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“Designing for Health” is a monthly, web-exclusive series from healthcare interior design leaders at Perkins+Will that focuses on the issues, trends, challenges, and research involved in crafting today’s healing environments.

Designing for Health: Action Research as a New Paradigm for Improving Health Outcomes

Tama Duffy Day, FASID, FIIDA, and Dr. Wayne Ruga, FAIA, FIIDA, Hon. FASID



Community of Hope, Washington, DC.
 Primary, Behavioral and Dental Clinics reception
Image Credit: Perkins+Will

During four beautiful spring days in Waterford, Ireland, Dr. Mark Rowe co-hosted the Learning Collaborative, a gathering of design and health thought-leaders from around the globe at the Waterford Health Park. One of the focal areas for this Learning Collaborative was the sharing of ‘action research’ projects, the methodology used by The CARITAS Project to further improve how design of the environment can improve health and healthcare.

Action research is one specific methodological approach to conducting research within the field of healthcare facility design that is well suited for this application. It is a methodology predicated on application, rather than theory, and its findings can be quantitative or qualitative, or both. More significantly, this methodology is readily learned and easily applied to healthcare design, providing an approach that can be generalized, therefore increasing the potential for the findings to be credible, valid, and reliable.



Waterford Health Park, Waterford, Ireland.
 Original structure dates back to a mid-19th Century convent designed by A.W.N. Pugin.
 2009 additions and renovations by dhbArchitects. <http://dhbarchitects.ie/>
Photo Credit: Philip Lauterbach

As an organizational improvement methodology to promote change, Kurt Lewin first coined the term action research in 1946. There are two main differences between ‘action research’ and other research approaches: first, action research—in addition to contributing to knowledge—is also focused on making an improvement; and second, ‘action research’ is based on ‘learning by doing.’ It is about the ‘action’, and improving the ‘action’ through learning about it.

Examples of action research projects presented at the Learning Collaborative, ranged from the design of a community clinic in Washington, D.C., to the creation of the Macmillan Quality Environment Mark (MQEM) in the United Kingdom, to the exemplar of health design leadership at Dr. Rowe’s Waterford Health Park in Ireland.

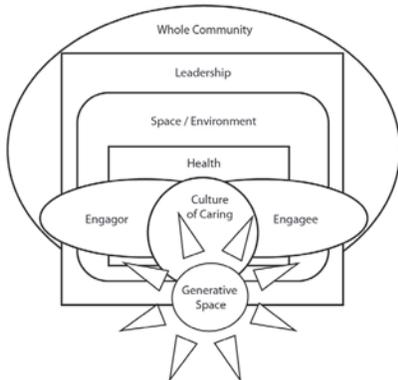




Macmillan Quality Environment Mark
Source: Macmillan

“The Macmillan Quality Environment Mark is a detailed quality improvement framework for assessing whether cancer care environments meet the standards required by people living with cancer,” states Simon Henderson, Head of Cancer Environments at Macmillan, and a participant in the Learning Collaborative. The first assessment tool of this kind used in the UK, the MQEM provides a robust framework for evaluating, measuring, and improving cancer care environments as being welcoming; accessible to all; respectful of peoples’ privacy and dignity; supportive of users’ comfort and well-being; giving of choice and control; and responsive listeners to the voice of the user. Now in its third year, more than 80 organizations have used the Macmillan Quality Environment Mark to improve their cancer care service through the design of their environment.

**A Care-Centered Model of
 Improving Health, Healthcare and Quality of Life**



Culture of Caring Diagram
Image Credit: The CARITAS Project

Providing health, housing, and education, Community of Hope, an organization in Washington, D.C., was designed as an action research project. Using lessons learned and research data gathered from the Arlington Free Clinic, the first action research project focusing on clinic design by Perkins+Will, early design dialogues with the Kelly Sweeney McShane, the Executive Director, and the design team focused on delivering accountable care to their clients. The design and planning strategies shaped this facility to provide maximum clinical efficiency for greater operational throughput while utilizing a team base approach for medical, dental and behavioral health. The strategy, however, of the clinical health services does not end with clinical efficiencies. Community of Hope has as its mission a greater goal of improving health within the entire surrounding community, through the design of a culture of caring (see diagram at left). Accordingly, the first floor of the clinic has been designed to include a health greeter, community education center, and health welcome center. Currently in construction, the Community of Hope will be a medical home for patients, providing health benefits to an underserved and currently uninsured community.



Community of Hope, Washington, DC.
Reception and Community Education Center
Image Credit: Perkins+Will

In healthcare today, where almost all organizations are challenged to provide better outcomes with reduced resources, action research can contribute tremendous value. As noted by the variety and depth in the current projects, the concept is not complex, resource intensive, time consuming, or in any way limiting but rather is heralding the introduction of a new paradigm in how professional design services can provide revitalized leadership and increased value for clients.

“I’ve long advocated that in order for it to be useful, evidence-based research should include a statement or summary of its design implications—that is, what is this research telling us we should (or shouldn’t) do,” notes Roger Leib, AIA, ACHA, Principal, Leib & Leib Inc., Architects and Product Developers. “Too much research is under-useful in this respect and ends up either under-utilized, or worse, mis-applied. So I’m relieved to hear someone talking about improvement-directed research, because built into that process, as I understand it, is its actual application to solving problems. And to do that, its implications and applicability have to be clear.”

Time will tell how effective this new approach is. Consider that enhanced healthcare design, as we know it today, only began 25 years ago with the launch of the first symposium on healthcare design. Prior to that event, design and healthcare were not as integrated as we know it today, and were much more technically focused than design oriented.

Given this perspective, and the current gap in the ability of environmental design to provide both systemic and sustainable improvements for client organizations—improvements that engender environmental solutions that actually improve over time and bring lasting joy to all users of that environment—this is an exciting moment in the evolution of a more integrated approach to healthcare design. It is enabling its practitioners to deliver increased value through a more innovative design of the environment.



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Resources and Further Reading:

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