

## Abstracts of Session 11b

# Should ASC be designed by doctors or architects

### 11b1

#### The Patient Design

Sandra Reardon, Kim McCullough

*Sunshine Coast Haematology & Oncology Clinic, Queensland, Australia*

In the field of free-standing Day Oncology facilities, little has been documented on hospital design. A multi-disciplinary team developed an interest in patient health issues and the health system through personal experience with cancer patients over a 5-yr period. By evaluating patient concerns, they designed a unique freestanding facility from the patient's perspective. This immediately introduced a level of humanity, an essential criteria, in design for an Oncology Centre. What this paper aims to highlight is the overwhelming reduction of psychological distress inpatients undertaking chemotherapy within such an environment.

The concept of a wellness focus into the design of day centres has an effect on the individuals functioning within. Design can shape the illness perspective and treatment experienced. A clinic that is small, welcoming, "non-clinical" and homely has a positive effect on staff and patients. Anxiety is reduced, anticipatory ailments and symptoms can be minimized or eliminated. Designing for the senses includes visual, audio and olfactory stimulation. Collectively, the stimulation of an individual's senses promotes good health and wellness, reduces anxiety, and provides a welcoming and relaxing environment for patients, their families and staff. Thus, the patient is able to maintain autonomy and promote empowerment for their future self-care and decision-making on discharge. This architecture and design has become a role model. It has been successful with the patients, for whom it was originally designed, but has also affected the greater community by receiving numerous awards and accolades for its innovative design – these include the State Government Health Authority and Australian Council of Healthcare Standards.

### 11b2

#### "Form Follows Function" – an Architect's perspective of the five major flow patterns

Wade C. Taylor

*Taylor, Kidd and Associates, LLC Architects, 530 N. 108th Place, Wauwatosa, WI 53226, USA*

The design of a surgery center should be rooted in an analysis of case mix, patient throughput rate, quantity of instruments and operational procedures. How the surgery center design responds to these programmatic parameters will ultimately determine the cost and viability of the project.

Ambulatory surgery, as it occurs in outpatient settings, requires special design and building construction knowledge. There are five major flow patterns that must be successfully integrated in order to build a viable and pleasant project. The five patterns are (1) patient circulation, (2) staff and physician circulation, (3) instrumentation sterilization, (4) sterile supply delivery, storage and (5) environmental waste. Each of these circulation patterns has a unique impact on the physical layout of the surgical center. Patients need to flow in a unidirectional pattern, with staff and physicians intercepting them and performing services at cardinal points. As patients flow from pre-op to recovery, serviced appropriately at different levels, the circulation of instruments, supplies, linens and equipment (i.e. stretchers, monitors, IV racks) must coexist with maximum impact and minimum intrusion. Naturally, some circulation patterns must intersect while some should not. The precise intersection of these patterns has a magnified affect on the cost of the facility. Which of these patterns intersect, and precisely where, is the emphasis of this paper.

A thorough examination of the integrated patterns, and the contributing sub-factors, will illustrate affordable, successful building plan designs. This examination requires an understanding of surgical techniques, instrument sterilization procedures, occupational hazards (airborne pathogens, blood borne pathogens) operational procedures and other critical factors.