

MCD

MEDICAL CONSTRUCTION & DESIGN®

THE SOURCE FOR CURRENT NEWS, TECHNOLOGY & METHODS

INSIDE

FOCUS:
STAFF-CENTERED CARE

SPOTLIGHT:
LIGHTING
— also —
INFECTION CONTROL

Bold leadership, **smart** design

Tradition Medical Center

 **TRADITION MEDICAL CENTER**
Martin Health System

Interiors
SPECIAL
SUPPLEMENT
see inside!

STAFF CENTER CARE



THE TIME IS NOW

Designing for needs of disabled
healthcare professionals

By Traci Browne

Those involved in the design and construction of healthcare facilities are well acquainted with the American with Disabilities Act requirements when it comes to the design of patient areas. Currently, requirements for areas dedicated to healthcare providers working in the facilities are less clear.

That is a situation that should soon change. Healthcare organizations compete for access to the best physicians,

nurses, therapists and administrative talent. Many organizations understand the best employees often include those with disabilities.

In order to compete, they must consider ADA compliance, as well as the principles of universal design into the built environment specific to areas dedicated to staff — areas that include nursing stations, operating rooms, labs and even break rooms.

Hospitals are addressing the needs of disabled staffers by providing special

tools to reasonably accommodate disabilities. Tools include text-based vibrating pagers and amplified stethoscopes with digital displays for hearing-impaired healthcare professionals.

FLEXIBLE DESIGN TO MEET REQUIREMENTS

Adaptations to the built environment are also being made. These include nursing stations and lounges designed to accommodate workers in wheelchairs and crutches. Additional design considerations are:

- > Counters should be designed to accommodate wheelchair access both in the front and behind. Counter height should also be optimized for both seating and standing posture.
- > Spatial requirements at intersections, work areas and doorways: Provide adequate turning radius and place doorways at an angle to allow for easier access to

those using mobility-assisting devices.

> Think about how doors throughout the facility open: Which way do they swing? Where is the handle? How heavy are they? Are the doorways wide enough to move comfortably through on a wheelchair, mobility scooter or crutches?

> The placement of wall outlets and light switches: Wall outlets should not be tucked into corners or installed low to the ground. Light switches and wall outlets should be easily accessible from both a seating and standing posture.

> Infection control is a significant concern in healthcare facilities and frequent hand-washing is key to curbing the spread of disease. ADA-compliant scrub sinks should be readily available throughout the facility.

Jean Hansen, sustainable interiors manager at HDR Architecture, suggested bringing in experts to review designs or mocking up some of the key areas and having a person with the disability try them out prior to building. It's best to build the mock-ups into the project's timeframe and budget.

"It takes some time and money obviously, but I think the savings you could achieve and the success of the design work would really pay for itself in a short period of time," Hansen said.

A GROWING NEED FOR STAFF ADA ACCOMMODATIONS

According to the 2010 U.S. Census data, there are 3.6 million people who use a wheelchair to assist with mobility. There are 10.2 million people in the United States who have hearing difficulty. Of these, 4.4 million are under the retirement age.

Finding statistics on people with disabilities is easy. Statistics on the number of healthcare professionals with disabilities are almost non-existent.

Since the 1990s, however, there has been a growth in the number of practicing physicians with a disability. The fact that there now exists the Society of Physicians with Disabilities, a branch of the Society of Healthcare Professionals with Disabilities, is evidence of this trend.

Doctors and nurses with disabilities will say that they, of all in their profession, are able to relate to patients with empathy and understanding. They not only have first-hand experience with what their patients are going through mentally and physically, but they have experienced the frustrations of treatment and navigating the insurance system.

In September 2013, a federal jury ruled in favor of Michael Argenyi, a deaf student at Creighton University School of Medicine. A federal judge ordered Creighton University to provide captioning and interpreters, giving Argenyi the opportunity to complete his medical education at Creighton.

This ruling sets a precedent for the rights of disabled medical students and doctors to study and practice medicine in the United States. As a result, the industry can expect to see people of varying abilities enter the medical field, be it as physicians, nurses, therapists or administrators.

This next generation of healthcare professionals will join a growing number of healthcare providers already recognized for the value they bring to their organization — doctors like Eugene Alford, M.D., of Houston Methodist.

On Dec. 30, 2007 Dr. Eugene Alford, a plastic and reconstructive surgeon, was injured when a tree on his property fell on him. That accident left him paralyzed from the waist down. After extensive physical therapy, Dr. Alford was able to return to surgery, albeit in a wheelchair.

While it is impossible to anticipate every potential situation that might arise, it's a good practice to build flexibility into your designs.

Other healthcare professionals with disabilities have also been receiving media attention. Melanie Rak, M.D., a physiatrist at the Rehabilitation Institute of Chicago who uses a wheelchair, sees her disability as an asset. Rak can relate to the discrimination her patients face, and share resources she has come to depend on.

While it is impossible to anticipate every potential situation that might arise, it's a good practice to build flexibility into your designs. "You have to do your best to allow for the possibility of modifications in the future if they are necessary. It just becomes another design parameter," Jeffrey S. Monzu, vice president and senior project manager at Leo A. Daly, said.

For example, will an area accommodate a ramp if one is needed at a later date? Adjustable furniture is often more expensive initially, but pays off in the future if that furniture needs to be lowered or raised for a particular employee's ergonomic use.

As far as the role of the architect and designer when it comes to universal design, Scott Combs of Clark/Kjos Architects said, "The architect's role is both to implement the client's vision, as well as to bring expertise and forward thinking to the table. We as architects frequently educate our clients about industry standards, best practices, making the building flexible for the future and other considerations. What ends up in the design is a combination of what the client requires and which of our recommendations they choose to incorporate."

Combs believes that in the future, as we become a more inclusive society and see more disabled workers in different environments, architects can be advocates and supporters of efforts to make buildings even more accessible. Addressing the needs of disabled healthcare professionals in the design and construction of healthcare facilities should become the norm. ■

Traci Browne is a freelance journalist, writing on behalf of Morris Group International and Whitehall Mfg., a division of Morris Group International.