



## Rethinking Acuity Adaptability

### AUTHOR(S)

*Jennie Evans, RN, BS*

*Debajyoti Pati, PhD*

*Tom Harvey, AIA, MPH, FACHA*

### ABSTRACT:

Within six months of the Parker Adventist Hospital opening in Parker, Colorado, administrators noticed a significant increase in nurse turnover. The reason for the increase: the hospital's bed units were planned as acuity-adaptable units ([figure](#)). They revised that approach accordingly. Today, staff retention is up and the acuity-adaptable nursing model is out.

Controversial findings about the universal room and the acuity-adaptable nursing model were disclosed during a recent exploratory study conducted by HKS and Herman Miller. The study, dialoguing with leaders from top community hospitals nationwide, found that implementing the acuity-adaptable nursing model has not been easy from an operational standpoint. A perception of inadequate care, an inability to maintain intensive care nurse competencies, and lack of adequate support space are just a few of the issues raised by the nurse managers, directors, and administrators interviewed.

Over the past decade, hospitals across the United States have invested millions of dollars in inpatient infrastructure that supports the acuity adaptable nursing model. Supporting the additional capital investment are a host of *projected* favorable patient and staff outcomes, including reduced patient transfers, medical errors, falls, patient dissatisfaction, and staff stress. The study's findings, however, advocate a rethinking of this model and the architectural design response that it requires.

t 214.969.3320

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Email: [dpati@cadrereseach.org](mailto:dpati@cadrereseach.org)



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For a personal copy of this article please contact:

Jennie Evans at [jevans@hksinc.com](mailto:jevans@hksinc.com)

Debajyoti Pati at [dpati@hksinc.com](mailto:dpati@hksinc.com)

Thomas Harvey at [tharvey@hksinc.com](mailto:tharvey@hksinc.com)