

# Planning the 21<sup>st</sup> Century Palliative hospital

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We are very pleased to be able to share our work with such a distinguished group from all over the world. We will be describing a project that is very timely in today's environment of longer life expectancy, the shrinking of the traditional community and family support systems, the possibilities for increasingly invasive medical procedures at the end of life, and issues of physician assisted suicide.

## What is a Hospice?

Hospice believes there is a better way – physician assisted living. Originally developed in Europe, the hospice movement was committed to allowing the patients to meet death in the most dignified, supportive and pain-free way possible, surrounded by their family and yet under the most rigorous medical control for the alleviation of pain and symptoms.

However, hospice and palliative care begins at home. Hospice nurses visit patients at home to bring support and relief to dying patients and their families.

When a crisis comes that is too severe to manage at home, patients come to the facility. Often, they will return home when the crisis is over. There are well-defined parameters for admission when they come to die. Then they typically return to hospice and stay only three or four days. During that time they are under strict medical and nursing supervision, but are also surrounded by family who will cook for them, bring them gifts and familiar objects, sing to them, wheel them outdoors when appropriate, and generally make peace with them and their inevitable process.

## History of John D. Thompson Hospice Institute

The John D. Thompson Hospice Institute is the oldest and largest free-standing hospital/ hospice in the United States. This 52-bed facility, located on the Connecticut shore inaugurated its existing building in 1979, after years of providing home care. Now, twenty years later, it is relocating to a larger and more appropriate facility, that will establish a new paradigm in the industry. We are fortunate to have been selected as architects for this facility, which is scheduled to open at the end of this summer.

The Hospice operates very much as an acute care hospital, but without invasive procedures.



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Mr. Monteleoni is Vice President and Studio Leader with Perkins Eastman Architects PC in New York, and has more than 25 years experience in health care design. Previously the Director of Healthcare Architecture for Skidmore, Owings & Merrill, he has been responsible for major medical facilities across the United States as well as in Israel and Korea. He has been involved in every medical facility type from birthing to hospice. Mr. Monteleoni has also lectured on the issues of health-care planning in the U.S. and abroad. A native of Italy, Mr. Monteleoni was educated in the United States at Harvard University and the Yale School of Art and Architecture.

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It is not a nursing home. Palliative care doctors monitor patients very closely, nursing staff works hard to minister to the patients, and various therapists circulate to provide soothing, sometimes unusual, but very effective treatments.

### Current Building Project

The building we are working on is an existing twenty-year old corporate office headquarters, which was custom built by a previous architect. It is a three-story building of 60,000 square feet, or 6,000 square meters.

It sits on a beautiful beachfront site overlooking the ocean and a small rocky peninsula that is part of the property. The exterior cladding is local granite, whose rosy color is reflected in the natural rock outcroppings along the beach. The plan of the building conforms to the site and is sensitively curved to follow the coastline. The outside of the curve provides the views to the ocean, and the inside provides an entry courtyard that receives the public in a sweeping embrace.

The ground floor is almost completely transparent, allowing views of the water through the building even as one arrives. Public functions such as reception, lobby areas and the cafeteria are on this floor and will remain. At each end of the curving floor plate, an elevator and an elegant open stair connect to the two upper floors.

The second floor will be converted from offices to patient rooms. This is where most of the reconfiguration of the facility will take place. The rooms are distributed across the entire ocean façade, and the 52 beds will be divided into two units of nine rooms each, separated by the large Commons Room. Each unit will have its own nurse and support areas, and each will have two family lounges with fireplaces.

At the center of each unit is a dramatic triangular open space that contains the open stairs and is topped by a generous triangular skylight. The skylights, create a pool of light in the center of each patient wing.

The top floor houses education and admini-

stration offices, and six rooms for family respite. The family respite rooms provide a private living room or bedroom, and allow families to stay overnight in privacy, and only be one floor away from their loved one.

In essence, we are transforming the second floor completely, while the other two floors will be modified only in certain areas to support the program. I will explain the changes by using plans and pictures of the model, beginning with the patient room.

### Translating Ideas of Hospice Care into Architecture

While we all know that typical hospitals generally build single-occupancy and double-occupancy rooms, the hospice experience does not find this model responsive to its special needs. Hospice has found that a patient dying in a two-bedded room leaves a terrible hole in the emotional experience of the other patient. Too much is removed from the life force of a pair of patients, whether they had become friends or not, when one of them dies. The number of patients in Hospice is fifty-two, and on average, four patients die each day, so it is imperative to design for that eventuality.

Hospice has found that a group of four patients are better able to tolerate the inevitable subtraction of one of their members. Also, people dying have a fear of being left alone. While hospice does also supply single bedded rooms, they are in the minority.

The design proceeded along the following considerations:

#### Quality of Life

As health care architects, we have learned that a connection to nature is one of the most important elements that a building design must provide. In this case, the generous windows facing the ocean are so life-giving that we have made a special effort to ensure that each of the four families have equal access to it. For this re-

ason we have pulled the patient beds somewhat away from the window, to create a common area along the entire length of the window, where any family member or patient can feel welcome to stand.

This special area is called the 'greenhouse,' and will be paved in a different material from the rest of the patient room, so as to recall a patio.

The spectacular beachfront site, in addition, provides a wonderfully healing effect. We have created an easy transition to this garden from the patient floor by enlarging the elevators to accept beds, and placing them where there will be doors on the ground floor and a terrace to access.

### Privacy

The requirement for this communal effect naturally conflicts with the equally strong requirement for privacy. The design has to balance both needs. The four-bed room is designed to be larger than it needs to be, to ensure adequate room for each family to have privacy with the loved one.

Another device for creating a feeling of privacy in a multi-patient room is to enhance the space around the bed, in all dimensions. First, we increased the ceiling height for the area enclosed by the cubicle curtains. Then over each bed we have designed a slightly curved ceiling, creating a dome effect for each patient. This curved ceiling will receive a special finish, and will house the recessed reading lights and examination light. An additional touch is to encase the ring around the light with a star-shaped pattern, which can be picked out in gold.

Outside of the patient rooms, we used various devices to support the quality of life of patients, family and staff. Special Family Lounges were created, with as good a view of the ocean as the patient rooms themselves. There are four on the patient floor, and each is furnished like a living room and equipped with fireplaces. A larger room in the middle of the floor is the

Commons Room, where patient beds can be assembled for musical, ceremonial or religious events.

A lucky stroke was that the original office building contained attractive open stairs between all three floors, flowing upwards in triangular stairwells that were topped by large skylights. At the foot of these stairs we have placed larger, more formal fireplaces, that are surrounded by bookcase cabinets, and present a non-institutional appearance to this multi-functional space.

In addition, the stairs lead upward, to the third floor, where there are five Family Respite rooms. These may be the most important feature of this project, from the point of view of the families. These rooms allow family members to rest and recuperate, removed from the patient but still nearby. Sometimes these rooms provide for sleeping, sometimes for grieving or venting in complete privacy. Their open, outward facing ambiance, with the sweeping views of the rocky coast, the ocean and the sky, serve to draw the out pain, stress and suffering.

### Functionality

Staffing efficiency is the ultimate yardstick by which the project will eventually be judged. Years after the final construction cost is settled, there will continue to be staff salaries to pay. Staff must be able to cover the activity of the floor, react to it and support it. They must observe, chart and discuss patients, talk to and comfort family members, and bring things to and from patient rooms from the most convenient locations. All this must be accomplished in a building originally designed for a different purpose.

The new design of the patient floor provides for two separate nursing 'pods,' one of twenty-two beds and one of thirty. The number of actual rooms in each pod is the same, however – nine rooms. Each pod is controlled by a Nurse Station, placed directly opposite the elevator that serves that pod. The Nurse Station is designed to be very approachable, and is

near the Family Lounges. Patient charts are in the process of being converted to an electronic bedside information system. In the interim, they are kept at the nurse station. In addition, charting alcoves allow staff to write notes away from the activity of the station itself.

While each pod contains the standard complement of Clean Utility and Soiled Utility Rooms, other standard needs are being accommodated in less traditional fashion. Pantries, instead of being placed in enclosed rooms, are out in the open, accessible at all times to the families. Medications, traditionally locked up in small rooms, are now conveniently placed in corridor alcoves in specialized dispensing machines, manufactured by Pyxis, and controlled through electronic access codes.

What were the primary architectural changes that were required to convert this building from an office building to a hospice/ hospital? First, larger elevators had to be installed, capable of moving hospital beds. In order to keep terminal patients as comfortable as possible, hospice does not use stretchers. Second, operable windows had to partially replace the sealed window wall of the office building. Third, adequately

sized patient rooms, bathrooms and staff utility rooms had to be created, out of what had been an office floor.

Finally, at the first floor, we created a sequence of three spaces that are essential for families in the dying process. There is a very important step that must be accommodated when a patient dies – family viewing. The family viewing room is placed on the ground floor, and is connected to two other spaces, one on each side – first, a living-room-like family waiting area, and then a body holding room, accessed only by staff, where bodies are returned to after viewing.

### Conclusion

The thought that I would like to leave you with, as you consider such a facility, is that the families come first. They know best, and they contribute most to the design, if you let them. The John T. Thompson Hospice Institute has learned these lessons from families in the course of their twenty years in their original facility, and their new building will enrich the final experience of the lives of many patients precisely because of