

Rebalancing Design Criteria After COVID-19

By David Jaeger

Creating inpatient care units focused on visitor comfort, staff satisfaction, and efficiency are just a few of the ideas that must be incorporated into any hospital design. These sometimes divergent priorities alone could have any project design team spiraling into and out of varied design paths; and now, a major focus on pandemic safety adds to the mix of criteria that are important to inpatient care unit design.

While there's no doubt that the priority on safety from transmissible disease will, and should, climb up the designer's priority list after this year, where it fits within the context of existing design priorities will be the challenge. New design tools and guidelines exist to address safety, and hospitals and designers should be confident in designing with a balanced approach to deliver the appropriate patient room needs in these spaces.

Infection control is certainly not new to the healthcare design community—we've been dealing with severe acute respiratory syndrome (SARS), methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridioides difficile* (C. diff), and others for many years. But this pandemic has most certainly raised the bar, requiring many hospitals to rethink their care environments, such as adding extra isolation rooms, if not complete isolation units.

Even with these additional measures in place, balance in design can and should continue. For example, the emphasis on airborne pathogens with new or additional equipment could adversely affect overall performance of the patient care unit through heightened noise levels and reduced quality of communication.

Furthermore, with all the interventions that architects and engineers can provide, a good portion of the safety of patients and caregivers will come from operational changes, such as added personal protective equipment (PPE), screening, and testing, among others. This reality will not go away, even as we as designers become better prepared for the next pandemic.

As we move forward, the design community will be increasingly focused on virus management. However, other topics there were gaining priority in patient unit design before the coronavirus pandemic shouldn't be lost. These include patient sleep time, reduction of extraneous distractions from patients, access to nature in quantity, space for family, bariatric design, and universal accessibility.

Enhanced focus on PPE, distancing, isolation spaces, and cleaning ventilated air

are now slated to become baseline design methods in progressive design. But as we continue these daunting conversations of incorporating what we've learned from the pandemic's patient care challenges, we need to work hard to collectively keep this latest "hot potato" in balance with other design priorities.

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David Jaeger AIA, LEED AP, EDAC is a Principal and Healthcare Studio Leader with national architecture and engineering firm, HED. He can be reached at djaeger@hed.design.