



KEY POINT SUMMARY

OBJECTIVES

The researchers' goal was to better understand how the physical design of neurorehabilitation units supports patient recovery and constructive patient and staff experiences in balance with a safe environment.

Safe and supportive neurorehabilitation environments: Results of a structured observation of physical features across two rehabilitation facilities

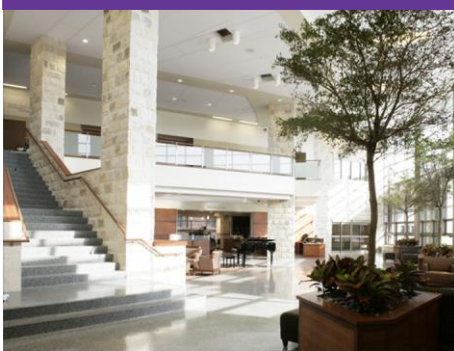
Colley, J., Zeeman, H., 2020 | HERD: Health Environments Research & Design Journal, Volume 13, Issue 4, Page(s) 115-127

Key Concepts/Context

Neurorehabilitation inpatient facilities need to carefully manage occupational safety and risk management while also encouraging positive patient experiences. More information is needed on how inpatient neurorehabilitation facilities can most effectively support people recovering from spinal cord or acquired brain injuries, i.e., how they can be both safe and supportive for patients.

Methods

Colley and Zeeman developed a new observation guide that had 237 items, which was used in eight key hospital areas (identified in conjunction with senior staff at the facilities as representative of types of frequently used areas). Data collected related to patient safety, worker safety and efficiency, and holistic patient experience. Data were gathered at two different adult inpatient neurorehabilitation units, one focused on spinal injuries and the other on brain injuries; both sites were in Australia and located at the same hospital site, although they were separately run. The observation survey developed had 237 items, of which 64 related to patient safety, 38 to worker safety and effectiveness, and 135 to quality of care and patient experience. Examples of items in each category were provided. For example, observations to determine if "Design supports handwashing compliance and hand sanitation" related to patient safety, observations to determine if "The design supports communication between patient, family, and care providers" related to worker safety and effectiveness, while observations to determine if "Patient has access to views of nature and other positive distractions" related to patient experience. For each item possible responses were "yes," "no," "not applicable," and "cannot access." Data collection forms were prepared for patient, shared, staff, and entry zones. Information was gathered over two consecutive days by two researchers working independently.



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Findings

Data collected indicate that the built environments studied have positive implications for occupational safety, risk reduction, harm prevention, and internal security, but provided much less support for psychosocial needs or positive user experiences. The researchers report greater attention in the physical environments where data were collected to personal safety, hazard management, and care efficiency, with less support for positive patient experiences. For example, flooring and furnishings materials are often selected for reasons related to safe use and relatively easy maintenance. Settings could seem clinical, however, without views of the outdoors, outside access, and opportunities for patients and families to control room environments, for instance, by opening a window.

Limitations

Data were collected at two separate facilities in Australia but were managed by the same organization. Information from additional sites would be useful. Data were only gathered when patient rooms were empty and the facilities studied were built in the 1980s when person-centered design approaches currently in use were not applied. Finally, the reliability and validity of the observation tool developed have not been determined.

Design Implications

Design must promote positive stress-reducing patient experiences, such as views or access to outdoor spaces, in addition to providing safety and security.

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