

Medics given more room to move

Australian hospitals should benefit from a new design research centre.

By Samantha Selinger-Morris

So bad is the reputation of hospital design that if you were to use the term, many would think it an oxymoron. Industrial peach-coloured paint, squeaky floors and bland waiting rooms bursting with ancient magazines are common complaints.

But, for possibly the first time in Australian design history, help is at hand. A new research body, the Centre for Health Assets Australasia, was launched at the University of NSW in March to tackle the monstrous challenge of health-care infrastructure design.

The centre is a joint initiative of the Health Capital and Asset Managers Consortium (an alliance of the health departments of all states plus New Zealand) and the University of NSW. Its main goal is the establishment of national health-care centre design guidelines.

And while the introduction of groovier colour schemes and lifetime subscriptions to Vogue may not yet be on the centre's agenda, big improvements to hospital, community health centre, mental health unit and hospice design in Australia and New Zealand certainly is, says Jane Carthey, senior research fellow at the CHAA.

"They don't want to endlessly repeat the mistakes," Carthey says of health authorities in Australia and New Zealand, which have traditionally set design guidelines independently.

The "mistakes" Carthey is referring to include rooms too big or too small "which has [occupational health and safety] implications", providing too few patient lifters, and a lack of consistency in design features such as the placement of power outlets, which can lead to nursing staff errors.

"If we're endlessly giving them different versions of the same kind of work space, either they don't work as well or they have to learn to do things from scratch," Carthey says.

Another issue being investigated, she says, is the percentage of single-patient rooms in each centre. Patients, predictably, want more while nurses generally want fewer because more single rooms means longer corridors and a lot more walking for nursing staff, whose average age is rising.

The centre is hoping to fill a major gap in the health industry. The Building Code of Australia sets construction standards, but there is no comparable organisation that standardises design.

Design guidelines set by many state health departments have become so outdated, Carthey says, that designers would disregard them when starting new projects because they "had lost credibility, weren't updated and weren't relevant".

To combat this problem, the centre has set up working parties involving not only the health departments, but also clinicians, architects, designers and patient interest groups.

The resulting guidelines, due to be completed in a year, will save designers around the country from having to continually draw up fresh plans for every aspect of new facilities, says centre director Professor Denny McGeorge.

McGeorge, a former head of the University of NSW's built environment faculty who came out of retirement for his new position, says it is important to note that the centre will not have the power to oblige architects or designers to follow the guidelines (as is the case with the BCA).

"It would be at the discretion of each state as to how they enforce the guidelines," he says.

The centre's job doesn't finish once the new generation of health-care facilities has been built.

When that day comes, the buildings will be investigated to judge whether staff efficiency and patient safety has improved. The guidelines will also be reviewed every six to 12 months to enable new ideas to be included.

"There's always a tension between innovation and standardising," Carthey says. "That's really the core of the problem. We don't want to stop innovation."