby



Coffee Bar



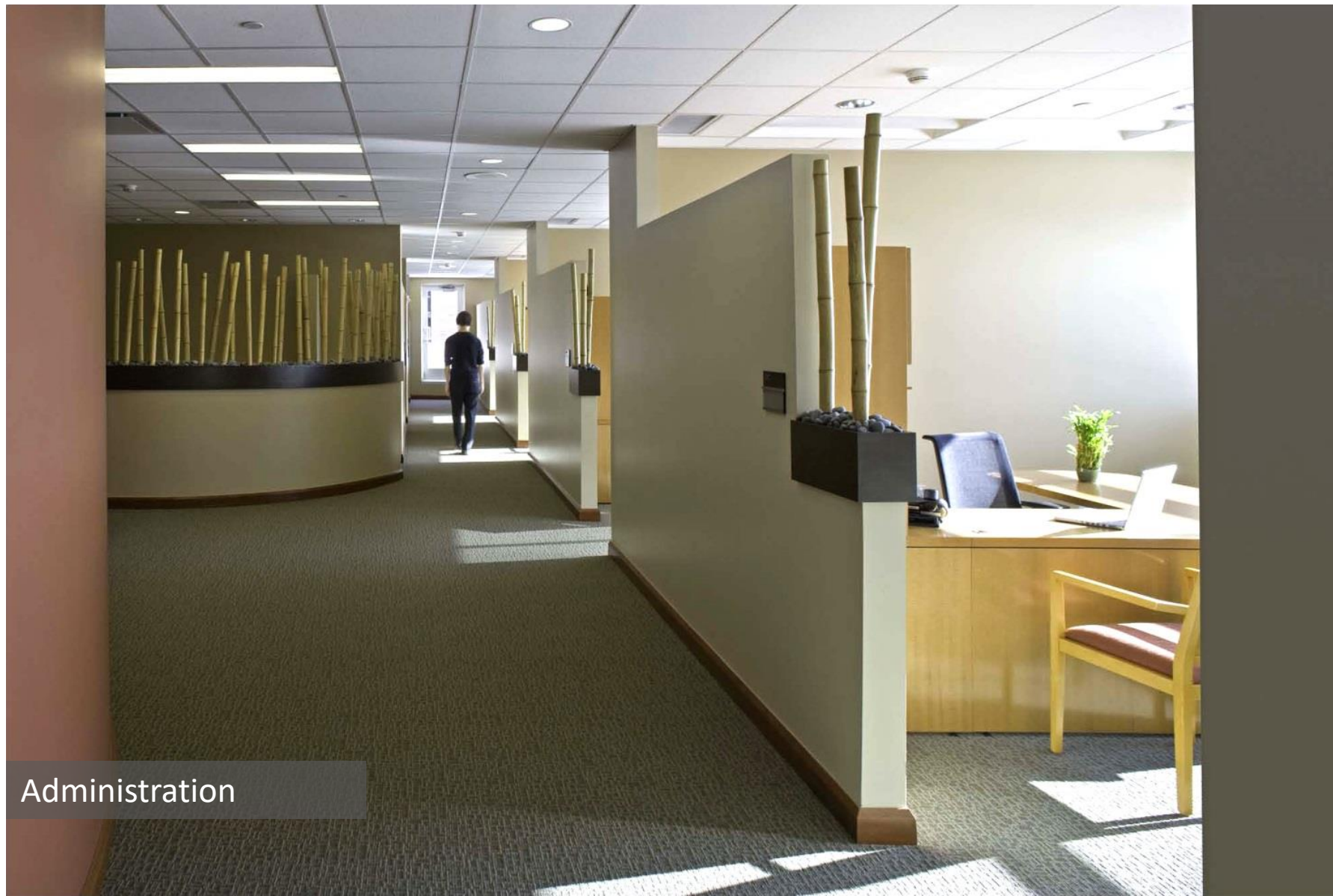
Family Respite Area



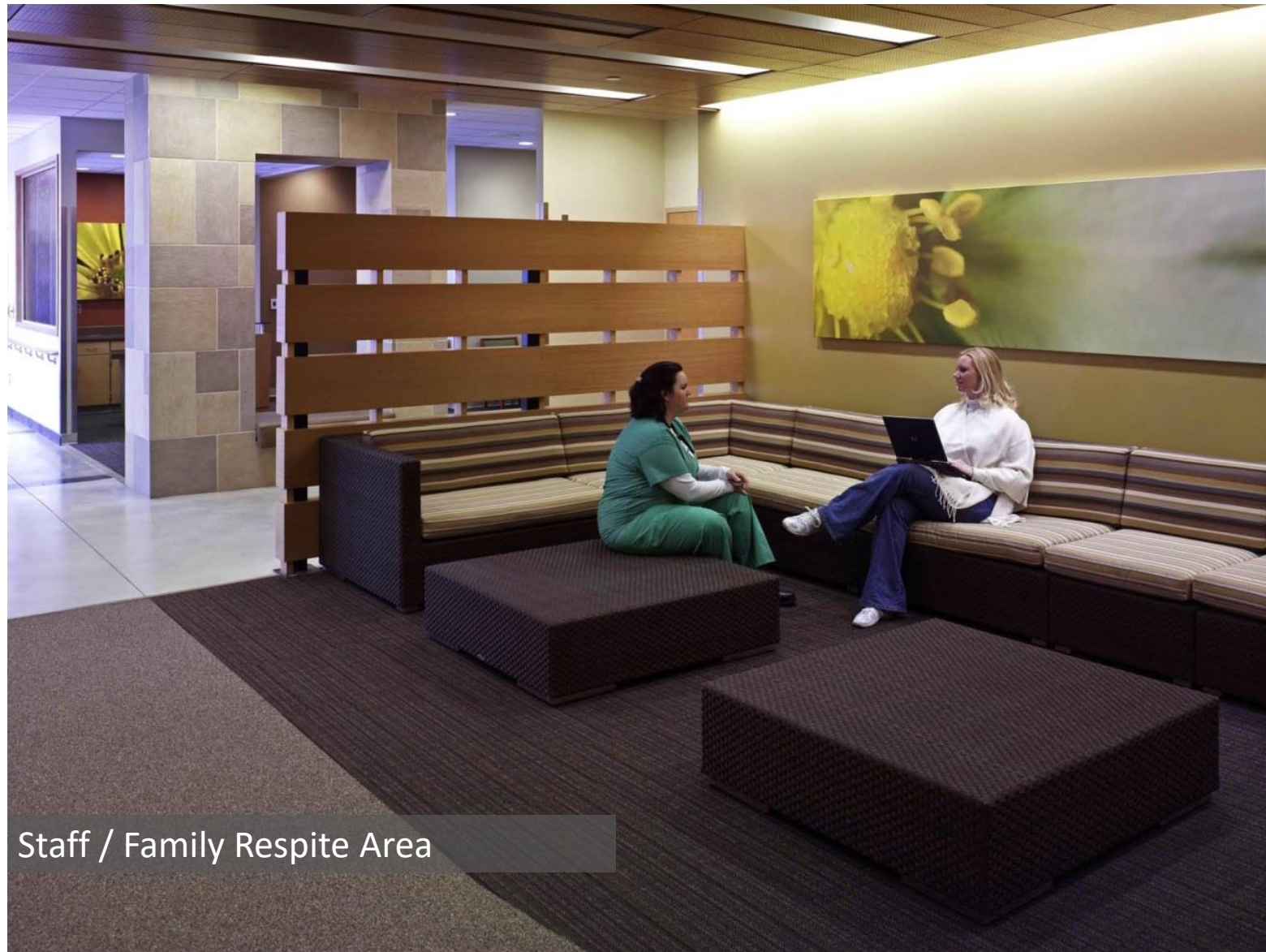
Women's Center Reception



Conference Center

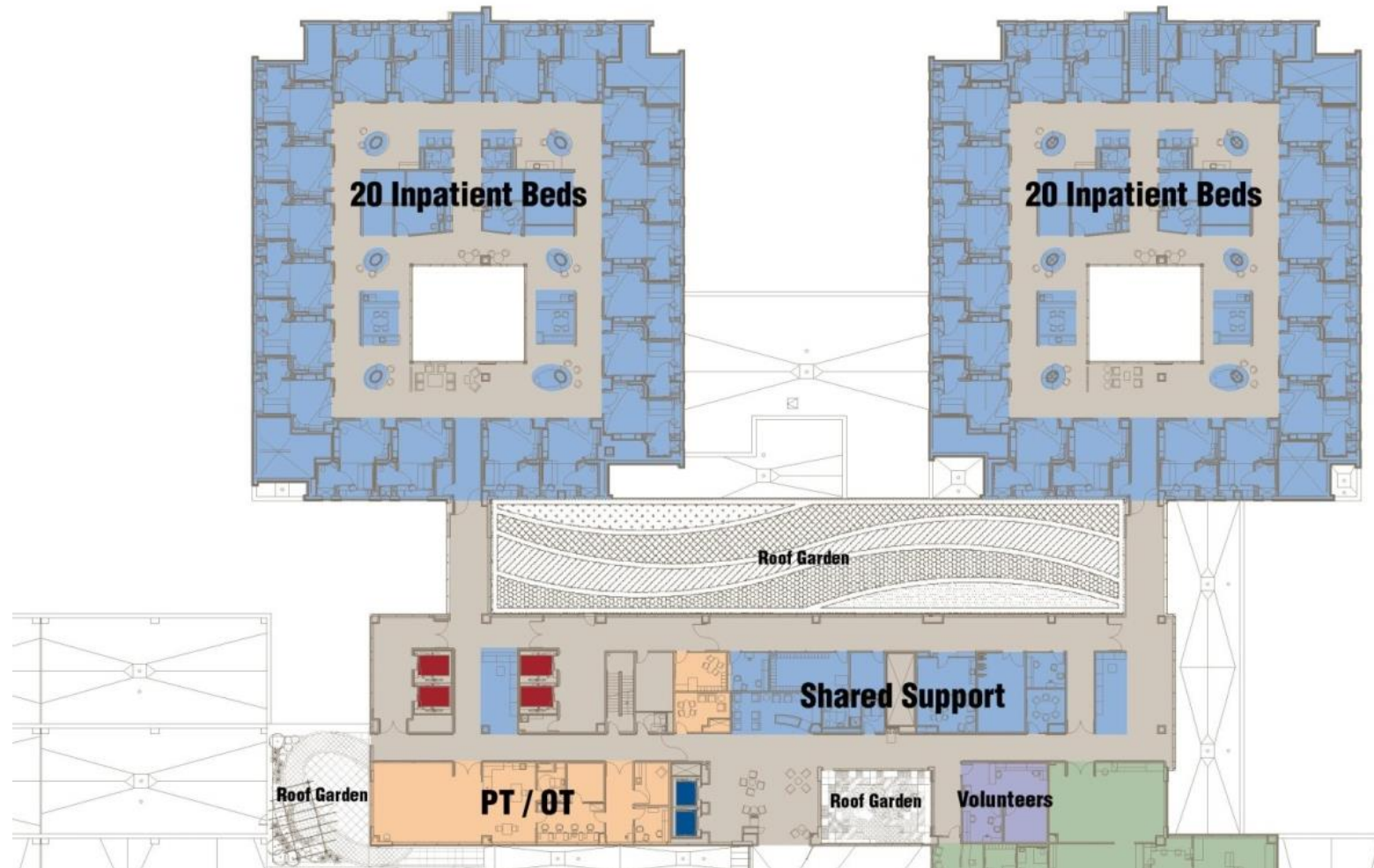


Administration

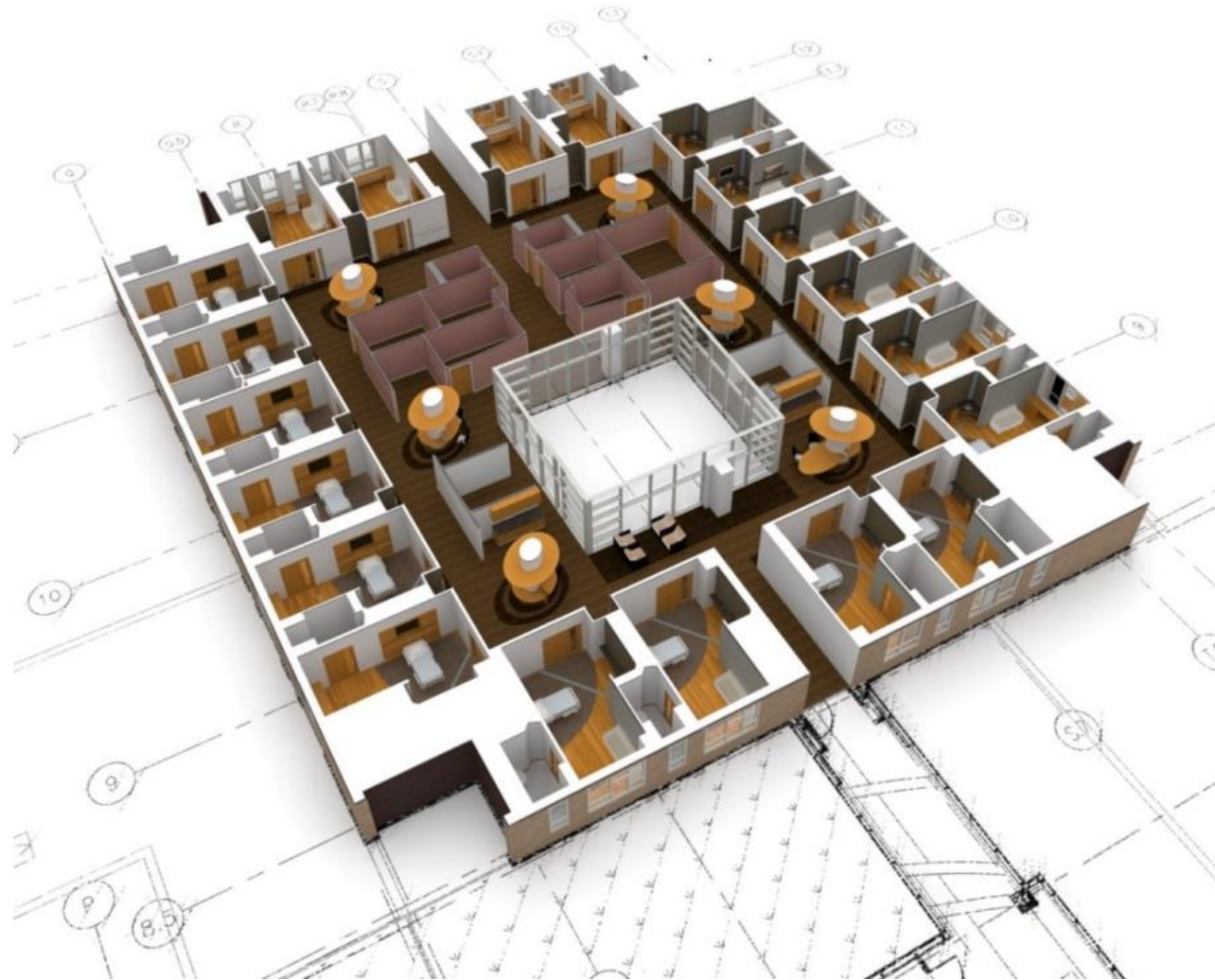


Staff / Family Respite Area

Facilitating Family as part of the Team

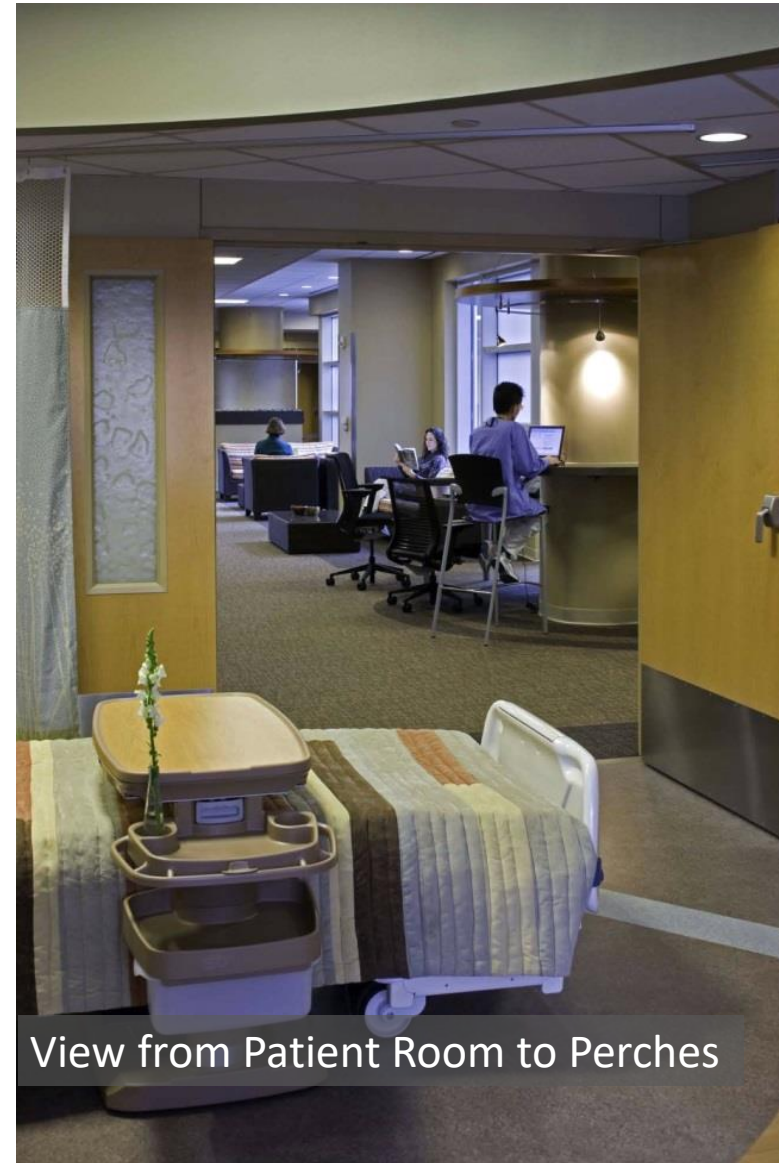


Distributed Nursing and Support





Collaborative Perches

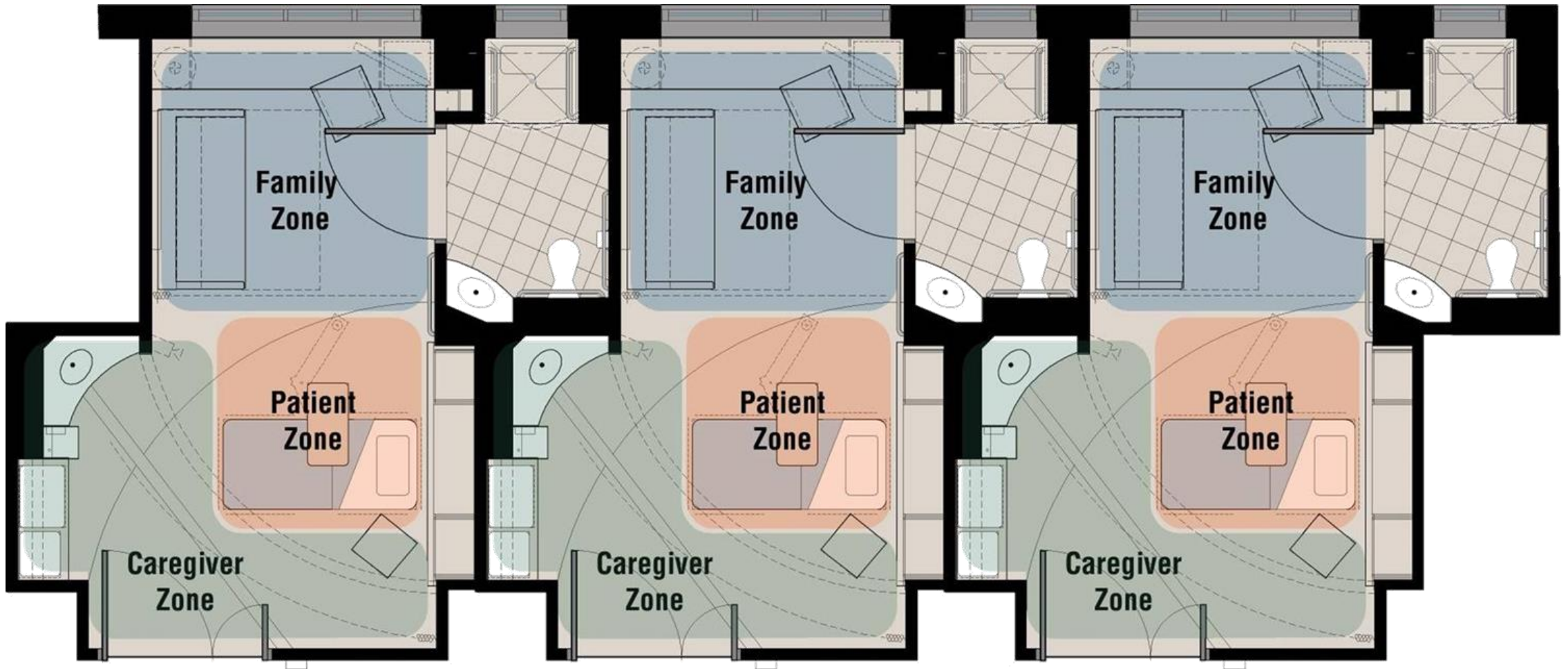


View from Patient Room to Perches



Collaborative Perches with Distributed Supplies

Same Handed, Acuity Adaptable Rooms





Celebrated Hand-washing Stations



Same Handed, Acuity Adaptable
Patient Rooms

SEVEN YEARS LATER

Perception vs. Vision - Post Opening

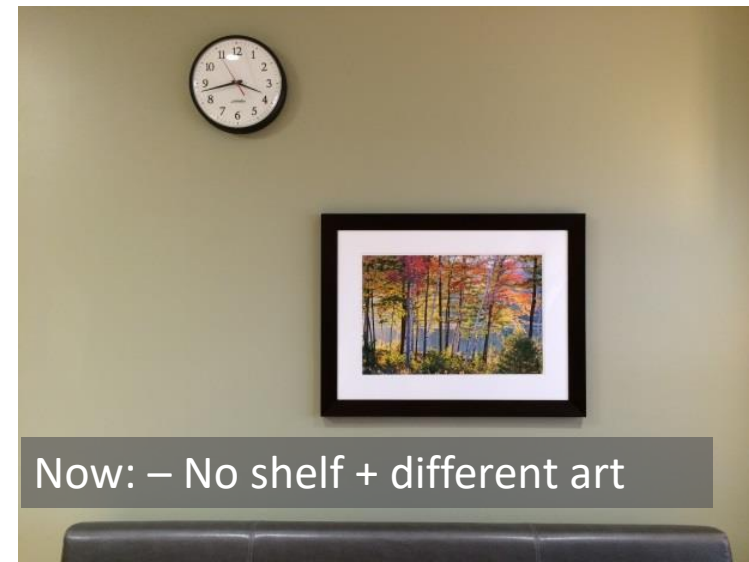
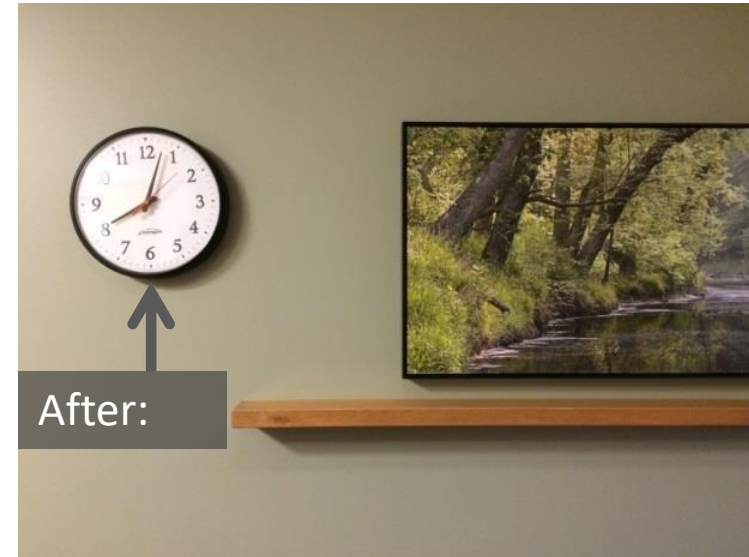
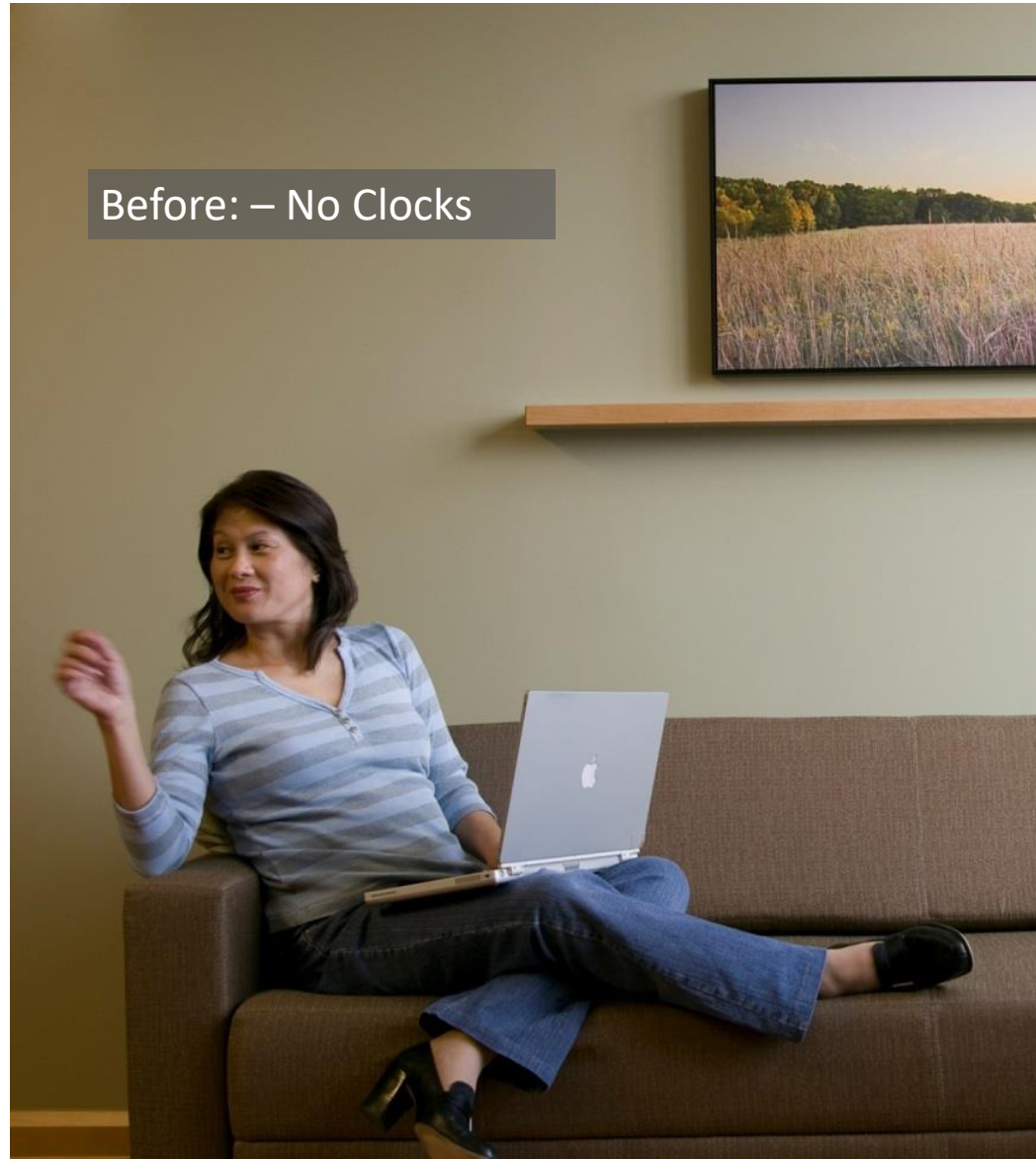
- Large sparsely populated surface parking lots
 - No patients/business
- Wayfinding insufficient
 - Visitors navigating back to atrium
 - Orienting new associates to the building
- Quietness on clinical units
 - No patients/business
- Same-handed orientation of patient rooms
 - Contributed to higher fall rates in rooms with obstructed vision

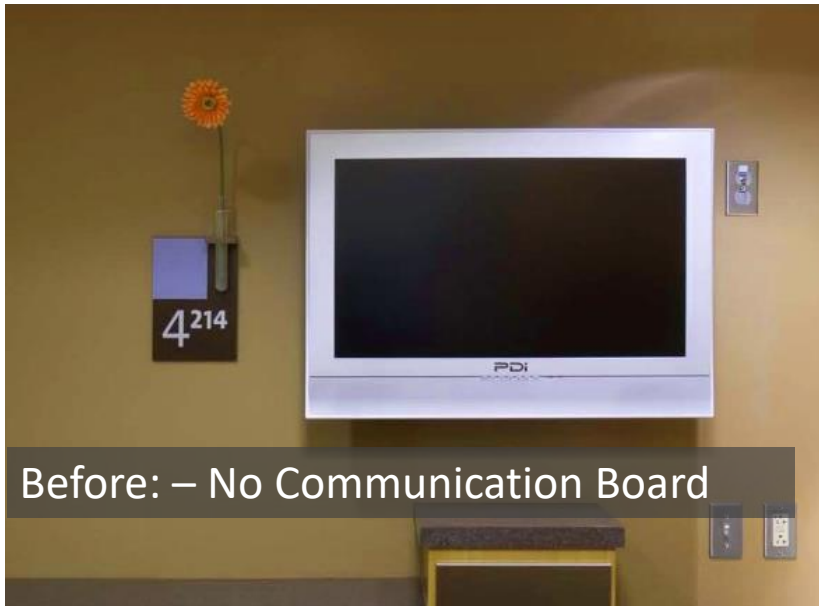
Modified Guiding Principles – Post Opening

- Acuity Adaptable Model to Aggregated Model
 - Maintained for 4 years
 - Critical Care Nurse Turnover
 - Difficulty building a stable critical census
 - One department vs. 3 Units
 - Minimal Middle Management

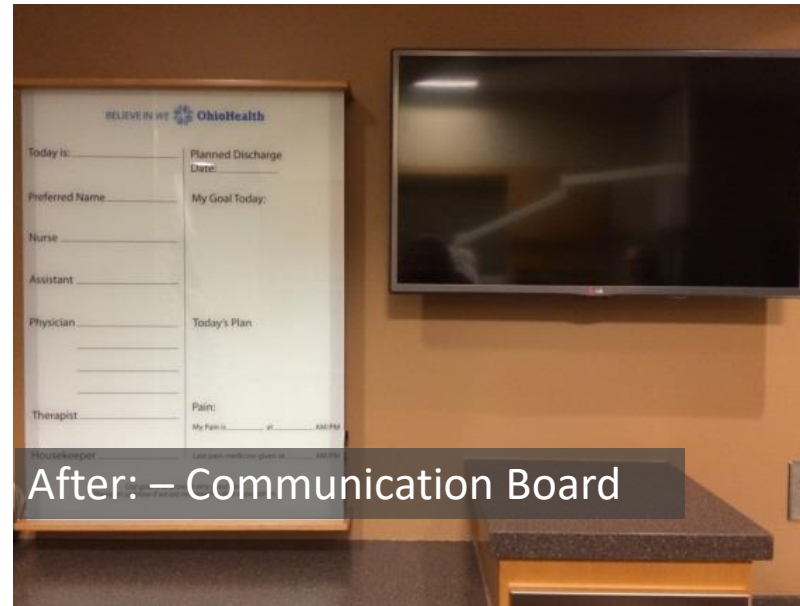
Patient Room Modifications – Post Opening

- Room features- added
 - Clocks
 - Communication Boards
 - Hard-wired computers/monitors
- Room Features- deleted
 - OneView - hardwired internet access for patients
 - Pin-up feature of headwall
- Room feature- deficiencies
 - Storage for patient belongings; Bathroom shelving; Accessible outlets for phone charger

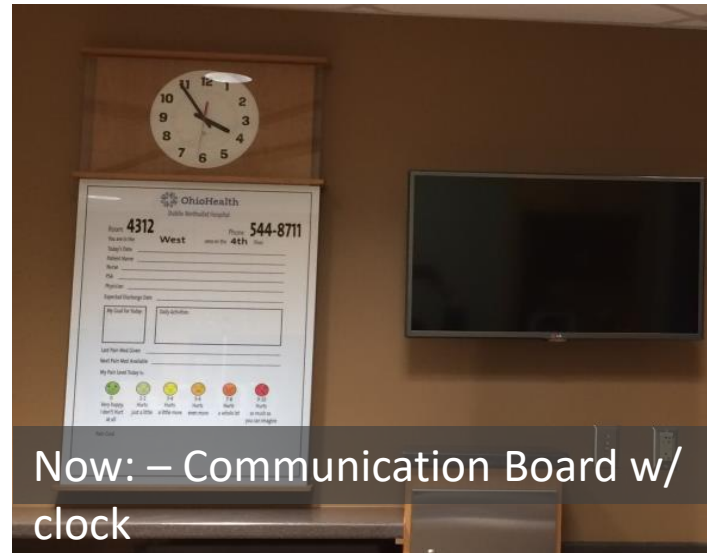




Before: – No Communication Board



After: – Communication Board



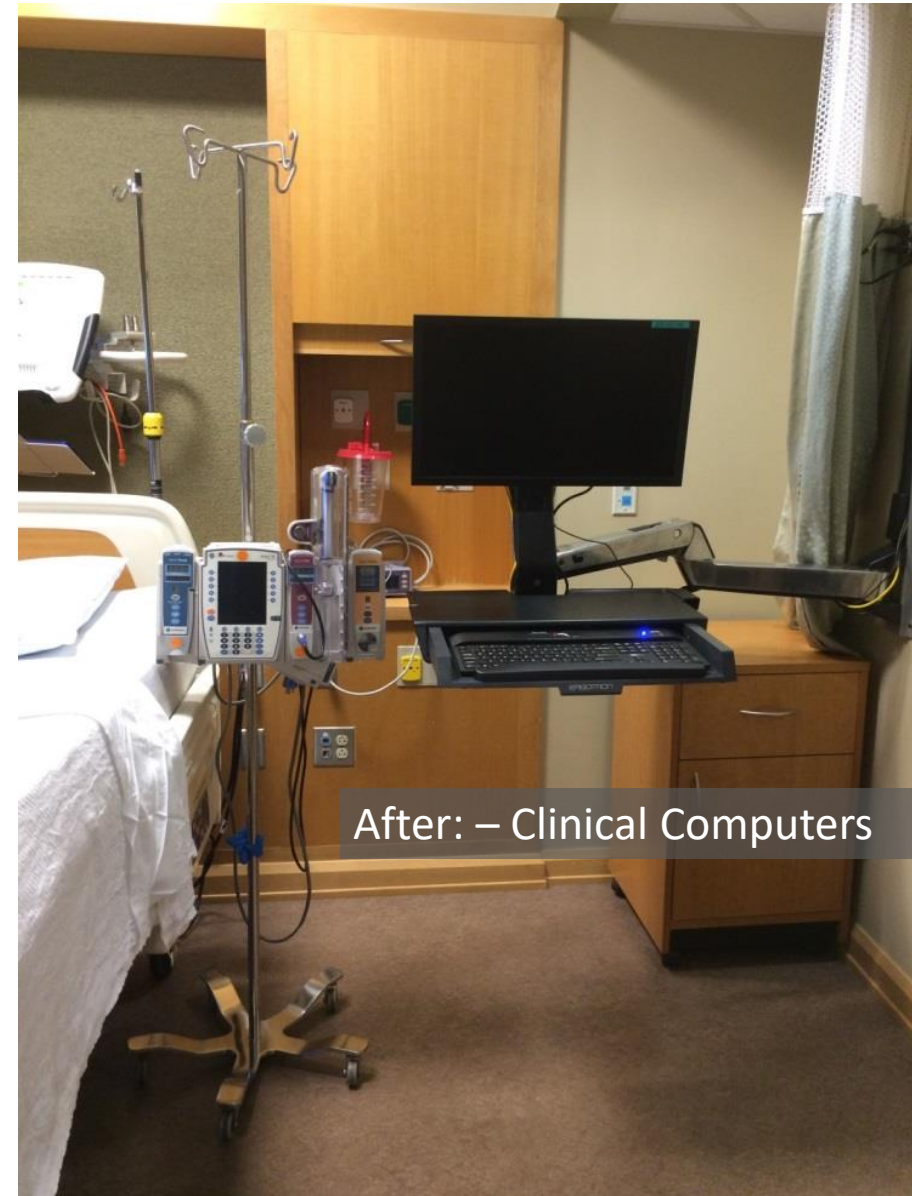
Now: – Communication Board w/ clock



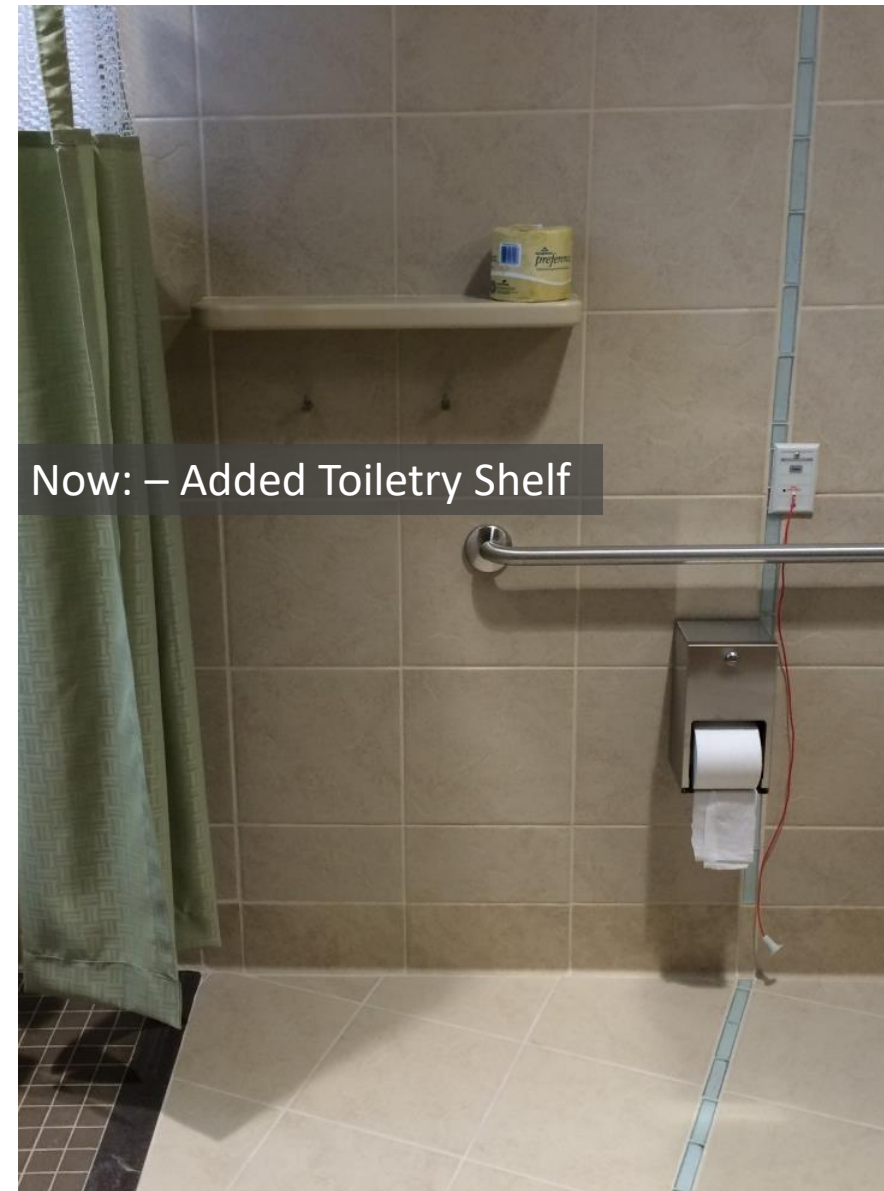
Now: – Two Clocks!

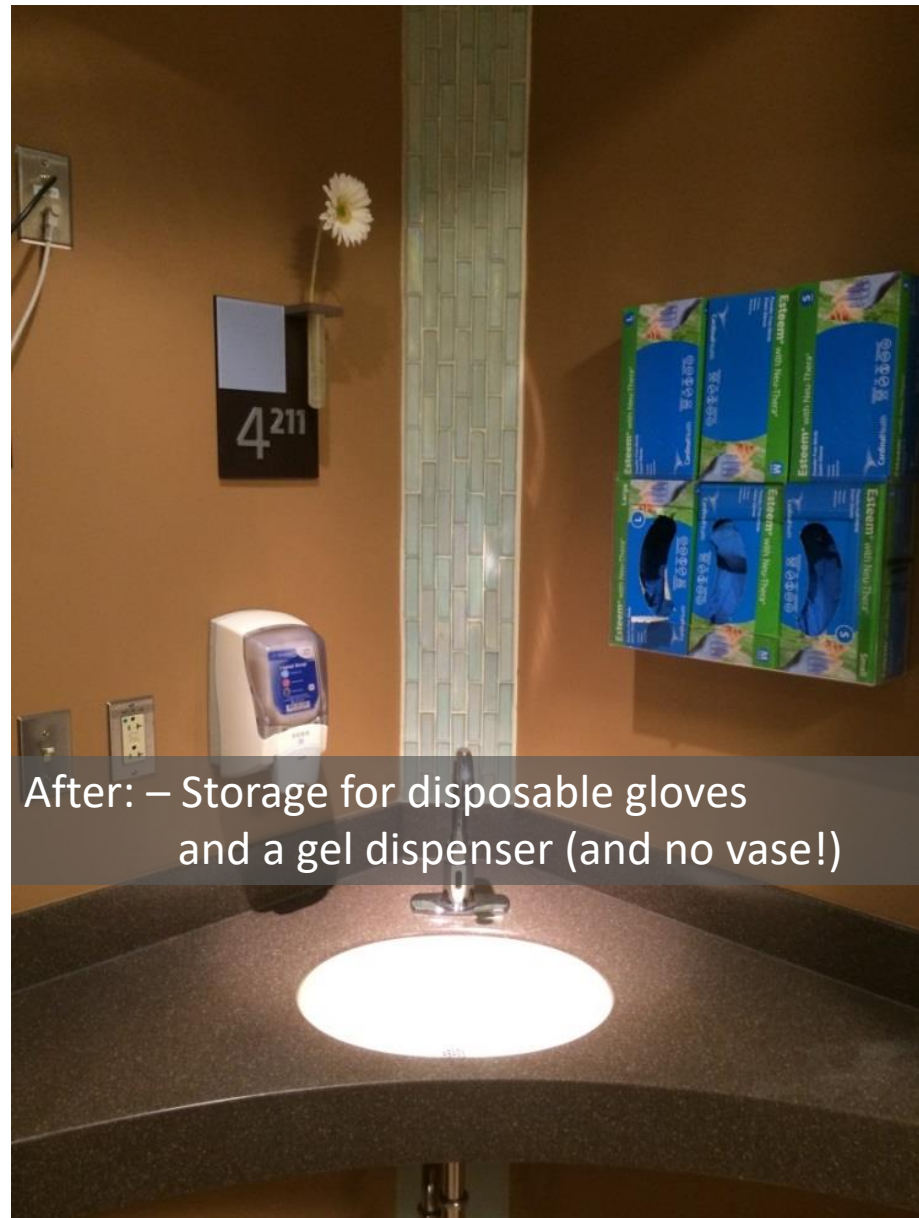


Before: – Integrated Patient Station



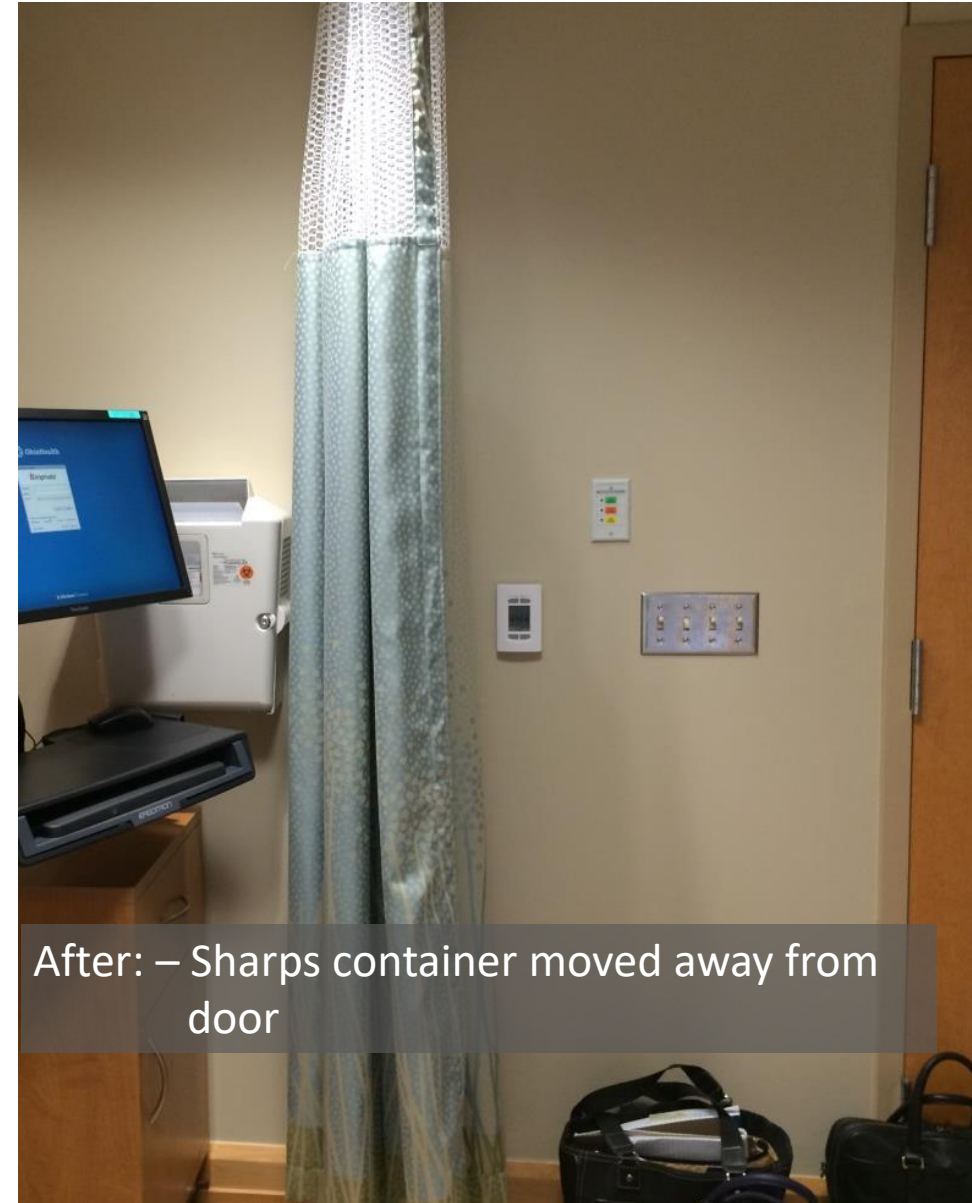
After: – Clinical Computers







Before: – Sharps container behind door



After: – Sharps container moved away from door



Now: – Added shelving and cabinet for families





Now: – However, sleeper sofa interferes with cubicle curtain



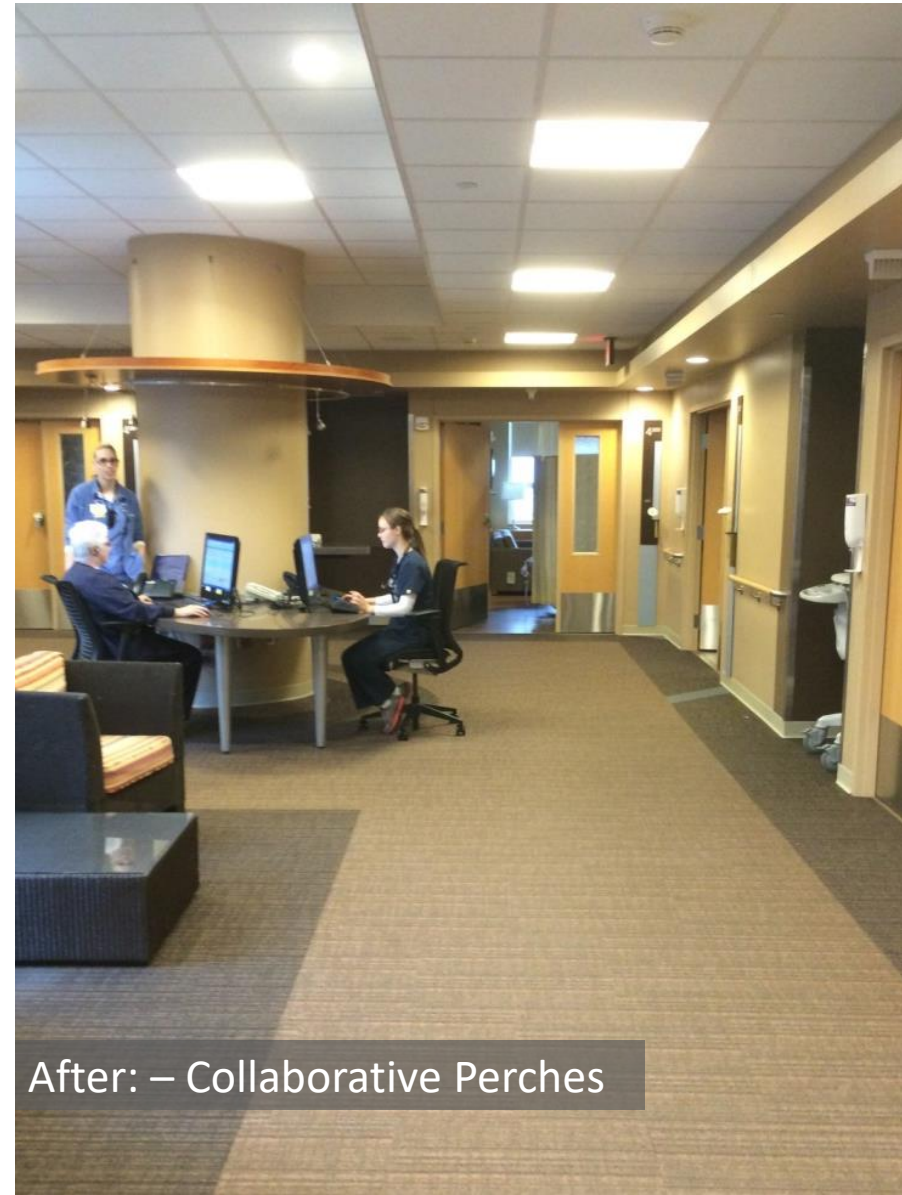
Now: – Pull down doors replaced by cabinets

Patient Unit Modifications – Post Opening

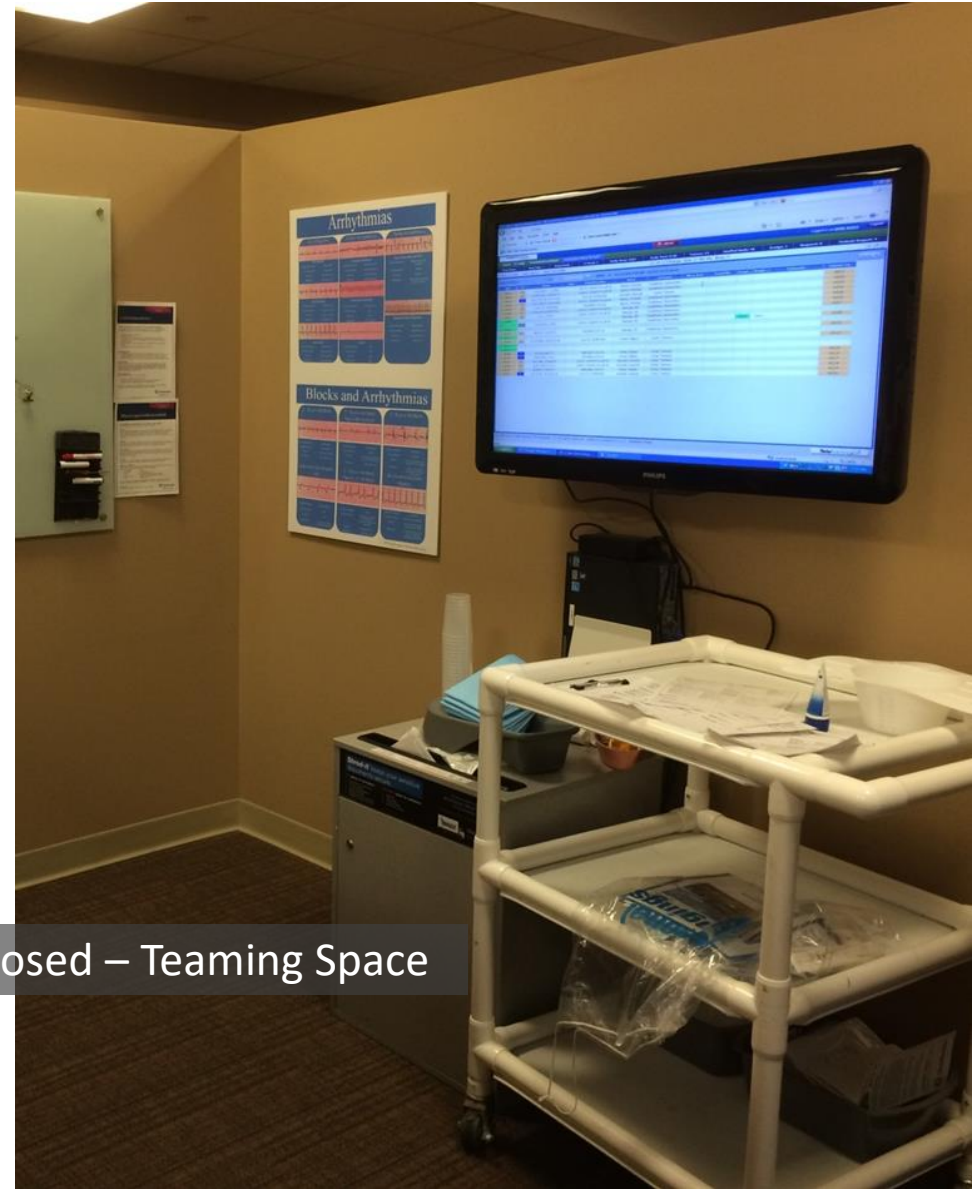
- Alcoves
 - Teaming Space
 - Break Space
- Consultation Room converted to office
- Mobile computers added
- Electronic Tracking Boards on each unit
- Central Bed-Management



Before: – Collaborative Perches

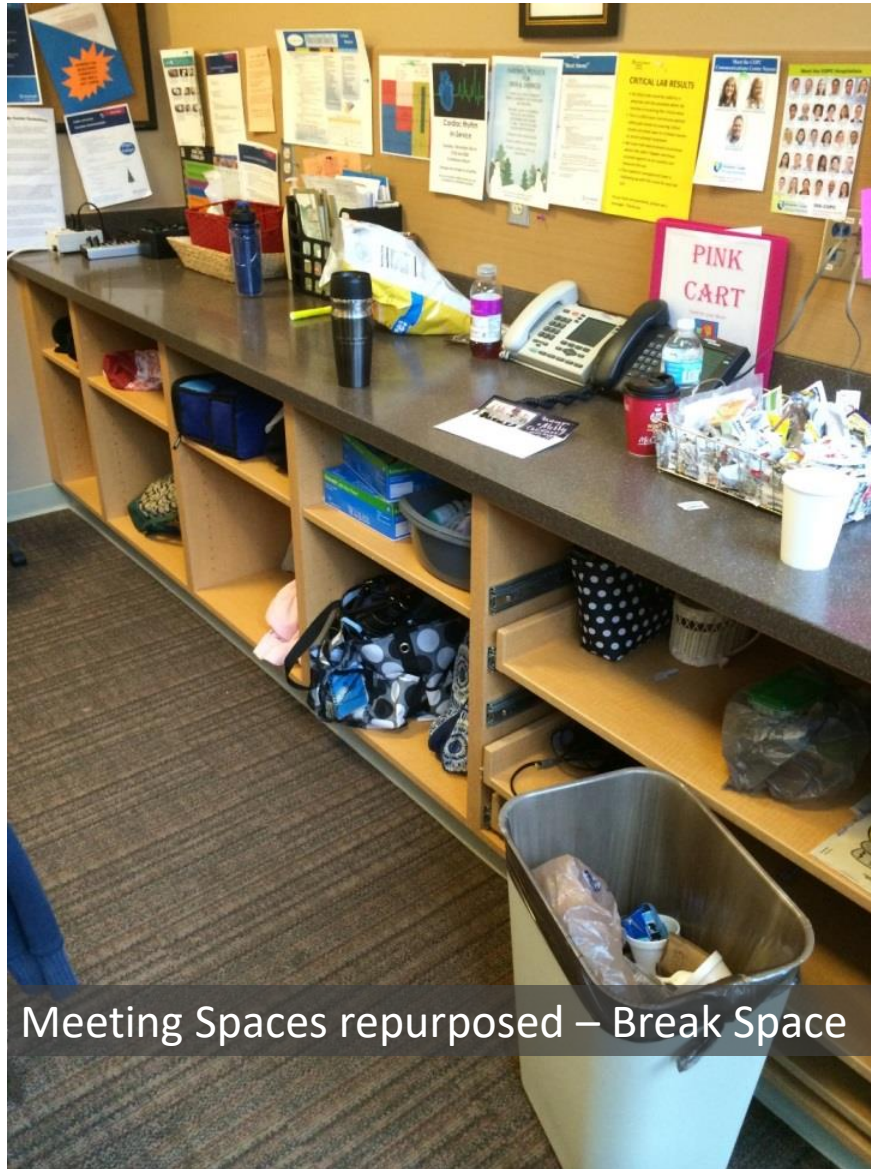


After: – Collaborative Perches



Meeting Spaces Repurposed – Teaming Space

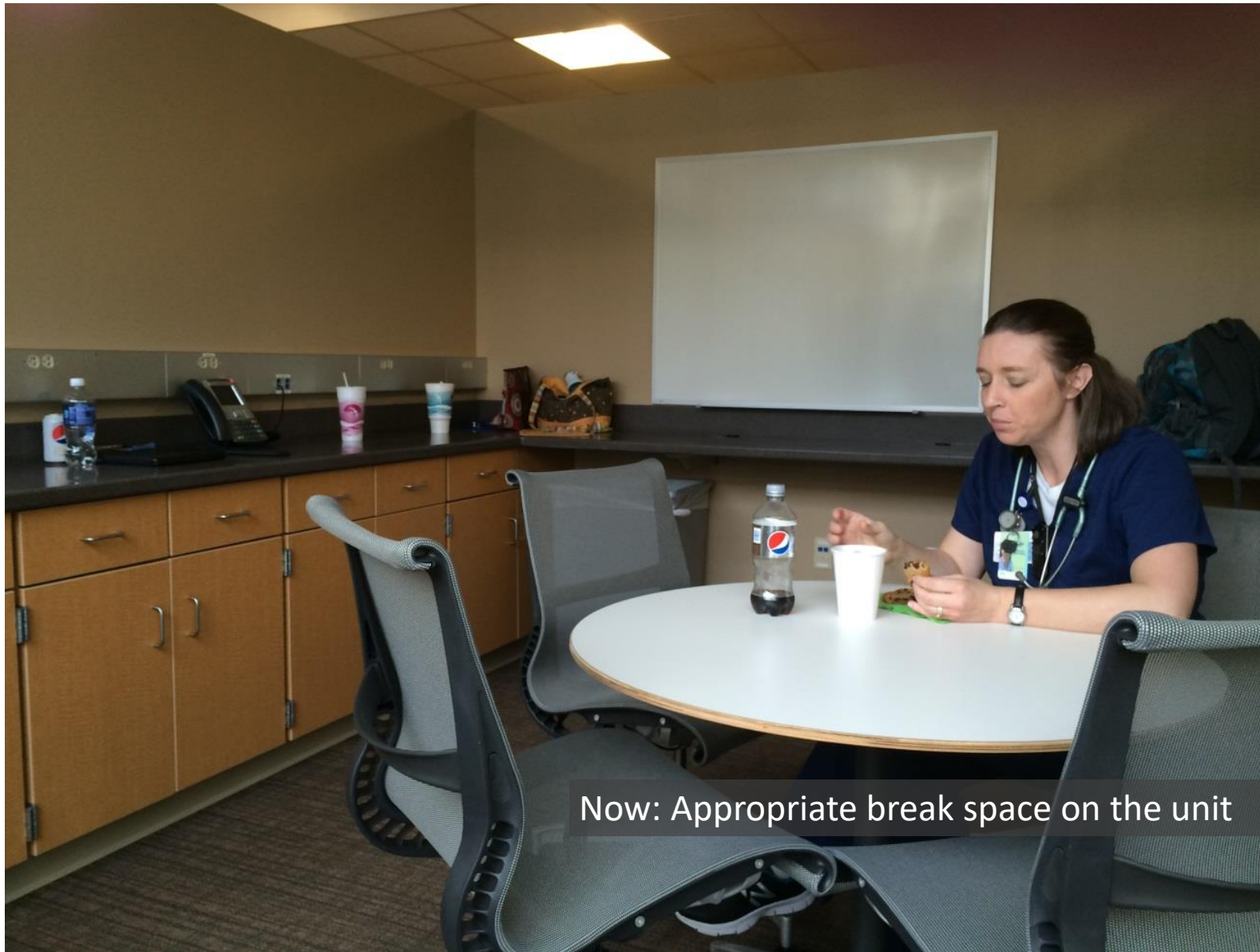




Meeting Spaces repurposed – Break Space



Tablet charging stations not used



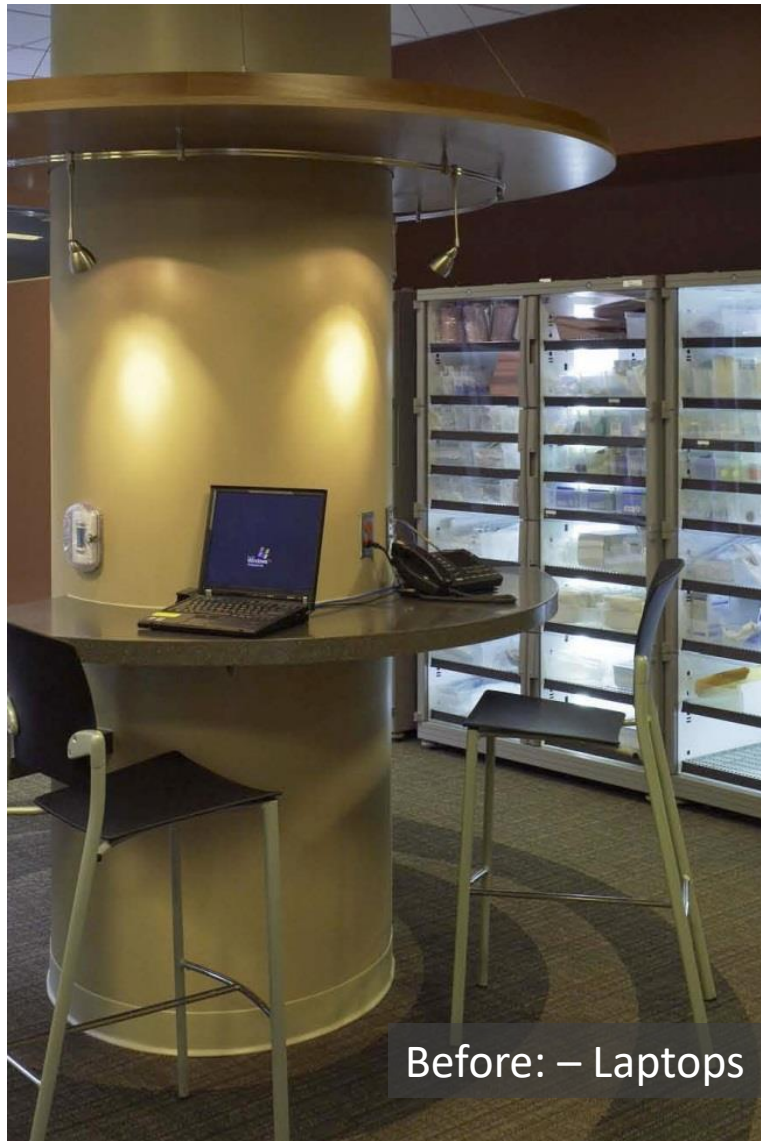
Now: Appropriate break space on the unit



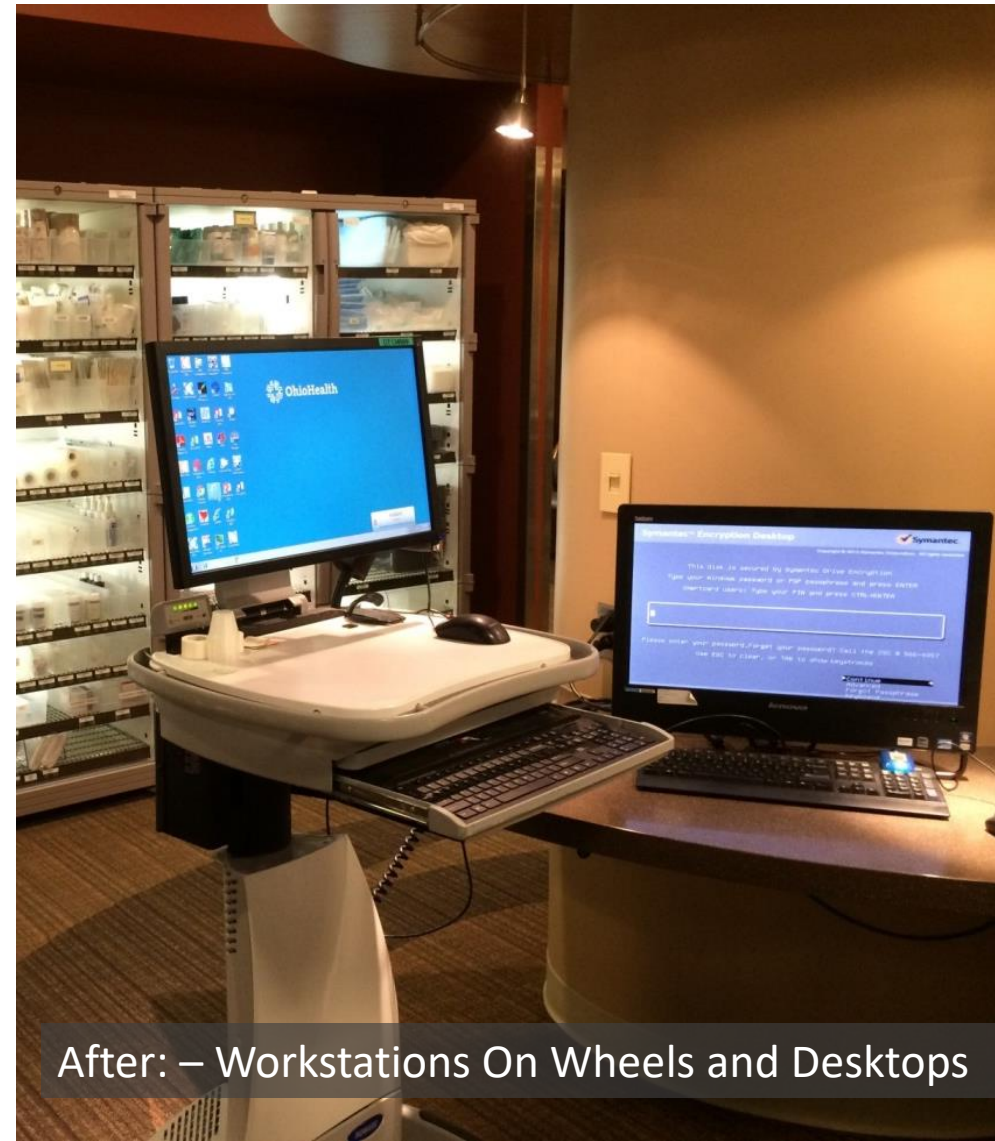
Before: – Consultation Room



After: – Clinical Nurse Manager's Office



Before: – Laptops



After: – Workstations On Wheels and Desktops





No space for trash cans at handwashing sinks

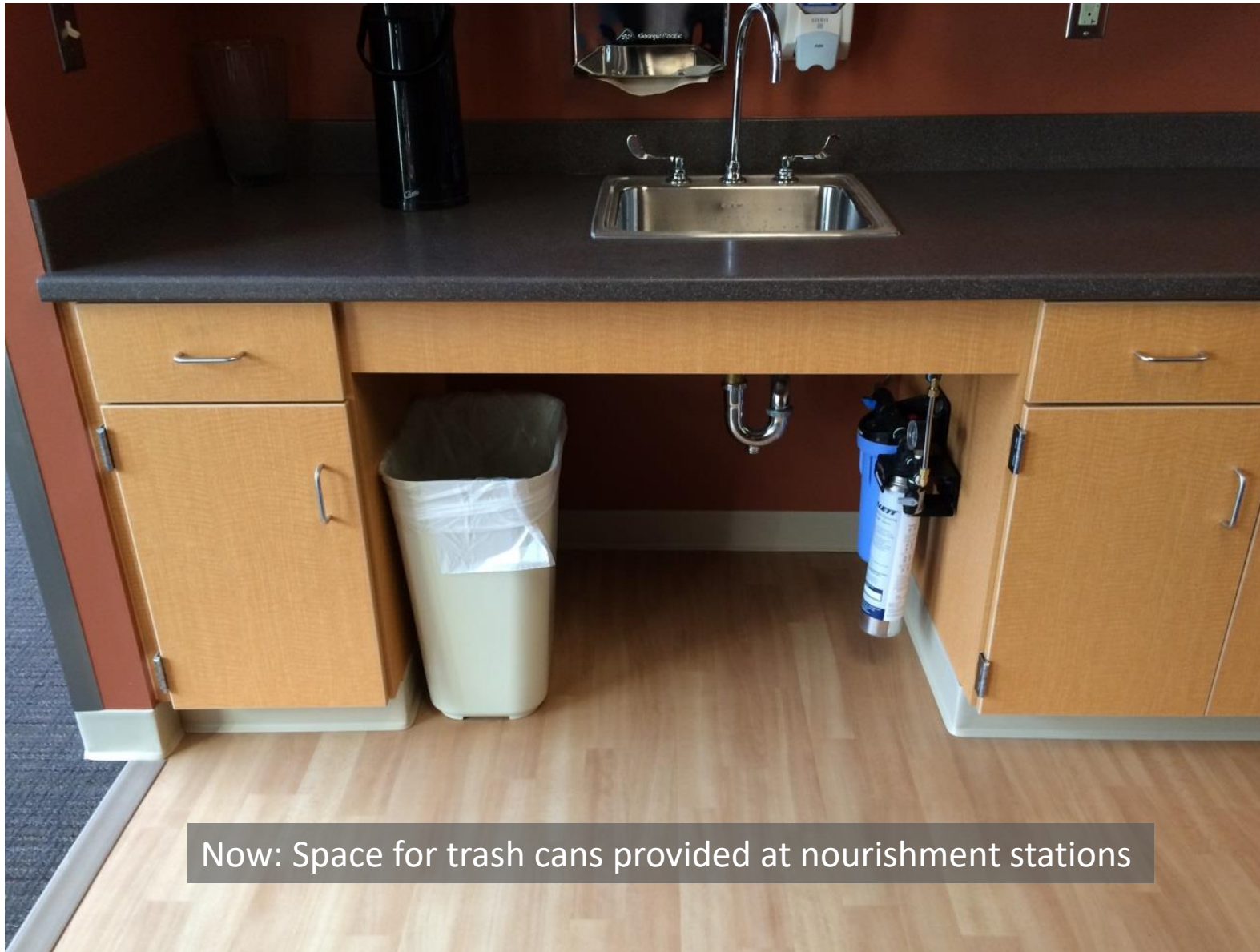


No space for trash cans at respite areas

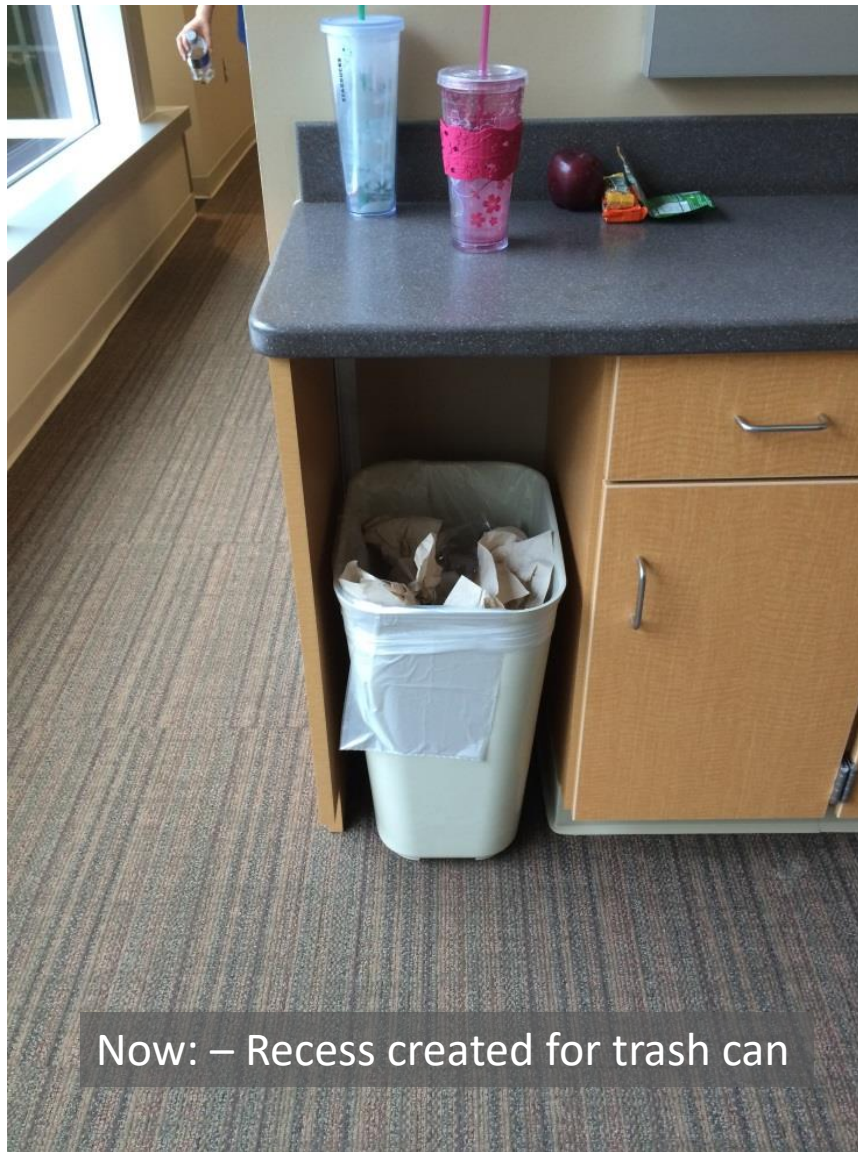


No space for trash cans at nourishment stations





Now: Space for trash cans provided at nourishment stations



Now: – Recess created for trash can



However: – This is the trash can they purchased!



Before: Family Gathering Areas

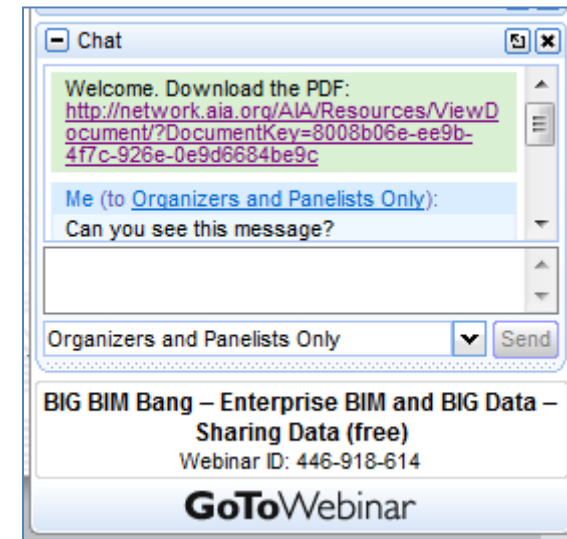
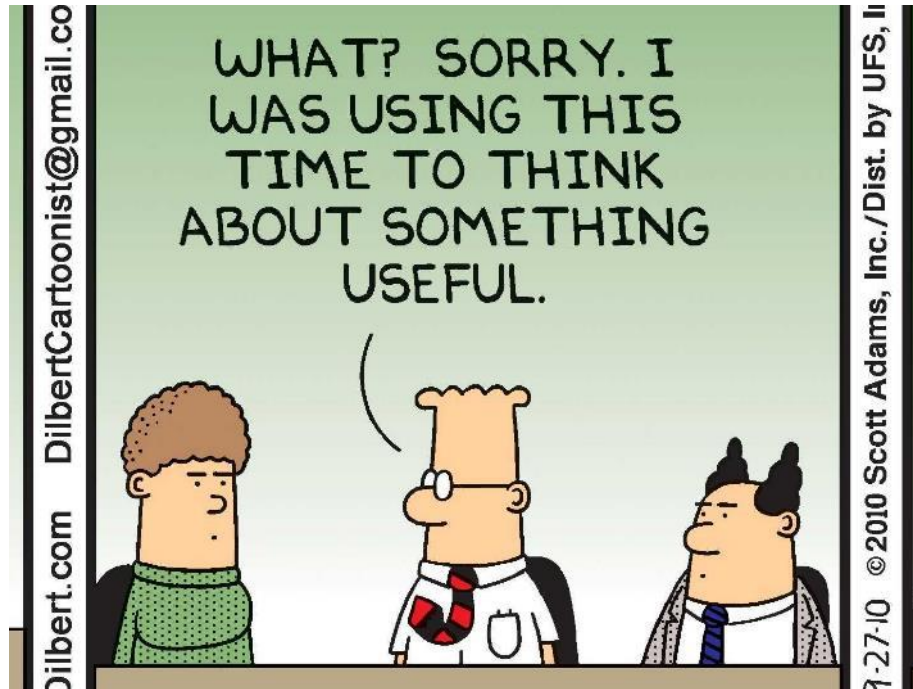


After: Reduced Waiting and Respiratory Services Office (and trash can!)

PROVIDE FOR TRASH CANS!



Upcoming Break for Questions and Comments



The Challenges of Growth

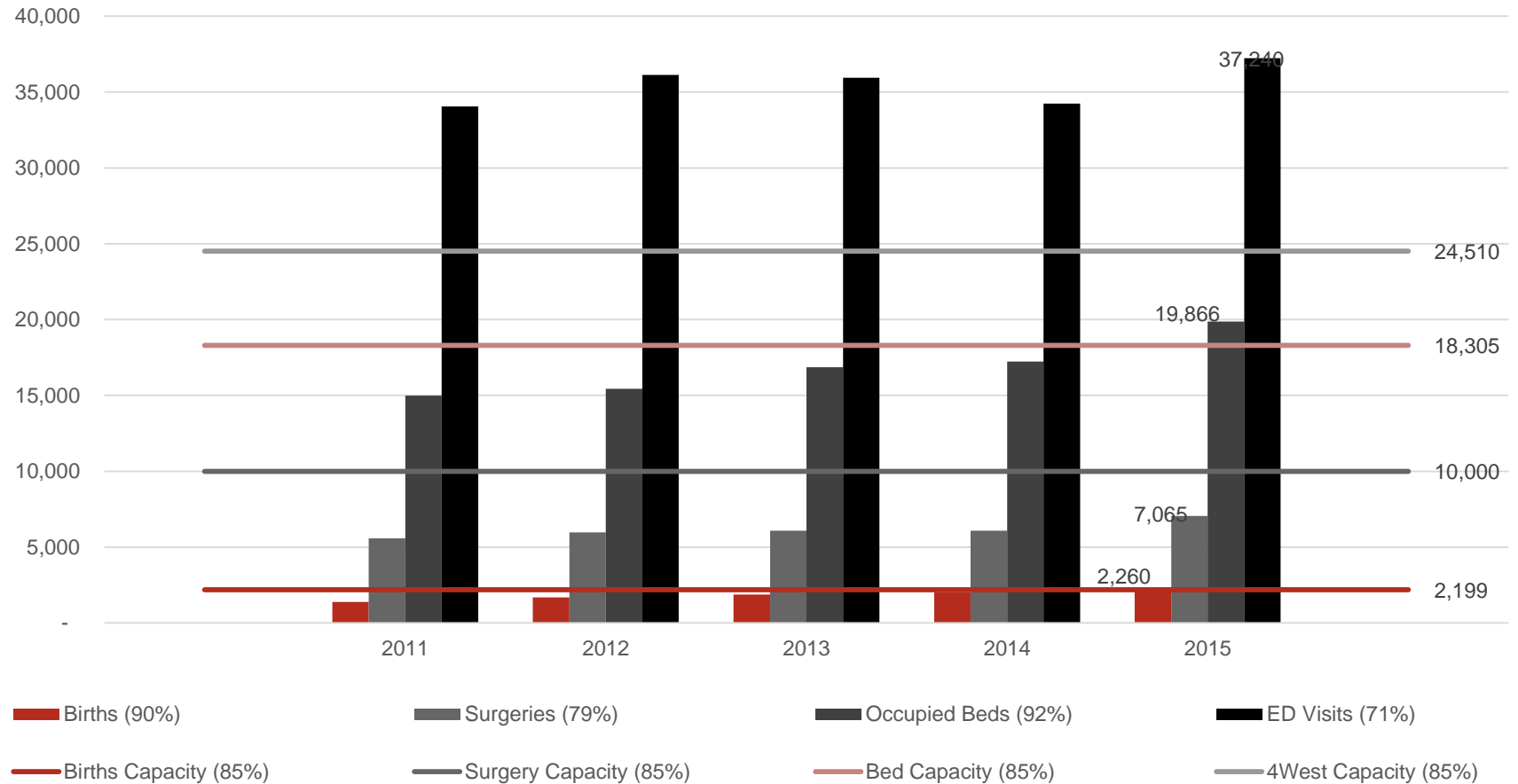
- Cross-campus leadership model
- Cannibalizing open spaces
- Code Expedite
- Building out 4 West – Safe Patient Handling and Mobility
- Redefining culture commitment

The Challenges of Growth

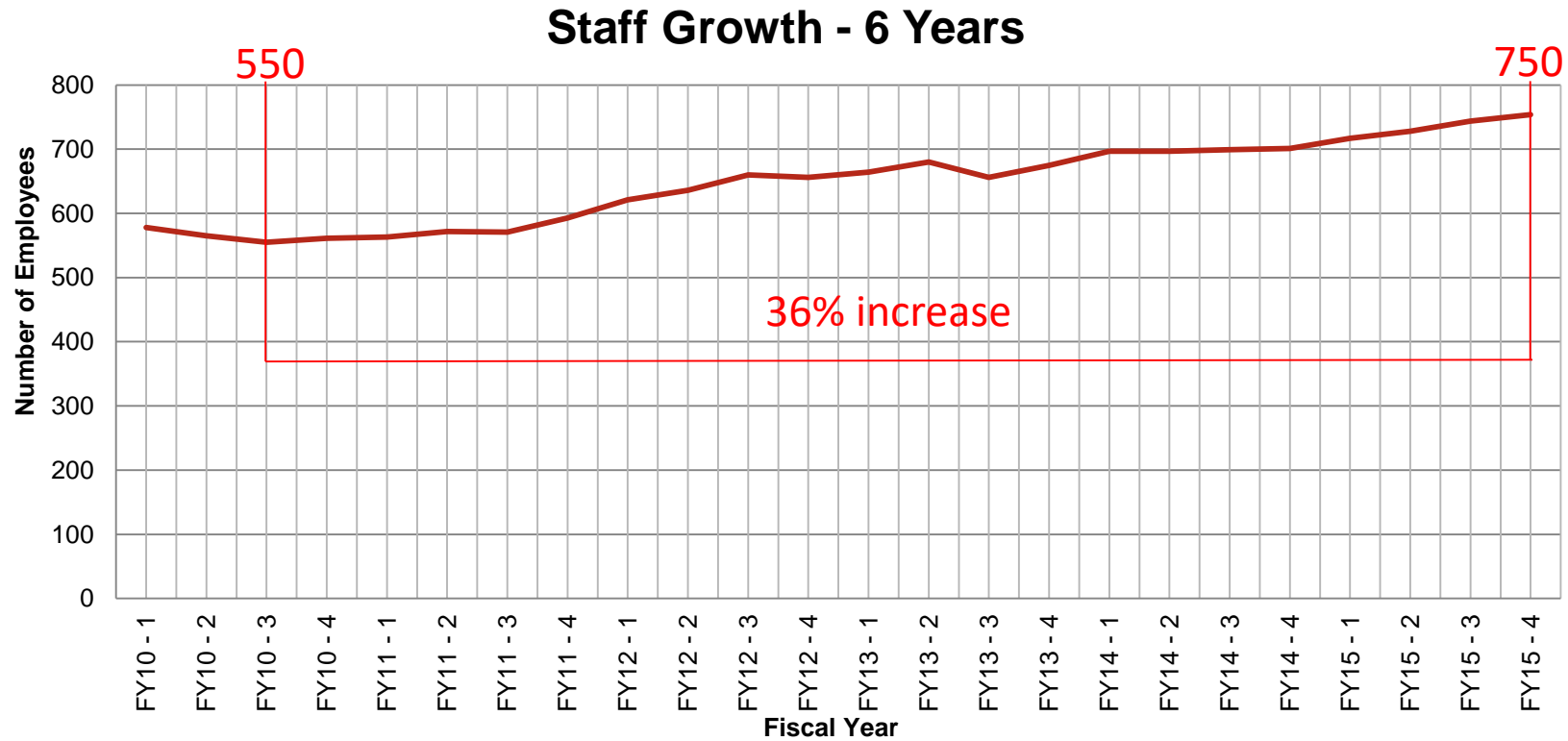
Key Dublin Events:

- 7/13 – Dr. Abaza starts
- 2/14 – Maternity Expansion
- 5/14 – 7th OR opens
- 9/14 – Dr. Ellis starts
- 12/14 – 8th OR opens
- 9/15 – Dr. Palmer to start
- 10/15 – 4W expansion

Key Metric Growth & Capacity



The Challenges of Growth



What Didn't Work as Planned

- Respite areas for nursing report
- Fabric covered furniture
- Outgrew shelled space/soft space
- Maintenance free landscaping
- Need for ancillary support services

What Worked Well

- Culture Commitment
- Patient Experience - Led system for last 3 years
- Onstage/offstage
- Inpatient layout
- Multidisciplinary/Collaborative Perches
- Quiet
- Natural lighting
- Healing environment
- Destination place for associates and physicians

SO WHAT HAVE WE LEARNED?

- Importance of Maintaining Integrity of Original Guiding Principles
- Culture Keepers

From the Users Perspective

October 27, 2015

“2 months ago my wife was diagnosed with breast cancer. Her surgery was at the Dublin Methodist Hospital.....I did want to report that your **design made the first step in this process far more palatable, considering the circumstances. I'm sure when you think about your design you hope that it impacts the patients in the way that you hoped and I felt it important to let you know that your efforts have been successful and thank you!**”

Architectural Photographer
Columbus, OH

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Time for Questions and Comments



<http://www.businessinsider.com> , Courtesy of Scott Adams

Moderator
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Date	Series	Topic
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5/9	HC 101 Series	Building Enclosure Fundamentals – Air Barriers for Hospitals
6/13	Design Award Case Study Series	Kaiser Permanente Kraemer Radiation Oncology Center

**Dates and topics are subject to change*

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