



Brighton and Sussex
University Hospitals



NHS Trust

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

2014



AGENDA

Why is Quality & Safety Important?

What is Quality Care?

3Ts Design Process

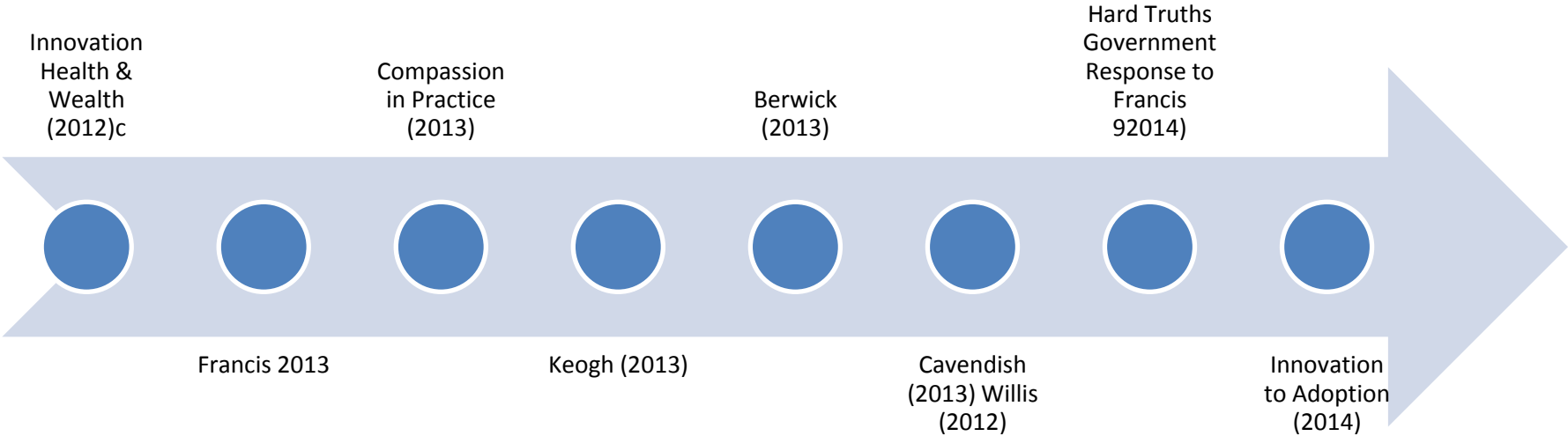
Intersection between the design process and Q&S

How do we know we have made the right choices?

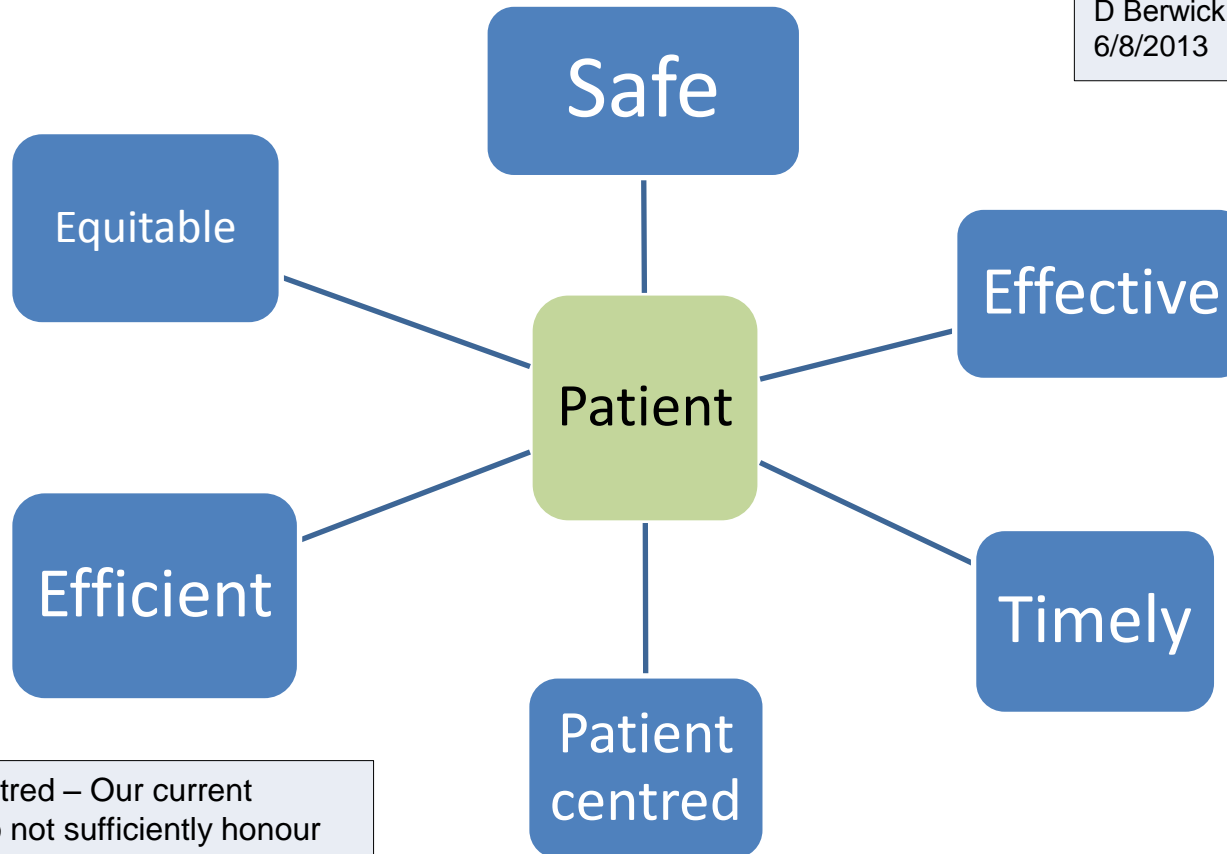
Examples

Discussion

Why is quality & safety important?



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

BSUH S&Q Strategy Questions

Safe

- How can I be sure that the care I receive will not harm me?

Effective and Timely

- How can I be sure that I will get the right care, at the right time, delivered by the right people?

Efficient

- How can I be sure that the resources used to deliver my care are used wisely and not wasted?

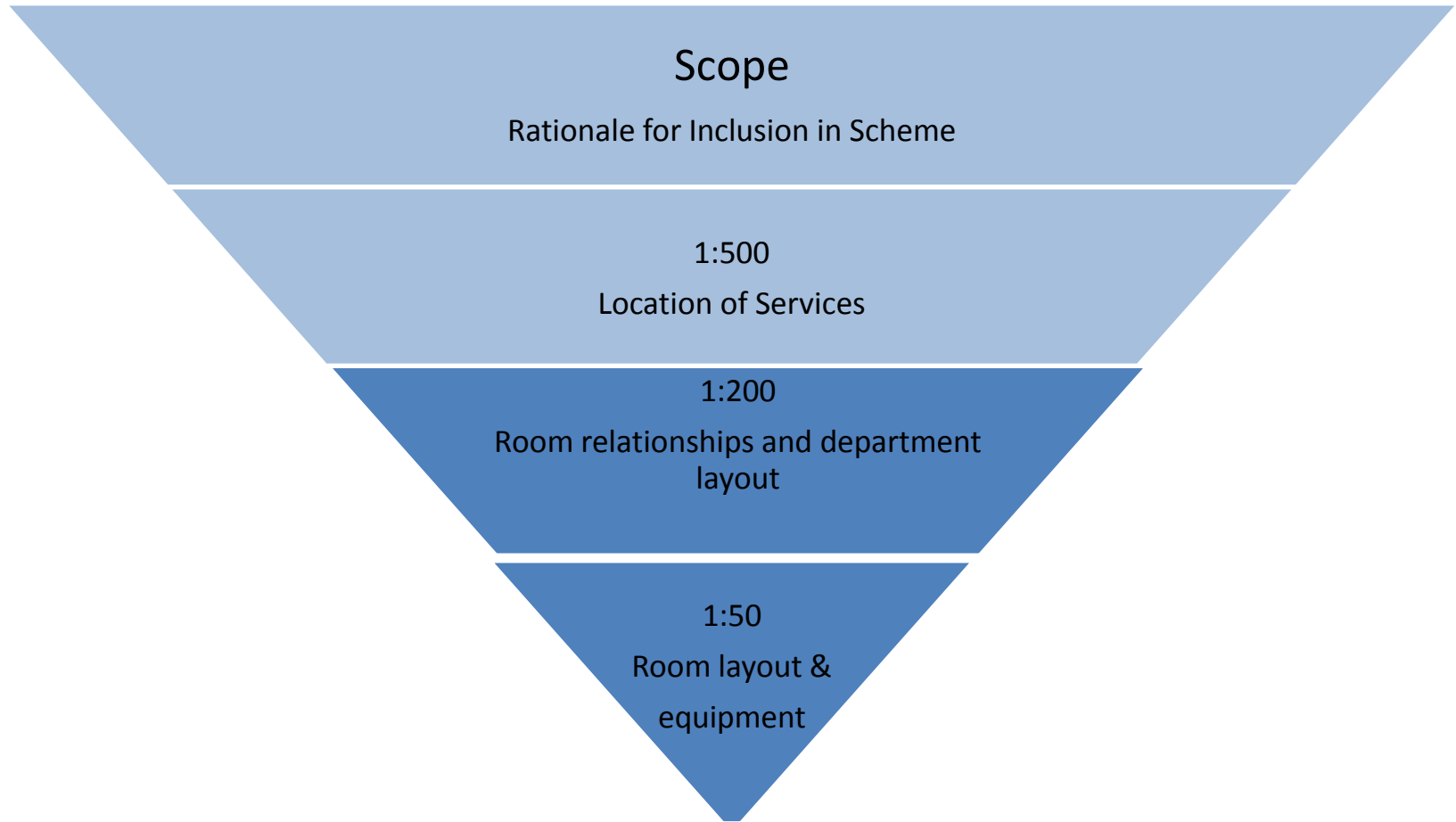
Patient Centred

- 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?

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?

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

| Safe? | Effective? | Patient Centred? | Efficient? | Timely? | Equitable? |
|---|------------|------------------|------------|---------|------------|
| Scope Rationale for Inclusion in Scheme | | | | | |
| 1:500 Locating Services | | | | | |
| 1:200 Room relationships and department layout | | | | | |
| 1:50 Room layout & equipment | | | | | |

Human Factors

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

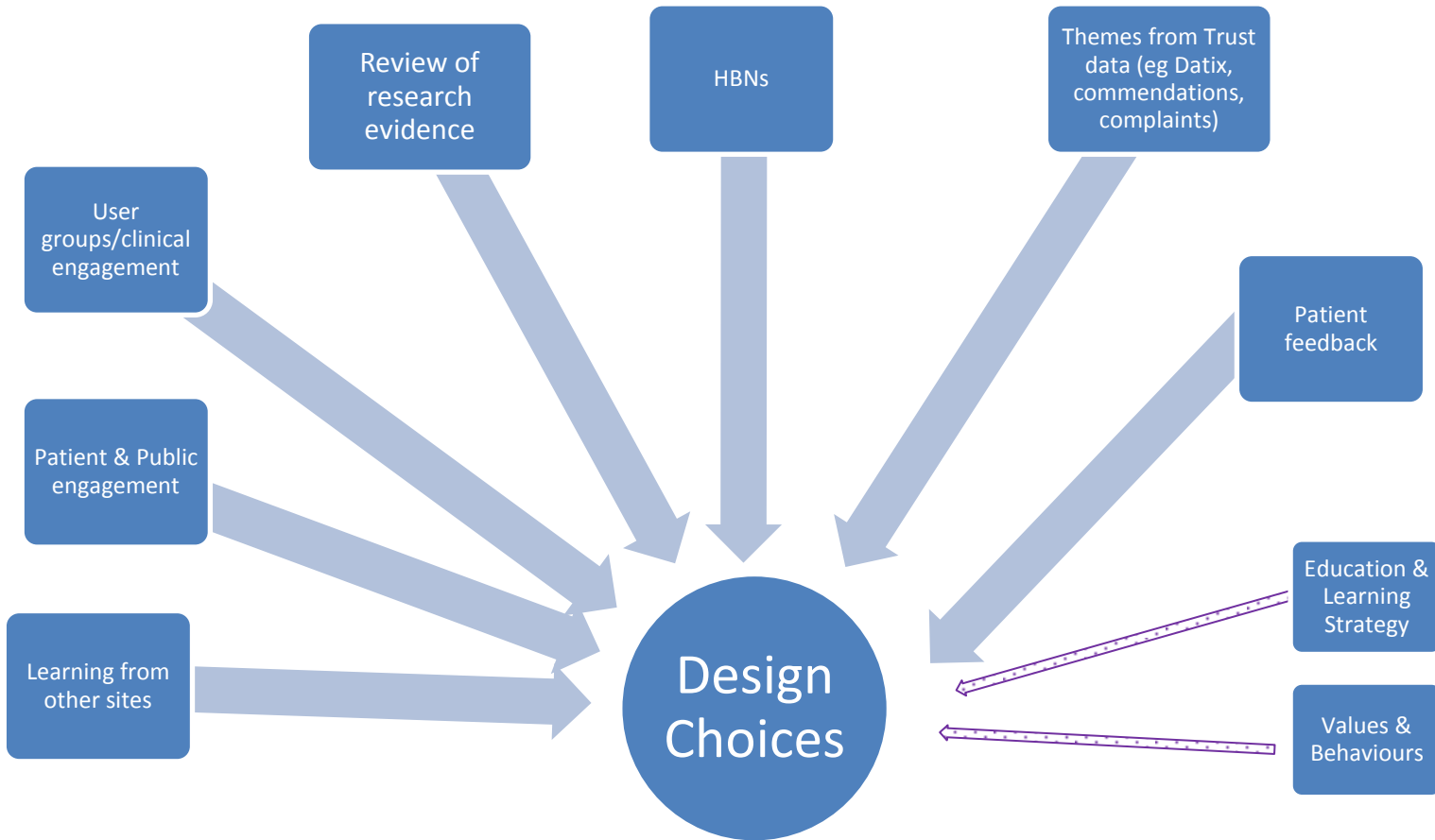
Design Features - to influence behaviour eg cash machines

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?



SAFE

How can I be sure that the care I receive will not harm me?

1:200

Prevention HAIs

- 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

1:50

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)

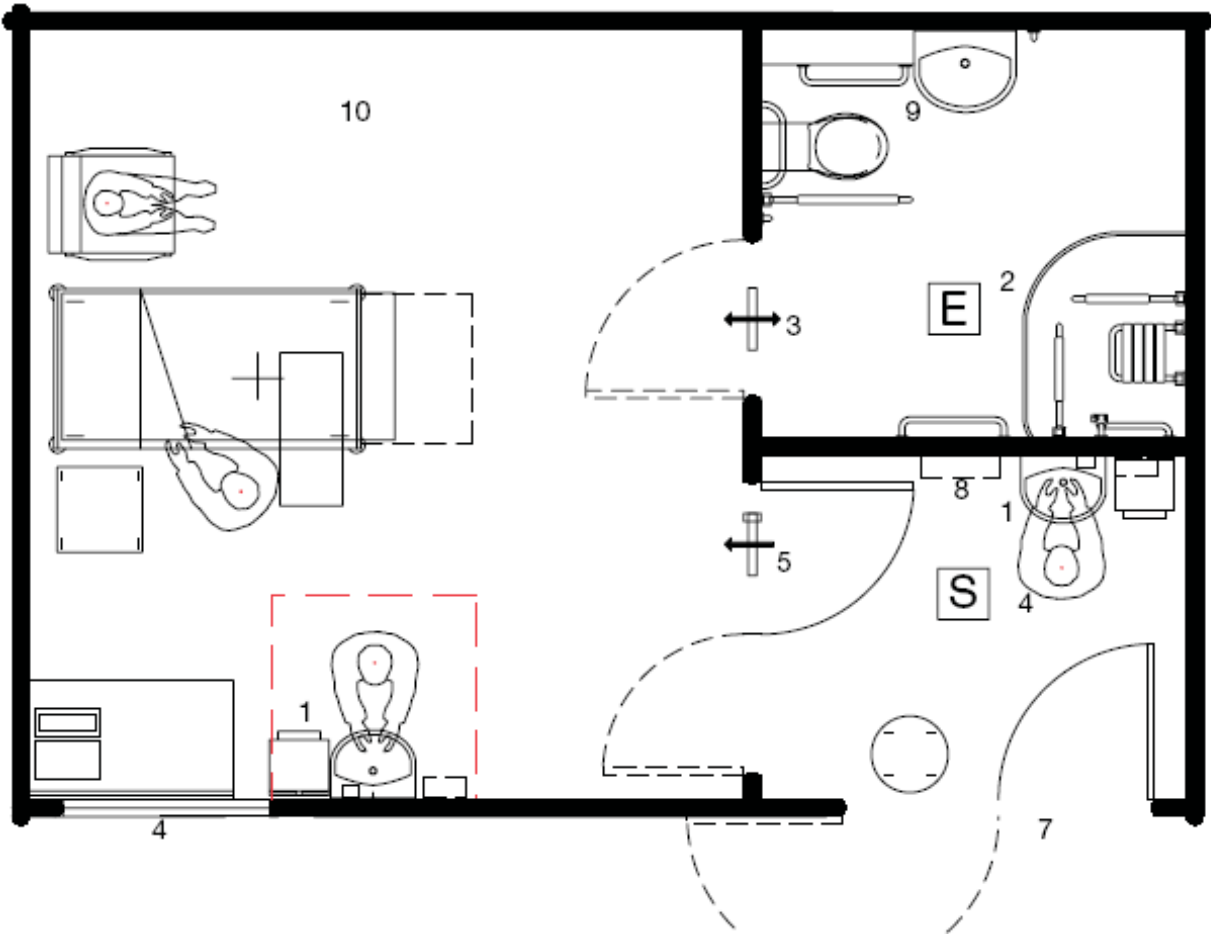
Reduce Errors

- Same-handed in-patient room design

Physical Safety

- Infrastructure to support RFID if Trust decides to use

Pressure Controlled Rooms



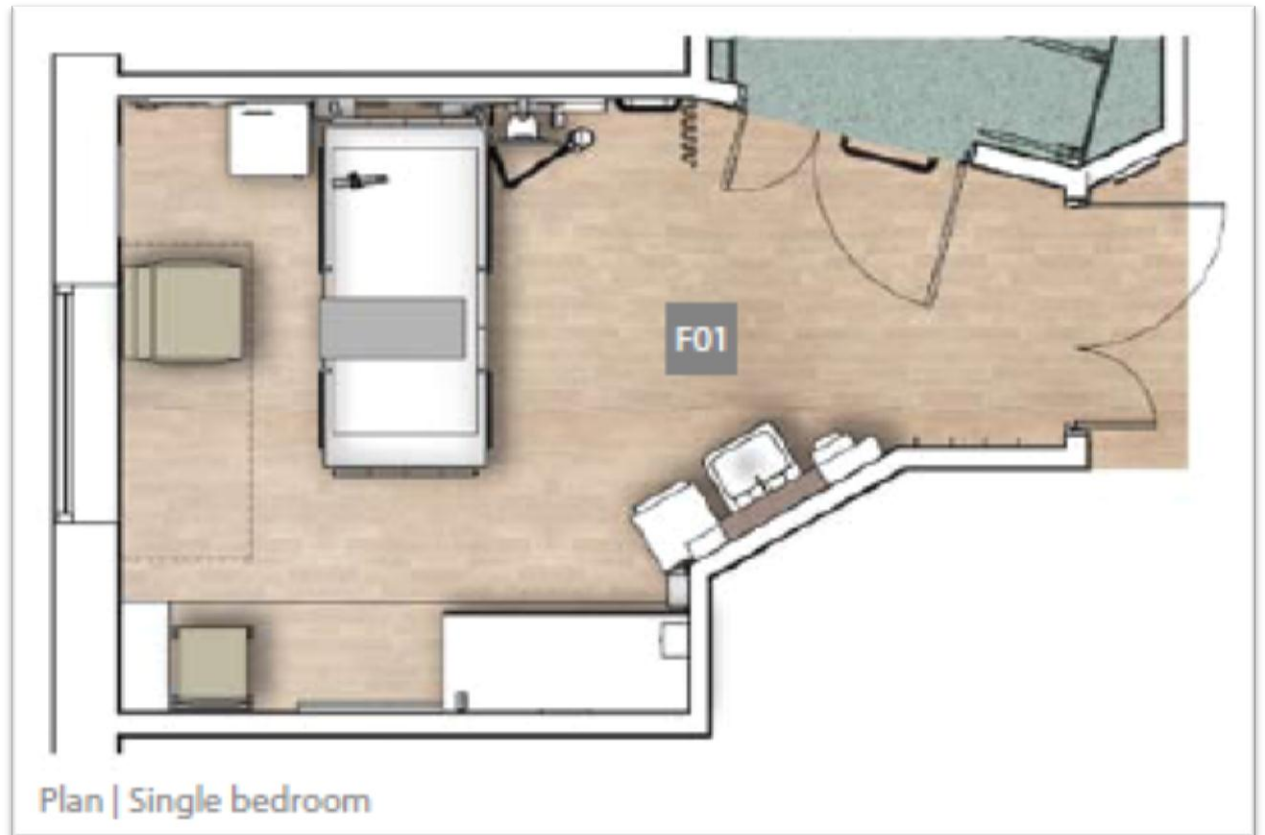
4 Bed Bay

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

Scope Patient experience

- Inclusion of Barry/Jubilee and HWP in scheme

1:500 Patient Experience

- Reduced lift and external journeys
- Reduction in patient moves

Privacy & dignity

- Separation of in-patient & out-patient imaging facilities

1:200 Patient Experience

- Fracture clinic - xray access from waiting room

Privacy & dignity

- Increase in proportion of single rooms to 65%
- More ensuite bathroom facilities
- Pass through changing areas

1:50 Dementia Care

- Choice of flooring materials
- Consistent colour for flooring
- Clocks and signage, memory boxes, doors to reduce anxiety

Patient experience

- 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

Dementia-friendly signage & clocks





Sketch of Waiting Room interior design

Sketch of single bedroom 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