Enshrining Humanistic Design in the Project Plan

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Introduction

Understanding the therapeutic benefits of healing architecture is an important first step in the overall project delivery process. However, in an environment of value engineering and fiscal pressures to bring a project in on budget, many of the so-called "soft" aspects of hospital design, often become targets of the fiscal scalpel. The holistic benefits of therapeutic design are often poorly understood by hospital administrators whose focus, expertise and priority is not on humanistic design, but on efficiency of operations. Consequently, humanistic applications of design may suffer from the same risks as do other related design movements such as sustainable design, in that they are still often perceived by senior hospital administrators and funding agencies as "nice extras" that fall outside of the core project objective and may not be affordable.

At risk are features that fall under the umbrella of Humanistic Design such as: healing gardens, walking labyrinths, spaces included not only for art, but the artist, signature design features such as "breathing walls" and interior decorating schemes designed to reduced patient anxiety. Regardless of the design teams' strong belief in humanistic design, it will end up serving no one if strategies are not developed to ensure that the benefits of these design principles are passionately understood and protected as "sacred cows" by the most senior decision makers. It is critical, therefore, to formally enshrine the principles of humanistic design and therapeutic architecture into the Capital Development Project Plan and to then secure formal Board approval of the plan. Specifically, three ways to mitigate the risk to Humanistic Design Principles are:

1. Embed Humanistic Design Principles into the **Project Mission Statement** and link it directly to the overall hospital mission statement.

2. Establish a formal **Project Approval Framework** for critical elements such as the design philosophy,

3. Establish a formal **Project Communication Structure** that enables and nurtures team commitment to Humanistic Design Principles. Once enshrined in this manner, it is easier to manage the inherent risks that standard project implementation processes such as value management impose on humanistic design elements.

A Personal Epiphany

Early in my facility-planning career, I had an experience that highlighted for me the need to take a formal, strategic approach to protect the

concept of human centred design throughout the design development process. With a small private donation, an opportunity surfaced to help the staff on a paediatric unit to improve upon the design of an existing but poorly utilized outdoor paediatric play area. For a variety of reasons, the space had been non-functional and rarely used ever since it was created. Among its many design anomalies was a play structure, suitable only for healthy, able-bodied children. Given that the patients were often connected to IV drips or in traction, the play structure was neither suitable nor practical. The activity areas included tables and seating that were fixed into the concrete patio and did not allow for wheelchair access. And finally, the courtyard-like space bordered by exterior nursing unit walls with reflective glazing, was a veritable oven during the day when sunlight bore down on the area. Not exactly child friendly!

In response, we developed a design concept that allowed for more of an "interactive" environment as opposed to a "play" area, as this was not practical given the level of patient acuity. Instead of retaining architects for this work, we hired a well known, local team of sculptural artists who would help design and then deliver a turnkey solution. Together, in consultation with a motivated user-group, we created a truly humanistic design solution. To mitigate exposure to the sun, we included a connected series of arching, metal pergolas over which vines would grow from cedar planters to create an overhead canopy. This not only reduced the impact of the sun and heat, but it softened the concrete environment and reduced the overhead scale to one that children can feel comfortable within. It also created fabulous shadow interplay and became an organic base from which to add design elements. We introduced interactive and kinetic sculptures that could be manipulated by children with the stroke of a finger from a bed or a wheelchair. The sculptural elements were made from common objects that children could relate to, such as old wagon wheels and metal washers that create sound and "wobble" down a pole when inverted. We included

a variety of gentle chimes that could be engaged by the stroke of a hand or simply from the wind. Given that this space was adjacent to the palliative care unit, it was intended to be a healing space for those patients and their families also. At night, the small white lights that lay within the vine covered canopy created the image of a magical labyrinth when viewed from patient rooms above.

Unfortunately, my enthusiasm and passion for this small but meaningful expression of humanistic design was not universally embraced by the key decision-makers. In fact, it was clear that this project was not perceived as valuable to the organization as I had assumed, relative to other organizational priorities. As a result the project was postponed.

It was from this defining moment, that I began to understand the need for a more rigorous approach to protect humanistic design principles and highlighted the importance of creating a tangible link between humanistic design and the achievement of the fundamental mission of the organization. Without that link, it would be difficult for senior hospital decision-makers to fully understand the benefits of humanistic design for the organization and the community it serves.*

Interactive Hanging Chimes in the Paediatric Garden

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The arching metal pergolas, creating needed shade, a child friendly scale and playful shadows

A wagon wheel with metal washers that "wobble" down when inverted

Primary risks to Humanistic Design

Risk # 1: The Ultimate Decision-Makers

Who are the ultimate decision-makers for most hospital capital development projects? Is it the CEO or the Chair of the Planing and Building Committee? Is it the Board of the hospital? Is it the funding agency or a combination of these players? How likely is it that any one of these players fully understands the critical nature of the design principles, philosophies and beliefs that are regularly discussed at international healthcare design conferences? Who primarily attends conferences on healing architecture? We know, and not surprisingly, that the ultimate decision-makers rarely attend conferences on Health and Design. For the most part, these sessions are attended by architects, other design professionals, senior hospital management personnel responsible for managing large capital projects and academics. Therefore, when we meet to discuss and share our vision for hospital and health care design, we are often, "speaking to the converted." We often carry the assumption that the value of these notions is self-evident to all. Unfortunately, this is not always the case and as a result, the principles of humanistic design and therapeutic architecture are often left exposed to great risk.

Typically, a hospital CEO is held accountable to his/her board to deliver a "state-of-the-art" facility that allows for future flexibility, evolving technology, and smooth and efficient operations. He/She is expected to ensure it is delivered on time and on or under-budget. Rarely, I would argue, are the principles of therapeutic architecture on his or her list of first priorities. Often, the CEO is under great pressure to deliver new or expanded health care facilities for various reasons. For example, he/she may be anxious to add inpatient capacity to alleviate Emergency Department gridlock. Under such circumstances, it is never surprising that the CEO has little sympathy for your request to hold a two-day off-site retreat with the entire design team to develop the fundamental guiding principles for humanistic or therapeutic

architecture for your project!

Therefore, if the key decision-makers do not fully comprehend the importance of these design principles, they are at risk of becoming victims of latter project stages and processes.

Given such common circumstances, how can we ensure that these essential design elements are in fact agreed upon by the design team, senior management, the CEO and the Board and are ultimately protected throughout the design and implementation process?

Risk # 2: Budget and Cost Alignment

The second area of risk to humanistic design relates to the need to manage project costs within a specified budget. If design proceeds without cost checks at the 30, 60, and 90% drawing phases (as is far too often the case), and only does so toward the end of the working drawing stage, then the risk to humanistic design features is greatest. The need to find easy targets to reduce project cost is most pressing and typically, the decision makers target the things that they can see such as landscape architecture, healing gardens and softer interior design elements. Although mechanical and electrical systems make up roughly 45 % of the costs of any project, it is often impossible to redesign these complex systems in an effort to reduce costs, so late in the process.

Similarly, for projects that employ a more enlightened approach to managing design costs on an on-going basis through structured and rigorous interventions such as "Value-Management" workshops, the risks to the "softer" humanistic design elements will be equally great.

*Footnote:
With ongoing education and perseverance, the pediatric garden project was eventually constructed!

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Risk Mitigation Strategies
Use the Project Plan to your advantage.
1. Create a Project Mission Statement
Project Mission Statements are sometimes established in order set the overall guiding direction for a large capital project. They must, of course, relate directly to the overall Hospital organizational Mission Statement. Like the hospital Mission Statement, the Project Mission Statement becomes the pillar upon which all project related activity rests. If, however, the project cannot be linked to the Hospital Mission, then, of course, you shouldn't be doing the project!

How does the Project Mission Statement reduce the risk to Humanistic Design Principles?

The project mission statement can be used as a strategy to help enshrine humanistic design principles. The key is to develop a Project Mission Statement that is clearly linked to or is in unambiguous alignment with the overall Hospital Mission Statement and at the same time reflects the value you see of humanistic design. By doing so, you add another layer of indisputable legitimacy to the design principles you establish for your project. The humanistic design principles embedded in the Project Mission Statement will become, therefore, just as sacrosanct as the organizations' overall Mission Statement.

For example the Mission Statement for one Ontario hospital is:
To be the finest hospital in Canada in the hearts and minds of the people we serve.
The appropriately linked Project Mission Statement created in consultation with the design team and the hospital senior management may be:

To design and construct a state-of -the-art healthcare facility that embodies an agreed upon set of humanistic design principles that is sensitive to and respectful of the spiritual, physical and emotional needs of all it touches.

The implementation of a humanistic design philosophy for any capital redevelopment project is a very tangible way for an organization to express its Mission to its community. How better to express to your community your commitment to compassion and healing than creating tangible design manifestations of your beliefs such as:

• Walking Labyrinths for patients, staff and visitors and that allow personal reflection and meditation in a non-denominational, non-threatening, and accessible environment.
• Spaces that are designed as " off -stage" safe places, such as healing gardens solely for staff to enable them to temporarily escape the high stress environments they work in ("heal-the -healers").
• Design solutions that respect the dignity of the patient, such as the relationship of the patient bed to the hallway door.
• Enabling technologies that empower patients to control their physical environment somewhat while in a hospital where fear, confusion and loss of control are paramount. (i.e. consider patient-activated lighting controls, temperature controls, automatic window blinds, etc).
• Introduction of operable windows to allow patients to feel a breeze, or hear the sound of children playing in a nearby school yard
• Views to nature and gardens.
• Introduction of soothing sounds from nature.
• Application of earth tones.
• Sustainable design solutions, such as green roofs.

Each of these examples of humanistic design and therapeutic architecture, illustrate in a comprehensive sense, that the organization believes in more than just the physical needs of patients staff and visitors, but that it passionately cares about the holistic needs of all users from a body, mind and spirit perspective. For CEO's who long to "walk-the-talk", this is a compelling application that they will support.

2. Project Approval Framework
Central to the Project Plan, is a clearly articulated Project Approval Framework that clearly articulates the terms of reference of various approval bodies (See figure I).

It is here that the approval relationships between the design processes and the Board and its committees are established. This is critical because any elements of the Project Plan that relate to the development of the design philosophy will then be tied into the various ascending levels of approval required to endorse your overall plan. As such, therefore, you will achieve formal approval for the design philosophy.

3. Project Communication Structure

The next logical step is then to create a Project Communication Structure that allows for an organized arena to discuss and integrate humanistic design ideas. (See figure II)

Such a structure:

• Is a formally endorsed arena for developing and discussing project activities including Humanistic Design Principles and other design documentation.

• Allows for on-going emphasis on Humanistic Design issues.

• Ensures appropriately allocated budgets for the disciplines including vulnerable design areas such as landscape architecture and Art,

• Creates a legitimate venue for team education and endorsement of overall Humanistic Design Principles , thus protecting them from risks associated with traditional Value Management Sessions

Conclusions

Humanistic Design Principles are exposed to the risk of being eliminated or greatly minimized in a capital project as a result of two primary realities. Firstly, the ultimate project decision-makers often do not always fully understand the benefits of humanistic design given their traditional priority is to deliver an efficient and effective facility, delivered on time and on budget. Secondly, humanistic design will face

The waiting areas themselves, looking up at the glazed lanterns that bring natural light into the below grade space, highlighted by electric fireplaces.

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The Peel Regional Cancer Centre in Mississauga Ontario, which highlights glazed lanterns punching up from the radiation therapy waiting areas below.

The Credit Valley Hospital in Mississauga Ontario. The lobby's signature element is the curved, wooden structural supports emulating a tree, obviously inspired by nature.

on-going risk due to the need to align project costs to the project budget. On-going emphasis on cost-saving measures tends to threaten easy targets such as humanistic design features.

Three strategies are suggested that will serve to mitigate the risk to Humanistic Design Principles:

1. **Embed Humanistic Design Principles into the Project Mission Statement** and link it directly to the overall hospital mission statement and get it approved by the Board.

2. **Establish a formal Project Approval Framework** in order to achieve formal approval for the Design Philosophy.

3. **Establish a formal Project Communication Structure** that enables and nurtures team commitment to Humanistic Design Principles. Together, these three strategies will serve to help enshrine humanistic design principles and thus help protect them from the many risks inherent in any major capital project. We all have a responsibility to employ these and other strategies in order to ensure that humanistic design becomes a standard requirement for any healthcare capital project.
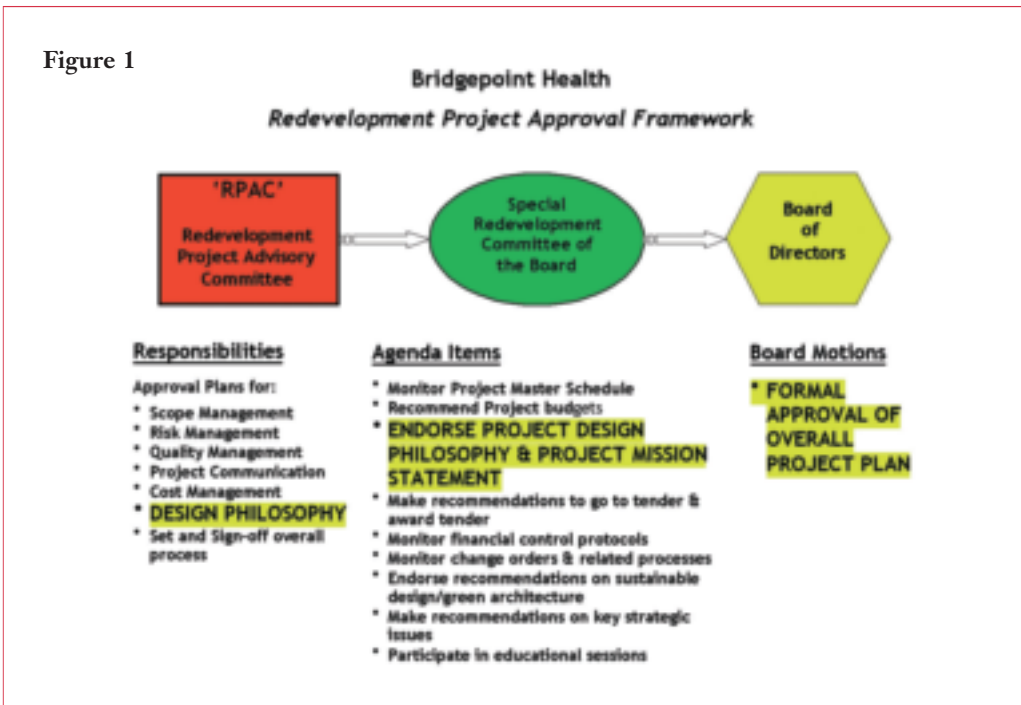
Figure 1

Bridgepoint Health
Redevelopment Project Approval Framework

Figure 2