

Evaluation of the

Design & Dignity

PROGRAMME



The Design & Dignity Programme

Design & Dignity is a partnership project between the Irish Hospice Foundation (IHF) and the Health Service Executive (HSE) Estates. Design & Dignity is part of the Hospice Friendly Hospitals (HFH) Programme of work within the IHF which works to improve end-of-life and bereavement care in hospitals. The Design & Dignity programme aims to bring design excellence and evidence-based healthcare design into hospitals. In October 2010, the Design & Dignity Grants Scheme was officially launched and since then it has provided support to over 40 projects across Ireland. Completed Design & Dignity projects are located in acute hospital wards, mortuaries, emergency departments, waiting areas and maternity units.

The Design & Dignity Programme:

- funds a range of projects through a formal grants scheme;
- provides practical architectural support and advice;
- produces a range of resources to enable the HSE and hospital staff to implement the Design & Dignity Style Book guidelines; and
- advocates for the integration and embedding of Design & Dignity guidelines across health services.

The Design & Dignity Style Guidelines were developed in 2008, updated in 2014 and are endorsed by the HSE for all new building and refurbishment projects. Design & Dignity is governed by a Project Advisory Group (PAG) and is led by a Project Manager based in the IHF as part of the Healthcare Programmes team. The Manager and PAG work closely with the Design & Dignity Architectural Advisors. Through the PAG, the Design & Dignity Grants Scheme awards funding to project applications on a regular basis. In March 2019, the fourth round of Design & Dignity Grants Scheme awardees was announced.

Evaluation of the Design & Dignity Programme

In 2018, an independent evaluation was conducted on the Design & Dignity programme by University College Cork (UCC), led by the School of Nursing and Midwifery and commissioned through the All Ireland Institute of Hospice and Palliative Care (AIHPC). The evaluation had two main objectives: 1) to assess the impact of evidence-based design from the perspectives of patients, families and staff (including frontline staff and HSE Estates); and 2) to determine likely factors contributing to the successful completion and maintenance of Design & Dignity spaces. A total of 18 facilities were included in the UCC evaluation from Round One (2011) and Round Two (2014) of the Design & Dignity Grants Scheme.

“When I’m talking about the D&D projects that I’ve been involved in I would often describe them as the things that I’m most proud of in my career ... I get a sense of pride every time I bring a group into the mortuary.” Staff Member



“To have a place rather than leaving them on a corridor to wait for a consultant or – you can bring them in here for them to let their grief out, let their tears out. You know to give them the time.” Staff Member

Evaluation Methodology

The evaluation methodology utilised a multiple case study research design informed by best practice in Post Occupancy Evaluation (POE) which incorporated indicative and investigative data collection methods. The core aim of POE is to gain feedback on the success of a building project from the perspective of the end-users, following a period of intended use. The evaluation methods utilised included:

- Site visits with data collected on physical dimensions (meters), light (lux) and noise (decibels), Design & Dignity Assessment Tool use and qualitative field notes and observations;
- Focus groups with healthcare and support staff who were involved in the Design & Dignity project, or who currently use the space in their day to day work;
- Analysis of relevant facility documentation on project teams, project timelines, project costs and design concepts, attributes and anticipated benefits;
- Semi-structured audio recorded phone interviews with bereaved relatives who made use of the end-of-life care facilities in the respective hospitals; and
- Real-time comment cards which collated feedback from facility users in two sites.

Five case studies of Design & Dignity completed project sites are also included in the evaluation.

Evaluation Results

The Design & Dignity Programme works to ensure that hospitals offer quiet and peaceful places for family members and friends to avail of when someone close to them is dying. Empirical research has repeatedly highlighted the impact of evidence-based design in end-of-life acute care settings. Key factors associated with improved outcomes include the use of efficient space allocation, providing user-friendly spaces and ensuring privacy for patients and their families. By providing these forms of spaces, hospitals sent out a clear message to their staff and patients that end-of-life care matters. The facilities developed as a result of the Design & Dignity Grant Scheme, provided staff with a dignified and private environment in which they could engage in caring and compassionate interactions with family members.

These spaces provided an oasis of calm for families at difficult times in their lives. Families and patients had access to a secluded and serene environment, while crucially, remaining in close proximity to their loved ones, within the hospital setting. On a practical level, it gave families somewhere to



go while the care needs of their loved one were being met. These facilities impact on the culture of care within hospitals ensuring the death of an individual and supporting the families involved was viewed as an important aspect of acute care. Being able to provide appropriate end-of-life supports to families instilled great pride in staff who previously had been embarrassed at having to support families on corridors or in other public places. Design & Dignity projects were described as symbolic of compassion and demonstrated the organisation valued the experience of those bereaved and grieving. Design & Dignity grants not only transformed physical spaces but, according to staff, transformed end-of-life care and have been the catalyst for dignified care in acute care settings.

Key Facilitators Identified

The evaluation found there were six main key facilitators at the Design & Dignity project planning phase resulting in a successful project. The facilitators were:

- Establishment of a multi-disciplinary committee where members are involved throughout the process from project inception to launch
- Incorporating Design & Dignity Style Guidelines and principles from the start
- Use of an outside architect with an interest in evidence-based healthcare design
- Involvement of all staff in naming the room to support ownership and hospital wide interest in the space
- Attending presentations from other Design & Dignity projects facilitated by the IHF or conducting site visits to view completed projects
- Promoting organisational philosophy of end-of-life care

Evaluation Recommendations





The evaluation makes a number of recommendations for future builds including that the Design & Dignity facilities should be the norm, not a luxury. Such facilities should be included in the planning of all new builds, closely involving architects with an interest in this field from the outset. High quality furnishings and artwork should be available in these rooms and all rooms should be fully serviced and future-proofed to keep abreast with new technologies. Both the establishment of multi-disciplinary end-of-life care committees, as well as the development and implementation of staff education programmes on the use of these facilities is a key requirement in acute hospital settings.

“I think it was just a space that allowed us to kind of centre ourselves or take a breath and just, you know..... come to terms with the situation.” Relative







“ It was like an oasis of calm to be honest. In the middle of these emotions and sickness, doctors and nurses, which is all an integral part of the day... Here is this place that you could just close the door and kind of say -oh peace.” Relative

Recommendations at a Glance

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|  <p>Norm not a luxury</p> <p>Family room on every ward in acute care</p> <p>National agenda to support Design & Dignity Programme</p> |  <p>Fully Serviced Rooms</p> <p>Routine cleaning schedule</p> <p>Always fully stocked (tea, cups, refreshments, etc.)</p> |  <p>Future Proof</p> <p>Wifi ready</p> <p>Charging station</p> <p>Video conferencing facilities (e.g. Skype)</p> |  <p>Part of New Builds</p> <p>Family room or bereavement suite part of new builds</p> <p>Mortuary situated away from bins and supplies areas</p> |
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Design & Dignity



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|  <p>High Quality Furnishings</p> <p>Spend money on quality durable furniture with non-clinical feel</p> <p>Furniture for all ages (Beanbags to armchairs)</p> |  <p>Architect</p> <p>Architect engaged early</p> <p>Architect who understands the space and has healthcare experience</p> |  <p>IHF Role</p> <p>Continuation of the D&D Grants Scheme</p> <p>Further roll out of the programme to other clinical settings</p> <p>On-going leadership in evidence based design</p> |  <p>D&D PAG</p> <p>To ensure corporate agenda on end-of-life care</p> <p>To manage and support fundraising for sustainability</p> |
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“It actually went beyond our expectations and I’m not trying to make it sound glorified but - it really meant an awful lot. We wouldn’t have managed without it..... It allowed us to stay...it allowed us to be with him till the end.” Relative

Further Information

For more information on the Irish Hospice Foundation, the Hospice Friendly Hospitals Programme and the Design & Dignity Programme please visit www.hospicefoundation.ie

The UCC evaluation report was launched in March 2019 in the Royal Institute of the Architects of Ireland. The full text of the UCC evaluation report is available on the IHF website, see citation below.

Cornally, N., Cagney, O., Burton, A., Coffey, A., Dalton, C., Hartigan, I., Harrison, J., Murphy, M. Nuzum, D., Pennisi, Y., Savage, E., Sweeney, C., Timmons, S., Leahy Warren, P., & FitzGerald, S. (2019). Evaluation of the Irish Hospice Foundation Design & Dignity Programme. University College Cork, Cork.



All Ireland Institute of
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