



KEY POINT SUMMARY

OBJECTIVES

The objective was to develop a theory and opinion article that addresses decentralized charting alcoves, corridor design, and unit size in contemporary intensive care units.

Decentralization: The Corridor Is the Problem, Not the Alcove

Hamilton, K., Swoboda, S. M., Lee, J.-T., Anderson, D. C., 2018 / Critical Care Nursing Quarterly, Volume 41 Issue 1, Pages 3-9

Key Concepts/Context

This study explored changes within the healthcare industry (e.g., single-patient rooms, electronic medical records, etc.) and the shift to a more linear unit design as factors that could be leading to communication breakdowns, challenging the notion that a decentralized nursing station is the primary contributor.

Methods

The article was developed based on a brief review of ICU design history and recent literature.

Findings

After a brief history of intensive care unit design and a description of contemporary practices in the design of ICUs, the author reflects on anecdotal evidence provided by clinicians and recent research related to negative, unintended consequences of decentralization of nursing stations. The author further notes that recent criticism of nursing alcoves may be misplaced because unit size, shape, and corridor design may be at fault for nurse dissatisfaction.



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Limitations

While references are provided and the author is well versed in the subject matter, this is an opinion article.

Design Implications

Design teams are encouraged to explore high-observation, concentric designs for intensive care units, where staff can maximize both staff and patient visibility.

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