

# Consumerism, Cleanability and Caregiver Well-being Drive the Future of Healthcare Design

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While the creation of safe and welcoming healthcare spaces has always been paramount in the design industry, rarely has it received as much attention as in recent months, with frontline Covid workers and their patients on the national radar on a daily basis.

For a recent live k. talk, Knoll assembled a virtual panel to share their collective vision for the future of healthcare design. Industry experts Andrea Hyde, Laura Morris and Franne Stewart—all of whom are members of the American Academy of Healthcare Interior Designers—offered their predictions for healthcare design now and in the foreseeable future.

Here is what they had to say.

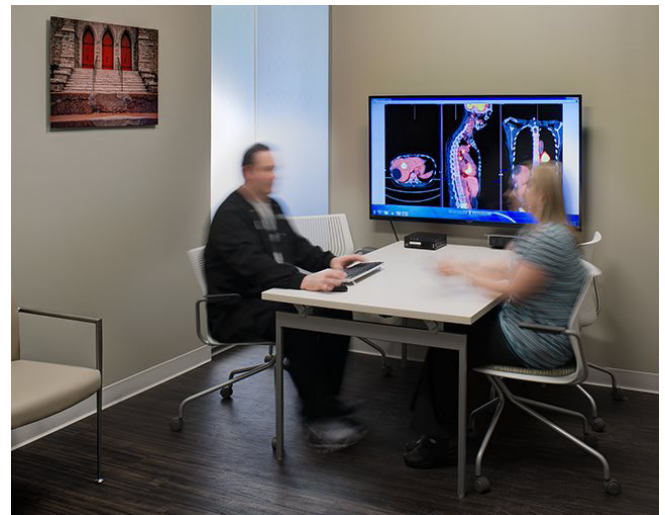
## What We Learned: Three Takeaways from Healthcare Design Experts

### 1. The trend toward patient choice is driving the consumerization of healthcare

Even before Covid brought new patient-care requirements to the healthcare setting, the industry had been moving toward a focus on the patient as a “consumer.” This trend can be seen in both the physical and the virtual health services environments where, as Franne Stewart, Director of Health Interiors for the Houston Office of HKS noted, “consumerism is an attitude. It’s all about choice and transparency, affordability/best value, and where that delivery of service is going to occur.” As an example of expanded choice, some larger health systems are reaching past traditional urban boundaries to provide care in the suburbs and more rural areas.

**The experts agree that consumer-facing choices will continue to expand in scope. Options for receiving patient care are increasingly varied—at pharmacies, superstores, the doctor’s office, or at home. These choices will not only continue, but are going to get much broader.**

Andrea Hyde, Senior Project Manager, Interiors, Stanford Health Care, notes that the growth in telehealth has played a large role in this shift toward patient choice in recent years. “One of my building projects [is comprised of] a large specialty outpatient facility moving



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FRANNE STEWART



out of our center campus in Palo Alto and into a community-based campus. It was designed using an ‘on-stage/off-stage approach,’ where every exam room is potentially a digital room.”

In addition, Stewart points out that while providing good technology like wireless networks is important for the patient experience, the industry can push that envelope even further, e.g., by offering concierge service. “It’s important to offer amenities to the families while they’re there with a loved one, like a yoga class.” However, it’s important to add that some amenity opportunities are, by necessity, being impacted—at least in the short term—by current requirements for cleanliness and social distancing.

## 2. Cleanability and Materiality are Key to Today’s Finishing Decisions

Another key consideration in healthcare design is the role cleaning protocols play in ensuring patient and caregiver protection. For example, surfaces and coated fabrics are standards in product selection for safety and cleanability—and in fact, the panelists are seeing these finishes expanding across other industries like restaurants that are modeling their choices after healthcare trends. Laura Morris, Principal and Interior Design Director, Array Architects, noted that cleanability is coupled with the rise of smaller, more spread-out waiting areas, which in fact were already a growing trend well before social distancing became a national CDC-driven guideline. “These spread-out areas naturally allow us to have smaller separate groups waiting and separating automatically.” In addition, choosing soft surfaces comes with the understanding that they will need to be replaced more often than in the past.

Currently, there is an industry-wide discussion of contact-free settings and touchless sensors, as facilities explore surfaces that can stand up to regular/ongoing exposure to antimicrobial cleaning solutions.

Another element of cleanliness relates to use of panels and screens. Not only can they be cleanable, but they offer visual cues to practice social distancing. Hyde noted that the need for these protections can be impacted by how long patients/families are in the environment. “When we think of the intake process, we want to do it quickly and get you in a place where you—and our staff—are not exposed.” Another possibility is UV light, which Hyde notes may not be considered “beautiful interior design” but could aid in reducing surface transmission. And finally, the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) is currently exploring air handling in today’s open settings.

The group agreed that striking a balance between cleanliness and the patient experience takes some creativity. Research shows that making patients more comfortable helps them achieve better outcomes; strategies can include choices of materials and color along with bringing in light and natural views. But Stewart cautioned that the need for cleanability will, at least for the near future, have

***“In design, we are doing wonderful things that overcome the idea of ‘sterility’ while still allowing our staff to be as safe as possible in their space.”***

ANDREA HYDE



an impact on the trend toward consumer/patient “perks,” as health settings determine what can be safely offered to patients and their families. Hyde agreed, citing the example that an amenity station that offers coffee would entail various touchpoints for patients and families.

## 3. The Well-being of the Caregiver Matters

In looking at long-term trends, the panel noted that adaptable spaces are key. Importantly, design decisions must be made not only to benefit the patient and the family, but the caregiver, too. As Hyde pointed out, “We’ve got to create a facility where people want to come—and come to work.”

This focus on the caregiver means more than just creating a spacious team center. Morris pointed out the need to provide “places to go offstage, to decompress, a place to get a fresh breath of air.” The team agreed that in the future, settings will likely offer more worker amenities like child care, yoga classes, and even “to-go” meals offered in the facility cafeteria at the end of the day, to help with the retention and overall mental well-being of caregivers.

And indeed, there are considerations that need to happen as a result of care providers spending a growing amount of time offering telemedicine. For example, healthcare design might combine a




doctor's office with an exam room, to enable the caregiver to serve patients effectively, conveniently, and comfortably.

***“For all of our patients and caregivers, we need to offer them easy ways to take a breath of fresh air.”***

**LAURA MORRIS**



To that end, Stewart notes that ergonomic design is key. “Acoustics is a big issue for ergonomics. And if someone’s going to be sitting there all day, you need proper seating. Lighting is another huge issue, and you’re going to need proper video equipment and computer. As an industry, we’re going to be looking at spaces—and how we reimagine them.” 

## Panelists

### **Andrea Hyde**

Senior Project Manager, Interiors, Stanford Health Care

### **Laura Morris, CHID, LEED, AP BD+C, IIDA, Lean Green Belt**

Principal and Interior Design Director, Array Architects

### **Franne Stewart, ASID, CHID, IIDA**

Director of Health Interiors at HKS in Houston

**Replay of the "Future of Healthcare Design" can be viewed at [knoll.com](https://knoll.com)**

### **Additional Reading**

American Academy of Healthcare Interior Designers (AAHID):  
<https://aahid.org/>

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