

It Matters: Creating Healthcare Spaces That Are Ready for Change

It is a fact: The healthcare landscape continues to evolve, and the need to adopt and adapt for newer technologies, shrinking budgets, changing patient demographics, and a myriad of other industry-specific challenges is more apparent now than ever.

The healthcare industry isn't calling for new construction projects. Instead of seeing new buildings, we're hearing the need to adapt to these changes within existing facilities. There are many words that can describe this challenge: daunting, scary, impossible. It may be a bit daunting, even scary. Impossible, however, is a word that you should quickly throw out of your vocabulary when it comes to these tasks.

Knowing that a majority of healthcare construction projects are on existing structures versus new builds, I took the time to sit with Alan Rheault, Steelcase Health's Director of Industrial Design, to gain a bit of insight. I came away from the conversation with several insightful, thought-provoking ways to work within the constraints of an existing healthcare facility and introduce adaptability as a positive force in a healthcare environment.

Plan with adaptability in mind. "Plan for fully adaptable rooms to accommodate patients with a wide variety of needs. This will enable a facility to serve the largest amount of people while remaining flexible," recommended Rheault. Another advantage, this strategy focuses on the continuing trend of serving the most ill, acute patients. No longer do people stay for minimal procedures. "This strategy seeks to help facilities remain flexible in serving all levels of care needed while being prepared to serve the most severe," continued Rheault.

Seek inspiration and direction from other industries. Many times we try to find inspiration within our own industry. While there are great discoveries to be made, looking outside the industry can net some very inspiring results. Rheault posited the way that technology is so seamlessly integrated into the viewing experience of an NFL Game as an example for the future of healthcare. "Watching football on TV has changed dramatically and yet it's a change we've easily assimilated. We've come to expect instant replays and the digital displays along yard lines, not just colorful commentary of what's happening in the game. We take the technology for granted, it just becomes part of the experience."

What if technology was integrated so seamlessly into the healthcare experience that it was no longer a point of discussion, but simply an anticipated part of the experience? The solutions to make this happen are both already on the market and in development - check out what we've written before on [technology and its benefits](#).

Another industry to examine is manufacturing. Rheault explained, “Examining sensors in manufacturing and understanding how they could potentially influence and change healthcare delivery is mind boggling. The complete confidence in the repetitiveness and the ability to know something is accurate, along with the cost savings, could have wonderful outcomes in the medical field. For example, if you could have your blood drawn by putting your arm into a sleeve and guarantee it would be done right the first time without searching for a vein multiple times, would you?”

“The cautionary tale with sensors and manufacturing is realizing the importance of human touch to health and healing. I’d never want healthcare to move to a complete manufacturing model,” said Rheault. “However, there are lessons to be learned by looking closely at the industry, including cost savings.”

Embrace the transition towards new technologies. As with everything, healthcare is in a time of transition; adapting and integrating new technologies. Technologies continue to evolve. “Today it is simple to combine systems that were singular in the past such as a TV and a telephone,” said Rheault. “The combined function of multiple technologies gives us advantages in space and function. The technology isn’t utilizing as much space and the multi-function of technology along with furniture is becoming multi-purpose.” This enables better space planning and smarter use of integrated technologies as well as reduced costs to serve patient, their loved ones, and care providers.

Support distributed health opportunities. We’ve discussed mobile technologies significantly during the last few months, not just because it’s a hot topic or trend, but it’s a reality. “Mobile technologies are moving us toward distributed health. Healthcare can happen any time, any place,” commented Rheault. It’s important that healthcare facilities are prepared to support and even encourage this behavior. The environment is crucial to enhancing patient-clinician connections. The designer is a key partner in making this happen. Rheault stated, “There are many considerations that need to be made with this from a design perspective. It’s somewhat similar to when office workers became mobile. Yet there’s the immediate health and well-being of the patients to consider, not just their overall well-being.”

To end, Rheault leaves us with a bit of food for thought. “I have a hypothesis more than a prediction,” stated Rheault. “Third world countries just take the leap when adding a new technology. They don’t just upgrade or want to reuse old stuff. When existing facilities attempt to continue to adapt utilizing existing tools, materials, etc., while possibly integrating some new, it takes a toll even though they think they are being fiscally responsible. Perhaps, and this is my hypothesis, the organizations as a whole, would be healthier if they streamlined the leap to adopting the next technology instead of mixing-and-matching between the old and the new. I realize this may not be considered plausible or prudent, yet there are many advantages including a singular period of time for transition, training, and costs.” Do you agree with Rheault’s insights and predictions on today’s healthcare environment? Are you facing any of the challenges discussed by Rheault? If so, what are you doing to solve them? We’d love to hear!

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