BY DR. WAYNE RUGA

THE CARITAS PROJECT

Challenging Conventional

Thoughts on designing a better hospital, recap of 2017 Generative Space activities

Presentation of Generative Space Award. From left, Rebecca Weidler, Stephanie Kwok, Nathan Murray and Dr. Wayne Ruga.

A Google search of "designing a better hospital" offered 322,000,000 citations — a fascinating collection of strategies and technologies that, one way or another, claim to contribute to improving the performance of what a hospital is supposed to achieve. A quick read of this "survey" actually produced more questions than compelling answers — particularly for a seasoned professional.

This Google literature of such dramatic scope is remarkable, particularly when you consider that only 40 years ago, the acknowledged "bible" for designing a better hospital was E. Todd Wheeler's "Hospital Modernization and Expansion." For its time it was a wealth of documented built projects that could be compared for developing templates to inform the planning and design of subsequent projects.

Of course, the world has changed so much in these 40 years and seems to change more quickly with each new year. In the face of this, the question remains constant: "How do we design a better hospital?" One strand of inquiry, with regard to this question, directs its focus on what has seemed to be a blind spot in this quest. Maybe, however, rather than this particular strand being invisible – as our blind spots are, it has tended to be ignored because of its elusivity, since it falls outside of the remit of conventional hospital design and construction — particularly, as it is practiced today.

Google cannot be faulted, either, for overlooking this strand — and, actually, is to be applauded in compiling such a rich collection of approaches that can — and frequently do — contribute toward designing a better hospital, citing strategies such as: Evidence-Based Design, infection control mitigation, participatory design, healing environments and experience design — to name a few.

Where is it, though, that "caring" enters into the quest for designing a better hospital?, who is responsible for raising its flag?, how does it get "designed"? and how does the experience of being "cared for" continue when the designers, builders and even first generation owners have all moved on? Wheeler's 'bible' is silent on these questions, as is most of the literature that is available. It's not that these questions are so difficult, invisible or even irrelevant — rather, these questions require responses that cannot easily be managed, measured, controlled or predicted. Today's practices of design, construction and operations are increasingly fazed by these kinds of uncertainties.

In 2003, The CARITAS Project first defined and developed the concept of generative space as an explicit approach to designing healthcare settings that improve individual lives, organizational performance and overall community health. Generative space is a place — both physical and social — where the experience of the participants in that place is one that both fulfills the functional requirements of that place and it also materially improves the health, healthcare and or quality of life for those participating in that experience in a manner that they can each articulate in their own terms.

The definition of GS signals several key design innovations that absolutely require that, at a very minimum, the experienced environment is perceived as caring by its users — that is, the full spectrum of a facility's users.

The annual Generative Space Award (aplacetoflourish.net) requires that its submittals demonstrate evidence of measurable progressive improvements in the caring experience of all of its users in a manner that is "mutual and reciprocal." In order to build the capacity for the field to utilize GS, the Leading by Design project was initiated in 2003. Since then, a group of invited individuals has actively engaged in learning how to operationalize GS and practice it to advance the dramatic, unprecedented improvements that its application makes possible.

In the 15 years that GS has been informing healthcare and design, a vast range of offerings have developed.

In Chicago, Illinois, for example, a voluntary group of multi-disciplinary professionals have met regularly for the past five years to create programs to enable individuals to have

Photo courtesy of HFSE

experiences of GS. The group has become known as the Generative Space Task Force. Each year it has produced a free program, with invitations available to the extended local community, in partnership with the annual Healthcare Facilities Symposium and Expo.

During 2017's GSTF program, in Austin, Texas, a discussion group was led by Elizabeth Melas, director of capital projects at the Rush University Medical Center, in Chicago. The discussion focused on the recent design and construction of a pediatric oncology infusion unit at Rush. The group was hosted in the offices of Gensler.

Similarly, for the past 10 years, GS programs have been featured at the HFSE. This last event, in Austin, six Generative Space Track programs were offered, the Generative Space Award was presented and a major gala event — known as the Jamboree — was hosted by Humanscale Healthcare and commemorated the 30-year anniversary of the HFSE and its contribution to transforming healthcare design. This constellation of GS events was all designed to provide the content for the annual Generative Space Week, which was held Sept. 15-22 (generativespaceweek.net).

In returning to the question of: "How do we design a better hospital," it might, now, be more apparent that designing more caring experiences — for everyone — is an extremely potent strategy for improving outcomes. Not just medical outcomes, rather — all desired outcomes — and for these improved outcomes to progressively continue improving over time.

Dr. Wayne Ruga, FAIA, FIIDA, Hon. FASID, is the founder and president of The CARITAS Project. He can be reached at wruga@post.harvard.edu.