



**Evidence-Based Design Touchstone Award Winners and
EDAC Champion and Advocate Firm Projects**

EVIDENCE-BASED DESIGN IN PRACTICE 2021

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from The Center for Health Design



Evidence-based design (EBD) is the process of basing decisions about the built environment on credible research to achieve the best possible outcomes. EDAC Champion and Advocate Firms take an additional step, ensuring their healthcare teams become EDAC certified and actively incorporate EBD in their healthcare projects. Each of the projects highlighted in the EDAC Advocate Brochure describe how the evidence-based design process was applied to address challenges in their projects.

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Become EDAC certified.

Evidence-based Design Accreditation and Certification (EDAC) assesses your knowledge of the evidence-based design (EBD) process and its application in the design and development of healthcare environments. This educational program teaches you how to find, use and create relevant research to improve healthcare outcomes and add to the knowledge base of EBD.

Since its launch in 2009, more than 2,800 individuals worldwide have obtained the EDAC credential. Currently, 48 industry organizations endorse the program. Champion Firms participated in the beta testing phase and were the first to commit staff to take the exam. Advocate Firms dedicate a minimum of 25% of their healthcare teams to become EDAC certified.

The evidence-based design process includes eight steps:

- 1 Define EBD Goals & Objectives
- 2 Find Sources for Relevant Evidence
- 3 Critically Interpret Relevant Evidence
- 4 Create & Innovate EBD Concepts
- 5 Develop a Hypothesis
- 6 Collect Baseline Performance Measures
- 7 Monitor Design & Construction
- 8 Measure Post Occupancy Results

Evidence-Based Design Touchstone Awards

Evidence-Based Design Touchstone Awards recognize the use of an evidence-based design process in the pursuit of increasing value, improving outcomes, and engaging stakeholders.

Submissions are judged upon their achievement across three touchstones of the EBD process:

- **Collaborate:** Submissions must demonstrate interdisciplinary team and stakeholder education, engagement and development.
- **Evaluate:** Submissions must demonstrate the extent to which research was found, evaluated, and applied to link design to outcomes and measurement of results.
- **Share:** Submissions must demonstrate how the EBD process was applied and how the knowledge gained was captured, disseminated, and has the potential for application to future projects.

Goal

To create a warm welcoming, familiar, calming wellness setting with appropriate sensory experiences to help relieve anxiety of young patients. Guiding principles were developed to achieve the client's desired nurturing and healing environment.



Anna Shaw Children's Institute's main lobby with stair and tree sculpture, ESa/Chad Mellon Photography, 2019

with an existing historic tree on the site. The south's first level entrance, utilizing calming brown tones, is for children on the autism spectrum or that have other behavioral health diagnoses.

- Color – use of a whimsical, but not overwhelming color palette.
- Neutral tones were used rather than jarring colors.
- Soft and comfortable finishes were incorporated.

EBD STEPS APPLIED:



Overview: This outpatient specialty clinic diagnoses and treats children with autism spectrum disorder and other developmental conditions. Inspired by the surrounding heavily wooded site, the center's freestanding treehouse-themed design creates a comfortable, relatable environment for children.

The clinic has multiple entrances with a dedicated entry for behavioral health services on the first floor. The main entry on the second floor provides access to therapy clinics, physical therapy and sensory integration gyms. This floor also houses administrative areas for family support services, public lobby and cafe amenities. The third floor features a sub-specialty clinic and shell space for future growth.

Challenge: The client and designer relationship began with site tours to similar centers across the country along with interviews to gain knowledge about lessons learned. Parent and caregiver focus groups were held to determine the pediatric needs. Research indicates that children on the autism spectrum can easily become agitated when faced with bright colors, florescent lighting, loud noises and unrecognizable abstract forms. These distractors were taken into account during design. Another challenge was to create spaces that support interaction while melding safety and comfort into this specialized pediatric environment without being intrusive to the patients.

Solution: Wood and stone materials and key architectural features connect to the natural landscape. Exterior portal elements mimic the holes in the floor or roof of a treehouse, while interior skylights also incorporate similar portalelements. Window portals, installed at varying heights, allow children to peer into the lobby from clinic spaces. A whimsical tree sculpture spans the height of the three-story lobby.

The building's three floors represent levels typically seen in a forest: forest floor, understory layer and canopy layer. The sloping site provided an opportunity to create two dedicated entrances to serve patient populations. The north main entrance on the second level, serving patients who have frequent visits for various therapies, features a 40-foot tree replica on axis

- Exam rooms and care spaces were designed to emulate residential spaces.
- Ample natural light flows into the public spaces, exam rooms and treatment areas and is supplemented with uniform artificial lighting.
- Circulation is simple with no blind spots.
- Carpeted flooring masks distracting sounds in the first level lobby.

Other child-focused design features, meeting program needs and safety requirements, include:

- Turning support beams into tree-like structures
- Coordinating wall vinyls with room names
- Incorporating a tree sculpture into stair landings
- Including child-height commodes
- Including a sensory integration room
- A large gym and smaller therapy rooms, and
- A crawler therapy gym for children not yet walking

Results:

Shortly after the April 2019 opening, the Institute's Executive Director Terri Woodruff observed, "The treehouse design refocuses the child's attention from the usual fear of a sterile doctor's office to the natural browns, greens and blues of the wall vinyl featuring playful forest animals. Medical details are hidden. Children with autism relate to patterns, and the gray cobblestone patterns in the carpeting give them a focal point when they look down, as they typically do. Using the carpet design for wayfinding, the patterns slowly transition into a more solid color as a child reaches a destination."

Affirmation of the center's design was given by a young patient who said, "Hey, Ms. Terri, I am here to see the Treehouse Doctor."

Post-occupancy data from customer satisfaction surveys conducted by the National Research Center are being gathered. The surveys will provide feedback on design functionality, response to the built environment and lessons learned. The COVID-19 pandemic, however, has hampered data collection.

EBD STEPS APPLIED:



Overview: Healthcare design communities are steadfastly focused on improving quality, safety, dignity and efficiency in acute psychiatric units. However, as the number of patients with both behavioral health and medical conditions increases, there is growing realization that current room designs fail to meet the multiple needs of this unique population. Given this mounting challenge, HGA, with a broad mix of experts, including medical planners, architects, facilities planners, psychologists/psychiatrists, clinicians, nurses and researchers, recently set out to apply an evidence-based design approach to create a new room type — the next generation of universal/inclusive patient room designs — to safely integrate medical and psychiatric care in the inpatient environment.

Goal

To truly design purposeful, relevant, sustainable and beautiful environments for all people living with mental illness. Given that 68% of those with a mental health disorder have one or more medical issues and 29% of adults with a chronic medical condition have a comorbid mental health disorder, it is time to develop a new patient room type that allows these patients to have their needs met.

Challenge: The challenge was to create an inpatient room that could accommodate the safety of a psychiatric crisis along with complex comorbid medical needs. The study team first considered the current state of EBD literature on designing patient rooms for behavioral health patients, staff and family members. A literature review revealed that few rigorous studies on behavioral health environments exist. However, there were two reoccurring themes in the literature:

- Threats to patient and staff safety in the designed environment arise from mobility and accessibility challenges, as well as potential ligature points within the patient room, equipment and furnishings that can be used to inflict harm.
- Satisfaction and well-being among patients, their family members and staff are adversely affected by the absence of a calming, healing environment.

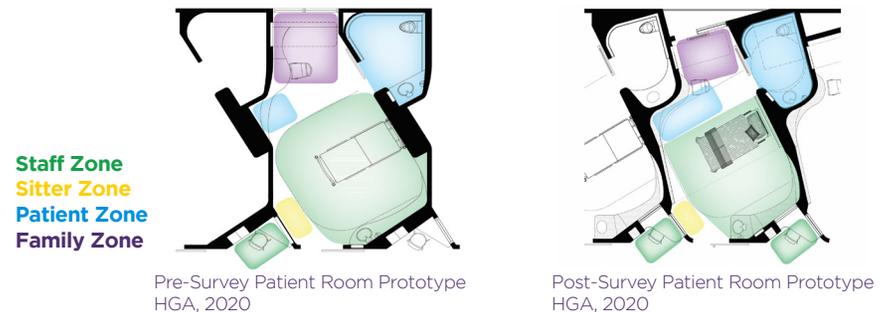
After the literature review was completed, a focus group was held with study team members to identify, define and rank critical-to-quality (CtQ) needs for the new patient room design. CtQ is a Lean concept in which critical operational, design or human experience attributes, necessary to produce a measurable quality outcome, are identified.

Solution: Finally, a design charrette that included clinicians from major medical institutions, researchers and medical planners was held to discuss and sketch design interventions addressing the CtQs. The charrette took place simultaneously in three HGA offices — Minneapolis, Milwaukee and Washington, D.C. — participants attended both physically and virtually. During the charrette, room design and the interplay between patient and staff needs was explored. Critical issues to be addressed in any resulting room design were identified:

1. Improve staff safety.
2. Improve patient safety.
3. Increase patient and staff satisfaction.
4. Provide family-centered care.
5. Increase staff efficiency.
6. Create a healing, calming environment.

Design solutions discussed during the charrette were turned into a preliminary room animation video. This video was sent out with an online questionnaire to charrette participants and a few of their contacts. Question development was based on the findings of the focus groups and design charrette, and focused on the CtQ needs identified by the participants as they applied to the patient room design.

Results: After viewing the video, 77% of the survey participants reported being satisfied with the overall size and layout of patient, family and staff zones; bathroom and shower spaces; and the location of the hand-washing sink. More than three-quarters of participants (81%) were satisfied with visibility in the patient room model, and 86% were satisfied with patient safety features of the room. High satisfaction (90%) was reported for staff features including nurse servers for supplies, a nursing alcove outside the patient room, and the suitability of the patient room design during both an acute behavioral health crisis and an acute medical crisis (e.g., a code). The success of this research study about the inpatient room design has led the team to hold a similar design charrette about the medically complex mental health unit.



CAMA Inc.

Mohawk Valley Health System, Utica, NY

Goals

<p>1</p>  <p><i>Reduction of patient transfers</i></p>	<p>2</p>  <p><i>Reduction in length of stay due to improved discharge planning</i></p>	<p>3</p>  <p><i>Better communication and integration between patient, family and care team</i></p>	<p>4</p>  <p><i>Minimization of noise</i></p>	<p>5</p>  <p><i>Improved patient satisfaction</i></p>
<p>6</p>  <p><i>Increased direct patient care time with clinical staff</i></p>	<p>7</p>  <p><i>Improved patient safety and reduction of hospital acquired infection rates</i></p>	<p>8</p>  <p><i>Reduction in patient falls</i></p>	<p>9</p>  <p><i>Reduction in unnecessary emergency visits and inpatient utilization</i></p>	<p>10</p>  <p><i>Reduction in medical errors</i></p>

EBD STEPS APPLIED:



Overview: Mohawk Valley Health System aims to improve care delivery in central New York through consolidation of two inpatient facilities into a single campus. The new 660,000 square foot, 9-story hospital will make healthcare available to three counties, improve patient experiences, and enhance operational efficiency.

Challenge: CAMA was contracted after completion of the schematic design phase, which is always a challenge and took an interdisciplinary approach with various consultants for the project. CAMA approached the interior with thoughtful use of the evidence-based design process and offered a connection to the surrounding landscape and nodding to a city with post-industrial roots. The good news was that the knowledgeable and integrated design team was cooperative with the later involvement and was equipped to achieve the New York State directive to meet evidence-based design goals.

1. Goals and objectives were defined by the NY State Grant for the project, many of which are primary evidence-based design principles.

2. CAMA added ethnographic research to learn more about the population and the interior experience required to elevate satisfaction, reduce stress and add efficiency.
3. User meetings and integrated team charrettes were used to review, interpret and test hypotheses and constructability given the project's scope and budget.
4. The most poignant design intervention was the NBBJ-designed open core unit. CAMA layered onto that visibility and dignity through patterned glass in the patient room doors and the minimization of cubicle curtains on the medical/surgical units.
5. The hypothesis to improve the 10 Goals through the design of a state-of-the-art facility has its first milestone as shovels are in the ground.

Hammes (owner's representative)
 NBBJ (architecture)
 SSR (engineering)
 CAMA (interior design)
 IMEG (med. equipment)
 RIPPE (food service)
 IPD (engineering)
 OBG (civil engineering)

Solution: A New York state grant was established for the project, which provided a focal point and assisted in identifying key evidence-based design goals. Many of these goals, centered around improving patient experience, were achieved via standardized, single-occupant patient room layouts, patient access to natural light, adequate artificial lighting, allocation of family space in the patient room, and decentralized nurse stations. An entire floor is dedicated to behavioral health. Patient safety is addressed through the application of cleanable finishes, including privacy glass, which in turn minimized the need for cubicle curtains. Project goals not only aimed to improve patient experience, but also sought to address the needs and efficiency of clinical staff. By minimizing the distance to supplies, providing in-room charting capabilities, maintaining appropriate nurse to patient ratios, and introducing daylight at staff areas and patient corridors, the project aims to reduce patient transfers and length of stay, increase direct patient care time, and achieve a reduction in medical errors.

Results: The project is currently under construction. It serves to set evidence-based design examples for many more replacement hospitals to come in New York state. A post-occupancy evaluation is planned and could be a larger industry discussion and a learning opportunity.



MVHS - Main Lobby - Rendered Elevations, CAMA Inc., 2019

EBD STEPS APPLIED:

- 1
- 2
- 3
- 4
- 5

Overview: The University of Wisconsin Health Hospitals and Clinics East Campus Ambulatory Hub will serve as the eastern gateway to UW Health's programs of distinction for Oncology and Women's Pelvic Wellness. Located on a twenty-seven-acre site, the 447,000 square foot, seven-story ambulatory center includes anchor clinical programs for Oncology and Advanced Women's Services along with multi-specialty clinics. The ambulatory center serves as an outpatient prototype for future locations that will be designed



Goal

To drive a paradigm shift that promotes health and vitality of community over treatment of illness – creating sustainable wellness.

Communal Infusion Area, HKS, 2020

to enable better access, improve patient and staff experiences, facilitate coordinated care, and expand the use of digital health to ensure that patients receive the right care, at the right place, at the right time.

Challenge: For oncology patients facing a potentially life-threatening illness, the way in which they experience the healthcare environment can greatly affect their overall experience with a healthcare system. Due to the complex treatments required to treat cancer, oncology patients often experience sensory sensitivities, and these sensitivities can greatly impact oncology patients' quality of life both during and long after treatments. Additionally, cancer is an emotionally-charged experience that touches not only patients, but also their care partners. Receiving a diagnosis and undergoing treatment can be both physically and emotionally demanding, resulting in the need for psychosocial support throughout the treatment process.

Solution: The design of the new ambulatory center sought to address these unique challenges by creating a personalized sensory experience for patients and their care partners from the moment of arrival by offering patients choice and control throughout their care experience. Within the infusion area, the space affords patients a choice of where they receive treatment. Treatment areas are broken into private, semi-private and communal areas, each offering a different level of personalization and psychosocial engagement.

Within each of these areas, interior elements were strategically selected to address sensory sensitivities associated with sight, sound, smell, and touch.



Semi-Private and Communal Infusion Areas, HKS, 2020

Natural light is infused throughout the department. Furniture solutions were utilized to create ultimate flexibility, allowing for ease of modification throughout the day and over time.

To inform the design, a comprehensive literature review was conducted to understand sensory sensitivities associated with cancer treatment. Parametric analysis was used to understand the impact of different layouts on patient and staff visibility and walking distance. Mock-ups were conducted with both staff and patient and family advocates to test and refine the design.

Results: UW Health, in collaboration with HKS, plans on conducting a comprehensive, facility-wide Functional Performance Evaluation 6 – 12 months after occupancy to assess the effectiveness of design strategies and establish new benchmarks within the organization. Given there is limited evidence to date linking the impact of design in oncology environments to patient and staff outcomes, findings from this occupancy evaluation will provide valuable insights for the design of future outpatient oncology environments.



Infusion P360 QR Code, HKS, 2020

Parkin Architects Limited

Health Sciences Centre, Women's Hospital
Winnipeg/Manitoba, Canada



EBD STEPS APPLIED:



Family Lounge-Birthing Unit,
Postpartum Patient Room,
Inpatient Unit Care Station
& NICU Family Lounge and
Sibling Play Areas, Tom
Arban Photography, 2019

Overview:

The new Health Sciences Centre (HSC) Women's Hospital is one of very few freestanding women's hospitals in Canada and was designed to consolidate multiple programs into a new, purpose-built hospital connected by bridge and tunnel to HSC Winnipeg. The programs were scattered across multiple sites and consolidation meant patients would no longer need to be transferred between buildings, and operational processes could be streamlined and duplication of processes eliminated. The existing buildings were seventy years old and were environmentally inappropriate for the care of fragile newborns and women.

Goal

To provide a patient-centered environment that is environmentally appropriate for the care of fragile newborns and women in a challenging northern climate.

Challenge:

Births occurred in the Maternity Pavilion; if the baby was admitted to the NICU, it was a kilometer away in the Children's Hospital. The Special Care Nursery and postpartum beds were located in the Maternity Pavilion so babies and mothers regularly moved back and forth. This impacted admitting and care processes as babies were kept longer in a nursery rather than subjecting them to transfer through the tunnel system with its noise, heat and bright lights. Because the program was fragmented by location, processes were often duplicated making it difficult to develop synergies between programs to improve patient care. Work arounds had developed that reacted to space pressures and were not patient-centered. The birthing rooms and C-section rooms were too small to accommodate a bassinet; so babies were routinely taken from their parents to other areas of the hospital for routine newborn care, causing parents to miss those first important opportunities for bonding.

Solution:

The designers tracked care processes, and met with community and hospital providers to ensure that staff voices were engaged and empowered to influence design decisions. They attended procedures, tracked patient and staff movements and reviewed patient intake processes to verify the programming principles. A series of goals for the project were developed:

1. Maximize connection to natural light recognizing climatic conditions,
2. Reduce unnecessary movement of patients,
3. Improve control of light and noise in the infant care environment, and
4. Consolidate outpatient activities to improve staff efficiency and patient experience.



HSC, Women's Hospital, Exterior View, Tom Arban Photography, 2019

The design team and clinical care teams completed searches for research for each of the goals. Preliminary studies on circadian lighting systems and noise were conducted. The project team worked closely with user groups including the care teams as well as the community to determine the design priorities and followed them throughout the design stages and during construction.

A study was conducted to determine the interior theme relative to the northern climate and the indigenous population who use the hospital. Community discussions resulted in two alternative themes being developed, one responding to 'wrapping' given through the care cycle and the other based on wildflowers native to Manitoba and resonating with the lifecycle. A survey of the themes was made available to the community and garnered an overwhelming response for the wildflower theme which was ultimately selected. This opportunity for the community to engage in the design process exemplifies the project's patient-centered care focus.

Results:

The building now serves as a one-stop shop for women's health and wellness needs. The new facility was the first in the province to offer all single rooms for patients. The design of the clinical spaces allows for staff and service flexing through staff corridors. Workflow optimization, along with the co-location of work areas and support spaces, reduces the overall walking distances for care providers and walking distances between departments.

The clinic modules are standardized and connected allowing for flexibility and future growth. The patient and staff experience was improved by providing access to natural light and views to nature through the roof garden seating areas, the central atrium stair, light-filled staff corridors, and onsite amenities including a café, staff lounges, and conference/education spaces for each department. Connectivity, flexibility, and sense of place make this building the catalyst for a wellness network.



EBD STEPS APPLIED:



Overview: SSM Dean's Fish Hatchery outpatient building had reached the end of its useful life and needed replacement. The SSM Medical group tasked HGA with a unique opportunity to optimize and redistribute services throughout the Madison network and determine the co-location of services based on market demand, desired service line offerings, and improved synergies.

Challenge: The existing Fish Hatchery was compromised in both special configuration and operational processes. Duplication of services across the region created redundancy, prevented optimization of real estate, and created inconsistencies in user experience.

Spatial Configuration – At the site level, the building was outdated, had multiple entries, and redundancy in check-in processes which led to wayfinding issues. Layouts varied for each department and all contained undersized patient care areas, fragmented staff areas, and lacked overall standardization, negatively affecting patient experience and staff productivity.

Operational Efficiency – Hidden staff areas and disconnections between service lines further increased the silo effect at the facility. Variable physician schedules, dedicated exam rooms, duplication of clinical services within the region, and redundancy in check-in/check-out processes all led to lower throughput, low utilization rates, and increased waiting times.

Thus the challenge was to design a new outpatient center and redefine operational functions, which required a cultural shift within the health system. Also, with the imperative for SSM Health to improve financial performance, efficiency was at the forefront of the planning process.

Solution: Defining the true needs of the user was key in finding holistic solutions for the project. The needs were defined using the six aims of the Institute of Medicine's (IOM) model, which helped in establishing "Critical-to-Quality" metrics around human experience, clinical outcomes, and operational efficiency. An interdisciplinary team was created during pre-design to establish the overall vision, goals, and objectives of the project in alignment with the organizational goals. The team was comprised of physicians, nurses, technicians, project managers, researchers, architects, and industrial engineers. Lean and mixed-method tools were applied throughout the evaluation and ideation process of the design.

Goal

To transform a traditional episodic outpatient care model into a team-based integrated setting, while enhancing the operational bottom-line and patient care delivery.

On Stage-On Stage Staff Core, SSM Dean, HGA 2019

Existing spatial barriers and operational conditions were evaluated qualitatively using Gemba walks and quantitatively using retrospective data (i.e., annual visits, throughput, utilization rate). A dashboard of annual patient visit data, and physician schedule variation provided insight into uneven utilization and lower throughput.

Staff surveys, per service line, were conducted to understand the correlation between design and clinical outcomes. These surveys captured exam room and workstation attributes at a granular level, e.g., natural light, noise levels, visual privacy, proximity to caregivers, and charting stations. To capture the needs of patients and family members, a patient advisory task force was established, and several focus group sessions were held. This data collected helped generate findings used throughout the project to inform decision making.

The ideation process of the design involved pilot testing design interventions with the continuous use of full-scale cardboard mock-ups and augmented reality from pre-design through design development. Ideating the prototype at full-scale was intrinsic to understanding the implications of the new design in terms of staff collaboration, productivity, and travel distance while enhancing the overall experience of the users. Pre-occupancy evaluation was initiated with a mixed-methods approach. Staff surveys, a patient questionnaire, and unobtrusive staff and patient shadowing tools were used for data collection at a primary care and specialty clinic to generate a baseline. This baseline will be used for an effective and true comparable post-occupancy evaluation to understand the impact of new design.

Results: The findings from the data collection led to creation of on-stage-on-stage spatial configuration for the clinics. The design aims to remove physical barriers and blur the lines between patient and staff zones and is hypothesized to achieve the following results:

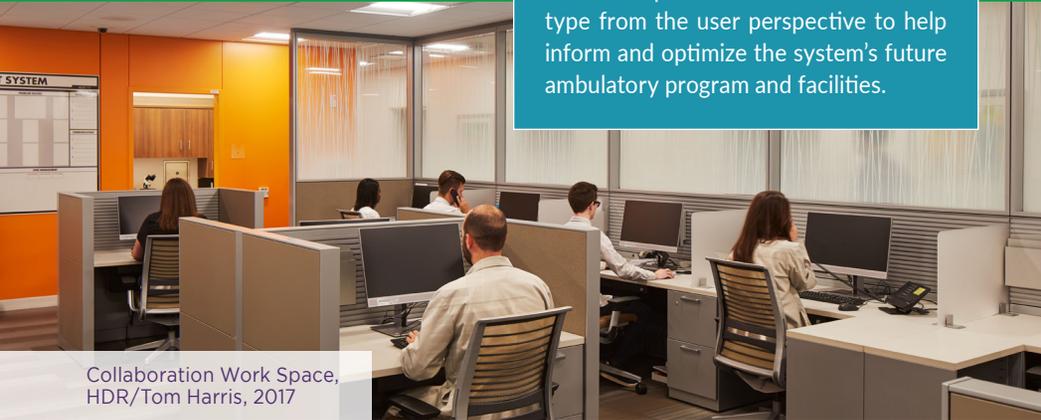
- Enhance collaboration amongst the caregiver teams and across service lines.
- Eliminate siloed episodic care and promote team-based integrated delivery of care.
- Improve staff productivity by providing access to daylight in the entire space throughout the day.
- Enhance patient experience by improved visibility of staff areas and ease of communication with the caregivers.
- Reduce the travel distance for caregivers and patients with co-location of services.
- Optimize room utilization with a universal, unassigned exam room model.

HDR

Advocate Aurora Health Ambulatory Clinics Study, IL and WI

Goal

This evaluation assessed two main clinic module designs—separate versus shared corridors—in the Advocate Aurora Health system. The goal was to identify and assess pros and cons of each module type from the user perspective to help inform and optimize the system's future ambulatory program and facilities.



Collaboration Work Space, HDR/Tom Harris, 2017

EBD STEPS APPLIED:



Overview: HDR is conducting a multi-site study including 11 ambulatory health clinics in Illinois and Wisconsin. At the time of this study, the newly merged Advocate Aurora Health System planned substantial growth of outpatient facilities, and the multi-method approach assessed differences in user perspectives about the effectiveness of two typical clinic module designs recently built by Advocate Medical Group and Aurora Health. A key design difference was the inclusion of a separate patient corridor for patients to navigate to exam rooms without entering staff space or having patients and staff share a corridor within the module to access exam rooms.

Challenge: In optimizing its future ambulatory program, the health system set goals including significantly improved construction and operational efficiency, and patient and staff satisfaction. Questions arose about pros and cons of two typical recently deployed core module designs. Searching for relevant evidence, only a comparison between clinics with a core team area versus a linear design with staff located away from exam rooms was found.

The existing evidence was somewhat in favor of a centrally located work area, but was not directly pertinent to the design question about separate patient versus shared corridors in modules with central workspace. Design concepts were clinic core module designs with either separate patient corridors or a shared corridor within the staff area. Although the separate

corridor design entails more square footage and thereby somewhat more construction and operational cost, they hypothesized that the separate corridor design would have valuable benefits including higher patient and staff satisfaction.

Solution: The study evaluated provider and staff experience in the two clinic types and preliminarily assessed patient experience using staff proxies. The modular clinic designs represent a previous cycle of the EBD process, and also serve as baseline measures for the next phase of clinic development. These clinics were created to support efficiencies in the design and construction process, to support care team collaboration and high quality patient care, and to allow for ample flexibility and adaptability.

Standardized spaces were deployed where possible, and there was a general focus on facilitating co-located workspaces for care teams—providers, nursing, and medical assistants—where this was culturally acceptable and promoted by local clinic leadership. Both separate patient corridor and shared corridor facilities were built, and allowed for study of this variable. The provider and staff study findings, along with patient satisfaction data, operational data, and construction and operational costs, are being weighed as variables to continue to optimize in new facilities.

Results: Across both core module designs, use of a core team workspace was positively related to increased collaboration around patient care and consequent perceived higher quality of care. Access to daylight in the core workspace was highly valued by staff.

Noise-related distractions were a problem for providers working in the core area in both clinic types, and providers noted a need for nearby quiet space for confidential phone calls and charting in both designs. Providers also noted a need for more spaces in the core to accommodate all team functions, including nursing and more than one medical assistant for some providers.

The separate patient corridor design offered fewer interruptions and distractions for providers and staff while working, and was perceived to be more protective of confidential patient data. At clinics that had separate corridors and some degree of patient self-rooming and where tracking technology is currently or planned to be used, there was little waiting room use, and staff reported that clients appreciated lack of exposure to others in the waiting room who might be infectious.

Add'l info: HDR is providing an integrated delivery model for ambulatory master planning, design and construction for Advocate Aurora Health. The Integrated Lean Project Delivery (ILPD) team serves as the A/E/C and clinical/operational consultant to support excellence in delivery of ambulatory care. Modular design can also reduce time and cost to implement a major facilities expansion program.



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The Evidence-Based Design TOUCHSTONE AWARDS

Presented by The Center for Health Design

Recognizing exemplary use of an evidence-based design process in healthcare projects.



For over 25 years the mission of The Center for Health Design has been – through research, education and advocacy – to transform healthcare environments for a healthier, safer world.

Key to that transformation have been healthcare administrators, architects, designers, educators and others who have applied an EBD (evidence-based design) process in projects throughout the world.

This award – a natural next step in the EBD progression – recognizes projects that have demonstrated the use of an EBD process in the pursuit of value – improving healthcare outcomes, safety, quality, operational performance, and the experiences of patients, families and staff.

- **Award levels** – Silver, Gold, and Platinum, each reflecting greater application of the EBD process.
- **Review by expert jury panels** – a cross section of key industry leaders.
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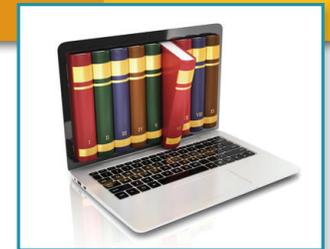
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