Academy of Architecture for Health On-line Professional Development

Lean Inpatient Unit Design Strategies: New Research on Best Design for Effective Nursing

Master Studio Series

Tuesday, April 11, 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

Presenters
Tom Clark, FAIA, EDAC
Clark/Kjos Architects
Scott Combs, AIA
Clark/Kjos Architects

Moderator Rita Ho, Assoc AIA, LEED AP BD+C



Academy of Architecture for Health On-line Professional Development

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Master Studio Series

The Academy's multi-channel on-line approach provides emerging professionals, journeymen, and master professionals with convenient and economical opportunities to develop their chosen area of interest.

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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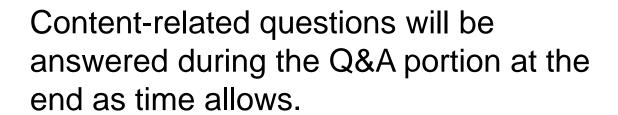
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Lean Inpatient Unit Design Strategies: New Research on Best Design for Effective Nursing

Presenters



Tom Clark, FAIA, EDAC Clark/Kjos Architects



Scott Combs, AIA
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High Performance Environments



- Highly stressful
- Life & death conditions
- Precision
- Speed



Caregiver Work Environments

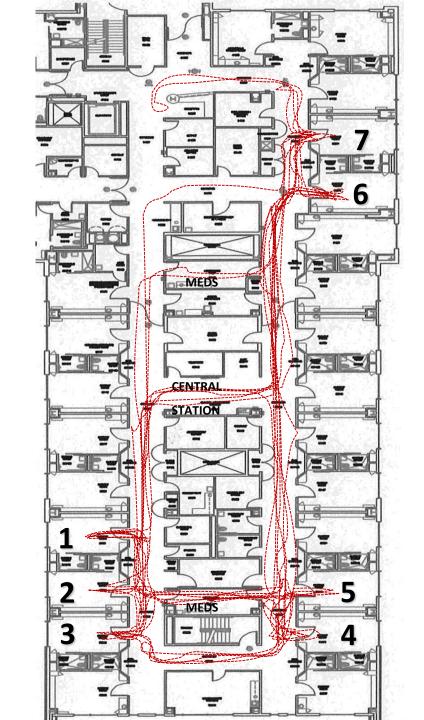
"5 Reason Nurses Want To Leave Your Hospital"* **Mandatory overtime** Floating nurses to other units Bullying / toxic behavior **Bad managers** Non-nursing tasks & nursing interruptions *Source: HealthLeaders Media, August 9, 2011

Traditional Environments

Waste: Nurses walk average 3 miles/shift*

*Impact of Work Environments on Nursing and Patient Care; Marilyn Chow & Ann Hendrich Study

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Supplies

- 50% of nurses' work is gathering, transport & delay*
- Hoarding





*Wisdom at Work: The Importance of the Older and Experienced Nurse in the Workplace; Robert Wood Johnson Foundation Study; June 2006



Medications

17% of nurses' time spent on medication administration*

- Distractions = errors
- Waiting = waste



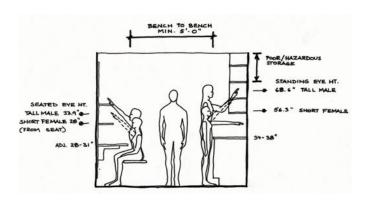
^{*}Impact of Work Environments on Nursing & Patient Care; Ann Hendrich; Healthcare Design 2008

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Medications

Undersized med rooms have problems...

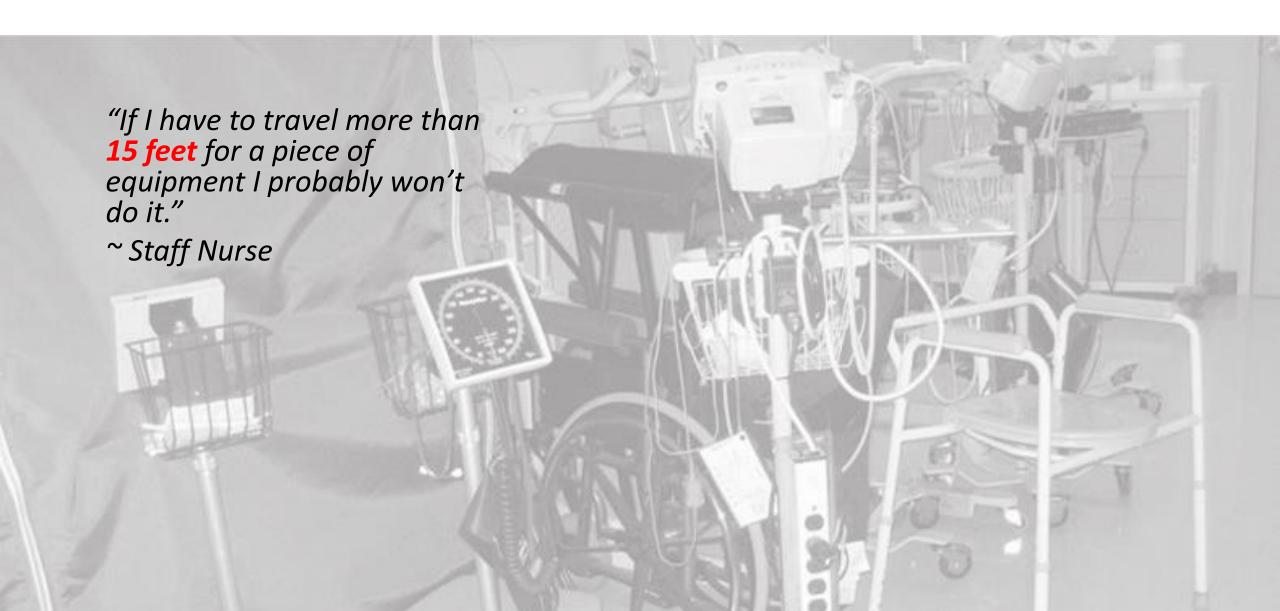








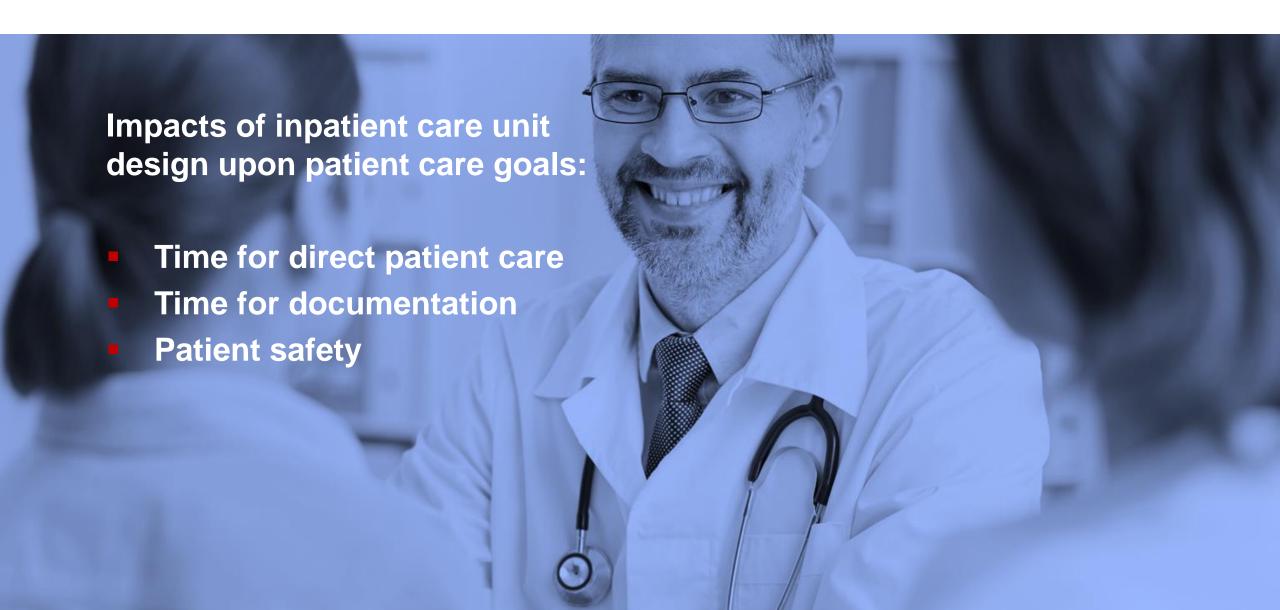
Equipment



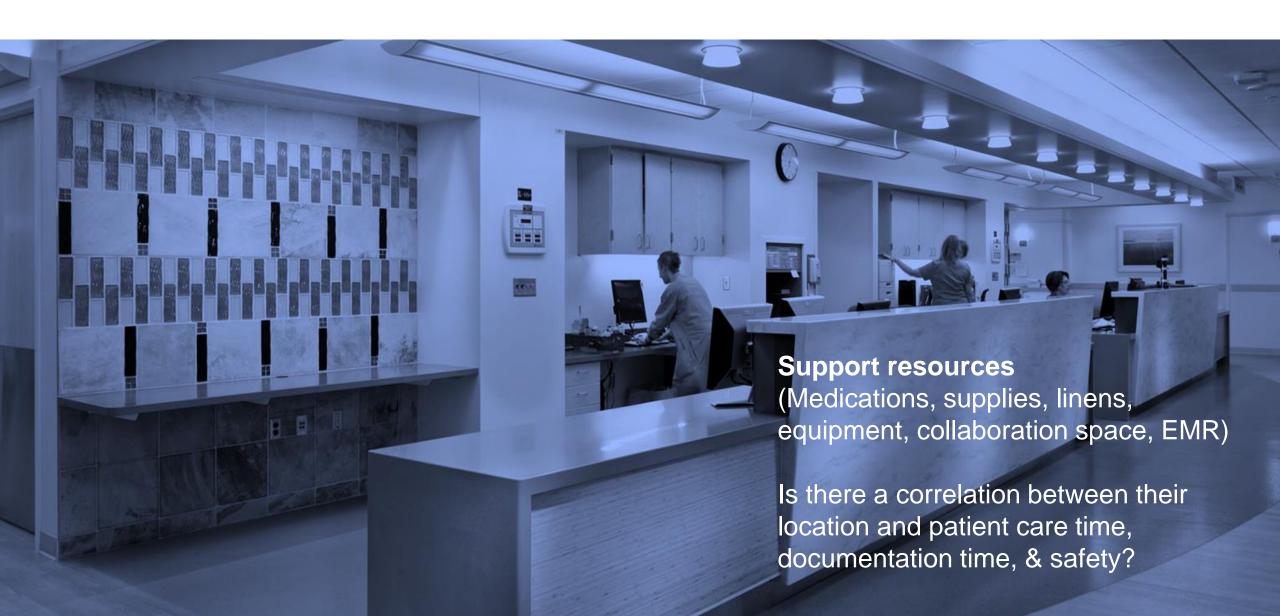
Documentation



THE RESEARCH



Research Questions



Methodology



Direct patient care time

- Aiken, et al, 2002:
 - More nurse direct patient care = lower mortality
- Hendrich et.al., 2007, 2008:
 - Only 19% of nurse time for direct patient care





Collaboration

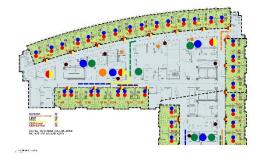
- Becker, 2007:
 - Community of practice—mentoring & communications
- Tyson, et al., 2002:
 - Decentralized units reduced communication

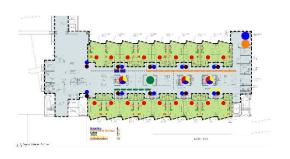
Floor Plan Analysis

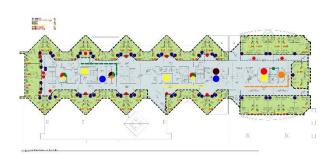




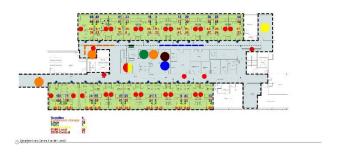






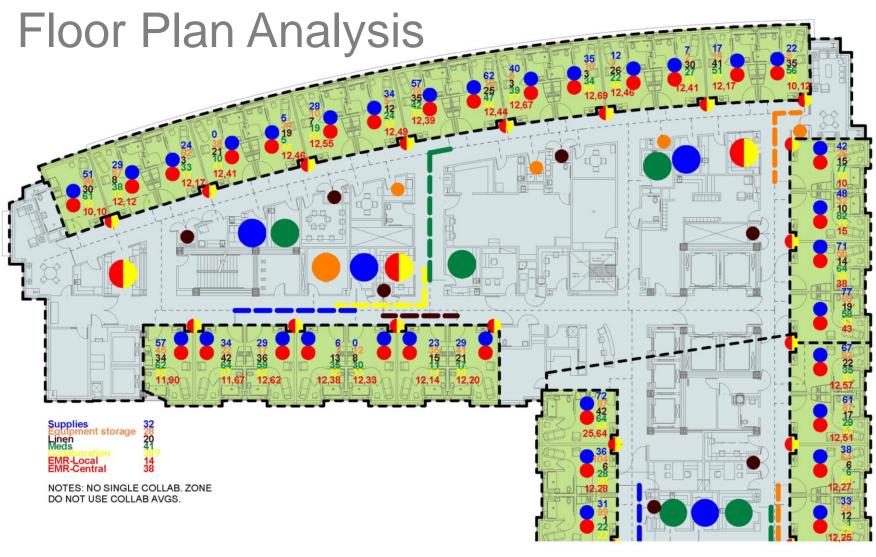
















Nurse Survey

Medications, Supplies, Linens and Equipment

11. On my unit, patient medications are kept: (If medications are stored in more than on	e
location, please indicate the location closest to the patient.)	

0	In the patient room
O	In a corridor cabinet serving 1-4 patients
O	At a decentralized location serving 5-10 patients
0	At a decentralized location serving 11-20 patients
0	At a centralized location serving 21 or more patients
Othe	er (please specify)

12. Please rate (on a scale of 1 to 5) how effective the location of patient medications is for your workflow in terms of:

	1 - Not at all Effective	2 - Not very Effective	3 - Neutral	4 - Somewhat Effective	5 - Very Effective
Time for direct patient care	О	0	0	O	О
Time for documentation	О	O	O	O	С
Patient safety	0	0	0	O	О



Supplies



Analysis: Supplies • Sorted by distance

	Norton Brownsboro	Good Sam Puyallup 4	Emory Johns Creek Hosp.	Samaritan Lebanon	St. Charles 3 Ortho Unit	St. Charles 4 Medical Unit	Samaritan Albany	Harrison 2S (Med/Surg)	Harrison 2W (Oncology)	Good Samaritan Corvallis	Prov Portland 8S (Neuro)	Prov Portland 8N (Ortho)	Good Sam Puyallup 6	St. Charles Redmond
ave dist to combined locs	82	75	40	39	38	38	34	29	28	26	14	13	12	7
Time for care	3	1.7	4	3.4	3.5	3	3.8	2.9	2.8	2.6	3.7	4.1	3.7	4
Time for documentation	3.1	2.2	4	3.4	3.5	3.3	3.6	2.8	2.9	2.6	3.7	3.9	3.6	3.8
Patient Safety	3.6	1.8	4.1	3.4	3.4	3.1	3.8	2.9	3	2.7	3.7	4.1	3.4	4

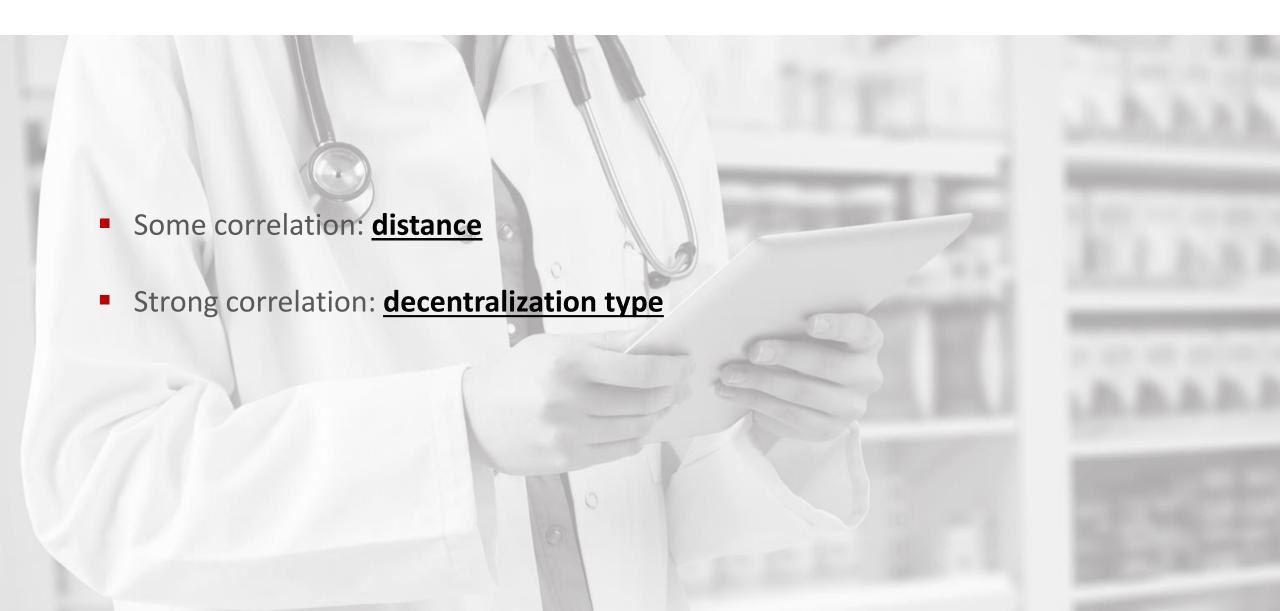


Analysis: Supplies • Sorted by decentralization type

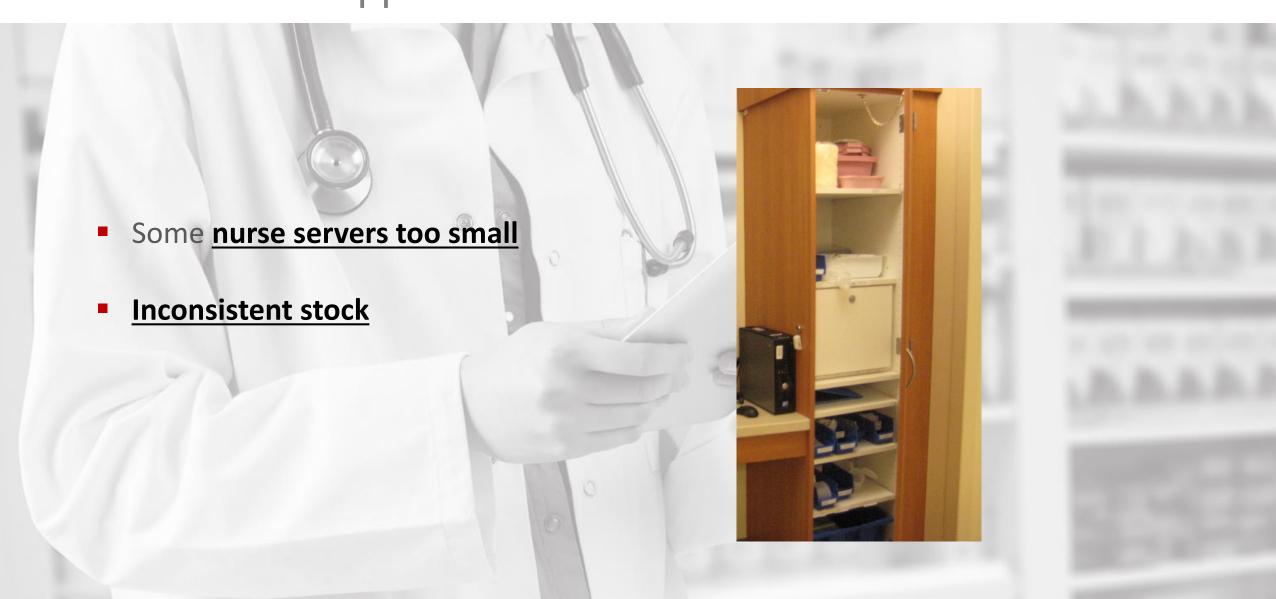
	CENTRALIZED Serving 21 or more patients					Se	DECENTRALIZED Serving 11-20 patients				RALIZED atients	NURSE SERVERS		
	Good Sam Puyallup 4	Norton Brownsboro	Harrison 2S (Med/Surg)	St. Charles 3 Ortho Unit	St. Charles 4 Medical Unit	Samaritan Lebanon	Harrison 2W (Oncology)	Good Samaritan Corvallis	Emory Johns Creek Hosp.	Prov Portland 8N (Ortho)	Prov Portland 8S (Neuro)	Good Sam Puyallup 6	St. Charles Redmond	Samaritan Albany
type central vs decent	4	4	4	4	4	3	3	3	3	2	2	1	1	1
Time for care	1.7	3	2.9	3.5	3	3.4	2.8	2.6	4	4.1	3.7	3.7	4	3.8
Time for documentation	2.2	3.1	2.8	3.5	3.3	3.4	2.9	2.6	4	3.9	3.7	3.6	3.8	3.6
Patient Safety	1.8	3.6	2.9	3.4	3.1	3.4	3	2.7	4.1	4.1	3.7	3.4	4	3.8



Analysis: Supplies



Variables: Supplies



Medications



Analysis: Medications • Sorted by distance

	Norton Brownsboro	Harrison 2S (Med/Surg)	Harrison 2W (Oncology)	Good Sam Puyallup 6	St. Charles 3 Ortho Unit	St. Charles 4 Medical Unit	Good Sam Puyallup 4	Prov Portland 8N (Ortho)	Emory Johns Creek Hosp.	St. Charles Redmond	Good Samaritan Corvallis	Samaritan Lebanon	Prov Portland 8S (Neuro)	Samaritan Albany
Ave dist to combined locs	78	71	70	70	55	45	44	41	38	37	35	34	28	10
Time for care	3	2.4	3.3	4	3.6	3	3.3	3.9	3.9	3.8	2.9	4.3	4.1	3.5
Time for documentation	3.5	2.8	3.1	3.9	3.9	3.1	3.2	4	3.9	3.8	2.8	4	4.1	3.4
Patient Safety	3.9	3.5	3.3	3.9	3.9	3.1	2.8	4.1	4.1	4.2	2.9	3.7	4.4	4.2



Analysis: Medications • Sorted by number of beds per meds room

Beds per med rlocation	Norton Brownsboro	Good Sam Puyallup 6	St. Charles Redmond	Harrison 2S (Med/Surg)	St. Charles 3 Ortho Unit	St. Charles 4 Medical Unit	Good Sam Puyallup 4	Emory Johns Creek Hosp.	Good Samaritan Corvallis	Harrison 2W (Oncology)	Prov Portland 8N (Ortho)	Prov Portland 8S (Neuro)	Samaritan Lebanon	Samaritan Albany
Time for care Time for documentation Patient Safety	3 3.5 3.9	4 3.9 3.9	3.8 3.8 4.2	2.4 2.8 3.5	3.6 3.9 3.9	3 3.1 3.1	3.3 3.2 2.8	3.9 3.9 4.1	2.9 2.8 2.9	3.3 3.1 3.3	3.9 4 4.1	4.1 4.1 4.4	4.3 4 3.7	3.9 3.6 4.4

Sorted for beds per med room



Analysis: Medications • Size of meds room, as area per bed

	Tot size of all med	d	
Unit	rooms as sf/bed		Ave. Safety score
Providence 8S		14.1	4.4
Providence 8N		12.6	4.1
Good Samaritan Puyallup 6		10.4	3.9
St Charles Bend 3		8.4	3.9
Emory Johns Creek		8.0	4.1
St Charles Redmond		7.8	4.2
St Charles Bend 4		7.1	3.1
Good Samaritan Corvallis		6.0	2.9
Good Samaritan Puyallup 4		5.9	2.8
Norton Brownsboro		5.8	3.9
Harrison West		3.3	3.3
Harrison South		2.1	3.5



Analysis: Medications • Size of med room

Unit	Ave. med	Ave.
	rom size	Safety
		score
Good Samaritan Puyallup 6	219	3.9
St Charles Redmond	140	4.2
Norton Brownsboro	140	3.9
Providence 8N	109	4.1
Providence 8S	103	4.4
Emory Johns Creek	96	4.1
St Charles Bend 3	82	3.9
Good Samaritan Corvallis	80	2.9
Good Samaritan Puyallup 4	71	2.8
St Charles Bend 4	57	3.1
Harrison West	36	3.3
Harrison South	36	3.5

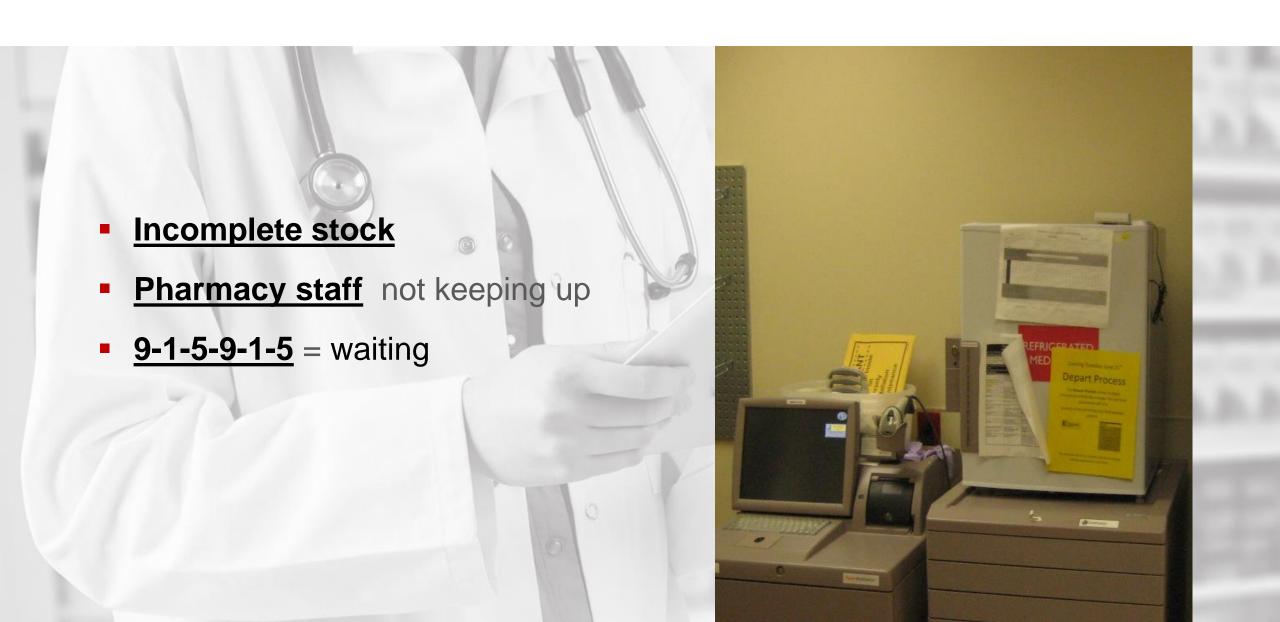


Analysis: Medications

- Some correlation: walking distance
- Some correlation: # patients/med room
- Safety correlation: med room SF/patient
- Safety correlation: med room size



Variables: Medications



Analysis: Equipment







Analysis: Equipment







Variables: Equipment







Electronic Medical Record





Time for direct patient care Time for documentation

 All types of <u>decentralized</u> <u>locations</u> scored highly





Safety

Location

In patient room

Patient room best

Corridor alcove second best

Average

3.5 of 5

3.4 of 5

2.9 of 5

judgment 4.1 of 5

Satellite third best

Tel: T-Z Blood Group Positive % positive judgments 13 of 14 93% 83% 5 of 6 7 of 9 78% 1 of 3 33%

e-health

Search

G-L

M-R

Medical Recor

Date: Patient name :

D.O.B./Age: GP Name:

Address:



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Corridor alcove for 1-2 pts

Satellite for several pts

Central to entire unit

A-F

G-L

Noise and distractions

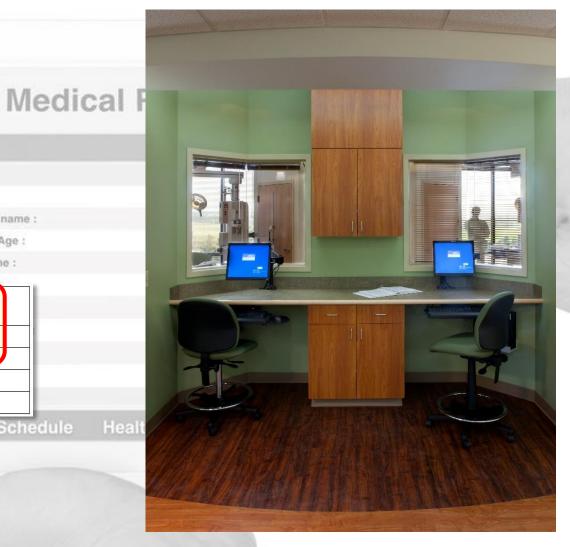
Patient room and corridor alcove

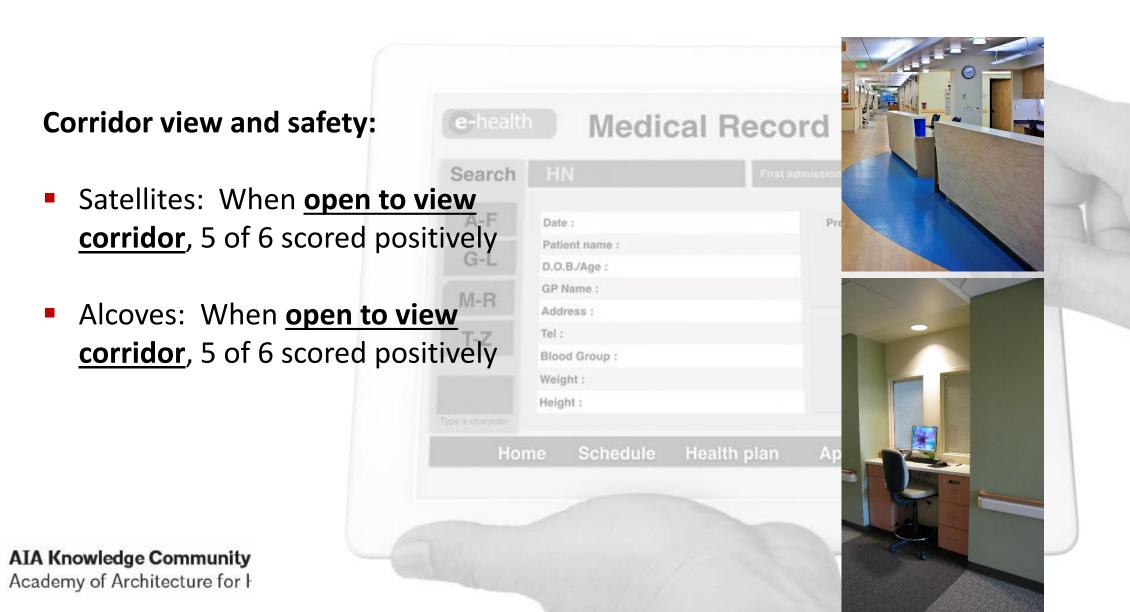
best

Date: Patient name : D.O.B./Age: GP Name:

Location	Average judgment	Positive judgments	% positive
In patient room	3.4 of 5	11 of 14	84%
Corridor alcove for 1-2 pts	3.4 of 5	5 of 6	83%
Satellite for several pts	3.4 of 5	6 of 9	67%
Central to entire unit	2.7 of 5	1 of 3	33%

Home Schedule

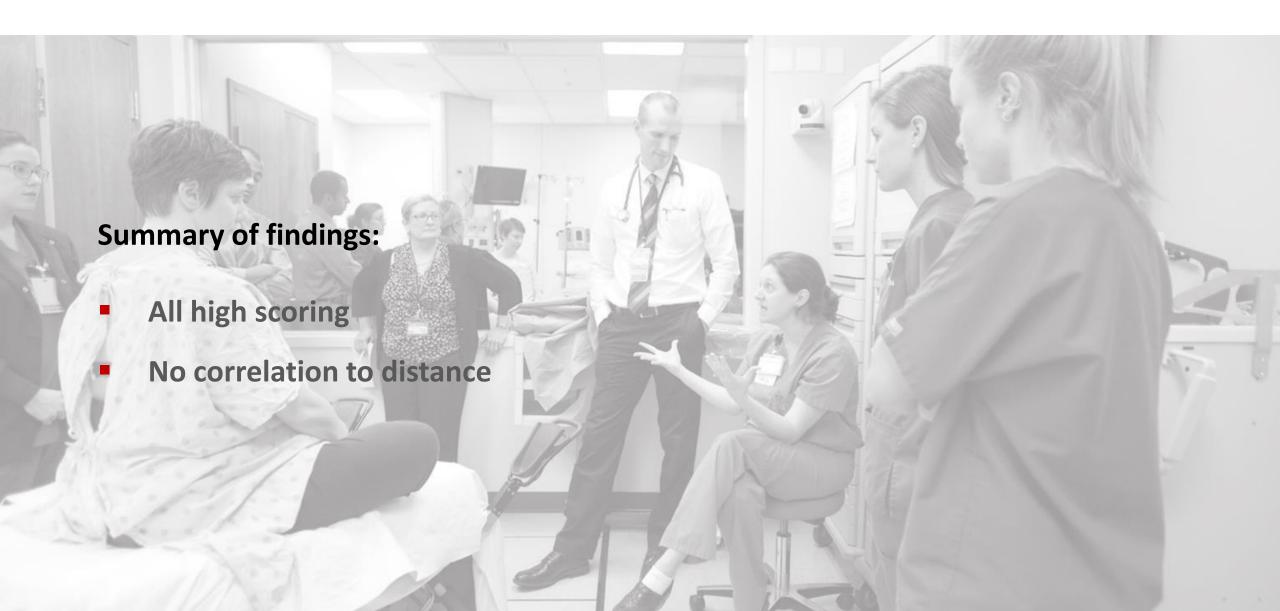




Collaboration Spaces



Analysis: Collaboration Spaces



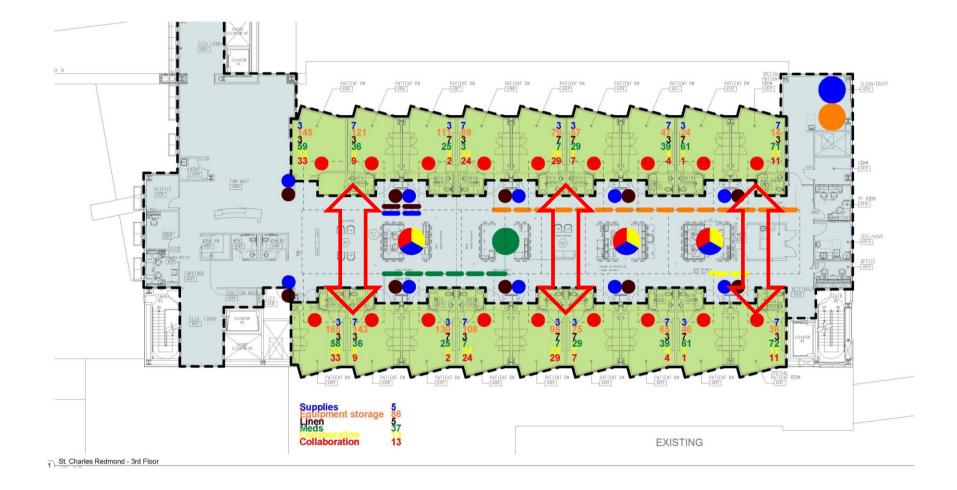
3 Typologies Effective for Support Resources





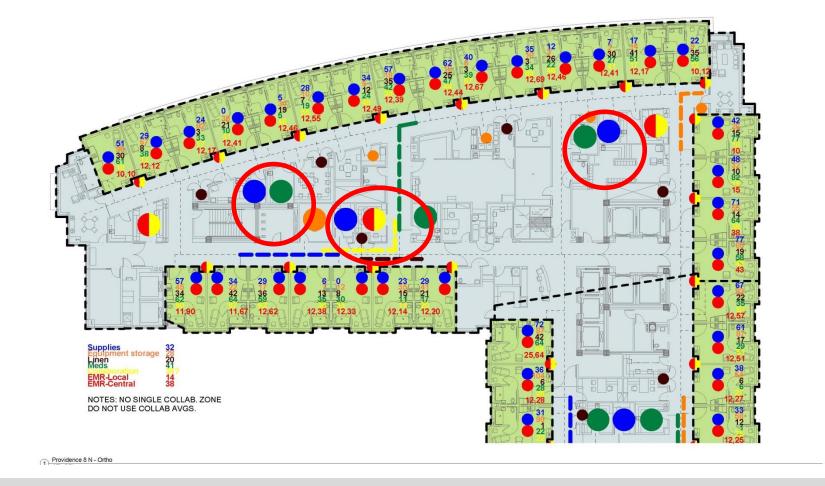
12-bed 'separate' module concept

• High scores: Meds, supplies, linen



Open, flexible core

• High scores: Meds, supplies, linen

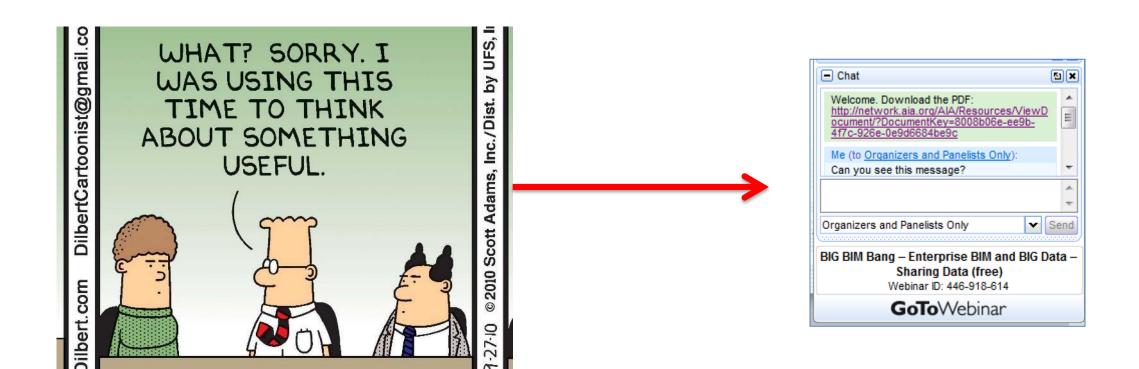


Highly decentralized

• High scores: Meds, supplies

Lean Inpatient Units 7-25-2013

Upcoming Break for Questions and Comments





Take-aways: Best IPU Practices



Best Practices: Supplies



Best Practices: Medications



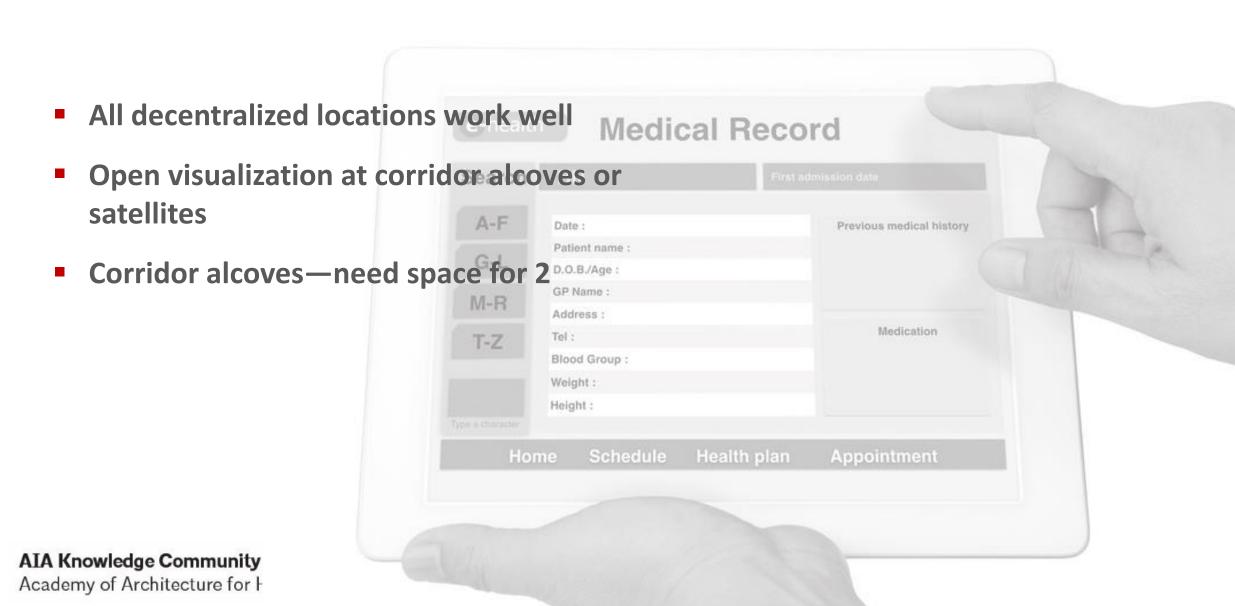
Best Practices: Equipment







Best Practices: Electronic Medical Records

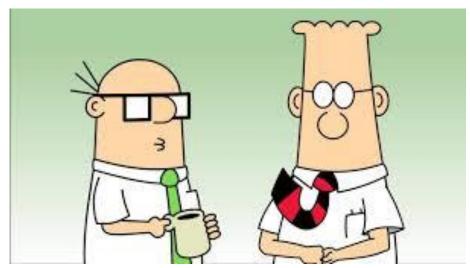


Best Practices: Collaboration Spaces





Time for Questions and Comments



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

Moderator

Rita Ho, Assoc AIA, LEED AP BD+C



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Date	Series	Topic
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
7/11	Master Series	To be Announced Soon! – check the AAH website for details

^{*}Dates and topics are subject to change

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