



DESIGN & DIGNITY

STYLE BOOK

Transforming End-of-Life Care in Hospitals One Room at a Time



July 2014

It is a fact that almost half of all people die in acute hospitals. While hospital staff strive to provide the best possible care for people at the end of their lives, the physical environment of hospitals can detract from the dignity afforded to patients and their families.

The Design & Dignity project is bringing simple but transformational changes to acute hospitals in Ireland. Our aim is to make death more bearable for those at end of life and for family and friends sharing that final journey. Together with the HSE, our goal is to fund exemplar projects in public hospitals either through "new build" or with imaginative retrofitting. We are renovating shabby storage rooms, turning them into oases of calm where bad news can be broken sensitively or where families can gather and have a cup of tea. We are re-designing old style viewing rooms where people first see a deceased loved one, into bereavement suites with quiet ante-rooms to allow for a catching of breath. We are transforming neglected mortuaries into havens of peace. These relatively small investments are making a real difference to people at a traumatic time in their lives.

Design & Dignity is a wonderfully practical project, offering financial support and design expertise to improve interior and exterior space in our hospitals. Colour, lighting, artwork, acoustics, fabrics, furnishings, structural materials and planting are all part of the larger mosaic of end-of-life care which help lessen stress and loneliness and make the unbearable as graceful as possible.

The words hospital, hospice and hospitality all share a common root. They now deserve a common future. The great Robert Kennedy once said each of us can work to change a small portion of events. If each one of us can change a small portion of a person's journey to the end of life in hospital then together we can make bigger changes.

Gabriel Byrne
Patron, Design & Dignity

Sharon Foley
CEO, The Irish Hospice Foundation



'The great Robert Kennedy once said each of us can work to change a small portion of events. If each one of us can change a small portion of a person's journey to the end of life in hospital, then together we can make bigger changes.'

Gabriel Byrne, Patron, Design & Dignity



Acknowledgments

We express our gratitude to the funding partners of the Design & Dignity project without whom this project would not be possible. The Design & Dignity project was launched as a result of seed funding from the National Lottery through the Department of Health & Children with the support of Former Minister for Health and Children. Under the patronage of actor Gabriel Byrne, a challenge fund was established to raise matching funding from HSE Estates and the Irish Hospice Foundation. We would like to acknowledge the tremendous support of John Browner, Assistant National Director, HSE Estates for providing capital funding for the individual hospital projects. We also wish to thank everyone who generously donated to the project through the Irish Hospice Foundation.

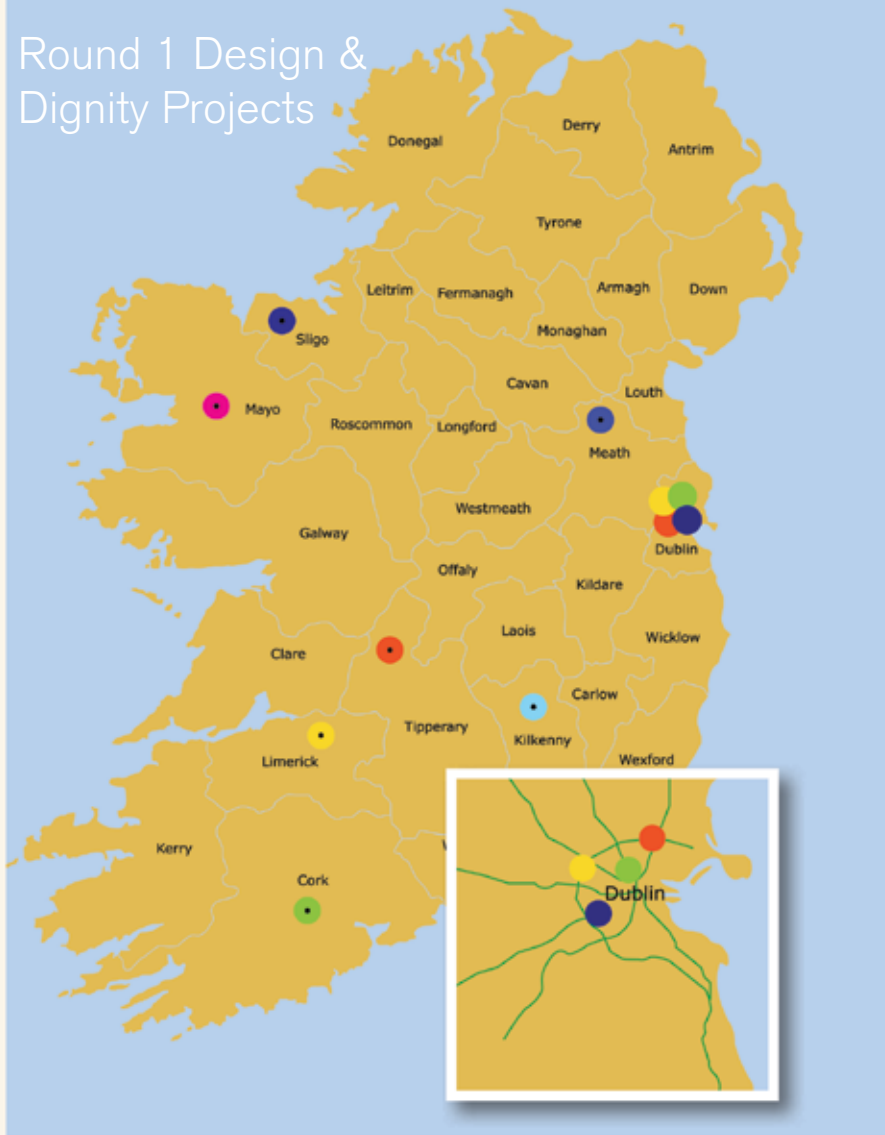
We are grateful to Board of the Irish Hospice Foundation and in particular to Michael O'Reilly and the Design & Dignity Project Advisory Group for their continued leadership and support. A special thanks to Diarmuid Ó Coimín, End-of-Life Care Coordinator in the Mater Hospital, for his enormous contribution to the project and to the development of this Style Book

Finally, we express our thanks to all hospital staff and design teams for their dedication, perseverance and hard work and to those who have supported their projects including local businesses and community fundraisers and hospital charities. It is a tribute to their success that this publication marks the launch of another Design & Dignity Grant Scheme to improve the physical environments in hospitals for people at the end of their lives.

Mary Lovegrove
*Hospice Friendly Hospitals Programme Manager,
The Irish Hospice Foundation*

Ronan Rose Roberts
*Architect Advisor,
The Irish Hospice Foundation*

Round 1 Design & Dignity Projects



- Mater Hospital, Dublin**
Family room on acute medical ward
- Mercy University Hospital, Cork**
Mortuary renovation
- Beaumont Hospital, Dublin**
Mortuary renovation
- University Hospital, Limerick**
Mortuary renovation
- St James's Hospital, Dublin**
Family and viewing suites
- Nenagh Hospital, Tipperary**
Family Room
- Connolly Hospital, Dublin**
Family room & garden in social work department
- St Luke's Hospital, Kilkenny**
Bereavement room/infant viewing room on maternity ward
- Our Lady's Hospital, Meath**
Family room with kitchenette, en suite and garden
- Mayo General Hospital, Mayo**
Family room with kitchette, storage room, ward reception and waiting area
- Sligo General Hospital, Sligo**
Extension to mortuary

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The Purpose of this Style Book

The purpose of this style book is to provide guidance to hospital staff, patient representatives and architects involved in building projects relating to end-of-life care in hospitals.

This style book should be read in conjunction with the Design & Dignity Guidelines for Physical Environments Supporting End-of-Life Care – these guidelines have been adopted by the HSE for all new building and refurbishment projects. These can be downloaded from www.designanddignity.ie

This style book is a live document and will be updated as the Design & Dignity Project evolves. Please see www.designanddignity.ie for the latest version.

Background to the Design & Dignity Project

The Design & Dignity Project is a partnership project of the Irish Hospice Foundation and HSE Estates. The aim of Design & Dignity is to:

- Transform the way hospital spaces are designed for people at the end of life and their families
- Foster a sense of ownership of the hospital environment through engagement with hospital staff in the design process
- Create exemplar end-of-life care facilities in public hospitals and set the standard for other hospitals to follow

Design & Dignity is grounded in the firm belief that the end of life should be recognised as a time of the most intense human feelings, which can include sadness, loss, anxiety and fear. These should not have to be endured in inappropriate surroundings: a busy corridor, a waiting room, a ward reception area, where others may be chatting and laughing.

Research commissioned by the Irish Hospice Foundation in 2007 found that many hospitals are old and poorly designed. The research identified a lack of:

- facilities for private conversations

- single rooms for patients
- facilities for families
- provision for different religious traditions and beliefs
- attention to external and natural surroundings

It also found that mortuaries are often in poor condition.

In human terms, the impact of all of this can be immense. For the person nearing the end of life, it means being deprived of the space and privacy for intimate discussions and special moments with loved ones, just when this is what is wanted most. For hospital staff, it means having to break bad news in busy public spaces. For families, it means struggling to put an acceptable face on intensely private emotions, or seeing a deceased family member for the first time in a grim, dilapidated mortuary.

A number of projects have been funded through the Design & Dignity Project. Feedback from patients, families and staff has been overwhelmingly positive demonstrating that this simple but powerful project is transforming end-of-life care in hospitals one room at a time.

'Architecture should protect man at his weakest'

Alvor Alto, Finnish Architect

General guidance for Design & Dignity projects

At its simplest Design & Dignity aims to create warm, welcoming and dignified environments in hospitals for people at the end of their lives. But Design & Dignity is also about inspiring hospital staff and designers to create places of beauty through 'exemplar' projects.

'Exemplar projects' can be achieved through the careful use of colour, lighting, artwork, acoustics, fabrics, furnishings and planting.

Exemplar projects should include **'something beautiful'** as a focal point to the space, such as a piece of artwork, sculpture or if space permits a small garden. The rooms should be inspiring, places of beauty. Other factors include:

- Entrances should be welcoming and inviting
- Good light levels are essential
- Views of nature/trees/sky/grass should be maximised wherever possible
- Access to the outside or ideally a garden wherever possible
- Refreshments should be readily available



A Step-By-Step Guide through your Project

Setting up a project team

Design & Dignity is about enabling staff to have greater ownership and involvement in their hospital environment. In order for a Design & Dignity project to be successful, a Project Team with a strong Project Leader should be established. The Project Leader should be a dynamic individual, who is able to motivate others and holds a track record for 'getting things done'. The Project Team should consist of representatives from all relevant areas such as the estates department and building managers, the ward manager, clinical and non-clinical staff, for example ward nurses, doctors, cleaning staff, porters, hospital chaplains, infection control staff, and mortuary staff. The architect should be involved from early on



and ideally attend the project group meetings. If arts coordinators are available they should also be involved. It may also be useful to involve fundraisers in the project from the outset.

Patient and family representatives should be also involved as the project progresses. This needs to be done sensitively and could include a tour of the current facility as appropriate and consultation on furnishings, art work for example through the use of a mobile display / mood board.

Designing a new facility

Exercise – Walk Around

A pre-project walk around with staff helps them to develop their visual awareness of the hospital environment and importantly allow them to contribute to the project.

Questions to consider during the walk around include:

- What do I see?
- What do I hear?
- What do I smell?
- How do I feel?
- How does the room and surrounding area look?
- Is it cluttered or tidy?
- Is it easy to find?

On choosing a project, questions to consider include:

- Who is the facility primarily for? What might they be experiencing (including thoughts and emotions)?
- What feeling do we want the space to invoke? For example peace, dignity, hope, warmth. This is an important question and will determine the overall approach for the project in terms of location, finishings, paints, colour and lighting.
- Are there other needs which should be considered e.g. specific needs for people with dementia or supporting young children?
- How can the space be maximised/enhanced e.g. access to natural light/ garden?

Appendix 1 provides guidance on developing a PROJECT OVERVIEW.

'The very place where death occurs is likely to be imprinted forever in the minds of the witnesses and survivors...This places a tremendous symbolic importance on the quality of this setting, which attains something of the notion of a sacred place'.

Dr Ken Warpole, Design & Dignity Advisor and writer on architecture and social policy, associate UK think-tank DEMOS

Practicalities

There are also number of practicalities that should be considered when embarking on a Design & Dignity Project as follows:

- The rooms have to be run and maintained as economically as possible.
- Where possible, products should be chosen for their ecological merit and sustainability
- Selected finishes may need to be passed by the hospital's infection control department
- Spaces should be logically designed to avoid the need for unnecessary signage
- Signage, language and symbolism surrounding the project needs to be carefully considered. Each hospital will have its own approach to this and the solution may have to be project specific.
- To ensure value for money all furniture, artwork etc should be procured in line with current procurement guidelines
- The lifecycle costs, furniture and fittings should be taken into account during design and selection stages. Durability, cleaning and maintenance should be carefully considered
- It needs to be borne in mind at design stage that the budgets for these projects are small and building maintenance and cleaning should be as cost efficient as possible. Once projects are completed they will be maintained by the hospital itself
- At the completion of each project a safety file and maintenance manual (consisting of detailed information on the chosen colour schemes, furniture, light fittings, artwork etc, as well as built drawings) will be handed over to the hospital.

Practicalities

Floor finishes

Consider using floor colours that contrast with walls. Avoid shiny surfaces as they can appear wet to some people, particularly people with cognitive impairment such as dementia. A natural looking floor will appear more homelike than a bland, shiny lino. Lino can replicate wood effect, including non-slip finishes, acoustic flooring.

Acoustic Flooring reduces the impact that sound creates.

Carpet in non-clinical areas provide the highest level of impact noise reduction and reduces incidences of slips. However, the use of carpet would need to be cleared by the hospital's infection control department.



Natural texture effect lino

Kitchens

Kitchens/kitchenettes should look homely and inviting and reinforce the overall design. They should have a good quality finish, robust and easy to clean but should not be clinical looking. A central island if space permits helps to create a homely atmosphere and a place for people to casually congregate over a cup of tea or coffee. Careful selection of the doors, worktops, taps and handles will make all the difference. Avoid the use of whiterock or other clinical looking materials as splashbacks etc.

Cabinet Doors: PVC foil wrapped doors are inexpensive and available in a wide variety of colours and effects. However they do not have a long life and are prone to peeling at the joints. Melamine doors need to be edged well and can be more expensive.

Timber spray painted doors work well but the base material should be waterproof. The paint has to be robust to last in a busy environment like a hospital. Solid wood is a good option but can also be relatively expensive.

Worktops

Acrylic, formica, stainless steel worktops may look too clinical, depending on the design.

Splashbacks: Glass, acrylic splashbacks are robust and easy to clean are not clinical looking



Artwork

Artwork needs to be carefully chosen. If artwork is being commissioned it is recommended to use local artists and or photographers where possible. Local scenes should be considered.

Research by Prof Roger Ulrich suggests that nature art is more appropriate than ambiguous, surreal, abstract art. Nature art promotes a greater sense of well-being if it contains the following features: calm or slowly moving water, verdant foliage, flowers, foreground spatial openness, park-like or Savannah-like properties (scattered trees, grassy undershot), and birds or other unthreatening wildlife.

It is risky to display art in a hospital that is ambiguous, subject to interpretation, or that has obvious negative connotations. When patients and families are stressed or in a negative emotional state, they are likely to respond in a negative manner to art that they cannot understand or that contains negative images or icons.



“How can you say goodbye, ask for or give forgiveness, when there are ... five other people on the ward, a pile of visitors, the TV on and the staff working away all around?”

Gabriel Byrne, Patron, Design & Dignity



Did you know?

- Patients experience less pain when their room has proper exposure to daylight thus requiring less pain medication.
- Views of nature, access to gardens and exposure to art also reduces people's pain and improves their mood and sense of well-being and therefore care cost
- Shorter distances to medication storage reduces medication errors
- Patients in single rooms report higher satisfaction with communication with their doctors and nurses
- Higher noise levels in neonatal intensive care results in higher blood pressure, heart rate and respiration rate and an increased need for oxygen support in babies

Prof Roger Ulrich US Health Design Academic and Advisor to the Hospice Friendly Hospitals Programme

Family Rooms

Design & Dignity Guidelines for Family Rooms

These guidelines were developed by the Irish Hospice Foundation and have been adopted by the HSE for all new hospital building and refurbishment projects.



Purpose of Family Rooms within Acute Areas

Carefully designed family rooms enable staff to support patient and families in a respectful and sensitive manner and offer families a quiet, private space in the midst of the busy ward/clinical care area.

It is not appropriate for families of patients at end of life to sit in corridors or an open plan waiting area or for bad news to be broken in public spaces.

All ward and clinical areas supporting patients at end of life should have a dedicated family room.



Family rooms should provide:

1. A dedicated and private space for patients and families
2. Overnight accommodation within the ward where a family member could rest overnight or for a couple of hours if their relative is dying.
3. A kitchenette area including a kettle, fridge, toaster and microwave

Location

The family room should be located within the ward itself or as close to the ward as possible. Toilets for relatives should be provided on or near each ward.

Signage

- The ward family rooms should be clearly signposted
- The entrance / corridor to the family room should be clearly sign posted
- Suitable vacant/ engaged signage should be used at the doors to the rooms
- It is not appropriate to use the end-of-life symbol to identify family rooms within a ward area.

Aesthetic, Physical and Sensory Environment

- The room should feel homelike and calm
- Finishes should be carefully chosen to soften the acoustic of the room
- Finishes should be of high quality and durable but have a non-clinical, domestic feel
- Art-work and decorative wall finishes are a vital addition to the room and should be carefully considered to ensure they keep in line with the style of the room
- Each family room should have an unique beautiful feature as a focal point to the room
- Nature themes and plants should be carefully considered

Family Room

- **Size:** Family rooms need to be large enough to enable family meetings and accommodate a minimum of 8 people seated at any one time
- The room should be easily accessible by wheelchair users
- A storage area for bedding and extra chairs should be designed within the room
- The room should have a toilet and a shower for relatives staying overnight
- A refreshment basket of toothbrush, toothpaste and towels should be available
- Rooms should have natural light and access to fresh air and have pleasant views to the outside
- To distinguish or 'separate' the room from the remainder of the ward the furniture and furnishings selected should be 'different' from the clinical nature of the rest of the ward furniture
- Sofas should be used where possible
- A high quality easily adaptable sofa bed should also be available
- A small kitchenette should be provided within the room for preparing light meals or hot drinks and include a sink with drinkable water, a kettle, a fridge, a toaster and a microwave.
- There should not be a charge for using these refreshment facilities
- Blinds should be installed
- TV and reading material should be available
- Flooring - colours and finishes should be familiar looking and acoustics should be taken into consideration
- Family room should be accessible for people with physical and cognitive impairments

Lighting:

- The lighting should help to create a calm and soothing atmosphere
- Lighting should be controllable from within the room (i.e. dimmers). High quality fixtures, such as stainless steel light switches, should be considered

Doors:

- Doors and ironmongery should be of high quality
- Glass vision panels in doors, if required, should be fitted with controllable blinds or privacy glass.

Artwork

- Artwork can have a calming and stress reducing affect if correctly chosen
- An evidence based approach to artwork selection should be followed
- Nature art such as serene nature scenes and landscapes, photography, glass art and sculpture should be considered.
- Abstract, surreal or ambiguous art should be avoided.

Room Names

- Careful consideration should be given to the naming of the rooms
- Agreement should be reached among staff
- Names with religious connotations should be avoided to avoid upset for people of different faiths or beliefs
- Terms such the 'breaking bad news room' should be avoided at all times

Guidelines for Family Rooms

Case study: Family room, Nenagh Hospital's Design & Dignity project



DESIGN CONCEPT

The vision for the family room at Nenagh Hospital was to create a pleasing and comforting environment for families of seriously ill patients

Design features

- The colour pallet consists of bright, lively colours to reflect as much light as possible into the room as natural daylight is known to have a positive effect on the psychological state of human beings. The strong bold lime colour, used on the accent wall behind the sofa bed, was chosen as green has a calming effect on people. The adjacent and opposite walls as well as the ceiling were painted white.
- The evidence based artwork, chosen by the hospital staff, is printed on an acrylic background and placed in a prominent location, opposite the sofa bed at A0 size. The piece depicts the Irish landscape in tones of rich greens and blues to compliment the overall colour scheme.
- The seating can be extended to provide sleeping area for relatives staying overnight. The oak built-in furniture incorporates seating which can be extended to provide a comfortable, sleeping area for relatives staying overnight.
- Custom designed oak coffee table
- The upholstery is deep teal faux leather which provides contrast with the green wall and is easy to maintain. The custom designed furniture also incorporates storage space for bedding and family member's personal belongings along with space for a planter.
- Kitchenette provided with built in cabinets, sink, wall mounted water boiler and small fridge.
- The timber door has a large opaque, sandblasted glass panel which allows light from the corridor to penetrate while providing privacy to the users.
- Flooring is installed in planks to provide wooden floor effect and is easy to clean.
- Lighting provides soft, indirect illumination which was achieved by combining three

Guidelines for Family Rooms



wall mounted light fittings from with dimmable, strip lighting enclosed in borders of a lowered section of ceiling which also contains two radiant panels.

- The room has two windows facing South East which provide a good source of natural daylight and ventilation.
- Due to the space constraints the room was designed in such a way, to allow it to be used as a seating space during the day and as a bedroom at night.
- Location of the room is close to the inpatient wards.
- The toilet facilities are straight across the corridor
- Planting- discreet space for a plant was provided in the design of the built-in furniture which allows for ease of maintenance.
- Flat screen TV
- Free standing acrylic Perspex leaflet holder
- Silver chrome sockets
- Silver chrome bin chosen over larger standard hospital bin

Other considerations

- This room is only 12sqm. However the custom designed bench style furniture helps to compensate for this.
- As this room will be made available for family members to stay overnight a dimmable light switch near the sleeping area would be useful.
- The white leather chairs beautifully compliment the art work however their upkeep in a busy hospital may be challenging

The Project Team included:

Ms Carmel Sheehy, Palliative Care
Clinical Nurse Specialist
Mr Joe Hoare, HSE Estates
Ms Magdalena Kubat, O'Connell
Mahon Architects

Case Study: Family Room, Mater Hospital Design & Dignity Project



Before



Before

"You can get away from it all in here"

Patient

Guidelines for Family Rooms



Door is unlocked and accessible to patients and families at all times

Corridor entrance painted in same colour with glass sign

The Project Team included:

Mr Diarmuid Ó Coimín, End-of-Life Care Coordinator
 Mr Ronan Rose Roberts, Architect
 Ms Caroline Mc Mahon, CNM II and staff from St Brigids ward
 Ms Dorothy O Sullivan, Assistant Director of Nursing
 Ms Doreen Steenson Projects Manager

Design features

- The overall concept of this Design & Dignity Project was to develop a warm, welcoming family room in the heart of a busy 31-bedded medical ward by renovating and extending a storage room. This room is open and accessible to patients and families at all times.
- High quality designed glass artwork at entrance to room. This Glass art sign was commissioned for the room's entrance. It serves to highlight the location of the room from the corridor, whilst giving the space a feel of quality. This helps the visitor to feel welcome and at ease.
- External corridor to room is painted green to announce the space from the ward corridor. The sign and the use of the green colour announce it as a non-clinical space and make it more welcoming.
- Good size room which accommodates 8 people comfortably
- Kitchenette with fridge, kettle, with free availability of tea, coffee and milk
- Breakfast bar creates a familiar feel and also separates the kitchen and sitting space
- High quality finishes: hardwood skirtings, sockets, kitchen taps, kitchen worktop
- Storage space available for linen etc
- Location of the room is in the heart of a busy ward which enables relatives to be close to their loved one
- The inset for art work with light creates a focal point
- Ceiling lighting consists of spotlighting which are on three separate light zones. This allows various lights to be turned on and off to create different moods
- Sofa bed with a bright anti-microbial and anti-fungal infection control fabric which can be easily converted into a bed. This can be easily converted into a bed for relatives of seriously ill or dying patients wishing to stay overnight

Design considerations

- An alternative wood/carpet effect floor may be more preferable to the lino floor
- The project did not budget for artwork resulting in uncoordinated paintings sourced free of charge from a hospital art collection
- There is toilet located just outside the room however there are no shower facilities for families staying overnight
- To keep within the agreed budget, cheap domestic sofas and a coffee table and blinds were selected. These were not suitable for constant use and needed to be replaced

Bereavement suites in Emergency Departments (including viewing areas)

Design & Dignity Guidelines for Bereavement Suites in Emergency Departments

These guidelines were developed by the Irish Hospice Foundation and have been adopted by the HSE for all new hospital building and refurbishment projects.



End-of-life Care Activity in Emergency Departments

The majority of deaths in Ireland occur in acute hospitals at 43%. Of these, 12% occur in emergency departments.

Purpose of Bereavement Suites within Emergency Departments

Bereavement suites within emergency departments need to be designed with dignity to create a respectful, protective, quiet, non-clinical environment for families at what can be an extremely traumatic time.

The bereavement suite is comprised of a viewing area, where a deceased person's body is laid out and an adjoining family room where news can be sensitively broken in private. Once the family feel prepared to see their deceased relative, a partition can be gently folded back to allow them to enter the viewing area.

Aesthetic, Physical and Sensory Environment

- The aim of the bereavement suite is to create a respectful, quiet and non-clinical environment
- The suite should be constructed to exclude external noise as far as possible
- Finishes should be carefully chosen to soften the acoustic of the suite
- The temperature in the viewing area should be room temperature
- Ventilation should be carefully considered. Ideally natural ventilation should be available via openable windows



Guidelines for Emergency Department Bereavement Suites



Bereavement Suites

- In every emergency department, there should be at least one family room with an adjoining viewing room.
- Large acute hospitals should have two bereavement suites to accommodate two deceased patients and their families at the one time.
- The suites should be accessible for people with physical and cognitive impairments
- The rooms should have a strong sense of privacy and not be overlooked from other parts of the hospital.
- The family room should provide comfortable seating areas for a family group.
- The viewing area should provide adequate space for the bed/trolley and a family group to gather
- Where multiple family and viewing rooms are provided each could have a distinct aesthetic identity.
- Refreshment facilities including tea, coffee and water should be provided in the family room
- The bereavement suite should be designed to facilitate individual cultural, spiritual and religious wishes
- If paediatric deaths a range of bed sizes / cots should be available but locked away

Location

- The location of the bereavement suites should avoid crossing clinical or highly trafficked areas.
- Ideally, visitors to the bereavement suites should not need to return through the reception area.
- Ideally, the suite should have access to natural light and have views onto a private courtyard or garden area

Guidelines for Emergency Department Bereavement Suites

Signage

- It is not necessary to have the emergency department's bereavement suites signposted from the public entrance of the department, however all staff should be aware of its location. At all times families should be accompanied to the bereavement suite by a member of staff.
- Suitable vacant/ engaged signage should be used on the doors to the rooms. See sample sign below. Guidelines on the appropriate use of the Hospice Friendly Hospital's end-of-life symbol must be followed. See Appendix 4 for guidelines

This sign can be fixed to the door of a room. The cover can slide across to reveal the end of life symbol. This symbol is displayed when a patient has died and after the family have been notified.

Details on how to purchase such a sign are available at: <http://hospicefoundation.ie/what-we-do/hospice-friendly-hospitals/resources/>



Furniture and Finishes

- Furniture and finishes should be of high quality
- While all finishes are required to comply with infection control criteria they should be carefully chosen to appear to warm and non-clinical
- Seating should be soft, comfortable, durable and age-friendly
- Tables and other furniture should be of natural materials such as wood. Glass should be avoided
- Accent features such as individual art works, stained glass windows and decorative wall textiles should be considered
- Colour choices need to be carefully chosen. Ideally muted, warm, natural colours should be considered
- Natural effect flooring finishes should be considered

Guidelines for Emergency Department Bereavement Suites

Lighting

- The lighting should help to create a calm and soothing atmosphere
- Adjustable top lighting should be considered in the viewing room to provide a soft focus on the deceased person's body.
- Strong side lighting should be avoided, particularly in the viewing room as such lighting can create shadows across the deceased person's body
- Lighting should be controllable from within the room. High quality fixtures, such as stainless steel light switches, should be considered

Doors

- Doors and ironmongery should be of high quality
- Glass vision panels in doors, if required, should be fitted with controllable blinds or privacy glass.
- A separate access to the viewing area should be provided for staff.

Windows

- Windows should be openable.
- Windows should not overlook public areas.
- Windows should not create to a feeling of exposure for visitors.

Artwork

- Artwork can have a calming and stress reducing affect if correctly chosen
- An evidence based approach to artwork selection should be followed
- Nature art such as serene nature scenes and landscapes, photography, glass art and sculpture should be considered.
- Abstract, surreal or ambiguous art should be avoided.



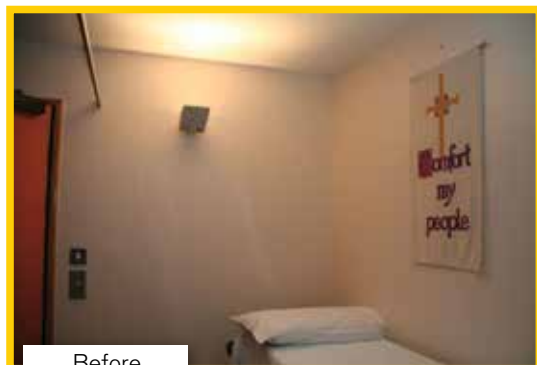
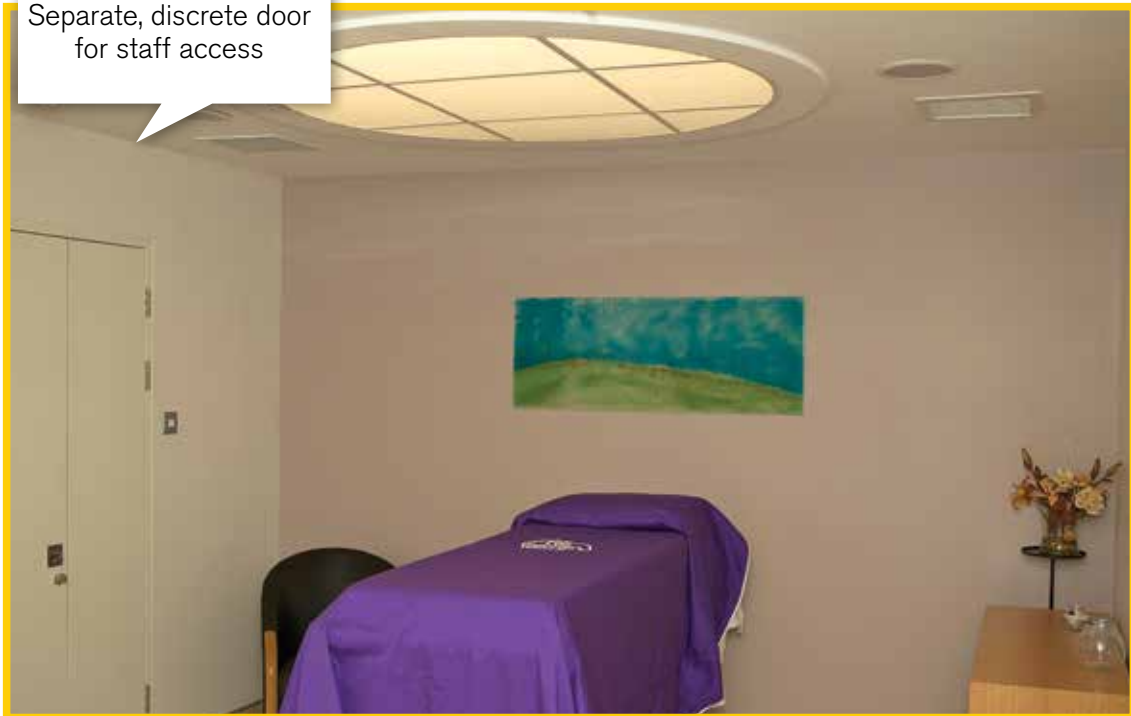
Room Names

- Careful consideration should be given to the naming of the rooms
- Staff and patient/family representatives should be consulted
- Names with religious connotations should be avoided
- Terms such as BID ('brought in dead') should avoided at all times
- Terms such as bereavement suites are preferable to viewing room

Guidelines for Emergency Department Bereavement Suites

Case Study: Bereavement Suites, St James's Hospital Emergency Department's Design & Dignity Project

Separate, discrete door
for staff access



'Before we had these rooms we'd have to bring families from the room where we break the bad news to them onto a public corridor.'

**Cliona O'Beirne, Clinical Nurse Manager,
St James's Hospital, Dublin**

Design concept

The overall concept of this Design & Dignity Project was to create respectful and dignified bereavement suites where relatives could be with their deceased relative for as long as they needed and be protected from the busyness of the emergency department

Guidelines for Emergency Department Bereavement Suites



Design features

- Two bereavement suites are available to accommodate two deceased patients and their families at the same time
- Each suite has a small sitting room area separated from the viewing room, by folding doors.
- The sitting rooms can also be used by families of very ill patients
- The suites are designed to allow relatives to be brought into a room adjoining the viewing area where news can be broken sensitively. Once relatives feel prepared to see their deceased relative, the partition door is gently folded back to allow them to enter the viewing area.
- Discreet staff access doors to the viewing area is provided for transferring and preparing of the body to be viewed
- Acoustic folding doors enable viewing area to be separated from the family room
- The rooms are comfortable and private for a family to spend a few hours with their deceased loved one, make phone calls and avail of refreshments if desired
- Refreshment and telephone facilities are available
- Warm colour on accent wall in viewing area
- High quality, comfortable furniture and fittings
- Viewing area is top lit with dimmable lighting
- Bespoke glass artwork

Design considerations

- The dark leather furniture was chosen for its longevity given the busy nature of the emergency department. However a softer colour may have been more soothing and should be considered for other areas.
- An alternative wood/carpet effect floor may be more preferable to the lino floor

Public Spaces in Mortuaries

Design & Dignity Guidelines for Public Spaces in Mortuaries

These guidelines were developed by the Irish Hospice Foundation and have been adopted by the HSE for all new hospital building and refurbishment projects.



General

The mortuary is a sanctuary and must convey a sense of reverence and respect for life, death and bereavement. The public areas within the building should evoke a serene and reassuring atmosphere.

There should be visual, auditory and olfactory segregation of:

- The mortuary from patient areas of the hospital
- The areas within the mortuary used by the public and the operational areas

The route from all wards within the hospital to the mortuary should be covered and a respectful passage should be assured for the bodies of the deceased and their relatives.

Way finding and Signage

Visible and easy to understand way finding signs should be in place to reduce additional stress and anxiety for families travelling to the mortuary. An external sign should also be at the entrance to the mortuary.



Arrival and Waiting Areas

Both an outer entrance area with protection from the weather, and an inner reception area should be provided.

At least one waiting room is required. Two rooms or a room that can be subdivided will provide facilities for more than one family at any time or an extended family that does not wish to be together.

Refreshment facilities will be required in the waiting room(s) and sanitary facilities should be provided close to the waiting and viewing rooms.

Viewing Rooms

There needs to be at least one viewing room, but depending on the incidence of deaths occurring at the hospital, the mortuary may need more than one facility for viewing a deceased person. Viewing rooms should have access to natural light and also have adjustable lighting over the areas where the deceased person is laid out. Viewing rooms should be adaptable to meet the needs of different faiths and cultures, and if paediatric deaths are expected, facilitate viewing the body of a deceased child.

Suitable furniture should be provided so that bereaved relatives or spiritual advisors staying overnight with the body of the deceased are comfortable.

Each viewing room requires hand washing facilities/hand sanitizers and a means for people to indicate to staff when they wish to leave. The doors to the viewing rooms need to be of a height and width to allow a coffin to be carried through.

The viewing rooms should have direct access to an enclosed garden area with an exit from the mortuary area directly from the garden.

Multi-Faith Removal Room

A multi-faith /non-faith room is required for ceremonies within the mortuary building. Design should take account of the varying numbers of people that could congregate within this room.

Meeting Rooms

A meeting room is needed where staff and other agencies, such as the Garda Síochána, can meet relatives or others and also where retained organs can be returned to bereaved families.

Storage Area

A lockable facility, accessible to the removal room and the viewing rooms, should be provided for the storage of religious symbols from different faiths, when not in use.

A storage area for items required within the public area of the mortuary, such as extra furniture, is also necessary.

Preparatory and Holding Rooms

There should be a facility for ritual washing of bodies and an area for relatives who wish to personally prepare the body of the deceased prior to viewing. The provision of a preparatory room between the operational area and the viewing room(s) will facilitate this.

To facilitate the viewing of a body where public contact is denied, normally because of forensic investigation, there should be a glass partition between the viewing room and the room where the body is held.



Guidelines for Mortuaries

Information for families

There should be a leaflet holder containing up-to-date information for families on bereavement, practical advice, resources and local services available

Exit Areas

The design should incorporate an inner exit area and an outer exit area with protection from the weather.

Garden

The mortuary should have an adjacent garden area with direct access from the waiting room, viewing rooms, and providing a direct exit from the mortuary area. The garden should be enclosed and have a range of walking and sitting areas.



Car Parking

There should be sufficient area around the mortuary to allow adequate parking for groups using the facility.

Designated parking spaces, close to the exits, are required for a hearse and the cars of the immediate family.

The layout of the vehicular access and egress routes and parking areas should be designed to prevent congestion between arriving and departing parties.

Case Study: Mortuary, Mercy University Hospital Design & Dignity Project



Design concept

The overall concept of this design was to create a peaceful, calming environment, to include an outside garden and upgraded toilet facilities

Design features

- Gentle, calming colour scheme
- Good sized discreet storage facilities for coffin/trolley
- Religious icons/symbols for all faiths and beliefs can be displayed as appropriate
- The original stained glass windows were retained
- Recessed shelves for candles and plants
- Soft lighting enhanced by electrical candles
- Hospital grade carpet finish creates a warm, familiar feel and helps sound absorption and reduces echo
- New gates for hearse access
- Small sheltered garden with seating area
- End-of-life spiral engraved on glass door into garden area
- Second viewing room designed to also function as a second waiting area



Before

'This building has...given us a space that is dignified, that is bright, that is airy, that's embracing of all religions and none'

Ms Margaret McKiernan, Mercy University Hospital

Guidelines for Mortuaries

Case Study: Mortuary, Beaumont Hospital's Design & Dignity Project



Before

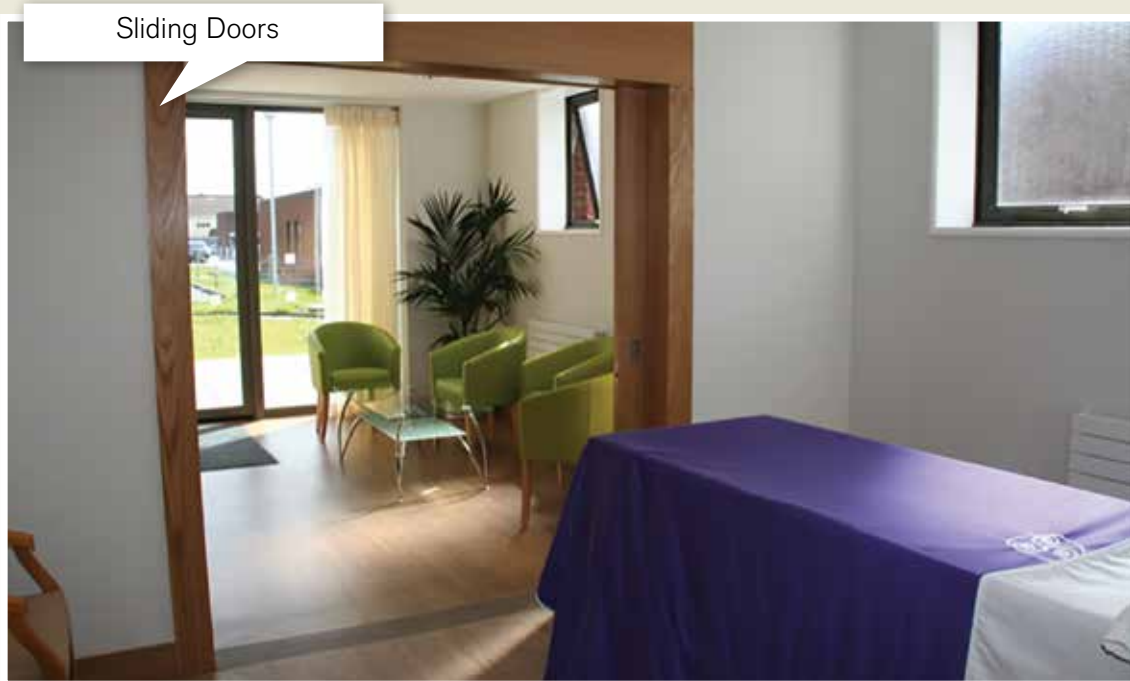


'I remember being here before when it was dark and depressing. It's so much brighter and fresher now.'

Family member

Design concept

Beaumont Hospital Mortuary cares for approximately 1,000 deceased patients every year and organises approximately 300 removals. In addition to the removal service the Mortuary facility is also used as an appropriate setting for the return of organs to 120 families each year. The aim of this Design & Dignity project was to upgrade existing building into a warm, welcoming mortuary and develop a smaller more intimate family room and viewing area.



Design features

- Access to natural light increased significantly
- Direct access to surrounding gardens
- This facility can accommodate both large and small groups
- The smaller viewing area has a sink for families to carry out ritual washing
- Automated scented air fresheners
- Soft lighting
- Bright furniture
- Sliding doors between smaller viewing area and family room
- Kitchenette available into family room
- Family room has direct access to garden and is used for the dignified return of organs to bereaved families
- Availability of two large sized toilet facilities, one with a baby changing table and one which is wheelchair accessible
- Spiral engraved on frosted glass of Mortuary Manager's office

The artwork and landscaped garden are in the process of being completed

Design considerations

- Large space is required to accommodate large families however it lacks intimacy and could benefit from a focal point
- Like many hospitals the location of the mortuary is at the very back of the hospital alongside storage and utility areas. There is no public route through the hospital.

The Project Team included:

Mr Kevin Lyons, Mortuary / Autopsy Manager
 Mr Richard Illingworth, Mortuary Services Coordinator
 Ms Gill Ruffli, End-of-Life Care Coordinator
 Ms Celene Deane, Senior Medical Social Worker
 Mr Stephen Toomey, Buildings Project Manager
 Mr David Clarke, Architect

Guidelines for Mortuaries

Case Study: Mortuary, Sligo Regional Hospital's Design & Dignity Project



Image of planned mortuary for Sligo Regional Hospital

Design concept

The design concept for the extension to Sligo mortuary is to create a calming, homely atmosphere

- The building's exterior contrasts with its surrounding in its use of materials (natural stone walls, bronze windows, sedum planting on its flat roof).
- Internally the rooms are laid out give the experience of a home wake.

There are two viewing suites:

- The first suite has a main reception room with large windows to an outdoor garden. The room has a large table, comfortable chairs and an inglenook fireplace with the viewing room in a smaller room beyond.
- The second suite is for smaller more intimate gatherings; its reception room has a small stove, kitchenette, seating in a bay window and sliding doors to the viewing room that allow the two rooms to open into one.
- Artwork and colour schemes will be carefully chosen to reinforce the concept.

Design limitations

The location of this building is on a difficult site which required significant costs to make the site suitable for building on.

General Ward Environment improvements

Acute wards are busy places. Often cluttered with signage, trolleys and other equipment, they can often seem like unwelcoming environments for patients and visitors.

Some ideas for to improve ward environments

- Create an obvious, welcoming, unthreatening ward reception area
- De-clutter corridors, removing unnecessary signage/posters
- Improve the layout and design of nurses' stations and write-up areas
- Improve amount of artificial lighting on ward corridors and around staff work stations. Introduce more natural light if possible
- Address storage issues
- Introduce suitable colour schemes (based on colour theory)
- Introduce suitable artwork and design features in keeping with the overall design

Serenity Suite Sandwell & West Birmingham Hospitals NHS Trust*



Floor to ceiling images can be very effective in large open well lit spaces. They may be too imposing in smaller areas.



* These photos were provided by Paul Scott, Estates and Technical Capital Project Manager

Sensory Gardens

Many underused external spaces in hospitals can be successfully transformed into healing gardens. Well-designed and maintained gardens in hospital environments are soothing for patients and families as well as staff. If structurally suitable, even a flat roof could also be transformed into a garden space.

Purpose of sensory gardens

- To provide a therapeutic outdoor space for patients, their families and staff.
- To provide therapeutic contact with nature and fresh air
- To provide a tranquil, relaxing environment, an alternative to busy clinical ward areas. For gardens that can't be directly accessed they can provide a calming observational area from the ward.

Requirements of sensory gardens

- A healing garden needs to provide a multi-sensory experience with colourful flowers, sight and sound of water, planting that attracts birds and butterflies and ornamental plants that move in the breeze
- The garden should be properly designed by a landscape architect or a garden designer
- The gardens should be accessible to patients, including those confined to wheelchairs or beds, and their families
- Paving finishes should be carefully chosen to allow for wheelchair access
- Water features should be considered
- Raised garden beds allow patients gardening from a wheelchair
- Material used for seating should not retain heat or cold; wood or plastic should be used.
- Canopies or small garden pavilions allow people to sit out in wet weather and/or strong sun
- The garden needs access for maintenance
- The garden needs to have a budget for on-going maintenance.



Garden

Case Study, Garden, St Christopher's Hospice, London

The garden in St Christopher's Hospice, London has been designed as a series of "garden rooms" linked with pathways. These "rooms" provide different experiences: allowing people to sit in groups or separately, to be involved in activity or reflection, some rooms protected from the elements while others open to the sunlight.



Palliative care suites

Palliative Care suites provide a more home-like setting for patients and their families. They allow increased privacy for patients and their families shielding them from the busyness of the acute ward. They can allow the provision of complementary and alternative therapies to help alleviate symptoms and promote relaxation. Private and dignified space also allows more attention to the psychological and spiritual needs of the patient and family.

Requirements for palliative care suite:

- The suite should preferably have a sunny, southerly aspect in a private area of the ward
- Min required area 25sqm (Design Guidelines for Specialist Palliative Care Settings, Department of Health, 2004)
- Sufficient storage space for patients' belongings including a safe
- Kitchenette/tea station with fridge for visitors
- Overnight facilities for family members
- Access to an external space
- En-suite shower room
- Sufficient door width for the person's bed to be wheeled through
- Desk, shelving for personal belongings including photographs and flowers
- Seating and lying area for visitors (day bed)
- Music therapy to help patients and families relax and relieve stress.
- TV with facility to show family photographs could be considered
- Views and ideally access to gardens/landscaped area
- Carefully chosen artwork
- Rooms should be decorated in different colours to aid orientation



Image of planned room for St Brigid's Hospice, Kildare

Appendices

Appendix 1: Writing a Project Overview

The project overview should include a description of the following:

1. The project need
2. The project description
3. The design concept
4. Description of the project benefits for patients, families and staff (including estimated numbers of patients/families that will be directly benefit)
5. Define the project space: Provide photographs and existing layouts of areas and. The hospital's estates department will have these
6. Describe how this project has potential to become an 'exemplar' project.
7. The potential of the project to become an 'exemplar' project. Include details of the design concept and design features
8. Major capital works and any enabling works, if required. Enabling works are works needed to make a site ready for construction and costs involved e.g. preliminary construction work
9. The extent to which the project has the support of relevant hospital staff, including senior managers and front-line staff and fundraisers
10. The extent to which the project has/will have patients/families/representatives involved
11. How the project takes account of the Design and Dignity Guidelines
12. Project timeline
 - Stage 1 – initial design, staff workshop with staff, patient/family reps
 - Stage 2 – planning permission application (12 weeks), fire cert and disability cert application (8 weeks), building regulation cert (if required)
 - Stage 3- detailed design and tendering (6-8 weeks)
 - Stage 4 – Construction work, consultation with staff, Project Team re funders re furnishing, art work etc.
13. Consider input from
 - Architect and/or interior designer
 - Mechanical & electrical engineer
 - Structural engineer?
 - Quantity surveyor
14. Are the following required:
 - Planning permission
 - Fire safety certificate, disability access cert and building regulation certificate?
 - Disability access certificate
15. Project costs including
 - Design team fees:
(architect, mechanical and electrical engineer, structural engineer, other)
 - Construction
 - Local authority charges:
 - Loose furniture, furnishings (blinds, curtains etc) & equipment (10% of the overall project cost)
 - Artwork (allow at least 1% of the overall project cost)
 - Landscaping (if any)
 - Enabling works cost (if any)
 - Contingency fund: allow 10-15% of overall budget
 - Ongoing maintenance fund

Appendix 2: Useful Resources

The articles, website and books listed in this section are meant as an example only and not a definitive guide.

The King's Fund: Enhancing Healing Environments

The Department of Health in England commissioned The King's Fund to develop a number of specific programmes to enhance the environment of care as part of its work to improve the patient experience. They part-funded 20 projects in total relating to end-of-life care including bereavement rooms, viewing rooms, family rooms, waiting rooms in hospitals and prisons . Now working on Dementia friendly hospital projects.

<http://www.kingsfund.org.uk/projects/enhancing-healing-environment>

Joint NHS / Kings' Fund publication: Routes to Success in end of life care- a guide for developing EOLC environments http://webarchive.nationalarchives.gov.uk/20121115173345/http://endoflifecareforadults.nhs.uk/assets/downloads/RTS_Environments_final.pdf

Artwork: background reading

Evidenced-based art for hospital setting: Picture of Health Handbook for Healthcare Art, Henry Dromke MD
www.henrydomke.com

On-line handbook on the use of Art in Healthcare, numerous articles
<http://www.healthcarefineart.com>

A Guide to Evidence-based Art, Kathy Hawthorn, MA and Upali Nanda, PhD
<https://www.healthdesign.org/chd/research/guide-evidence-based-art>

Evidence based Art, G. K. Rowe, XD
<http://www.slideshare.net/gkrowe/evidence-basedart-layout-4858113>
Collaborative concepts surrounding evidence-based Art, the evolution of Art and neuroaesthetics regarding Patient-Focused practices in the Health Care industry.

Distinctive Arts Source
<http://www.distinctiveartsource.com/about-us/evidence-based-design/>
a variety of articles on evidence based arts. The article 10 healthcare Art Bloopers

Healthcare art images examples
www.henrydomke.com

Colour Theory

There is a large amount of information on colour theory and compatibility available on the internet. Dulux UK provide colour consultants to hospital projects free of charge but unfortunately this service is not available yet in Ireland. Contact Dulux Ireland for further advice, Brendan Wright t: 086-3891579, or check their website.

<http://dulux.trade-decorating.co.uk/colours/resources/>

Garden Design database

Garden Design:

<http://www.worldhealthdesign.com/Patient-specific-Healing-Gardens.aspx>

<http://www.healinglandscapes.org/resources/ebd.html>

Irish garden and landscape designers association

www.glda.ie

Garden sails

<http://www.primrose.co.uk/sail-shades-woven-waterproof-shade-sails-c-85768.html>

Other Design & Dignity resources

For a copy of the Design & dignity Baseline Review see:

<http://hospicefoundation.ie/wp-content/uploads/2013/04/Design-and-Dignity-Baseline-Review-Nov-071.pdf>

Design & Dignity Guidelines - available on www.designanddignity.ie

For the latest version of this Design & Dignity Style Book go to: www.designanddignity.ie

Design & Dignity video clip available on the homepage of www.designanddignity.ie or at <https://www.youtube.com/watch?v=hrE08JKAoSA>

Design & Dignity animation available on the homepage of www.designanddignity.ie or at <https://www.youtube.com/watch?v=8NgrW7JOA3o&list=UU6XJSBWEBYir2fzV1RGaMfA>

Appendix 3: Guidelines to Ensure Appropriate use of the End of Life Symbol

Background

This symbol has been developed by the Hospice Friendly Hospitals Programme to respectfully identify items connected with the end of life. The symbol is inspired by ancient Irish history and is not associated with any one religion or denomination.



The End-of-Life Symbol

Usage and Style Guidelines

The spiral can be explained as follows:

- The 3-stranded white spiral represents the interconnected cycle of life – birth, life and death.
- The white outer circle represents continuity, infinity and completion.
- Purple was chosen as the background colour as it is associated with nobility, solemnity and spirituality.

In conjunction with good practice in hospitals and care facilities, the spiral symbol aims to add respect and solemnity to items used prior to or following the death of a person and to make resources relating to the end of life instantly identifiable.

The symbol should normally be displayed at a nurses' station or ward reception when a person has died. It can also be displayed when the death of a person is imminent. Awareness of this profound event allows staff to interact appropriately with those affected by the person's death.

The spiral is also used on resources directly associated with end of life such as sympathy cards, mortuary trolley drapes, bed drapes, ward altars and family handover bags.

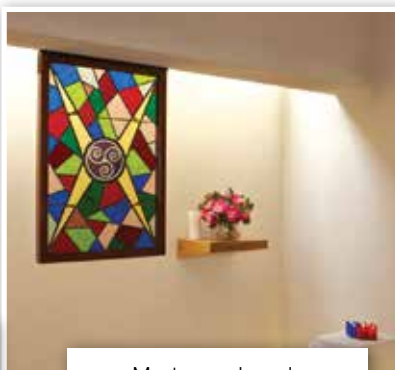
On seeing the symbol, people should create an atmosphere of quiet where people are respectful, avoid mobile phone use and be prepared to meet people who are grieving.

How to use the spiral symbol in a Design & Dignity project

It is appropriate to use the symbol in spaces specifically associated with death; for example in a mortuary or viewing room.



Emergency Department viewing room.
Beaumont Hospital,
Dublin



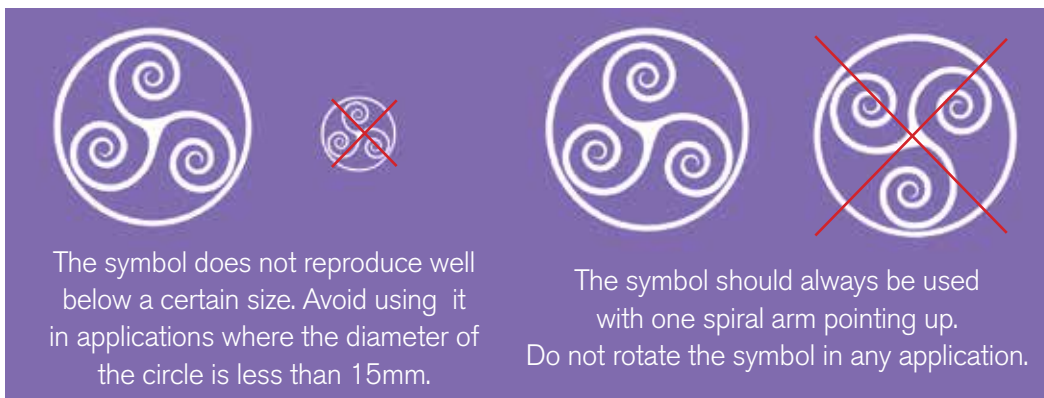
Mortuary chapel.
St James' Hospital, Dublin



Mortuary entrance.
Mercy University Hospital,
Cork.

It is not appropriate to use the end of life symbol to identify family rooms or family meeting rooms.

Maintaining visual consistency. Size and Proportions



The symbol does not reproduce well below a certain size. Avoid using it in applications where the diameter of the circle is less than 15mm.

The symbol should always be used with one spiral arm pointing up. Do not rotate the symbol in any application.

The symbol should be allowed 'room to breathe'. This can be achieved by allowing a suitable margin of space around the symbol, using the proportions indicated here as a guide



Maintaining visual consistency. Colour references



The symbol should generally appear as white on a purple ground. Color Reference Pantone 2597.



The symbol may also appear in purple on a white ground.

Further information is available in the complete End of Life Symbol Guidelines available at www.hospicefriendlyhospitals.net.

Appendix 4: Family Room Assessment Tool

This tool is designed to assist hospitals to assess the standard of family rooms in line with the Design & Dignity Guidelines. **These Guidelines have been adopted by the HSE for all new building and refurbishment projects.**

Name of ward	
Speciality	
No of patient beds	
No of single rooms	

Design & Dignity Criteria	Weighted score	Assessment score	Comments
There is a family room available	1		
Family room is located within the ward itself or as close to the ward as possible	1		
Family room is clearly signposted	1		
Suitable vacant/engaged signage is used at the door to the room	1		
Family room can accommodate 8 people comfortably	3		
Family room has sofa bed/sleepover facilities	3		
Family room has kitchenette including kettle, fridge, toaster, microwave	3		
Room maintains privacy	2		
TV is available	1		
Room contains high quality furniture (including sofas) in good condition	3		
Family room contains suitable art-work which enhances the environment	3		
Lighting fixtures are controllable	1		
Family room has access to a toilet and shower	1		
Family room has access to natural light	2		
Family room is accessible to patients & families at all times	1		
Family room is painted / decorated which makes it warm and welcoming	3		
Total	30		

Summary of assessment	
Overall Score (out of 30)	
Summary of shortfalls	

Appendix 5: Emergency Department Bereavement Suites Assessment Tool

This tool is designed to assist hospitals to assess the standard of bereavement suites in line with the Design & Dignity Guidelines. **These Guidelines have been adopted by the HSE for all new building and refurbishment projects.**

Name of Hospital

Design & Dignity Criteria	Weighted score	Assessment score	Comments
There is a bereavement suite available.	3		
The bereavement suite is located within the emergency department.	1		
The bereavement suite avoids crossing clinical or highly trafficked areas.	1		
Visitors to the bereavement suite do not have to return through the reception area.	1		
Suitable vacant/engaged signage is used at the door to the room.	1		
The bereavement suite maintains privacy.	1		
The bereavement suite is accessible for people with physical & cognitive impairment	1		
The bereavement suite comprises of a viewing area where the deceased person's body is laid out and adjoining family room.	3		
The bereavement suite and adjoining family room are separated by a folding partition.	2		
The bereavement suite provides adequate space for a family group to gather.	1		
The bereavement suite excludes external noise as far as possible.	1		
The temperature in the bereavement suite can be maintained at room temperature.	1		
The bereavement suite has access to natural light.	1		
Natural ventilation can be accessed via opening windows.	1		
The bereavement suite can facilitate individual cultural, spiritual and religious wishes	1		

Design & Dignity Criteria	Weighted score	Assessment score	Comments
The bereavement suite aesthetic finish makes it a respectful, protective and a non-clinical environment.	2		
The bereavement suite contains high quality furniture in good condition.	2		
The bereavement suite contains suitable art-work which enhances the environment.	2		
High quality lighting fixtures are controllable particularly for the area over the deceased person's body	1		
The bereavement suite and has access to a toilet.	1		
Refreshment facilities including tea, coffee and water can be provided for in the adjoining family room	1		
Bereavement suite supporting for paediatric deaths have a range of bed sizes/cots available.	1 (n/a)		
Extra paediatric beds / cots can be stored and locked out of sight of families and visitors	1 (n/a)		

Summary of assessment	
Overall Score (out of 30)	
Paediatric score (out of 32)	
Summary of shortfalls	



DESIGN & DIGNITY



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