MORE PEOPLE. MORE PRIVACY. SAME SPACE.
CASE STUDY OF THE JOHNS HOPKINS HOSPITAL CHEMO-INFUSION SUITE

Increasing patient volumes had strained the Johns Hopkins Hospital's chemo-infusion suite's ability to provide a comfortable and private healing environment for patients and staff. The Hospital challenged the design team to renovate the existing space with no expansion, to improve patient comfort, to increase privacy for patients and staff, and to provide additional capacity. The design team, comprising architects, interior designers, hospital staff, and a patient advocate, developed a new concept – the LIVING room – that achieved all of the goals.

The LIVING room ends cookie-cutter chemo, in which passive recipients are lined up in identical recliners, by providing a range of flexible options that empower patients to shape how they go through treatment. The options improve comfort and provide a sense of control important at a time when many patients feel powerless. As patients gain physical and psychological comfort, the hospital gains efficiency; the new design increases the space’s capacity from 50 patients at a time to 67 patients, while also increasing privacy among patients and for the nurse work areas, and dropping overall noise levels.

This presentation will introduce the LIVING room design concept and describe how small but essential details were managed so that the model could be implemented.

Learning Objectives:
1. Demonstrate the positive effect innovative design has on hospital operations and efficiency.
2. Discuss how careful attention to detail is pivotal in making innovative design concepts practical and implementable.
3. Identify ways to improve patients’ physical and psychological comfort within a space that has stringent clinical requirements.

Other Submission Comments:
The Johns Hopkins Hospital Chemo-Infusion Suite Renovation project won a 2007 Good Design=Good Business Award from AIA Baltimore.

The Patient Advocate on this project is a Marshall Craft Associates marketing employee (not designer) who, shortly before the project began, had completed seven months of chemotherapy as a patient in the suite that was renovated. She used her first-hand experience of the space and her observations and interactions with other patients to provide a patient's perspective on the chemotherapy experience and how design could be used to improve it.