

# IMPACT

making space work

## DESIGN TALK

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*For insights about trends impacting the A & D marketplace, Geoffrey Griffith, OM Workspace® director of business development, Mid-Atlantic, spoke with Georgia Erdenberger, principal for [Czopek & Erdenberger, Inc.](#), a commercial interior design and space-planning firm based in Portland, Ore. Czopek & Erdenberger is an [Evidence-Based Design Accreditation and Certification Advocate Firm](#), committed to dedicating 25 percent or more of its staff to becoming accredited.*

### **GG: What is evidence-based design (EBD)?**

**GE:** Evidence-based design, by definition, is basing decisions about design projects on the most current, credible research and information in order to create spaces that provide the best possible outcomes for patients and staff. A growing body of research shows that healthcare design impacts patient stress, safety and quality of care, as well as the business case.

While mainly associated with healthcare, I think EBD can apply to any design work. We just completed work for the [University of Oregon College of Education](#), and as the furniture specifiers, we did a lot of research on ways that people learn, both through online research and testing products in real-life situations.

### **GG: How is furniture incorporated into the principles of EBD?**

**GE:** Many factors need to be considered when choosing furniture for a healthcare setting. One way in which furniture is looked at is how it fits into the psychological needs of patients and their families. Is it institutional, or cozy? Given certain settings — in a family lounge area, for example — considerations include whether families can move furniture around to gather in a group, or whether additional furniture is needed for things like working on a laptop.

Another criteria when looking at furniture is how it relates to the issues of a healthcare environment — for example, infections, patient falls and medical errors. Furniture has to be looked at in the same way the space does. Is the finish of the furniture compatible with infection control protocols? Is there furniture to support patients with specialized needs? Can staff physically maneuver the furniture without injuring themselves?

### **GG: How is EBD changing the healthcare design landscape?**

**GE:** As design professionals, we need to think of ourselves more and more as collaborators in patient care. This integration calls on us to be constantly learning, constantly researching. For example, my staff and I need to keep up on the latest infection control issues and new patient protocols for nursing staff. We can't just stay in a vacuum. It is critical for us to expand the boundaries of our knowledge and research in order to be valuable contributors to the design process.

What also is changing is that the end user — CEOs, facilities managers — is becoming more educated about EBD and is interested in how the application of the EBD process can help both patient satisfaction as well as the bottom line.

If we can continue to show healthcare facilities managers that EBD supports lean design processes, they will see it's to their benefit to both become personally knowledgeable and to call upon accredited professionals who can help them use it as a tool. When a facilities manager asks why he or she should spend the money on a woodlike floor instead of less expensive vinyl tile, we can say, 'You can clean this better, it's more sanitary, and it's also been proven that amenities such as this beautiful woodlike floor are going to mean patients heal faster and aren't going to stay here as long.'

### **GG: How have you incorporated EBD into a recent project, and what was the outcome?**

**GE:** [Oregon Health & Science University](#) (OHSU), a large teaching facility in Portland, tasked us with the interior design of its new patient tower. A special focus was the design of the floors, which were dedicated to inpatient oncology. Our goal was to ensure the design of the space was in line with the best research and knowledge about creating a healing environment for cancer patients.

In addition to the substantial amount of information we had gathered about the organization and its mission, we spent a

lot of time talking with staff, nurse management, patient services and even the marketing department. We collaborated with the architect and staff to develop mockups of a patient room and nurse station to test what would work best for the ways in which the doctors and nurses do their jobs. We also worked closely with infection control on choosing finish materials, designing cleanable details for casework and reviewing furniture types that best ensured protocols were being followed.

The final design incorporated all of the things we learned from our research at OHSU, and everything we knew from past work and third-party research. Daylighting was incorporated not only into all the rooms, but the corridors as well. Many spaces allow for interaction between patient and family — every room provides space for a family member to sleep, as well as a relaxation area that offers a beautiful view and comfortable furniture.

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