



Community Design Assessment for Landspítali University Hospital

March 19 - 23, 2007

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ASSESSMENT OVERVIEW

DATES OF ASSESSMENT VISIT:

March 19 - 23, 2007

PURPOSE OF VISIT:

Hospital Design and Cultural Assessment,
including Focus Group Sessions for the
purpose of developing a set of Community-
Supported Facility Planning
Recommendations

PLANETREE STAFF:

Susan B. Frampton, Ph.D.
President, Planetree
sframpton@planetree.org
203-732-1365

Randall Carter
Vice President, Planetree
rcarter@Planetree.org

Jeanette Michalak, R.N., APRN
Director, Affiliate Consultation Services
jmichalak@planetree.org

SECTION ONE: TOP DESIGN PRIORITIES

Introduction

The on-site assessment was conducted by a team of three Planetree staff members over five days. It consisted of a series of focus groups with patients and their families, hospital employees from various departments and levels of the organization, volunteers, physicians, and community representatives. The team also met with the Building Planning Group, the Minister of Health, and media representatives. In total, the team met with over 200 individuals during the assessment. Twenty-three one-and-a-half hour focus groups were conducted with a total of 188 individuals. Eleven of these groups were held with patients and their family members, one with the volunteer women's Ring group, two with physicians, seven with hospital employees, and two with representatives from the community. A detailed outline of the focus group topics is included in Appendix I and a transcript of verbatim participant comments has been provided in Appendix II.

The focus group sessions were well attended with an average of eight to nine participants in each session. This is an ideal size for focus group research, allowing adequate time for each participant to express their views. We were very impressed with the facility that most participants had with English, and even when a translator was available, most individuals conversed in English or members of the group would assist one another in translation. The groups were extremely productive. Participants were fully engaged and willing to share their comments, ideas and questions. Special thanks to the staff at Landspítali University Hospital who assisted in organizing the site visit, and particularly to the dietary services staff and Margaret for their support. This was an extremely well organized effort, as demonstrated by the successful participation rates in most groups.

Focus groups are an extremely important source of qualitative data for an organization. In addition to on-going satisfaction surveys that may be done with patients and employees, focus group data can aid in identifying trends, common feelings and concerns. It is an excellent forum in which to ask participants to share their ideas and suggestions for enhancements and improvements, which most mailed surveys are not able to do in any real depth. The use of neutral moderators and homogeneous group membership creates a safe environment that encourages the sharing of all sorts of suggestions, comments, and experiences, both positive and negative. An important goal in conducting these focus groups was to identify the priorities of the vested groups for the new hospital facility. At the same time, we were able to obtain feedback on the organizational culture and the impact this has on the patient, family and staff experience.

The feedback from the twenty-three sessions is organized by constituent groupings, i.e. patients, staff, physicians and community representatives. Within these groups there were common sets of experiences and therefore some consistency in their comments, preferences and ideas. This first section presents the top priorities of each of these groups in a brief summary format; the second section will elaborate on these priorities and includes verbatim comments that are representative of general feelings and consensus points among the participants, and the third section will present a set of specific design

recommendations for the new hospital that reflect the voices of Reykjavik patients, community members and hospital staff.

Top Priorities of Patients, Staff and Community Members

This section of the report document summarizes the top priorities that emerged within the various constituent groups in reaction to a set of patient-centered elements presented to them. The discussion was set within the context of how the new hospital being planned for Reykjavik could best support the health needs and desires of those it will serve. We also invited participants to share their suggestions for improving existing hospital facilities and services. While discussion focused on a broad range of elements of the organizational culture that influence the patient care experience in the hospital, particular emphasis was placed on preferences in the built environment. At the conclusion of each focus group session, participants were asked to reflect on the ideas and suggestions that had been considered during their group discussion, and to complete three statements:

- 1) These are the things that I think are most important and should be included in our new hospital.
- 2) These are some of the things I would like to see, but aren't absolutely necessary.
- 3) These are some of the things we talked about that I really would not want to see in our new hospital.

Participants were encouraged to express their priorities in either English or Icelandic. Over 90% were comfortable writing their lists out in English, and our translators translated the few that were completed in Icelandic. These responses were collected and a content analysis was conducted. The summary results below represent the most frequently stated elements. A full transcript of priority items from these lists can be found in Appendix III.

Top Priorities of Patients

- 1) These are the things that I think are most important and should be included in our new hospital.
 1. Single rooms and bathrooms
 2. Welcoming atmosphere (artwork, warm colors, soft lighting)
 3. Space for families
 4. Libraries for access to information
- 2) These are some of the things I would like to see, but aren't absolutely necessary.
 1. Food (healthy choices, children's menu, more flexible meal schedule)
 2. Gardens
 3. Single rooms
 4. Internet access

3) These are some of the things we talked about that I really would not want to see in our new hospital.

1. Sterile, cold rooms
2. Big/a lot of windows
3. Uncomfortable bunks for parents

Top Priorities of Hospital Employees and Physicians

1) These are the things that I think are most important and should be included in our new hospital.

1. Single rooms for all patients (with space and accommodations for family)
2. Good, healthy food choices in cafeteria
3. Warm, welcoming atmosphere (warm colors, soft lighting, less noise, more nature)
4. Easily accessible parking house
5. Space for families
6. Library/access to information

2) These are some of the things I would like to see, but aren't absolutely necessary.

1. Good, healthy food choices in cafeteria
2. Gardens

3) These are some of the things we talked about that I really would not want to see in our new hospital.

1. Carpets
2. Animals, pets in acute care setting
3. Cold, sterile environment

Top Priorities of Community Representatives

1) These are the things that I think are most important and should be included in our new hospital.

1. Warm, welcoming environment for patients and family
2. Good, healthy food choices in cafeteria
3. Privacy for patients

2) These are some of the things I would like to see, but aren't absolutely necessary.

(There was no consensus among the community representatives.)

3) These are some of the things we talked about that I really would not want to see in our new hospital. (There was no consensus among the community representatives.)

Top Priorities of All Participants

When we grouped all of the data gathered from each participant, those elements most often listed included the following:

1) These are the things that I think are most important and should be included in our new hospital.

1. Single rooms for all patients (with space and accommodations for family)
2. Warm, welcoming atmosphere (warm colors, soft lighting, less noise, more nature)
3. Good, healthy food choices in cafeteria
4. Space for families
5. Library/access to information

These are the things that I think are the most important and should be included in our new hospital:

Patients

1. Single rooms and bathrooms
2. Welcoming atmosphere (artwork, warm colors, soft lighting)
3. Space for families
4. Libraries for access to information

**Hospital Employees, Volunteers,
Physicians**

1. Single rooms for all patients (with space and accommodations for family)
2. Good, healthy food choices in cafeteria
3. Warm, welcoming atmosphere (warm colors, soft lighting, less noise, more nature)
4. Easily accessible parking house
5. Space for families
6. Library/access to information

Community Representatives

1. Warm, welcoming environment for patients and family
2. Good, healthy food choices in cafeteria
3. Privacy for patients

<p>Patients</p> <p>Hospital Employees, Volunteers, Physicians</p> <p>Community Representatives</p>	<p><u>These are some of the things that I would like to see, but aren't absolutely necessary:</u></p> <p>1. Food (healthy choices, children's menu, more flexible meal schedule) 2. Gardens 3. Single rooms 4. Internet access</p> <p>1. Good, healthy food choices in cafeteria 2. Gardens</p> <p>There was no consensus among community members.</p>
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These are some of the things we talked about that I really would not want to see in our new hospital:

Patients

1. Sterile, cold rooms
2. Big/a lot of windows
3. Uncomfortable bunks for parents

**Hospital Employees, Volunteers,
Physicians**

1. Carpets
2. Animals, pets in acute care setting
3. Sterile environment

Community Representatives

There was no consensus among community representatives.

**Patients, Hospital Employees,
Volunteers, Physicians and
Community Representatives**

These are the things that I think are the most important and should be included in our new hospital:

When we grouped all of the data gathered from each participant, those elements most often listed included the following:

1. Single rooms for all patients (with space and accommodations for family)
2. Warm, welcoming atmosphere (warm colors, soft lighting, less noise, more nature)
3. Good, healthy food choices in cafeteria
4. Space for families
5. Library/access to information

SECTION TWO: FOCUS GROUP RESULTS

Expanded Commentary from Focus Groups

The following expands upon the priorities listed in the section above, providing additional focus group feedback specific to major areas of discussion. The information is grouped in three categories: 1) Perceptions of Patients and Their Families, 2) Perceptions of Hospital Employees, Physicians and Volunteers, and 3) Perceptions of Community Representatives. Within these categories, responses are organized under headings including Access to Information, Family Support, and Healing Environments. Actual verbatim comments from participants that represent common points of view expressed in the various groups are included. Some quotations may be composites.

A. Perceptions of Patients and Their Families

Access to Information

The facilitated discussion in each of the patient/family groups began by focusing on their perceptions of information access in the hospital environment. Several examples of patient-centered practices were presented, including open charts, patient pathways, patient libraries, and comprehensive discharge information.

When asked what their own experiences had been around access to the information they felt they needed or wanted while at the hospital, several themes emerged. Many patients and family felt that they did not receive enough information or education necessary to understand what was happening to them or their loved one in the hospital setting. When they were provided with good informational literature and booklets, they were very appreciative of this, and several patients mentioned the black filo-fax binders they were given in oncology, as well as the adequate pre-surgical information. Discharge information was felt to be a problem. Many patients reported that they had very little information provided to them upon discharge and were not sure what to do or how to take their medications.

Most patients, parents and family members liked the idea of being able to read their own medical record and test and procedure results, both when they or a family member was in the hospital, as well as having a copy afterwards. There were concerns about whether they would understand some of the information and the Latin terms, and preferred to have a nurse or doctor review it with them. They also favored the idea of the Patient Progress Note, where they could chart on themselves and their experience in the hospital.

Almost all of the patients and family favored the idea of some sort of patient resource centre, where someone could guide them in finding credible health information. While most are comfortable searching the Internet, they feel overwhelmed by the amount of health information they find there, and are unsure of its quality. Everyone agreed that in

the future, access to computers and electronic information would be paramount at the patient's bedside, in a patient library, and from their homes following discharge.

Another concept that the majority favored was the Patient Pathway. Patients felt that for every common diagnosis, a handout with a set of next steps and expectations should be developed. This information handout could be provided to them or a family member, and this would help to alleviate fear of the unknown. Many liked the idea of being able to "follow along" and know what to expect next, what common medications might be used, what sorts of tests might be done, and how long they might be in the hospital.

Common observations, issues and suggestions included:

- ◆ "We got the little black book – they are always improving it. It tells us side effects and when to take medicine."
- ◆ "When my daughter was diagnosed I could not get any information on what it was, they just said 'it is NF'; then she was flown to Walter Reed and they provided me with all of the information I needed."
- ◆ "I had a very bad experience; I was discharged with no information at all. The hospital is being run by smart people who understand research and don't focus enough on the human side."
- ◆ "The Internet is good, but you don't know which information is good or bad. I think it is a good idea, the patient library, you could do some research, get some assistance and know what questions to ask."
- ◆ "Internet café with health-related books and videos as well– that would be interesting for visitors and patients."
- ◆ "I like the idea of both open charts and a place for me to make notes in my chart with my questions, because I forget the important things I want to ask about when I see my doctor."
- ◆ "The open chart would have the benefit of having the parents able to explain to the child their progress and what lies ahead."
- ◆ "I often wondered what they were writing (in the chart). I have been desperate and thought they might be writing this lady is loony; give the mom 2 mgs of this or that to calm her down."
- ◆ "It is always better to have more information, and it is up to you to make your own choices about treatment; you should not just depend on the doctor."
- ◆ "The doctors and nurses have not been educated enough about what it feels like to be a patient in a hospital. They are not as helpful as they should be."

- ◆ “I think that the staff here should offer as much information as they can because a lot of us are intimidated by the professionals and afraid to ask questions.”
- ◆ “My husband has cancer of the prostate. I wanted to know a bit about the disease and what to expect when he came home. I was considered to be a bit annoying and like an angry uptight person.”

Family Support

The next area for discussion focused on patient/family perceptions of the appropriate role of social support in healthcare environments. Examples of ways in which families could be involved to support the needs of their ill loved ones were presented to the groups to elicit their reactions and ideas. Examples included patient-centered practices such as 24-hour patient-directed visitation, care partners, family presence protocols and family spaces in the hospital environment. When asked what their own experiences had been around access to family and friends, several common experiences were described by many participants. They felt that staff welcomed families and appreciated their assistance, but that there was not adequate space for them. Many shared stories of not being able to have their family stay with them when they wanted because it would have been disturbing to their roommates. The new mothers in particular were very unhappy that they could not have their partners stay overnight with them unless they had an uncomplicated delivery and could stay in the Nest.

Most wanted access to their loved ones and discussed the benefits of having family stay with them at the bedside; at the same time, they shared many a disturbing story of being in wards and multi-bedded rooms and being disturbed by the family and visitors of the other patient(s). They did not feel that the present hospital environment was conducive to a family-centered care model. Most felt that in order to fully support the needs of patients and families to be together, additional spaces would be required in the new hospital. Single rooms were the number one suggestion in promoting family support and involvement. Other suggested spaces included kitchens/lounges/recreational/social areas on each unit or floor that patients and families could access.

Another theme that emerged was the sense that professional staff did not always respect the knowledge of the parent when it came to caring for their own child. Some parents felt that when their child was in the hospital, staff should respect the fact that they know their child best, and should be listened to.

Some patients and family expressed their need and desire to have volunteers available to give them a respite from caring for their hospitalized loved one, particularly the parents of pediatric patients. They are expected to stay and assist with their child, and this can become a hardship. They would like to see volunteers recruited and trained to sit with their children so that they could take breaks. People liked the idea of establishing volunteer programs in which high school and college students could receive credit for spending time helping out at the hospital. Several participants noted that they had

approached the hospital about volunteering and were not encouraged, or were told there were no opportunities to do so.

Many spoke of the need to have an advocate when you interact with the healthcare system, and that family often fills this roll. They wanted a family member to be present at meetings with the professional staff to be another set of ears and eyes at a time when they might not be able to comprehend what is going on.

There was a great deal of discussion of the lack of support that family members are provided by the institution, especially in terms of the small things; such as being able to get a meal tray when they are with their loved one, or easily accessible parking when they may need to come and go several times in the course of a day.

Finally, several focus groups discussed the potential to develop patient counsels or advisory groups to provide guidance and input on an on-going basis to the hospital. They felt this could be an effective way to continue to provide the patient's perspective as Landspítali plans for the future needs of the greater Reykjavik community.

Comments and suggestions included:

- ◆ “My husband was in the room the whole day, and when they decided to do the C-section, he could not stay with me. He just sat there alone, he wasn't told where to go to wait for me.”
- ◆ “I don't see why they should kick out the father, why can't they stay; it's the same procedure they are doing whether I am awake or asleep for a C-section.”
- ◆ “Parents should be able to get food trays, even if we have to pay for it.”
- ◆ “If your child is in ICU you can not sleep at their bedside, they need to have a bed for parents.”
- ◆ “The concept of supporting the parents in order to support their children is missing here.”
- ◆ “I was told to leave the room in ICU when they intubated my son; they said they wouldn't do it until I left. I've been there for that before, but they would not listen to me; it was horrible.”
- ◆ “I would like to see volunteers come into the Children's Hospital to relieve a parent, so you could get a break. Help to entertain the children.”
- ◆ “My son had gotten sick from this medicine in the past, and I told the staff that, but they would not listen to me; they gave it to him and he got sick on it. Professionals need to respect that I know my child better than they do.”

- ◆ “You have this feeling that you are the specialist on your kid, you know them best. And some doctors don’t respect your knowledge of your child.”
- ◆ “The parents are feeling like they are broken also and they need someone to help them.”
- ◆ “The family can come and visit, but they can’t stay with you, except out in the hallway. They might disturb the other people in the room.”
- ◆ “When you are very sick you need support from your family. The staff hasn’t got time. You need to have someone look after you and make sure that everything is being done.”
- ◆ “My thought is there is a psychological benefit to having my family around me after a difficult experience. I think it is crucial.”
- ◆ “They have a little cot bed (in pediatric psych unit) but it is not good; it is always hard to sleep in a hospital and to have a child there.”
- ◆ “It used to be just one hour in the afternoon that family could come, but now it is 24 hours except if you are in a room with others, than you can’t have your family at night. The hospital is not set up to support families being here.”
- ◆ “Research shows that family is extremely important; having your family can shorten the healing time. It is economical and the hospital should have single rooms in the new facility to support this.”
- ◆ “Privacy is also important. You cannot just have curtains in between patients; you need more privacy to speak to your family in private.”
- ◆ “I think we should focus on having the hotel space in the hospital especially for those who come from outside of this town. There is no place like that and it costs a lot.”
- ◆ “When I was here I wasn’t allowed to be with my husband. It was a small department and some people were just lying there and were going to be there for a lot of time. I complained a bit that my husband didn’t get attention and then I was allowed to be with him a bit more.”
- ◆ “My wife was diagnosed with cancer and I have been allowed to be with her. I have gotten good information on how to help her.”
- ◆ “I like the idea of Planetree of having several small kitchens that both family and patients could cook and prepare meals. And having volunteers baking would be wonderful.”

- ◆ “More volunteers and a place for volunteers to have activities with patients. Students who can get credit for the volunteer work that they could do here.”
- ◆ “I have offered my assistance for years to conduct support groups or to meet with other patients that have a similar problem to mine, but nothing has happened.”
- ◆ “I offered to volunteer, but they told me there were no volunteer opportunities.”

Healing Environment

The topic of the physical environment was an important focus of each of the groups, given the opportunity presented by plans to build a new hospital, and so a good deal of time was provided to capture participant ideas and priorities. A series of photos were shared from a number of hospitals noted for their healing environments, and patients were asked to comment on them. Examples included hospital exteriors, entrance areas, patient rooms, signage, parking, noise control, healing gardens, interior elements like color, lighting, finishes, and waiting and registration areas. When asked what their own experience of the hospital environment has been, a wide variety of opinions and preferences were shared. The areas they most commonly focused on included parking difficulties, lack of privacy in registration areas, uncomfortable waiting areas, lack of privacy and family accommodation in patient rooms, and the need for more social spaces in the facility. Participants had suggestions for the existing hospital, as well as ideas for the new facility.

PARKING AND SIGNAGE

The topic of parking elicited common feelings that parking was not adequate, the new meters were too expensive and there needed to be parking spaces convenient to the entrances for patients who were ill and could not walk in the cold weather. A few participants noted that the metered parking had helped the situation, and for those who didn't mind paying this was a positive option. Many felt that the metered parking should be free for parents coming in labor to have a child. While many people liked the concept of valet parking, they were not sure whether people would be willing to pay for it. They did feel that it should be investigated, given the present frustrations of driving around and around looking for a space.

Many patients felt that signage was confusing and insufficient, and that it was difficult to tell where the entrances were if you were unfamiliar with the buildings. They felt that there needed to be bigger, clearer signs at the entrances and main lobbies of the existing facilities

Patients and family members would like to see underground parking in the new facility, with multiple levels and a convenient way to get into the building without being exposed to the elements. They liked the idea of shuttles or golf carts that could circulate to pick people up from farther parking spaces, and that these carts could perhaps be driven by volunteers. They would like to see parking that is well-signed and aligned with the

appropriate entrance for the service they require (i.e. ambulatory care parking spaces near a separate ambulatory entrance, emergency room parking near a separate emergency entrance, etc.). They also felt that themed parking areas that correspond with themed areas of the hospital would be helpful; i.e. if the ambulatory surgery wing has a theme and signage such as geysers, then the parking adjacent to this area should use the same symbols and colors.

Some common ideas and suggestions included:

CURRENT FACILITY:

- ◆ “If there is valet parking it would be the best idea possible – you wouldn’t have to worry about parking at all and it would be less stressful.”
- ◆ “I am very pissed that when we arrived, I had to pay for the parking lot, and my husband paid at the meter, and my water broke, and the ticket blew away, and it was annoying. And then we got a parking ticket.”
- ◆ “I lived in Denmark for 10 years, and for the parking lot there you get a voucher for your next visit so you don’t have to pay for parking.”
- ◆ “The parking has improved; I just arrived here and got a spot but I have to pay for it.”
- ◆ “Even the ambulance entrance there is no shelter.”
- ◆ “There is only one parking space for invalids in the ER lot. There are 3-4 out here for this big hospital.”
- ◆ “There were 30 spaces for parking for oncology patients when we came for treatments but they are gone. This is important when you have difficulty walking.”
- ◆ “It is hard to find the entrance. It has the same name as the shopping mall. It is not good enough.”
- ◆ “There are no markings on the carpark and parking is a big problem here, you drive around and around for a half an hour; all of the long term spaces are taken by the staff, and only the meters are left.”
- ◆ “Patients should not pay for their parking spaces when they come here three to four times per week.”

NEW HOSPITAL:

- ◆ “It would be best to have choices, for valet or a shuttle to pick you up.”
- ◆ “Patients are walking a long way in bad weather. Maybe under the ground parking and you could take a lift up.”
- ◆ “If there is valet parking it would be the best idea possible – you wouldn’t have to worry about parking at all and it would be less stressful.”
- ◆ “I would like to see the signs built into the floors. I was in a hospital where they used different colored lines and I liked that.”
- ◆ “Have a ‘heart’ symbol for cardiology area, a ‘crab’ symbol for the cancer area since crab is the word for cancer in Icelandic.”
- ◆ “The theme is so clever for signs and the different floors. A butterfly floor! Especially in a children’s hospital.”

HOSPITAL ENTRANCES

We shared a wide variety of photos of hospital entrances from hospitals in the U.S., South America, Canada and Europe, and asked for patients’ reactions and preferences. Several very clear themes emerged: most patients wanted to see very clearly marked entrances, lots of natural light and windows, trees, plants and other soothing elements such as fish tanks and water features, as well as people to greet you and help you find your way. They preferred a more modern look, with Scandinavian design elements of light-colored woods and warm paint tones, but not too much glass, given the intensity of the sunlight in Iceland. Many also felt that the new building should be built up, with multiple floors, versus spread out. Many felt that the existing plan with just four to six floors was not ideal and preferred to see more floors and fewer spread out spaces. Many liked the look of red brick in part because of the warm color, and did not like photos of white or metallic buildings. They focused on the need for entrances to be open, airy, and uncluttered, with clear signage, and possibly little shops for retail items, food and beverages. Many liked the idea of a café or restaurant in the entrance with inviting furniture groupings for families and colleagues to gather. They felt that the existing entrances are rather drab and dark. There was also support for hotel rooms in the hospital to accommodate family, visitors, and patients who might want to come to the hospital the night before a procedure.

- ◆ “This photo is a little bit like our airport with the glass, I like it, glass and trees, small chairs.”
- ◆ “The glass houses are very modern. It is like outer space. It is not very hospital-like.”

- ◆ “I would like shorter walking distances between things, multiple floors with elevators instead of all spread out. Also separate spaces for patients. Don’t transport patients in public areas.”
- ◆ “Water is soothing and nice. I think it would be healing to have water in the entrance.”
- ◆ “You do not feel welcomed when you come in the lobby here, it is very cold and impersonal. I would like an open, communal area for eating and services like cafés.”
- ◆ “Will there be a hotel in the new hospital? I was at one and it was wonderful.”

WAITING AREAS

We asked patients to share their thoughts about waiting and waiting spaces in hospital environments. They were very concerned with the current lack of privacy in waiting and registration areas and want to see that addressed in the new hospital. While this is not currently a common practice in Iceland, many patients were interested in the idea of issuing roaming pagers, so that they weren’t tied to one specific area while waiting, but could potentially circulate, visit the cafeteria. Others felt that calming elements such as fish tanks would be perfect in waiting areas instead of televisions. They mentioned the beautiful fish tank in the Children’s Hospital. Still others complained about the spread of germs in waiting areas, and particularly in the emergency room, due to there being no separate areas but one large open space. They would like to see separate waiting areas for the well and the sick. Internet access in waiting areas was also favored.

- ◆ “The ER, where you come in, there is no privacy; it is disrespectful when someone is in their agony to have people in the waiting room listening to everything, this needs to be changed.”
- ◆ “When I was waiting for my surgery I was waiting in a chair on the unit and was seeing women going to take a shower two days after their surgery. That was horrible.”
- ◆ “Separation of well and sick people in waiting areas is good, and we need more privacy in waiting areas too.”
- ◆ “I think that is more personal to have a person in reception who is not behind glass.”
- ◆ “If you had the technology that they have in airplanes it would be wonderful – listen to music, watch a movie/the news – you can choose your own volume.”
- ◆ “I think Internet access is good in waiting area. An Internet café!”

- ◆ “The thought of having a massage in the waiting room would be delicious. If I had a massage during my asthma attack maybe my attack would go away – it couldn’t hurt!”
- ◆ “The waiting room here is horrible. It is very small. It is like a box. When you are a cancer patient it is depressing.”
- ◆ “Have staff introduce themselves on a poster and add if they have a hobby and something personal. Otherwise they are just people in white gowns. I have been in a hospital where this was done and I was waiting and meanwhile I was reading about this nurse and that she was a gardener and we had something in common. That is a nice idea.”

PATIENT CARE AREAS

The strongest feelings were evoked when the topic of single versus semi-private and ward rooms was discussed. The vast majority of patients would prefer to see single rooms in the new hospital. They felt that it would be beneficial to their ability to get rest and sleep in the hospital, provide better accommodation for helpful family members, protect their privacy, and decrease infections potentially spread between roommates. Several patients pointed out the desire for social interaction while in the hospital, and felt strongly that if all single rooms were designed into the new hospital facility that each unit should also have a social gathering area for patients and visitors to spend time together if and when they choose to. Many also discussed the desire for a bathroom with shower in each room, again citing concerns about germs in shared toilet and group shower areas, as well as privacy concerns.

Patients also liked the idea of decentralized nursing stations. They felt these would put the staff closer to the patients, inspire confidence, and alleviate anxiety.

- ◆ “I was there for five weeks and it was very difficult to be in a room with someone else. I got a single room and it was fantastic.”
- ◆ “I would have missed the company from the next bed.”
- ◆ “I shared a room with a patient in the ER with a contagious disease, I thought it was a terrible thing.”
- ◆ “Those who are staying in the hospital for a long time should have their own room; otherwise it is like living in a train station!”
- ◆ “It is talked about in the community about places for the elderly. They have to have four, five or six people together and no one is happy about that.”
- ◆ “It would be very positive to have a toilet (in ICU).”

- ◆ “I think these would be very good (decentralized nursing stations). It would be a good idea to have them more spread out. You would be able to find someone.”
- ◆ “The nurses are behind glass in a room; the children aren’t allowed in there – we aren’t either. There is a big need for change – the people are really tired and they have so little space and work area.”

Additional suggestions about the patient care areas included a desire for gardens or plants indoors in not only the entrance and waiting areas, but in the social spaces on patient care areas. Family mentioned the need for separate elevators for patients and visitors if possible for the new hospital. They commented on how crowded the elevators are with a stretcher on them, and that everyone stares at the patients.

- ◆ “The elevators are terrible, no space on there if you have a stretcher on there. Could staff have their own elevators, and other ones for visitors?”

OUTDOOR SPACES

Many people talked about a desire for gardens and outdoor spaces. At the same time they realized that the weather would make such areas limited. They ideally wanted to see “outdoor” spaces that could be under glass or interior courtyards that gave the feeling of being outside, but protected from the weather.

- ◆ “I visited a friend last year and he needed to go out and there was no place to take him except the car park. It was spring or summer and a little garden to sit outside for awhile would be nice.”
- ◆ “That is very beautiful – hospital with interior park. Outside the weather is not so good.”
- ◆ “I like the meditation garden that is enclosed. That would be perfect here.”

INTERIOR ELEMENTS

We introduced the concept of softening the interior environment of the hospital through thoughtful choices of colors, finishes, lighting and attention to noise-reducing features. Making the technology in the hospital setting less frightening and more “patient-friendly” appealed to patients. Participants were intrigued by many of these ideas, and shared their own experiences in the current hospital setting. They would like to see a warmer, more home-like setting created, whether by simply using colored paints on the walls, adding lamps and decreasing the use of overhead fluorescents, or adding ceiling art. They also felt that noise from overhead paging and staff communication needed to be addressed. They did not like bright, white overhead lights, and would like to see more lamps and dimmer switches available in the new hospital.

There was a notable preference for curved versus straight lines in the facility. Many participants preferred photos with curved halls, curves in the flooring, and curves in cabinetry.

When discussing flooring, patients understood the advantages of soft flooring such as carpet for noise abatement, but had concerns about cleanliness. Most believed it harbored germs and aggravated allergies.

Other suggestions for the patient rooms or waiting areas included televisions that are mounted higher on the walls to accommodate patients who have to lie on their backs.

- ◆ “I like light colors on the walls; it is not necessary to have all walls in a hospital white. It is more homey to have colors on the walls.”
- ◆ “The colors must be light and warm and not so many things about.”
- ◆ “It is the feeling when you walk into those rooms (with back lit ceiling panels); you don’t feel so sick.”
- ◆ “I don’t like bright white lights. Have a dimmer on the lights.”
- ◆ “Put a TV in the ceiling of the room; you are always looking up, lying down.”
- ◆ “Have something nice to look at when you are lying there. We have very little art.”
- ◆ “Curved versus straight walls– straight is less personal; curves are more personal.”
- ◆ “This kind of hospital that is healing affects people who are trying to heal themselves. It is not only the doctors and nurses; you have to be a person who is playing along.”

Other Areas of Comment

In addition to the comments listed above, patients had comments and suggestions on several other topics that they wanted to share.

FOOD:

In particular, they had very strong feelings about the food served in the hospital. Many felt that it was almost inedible, and had family bring food to them, or ordered take-out food to be delivered. Due to the fact that all of the food is prepared in one location and brought to them from this location, they reported that the food is always cold and even more unappetizing. They suggested that each facility should have and use its own

kitchen, and that the kitchen should be available to families and patients who wish to prepare their own meals.

Other patients complained about the rigid access to food, and that if a patient missed a meal because they were sleeping or out of their room for some reason, that they could not get something to eat until the next meal was served. They would like to see a menu available for patients to be able to choose between several entrees.

- ◆ “The food is made for 5000 people and there are no spices; we need a way to spice up the food, or a place in the hospital where you can buy your own food. It’s all bread or bad fruit.”
- ◆ “Why don’t you have a menu to choose your meals? Be able to choose between two to three things.”
- ◆ “I don’t touch the food here; I have food brought to me.”
- ◆ “I fell asleep during breakfast, and they would not get me anything when I woke up, they said breakfast is over, I had to wait for lunch!”
- ◆ “Children that are hyperactive are running a lot through the place. They are given sweets from the bakery five days a week that contain a lot of sugar. My son is insulin dependent and he doesn’t eat it; he throws it.”
- ◆ “There is a kitchen here (rehab), but they do not use it in order to save on cost, and now physiotherapy wants that space. We need to re-open this kitchen.”
- ◆ “I like the idea of Planetree of having several small kitchens that both family and patients could cook and prepare meals. And having volunteers baking would be wonderful.”

FEELINGS ABOUT STAFF:

There were many positive comments made about the staff of the hospital, and how compassionate they were. The new mothers had many compliments for the maternity staff. There were also suggestions for improvement, particularly in the way that doctors treat patients and family. While most patients didn’t mention the residents and interns, parents of pediatric patients did say that they were not comfortable unless a specialist treated their children.

- ◆ “The midwife that delivered my baby was the one who visited me in my home afterwards and that was very good.”
- ◆ “The facilities are very bad but the staff is great.”

- ◆ “You can’t get a second opinion here. I tried to get a second opinion, and the doctor called me up to yell at me.”
- ◆ “When I bring my child into the ER I won’t let a resident touch my daughter. I’ll talk to them but they don’t touch her. I always insist on a specialist.”

MISCELLANEOUS

Other areas of concern focused on the long wait times for pediatric services, especially psychiatry services.

- ◆ “This discussion (of long wait times for pediatric psychiatric services) always pops up in the news and people talk about this problem. Some children have to wait up to a year or up to two years to be hospitalized.”

B. Perceptions of Hospital Employees & Physicians

Access to Information

The facilitated discussion in the five groups composed of hospital employees, volunteers, and physicians began by focusing on their perceptions of information access in the hospital environment. Several examples of patient-centered practices were presented, and participants were asked to share their thoughts about how to improve information and education for patients. The themes that emerged centered on the need to provide more information to patients and families, particularly via the Internet. Staff felt that patient pathways would be of great benefit, as well as a patient/community health library. They realized that staff and physicians do not have enough time to fully inform and educate patients and that additional resources are needed that encourage patients to take an even more active role in accessing information themselves. The physicians suggested staffing a patient library with rotating medical students.

Staff and physicians were also very interested in the concept of open charts and of patient progress notes. They felt that if patients could chart on themselves, this would be a good way to further engage them in their own care. At the same time, some physicians were concerned patients might not understand the medical chart, and that it would be important to have someone available to interpret it for them. Physicians also acknowledged that currently some of the opinions entered into the chart may not be appropriate, and that an open medical record policy would encourage them to be more thoughtful about what they write in the chart. They thought that it would be important for them to have some time to adapt their charting before a policy was put into place.

Common issues and suggestions included:

- ◆ “We do a lot on the Internet, so I don’t know if a library would be used.”

- ◆ “Maybe if it is a mix of a waiting area and a library they would use it while they wait for a loved one. If we had the access they might use it.
- ◆ “A library as a diversion when people have to wait. There are magazines there but the wait is long and that is not enough. I think it is important to think about the relatives and patients too and have a place where people can go together to look up information.”
- ◆ “A place like Barnes & Nobles, with a coffee shop, computers, and use medical students to staff it. This is a great idea!”
- ◆ “In the oncology field we have an outpatient clinic and we have discussed having a place like this as a support center as well as a library. This is a good discussion for specialties.”
- ◆ “We use them (patient pathways) for staff now, but not for the patients. I think it should be on the computer; it should be live. I think we should be able to change it ourselves and use the spell check.”
- ◆ “This is something that we really need to improve with a new hospital or not! We know what the plan is. Probably we can discharge earlier if the patient knows the plan. We need to start from the moment he is admitted.”
- ◆ “That (open charts) is very interesting; I think it is a very good idea. The problem is going to be the medical staff and nurses and not the patients. I think it will be the time it takes to explain things to the patients. It is what the hospital expects us to do.”
- ◆ “It’s a good thing, and we don’t have that (the open medical record). I think this is a good thing because as a nurse you write down things you are not supposed to in the chart and this would make us be more careful. I like the opportunity for the patient to write in their own notes.”
- ◆ “I think we should take this one step further; I would like it to be more interactive for our patients so they can enter things into their chart.”
- ◆ “I support that; when patients come in they can update their data. It would be a better patient record.”
- ◆ “I think a nurse or doctor needs to go over the record with the patient.”
- ◆ “We are talking about encouraging patients to be responsible for their health care and wellness. It (open charts) would help them to make responsible choices. It could even help prevent mistakes; it would keep everybody on their toes.”

- ◆ “I think there is support for open charts, but that doctors should have a period of time to adapt their notes and the way they chart, to prepare for patients being encouraged to read their charts.”
- ◆ “I think it would be very interesting (to do nursing documentation at the bedside) because they find out about their care. 3-4 times a day may be too much but 1-2 times might work.”

Family Support

The next area for discussion focused on patient/family perceptions of the appropriate role of social support in healthcare environments. Examples of ways in which families could be involved to support the needs of their ill loved ones were presented to the groups to elicit their reactions and ideas. Examples of patient-centered practices were presented to stimulate discussion. Generally, staff recognized the importance of family being present to support their loved one. However they noted that the present facility makes it impossible at times to allow this. They find it challenging to balance the needs of one ill patient and their family with other patients in the same room and their needs for privacy and rest. They felt that the new facility would need to better accommodate family members right in the patient rooms, in part because anticipated nursing and other professional and support staff shortages will make it necessary to rely more on assistance from families in the future. The physicians in particular liked the idea of family “care partners”, a family member who is designated to help the patient and to be involved in their care while in the hospital, and kept informed about the plan for the patient. They felt this could be a good way to more fully engage family in the care process and in planning for the patient’s eventual discharge.

Staff also felt that additional volunteers would be extremely helpful in many areas of the hospital. Discussion focused on the possibility of working with the local schools and colleges to provide credit to students who do volunteer work at the hospital. This could be a very successful recruitment strategy to increase volunteerism.

Representative comments included:

- ◆ “Basically most of our rooms have two to four patients. It makes it difficult – you want to have the family by the patient’s side but you have to think about the other patients.”
- ◆ “We ask them to stay overnight when the patient is critically ill and there is no one else in the room.”
- ◆ “We have a double bed and baby stays in one of the units. This is available only for healthy women who are planning on going home in 24 hours. It isn’t available for women who have had c-sections – the husband can’t spend the night.”

- ◆ “We need volunteers; there are none except in the children’s wards. It is mainly older women and that is fine as far as that goes. We need some young people to visit the patients. It isn’t paid though.”
- ◆ “This is a very good idea, care partners, I often dream of getting the families more committed toward the patients that we are trying to discharge. I often feel that we think the system should take care of this, and we need more involvement of the family in the patients care. It would be good for the community and the society.”
- ◆ “I think family support is one of the most important things.”
- ◆ “That is really practical if people need to stay (pullout couch).”
- ◆ “It is common in OB/GYN for relatives to spend much time in the hospital with their family members. We need to build a hospital with room to accommodate this.”
- ◆ “I have complained about how partners are asked to leave while they are having anesthetic, this is very stressful for the woman. So they are not allowed to stay for that time and it makes no sense. I have talked to the anesthesiologists and they are thinking about it.”
- ◆ “I would like to add, for better or worse, in the future we need to rely on more family members due to a shortage of staff. There will be a shift in how care is provided.”
- ◆ “I think it is very important to think of the family as a unit. We have that with children and we need to think of it on other units too.”

Healing Environment

The topic of the physical environment was given special emphasis in the sessions, and staff and volunteers were asked to comment in detail regarding their thoughts about the new hospital design. The same series of photos from a variety of hospitals noted for their healing environments were shared, and participants were asked for their reactions. Their feedback is presented below under several major categories.

PARKING AND SIGNAGE

Staff felt that parking was a terrible problem for patients, visitors and staff. They favored underground parking for the new hospital. They felt that attention to the present parking problems was needed as well, and that signage in particular could be improved now. They felt that it is not clear where the main entrance to the hospital is now, and better signs would assist patients and visitors to find the areas they need to go to.

When we discussed valet parking and shuttles, staff was divided on whether Icelanders would be interested in valet services. Some felt that people would not be willing to pay for this service or turn their cars over to a stranger to park. Others felt that it was worth exploring.

The staff is frequently asked by patients and visitors how to find various locations, even when there are signs for those locations. They believed that the use of symbols and pictures would be helpful in addition to listing department names.

- ◆ “It is very difficult to park here; it is a nightmare for patients, families and staff.”
- ◆ “Free patient valet parking and separate parking for patients and staff; multilevel parking.”
- ◆ “Icelandic people would not be interested in this.”
- ◆ “Remember staff needs to have good access to the hospital. Happy staff who do not have a problem parking would be an asset.”
- ◆ “Patients get lost! They don’t read the signs – I don’t know why – they are right in front of their faces.”
- ◆ “Maybe like the x-ray would have a green line and another clinic would have a red line.”
- ◆ “When I am traveling and looking at hospitals I think it has to be clear - where is the main entrance?”
- ◆ “The stone “mile stones” could be incorporated into the entrance, and into the signage in the building.”
- ◆ “It would be a good idea to have pictures like geysers to find your way.”
- ◆ “All of us know about the problems so why don’t we fix it right now? What is wrong with our culture? We still have signs from before the merger.”
- ◆ “I bought some very nice signs that said, turn off your engine – I put them outside here and I was prohibited from using them when it was time to set them up. Instead we got ugly yellow, red signs. There needs to be a change in culture so we can participate in making changes.”

HOSPITAL ENTRANCES

Staff expressed some of the same preferences in terms of the building itself. They liked the idea of lots of natural light at the entrances, but not too much glass. Many liked the look of brick buildings, and did not like the white or metallic looking buildings. They

avored creating a welcoming, park-like or garden environment in the entrance or lobby area, with trees and plants, fish tanks and shops and cafés.

- ◆ “(It must be) easy to get to and easy to get out of again...many lines for traffic so everybody isn’t leaving in the same way.”
- ◆ “I think the glass is too glamorous. The hospital belongs to the nation it has to be practical. I don’t want to see so much money put into the entrance – it is my money. We can have glass but don’t need it to be so fancy.”
- ◆ “If you use glass you will have a lot of light inside. Daylight. The trees inside are very positive as well.”
- ◆ “I like the glass, it looks like a Hilton Hotel, I want to go there when I am sick.”
- ◆ “When there is so much glass there are days it is intolerable because it gets too hot.”
- ◆ “I like the idea – not elevator music – live music in the lobby!”
- ◆ “We have fish tanks in Children’s Hospital that everyone is very happy about. We have a grand piano too and people come in and play. Most people are happy about it.”
- ◆ “The entry can’t be too big; it isn’t cozy if it is big.”
- ◆ “It is important that there is some connection with the outdoors – an area with trees and flowers to sit and drink coffee.”
- ◆ “Carpets haven’t worked well. Because of the snow and ice with salt that comes in.”
- ◆ “The one with the fireplace is nice. And that one where you can buy food and drinks.”

WAITING AREAS

Staff felt that an important cultural shift was needed in terms of welcoming and greeting patients and visitors as they both enter the hospital facility, and arrive in the waiting and registration areas throughout the building. Currently they feel that patients and visitors are not welcomed and instead wander around trying to figure out where to go and what to do. They believe that greeters would be wonderful, but would also like to use existing staff that could be better oriented to greeting patients and visitors. They felt that staff could do a better job of communicating as well, to let those who were waiting know what to expect. They thought that pagers or roaming beepers that would allow patients and family to move about the facility and be paged when they were ready to be seen or communicated with would be an interesting idea to explore.

In terms of the design of waiting room environments, staff favored the idea of providing a welcoming snack or beverage, and of creating a more calming, soothing environment with comfortable furniture, more privacy in waiting areas, plants, fish tanks and soothing colors. They also favored separating the contagious sick from others in the emergency room environment.

- ◆ “I think it is very important for us to change the culture in such a way that we greet everybody who comes to us for services. The way it is today people are wandering around. I would like to see a welcoming committee/person to assure that the person is directed to.”
- ◆ “Free beverage and snack and Internet access definitely in waiting areas.”
- ◆ “I like the plan of mixing carpeting and the tile. This is something that might work. I don’t like the carpets in patient’s rooms but it is fine for waiting areas.”
- ◆ “Communication ambassadors to tell you why you are waiting and what you are waiting for.”
- ◆ “Beepers are a good idea. The waiting area is just plastic seats and no entertainment. So I think these beepers would be good.”
- ◆ “The center photo waiting area with the skylight appeals to me the most; it is kind of modern and looks comfortable.”
- ◆ “Plants would be important to us. Lighter colored woods and the furniture has to be comfortable.”
- ◆ “Our ER looks like a war zone; like a prison it looks, everything is bolted down. Nice furniture would not last long.”
- ◆ “There is no privacy in the ER. People may not want to say what is wrong with them in front of others. It needs to be set up so you can talk to one person without the next one coming up behind and hearing everything.”
- ◆ “The issue of privacy in the admitting area is very important.”
- ◆ “Separation of sick/well would be good.”
- ◆ “There is not a waiting area for people who have a loved one in surgery; that is another thing we are lacking.”

PATIENT CARE AREAS

Strong feelings were again shared when the topic of single versus multi-bedded rooms was discussed. Staff sees the advantages for patient privacy, safety in limiting germs and

infections spread between roommates, and the ability to have family present at all times. Conversely, there were some concerns about the potential for some patients to feel isolated in a single room if they didn't have family or friends. They felt that areas for socialization would be important in units with all single rooms.

Staff was divided on the subject of decentralized nursing stations. Some felt that it would benefit patients to have staff closer to clusters of patient rooms, and others felt that it might make it more difficult for staff to communicate with one another.

They also noted how important it is for patients to be able to personalize their space and that currently there is no way for them to do this. They would like to see shelves built into the new patient rooms for patients to display cards and photographs.

- ◆ “I have been to a single patient room hospital and they had a cot for the family and I really loved the idea of the way that was designed. In a perfect world that is what I would like.”
- ◆ “It is very nice, single bedded rooms. Everybody agrees!!”
- ◆ “One thing that comes to my mind with single rooms is that a lot of people don't have a lot of relatives and families and they may feel a little bit lonely.”
- ◆ “We use a lot of sleeping medicine in the hospital because of the double and triple room situations.”
- ◆ “I think the privacy is very important but I think we have to think about socialization if we have private rooms.”
- ◆ “Bottom center (Longmont) – there is easy access to the bathroom; hopefully there is a shower in there. It seems to be comfortable and there is space for the nurse to care for the patient.”
- ◆ “Not too many irregular colors; soft colors. The ambulatory units can be different from the inpatient. The access has to be good to the patient all around the bed; we need to be able to get to them.”
- ◆ “One central nursing station gets very noisy and it is not easy to work there – it is very busy and everybody is looking for the patient's file and they grab it and it is frustrating.”
- ◆ “We need to have centralized working areas where we have room to discuss patients. We need to have accessible computers closer to the patients, a work station where the professional could access the information at each bedside and work on it while they are talking to the patient.”

- ◆ “In discussing the new hospital we are talking about having everything at the patient bed side. The need to gather and have a working place to write may be less than it is now.”
- ◆ “It is very nice to hide the technology behind pictures or cabinets.”
- ◆ “I think we have to think about the ceiling; that is what they see all the time.”
- ◆ “Very little ability to personalize the room; patients need space for personal items.”

INTERIOR ELEMENTS

Staff and volunteers had many opinions about interior elements, particularly carpeting and colors. There was agreement that carpet does not work in Iceland, and cannot be kept clean. Everyone also agreed that light, warm colors would be most appropriate, including yellows and oranges, earth colors, and light colored wood tones. They like the backlit ceiling panels and softer lighting fixtures. There was also a great deal of support for fish tanks.

Artwork was discussed, and staff liked the idea of having more art in patient care areas, as a nice way to distract patients from their discomfort. They felt that great care needed to be taken in choosing the type of artwork, and that it needed to be bright and cheerful.

- ◆ “I like the examples with yellows, oranges, terra cotta, with plants and waterfalls.”
- ◆ “We don’t like dark colors or dark wood, because we have so much winter. Lighter colors are better.”
- ◆ “There was one carpet on one floor, but it is hard to keep clean, they smell. But it is possible to have carpets along with hard flooring.”
- ◆ “The carpets that we have had up until now haven’t worked but we could try something new.”
- ◆ “I think it is important to use art appropriately – we had a black painting at the entrance of the oncology unit.”

OUTDOOR/NATURAL SPACES

Staff talked a great deal about the need to access to gardens and natural light; they liked the idea of indoor garden areas that both staff and patients could access.

- ◆ “A solarium or greenhouse would be better here than outdoor gardens, with light and plants.”

- ◆ “Indoor gardens would work better here.”

STAFF SPACES

We discussed the kinds of spaces that staff felt they would like to see in the new facility to support their needs. The area that they were most interested in was a fitness center.

- ◆ “A fitness area for staff – all agreed.”

FOOD

There were very strong feelings expressed about the quality of the food served to patients and to staff. Staff feels that the food served by the cafeteria is inedible, and that options need to be explored, including outsourcing or bringing in restaurants or cafés so there are more options available. They also favored a room service approach to food, where patients could have some choice in the meals that they order. They thought that in the new facility that small kitchens right on the units where family members and staff could prepare food would be a good idea.

- ◆ “The restaurant/lounge for the staff would be good. We get the same food without salt that the patients do and I don’t have a heart problem! Outsource the cafeteria; staff eats the same thing as patients, when you have a patient you think, he will die if he eats this food!”
- ◆ “Children have the same food as the adults.”
- ◆ “That is what we like about Planetree, that you can order food when you want it.”
- ◆ “There is a lot of food; the psychiatric patients get fat along with the medications. There are a lot of cakes and sweets. It is very stupid.”
- ◆ “Maybe the patients could go to a living room and eat. The kitchen could be smaller. They could go in there and choose what they want to eat.”
- ◆ “It is very Icelandic to gather around the kitchen and drink coffee and talk.”
- ◆ “More food areas, or deliver food to the rooms for parents of sick children, even if you have them pay.”

OTHER ITEMS

The one other item that came up for discussion in many of the staff sessions was that of the use of animals therapeutically in the hospital. Most felt that dogs do not belong in the hospital, with the possible exception of rehab and geriatrics. Others felt that there were therapeutic benefits to patients having access to animals.

- ◆ “It is just forbidden to have animals in the hospital because of infection and allergies.”
- ◆ “It is important to have dogs for the touching and the caring.”

C. Perceptions of Community Representatives

Access to Information

We began each of the three community groups with a discussion of participants’ perceptions of information access in the hospital environment. Examples of patient-centered practices in place at a variety of hospitals in the U.S., Canada and Europe were described, including open charts, patient pathways, patient libraries, bedside Internet access, and bedside care conferences. We asked participants to share their opinions of these kinds of practices. In general, community members favored the establishment of a patient library, the use of patient pathways, and the development of an open chart policy.

They felt that it would be important for the patient/community library to be staffed with a knowledgeable person who could assist users in finding credible health information, given the variety of both good and bad information available on the web.

Community representatives were strong supporters of an open approach to medical records, and several noted that it was a legal right, but that professional staff was not forthcoming in sharing this. They felt it might take time to change the culture to a more open, sharing of both information and power between staff and patients.

These groups also believed that patient pathways were an excellent way to engage patients and families in the care process, and to allay anxiety caused by not knowing what to expect.

Representative comments included:

- ◆ “Maybe it would be better to have somebody there like a volunteer to help people understand the information in a patient library.”
- ◆ “I think that in our information society it would be very useful and an important step to take. My experience is that we are hungry for information.
- ◆ “One time I asked something about my son and (the doctor) asked angrily whether or not I went on the Internet. Nowadays they look everything up on the Internet and we are still the doctors!!”
- ◆ “It is supposed to be open (the chart) but it is difficult to get it. The doctor told me I had to have the staff translate the Latin words for me.”

- ◆ “The staff may resist this because they don’t have time. We don’t have enough nurses and nursing assistants. It will take time to change the attitudes.”
- ◆ “The doctors don’t share much information. I think it is part of the culture of the training of doctors and keeping the information to themselves.”
- ◆ “It is like a tug of war between the public and this profession because now the public knows more and that has changed the dynamics of power.”
- ◆ “If I were a patient I would definitely want to read my chart and participate in the healing process.”
- ◆ “In this country it is enforced by law. If it is encouraged and done in an educative way...reading it with the patient is the way.”
- ◆ “Some nurses in Iceland have been doing studies on not just reading their charts but participating in setting goals and interventions. It seems helpful for surgical patients in particular. This is something that we need to look into better.”
- ◆ “People have different experiences – when you come to ER you don’t get much information.”
- ◆ “When people come in for a long stay they often don’t know how long it will take. Maybe they need to be more part of the treatment plan. I had the opportunity to read my chart when I was going from one floor to another in the hospital and it was quite humorous.”
- ◆ “We used patient pathways at the ER here for the most common diagnoses. The plan is to path out 60 conditions the ER wants to have with routines. Some experiments have been done to hand out CD’s with procedures. It has been a good experience.”
- ◆ “At least you know what you are having then (with a patient pathway); you hear people say they undergo lots of tests and they don’t even know why.”
- ◆ “I think this would be good to help with the anxiety that you feel when you are in the hospital. Having something in your hands saying what is going to happen to you would be great.”
- ◆ “I think this is a great idea – care partners- the shortness of stay in the hospital makes it so. They still need care when they get home.”

Family Support

The next area for discussion focused on community perceptions of the appropriate role of social support in the hospital environments. Examples of ways in which families and volunteers are involved in other healthcare organizations were presented to the groups to elicit their reactions and ideas. There was lively debate about family and visitors in semi-private and ward rooms. Most participants felt that while it is important to allow family access, and there is an openness to welcome families, the facility simply didn't allow for this unless the patient had a single room.

Community members also discussed the need to increase volunteerism in Iceland, and the benefits of having student volunteers. In addition, they were divided on the subject of dogs in the hospital environment, with some feeling this could be helpful to some long-term care patients, and others feeling it would not be accepted in this culture.

Common issues and suggestions included:

- ◆ “I think it is a very good choice to have family with the patient; most people would like it.”
- ◆ “I think a place needs to be made for families to stay nearby like a library or cafeteria.”
- ◆ “It is a very good idea to have students volunteer in the hospital. I saw it in the newspaper where they were asking for volunteers in the hospital in a remote area. Scout groups would be interested. Boy and Girl Scouts are combined.”
- ◆ “The volunteering aspect of the society is very low. We have not done this. It would be a great thing to have in our country but we don't have it here.”
- ◆ “With unemployment at 1.5% and people working two jobs you won't get any volunteers.”
- ◆ “It might work to offer credits to students for volunteering. Many of them are also working their way through school.”
- ◆ “Therapy dogs? One of the elderly homes has tried this – I have only heard positive things.”
- ◆ “I don't know if Icelanders would be comfortable having dogs in hospitals.”
- ◆ “We have moved away from having visitors come for ten minutes at certain intervals. It is much more usual that you have your family in the area.”
- ◆ “My experience was that the family was welcome into the hospital even though they had no space for us. The culture is opening up but the facility hasn't.”

- ◆ “If you are in a room with six people it is difficult to have family in with you. I think if you are in your own room you should be able to have your family with you all the time.”
- ◆ “I think it is important to have both; for some it might be good to be in a room with someone for company.”

Healing Environment

The discussion of opportunities to create a truly healing environment generated a great deal of enthusiasm. The series of photos were shared and community representatives actively volunteered their opinions. They discussed a variety of topics including parking and signage, hospital entrances, waiting areas, clinical areas and family spaces.

There were some concerns shared in the community groups regarding the cost of the new hospital, and community perceptions if the building was too nice. Comments included:

- ◆ “I have a struggle in my mind looking at these photos; most of them remind me of expensive hotels. We are concerned with low pay of staff and shortages. My struggle is -- are we going to build a hospital with a lobby like this? Still I wonder what the people on the streets will say.”
- ◆ “I am sure we will get a number of articles and protests because we are putting money into these things.”

PARKING AND SIGNAGE

In the community groups, the consensus around parking was that it needed to be easily accessible, well signed, and that the meters were helpful for those needing close spaces. Many felt that valet service might be interesting to try even though it is not currently a part of the Icelandic experience. People favored using pictures and symbols common to the region, such as the milestones, in hospital signage as well.

General comments included:

- ◆ “It is better now with the meters.”
- ◆ “They really have to build a house because it takes too much space; they need a multilevel in the new hospital.”
- ◆ “Valet is needed. It would be good because often the weather is bad.”
- ◆ “I don’t know if people would be ready to pay for this service. We are not accustomed to this tipping thing.”

- ◆ “It is a good idea to use pictures on the signs. We use the milestones so we don’t get lost outside when hiking so we could use them in the hospital to not get lost in there.”
- ◆ “It is not in our culture (valet); even in expensive hotels you do not have this service. Valet would have to be introduced to our culture. People think it is a bit glamorous.”
- ◆ “It makes it a warmer experience to use signage with local names and symbols.”
- ◆ “In Helsinki they have put signage in the floor. We will have more and more people coming to us who do not understand our signage.”
- ◆ “You may be sick or coming with a child and you don’t want to walk. It hasn’t been part of our culture but it is interesting.”

HOSPITAL ENTRANCES

When asked about entrance ways and what they would ideally like to see in the new hospital, these groups also expressed a strong preference for a great deal of natural light, windows and plants, but not too much glass. They were concerned that the entrances not be too luxurious, but light and Nordic in design. Many talked about a “village green” concept, with the entryway including cafés, shops, gathering spaces in a centralized area.

Community members also expressed the importance of having human beings in the entrances to greet people and help them find their way.

- ◆ “I think the glass is nice; I like a mixture (of materials).”
- ◆ “A café in the entrance...serve soups, breads, salads – light things.”
- ◆ “Anything that is light and bright and has real air is good.”
- ◆ “I find this (all glass) a bit over the top. Like a hotel – it is too big.”
- ◆ “I was visiting Yale New Haven the other day and I liked that during the lunch breaks everyone gathered outside on the square with a lot of different food vendors. Everyone gathered outside to eat. It could be in an enclosed place here; the city flows into the hospital and the hospital flows in the city.”
- ◆ “The hospital in Oslo is built like an Italian village. There is a plaza in the center of the hospital. You have everything but the red wine!”
- ◆ “I think it is very important to be greeted and welcomed and we don’t have that. It isn’t in our nature or culture to be welcoming at first. After a few drinks we are!”

- ◆ “The village streets sound interesting – you want to have life. You don’t want the space that is designed in a very professional way but they forgot the people. The children’s hospital is a nice structure but when you come in there is a space with tables and chairs that nobody uses – it has no affection.”
- ◆ “A café would draw people in and the staff could go down there too. And people living nearby coming for a cup of coffee.”
- ◆ “We don’t want it to be too luxurious. The Nordic design is not as heavy.”

WAITING AREAS

Many of the concepts supported by both patient and staff groups were also priorities in the community groups. The need to provide positive distraction during waiting was viewed as key, with the idea of roaming pagers and Internet access favored. Participants also felt that separating sick and well people in waiting areas was important, and that waiting areas should be soothing and relaxing, using warm colors and plants. Some liked the idea of creating libraries for waiting, where people could read, work on the Internet and pass the time productively while waiting.

- ◆ “Internet access would help.”
- ◆ “I would like to have staff introduce themselves on a poster and not only ‘I am a nurse and I work here.’ But add if they have a hobby and something personal.”
- ◆ “Separation of sick/well is something to look at. It is not very easy to sit with those who are very ill.”
- ◆ “More green things! Plants in waiting areas and soft warm colors and soft materials.”
- ◆ “Not blue! Definitely something good to read; that is a problem here everywhere you go. I had to wait and I found a magazine that was published in 1992!”
- ◆ “It is very busy here during the week. People who are drunk and use drugs come into the ER. It is very important to have a good waiting room.”
- ◆ “The waiting areas could be combined to a library. The old magazines are what we have in our waiting areas.”

PATIENT CARE AREAS

Community participants expressed a variety of opinions about single versus multi-bedded rooms. Most shared stories they had heard of the dissatisfaction with having roommates in the hospital, and the inability to get needed rest. Others wondered if patients might get lonely in a single room. All felt that the patient rooms needed to be warm, with colors on

the walls. Some people were concerned about the size of rooms and whether space would be wasted in larger single rooms.

- ◆ “It is talked about in the community about places for the elderly. They have to have 4, 5 or 6 people together and no one is happy about that.”
- ◆ “I am a strong believer that when you are sick the hospital has to be as warm and welcoming as possible. Don’t create a sickness place.”
- ◆ “I think all the rooms are too big; they do not hold you. It looks like money wasted.”
- ◆ “The rooms need to be big for the disabled patients. I think the concept of homey would be wonderful.”
- ◆ “Will the single room be the patient’s choice?”
- ◆ “I have heard people say they have to recover from being in the hospital, they can get no rest in a room with many roommates.”

STAFF BEHAVIOR AND ATTITUDE

There was discussion in the community groups of staff attitudes and its impact on patient care. They were all too aware of political tensions around who makes the rules for the hospital and they felt this had a negative impact on community trust and perceptions. They also talked about direct care staff and their attitudes, noting that they would like to see more professional, positive communications. They do not want to overhear staff complaints about working conditions and salaries.

- ◆ “As we read in the papers the main problem here is lack of agreement about who rules the hospital. The doctors or the government? It is very annoying to the public to be reading about this all the time. It is an inside war.”
- ◆ “The patients should never hear the staff talk about the salaries and I have heard that here.”
- ◆ “Patients feel the tension immediately even if they don’t realize it. There is a nice atmosphere if people get along together. It increases how the patient does if the atmosphere is relaxed and friendly.”
- ◆ “These questions are so secondary to the philosophy and values at the new hospital. It doesn’t matter at this point what kind of ceiling and walls you like.”
- ◆ “I was fascinated with entering Disney World because I figured out that anyone who was working there was engaged with the visitors. The people who were hired

in were hired because Disney wanted anyone who came in there to have a pleasant experience.”

- ◆ “The atmosphere of openness is very important. We have a tendency to put people in boxes and that is part of our culture. It is the old way of doing things. In this project it is very necessary to get out of that mentality.”
- ◆ “We have been focusing on the environment from the patient’s perspective but it is important from the staff perspective as well. One element of staff satisfaction is the environment surrounding them”.
- ◆ “From my experience in the U.S. is that if you can design the facilities in a nice friendly way you must also have a staff that believe that as well. You can’t have a friendly design and unfriendly staff who think they are God.”

FAMILY SPACES

Participants in the community focus groups felt strongly about the need to accommodate families with adequate space in the new hospital. They wanted to see spaces for families in the new hospital facility that would support their presence and involvement. In particular they focused on the ICU environment.

- ◆ “ICU room – I had to take my grandmother and there is no chair to sit in.”
- ◆ “The worst thing is that you hear all about the other patients. My mother was in the ward and we were involved with all sorts of family problems – that is very heavy; you have your own problems.”
- ◆ “But also you have families connecting with each other. My mother’s last days were wonderful for us and all of the families helped each other because we were going through the same thing.”

FOOD

Many comments were made about the quality and access to the food served at the hospital, and the need for improvement. Family should be able to order trays and pay for them so that they do not have to leave the facility to eat. More choices should be made available. The need for decentralized kitchens, versus having all of the food prepared in one central kitchen, was also discussed.

- ◆ “It is cooked in a very big kitchen for many people. You wouldn’t want to eat it for days and weeks and months.”
- ◆ “I think the elderly people like it more; the young ones are more particular.”

- ◆ “It is hard for those who are visiting to have to drive away and get food and pay extra for it. It would have been nice to be able to go to the canteen or order a tray and eat with the family.”
- ◆ “Up in 13G every Friday the staff ordered food from the outside so the corridor smelled like fancy food from an Indian restaurant and we had the trays.”

Summary

In summary, Reykjavik is an extremely engaged community of healthcare providers, patients, volunteers and citizens. The focus group participants valued the opportunity to provide their ideas and input into the process of designing the new hospital facility. While Landspítali University Hospital is currently doing an excellent job providing care and services to its community, the ability to design a new facility from the ground up will only enhance the effectiveness of its operations.

The new hospital will offer significant opportunities to enhance the patient and employee experience through the creation of a truly healing environment. Using both evidence-based design principles and the stated preferences and priorities of patients, staff and community members will result in the development of a facility that effectively and efficiently meets the healthcare needs of current and future patients.

The key elements that have been identified in the first two sections of this report will be expanded upon below in a set of specific design suggestions and recommendations.

SECTION THREE: DESIGN RECOMMENDATIONS

The following recommendations are organized around well-established patient-centered design guidelines (see Appendix IV. Bibliography on Evidence-Based Design). Specific lists of suggestions representing the stated needs and preferences of patients, staff and community members for the new hospital appear within six broad principles, including:

- ◆ **Parking and Building Access**
- ◆ **Signage and Way-finding**
- ◆ **Welcoming Atmosphere and Community**
- ◆ **Softening Technology**
- ◆ **Patient Floors**
- ◆ **Green Design**

Each of these areas was discussed in great detail throughout the focus group sessions, and the following recommendations are based on best practices, as well as the Top Priorities listed above.

Please note that the concepts presented herein are recommendations that should be discussed throughout the functional programming and design process, but are not meant to be specific design criteria. It is understood that the functional programming and design phases will uncover the space needs and specific needs of each of the departments and units of the new facility.

Immediately following our recommendations for the new hospital we have included a section that outlines a number of small scale recommendations directed at improving current hospital facilities.

NEW HOSPITAL

Parking and Building Access

Many focus group participants expressed the hope that the outer image of the new facility would represent the uniqueness of the Icelandic population and geography. There was also a clear preference for the new building to be warm and inviting from the outside versus white or metallic in appearance. Specific references were made concerning the desire for the use of color and natural or familiar indigenous materials and elements. The following recommendations are based on the themes and ideas that emerged from our discussions.

Recommendations:

- ◆ *Parking should be as close and convenient as possible, with plenty of barrier-free spaces.*
- ◆ *A multi-faceted approach to parking and access in the new facility should be employed. Entrances to each identified area should be clearly marked and designed without hindrances. Sheltered drop-offs and entryways should be provided to aid in entry during difficult weather conditions.*
- ◆ *Consider assisted parking or valet service, especially near the main and emergency entrances. Support for this strategy was shared by a number of focus group participants as it would facilitate ease of building entry for those needing additional support.*
- ◆ *Designate a number of parking spaces near entrances, for patients with special needs related to specific services (i.e. Oncology, Rehab, Day Surgery, etc.).*
- ◆ *Provide shuttle services for staff and/or patients if they have to park long distances from the entrances. This has proven to be very successful in a number of healthcare environments improving satisfaction for both staff and patients.*
- ◆ *To the degree possible, zone the entrances on the site to separate the staff, general, outpatient and emergency entrances.*
- ◆ *Coordinate parking area signage and vocabulary with the interior signage*
- ◆ *Where connective tunnels or long corridors are used to facilitate interior movement between buildings, there should be special consideration given to the development of seating options to pause and rest along the way. The use of art and nature should be included in these spaces to provide moments of distraction and comfort.*

Signage and Way-finding

The concept designs of the new building appear to employ an effective strategy for meeting both the demand of the physical site and the surrounding community's needs through a variety of building structures and connections. This layout, when combined with the inherent complexity associated with large healthcare facilities, will make access, signage and demarcations for separate areas more important than ever. Each way-finding component should work as part of a larger integrated system of tools to create a user-friendly experience regardless of language, eyesight or age.

Recommendations

- ◆ *Consultation with a signage specialist/designer is highly recommended during the design process and will help maintain continuity and functionality throughout the new facility.*
- ◆ *One idea shared by a number of participants was the use of a combination of familiar Icelandic images in addition to colors to facilitate memorable way-finding throughout the facility.*
- ◆ *Although multiple languages on signage may be needed, these systems can create confusion; utilize the international symbols for specific rooms (washrooms, elevators, etc.).*
- ◆ *Be consistent in the naming conventions, and train all staff in both the way-finding strategies used to navigate the buildings and also in the use of tools available to aid those needing directions.*
- ◆ *Develop a common set of way-finding materials that can be provided to patients and visitors by remote healthcare facilities and locations to assure continuity and ease access when using hospital services.*
- ◆ *Consider using directional kiosks located in high traffic areas of the facility to provide visitors with printable point-to-point facility navigation.*
- ◆ *Use of online tools for direction-finding prior to arrival at the hospital has been effective in assisting patients to find both parking and services in other healthcare implementations and should be considered for use here as well.*

Welcoming Atmosphere and Community

Icelanders take great pride in their healthcare system and though many of the current facilities provide obvious physical constraints due to both age and configuration, there is great hope and excitement concerning the opportunity to build a new hospital.

All participants acknowledged it is the people, and not the facility, that are most important in creating a healing experience and that many wonderful caregivers currently provide excellent services throughout the Landspítali system.

Each of the focus groups we met with shared that the new facility should provide a welcoming environment that thoughtfully illustrates through its design an intention to support healing. The following items should be considered in the general or public areas of the hospital.

Recommendations

- ◆ *There should be access to helpful, friendly and conveniently located staff or volunteers in the main entry areas to meet visitors as they enter the building.*
- ◆ *The design of desks should be open and welcoming to people with various accessibility needs and built in such a way that they clearly communicate a desire to be of assistance.*

The concept plans provided show a central building spine that is designed to create a town centre or central village. This is an exciting feature that provides a number of opportunities to both welcome and accommodate patients, families, staff and visitors to the new facility. During our discussions, the following ideas were shared and helped form our recommendations for the building's common areas.

- ◆ *Interior spaces should invoke feelings of healing, wellness and care. Color plays an important role in achieving these goals. The color palette used should be warm and natural. Focus group participants shared their hopes that the choices of colors used in the facility would draw on a natural palette familiar to Iceland and Scandinavia.*
- ◆ *The importance of having access to understandable health, wellness, disease and treatment information was a dominant theme during our discussions with each focus group population. We recommend locating a consumer health library near the main entrance. This informative gathering place would provide the people of Iceland with a convenient and credible resource to effectively participate in their health. The library could also serve as the main collection in support of other smaller library collections throughout the facility.*
- ◆ *Warm support was given to the idea of developing a Café or coffee shop, with healthy choices for food items also located near a primary entrance. A number of Planetree facilities have located similar services in addition to other retail opportunities in comparable spaces with great success. This recommendation seems like a natural fit within the current concept drawings for this central area.*
- ◆ *Access to light and other natural elements, including plants, gardens and fish tanks should be used to help make this indoor space a truly healing space. Given the prevalence of water in Iceland, the incorporation of water elements is suggested and would provide a clear connection common to all residents.*
- ◆ *Fireplaces and other “warm” elements are also suggested. During the colder winter months, features like these have the ability to create both community and a familiar gathering place for people to come together.*
- ◆ *The use of glass, to bring significant natural light into the facility was clearly expressed as a priority. A small number of participants shared that while the use*

of natural light was key in creating an open, welcoming feeling to the building, they hoped the amount glass would not be too ostentatious.

- ◆ *As patients, families and visitors move further into the facility, there should be access to the central core or atria via balconies integrated with lounges and waiting spaces on the upper floors. Historically these spaces have provided a means of contact and connection to the patient care areas creating a sense of community, participation and control for occupants. Similar design features found in various Planetree facilities have proven to be some of the most important gathering places for patients and families.*
- ◆ *Throughout this central area, the development of small intimate seating groups, segmented activity areas, and services will help keep the space from feeling too large and impersonal.*

Softening Technology

In considering options for softening high-tech areas, the ideas listed below include the use of lighting, art and various finishes providing a range of solutions for consideration. Art, beauty and nature play a significant role in enlivening the human spirit during hospitalization. Access to the familiar or a moment's distraction through art can help calm anxieties and support the diverse needs of the whole person - mind, body and spirit. The following recommendations have been helpful in providing the patient, family and the staff with softer, less institutional environments for healing.

Recommendations

- ◆ *Lighting should be reviewed at length, with consideration given to the lamping type and color range.*
- ◆ *Consider direct/indirect fixtures that cast an overall glow on the ceiling can be less glaring for patients lying on their backs. There are many manufacturers available that manufacture fixtures of this type.*
- ◆ *Cove lighting in treatment areas can be an effective tool for casting a natural glow on the ceiling, lessening the clinical feeling.*
- ◆ *The use of dimmable wall sconce lighting in high-tech areas, especially during procedures, can help to reduce the clinical feeling of an environment. Many of these fixtures are also available as fluorescent-type fixtures that also provide energy-efficiency benefits as well.*
- ◆ *Artwork on the walls and ceilings has been used very effectively to soften technical spaces where patients receive services, i.e. imaging and day surgical environments. Several manufacturers make light panel inserts with nature scenes for installation in lay-in ceilings applications as well standard light boxes.*

Selection of these images should be done in conjunction with an interior designer to assure coordination with the larger facility interior design goals.

- ◆ *Additional suggestions for ceiling treatment can include specialty ceiling tiles, painted ceiling tiles (perhaps by a local artist), LED lights in the configuration of constellations, and painted clouds all of which can provide a therapeutic distraction.*
- ◆ *Selection of nice, not necessarily expensive, wall art can help lift the emotional content of a space. Pictures, paintings and prints containing horizons in ready-view tend to be favored by patients. The appeal could be as simple as providing the viewer with the opportunity to “drift off” into the picture taking a momentary break from the intensity of illness. Landscapes and regionally representative pieces are also very effective in reconnecting patients with the familiar and understood surroundings of home, while in the hospital. Such an experience can have a wonderful grounding effect for patients and families.*
- ◆ *Generally the use of abstract and still life pieces has not been as effective or well-received in other installations and the supporting evidence-based literature. In a number of studies a preference toward watercolors has been identified and should be considered when selecting the pieces that will eventually become part of your new environment.*
- ◆ *Special consideration is in order regarding art frames and viewing surfaces. Frames should be firmly, but discreetly mounted to the walls. Consistency of framing materials and matting styles can be helpful in creating a sense of purpose and design continuity. In addition, small changes in framing or matting and even mounting location and height can be used to provide clear points of transition and direction from one space to the next.*
- ◆ *In environments that lack access to natural light, the use of art to create “window-like” opportunities in a “windowless” environment has been successful. The use of a backlit ceiling or wall art and/or stained or etched glass applications in entry doors between rated-glass can be used very effectively in changing the feeling of these spaces.*
- ◆ *Examples of lighting and art installations similar to those described here are available for viewing via The Planetree Environments CD provided as an additional resource supplement to this report.*

Patient Floors

All spaces associated with the patient floors should be considered healing space, a place where ambulation, communication and support can occur in the community formed by those residing in and traveling through a common space. Opportunities to make spaces feel less institutional and more conducive for healing can be simply integrated into the

built environment. The following recommendations are designed to extend the opportunity for caring and healing into all areas of the patient floor.

Recommendations

- ◆ *Emphasis should be placed in creating a general feeling of welcome, care and healing as one enters into the care area.*
- ◆ *Consider shaping a number of the new corridor walls to create recess, relief and contour. These features can be used as quiet alcoves for art or art niches which, when combined with the addition of accent lighting built into entryways and walls, will create a softer overall environment.*
- ◆ *The use of archways along the corridors can help break up the grid or linear nature of the space creating a more relaxed and less institutional feeling.*
- ◆ *Develop window or comfortable inset bench seating along patient hallways as a way of extending planned seating to patients, families and visitors near the patient rooms.*
- ◆ *Use of wood, even in small ways, creates a feeling of human touch and caring craftsmanship and is a distinctive quality when compared with modern extruded rails. Consider the utilization of wood finishes, including molded handrails to help soften the corridor. Wood detail such as crown molding or as a trim feature near a special entryway can also be effective in improving both the feel of the corridors way-finding.*
- ◆ *The use of window treatments to accent window spaces along the corridor even in limited ways can enhance and serve to soften patient halls.*
- ◆ *Select light fixtures with indirect or reflective lighting characteristics. In addition, use of wall sconces and/or “can” lighting to accent entryways and wall features will help break up the corridor and create a calming rhythm for the patients, staff and visitors as they look and move through the space.*
- ◆ *Lighting should have dual level switching to assist in meeting the different lighting needs that can occur during a 24-hour period. Ideally, the selection of dimmable fixtures would provide staff and patients the greatest amount of flexibility and choice.*
- ◆ *Historically, clutter in hospital hallways creates challenges in both efficiency and efforts to create a healing environment. Significant consideration should be given to the number and location of spaces proposed to meet the needs for supplies and storage of items including carts, wheelchairs, IV poles, etc. A number of Planetree facilities have successfully used small built-in alcoves or lateral closets of limited depth with non-descript double-entry doors along corridors to help*

meet their storage needs. Although they are not expected to be a sole solution for the storage needs of patient floors, they have proven to be effective in providing busy staff with convenient, accessible choices to reduce hallway congestion.

Supportive Patient and Family Spaces

The creation of supportive patient and family spaces both within and/or directly adjacent to patient care areas was clearly important to our focus group participants. These areas should be viewed as places of destination for patients and families outside of the patient's room. They help to create a physical context for support, community, learning, contemplation and peace. Based on our evaluation of group comments and our experience in other healthcare settings we encourage the following considerations when designing these spaces.

Recommendations

- ◆ *Develop a number of supportive spaces per floor and distribute the spaces conveniently along the floor to maximize access and utilization.*
- ◆ *Consider the development of patient and family accommodations or hotel room-like facilities for those who may need to spend the night prior to receiving services. These spaces could also be used to support family members from outside of the Reykjavik area who would like to be close to their loved ones during hospitalization. In similar implementations in other organizations, a small overnight fee is customarily paid for access to these facilities.*
- ◆ *The use of less institutional forms of signage and language can help to subtly communicate your patient-centered approach and supportive family environment. A common example of this strategy that has been used for years in Planetree hospitals is to simply change the name of “patient and family waiting areas” to “patient and family lounges or activity rooms”. This simple change in vocabulary can help to create a new set of expectations when encountering a familiar area, like a waiting room, that may have certain negative connotations from previous healthcare experiences.*
- ◆ *Creating distinct and inviting entryways into these common spaces is important to encourage full use by patients, families and staff. Selecting doors with well-sized glass window openings allows individuals the opportunity to not only see into the space, but evaluate whether entry into the room may be disruptive to others currently using the space.*
- ◆ *Another set of strategies to consider is the use of windowed sidelights next to the doors or angled/recessed window and door entry combinations. Each of these solutions has been successful in achieving improved utilization and the welcoming feeling of these supportive spaces.*

Recommended Spaces

- ◆ Patient and Family Lounge (waiting)
- ◆ Library/Quiet Room
- ◆ Patient Dining and Kitchen

Patient and Family Lounge/Activity Rooms

As the primary gathering spaces on most patient floors, these areas provide one of the best opportunities to demonstrate a patient-centered approach to design. Consider the following:

- ◆ *To create a more residential or homelike feeling, use familiar colors, patterns and furnishings.*
- ◆ *Configure rooms in a way that promotes the creation of small intimate seating groupings similar to what one might expect to find in a home. The use of plants, small tables and lamps between seating groupings can help maintain a feeling of privacy in a semi-private environment.*
- ◆ *Provide opportunities for entertainment and distraction including fish tanks, puzzle tables, books and other reading materials. Wireless access should also be available.*

Library/Quiet Room

- ◆ *This quiet space would be home to a small collection of books, articles and reference materials related to the diagnosis, treatment and interventions of the patient population served. The collection would be available to patients and families so they could select the information they feel is most important in meeting their personal health information needs.*
- ◆ *When found near a main or central nursing station, these spaces have the additional benefit of providing flexible space for nursing staff and physicians to meet with patients and families for education or confidential patient family discussions. The library space can also be used during shift-change and in the facilitation of multidisciplinary care conferences.*
- ◆ *If needed due to budget considerations, locating the library near the intersection of patient floors can help facilitate use by a larger population of patients and families from multiple floors.*
- ◆ *In environments where space for a floor-based library is unavailable, materials have been placed in a dedicated portion of a patient/family lounge. Although not ideal due to access and privacy issues, the larger goal of making health*

information available to those who need it, when they need it, is still accomplished.

Dining and Kitchen Space

We believe the inclusion of patient dining areas and kitchens in the new hospital is important and would be well-received by patients and families. A familiar meal prepared and delivered by someone you know, love and trust has nurturing human qualities. In addition, these spaces provide important opportunities for learning and participation.

Recommendations

- ◆ *Locate the kitchen and dining area near intersecting corridors to help facilitate greater use and better observation of the space.*
- ◆ *Use entry doors with glass panels to provide greater flexibility and control of food smell, occupant noise and shared use.*
- ◆ *Use commercial grade appliances i.e. dishwasher, refrigerator, microwave.*
- ◆ *If a stove is incorporated into the space, we recommend the use of remote or hidden activation switches to safeguard against unsafe use by disoriented patients.*
- ◆ *Clearly identify these spaces as dedicated patient and family areas using entry and welcoming strategies previously discussed.*
- ◆ *Provide coffee, tea or other beverages in the dining room spaces as a way of welcoming and encouraging their use.*
- ◆ *Use familiar furnishings including dining room tables and chairs to help make the space feel more homelike and familiar which will increase utilization.*
- ◆ *Build the space with potential use by dietary staff, nutritionists and volunteers in mind. These areas are commonly used in organizations as educational spaces where individuals can learn about new dietary requirements and food preparation prior to discharge. They can also serve as home base for volunteer cookie and bread bakers to prepare baked good prior to distribution.*

Patient Rooms

Recommendations

Patient rooms serve as both treatment areas and sanctuary in healthcare and, when done well, they offer the patient a sense of safety, control and healing. Drawing on the information gathered during the focus groups sessions and successful strategies from various Planetree environments, we share the following recommendations that have made a difference not only to patients and family, but the staff providing care.

- ◆ *Single bed patient rooms. In most areas where infection control, privacy, and acuity are concerns, the single bed patient room should be incorporated into the design of the new hospital.*
- ◆ *For toileting, the single bed room was preferred. Toilet rooms should be adequate enough to accommodate a wheelchair, and should also have a roll-in shower, with a seat.*
- ◆ *Lighting should be delivered through a combination of ceiling-mounted direct/indirect fixtures and reflective light applications including sconce or mounted bedside lamps. Patient-controlled lighting levels that include reading lights and table lamps, for a more homelike feel, are encouraged.*
- ◆ *During room planning, special consideration should be given to the patient's access to natural light. Bed orientation in relation to windows, curtain track routing and other items that impact access and the movement of light should be made thoughtfully to maximize value to the patient, while making the most of the space available.*
- ◆ *Provide a space for each patient to display photos, cards, personal items or gifts of support from loved ones. Shelves and tack boards are simple ways to help provide patients this important opportunity to personalize their space. Ideally, these features should be in proximity to the patient and within easy view.*
- ◆ *Consider where patients will keep clothes and personal items. The use of individual wardrobes or similar built-in casework features can be effective in meeting these needs. The size of these facilities should be large enough to accommodate a coat and belongings.*
- ◆ *Based on feedback we received during the focus groups, we recommend the use of a warm-toned wood creating a Scandinavian or Nordic feeling or effect. Potential uses for wood in the patient room include chair rails, crown molding and furnishings both built-in and freestanding, including headboard and possibly footboards on the patient beds. The use of wood will help soften the institutional nature of the patient rooms while providing a familiar homelike connection.*

- ◆ *Some Planetree facilities have begun to keep their beds in a lowered position to improve safety and reduce the institutional perceptions of their patients and visitors.*
- ◆ *Comfortable in-room seating options that encourage visiting and patient support should be provided. Consider the use of convertible seating to help facilitate a family member who may need to stay overnight in the room to support the patient. As space is always at a premium, the possibility of built-in options and aftermarket products should both be considered.*
- ◆ *When fabrics are eventually selected, the use of homelike, familiar and even regionally important patterns can be helpful in complementing the residential feeling of the rooms.*
- ◆ *Access to television for entertainment and educational information should be considered. In addition, Internet access to allow patients to stay in touch with their families and friends is now commonly provided and integrated into the patient room and care areas.*
- ◆ *Floor selection for the area should be sheet vinyl or tile, based on preferences expressed during the focus groups. If tile is selected, use pattern and layout thoughtfully to further enhance and warm-up the room.*
- ◆ *Wall finishes, borders and window treatments, should be selected to assist in personalizing and softening the rooms for patients. In some Planetree facilities, a number of different finish schemes are used on the same patient unit to provide a different experience or a visual break for patients and staff as they move through the unit.*
- ◆ *Organizations have used simple border patterns in the ceiling tile and grid to create relief for patients who spend significant periods of time looking upward at the ceiling space. Tiles of a different texture and possibly size incorporated with the customary grid pattern can significantly change the feeling of a small patient room while only marginally impacting cost. Another common strategy is the use of painted tile or the use of whimsical appliqués that may be restful to a particular patient population, i.e. Disney characters in a pediatric environment.*
- ◆ *Attention to adequate sound and noise control strategies should be considered to help promote patient privacy and rest.*
- ◆ *Access to fresh air is desirable providing benefits to patients, visitors and staff. Implementation options, costs and any physical limitations that may impact both access and the appropriate safeguards associated with patient safety would need to be investigated.*

- ◆ *In-room linen should emphasize the familiarity and warmth of a domestic environment. Colored bedspreads, sheets, and bathroom linen can turn a patient room into an inviting temporary residence with appropriate consideration and choices.*

Staff Spaces

Recommendations

Reception

- ◆ *Should be easily identifiable in both location and in a clear line of sight of visitors to the care areas.*
- ◆ *The design of desks should be open and welcoming allowing staff to easily greet people with various accessibility needs and built in such a way that they clearly communicate a desire to be of assistance. The removal or reductions of barriers to interaction are strongly encouraged.*
- ◆ *Given the importance of first impressions on the perception of service quality the design of the space should be both functional and well-organized leaving the patient or visitor with a feeling of a professional approach to care. Technical equipment like printers, copiers and clinical support items should be readily available but out of direct line of sight when possible.*
- ◆ *To soften and direct the way individuals experience the reception spaces consider using art or nature to create a focal point. These features should be located where the eyes of a visitor will naturally move as they address the space. Good examples of these practices can readily be found in the lodging and hospitality industry. Although elaborate or expensive solutions are available, simple approaches like use of lighting can effectively draw attention to a piece of art or nature.*

Nurse's Stations

In listening to staff members, caregivers, patients and families over the years Planetree has adopted a set of design guidelines helpful in the creation of patient-centered nursing stations. The approaches outlined here should be viewed as part of a larger picture that assumes patient-centered design and functional efficiency are not mutually exclusive ideas, but complimentary. Input from staff, patients, and physicians in the final decisions concerning style, configuration and location of nursing stations is critical as you move forward with functional planning in the future.

Central or Core Nursing Stations

- ◆ *Provide workstations (desks, counters, café tables,) at table height in order to minimize any physical barriers (i.e. high counter) between patients and staff.*
- ◆ *Each station should have seats on the outside of the desk/table for a patient or family member, etc. to sit and talk with the clerk or staff.*
- ◆ *Nurse's Station layout should allow wheelchairs to access tables as well.*
- ◆ *Use ceiling design or soffeting to help identify and create a welcome feeling to the space.*
- ◆ *Hide work clutter by creating a "back office" (i.e. charting rooms) behind a half-wall of bookcases or other decorative storage units. Full-height to ceiling glazing may be added if necessary to fully enclose the "back office." These backspaces also offer the privacy required for discussions of sensitive patient information.*
- ◆ *Select direct/indirect light fixtures for general illumination (dimnable, or multiple level switched). The use of wall sconce units may also be appropriate.*
- ◆ *Acoustical ceiling tile and other sound dampening devices, such as upholstered furniture and wall panels, should be provided in this busy area.*
- ◆ *If possible create the opportunity for "flows" into adjacent spaces possibly a lounge or library to create a feeling of community, educational or shared social space.*

Remote or Support Nurse Stations

- ◆ *Stations should be built in such a way that their physical presence does not detract from the healing environment while in use or vacant.*
- ◆ *To help facilitate privacy as well as enhance the aesthetic quality of the environment, consider recessing the stations along the corridor. This will help to maintain a clean line of sight along the corridor for patients and visitors.*
- ◆ *These stations are generally designed to be self-sufficient, independent workstations and should have adequate storage to meet the needs of the staff and patients within the area. The use of built-in features like lockable drawers and cupboards to store commonly used supplies and materials should be adequate to reduce or eliminate the need for staff to travel to other supply areas to complete their work.*

Staff Break and Lounge Space

We believe that caring staff is at the heart of providing patient centered care and that the physical environment affects both patients and staff. Through the development of spaces that celebrate staff with same care and concern that we extend to our patients, we can better prepare and maintain those who provide the care to others.

- ◆ *Staff lounges should be designed with equal care and detail as those spaces provided for patients and families. The physical environment is one of the best ways to communicate to staff that they are valued contributors in the healing work of the hospital.*
- ◆ *Consider naming spaces in a way that is illustrative of their importance and function. The name of the space should assist in communicating the message that these spaces are more than simply locker or break areas, but places of relaxation and regeneration. Examples used by other Planetree organizations include: staff rejuvenation spaces, staff relaxation rooms and staff off-stage areas.*
- ◆ *Furnishing and appliances should be similar in quality to those provided in spaces on the patient floor i.e. patient lounge, kitchens or quiet spaces.*
- ◆ *Ideally, break spaces should be located close to the main work areas of the staff they are meant to serve. Proximity has been shown to be a primary determinant of the overall use of these spaces by busy staff. Many staff, due to concerns about their patient's wellbeing or the impact of their absence on their co-workers workload, will simply choose to stay if they must travel any distance to use the designated space.*

Green Design

The opportunity to equip your new hospital with the very latest in hi-tech approaches for caring is a priority for patients, families and staff. Similarly, many we spoke with felt it was important to consider the use and selection of the latest technologies in energy efficiency and environmentally-friendly products to compliment the facilities caring technology.

Potential resources to assist in the development of strategies and design solutions can be found in the LEED (Leadership in Energy and Environmental Design) standards and The Green Guide for Health Care. More information and resources for implementing green design concepts have been provided to you as a reference and can be found in the Bibliography section at the end of this section.

We offer the following areas of focus for your consideration in helping to achieve a healing environment that is consistent with Icelandic environmental stewardship:

- ◆ Energy-conserving light fixtures and lamping
- ◆ Environmentally-friendly interior finish materials

Recommendations

- ◆ *Maximizing the new facility site to take advantage of solar gain, prevailing winds and natural protections.*
- ◆ *Study the use of low VOC products throughout, including paints, carpets, furnishings, wall covering, adhesives, etc.*
- ◆ *Consider sun-shading devices and light shelves that would allow for the infiltration of natural daylight into the interior spaces of the facility.*
- ◆ *Utilize a storm management system that would naturally filter the rainwater runoff prior to re-integration into the municipal storm system.*
- ◆ *Expand and fully integrate a robust recycling program that staff, patients and visitors can participate in to make a difference in waste reduction.*
- ◆ *Integrate energy-efficient lighting and occupancy sensors to minimize the use of electricity. In addition, where possible, the use of automatic sensors related to water utilization i.e. restroom sinks is recommended.*
- ◆ *Utilize green and staff-friendly cleaning products for housekeeping and maintenance.*
- ◆ *Specify items made from recycled products, such as ceiling tiles, flooring products and toilet partitions.*

There are additional opportunities for consideration when designing “green” buildings. Additional resources are available for review including facility examples on the GGHC, H2E, and USGBC websites.

CURRENT HOSPITAL

Current Hospital Design Recommendations

During our time in Reykjavik, we had the opportunity to quickly visit a number of the existing healthcare facilities including the former City Hospital, State Hospital, Women's Clinic, Children's Hospital and the building currently housing Pediatric Psychiatric services. With the exception of the new Children's Hospital, it was clear that the physical limits of these aging facilities have clearly been pressed to the breaking point in many areas. Due to increases in patient volumes, the addition of new services and the almost constant need to upgrade various technologies that are critical to the provision of safe, high quality care, new medical infrastructure will be needed. These points and others concerning some of the on-going challenges related to seeking and receiving care were shared by those we met during our focus group activities as well.

Even with the extraordinary efforts currently underway to design and eventually build your new facility, the expectation is clear that it will be a number of years before final completion is achieved. With this in mind we were asked to identify simple opportunities and provide recommendations to improve the current facilities and the experience of patient, families and staff.

During our tours, we were introduced to a number of creative efforts by staff to make a difference. We would encourage a formal effort to identify current best practices with the goal of creating opportunities for replication and adaptation of efforts that are already making a difference for patients, families and staff.

Based on the structure of our tours of the facilities, our recommendations will follow a similar path highlighting opportunities by building and departmental location when needed. In making these suggestions, we tried to consider likely physical plant limitations, ease of implementation, basic cost-benefit considerations, and the opportunity for positive impact on patients, families and staff. These recommendations should not be viewed as a complete list of all the current opportunities available, but as a complimentary resource for use in your continuing efforts to improve your healthcare services.

Children's Hospital

There were many good practices and environmental elements throughout the facility, including the poetry entry, the provision of family lockers, intimate seating groupings in waiting areas, and the use of art for distraction in various locations including the piano.

Opportunities for consideration:

- ◆ To increase waiting capacity, consider the implementation of remote waiting via the use of “restaurant style” pagers that can be issued to families during their visit or stay.
- ◆ Expand opportunities for comfortable overnight accommodations for families and significant others.

Connecting Corridors between Buildings

- ◆ Long interior connecting corridors could be improved through the use of artwork, music and seating opportunities for those traveling through the space.

General Recommendations

- ◆ Exterior building signage could be improved through the standardization of vocabulary and styling. Current building signage creates confusing and sometimes conflicting messages related to both entry and services provided within. Special consideration should be given to primary or main entryways into the building, including the main hospital lobbies, Women's Clinic, Children's Hospital and emergency entrance. Coordination between entry signage in parking lots and building signage is critical.
- ◆ Develop a team focused on internal way-finding. This group would develop facility standards for way-finding including the establishment of an agreed-upon vocabulary and comprehensive system elements for navigation throughout the building, including signs, maps and the location of way-finding resources for visitors.
- ◆ Develop an Arts team to establish standards and practices for the utilization of art throughout the facility. Areas of initial focus should include the selection, acquisition, framing and display of appropriate art throughout the facility.
- ◆ Create opportunities for local artists to display their artwork in the hospital through the development of art-walks and temporary rotating galleries.
- ◆ Development of an Interior Standards Guide and policies outlining your expectations going forward within the context of patient-centered care and the development of healing environments is recommended. This will help facilitate consistency and continuity as you continue to enhance your physical environment.

Main Entry and Lobby Area

The main entry and hospital lobby have a great deal of potential and we recommend the following items for consideration.

- ◆ Improve the signage on the outside of the building to clearly articulate the importance and location of services.
- ◆ Consider the placement of seating near both sides of the entrance.
- ◆ Once you enter the space, it should be clear how to seek assistance and find the materials necessary to make your way effectively around the building.
- ◆ Consider removing and repositioning the current staffed reception area to a more central location in the direct line of sight as you enter the building. The desk should clearly promote a desire to be of assistance and accessible to all individuals.
- ◆ Improve the seating opportunities within the area with the addition of bench seating along the windows and additional seating groupings in the main area.
- ◆ Maximize access to natural light, where possible, in addition to improving the lighting fixtures within the space.
- ◆ The use of color, art and familiar images from Iceland should be integrated into the space.
- ◆ Look for opportunities to enhance the current offerings of food and beverages to create more of a café-type environment.
- ◆ To assist with parking challenges within this area, specifically consider piloting an assistant parking service for specific patients or services.

Intensive Care Unit

This unit provides extraordinary care for its patients in a relatively difficult environment given the physical limitations of the space. The following points should be considered:

- ◆ Identify an opportunity to create some form of storage relief, even if only temporary, for equipment currently being stored along the corridor.
- ◆ Review the current lighting along the main patient corridor and consider the use of reflective light fixtures and the ability to adjust lighting intensity to soften the environment. Also consider lamping type and color range.

- ◆ Identify and establish focal points at the end and along the corridor to locate artwork for relief and distraction. In addition, lighting can be used to further enhance the effectiveness of the strategy.
- ◆ Standardize artwork throughout the unit and consider the use of photographic or painted artwork of familiar nature scenes from Iceland.
- ◆ Implement sound management and dampening both in the corridor and within the multi-patient room environment.
- ◆ Create ways for patients and families to personalize their spaces during their stay through the use of a tack boards or white boards where messages and important images can be displayed in support of the patient.
- ◆ Consider the addition of clear window glass in the visitor entry door to help create the feeling of expanded space available for waiting. This will help to create a visual and perceptual connection between the small family waiting area, corridor and outer landing area. In addition, consider installing small bench seats under the windows on each side of the limited-use entryway that leads to surgery. This will help provide an overflow seating option to support ICU families without compromising the egress functions of the stairwell.

Emergency Room

- ◆ Privacy is a challenge given the current physical space. Look for ways to utilize sound dampening and/or masking technologies to improve auditory privacy within the space.
- ◆ Look for opportunities to warm up space and make it less institutional with the utilization of color and artwork.
- ◆ Improved partition curtains between the patients beds would help to improve the environment.
- ◆ Take the opportunity to improve the emergency room corridor experience through improvements in lighting and plan seating groupings.

Diagnostic Imaging Areas

- ◆ Improvements could be made in the gown-changing areas with the addition of heavier curtains, and/or installation of doors on changing rooms. Also the use of signage to clearly identify the space and its use will help to allay concerns related to privacy in the area.

- ◆ The use of art and music in the gowning area would help to improve the overall experience.

Patient Care Floors

Given the similarities and general layout of the patient floors, many of the following recommendations have the potential for adaptation and use in each of the areas.

Landing Areas between Floors

- ◆ To help address the need for waiting and expanded common space for patients and families, we would encourage the recapture and enhanced utilization of the landing areas on each floor. Given their location, they are uniquely positioned to serve both as a connection between floors and between units on the same floor creating the opportunity for a positive common feeling as you move through the facility.
- ◆ A number of landings have access to natural light, although some access to both windows and natural light has been interrupted due to the development of office space over the years. Consideration should be given in each instance to the potential value of developing these spaces primarily for patients, family and visitor uses.
- ◆ Each space has adequate room for multiple uses including waiting, family support and activities including a small library collection.
- ◆ With the addition of artwork, comfortable seating groupings and other options, these could be truly wonderful additions to the care environment.

Patient Floors

- ◆ The entry area to each unit or service should be developed to create a warm, welcoming first impression for both patients and visitors.
- ◆ Formalize the use of art along patient corridors for distraction. In situations where space is not readily available, look for opportunities to create simple vignettes of beauty through use of a simple art niche, a single well-placed piece of art, flower or plant.
- ◆ Create planned opportunities for seating along corridors in small groupings in your patient rooms.

- ◆ Where possible maximize the use of common rooms at the end of the hall by enhancing the overall attractiveness of the space through furnishings, window treatments, access to entertainment, access to nature, and comfortable seating.

An excellent example of these ideas and more can be found on the Kidney floor. Through the efforts of staff and management, they have created a healing space that has great potential to be replicated in other areas of the facility.

APPENDIX I.

Focus Group Outline

- I. History and Overview of Patient-Centered Care (15 minutes)
 - a. Emerging definitions of quality patient care and patient-centeredness
 - b. Who we are: Planetree history brief
 - c. Focus group research basics
 - d. Designing a hospital for the future: Generational differences
- II. Patient-centered elements through the patients' eyes (15 minutes)
 - a. Core components for consideration
 - b. Review of principal elements to answer these questions:
 - i. Based on personal experience as a (patient, staff member, physician), what are your thoughts about each element and associated practices?
 - ii. What is most important about this to you?
 - iii. What would you like to see in relation to this element in the new hospital?
 - iv. How could the new hospital environment support this aspect of a patient-centered approach to care?
- III. Facilitated discussion points (60 minutes)
 - a. Access to Information
 - i. Describe examples of open charts, patient pathways, HRC, Internet access, shift changes, care conferences
 - b. Family, friends and volunteers
 - i. Describe examples of patient-directed visitation, care partners, family presence, family spaces
 - c. Healing Environment (major discussion focus; 30 minutes)
- IV. If time allows, then query these:
 - a. Nutrition
 - b. Spirituality
 - c. Massage & Integrative Therapies
- V. Close with an invitation to envision the ideal, healing hospital and have participants write these on sheets provided to them
 - a. Highest priorities?
 - b. Nice to have, but not necessary?
 - c. Don't want to see at all?

APPENDIX III.

Focus Group Priority Lists

This section of the report document summarizes the top priorities that emerged within the various constituent groups in reaction to a set of patient-centered elements presented to them. The discussion was set within the context of how the new hospital being planned for Reykjavik could best support the health needs and desires of those it will serve. We also invited participants to share their suggestions for improving existing hospital facilities and services.

While discussion focused on a broad range of elements of the organizational culture that influence the patient care experience in the hospital, particular emphasis was placed on preferences in the built environment. At the conclusion of each focus group session, participants were asked to reflect on the ideas and suggestions that had been considered during their group discussion, and to complete three statements:

- 1) These are the things that I think are *most important and should be included* in our new hospital.
- 2) These are some of the things I *would like to see*, but aren't absolutely necessary.
- 3) These are some of the things we talked about that I really *would not want to see* in our new hospital.

TOP DESIGN PRIORITIES – CHRONIC CARE ‘A’ PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Possibilities for patient education.
Spacious single rooms.
Possibilities for family to stay with patients.
Homelike rooms-light.
Patient libraries, places to gather and dine.
Internet possibilities.

Single rooms especially for patients which stay for a longer time.
Dining rooms with internet access.
Nice view and welcoming surroundings.
More possibilities for activities, gym, walking, educational meetings etc.

Enough space.
Warm environment.
More single rooms.
Entertainment.
Library for patients/families.
Internet access in all rooms.
Dining area.
The patients charts to be open for patients and families.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Access to gym.
A garden to walk in and enjoy that is inside.

Internet access in every room.
Library for patients to have books for information about his sickness and leisure.
More suitable surroundings for teenager.

A lot of art and some beautiful things to look at.
A swimming pool and fitness center.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Will not have sterilized environment.

Dark colors.

Cold, gray corridors.

A lot of glass/windows and bright lights-more natural lights.

TOP DESIGN PRIORITIES – CHRONIC CARE ‘B’ PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

The emergency room/area should be fixed in the direction to come more caring for the patient and that patient's privacy is taken care of.

Medical records should be in a language that the patient can understand. Also that these records should be more accessible between doctor and nurses so that when the patient arrives he shouldn't repeat his history over and over again.

Communication level between patients and doctors should be higher. And the patients should be allowed to be more involved with his illness.

Private and single bedrooms, better and more warm lobbies. Library and information center about disease and treatments. Warm gatherings areas for patients, families, relatives. Gaming center and hobbies for patients and children of patients
Covered "outside" zones.

Information about patients should be in a media-based form so if another doctor or nurse will receive you, that they don't need to ask for your entire time.

Good/better access for patients and relatives.

I would like to have a healing, inviting hospital with staff that care!
Single rooms.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Quiet zones and gardens, animals, dogs and cats. Better facilities for blind people. Every sleeping room and bedrooms can be private and have their private baths. And better concern and thinking about if the patient is going to be there for a long time or short time. Also like we were talking about someone that can come and greet when you come and tell you where to go.

Possibility to see your own animal.

Streaming water and waterfalls. Also a person that comes and greet you when you arrive with a smile.

The staff's attitude should be improved.

Single bedrooms for very sick and long time chronic patients.

Good food.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Rooms with a lot of patients in them is something that shouldn't be there.

Staff that don't care for you as a patient.

TOP DESIGN PRIORITIES - CHRONIC CARE 'C' PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

There is a lack of parking spots near the entrance for dialysis patients and cancer patients. It is not a good thing that the staff park near the entrance and outgoing patients cannot park near the hospital. It could be a good idea if there were some parking spots where patients can get a card or something and park in a spot without paying.

Psychiatric help for all long dwelling patients or at least six visits from a shrink. Free alternative for family and relatives.

Private and single bedrooms for patients that will be dwelling at the hospital for a long time.

Better cooperation between charity organization, such as the renal organization and chiefs of different departments.

THERE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

There are too quick changes in doctors in every department. It would be much better for patients to have at least one chief or head doctor for every department that will just stay at this particular department.

The balance in heat control is terrible. When it is hot outside, it is very hot inside as well, and also when it is cold outside it is cold inside. It would be very nice if there could be a better balancing control.

Better and bigger lockers for the patients and staff.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

I don't want to see big or a lot of windows.

TOP DESIGN PRIORITIES - CARDIOLOGY PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

The lobbies for the patients is good and fast.
A facility for relatives is in place and easy to access.
Better information for patients and relatives.

Found him to be sent home early.
Better information for family members.
Private rooms with private bathrooms.
A good parking area is nice.
The rooms should be comfortable and with warmer colors.
Better de-briefing or information between doctor to a doctor and to nurses.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Private rooms with a private bathroom.
A valet parking is a very good idea.

Valet parking. Better facility and better mattress that will fit.
Toilet in every room.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

No animals at the hospital.

No animals.

TOP DESIGN PRIORITIES - ER PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Much, much more space and more colors, like brown, not too bright colors. More staff-people so you wouldn't have to wait in the ER.

Warm environment, single rooms.
People who are ready to listen to you.
Good facilities for lung patients.

Nice atmosphere and service attitude toward guests. Effective service.

Good reception, quick diagnosis and good waiting rooms for the families.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

I don't know exactly, maybe some extras for patients like TV for each patient or a café or library.

Café and library.

Rooms are warm and comfortable not always like you were in a hospital.

Everywhere possibilities to contact.
Have music and radio.
News easily received.
Harried environment.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Don't put patient together with other contagious diseases.

Definitely many good ideas. Would like it to be in Icelandic because I have a long experience from working in a hospital.

Parking house of patients within short walking distance to the hospital.

TOP DESIGN PRIORITIES - CANCER PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Think about human resources staff that has time for patients.

Private rooms where the family can gather.
Pictures and paintings and nice colors.

Single rooms with private bathrooms.
Facilities like wireless Internet access, TV, etc.
Good and bright waiting rooms – not having to wait in corridors.
Good parking facilities.

Better facilities for cancer patients that come in for a few hours, like in department 11b.
More space, computerized information that would appear on plasma screens, café's and food stand with healthy food – fruit and vegetables.
Sitting lounge with different rooms.
Nice, warm environment.

Advanced technology.
Money to spend on new drugs.
You should have choices depending on how sick you are.

Mostly single and double rooms with bathrooms in the inpatients' wards.
Better facilities for visiting relatives and friends.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Single rooms – or preferably a choice.

Healing space: like you showed in the picture that was a basement with trees and plants.

People should have more choice.

The cancer department could be separate and be an all-around cozy environment.
Better parking for patients.

Nice furniture (rooms).

We need more staff – nurses for care of the patients and in some of the departments, better waiting rooms and cafeterias where you can buy healthy food.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Remember that the main purpose is to serve patients, and they need staff!

Clowns, entertainment, just very occasionally.

Extreme luxury.

No unnecessary luxury.

TOP DESIGN PRIORITIES
– PSYCHIATRIC PATIENTS
– +1 FROM KIDNEY UNIT

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Hospitality, friendliness.
Comfortable light.

More understanding and more access to my records.

Above all the surrounding around the patient should be warm, homey atmosphere, in-and outdoor garden.
Pleasant place to smoke in.

Choice, natural warm environment.
Good bathrooms, rooms you can have a quiet moment for yourself i.e. your pet and hopefully friends and family.

That animals should be allowed into the hospital, the lighting-patients should be able to control the lighting, and there should be more green areas.

A smoking area.
A gym and staff.
A garden indoors or outdoors.
A non-white/gray plastic chrome environment.

New ER, parking space, milder colors, wider corridors, better waiting rooms, access to the internet, more plants.

Exercise routes (for walking) where not liable to be run down by cars circling the hospital. Also no snow and slippery pathways when taking walking routes. We live in a country where it snows a lot, so there should be heated pathways. Patients need to be able to go outside and take a walk. More glass buildings, so patients can have a more diverse environment, both light and weather friendly. Patients should have an opportunity to walk outside in peace (minus traffic).

There should be athletic room, a large kitchen with good space for the patients.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Flowers, paintings.

More time to talk with doctors and nurses.

Good nutritional food, garden, lake-sea view. Good occupational therapy.

A garden where you could take a walk, a place for recreation. More choice in the food. The staff should have the same rules, and understand the patient's illness better.

Fish tanks, nutritional food.

Patients clothing in the hospital with the stamp "___ LSH" is very bad.

Animals.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

More time to be able to move and get some exercises done like boxing or something, thank you.

A lot of metal.

Aggressive pictures.

Uncomfortable lighting.

Things should not be decided without the consent of the patient, and without consulting the patient first.

Fluorescent lights, Halogen lights.

Like smoking in the bed room

TOP DESIGN PRIORITIES – MATERNITY PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Easy access to birth ward (parking and walking).
Bigger “nest” and a possibility to go to Hrciond without promising not to get an epidural.
More “birth baths” and a possibility to give birth in the bath.

Better support for dads.
Individual rooms for each woman and for their boyfriends/husbands or a support person to be able to stay overnight during their stay also when you have a C-section.

Better parking facilities.
More flexible meal schedules and even more than one meal options.
Better situation for at night arrivals.

The intensive care unit needs to be near the maternity department so the mothers can go there without difficulty by themselves even though they have been operated on.
More flexibility with the meals so the women can decide when they want to have something to eat.
Guarantee that the doctor who operates on a woman talks to her and her husband after the operation.

Free parking for women that are arriving in a hurry.
Also that the fathers of the babies could stay and sleep with the mother, not only when the mothers are giving normal birth.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

More flexible food arrangement in the hospital.

Better baths and showers in delivery rooms.
Better beds in the delivery rooms.
Dads allowed during surgery.
More parking spaces and don't have to pay for them.

Continuity in midwife/delivery/homecare service – would be nice to have same person.
The accommodations to be the same for all types of deliveries possible.

Better TV chairs for women that have had a C-section.
Change the visiting hours and dinner time.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Crowded rooms with 6 women and 6 infants crying all the time.

Those hard beds in the delivery room.

Broken equipment (ex. blood pressure unit broken)

Fathers have to leave their wives and babies overnight after birth. They should have some options to stay with their new family.

TOP DESIGN PRIORITIES – REHAB / NEURO PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Privacy – to talk to the patient about the feelings and their disappointment to become a patient.

Private room for the doctors to talk to his patients.

Privacy.

Personal contact with doctors and nurses.

Single patient rooms.

Rehab stays at some location as now.

Computer access by beds of long term patients.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Like my home, computer, mobile, and so on.

A warm environment – a home feeling.

Patient should be treated with respect.

Better contact with the society (personal computer, etc.).

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Old people taking up the expensive places.

Don't privatize the hospitals.

TOP DESIGN PRIORITIES - SURGICAL AND ORTHOPEDIC PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Short distances. More height, less ground!
Special corridors for patients, when going for X-rays and such.

Spacious rooms with high ceilings to fit in all the equipment, beds and things.
Important the elevators are spacious and work well.

Compact departments with short distances.
Make the time it takes to register shorter.
Make a good working environment.

Single-room available to have who wants them.
Better facilities for family.
Friendlier atmosphere on admittance.

Single rooms, good meals, access to records.

Address psychosocial needs of patients and families.
Improved patient evaluation and for the families.
Provide access to support groups.
Provide healing environments.

Good personnel.

Personal contact with the staff – for example, to be able to talk to the doctors in charge.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Shop open 24/24.
Canteen to eat, get breakfast, etc.

Single rooms, or rooms for two patients at the maximum.

Warm and beautiful surroundings.

Internet access to everyone.
Access to medical records.

Access to the Internet.

Make sure the staff is well paid and happy in their jobs.

Friendly personnel.

Access for the family.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Big unused glass/concrete space.

A garden, perhaps overbuilt and with trees, tables and flowers. They can be fake flowers as well.

Hospital beds need not to be very big.

TOP DESIGN PRIORITIES – PARENTS OF PSYCH PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

More space and calming colors.
More space for children and their parents to play and be together.
More cozy environment.
Cozy sofa so you can put your feet up.
A piano and guitars in the wards.
Sing more.
Bigger outside ground to play.

Family room – a place for parents to read, rest and gather info i.e., internet.
A bigger room with beds both for child and a parent.
Paint with warm colors and blankets, simple but warm.
Facility for the staff where the staff can be resting and have quiet time and can also take the child aside.
Big playground outside or overbuild with playing tool and ballground.

To be able to see a big playground for children with ADD. If something is wrong then the matter is tackled immediately and you don't need to wait.
I want the psychiatric department to handle all the transport that my child needs.
Children are different and their needs as well are different and all children can get the treatment they need.

Better service and bigger spaces for everybody.
More and better access for everyone in the family to participate in the child's illness.
Quick solution for small dilemmas.
Better facility for people that need a long hospitalization.

Change the name BUGL – it is repulsive.
Simplicity and stronger furniture and things.
A person that works with the parents (individual treatment) that has a big unity and helps educating parents how to handle and treat the child right. Parents need a lot of help and support and should be followed up to better parenthood. This person should listen to the child and his parents.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

I would like to see pets and fish tanks.

Diversification for children having a long hospitalization.
More choices for different entertainment.

**THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY
WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:**

I would not like to see big windows.

Doesn't want to see a lot of luxury that will not make any difference.

Visual, hearing, fast harassment shouldn't be at the new hospital.

TOP DESIGN PRIORITIES – PARENTS OF PEDIATRIC PATIENTS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Children's menu, healthy food.

The feeling of being at home when you're staying there a long period, facilities to enable you to feel secure.

Parents could order food, children could choose food.

Secure it towards parents that children get the right medicine.

Food court.

Food court, gift shop.

Children's menu.

Communication between doctors and patients need to be clear in all areas.

More staff or solution so we can have the possibility in leaving the child for an hour, during night...so you can breath in longer stays (24 hours, for many months, is too much ever tough you want to be with your child).

Better beds for parents, restaurant open from 800-2100.

Trauma treatment for parents after diagnosis; to be able to take breaks; children's menus and that parents can order food; better facilities for parents like comfortable beds; computer access and access to medical charts; more access to doctors.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Supermarket, organic shop, high school volunteers to support patient/family.

Help parents take breaks, get babysitting, getter beds and chairs.

Market.

Children's menu for food, more activities for children, colors on wall, gift shop.

Longer opening hours for play areas also in the weekend; longer opening hours for cafeterias; volunteers to help parents take breaks; gift shops.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Sterile environment.

Bunks for parents. Employees that don't speak Icelandic. That residents don't get to insert IV in children that stay at the hospital a lot, only senior doctors.

Sleeper sofa provided for parents to sleep on when child is in the hospital.
People that do not speak good Icelandic.

Condescension.

Bunks for parents.

Residents hooking kids up to IV.

Doctors or staff talking to parents should speak Icelandic.

Parents beds that already exist in there – horrible.

TOP DESIGN PRIORITIES

– NON – SUPERVISORY NURSING STAFF

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Bedding central, beds follow patients.
Good changing areas for staff, locker rooms – big problem now.
Single patient rooms with rooms for families.

Daylight – Indoor parking for patients and family.
Bright colors, wood.
Place for the family.
Cafeteria for patients' family and staff.

Easy access.
Parking separated for patients versus staff.
Entrance is easily seen/found.
Daylight, warm and open spaces in entrance.

Single room, space for families .
A café/restaurant in the lounge/lobby.
Better and more variety of food for patients.
A garden around the hospital with easy access for the patients.
Better entertainment for patients.
A good working space for the staff.
Internet access in all rooms.
TV by all beds.

Soft colors, friendly environment, separated, well-marked parking places.
Pictures of landscape/trees in patient rooms.
Open visiting hours, healthy food.
Open nurse stations where you can see through glass inside the patient's rooms.
Patients/visitors hotel floor or separated building (after care).
Lots of daylight.

A place for parents, family to stay with their relative.
Single rooms.
Lounge to socialize for patients.
Cafeteria for patients and family serving traditional food and also health food.

Consider natural light, plants, light furniture.
Easy access, more parking spaces.
Beautiful design – comfortable furniture, good waiting area.

Beautiful design in the society.
Glass – good light – water, stone and plants in the surroundings.
Easy access and parking for patients, visitors and staff.

Single rooms.
Cafeteria and restaurant on the top floor with big windows for patients and staff.
Inviting reception area – light and airy with plants.
Natural stones for example and good seating.
Good parking.
Central nursing stations.

Smaller units.
More single rooms (more privacy).
Better food.
Positive attitude.

Privacy – but still can meet with other patients.
Parking spaces inside/under hospital – easy access to your ward.
Bright rooms, light colors, sunlight/outdoor light in every space.
Waiting areas with cafeterias, entertainment, comfortable space.
Chairs in small groups.
Better after care in or by the hospital.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Restaurants, coffee shops for staff and visitors.
After care patient hotel.

Waterfall, restaurants.
Small nurse stations.
Comfortable furniture (chairs/sofas).

Kitchen/kitchenettes for the patients.

Visitors/patients library, computers, restaurants.
Dining room in every ward.
Volunteers (also young ones).

A piano in the entry lounge.
Too much glass in the building material.

More volunteers.

Family rooms in every unit where families can stay, make light meals, sleep/rest.

Space for staff to rest away from the ward.
Hotel for patients at the hotel – short distance away.

**THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY
WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:**

Parking issues.
More volunteers.
Waiting areas for families.
Communication ambassadors.

Not too fancy.

Dark colors, old carpets, heavy furniture.
Dark places.
Cold, sterilized environment.

A sense of too much spent in architecture.
Too much room spent for nothing.

Carpets on floors.
Hotel-like entrances.

TOP DESIGN PRIORITIES

- NON-SUPERVISORY SUPPORT STAFF

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Departments for psychiatric patients on a ground level with bright environment, gardens and plants.

Private rooms with bathroom.

Gyms for patients with guidance from a fitness instructor.

Fireplaces, waterfalls and stones from Icelandic nature.

Fish tanks.

Comfortable chairs.

Television and Internet in the lobby.

Beautiful painting, art and artifacts.

Everything that enjoys the ages.

Good access to comfy and warm environment.

Good access to get places in the hospital and good markings throughout the hospital.

Smaller infirmary with good supplies and access.

Private rooms and private lavatories for every patient.

Good access and space for family members.

Warm and quiet environment.

Better facilities for staff for work and rest.

A lot of parking spaces.

Better access for patients to the pharmacy.

Comfortable waiting rooms with a good air conditioning.

Better information about ways through the hospital and better markings that show the ways.

Access to information – both regarding treatment and patient feelings.

Single rooms or rooms that people can have a choice to either stay alone or with someone else.

Single rooms and bathrooms with windows and view.

Staff space – meetings, family space.

Patient and family education centers.

Integration of complementary therapies.

Improve interdisciplinary work.

Improve nutrition/food for patient.

Exercise and spa center for staff.

Improved psychosocial services.

Strengthen specialization in nursing; ex. oncology, cardiology, etc. (worry if patients are to stay in the same room all the time and staff should come to them, then specialization could be lost).

More use of art, gardens.

Improve patient participation in decision making.

Streamline care better (for example – patient pathways).

More space for nursing.

Small units.

Relax rooms with music, aromatherapy, massage.

No whitewalls in the patient room; accommodate with sofa, table.

Patient pathway, better information for the patient.

Lobby garden, less noise; waiting place for visitor.

Children's garden.

Bell for older people.

Eating room with a little kitchen.

Better food and patients choose.

Better planning for care from admission to discharge – patients pathways.

Enough space for patients, family and staff.

Single bedrooms.

“Home” environment.

Garden, relaxation centers.

Welcoming center when you arrive to the hospital.

An area that provides patients and guests with all the information they need to get around – both within the hospital and outside.

Necessary to have family rooms in every department with restrooms.

Bigger areas with cafeterias, small stores maybe near the center.

Private, single rooms for patients.

One bedroom.

Internet access.

More information for the patient and his folks.

Single rooms with separate bathrooms for patients especially in the oncology department.

More and better facilities for family members to care for their loved ones, to include a kitchen area where you could cook or prepare food for your family members.

Accommodations for family members to stay overnight to care for or support their loved ones.

Single patient rooms (mostly) with a private bathroom and shower.

Good access for patients and visitors.

I think the most important part is where it will be situated. To service the big Reykjavik area, Vatrismyri is not the right place. It is not central enough.

Choice of private rooms or more space for families or relatives of patient.
Place to get treatment by specialists or for patient therapy.

Welcoming, comfortable, and built from a patient perspective and representing all professional perspectives.

Humanitarian, friendly and personal atmosphere.
Private rooms with plenty of space for family members.
Plenty of bathrooms.
Gardens outside.
Many colors.

Private/single rooms for most patients.
Facility and warm environment for relatives.
Parking for visitors and the outpatient department.

Environment like home.
Private rooms.
Good environment for staff.
Better information for patients and family members.
Healthy food.
Good parking.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

A brighter hospital with a possibility to get more sunshine.
A garden or a garden with waterfalls and running water.
Paintings and art with a lot of peaceful nature pictures.

Dogs that are well trained that would come with their owners for a visit.
Volunteers that would come to the hospital and read aloud from a book (for example, to lonely patients).

Entertainment and lavatories in every room.

Cafeteria.
Library stores.

Better place for staff.

Music – instruments for people to play on and for musician.
Paintings on the walls.

Shops.
Supermarket.
Hairdressing.
Parking place away from the hospital.
Information letter for telephone numbers .

Waterfalls, plants, flowers, aquarium to create a soothing, healing atmosphere.

Gym for the staff.
Phone beside every bed.
Room to change clothes in every unit.

Larger rooms but I don't think though that larger is better. I would like to see garden areas taken inside not outside.

Use the light we have .
I don't think an outside garden would be possible because of the weather conditions.

Most of the ideas sound good. I think one person rooms are not always necessary. Some times it can be good to have someone to talk to.

Annoying dogs and animals.

Open nurse stations.
More whirlpools.

Open areas and spaces when arriving at the hospital.
Good access to information.

A lot of big spaces i.e. yard that is overbuilt.
Kitchen for patients.
Spas.
Swimming pool and gym for patients and staff.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

A lot of windows and glass houses.

Mall rooms, big units, rooms for two or three patients.

There was nothing I did not like.

Music in the lobby.

Cold, white environment.

TOP DESIGN PRIORITIES - TECHNOLOGY STAFF

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

A garden with trees inside the building.
Just one room per patient.

Balanced needs for patients and staff in a cost effective way.

Better parking.
Better signs.
Outside area for patients and staff.
Better food selection, more variety.

Single rooms.
Warm environment.
The hospital should look more like a hotel.
Green house.
Place for family to stay/sleep with patient.
Pictures.
More space.
Music.
Warm color.
Massage/Spa.
Good food.

Good food.
Relaxing surroundings i.e., soft colors.
Spaces where families are welcome.
Comfortable furniture.

Friendly environment, easy to get around, short distances.
Places to get rest, beverages and leisure.
Parking spaces for both patients and staff close to the entrance.

A hospital that is 'welcoming', nicely designed in nice earth colors, warm colors.
Mix young and elderly in designing and bringing ideas; does not need to cost so much.
Good, easy to walk around and enter the facilities.
Also for relatives – spa, coffeehouse.
Good food.
Positive environment – not fancy or expensive.
Fresh air – easy to go outside.
Calm environment.

Easy to go outside to get fresh air when you can sit down.

Warm environment.

One bed per room – single bed.

Good work facilities for nursing staff.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

I would like to see nice furniture and more space but it is too expensive because government runs this house.

Tasty food.

Access to records for patients.

Someone greeting the patient.

Gardens.

Internet access for patients.

Gardens.

Glass houses (green houses).

All kinds of therapies, physical and spiritual.

Single rooms.

Pets.

Fish tanks.

Pets.

Order food from outside the hospital.

Room for the family.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

No carpets – because of bacteria.

Do not have carpets because difficult to clean and disinfect.

No animals.

No carpets on main floors.

Rooms that are either too big or too small, long hallways.

Not too many furniture in boring colors.

TOP DESIGN PRIORITIES – NON-SUPERVISORY SUPPORT STAFF

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Single rooms where the family can stay by the patient's side.

Single rooms, spacious waiting lounges, café's comfortable examination rooms.

A more "welcome to our hospital, and "how can we serve you".

A patient coming in to our hospital should be made absolutely sure where he is, be given the right information from the start.

Spacious areas for staff and patients.

Single rooms with family accommodations.

Problems with parking should be solved in advance, nice family areas, connect the hospital with native, nice inside gardens, nice entrances and lounges. Single rooms with beds for relatives. Very nice labels and signs, center for nurses.

Simple buildings/floor plan so people can easily find their way. Clear signs. Helpful staff at entrances who can help newcomers feel secure about where they're going and what will happen. Uplifting environment in psychiatric wards.

Single rooms, warm colors.

Be able to have family with the patient.

Restaurant or coffee shop.

More information about the hospital or the illness.

Enough room for all services, better information for patients after they leave the hospital. Better signage for people that come in for therapy.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

A cozy environment if people need to stay for the day or overnight.

Activities and snacks.

Library for patients (long-term) and cafes for family.

Better parking facilities.

Massage, better signs and labels.

Patient therapy areas for cancer should have bathrooms and gathering space for patients.

Spa needs to be nice, but perhaps not as fancy as in the pictures.

Warm environment.

Family facility.

I would like to be able to choose what I have for dinner or lunch-choose between two-three choices.

Spa.

**THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY
WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL**

Not a cold and impersonal space, it evokes bad feelings.

Not carpet, but some soft flooring(not stone).

Better security so that people that don't have any business can't come in.

Nothing that I can think of.

No carpet, otherwise I liked everything.

Not cold colors and lighting.

No carpet or animals.

Not a lot of different reception.

Not a lot of departments spread out.

TOP DESIGN PRIORITIES - DEPARTMENT DIRECTORS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

The hospital must be bright (a lot of daylight) and warm in terms of how we use colors. I like the use of nature inside like a lot of plants and water. Places where families can be private like café's, clusters of furniture in corridors and so on.

More emphasis on family members staying at the hospitals.

More emphasis on needs of staff – we are short of staff and need things to attract new staff members to the hospital.

More nature; i.e., flowers, trees, waterfalls.

Easier access to the hospital for patients. More parking spaces for patients.

Single rooms, with bathrooms.

Good parking.

Monitor/workstation – bedside Internet.

Single rooms, family facilities.

Space.

Lots of light.

Controlled lighting when it is dark outside.

Warm/soft colors.

Functional planning.

Easy access.

Easy finding your way.

Good space for the family– even a kitchen to cook.

Single rooms.

Good working conditions.

All services in the same area – geriatrics and rehabilitation.

Having a choice for food for the patients 24 hours.

Have relatively small walking distances in the ward.

Single rooms, with good facilities for the relatives.

Internet access in every room with patients.

Short distances for long-term patient parking.

Access to care.

Wheelchair access for every corridor leading to care facilities.

Light and airy and welcoming entrances separating the outside from the inside hospital environment.

Patient information centers.

Single patient room inclusive facilities, easy access to electronic technology.

Single rooms.
Friendly atmosphere.
Good working conditions for staff.
Daylight.
Art pieces.
Water decorations.

One hospital, all on one/side.
Well certified care pathways.
Design, using Icelandic nature materials, etc.
Quiet.
Individualism in choice of music/entertainment, food and beverages.
Patient resource library.
Welcoming of patients.
Clothes that are both comfortable and “fashionable”.

Inviting environment.
Lobby where you could relax both families and staff.
Private room, but simple not lots of flowers and stuff.

Think more about the whole family space as a unit, not just a patient. Light, music, open spaces.
Think about the parking place, lot of them not so far of way for the patient.

Good open spaces that are functional and light.
Accessible IT.
Change in the culture; valet park, “Welcome, how may we direct you!”

Environment that welcomes you and supports that kind of culture.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Stores for staff to be able to shop before they go home.

Coffee shops, restaurants, etc.

Easy to maintain.
Kiosks.
Patient tracking.
Waterfalls and fountains.
Web portals for patient to access their EPR records.
Increase homecare with technology.

Lower the noise by using carpets in some areas.
Waterfalls.
Nice gardens outside or enclosed.
Cafeteria for patients, relatives, etc.
Food menu to choose your meal for patients.
Access to EPR for patients.

Welcoming staff in key areas.
Areas combining water and greens (plants, trees, etc.)

Patient library.
Gardens.

Patient reading of electronic records.

Waterfall in lobby.

Parking garage accessible to hospital (don't have to walk in snow/rain – at least for patients).

Artwork.
Shops – café's, restaurants.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Pets in acute care settings. They might belong in settings for elderly and rehab if there are designated places for it.

Not too extravagant. Want to have it simple and nice.
Not music all over the place.

Animals should be reserved for geriatrics, rehab and psychiatry.

Long walks in the parking space.
Long corridors.
Long to walk to find supplies for the staff.

Carpets.
Long corridors – Patients are often lost in the maze of corridors and stairs in our hospitals.

Entrances that are geared mainly towards cars.
Carpets or animal facilities are out of place.

Too home-like rooms for patients. The hospital should not become a home and for others it is a place for work.

Hotel-like reception areas.

Pets.

Multiple patient rooms.

Huge buildings.

Not too big spaces, unnatural material.

Direct patient to doctor e-mails.

Care pathways. One hospital in one place.

I would not like to see animals in our hospital.

No loud music in lobby.

Double or multiple rooms for patients.

I'm concerned about animals (some are afraid others have allergies).

Music in the hallways are so, so!

I'd like to have more pieces of art in the hospital.

How about collaboration between the University of Fine Arts and the University Hospital concerning designing signs/routes.

Nothing – but, the hospital should be a good place to work at and draw in best workforce ever. Top “people, people” that would/could provide excellent services to all – patients and families.

Thank you for the opportunity to discuss this with you. Keep up the good work and hopefully we can change the world (culture), hopefully before I'll get old and sick.

TOP DESIGN PRIORITIES – DEPARTMENT DIRECTORS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Resting area.
Coffee place.
Nice area that welcomes you.

Patient-centered care both as far as structure and mentality goes.

Single bed.
Room service, 24 hour food delivery.
Information center for patient and a staff member to help them.

Single patient rooms.
Space for family members in the patient room.
Parking spaces.

Sufficient parking.
Welcoming reception areas.
Clear directions.
(Watered) plants.
Daylight lighting where possible.
Nursing stations close to single patient rooms.
Patient kitchens.
Warm, not too bright colors.

Private rooms where a family member can stay overnight.
Nice view through clean windows.
Nice colors on the walls.
No long halls.
I would prefer smaller nursing stations.
Good parking house.
Green space outside where the wind doesn't blow.

More space for each patient and his family.
Decentralized staff units.
Friendly and open space for the patient families.
Decentralized staff units.
Friendly and open space for the patient, families and staff (like in a hotel lobby).
More restaurant feeling food service for the patient.

At every unit, one working station for 6-8 patients.

Staff room.
Working area.
Dining room for patients and relatives to stay over night 'if needed'.
Warm and friendly reception/lobby.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Carpet.
Car to drive the patients to leisure-time places.

Menu for the patients – choose from menu.
We want to have food from the kitchen so we can cook at the ward with the patients – barbeque.

Various luxuries and niceties like music, massage, gardens, cafeteria.

Coffee at the main entrance.
Garden.
Massage center for patient and staff.

Family kitchen and dining room.
“Green houses” – relaxation area.
“Nutrition on demand”.
Natural light.

Music/soothing sounds/easy chairs and settees for patients and families.

Welcoming lobby.
Information desk.
Menu where patients can choose their meal.
Pictures/flowers to hide the technical things.
More volunteers to do nice things which we are not able to offer in this small country.

Coffee house, shops in the lobby.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Too hotel-like feeling in looks and structure.

Many patients in the same room.

Unresponsive, centralized infrastructure that does neither respond to patient or staff needs unless they are outlined in the media and make politicians look uncaring.

Not have heavy furniture and overload and overcrowded rooms.

Not too modern.

No carpets.

TOP DESIGN PRIORITIES – PHYSICIANS ‘A’

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

A hospital that is not too sterile.
Soft lighting, less noise and closeness to nature.

Family areas, rooms should be large enough for family members to participate.
Library or information center.
Clear sights and directions.

Private rooms for all patients.
Health resource center.

Computers with Internet access at every ward where patient can both read their own journal and get info about their condition.

Friendly and variable environment.
Good access for family members.

Private rooms.
Space for recliners/lazy boy chairs for patients.
Designed for information technology as well as patient friendly environment.

Good access for the patients with good parking places.
One place the outpatients can come for x-rays, blood tests, microbiology test, etc.
Privacy so that people don't have to talk where everyone can hear or see anything.
Good entrance.

Single rooms with private bathroom and space for relatives.
Welcoming lobby with art.
Good parking area.

Optional private versus “double bed” rooms
Family spaces/lounges.
Open area café/library for staff and patients/families.
More colors make the hospital more alive – walls, sights, staff/patient gowns.
Parking houses, not open parking spaces.

Flexible rooms – possible to be alone or with another.
Open night for a close relative coffee shop.
A cafeteria in the center with a lot of plants, waterfall, warm furniture and ability to open the area up into a garden.

Respect for the needs and privacy of patients.
Environment that encourages ambulation of patients.
Good Internet access for patients.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Patient rooms with privacy – either two patients in a room with ‘flexible walls’ or one patient to a room.

Large lounges, fireplaces.
Valet parking.

Restaurants for visitors.
Cafeteria for visitors.

Family lounges.
More private rooms or smaller family lounges.

Coffee bars.
Carpeted floors in some areas.

Family rooms.

Cafeteria with Internet access.
Gardener.
Spa.
Alternative medicine, at least not for the psych patient.

“Booked” library – should go with computers and Internet access.

Patient library.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Parking lot shuttles.

The idea of “internet coffee” shop is attractive but from my own experience from Uppsala Sweden, this “coffee” place is often empty.

Everyone in a private room.
A coffee shop serving coffee.

TOP DESIGN PRIORITIES – PHYSICIANS ‘B’

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Build a new facility for psychiatry and move children psych to the campus.
Single patient rooms.
Single entrance.
Design a new pediatric ward.

More private rooms.
New psychiatric and children’s psychiatric facilities.
Higher security standards.

The patient and close relatives should feel respected and in focus. The hospital environment should be welcoming and constructed with focus on light, space, arts and calmness.

Individual rooms.
Better accommodations for family/support members of the patient.
Patient-oriented libraries.
Cafeterias with a variety of healthy food and long opening hours.

Privacy for patients.
Access for family members.
Inviting atmosphere.
Room for social activities/visitors.
Access to good food.
Televisions/CD players/radios for everyone.

Private patient rooms.
Medicine centrally distributed from a pharmacy.
Wide, bright spaces.
No carpets.

Single rooms.
Comfortable gardens and leisure rooms.
All subspecialties – like clinical psychiatric and geriatric.

Single rooms – large – think of the family.
Better dining options.
Better directions/signing.
Have it functional.

Art/pictures on the walls.
Plants inside.
Good single rooms with extra space for visiting family.
Patient library/resource center and patients living rooms.

Indoor garden and nice environment outside the building.
Cafeterias with fresh food and lots of variety.
Entrance very important with someone to greet who comes both nice and also important with regard to security.

Single rooms.
Scandinavian interior design in both rooms and corridors.
Common areas with musical instruments – TV, etc.
Common dining rooms on each floor.
Real artwork.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Open medical records.

Better parking facilities.
Better family/patient facilities.
A more welcoming entrance.

Valet parking.
Music.
Inside gardens.
Restaurants.
Hairdressing.
Shops.

Activity rooms.
Paintings/artwork on the walls.
Plants/comfortable waiting rooms.

Central entrance.

6 floors up and possibility for extension on the top.

Nice surroundings, garden, trees.
Nice entrance.
Good access to food/cafeteria.

Nice waiting rooms.

Lounges.
Valet parking.

**THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY
WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:**

24 hour (unlimited) access to medical records.

Cold, narrow rooms for more than one patient.
Bad color schemes and heavy furniture.

Unlimited patient access to medical records (during daytime) – (although I'm all for limited access).

Rooms for multiple patients.

Windowless areas.
Long winding hallways.
Very stereotyped architectural environment.

Split nursing stations.

TOP DESIGN PRIORITIES - COMMUNITY MEMBERS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Family atmosphere – Coffee lines – possibility to eat.
Colorful – easy access – friendly to elderly people.

Free of charge!!
Warm, welcoming.
Access to information at all times.
Respect for privacy.
Welcoming facilities connected to public spaces outside.
Cafeterias.
Nature and music.

Good access to emergency departments and the most possible convenient furniture and office equipment.

Convenient space for family members.
Cafeteria for outsiders (family members).
Design based on convenience and relaxed atmosphere.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Libraries for patients and families.
Gyms and swimming pool.
Fitness center.
Spa.
Massage.
Psychological services to families.
Ways to give feedback.

As friendly view as possible and good pictures, for example from nature.

Spa center where patients and family members can try services.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Cold, impersonal, closed.

It is a question of is it possible to combine hospital service and business facilities which can be run by private partners and could serve both outsiders and patients from the hospital side.

TOP DESIGN PRIORITIES - COMMUNITY MEMBERS

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

The patient should feel being cared for and that a certain doctor is responsible for that care.

Safe, warm environment.

The environment welcoming the patients and their significant others. And don't forget the staff.

Respect for the human being – the individual as self-healing – integration of psychological and physical healing. Respect for people and their situation.

Good access for all kinds of transport (public transport, bicycles, car ...) – staff that can give information and receive patients and visitors in every ward.

Patient-friendly atmosphere.

Welcoming.

Privacy secured and good practices.

Connection to the city-neighborhood, the world outside.

Flexibility to change with time.

Interdisciplinary approach.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Single rooms.

Big lobby/reception.

“Fancy” rooms.

Homely and nice surroundings with nice furniture.

The library is a good idea.

Good signs combined with some artwork.

Good common areas/garden with roof.

Different restaurants-menus for patients.

Primary care centre.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Unchanged hospital atmosphere in the new building.

Design issues:

- Clean air
- Natural light
- Welcoming environment
- Easy, friendly atmosphere
- Simple processes – best practices
- Conducive for healing

Soothing elevator music!

The best accessibility in cooperation with the disability movement.

A Berlin Wall plan/design.

TOP DESIGN PRIORITIES - WOMEN'S GROUP

THESE ARE THE THINGS THAT I THINK ARE MOST IMPORTANT AND SHOULD BE INCLUDED IN OUR NEW HOSPITAL:

Concerned and friendly staff, able to give the patient all the information he wants.

The patient can feel welcome and be well informed.

Single rooms with private toilet.

Patient pathway.

Medical record/chart.

24 hours visitation.

More signage.

More privacy.

Library.

One patient in each room, and always staff nearby that are focused on the well being of patients.

Family rooms, bigger patient rooms with nice environment and space for family.

Library.

Make adult hospital nice and more like children's hospital.

Private rooms.

Cafeteria (not too small).

Spaces for families.

More single rooms.

The focus should be on the patient – single rooms.

Convenient/ comfortable surroundings.

Friendly staff – in addition to the high technology.

THESE ARE SOME OF THE THINGS I WOULD LIKE TO SEE, BUT AREN'T ABSOLUTELY NECESSARY:

Single rooms – clean and quiet.

To have room for one patient – at most two.

Using volunteers to support staff.

Large reception space.

Inside garden and animals visiting.

Balcony.

Baking units.

THESE ARE SOME OF THE THINGS WE TALKED ABOUT THAT I REALLY WOULD NOT WANT TO SEE IN OUR NEW HOSPITAL:

Personally I would not like some animals. For example, dogs!

Plants and dogs because of many people who are allergic to them.

“Cold” environment.

Sterile and cold rooms or hallways.

APPENDIX IV.

Bibliography on Evidence-Based Design

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