

RESEARCH ARTICLE

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# Evidence-based design in an intensive care unit: End-user perceptions

Mauricio Ferni<sup>1</sup>, David A. Zygur<sup>2</sup>, Alexandra Harrison<sup>3</sup> and Henry T. Stelfox<sup>1,2,4\*</sup>

## Abstract

**Background:** The objective of this study was to describe end-user impressions and experiences in a new intensive care unit built using evidence-based design.

**Methods:** This qualitative study was comprised of early (2–3 months after opening) and late (12–15 months after opening) phase individual interviews with end-users (healthcare providers, support staff, and patient family members) of the newly constructed Foothills Medical Centre intensive care unit in Calgary, Canada. The study unit was the recipient of the Society of Critical Care Medicine Design Citation award in 2012.

**Results:** We conducted interviews with thirty-nine ICU end-users, twenty-four in the early phase and fifteen in the late phase. We identified four themes (eleven sub-themes): atmosphere (abundant natural light and low noise levels), physical spaces (single occupancy rooms, rooms clustered into clinical pods, medication rooms, and tradeoffs of larger spaces), family participation in care (family support areas and social networks), and equipment (usability, storage, and providers connectivity). Abundant natural light was the design feature most frequently associated with a pleasant atmosphere. Participants emphasized the tradeoffs of size and space, and reported that the benefits of additional space (e.g., fewer interruptions due to less noise) out-weighed the disadvantages (e.g., greater distances between patients, families and providers). End-users advised that local patient care policies (e.g., number of visitors allowed at a time) and staffing needed to be updated to reflect the characteristics of the new facility design.

**Conclusions:** End-users identified design elements for creating a pleasant atmosphere, attention to the tradeoffs of space and size, designing family support areas to encourage family participation in care, and updating patient care policies and staffing to reflect the new physical space as important aspects to consider when building intensive care units. Evidence-based design may optimize ICU structure for patients, patient families and providers.

**Keywords:** Critical care, Facility design and construction, Health care evaluation mechanisms, Qualitative research, Post-occupancy evaluation

## Background

Expanding health services and design-focused research in conjunction with a growing emphasis on quality improvement in healthcare systems has contributed to the emergence of evidence-based design [1–3]. Evidence-based design is defined as the application of the best available knowledge from research and practice to take design decisions (i.e., healthcare physical environment) [3]. This

novel approach extends beyond minimum construction standards and aims to recommend healthcare facility design features that improve clinical performance and create “healing environments” [1,3,4].

Evidence-based design may be particularly relevant for intensive care units (ICU) in which patients have life-threatening conditions and the model of care is based on multidisciplinary teamwork. Intensive care units leaders have been challenged to increase quality, reliability, and safety of service delivery in recent years [5–7]. Facility design affects the social behavior of end-users. It potentially shapes the way patients, families, and providers

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# Design For Critical Care An Evidence Based Approach

**Andrew Webb**

## **Design For Critical Care An Evidence Based Approach:**

**Design for Critical Care** D. Kirk Hamilton, Mardelle McCuskey Shepley, 2010 It is now widely recognized that the physical environment has an impact on the physiology, psychology, and sociology of those who experience it. When designing a critical care unit, the demands on the architect or designer working together with the interdisciplinary team of clinicians are highly specialized. Good design can have a hugely positive impact in terms of the recovery of patients and their hospital experience as a whole. Good design can also contribute to productivity and quality of the work experience for the staff. **Design for Critical Care** presents a thorough and insightful guide to the very best practice in intensive care design, focusing on design that has been successful and beneficial to both hospital staff and hospital patients. By making the connection between research evidence and design practice, Hamilton and McCuskey Shepley present an holistic approach that outlines the future for successful design for critical care settings.

**Handbook Of Intensive Care Organization And Management** Andrew Webb, 2016-07-28 The global trend of increasingly ageing societies and long term illnesses has meant a growth in demand for intensive care resources. This book advises on leadership and organizational development of intensive care units in order to give best practices for governance, performance, emergency response, and safety. Written by international experts in the field, each chapter allows researchers, clinicians, and service providers worldwide to be able to refer to this single reference book. In seven parts, the volume will tackle aspects of intensive care management in both global and local contexts and interrogate the key concerns that service providers face. It works as an informative guide for the practical administration of intensive care as well as being international in its design and information.

**Irwin and Rippe's Intensive Care Medicine** Craig M. Lilly, Richard S. Irwin, Walter A. Boyle, William F. Kelly, 2023-05-25 Covering both the theoretical and practical aspects of critical care, **Irwin Rippe's Intensive Care Medicine Ninth Edition** provides state-of-the-art evidence-based knowledge for specialty physicians and non-physicians practicing in the adult intensive care environment. Drs. Craig M. Lilly, Walter A. Boyle, and Richard S. Irwin, along with a team of expert contributing authors and education expert William F. Kelly, offer authoritative, comprehensive guidance from an interprofessional, collaborative, educational, and scholarly perspective encompassing all adult critical care specialties.

**Design for Pediatric and Neonatal Critical Care** Mardelle McCuskey Shepley, 2014-02-03 **Design for Pediatric and Neonatal Critical Care** provides an overview of the design and research issues associated with the development of environments for pediatric and neonatal intensive care. This is the first and only book dedicated to this topic and was created to support individuals interested in developing and studying critical care environments for children and their families. In addition to a detailed analysis of the literature from research and practice, the author provides a summary of the historical development of critical care for infants and children and information regarding the role of PICUs and NICUs in the critical care system. A discussion of current codes and future trends is also provided. **Design for Pediatric and Neonatal Critical Care** includes essays from prominent voices in the field, ranging from inspired

young architects and researchers to world renowned healthcare design and research icons Illustrations of work that has been identified as exemplary or representative of recent directions are included which will help those planning new or remodeled projects to identify and examine precedents This book is intended to help designers and researchers enhance healing environments for young patients in critical care settings and provide information in support of the families and staff who provide care for these children and infants

**Evidence-Based Practice of Critical Care** Clifford S. Deutschman, MS, MD, FCCM, Patrick J. Neligan, 2015-12-18 Evidence Based Practice of Critical Care 2nd Edition presents objective data and expert guidance on managing critically ill patients in unique question based chapters that focus on best practices Now thoroughly updated by Drs Clifford S Deutschman Patrick J Neligan and nearly 200 critical care experts this highly regarded title remains the only book of its kind that provides a comprehensive framework for translating evidence into practice making it a valuable resource for both residents and practitioners Tap into the expertise of nearly 200 critical care experts who discuss the wide variety of clinical options in critical care examine the relevant research and provide recommendations based on a thorough analysis of available evidence Think through each question in a logical efficient manner using a practical consistent approach to available management options and guidelines Find the information you need quickly with tables that summarize the available literature and recommended clinical approaches Navigate a full range of challenges from routine care to complicated and special situations Stay up to date with new issues and controversies such as the redefinition of sepsis changing approaches to fluid administration immune suppression in sepsis monitoring the microcirculation the long term sequelae of critical illness minimizing ventilator associated lung injury the benefits of evidence based medicine management guidelines rapid response teams and more Benefit from all new sections covering persistent critical illness and the role of advanced practice nurses and physician assistants in the ICU

**Monitoring in Neurocritical Care E-Book** Peter D. Le Roux, Joshua Levine, W. Andrew Kofke, 2013-02-01 Ideal for neurosurgeons neurologists neuroanesthesiologists and intensivists Monitoring in Neurocritical Care helps you use the latest technology to more successfully detect deteriorations in neurological status in the ICU This neurosurgery reference offers in depth coverage of state of the art management strategies and techniques so you can effectively monitor your patients and ensure the best outcomes Understand the scientific basis and rationale of particular monitoring techniques and how they can be used to assess neuro ICU patients Make optimal use of the most advanced technology including transcranial Doppler sonography transcranial color coded sonography measurements of jugular venous oxygen saturation near infrared spectroscopy brain electrical monitoring techniques and intracerebral microdialysis and techniques based on imaging Apply multimodal monitoring for a more accurate view of brain function and utilize the latest computer systems to integrate data at the bedside Access practical information on basic principles such as quality assurance ethics and ICU design

**Constructing Professional Discourse** Concepción Orna-Montesinos, 2012 This book explores the fascinating role that language plays in the construction of non

verbal objects by mapping out the ontological meaning of the specialised concepts and the domain specific knowledge embedded in them. In doing so it provides a comprehensive linguistic insight into the discourse of professional domain specific communities and hence into the communication practices and procedures of those communities. In this respect the book offers a response to the claims made by many of the most influential applied linguists today such as Vijay Bhatia 1993 2004 John Swales 1990 2004 or Ken Hyland 2002 among others who have consistently defended the need for applied linguistic research into the textual generic and social perspectives on the under researched interrelatedness of the discoursal and professional practices of a discipline. Specifically this book provides readers with an integrative multi perspective approach to the study of professional domain specific discourses. While it mainly draws on the tenets of genre theory and discourse semantics it also nurtures from the theoretical and empirical foundations of applied linguistics cognitive linguistics corpus linguistics and ontological engineering. The book starts from the analysis of domain specific texts as final written products with specific lexico grammatical semantic and rhetorical features to later enquire into the written products as textual artefacts closely linked to the social context of production and interpretation of the text. This integrative approach provides fresh new insights into the way the processes of writing are affected by the community specific institutional and socio historical circumstances in which domain specific texts are produced.

*Irwin and Rippe's Intensive Care Medicine*

Richard S. Irwin, Frank B. Cerra, James M. Rippe, 1999. Virtually every chapter has been extensively rewritten and updated to reflect contemporary principles, protocols and techniques. Sections related to all aspects of surgical intensive care have been expanded and sections on shock and trauma, coronary care, neurologic problems, rheumatologic and immunologic problems and psychiatric issues have been fundamentally rewritten. The toxicology and pharmacology sections have been combined into a 38 chapter section entitled Pharmacology, Overdoses and Poisonings which represents a complete ICU textbook on these topics. The popular opening section a 30 chapter atlas of procedures and techniques has been updated with new illustrations and descriptions of state of the art techniques.

**Journal of the American Veterinary Medical Association**

American Veterinary Medical Association, 2015. **Principles of Critical Care, Third Edition** HALL, 2005-08-04. The classic text in critical care medicine. The 3rd Edition of this classic text is streamlined and focused on the needs of the working critical care physician and features important new treatment strategies. Organized by organ systems this text the only critical care source that includes evidence based learning guides physicians from initial patient assessment and differential diagnosis through therapeutic plan.

*Hall, Schmidt, and Wood's Principles of Critical Care, Fifth Edition*

Gregory A. Schmidt, John Kress, Ivor S. Douglas, 2022-10-06. The field's definitive text updated with the latest advances in critical care and 1 000 color images. A Doody's Core Title for 2024. Comprehensive and current Hall, Schmidt and Wood's Principles of Critical Care is the authoritative guide to diagnosing and treating the most common problems encountered in the practice of critical care. Written by expert critical care physicians who are also experienced teachers it features an

organization thoroughness and clarity unavailable in other critical care resources This peerless guide provides consensus on the complex and often conflicting data in the practice of critical care along with copious diagnostic and treatment algorithms The text covers every aspect of critical care medicine essential to successful clinical practice ranging from basic principles to the latest technologies This updated fifth edition is highlighted by In depth up to date descriptions of the unique presentation differential diagnosis and management of specific critical illnesses A logical organ system approach that simplifies the search for thorough and practical information necessary to manage a patient's specific condition New chapters on Oxygen Delivery Systems Ultrasound in Critical Care Fungal and Viral Infections Pulmonary Hypertension Alcohol Withdrawal and COVID 19 and Hemophagocytic Lymphohistiocytosis HLH New material regarding critical care pandemic preparedness and response Enhanced cross disciplinary chapters addressing the structures and systems of critical care including staffing safety and informatics New contributions on caregiver and family issues and the implications of disordered sleep for the critically ill A full color presentation **Textbook of Critical Care** William C. Shoemaker, W. Leigh Thompson, Peter R. Holbrook, 1984

American Journal of Respiratory and Critical Care Medicine ,2006 BMJ ,2009 **The Organization of Critical Care** Damon C. Scales, Gordon D. Rubenfeld, 2014-06-18 The origin of modern intensive care units ICUs has frequently been attributed to the widespread provision of mechanical ventilation within dedicated hospital areas during the 1952 Copenhagen polio epidemic However modern ICUs have developed to treat or monitor patients who have any severe life threatening disease or injury These patients receive specialized care and vital organ assistance such as mechanical ventilation cardiovascular support or hemodialysis ICU patients now typically occupy approximately 10% of inpatient acute care beds yet the structure and organization of these ICUs can be quite different across hospitals In **The Organization of Critical Care An Evidence Based Approach to Improving Quality** leaders provide a concise evidence based review of ICU organizational factors that have been associated with improved patient or other outcomes The topics covered are grouped according to four broad domains 1 the organization structure and staffing of an ICU 2 organizational approaches to improving quality of care in an ICU 3 integrating ICU care with other healthcare provided within the hospital and across the broader healthcare system and 4 international perspectives on critical care delivery Each chapter summarizes a different aspect of ICU organization and targets individual clinicians and healthcare decision makers A long overdue contribution to the field **The Organization of Critical Care An Evidence Based Approach to Improving Quality** is an indispensable guide for all clinicians and health administrators concerned with achieving state of the art outcomes for intensive care **Orthopaedic Basic Science** Thomas A. Einhorn, Joseph A. Buckwalter, Regis J. O'Keefe, 2007 A primer on the basic and molecular science of orthopedics authored by leading experts and teachers in the field **AACN Protocols for Practice** Nancy C. Molter, 2007 AACN Protocols for Practice **Healing Environments** discusses the benefits of creating a healing environment for critically ill patients and their families and how changes to a patient's environment can promote healing Family needs visitation

complementary therapies and pain management are also covered     *Architecture, Building Materials and Engineering Management IV* Chao He Chen,Guang Fan Li,Qi Zhong Shen,Bi Feng Jiang,2014-07-04 Selected peer reviewed papers from the 4th International Conference on Civil Engineering Architechture and Building Materials CEABM 2014 May 24 25 2014 Haikou China     **Leadership and Management in Nursing** Anita Ward Finkelman,2006 A first of its kind this ground breaking book combines print and interactive resources that provide nursing students with the most effective learning experiences Leadership in Nursing consists of chapters that emphasize interactive learning by interweaving internet based activities to encourage student involvement and critical thinking Leadership in Nursing Principles and Practices is the first resource that combines the most up to date leadership and management content with interactive application based activities ensuring that nurses are prepared to lead and manage in today s healthcare environment     **The Architecture of Hospitals** Cor Wagenaar,2006 The Architecture of Hospitals ISBN 90 5662 464 4 U S 75 00 Paperback 7 x 9 5 in 512 pgs 300 color and 100 b w Item March Architecture

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## **Table of Contents Design For Critical Care An Evidence Based Approach**

1. Understanding the eBook Design For Critical Care An Evidence Based Approach
  - The Rise of Digital Reading Design For Critical Care An Evidence Based Approach
  - Advantages of eBooks Over Traditional Books
2. Identifying Design For Critical Care An Evidence Based Approach
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Design For Critical Care An Evidence Based Approach
  - User-Friendly Interface
4. Exploring eBook Recommendations from Design For Critical Care An Evidence Based Approach
  - Personalized Recommendations
  - Design For Critical Care An Evidence Based Approach User Reviews and Ratings
  - Design For Critical Care An Evidence Based Approach and Bestseller Lists
5. Accessing Design For Critical Care An Evidence Based Approach Free and Paid eBooks
  - Design For Critical Care An Evidence Based Approach Public Domain eBooks
  - Design For Critical Care An Evidence Based Approach eBook Subscription Services
  - Design For Critical Care An Evidence Based Approach Budget-Friendly Options

6. Navigating Design For Critical Care An Evidence Based Approach eBook Formats
  - ePUB, PDF, MOBI, and More
  - Design For Critical Care An Evidence Based Approach Compatibility with Devices
  - Design For Critical Care An Evidence Based Approach Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Design For Critical Care An Evidence Based Approach
  - Highlighting and Note-Taking Design For Critical Care An Evidence Based Approach
  - Interactive Elements Design For Critical Care An Evidence Based Approach
8. Staying Engaged with Design For Critical Care An Evidence Based Approach
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Design For Critical Care An Evidence Based Approach
9. Balancing eBooks and Physical Books Design For Critical Care An Evidence Based Approach
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Design For Critical Care An Evidence Based Approach
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Design For Critical Care An Evidence Based Approach
  - Setting Reading Goals Design For Critical Care An Evidence Based Approach
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Design For Critical Care An Evidence Based Approach
  - Fact-Checking eBook Content of Design For Critical Care An Evidence Based Approach
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning
  - Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
  - Integration of Multimedia Elements

- Interactive and Gamified eBooks

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