OREGON NURSES ASSOCIATION
ACTION REPORT
DESIGN OF HEALTHCARE FACILITIES

Submitted by
Cabinet on Nursing Practice and Research

Recommended action:

1. That direct care Registered Nurses demand an active role in the design and design implementation of health care facility construction.

Background
In a recently released white paper titled ‘Health Care at the Crossroads: Guiding Principles for the Development of the Hospital of the Future’, The Joint Commission (TJC) stated that hospital design is one of 5 major issues that must be addressed so that hospitals can enhance health care for all patients. Numerous studies are cited in the paper which contains hospital design characteristics that improve patient safety and health care outcomes, and provide a supportive environment for hospital staff. Yet, most new hospitals fail to be built “safe by design”. This is also the experience of many nurses and from direct observation of a number of acute care facilities in ONA in Oregon.

The goal of “safe by design” is early integration of hazard analysis and risk assessment methods in the design of a work space or environment and the taking of actions necessary so that the risk of injury or damage to the users of the work environment is at an acceptable level. However, the current focus of ‘safe by design’ in health care is the creation of patient-centered environments that aim to improve quality of service and consumer satisfaction.

To achieve the goal of ‘safe by design’, The Joint Commission report calls for specific actions that include allowing clinicians and other staff, patients and families to be actively involved in the design process to improve staff work flow and patient safety. However, nursing input in the design process and incorporation of design principles to prevent staff injuries such as musculoskeletal disorders does not appear to be or is not recognized as important as designing a safe environment for patients.

In the report Keeping Patients Safe: Transforming the Work Environment of Nurses (2004), the Institute for Medicine states that when representatives of the nursing profession are excluded from design, layout, and patient flow planning, health care facilities may not incorporate design elements that facilitate interaction between nurses and patients or support an environment in which patient care is paramount.

Consequently, nurses have to find ways to ‘work around’ or adapt to poorly design work environments that are physically and cognitively demanding. The result is an increased risk of patient and staff injury. This has been observed by ONA staff and reported by ONA members who have or are living through redesign of acute care facilities.

The solution is the incorporation of ergonomics and human factors design principles into the design of hospitals and the meaningful, direct involvement of nurses and other health care staff throughout the design process. To achieve this goal nurses need knowledge and tools that
empower them to be actively involved and valued as a participant in a collaborative design process. Healthcare designers and other hospital design project managers need to understand the value of involving nursing staff in the design and implementation process and how to engage nursing staff on an ongoing basis so that the practice needs of nurses are accurately reflected in the design project. Additionally, they need to utilize evidence based ergonomics and human factors design principles and standards in the design process.

Such involvement is of paramount importance if hospitals are to provide comfortable, safe and more productive environments for patients as well as nursing staff.

Implementation:

1. ONA Cabinet on Practice will be the primary responsible structural unit to guide content development of education and tools for ONA members related to healthcare design.
2. ONA Professional Services will provide:
   a. Educational programs for nurses at upcoming conventions or other meetings.
   b. Develop written and electronic educational and training materials for dissemination to members.
   c. Publish articles in newsletters.
   d. Provide consultation to members in facilities with new design or redesign building projects.
3. ONA members and staff will participate in collaborative efforts related to design with entities such as but not limited to American Nurses Association, American Institute for Architects and the Oregon Coalition for Health Care Ergonomics.

Financial impact:

Current activities are covered in the Professional Services budget and in the budget allocation for the Cabinet on Practice.

References:


