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PROFESSION

Hospitals can save \$10 million a year with safety measures

Single rooms with plenty of natural light and ceiling-mounted patient lifts shorten lengths of stay and reduce workers' compensation costs, experts say.

By KEVIN B. O'REILLY, amednews staff. Posted Feb. 2, 2011.

Single-bed patient rooms, wider bathroom doors, ubiquitous hand-hygiene facilities and other hospital design elements add to the costs of construction but can pay for themselves within a few years, according to a series of journal articles published in January.

A package of evidence-based elements such as single rooms with bigger windows and ceiling-mounted patient lifts would add about \$30 million to the cost of building a 300-bed, \$320 million hospital. But the design could save an estimated \$10 million a year by shortening lengths of stay and cutting workers' compensation costs, said the lead article of a set essays in the January/February *Hastings Center Report* (www.thehastingscenter.org/publications/hcr/detail.aspx?id=5066).

The journal is published by The Hastings Center, a Garrison, N.Y.-based bioethics think tank.

Many previous studies have concluded that adding safety measures to hospital design can help prevent patient falls, infections and worker injuries, the article said.

"Nothing in this article is about frills," said lead author Blair L. Sadler, a former hospital CEO who is now an industry consultant and a senior fellow at the Cambridge, Mass.-based Institute for Healthcare Improvement. "This is not about a soaring 20-foot atrium and fancy marble whatever. This is not the Ritz-Carlton. This is sensible ... thoughtful stuff that makes a real difference in patients' lives and therefore can help hospitals do better in the marketplace."

Comparing old hospitals and new

Most of the cost and quality data on the effects of health design come from studies of outcomes during a baseline period in the old hospital compared with experience in the newly constructed facility. One case study in the journal examined results at the 432-bed Sacred Heart Medical Center in Eugene, Ore.

The new building's design includes single-patient rooms, lots of natural light and soothing art and warm colors on the walls. The hospital's length of stay fell from 4.18 days in the old hospital to 3.82 days, even though the patient population in the new facility was sicker. Patient satisfaction scores jumped to 86%. Meanwhile, costs per adjusted discharge dropped 5.4%, or \$790 per admission, from \$14,559 to \$13,769.

More hospital executives are picking up on the trend, Sadler said, and the American Institute of Architects has endorsed single-patient rooms as a hospital design standard. The barriers to widespread adoption of design-safety ideas include lack of familiarity with the evidence and the difficulty of justifying upfront capital costs with longer-term savings, said Sadler, a former member of the Center for Health Design's board of directors.

Beyond quality improvement and cost cutting, Sadler sees an ethical dimension to the question of health care design.

"When you have environmental attributes that contribute to reducing errors and harm, isn't there an ethical imperative to use them?" he asked.

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