

“Designing for an Aging Population in the Acute Care Setting”

NEOCON

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Session T240

Summary of “elder/patient friendly” design and operational elements:

1. Surface-mounted doors that slide open, rather than swing into the walking path of the user.
2. Lever-style door hardware that do not require a grip or twisting action.
3. Window blinds, thermostat controls, and light switches that are accessible from a standing or sitting position.
4. Family zones directly adjacent to patient bed-side, not at the footwall only. Sleep sofa vs. recliner highly recommended for ease of all users. This should not replace patient support chair.
5. Toilets placed so assistance can be provided from either the patient’s right or left side, or both if obese. Showers should be wheelchair accessible.
6. Lighting placed strategically to avoid glare against signs, work surfaces and flooring.
7. Use of color to highlight the contrast between edges of floors and walls, location of handrails.
8. Use of color to disguise out-of-bounds or back-of-house spaces.
9. Quality places to mobilize and socialize within the unit (e.g., gardens, places to make tea/coffee, family lounges, mobilizing paths with resting benches). Provide chairs with arms/hand grip extensions.
10. Locate handrails in bath/toilet rooms, bedrooms, both sides of corridors, and outside spaces to encourage safe independence.
11. A universal floor plan that is consistent for various inpatient services - promotes familiarity and Wayfinding via repetition of path and reception points.
12. Provide seating placed at 50’ intervals throughout corridors, in elevator lobbies, and adjacent to all “decision-making points” and entry points as individuals navigate the campus or building.
13. A quiet hospital, one that does not use overhead paging or a nurse call system that is audible unit-wide.

Resources:

Impairment Simulators: <http://www.inclusivedesigntoolkit.com/>

Healthcare Design Magazine, The Pebble Report, “Strategic, evidence-informed design: The world’s first elder-friendly acute care hospital,” by Robyne Maxwell, RN, BSCN and Rudi Van Den Broek, BSC, MPA, The Royal Jubilee Hospital.

Elizabeth Brawley, AAHID, IIDA, CID

President, Design Concepts Unlimited

betsybrawley@att.net

www.betsybrawley.com

415-332-8382

Linda Gabel, AAHID, IIDA

Senior Associate, NBBJ

lgabel2@gmail.com

www.nbbj.com

614-203-2303