AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

NEWSLETTER

"Healthcare Public Spaces and the Power of Design" 1

ACHA at Healthcare Design .07 Conference 3

Douglas Hawthorne to Speak at ACHA Luncheon 3

Fall 2007

"Healthcare Public Spaces and the Power of Design"

ACHA Master Series Presentation at the AAH Summer Leadership Conference

Reflections by John Pangrazio FAIA, FACHA

Executive Summary

More than 150 architects, designers, healthcare consultants and owner representatives gathered in Chicago in mid-July to discuss healthcare public spaces and the power of design. The discussion was part of the annual Academy of Architecture for Health Summer Leadership Conference.

A number of conclusions can be drawn from this discussion. One is that healthcare public space is not just one kind of space; it takes different forms or patterns, five of which our discussion identified. Another conclusion is that although healthcare public space is usually thought of as background or support space, it can be just as important in the healing process as clinical space. Architects, when designing healthcare public space, typically describe it functionally. Our discussion made it clear the design process must look beyond physical parameters. A possible tool for doing this is a matrix that integrates the type of healthcare public space with healthcare's unique identity attributes.

Because of the importance of healthcare public space, solid research about it is needed. And participants in the discussion agreed that they want to continue the dialog that we started about this space.

Introduction

How do we define healthcare public space? How can we use this space to enhance the design of healthcare facilities?

These were the questions more than 150 architects, designers, healthcare consultants and owner representatives wrestled with when they gathered in Chicago on July 14, 2007, to discuss "Healthcare Public Spaces and the Power of Design." The discussion was part of the annual Academy of Architecture for Health Summer Leadership Conference. Before beginning our discussion, we viewed a brief Power Point presentation; some of the slides are included in this article. The presentation was designed to help establish a vocabulary and a tool to facilitate audience dialog.

Poster Power

To stimulate thinking about healthcare public spaces, attendees were asked in advance to create and submit an 11" by 17" poster representing their favorite public space. No other limitations or definition was given.

"St. Mark's Plaza in Venice"

The response was rewarding and revealing. More than 20 posters were submitted and displayed. Among the spaces chosen were such monumental, well-known sites as St. Mark's Plaza in Venice; Mosque of the Prophet in Saudi Arabia; Chicago's Crown Fountain Millennium Park; the beach in Venice, Calif.; and Boston's Fenway Park. The posters also included smaller, more personal spaces as well as healthcare public spaces. It was clear that the spaces identified by those submitting posters were the product of a fond memory or experience. Reviewing the posters, I observed human emotion, spirit, magic and the importance of place.

The variety of public spaces represented by the posters underscored the difficulty of defining healthcare public space. Indeed, the posters made me realize that the topic of healthcare public space is more abstract than I had initially realized. But the posters also were a huge help in advancing our discussion. Those submitting posters were personally vested in them. So they were able to explain their selection criteria (for example, the space made me feel good, evoked a memory, was spiritually uplifting). They also were able to articulate how the space selected related to the topic of healthcare public space.

Defining Public Space

The term "public" suggests a place providing access to all, a place where people can congregate and engage in multiple activities, a place of movement and flow, a place of cultural collectiveness. How then to define "public space"? We can do this in two related ways.

The first is through formal *typologies* such as:

- organizing elements (plaza, courtyards, lobbies)
- dynamic conduits (streets, passages, transit), and
- transition zones (boundaries, edges, parks)

The second way is through *attributes* such as:

- environmental factors (light and air, energy, habitat)
- users (purpose, together/alone experience)
- public-to-private relationships (parameters, defining condition, animation), and
- architectural character (proportion, materials, scape)

History of Healthcare Public Space

When attempting to define healthcare public space, it's useful to recall some history. Initially places

continued on page 2

This newsletter is provided through an educational grant provided by Robert Rippe & Associates, Inc. Successful Foodservice Design, Healthcare Specialists, Minneapolis, MN, www.rrippe.com

ROBERT RIPPE & ASSOCIATES, INC.

"Healthcare Public Spaces and the Power of Design"

continued from page 1

for healing were truly public, sought out for their special qualities of place and environment. One example was the Asclepieion at Epidaurus in ancient Greece, the most celebrated healing center of the classical world. After spending the night there in a big hall, the sick reported their dreams to a priest the following day. He then prescribed a cure, often a visit to the baths.

In the Middle Ages, the Catholic Church assumed the role of caring for the sick and dying. In its healing centers, patient wards opened to gardens and to chapels, and there was active public space used by patients and the general public.

During the Industrial Age, medicine realized that germs cause illness and that pollution can trigger disease in immune-stressed patients. The sick were separated from the healthy. Buildings became more compartmentalized and hermetically sealed. Private space became more important than public spaces, which were largely confined to the front of buildings.

Today, the assumption that patients should always be separated and isolated is no longer the prevailing wisdom. Instead, we find increasing emphasis on patient rights and on family participation in care-giving and healing. Given our contemporary healthcare environment, how does public space in general relate to healthcare pubic space? What is similar? What is different?

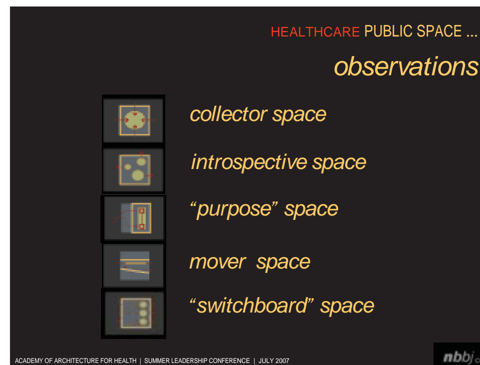
"How do healthcare needs fit into public spaces?"

Applying Public Space Principles to Healthcare

Both public space and healthcare public space share the same typologies and attributes described earlier. But healthcare public space has its own set of special patterns. (In developing a vocabulary for healthcare public space, we owe a debt of gratitude to Christopher Alexander's "A Pattern Language," required reading when I was in graduate school.)

It was our observation that healthcare public spaces embodied the following space **patterns:**

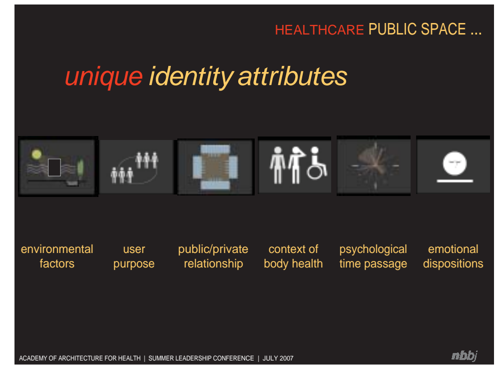
- **Collector space:** accepting and orienting space, high population, active and increased nose levels
- **Introspective space:** accepting but calming space, high populations, personal, more quite and highly passive
- **Purpose space:** places of specific functions, service based, varying user volumes, moderate noise level and dynamic space
- **Mover space:** places of constant movement, ebb and flow of user volumes, moderate noise levels and highly dynamic
- **Switchboard space**: places of orientation and wayfinding, constant high population, clarity of building organization, moderate noise levels and dynamic



"Healthcare Public Space Patterns and Representative Icons"

These spaces, however, must be integrated with healthcare's **unique identity attributes:**

- **Environmental factors:** natural light, air quality
- **User group:** diverse and health focused
- **Public/Private relationships:** defined by a single entity, cohesive mission with clear interface and boundaries
- **Context of body health:** people needing care are the norm not the exception, diversity of ailments
- **Passage of time**: time is unpredictable, perceived differently by patient, family and staff
- **Emotional dispositions**: uncertainty and vulnerability, emotional highs and lows



"Healthcare's Unique Identity Attributes of and Representative Icons"

Using a Matrix as a Tool

In the grid below, the horizontal axis displays icons for healthcare's unique identity attributes. Displayed on the vertical axis, also with icons, are healthcare public space patterns. Using the grid, a particular type of space could be designed to reflect one or more factors on the horizontal axis.

As an example, take collector space, represented by the top icon on the vertical axis. Now consider it in relationship to the horizontal axis. Should the space be designed to take into account environmental factors? Should it deal with the passage of time, which can be agonizingly slow for patients and families awaiting test results? What other combinations are important? By asking such questions, the grid above becomes a matrix that can serve as a work sheet or check list of sensitivities. Indeed, using this tool amounts to a sensitivity exercise.

"Grid for Combining Healthcare Public Spaces with Identity Attributes"

Conclusion

A number of conclusions can be drawn from our discussion about public healthcare space. One is a new appreciation for the relevance of healthcare public space. It is not one kind of space; it can take different forms or patterns. In addition, although healthcare public space is usually thought of as background or support space, it is just as important as clinical space. Indeed, it may be some of the most relevant space in the healing process,

especially when it is purposeful. By that I mean the space is planned to promote nurturing, privacy, safety and reassurance.

Another lesson learned from our discussion is that healthcare public spaces do not exist in isolation. Instead, they stitch together the entire healthcare experience, which includes the five different healthcare public space patterns we identified. Some of these spaces constitute seams of human interaction; others constitute a formal stage for this interaction. Both can change human experience in life-defining ways.

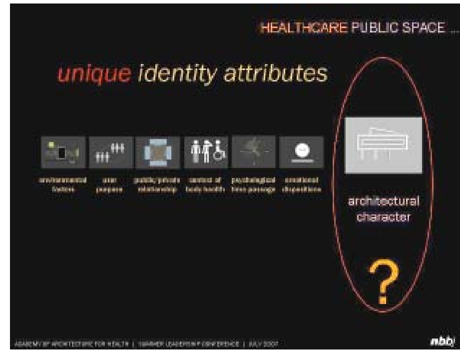
How then should we account for these spaces in the design process? Should we have a new line item in a functional program for the spaces? When creating healthcare public space program, architects typically describe it functionally – 20' by 20,' for example. Our discussion made it clear we must look beyond these physical parameters. We must take into account the emotional content of space. To be honest, I'm not at the point where I can articulate precisely what tools we need to accomplish this objective, but the grid we examined seems to be a good starting point.

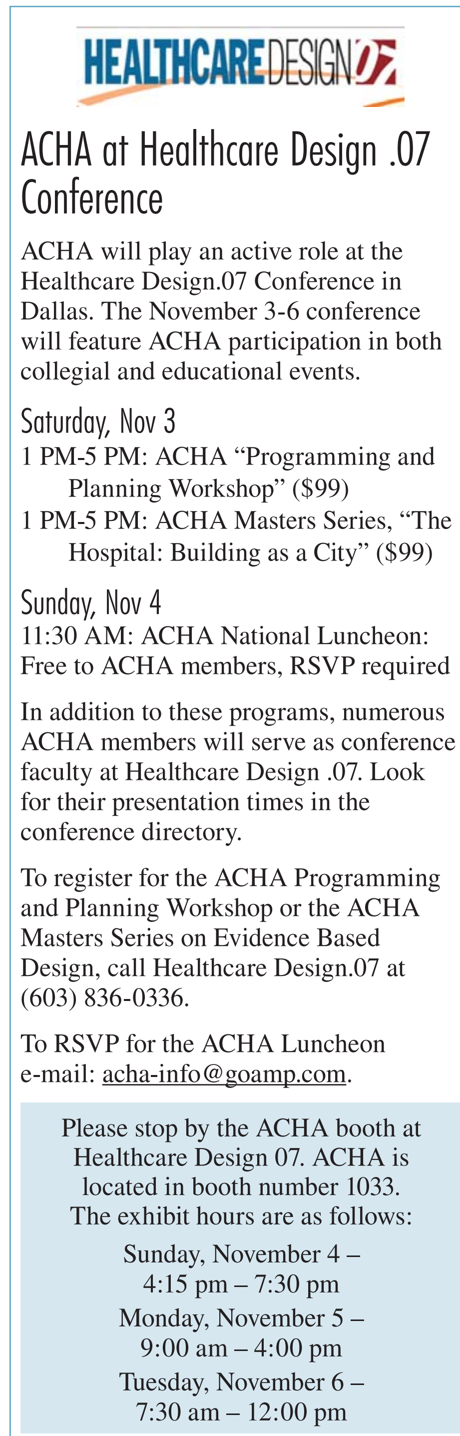
The posters introduced during our discussion emphasized the significance of a positive memory. Is it possible to create such memories with healthcare public space? Often the birthing experience creates a positive memory. But what about a cancer patient that has a tumor removed and just wants to go home and forget about the hospital experience. How do we create a positive memory for that patient?

As the questions posed above demonstrate, defining healthcare public space and using it to enhance the design of healthcare facilities presents challenges. Our Chicago meeting was an important step in identifying those challenges. And because I know of no more dedicated individuals than members of the Academy of Architects for Health and members of the American College of Healthcare Architects, I am confident that eventually we will successfully meet these challenges. As we do this, I expect healthcare design to become increasingly interdisciplinary. (At NBBJ, our healthcare staff includes seven nurses, landscape architects, lighting experts, industrial designers, an environmental psychologist and even an anthropologist.)

Where do we go from here? Participants in the Chicago event made it clear they want to continue the dialog we started, emphasizing that we only scratched the surface of an important design topic. Another "Power of Design" agenda must be created. Also, we need research on healthcare public space.

As the graphic below illustrates, there is still much we do not know. Let's not lose the momentum we established in Chicago. Let's keep talking.





ACHA at Healthcare Design .07 Conference

ACHA will play an active role at the Healthcare Design.07 Conference in Dallas. The November 3-6 conference will feature ACHA participation in both collegial and educational events.

Saturday, Nov 3

1 PM-5 PM: ACHA "Programming and Planning Workshop" ($99)

1 PM-5 PM: ACHA Masters Series, "The Hospital: Building as a City" ($99)

Sunday, Nov 4

11:30 AM: ACHA National Luncheon: Free to ACHA members, RSVP required

In addition to these programs, numerous ACHA members will serve as conference faculty at Healthcare Design .07. Look for their presentation times in the conference directory.

To register for the ACHA Programming and Planning Workshop or the ACHA Masters Series on Evidence Based Design, call Healthcare Design.07 at (603) 836-0336.

To RSVP for the ACHA Luncheon e-mail: acha-info@goamp.com.

Please stop by the ACHA booth at Healthcare Design 07. ACHA is located in booth number 1033. The exhibit hours are as follows:

Sunday, November 4 – 4:15 pm – 7:30 pm

Monday, November 5 – 9:00 am – 4:00 pm

Tuesday, November 6 – 7:30 am – 12:00 pm

Douglas Hawthorne to Speak at ACHA Luncheon

ACHA's annual member-luncheon program will feature a presentation by renowned healthcare leader Douglas Hawthorne, Chief Executive Officer of Texas Health Resources, one of the largest health systems in Texas.

Doug Hawthorne has been selected as one of Modern Healthcare magazine's "100 Most Powerful People in Health Care", also receiving the Texas Hospital Association Trustee Award in 2004, and receiving the American College of Healthcare Executives 2002 Gold Medal Award.

This luncheon program is by invitation only. The program is free to all ACHA members and is being underwritten by BERCHTOLD Corporation. ACHA member-guests can attend for $40.

The luncheon is at 11:30AM, Nov 4th, proceeding the opening session of Healthcare Design.07.in Dallas TX. To attend, ACHA members must RSVP by October 15th, via e-mail to Deborah Grooms at acha-info@goamp.com. We hope all ACHA members will join us for this important and exciting new ACHA event.

Congratulations to the newest certificants of the American College of Healthcare Architects (ACHA). The following members successfully passed the ACHA examination during the March, June and September 2007 administrations.

Donald R. Able
Douglas W. Abrams
Maria Laura Amiri
Vince G. Avallone
Abigail L. Clary
William R. Cole
Lawrence E. Fischer
Joseph P. Greenan
Mary E. Guthrie-Brunsteter
William J. Hercules
Monte L. Hoover
Matthew W. Kennedy
Scott A. Larkin
John K. Laur
George F. Lewis
Carlos A. Marcet
Joseph I. Mynhier
Mark A. Nichols
Allen D. Ohlmeyer
Michael R. Przybylski
Beth A. Radovanovich
Dennis Joseph Vonasek
Thomas K. Wallen

Calendar of Events

November 3, 2007
Planning and Programming Workshop at Healthcare Design 07
Dallas, Texas

November 3, 2007
Masters Series Educational Session at Healthcare Design 07
Dallas, Texas

November 4, 2007
ACHA National Luncheon and Awards Ceremony

November 6, 2007
ACHA Exam Prep Seminar at Healthcare Design 07
Dallas, Texas

December 31, 2007
Next ACHA Examination Application Deadline

March 1-31, 2008, June 1-30, 2008 and September 1-30, 2008
ACHA Examination, Nationwide

American College of Healthcare Architects

The ACHA's mission is to improve the quality of healthcare architecture by offering Board Certification in the specialized field of healthcare architecture.

The ACHA is a 501 (c)(3), not-for-profit corporation.

Board of Regents

John Pangrazio, FAIA, FACHA
Rebecca Lewis, AIA, ACHA
Scott Miller, AIA, FACHA
Robert P. Walker, AIA, ACHA
Joseph Sprague, FAIA, FACHA
Douglas Childs, AIA, ACHA
Wilber "Tib" Tusler, FAIA, FACHA
Scott Rawlings, AIA, ACHA
Frank Pitts, AIA, FACHA
Executive Director, Deborah Grooms

Newsletter Co-Editors

R. Gregg Moon, AIA, ACHA
Paul Williams, AIA, ACHA

Committee Chairs

Certification Committee
Joseph Sprague, FAIA, FACHA

Education Committee
Rebecca Lewis, AIA, ACHA

Council of Fellows
Philip Tobey, FAIA, FACHA

Ethics and Standards Committee
Wiblur (Tib) Tusler, Jr., FAIA, FACHA

Examination Committee
Peter Bardwell, FAIA, FACHA

Membership Committee
Scott Rawlings, AIA, ACHA

Public Relations Committee
Robert Walker, AIA, ACHA

AMERICAN COLLEGE OF HEALTHCARE ARCHITECTS

American College of Healthcare Architects
PO Box 14548
Lenexa, KS 66285-4548
www.healtharchitects.org

FIRST CLASS
U.S. Postage
PAID
Shawnee Mission, KS
Permit #248