3Ts programme
Building for high quality, safe and effective, patient-centred services

2014
<table>
<thead>
<tr>
<th>Agenda Item</th>
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<tr>
<td>Why is Quality &amp; Safety Important?</td>
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<td>What is Quality Care?</td>
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<td>3Ts Design Process</td>
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<tr>
<td>Intersection between the design process and Q&amp;S</td>
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<tr>
<td>How do we know we have made the right choices?</td>
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<td>Examples</td>
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<tr>
<td>Discussion</td>
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Why is quality & safety important?

Innovation
Health & Wealth (2012)c

Compassion in Practice (2013)

Berwick (2013)

Hard Truths Government Response to Francis 92014)

Francis 2013

Keogh (2013)


Innovation to Adoption (2014)
What is Quality Care?

- Safety: avoiding harm from care that it intended to help
  (D Berwick talk at the King’s Fund 6/8/2013)
- Effectiveness: aligning care with science and ensuring efficiency
  (D Berwick)
- Patient centred: Our current systems do not sufficiently honour patient’s choices, diversity and context. The aim is to put the patient in control – meet the needs of the patient
<table>
<thead>
<tr>
<th>BSUH S&amp;Q Strategy Questions</th>
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<tbody>
<tr>
<td><strong>Safe</strong></td>
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<tr>
<td>- How can I be sure that the care I receive will not harm me?</td>
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<tr>
<td><strong>Effective and Timely</strong></td>
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<td>- How can I be sure that I will get the right care, at the right time, delivered by the right people?</td>
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<td><strong>Efficient</strong></td>
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<td>- How can I be sure that the resources used to deliver my care are used wisely and not wasted?</td>
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<td><strong>Patient Centred</strong></td>
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<td>- How can I be sure that I will be treated with kindness and compassion; that I will be involved in making decisions that affect me and that when I feedback my experiences they will be acted upon?</td>
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<td><strong>Equitable</strong></td>
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<td>- How can I be sure that I will be treated fairly and that my care will be based on my needs and wishes as an individual and as a member of my community?</td>
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3Ts Design Process

Scope
Rationale for Inclusion in Scheme

1:500
Location of Services

1:200
Room relationships and department layout

1:50
Room layout & equipment
Opportunities to consider high level questions at each stage

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<tr>
<td><strong>Scope</strong></td>
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<td><strong>3:500</strong></td>
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<tr>
<td>Rationale for Inclusion in Scheme</td>
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<td><strong>1:500</strong></td>
<td><strong>Locating Services</strong></td>
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<td><strong>1:50</strong></td>
<td><strong>Room layout &amp; equipment</strong></td>
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Human Factors

4 “lenses” of design taken from Dan Lockton’s ‘Design With Intent’

- Design Features - to influence behaviour eg cash machines
- Interaction – real time feedback / confirmatory step
- Unconscious Bias – embed patterns/meaning
- Emotional Engagement – eg spiral wishing wells
How do we know we have made the right choices?

- Design Choices
  - Review of research evidence
  - HBNs
  - Themes from Trust data (eg Datix, commendations, complaints)
  - Patient feedback
  - Education & Learning Strategy
  - Values & Behaviours

- User groups/clinical engagement
- Patient & Public engagement
- Learning from other sites
How can I be sure that the care I receive will not harm me?

Safe

Prevention of HAIs
- Pressure controlled bedrooms on CIS ward
- Antimicrobial surfaces – to be considered at 1:50 design, in context of evidence and cost

Reduction in patient falls
- Continuous handrails from bedroom to bathroom to enable safe transfer in single rooms
- Visibility of bedhead in single rooms from ward
- Contrasting colours between floor and walls
- Consideration to be given to lighting (low level / automatic at 1:50 design stage)

Reduce Errors
- Same-handed in-patient room design

Physical Safety
- Infrastructure to support RFID if Trust decides to use

Prevention HAI
- Improved ward layout – addressing HBN requirements for space between beds
- Increase in proportion of single rooms to 65%
- More ensuite bathroom facilities
- Separate commode wash within dirty utility area
- Bed wash/store
- CT scanner on ICU ward
- Separating patient/FM flows

Reduction in patient falls
- Increase in proportion of single rooms to 65%

Reduce errors
- Ward layout reflects productive ward principles

Staff safety
- Bariatric ward facilities
4 Bed Bay

From this to
Single Room Design

Single bedroom birds-eye view: visibility of bedhead & handrail into en-suite bathroom
Effective
Right care, Right time, delivered by the Right People?

**Scope**

**Reduced Mortality**
- Major Trauma Centre
- Radiated benefits for A&E
- Increase capacity for Specialist Services

- Enable Ed & Learning Strategy - Simulation Suite, surgical skills lab, meeting / teaching suite

- Enhance capacity/capability to become an experimental medicine centre

- Attract high calibre staff

**1:500**

Reduce in patient moves across site

**Co-location**

- Haematology & Oncology ward
- Neurology with Stroke (Acute Brain Injury Centre with rehab)
- HIV /Infectious Diseases

**1:200**

Bed spacing to HBN - near to bed treatments

- Single rooms increased to 65% - aid sleep and recovery time

- Touchdown points on ward - increase time with patients
**Patient Centred**

*Kindness, compassion, involved, listened to*

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<thead>
<tr>
<th>Scope</th>
<th>Patient experience</th>
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<th>Dementia Care</th>
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<td></td>
<td></td>
<td>• Inclusion of Barry/Jubilee and HWP in scheme</td>
<td>• Reduced lift and external journeys</td>
<td>• Fracture clinic - x-ray access from waiting room</td>
<td>• Choice of flooring materials</td>
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<td>• Reduction in patient moves</td>
<td>• Separation of in-patient &amp; out-patient imaging facilities</td>
<td>• Privacy &amp; dignity</td>
<td>• Consistent colour for flooring</td>
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<td><strong>Privacy &amp; dignity</strong></td>
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<td>• Increase in proportion of single rooms to 65%</td>
<td>• Clocks and signage, memory boxes, doors to reduce anxiety</td>
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<td>• Separation of in-patient &amp; out-patient imaging facilities</td>
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<td>• More ensuite bathroom facilities</td>
<td><strong>Patient experience</strong></td>
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<td>• Pass through changing areas</td>
<td>• Design of a therapeutic landscape eg all bed spaces located on exterior walls - natural light – majority sea views and development of an arts strategy - resulting in healing environment that is welcoming and restful</td>
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*Dementia-friendly signage & clocks*
Sketch of single bedroom interior design

Sketch of Waiting Room interior design
Efficient

Resources used to deliver my care are used wisely and not wasted

1:500 Neurosurgery – separation of elective/emergency flow in theatre
Separation of in-patient and out-patient imaging facilities
Increase in size of discharge lounge

1:200 Fracture clinic – access to x-ray from waiting room
Single rooms increase to 65% - more flexibility for patient flow
Larger ward templates - workforce redesign
Ward layout reflects productive ward principles
Equitable

How can I be sure that I will be treated fairly and that my care will be based on my needs and wishes as an individual and as a member of my community?

Scope

Equitable
Communication/Engagement programme

1:50
Access and signage – addressing equality issues
Themes

Reduction & Prevention HAIs
Privacy & Dignity
Reduction in Falls
Physical Safety
Patient Experience
Discussion