THE PHILOSOPHY
Johns Hopkins Hospital prides itself as a leader in redefining cancer research and treatment, and Marshall Craft Associates has created a design concept that carries that leadership into the Chemo-Infusion Suite. MCA’s design redefines the chemotherapy experience by empowering patients. Rather than being passive recipients, lined up in a row to receive chemo and other infusions, patients will gain choices that help them to shape the way they go through treatment.

The chemotherapy experience varies widely among patients and for each patient over the months and sometimes years spent in treatment. Given these variances, it is only natural that the physical environment in which they receive treatment should also adapt to their circumstances. Because patients are assigned to a specific nurse and treatment area, it is important that each area offer them the opportunity to make choices for their own comfort. The LIVING rooms that MCA has designed provide a range of cozy options for patients, and the name of the spaces – LIVING rooms – emphasizes their nature. While difficult, cancer and its treatment are a part of life for these patients, and this design enables them to feel like they’re living, not taking a break from life for treatment.

When designing a space, it is important that both client and designer dare to dream. The realities of budget, available space, and schedule may preclude all dreams from coming true, but great ideas are generated when clients and architects feel free to imagine the possibilities. MCA is adept at eliciting and proposing creative solutions for clients’ design needs, and at finding innovative ways to incorporate key elements of a “big idea” into a practical plan.

THE DESIGN
Marshall Craft Associates’ design for the Chemo-Infusion Suite improves staff work flow and productivity as well as patient privacy and comfort. The spaces are designed to enhance provisions for patient safety. The change begins in the waiting area, which is reconfigured to occupy the Suite’s core in a different way. The Patient Education room has been moved into the waiting area to make for more convenient patient and family access, and vending and nourishment stations are readily available. The waiting area also houses two private offices for patient services coordinators, where they can discuss confidential treatment and scheduling issues with patients and staff. Located conveniently around the perimeter of the central core, with access from the treatment areas rather than waiting, are private consult/procedure rooms, patient toilets, equipment storage, and clean and soiled utility. Reconfiguring the central core while leaving it basically in place also allows the pneumatic tubes and boxveyors to remain unmoved.

Patients and companions move from waiting into each individual treatment area, eliminating both the current problem of nurses at the first station being asked questions by everyone who enters the unit, and the heavy traffic and lack of privacy that can be experienced in the end units. Within each LIVING room, a variety of seating/lying options allows patients to take charge of how they receive treatment at every visit. The design includes window seats, beds, recliners, and comfortable lounge chairs for patients and their companions, and each room is divided into zones that offer different levels of solitude. While in their LIVING room, people can do any number of normal life activities: spending time on the internet (doing holiday shopping, catching up on e-mail), sharing a window seat and working on a project together (learning how to knit, playing cards), or simply watching a DVD they selected. Patients who come without companions but are feeling sociable can choose to sit in a small grouping where they can chat with other patients and companions who also feel like talking or playing games. Or if they have had an especially exhausting week or are feeling ill, patients can opt for a more private space, and nap.
The window seats, each equipped with a television, offer options including curling up in the corner with a book, watching TV, staring out the window, sharing the seat with the companion for quiet discussion or activities, or stretching out to take a nap. Each of these spaces allows the patient to create a “microclimate,” with control of lighting and airflow. Many patients may find that the window seats offer a more comfortable option for lying down in a shared room than the intimacy of a bed does. The recliners and chairs located in the center of each room, each equipped with a television, are separated by screens that will provide privacy from other seated patients but still allow for visibility by the nursing staff. Patients can choose to sit alone within a screened segment or to share it with their companions or other patients for a more social atmosphere.

Each room boasts a self-service area where mobile patients can maintain a feeling of independence by helping themselves to water, pillows, blankets and other amenities, while staff can continue to provide assistance to patients who feel less well. Consult/procedure rooms located within each LIVING room provide places for private procedures, and when unoccupied offer a convenient place for staff and patients to have confidential discussions. Nurses’ stations, equipped with hand-washing sinks and ample counter space, are located in a corner of each LIVING room to provide full visibility of the patients while maintaining a separation that allows the staff to work on charting or make telephone calls that need not be overheard.

The staff office area receives an additional staff toilet, and has space reconfigured to allow for more efficient workspace as well as employee lockers and refrigerators.

This design concept and all drawings and materials in this proposal are © Marshall Craft Associates, Inc., 2004.