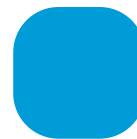


## *design for healing*

By Catherine Fredman



*The staff at Woodwinds Health Campus, located in suburban Minneapolis, loves to tell this true story: A man walked into the main building and saw a dramatic atrium contoured with polished wood and warm stone and ringed with balconies. He noted the richly colored carpeting, the cozy groupings of comfortable armchairs and obviously puzzled, said to the receptionist, “I understand there’s a hospital near here but I just can’t find it. Can you give me directions?” “Well, sir,” the receptionist replied, “you’re standing in its lobby.”*



**Catherine Fredman** writes about personal finance, management strategy and adventure travel. She’s especially proud of co-authoring best-selling business books with Intel Chairman Andy Grove and Dell Computer CEO Michael Dell, as well as surviving survival school in southwest Utah, where the native New Yorker learned to catch fish with her bare hands and build a fire without matches.

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## Design for Healing, continued

Opened in 2000, Woodwinds does more than represent the look of healthcare in the 21<sup>st</sup> century. Its design epitomizes a fundamental belief revolutionizing the field: that the environment in which the care is delivered directly affects the quality of the care.

“Environment is a legitimate treatment modality,” says Derek Parker, chairman of Anshen + Allen, a San Francisco based architectural firm that specializes in healthcare design. “Healthcare cannot be separated from the settings in which it is delivered.

Parker’s assertion is backed up by a growing body of scientific evidence compiled by a group of institutions including the non-profit Center for Health Design, Texas A&M’s Center for Health Systems and Design, and the American Institute of Architects Academy of Architecture for Health. Their findings culled from a rapidly growing number of healthcare centers around the country show that what’s called evidence-based design is good for both patients and hospitals, helping the former get well faster and the latter save money in the process.

Such news couldn’t come at a more crucial time. Hospitals are under siege for a variety of reasons, both demographic and economic.

**An aging population needs more hospital beds.** “Blame the baby boomers and their 80-something parents for the increase in hospital utilization,” writes Russell Coile in *Futurescan 2003: A forecast of health-care trends, 2003–2007*. The higher education level of today’s boomers and seniors makes them more health-conscious and more demanding of care. And the demand will only intensify. Solucient, an Evanston, Illinois-based national source of hospital and

healthcare data, predicts a possible 46 percent increase in the need for acute care beds by the year 2027.

**The “Me Generation” wants more patient-friendly services and surroundings.** As a result, two out of three hospitals have some kind of re-design project underway, ranging from birthing centers in a home-like setting to family-sleepover accommodations to renovations that cut down on corridor noise and improve air quality.

## *the look of healthcare*



# patient-friendly

## Consumers are calling the shots.

Patients now make the decisions about where to spend their money and want a broad choice of providers to spend it on. “You can choose to go to a friendly neighborhood hospital or M.D. Anderson,” says Coile, referring to Houston’s medical powerhouse. “That’s real consumerism.”

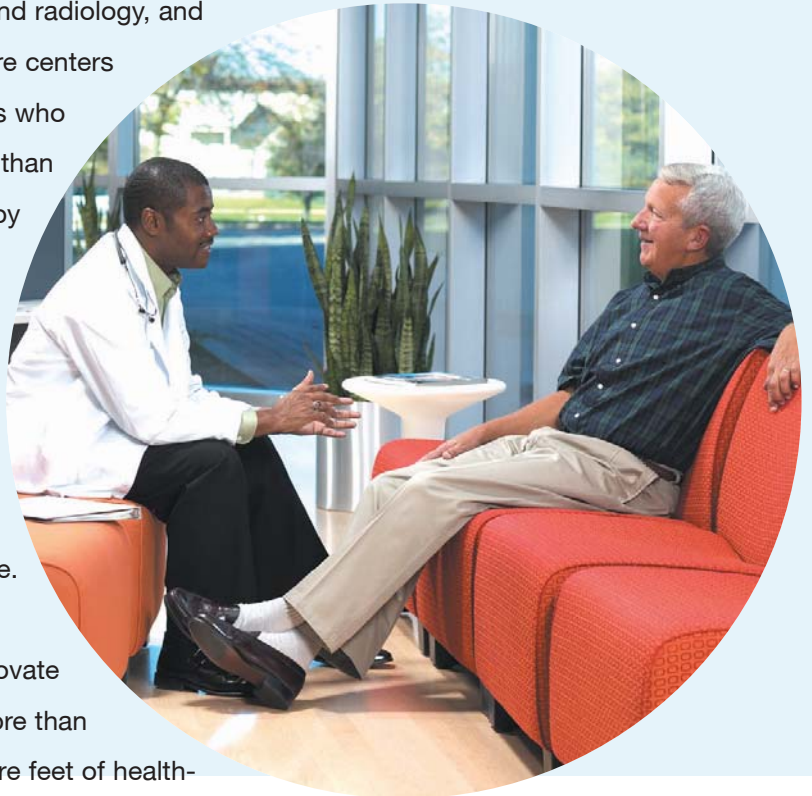
## Nurses are an endangered species.

The average cost of recruiting a critical-care nurse is \$50,000 and estimates place the national nursing turnover rate at 23 percent per year. Hospitals desperate to hang onto their clinical staff are finding that the best magnet is not so much a hefty signing bonus as a pleasant work environment. Griffin Hospital, which has been listed among Fortune Magazine’s 100 Best Places to Work for the past four years, boasts a 3.8 percent vacancy among its R.N.s, a quarter of the national average.

**Many facilities are obsolete.** Hospitals today have a split personality: they’re outpatient clinics for day surgery and ongoing treatments like dialysis,

chemotherapy and radiology, and they’re acute care centers for more patients who are much sicker than before. The happy medium they were originally designed for now makes up only a small percentage of their patient base.

As hospitals renovate and rebuild – more than 100 million square feet of health-care facilities were built in 2002 and that figure is expected to increase in 2003 – they are looking to send a message in the mortar that will attract both consumers (patients) and suppliers (caregivers). Says Parker, “The building tells a story of the service that the service cannot entirely tell by itself.”



● soothing colors & welcoming artwork

# *hallmarks of a healing environment*

● gardens & water features

● eco-friendly materials

● natural light

Joan Saba ticks off the architectural hallmarks of a healing environment: natural light throughout the building, gardens and water features, soothing colors and welcoming artwork, carpeting to cut down on ambient noise, the use of eco-friendly materials to improve indoor air quality, and home-y touches like soft seating and working fireplaces. But that's just the start, says the healthcare market sector leader for architectural firm NBBJ's New York City studio.

She looks to evidence-based design to reduce the stress of a high-anxiety environment not just for the patient or the nurse but for the entire constellation of care. Statistics show that patients with a strong support network

get well faster, so hospitals like Griffin and Bronson have installed family kitchens. Saba tells how a nurse walked into the kitchen in the middle of the night to find a patient's daughter peeling apples. The woman explained, "Every time my mother had to make a big decision, she made an apple pie. So now that I have to make a decision about my mother, I'm doing it, too." Saba was delighted: "It's a case of the architecture helping."

One might expect such amenities to jack up a hospital's price tag, but the surprising news is that evidence-based design saves a considerable amount of money. Some of the most useful information has come from the Center for Health Design's Pebble Project.

Their mission was "to create a ripple effect in the healthcare community by providing researched and documented examples of healthcare facilities where design has made a difference in the quality of care and financial performance of the institution."

For example, the average cost of an unlitigated patient fall is around \$10,000; a litigated fall can run into millions of dollars. By installing more grab bars and relocating the bedside table, one healthcare facility reduced patient falls by 75 percent. Another redesigned its rooms as singles, rather than shared, and cut the rate of hospital-borne infection by 60 percent – a savings of \$5,000 per infection. Parker chortles, "As one of my clients says, 'We're going to save money by improving quality.'"

"You can build beautiful hospitals that do little to heal. And you can have a great healing philosophy and practices in place and still miss the full healing potential if the buildings don't reflect those same values," says Jim Lussier, president and chief executive officer of St. Charles Medical Center. "Healing is an integrated endeavor."