

Intensive Care Unit Design

25 Years of Winning Trends

European Healthcare Design Congress

London, United Kingdom

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Dochitect, Stantec Architecture



“The hospital is a human intervention and as such, can be reinvented at any time.”

– Leland Kaiser, Hospital Futurist



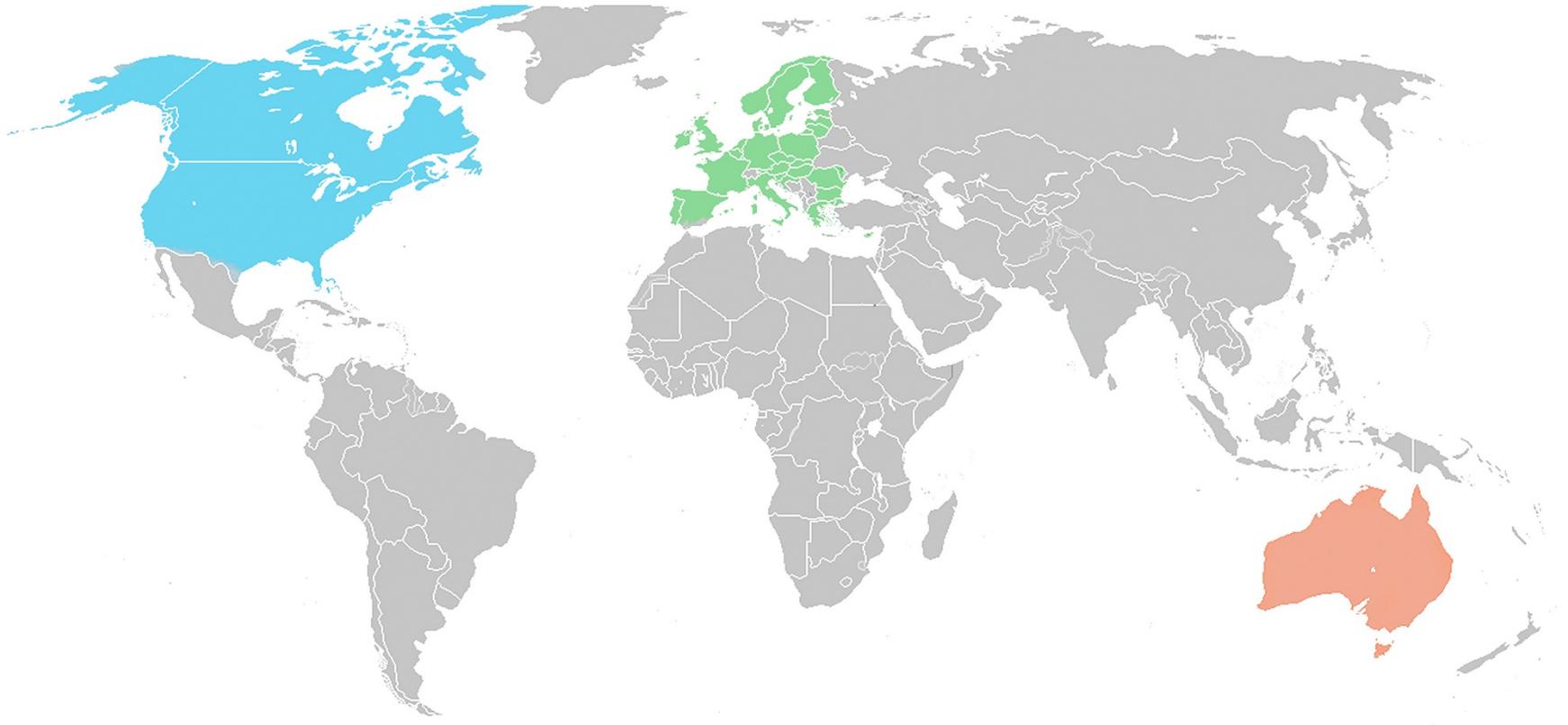
ICU Design of Tomorrow What Can We Expect?

MORE **HOME.** LESS **HOSPITAL.**



From National to Global Design Submissions

25 Years of Winning Designs



Society of
Critical Care Medicine
The Intensive Care Professionals



THE AMERICAN
INSTITUTE
OF ARCHITECTS



AMERICAN
ASSOCIATION
of CRITICAL-CARE
NURSES

Guidelines for Intensive Care Unit Design

2012 Critical Care Medicine

Guidelines for intensive care unit design*

Dan R. Thompson, MD, MA, FACP, FCCM (Co-Chair); D. Kirk Hamilton, FAIA, FACHA (Co-Chair); Charles D. Cadenhead, FAIA, FACHA, FCCM; Sandra M. Swoboda, RN, MS, FCCM; Stephanie M. Schwindel, MArch, LEED; Diana C. Anderson, MD, MArch; Elizabeth V. Schmitz, AIA; Arthur C. St. Andre, MD, FCCM; Donald C. Axon, FAIA, FACHA†; James W. Harrell, FAIA, FACHA, LEED AP; Maureen A. Harvey, RN, MPH, MCCM; April Howard, RN, CCRN, CCRC; David C. Kaufman, MD, FCCM; Cheryl Petersen, RN, MBA, CCRN

Objective: To develop a guideline to help guide healthcare professionals participate effectively in the design, construction, and occupancy of a new or renovated intensive care unit.

Participants: A group of multidisciplinary professionals, designers, and architects with expertise in critical care, under the direction of the American College of Critical Care Medicine, met over several years, reviewed the available literature, and collated their expert opinions on recommendations for the optimal design of an intensive care unit.

Scope: The design of a new or renovated intensive care unit is frequently a once- or twice-in-a-lifetime occurrence for most critical care professionals. Healthcare architects have experience in this process that most healthcare professionals do not. While there are regulatory documents, such as the *Guidelines for the Design and Construction of Health Care Facilities*, these represent minimal guidelines. The intent was to develop recommendations for a more optimal approach for a healing environment.

Data Sources and Synthesis: Relevant literature was accessed and reviewed, and expert opinion was sought from the committee members and outside experts. Evidence-based architecture is just in its beginning, which made the grading of literature difficult, and so it was not attempted. The previous designs of the winners of the American Institute of Architects, American Association of Critical Care Nurses, and Society of Critical Care Medicine Intensive Care Unit Design Award were used as a reference. The committee met repeatedly, both in person and in virtual meetings. A working force met to construct these recommendations.

Conclusions: Recommendations for the design of intensive care units, expanding on regulatory guidelines, to create a possible healing environment, and a safe and efficient workplace. (Crit Care Med 2012; 40(5):1586-600.)

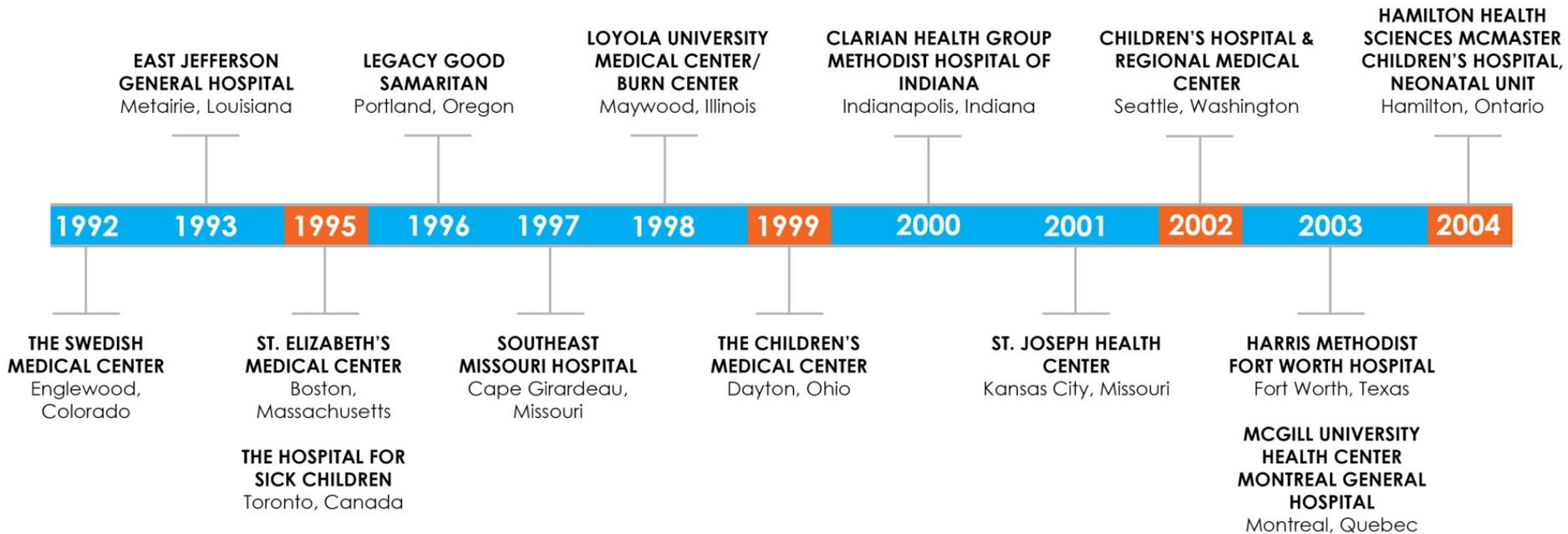
Key Words: architecture; construction; design; environment; healing; intensive care unit



2013 Society of
Critical Care
Medicine
Section Award
Winner for
Published
Guidelines

ICU Citation Winners

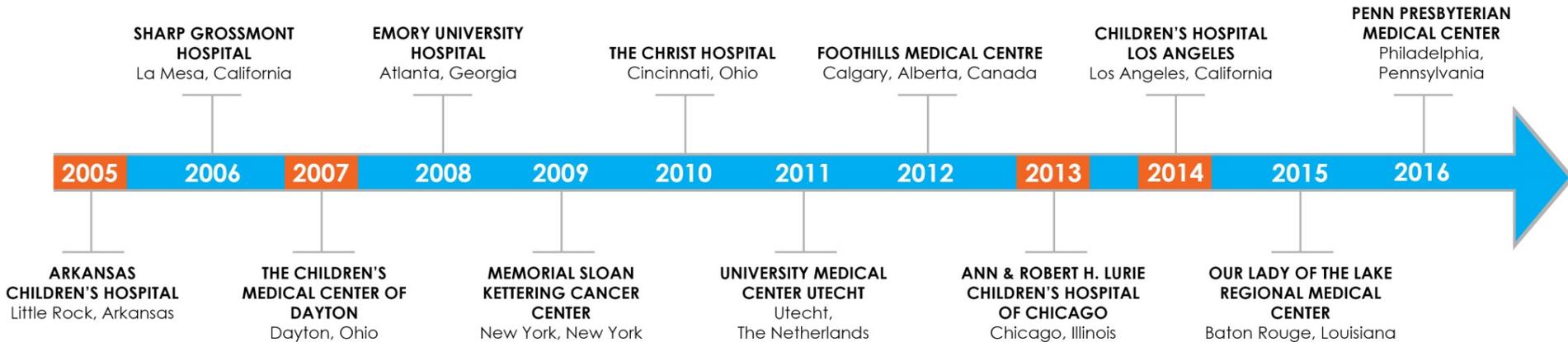
25 Years of Winning Designs



■ ADULT
■ PEDIATRIC

ICU Citation Winners

25 Years of Winning Designs



2016 ICU Design Competition Winner
Penn Presbyterian Medical Center
Philadelphia, Pennsylvania, USA

ICU Citation Winners

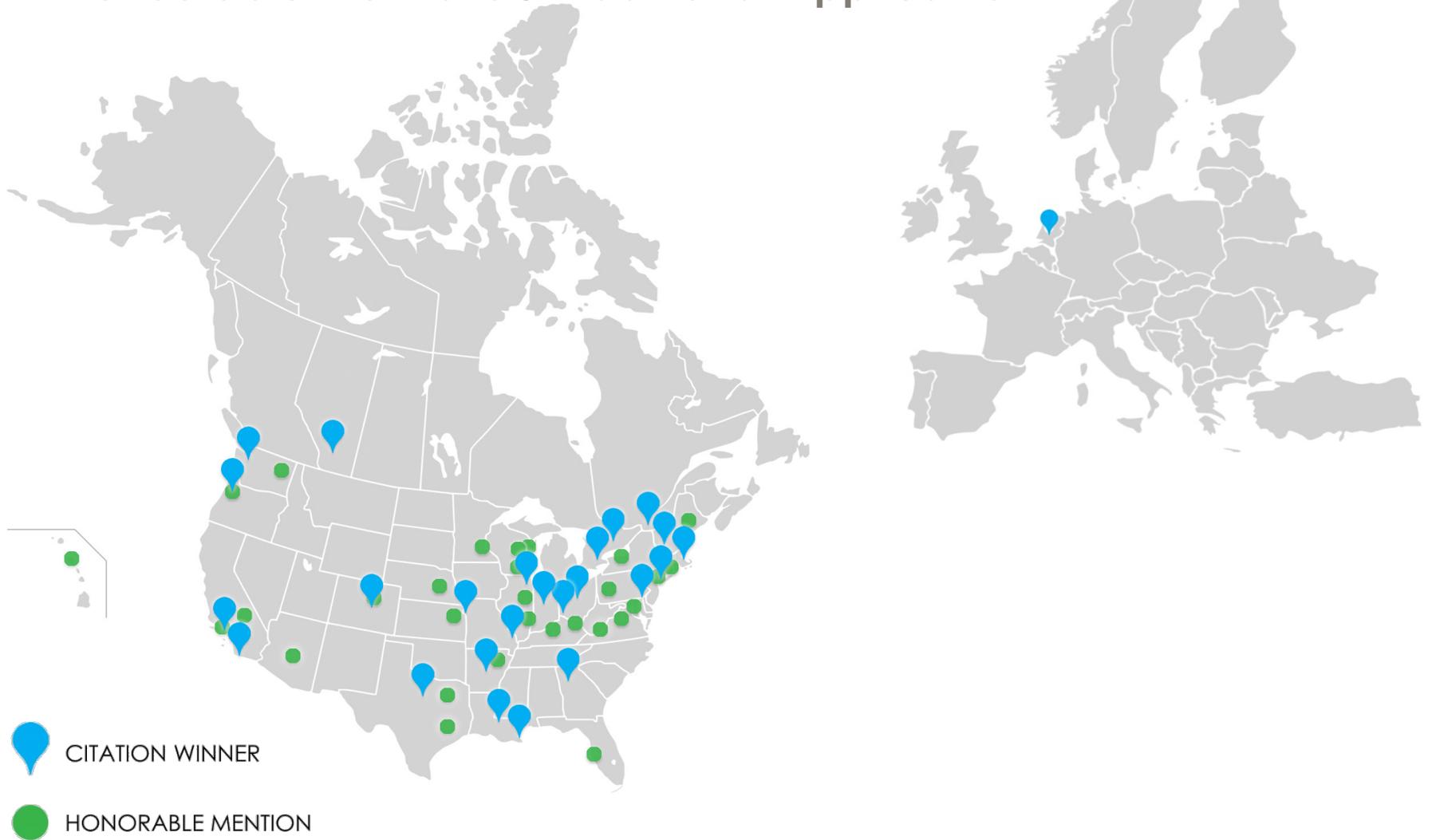
Honourable Mentions & Additional Applicants



 CITATION WINNER

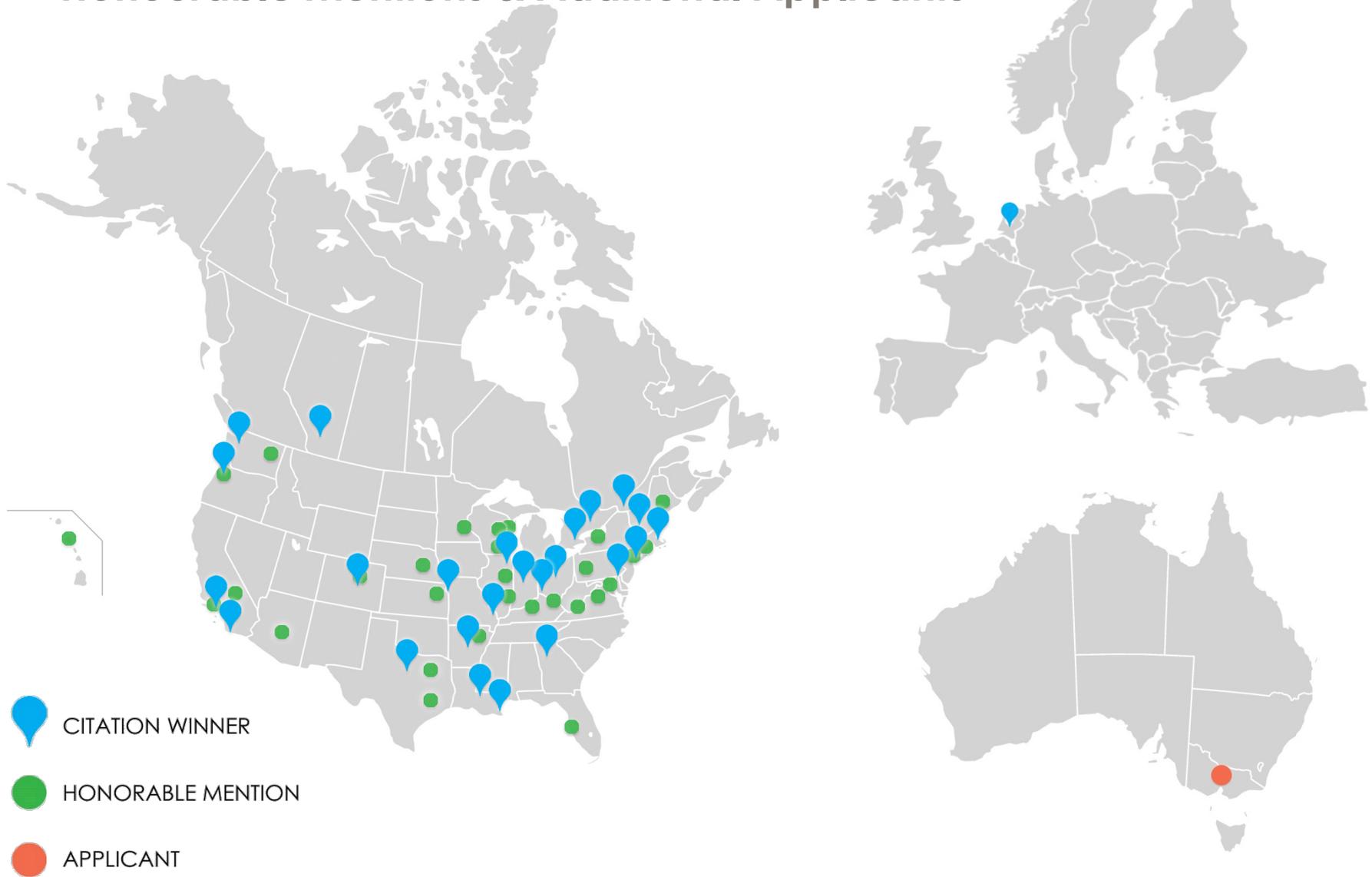
ICU Citation Winners

Honourable Mentions & Additional Applicants



ICU Citation Winners

Honourable Mentions & Additional Applicants



SCCM - ICU Design Competition

25 Years of Winning Designs



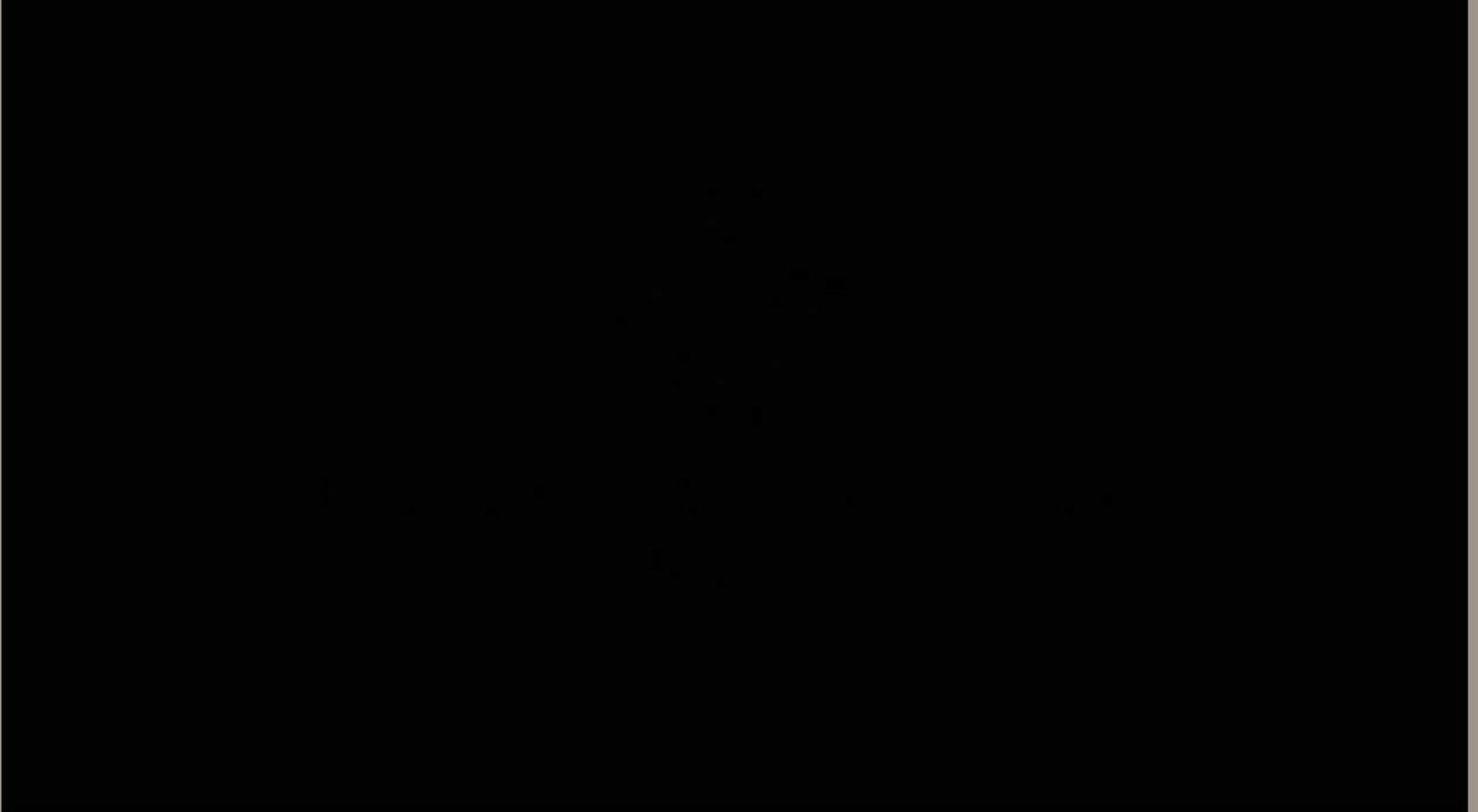
1992 ICU Design Competition Winner
The Swedish Medical Center
Englewood, Colorado, USA



2009 ICU Design Competition Winner
Memorial Sloan-Kettering Cancer Center
New York City, New York, USA

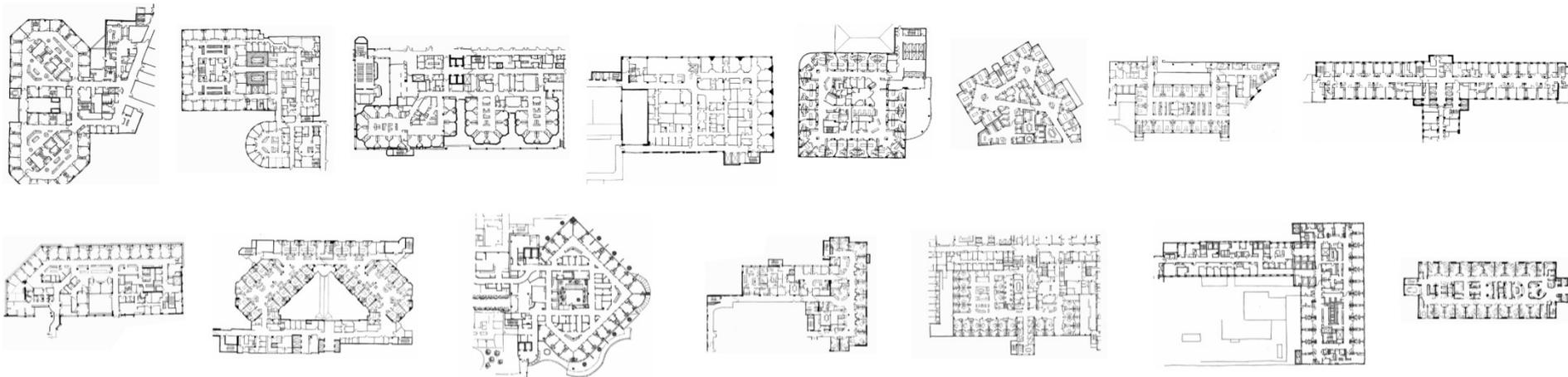
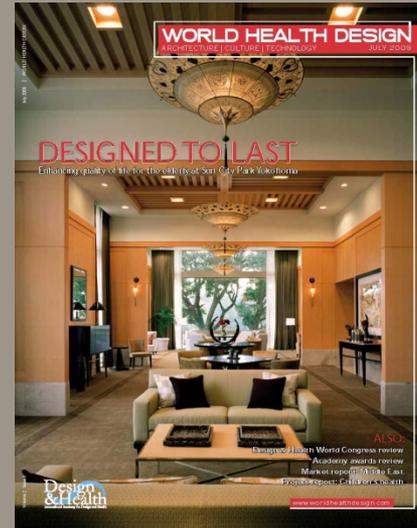
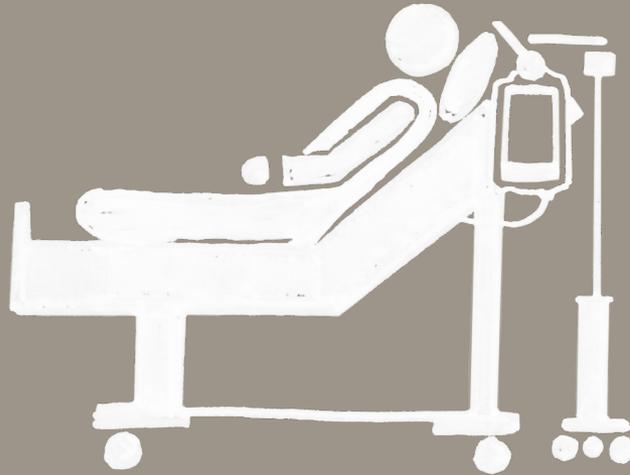
SCCM - 2011 Winning ICU Design Video

Utrecht Medical Center, The Netherlands



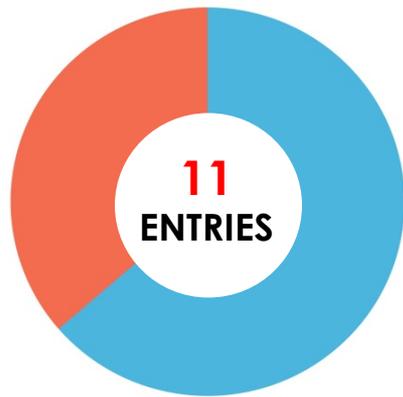
Critical Care Units – Trends in Winning Designs

2009 World Health Design

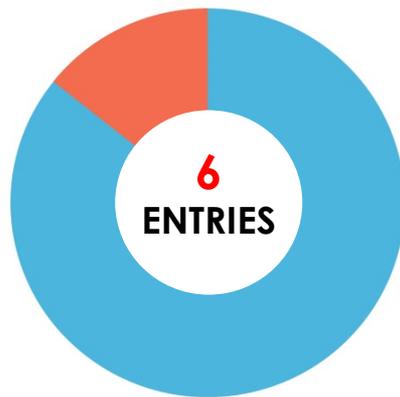


2013-2016 ICU Citation Winners

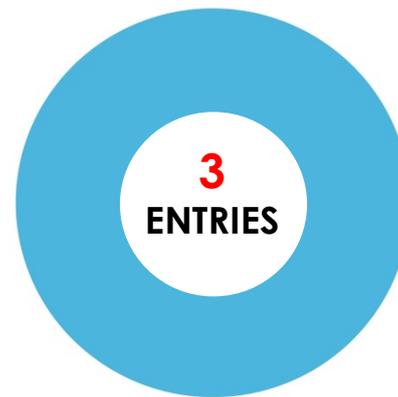
New Construction versus Renovation



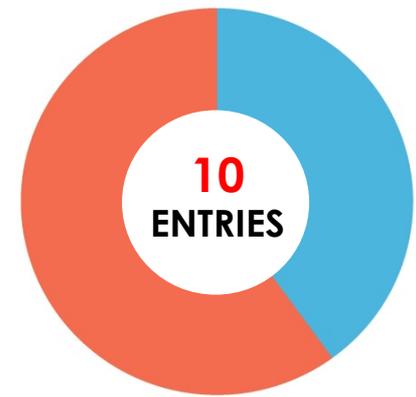
2013



2014



2015



2016

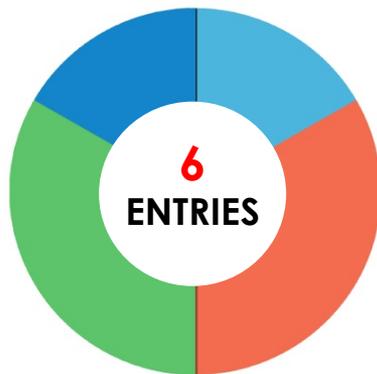


2013-2016 ICU Citation Winners

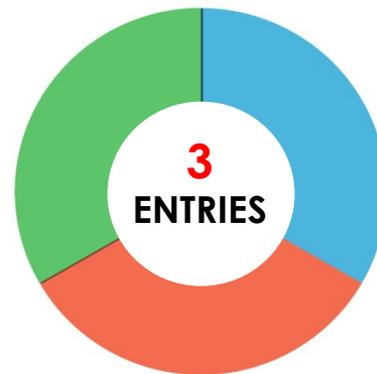
Unit Typologies



2013



2014



2015

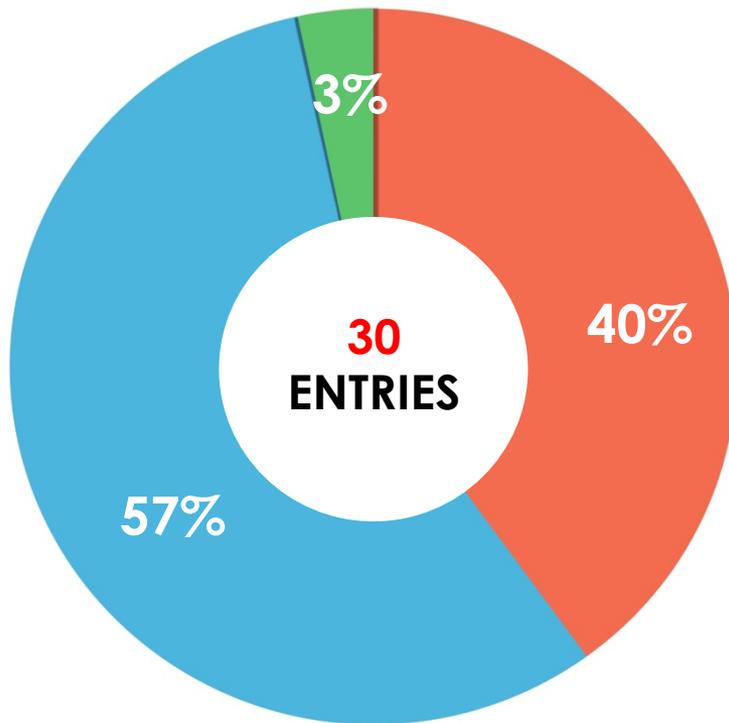


2016

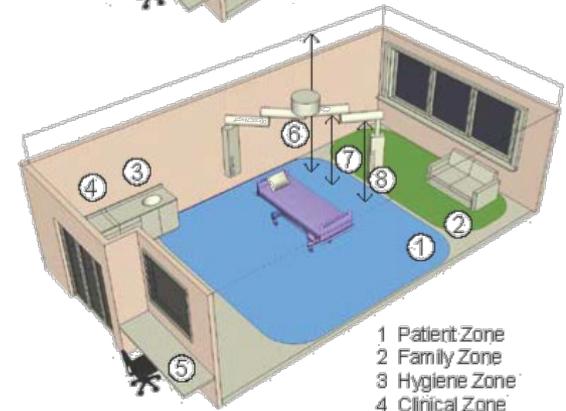
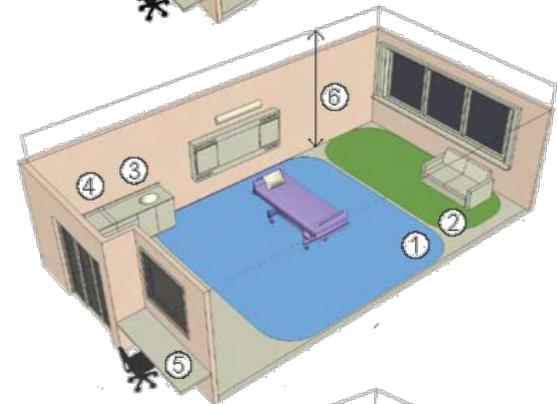
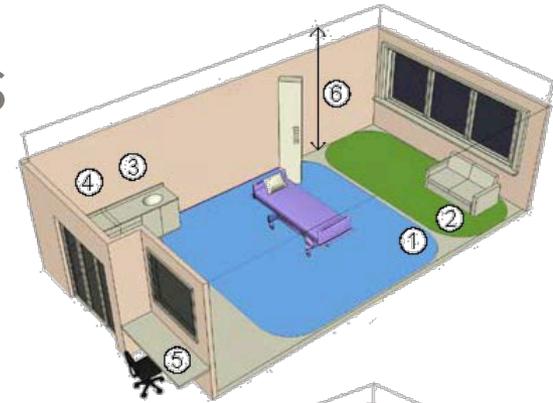


2013-2016 ICU Citation Winners

Life Support Systems



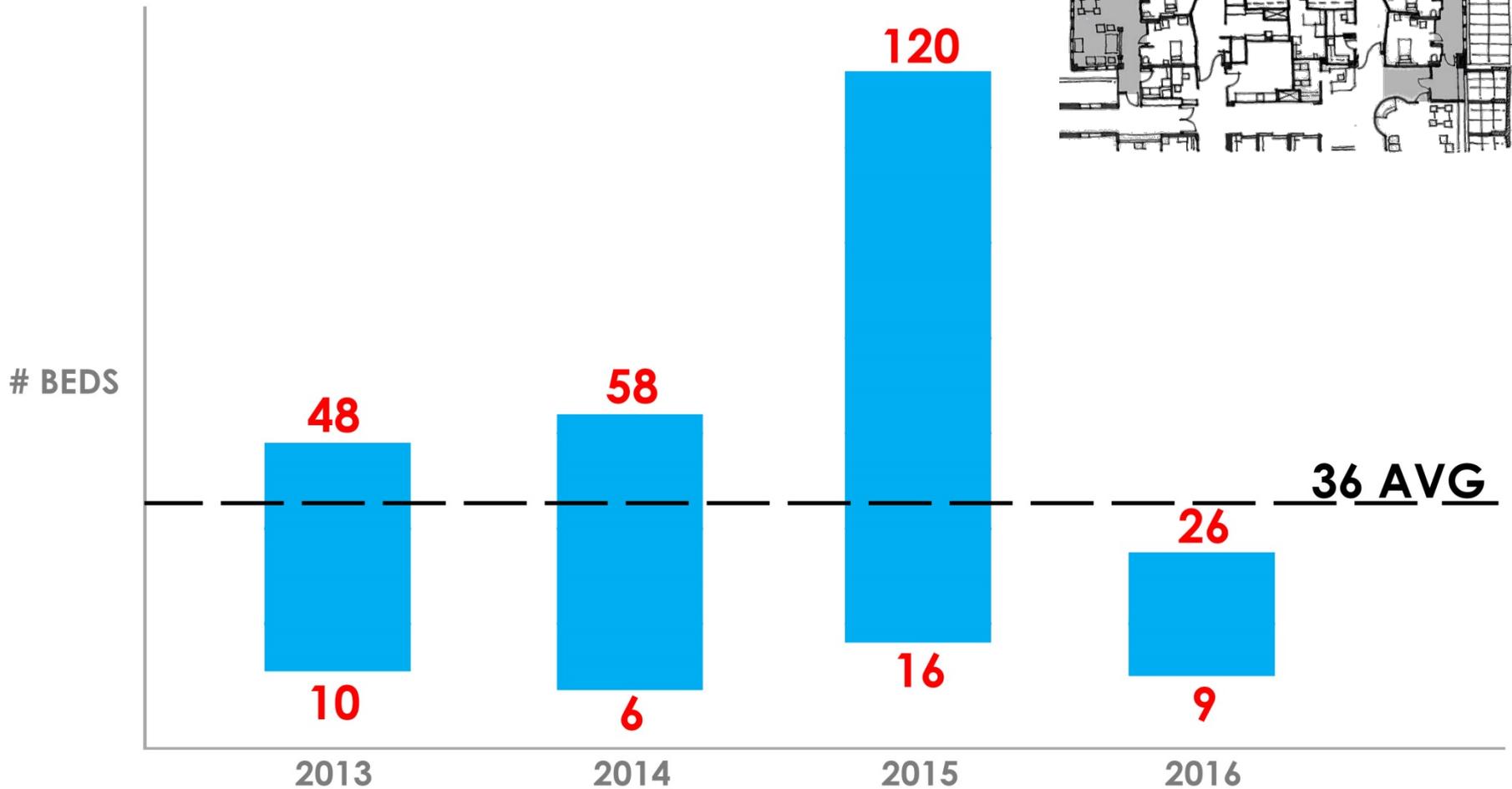
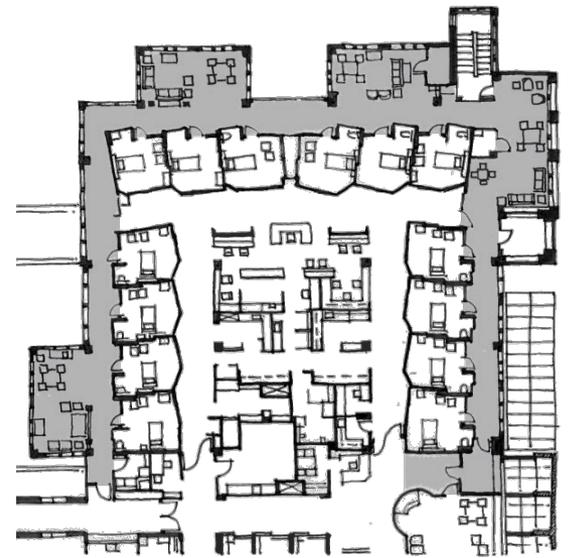
- BOOM
- HEADWALL
- POWER COLUMN



- 1 Patient Zone
- 2 Family Zone
- 3 Hygiene Zone
- 4 Clinical Zone
- 5 Charting Sub-Station
- 6 Ceiling Height: 9' to 11'
(2.7m to 3.3m)
- 7 Clearance: 8' to 10'
(2.4m to 3.0m)
- 8 Clearance: 7' to 9'
(2.1m to 2.7m)

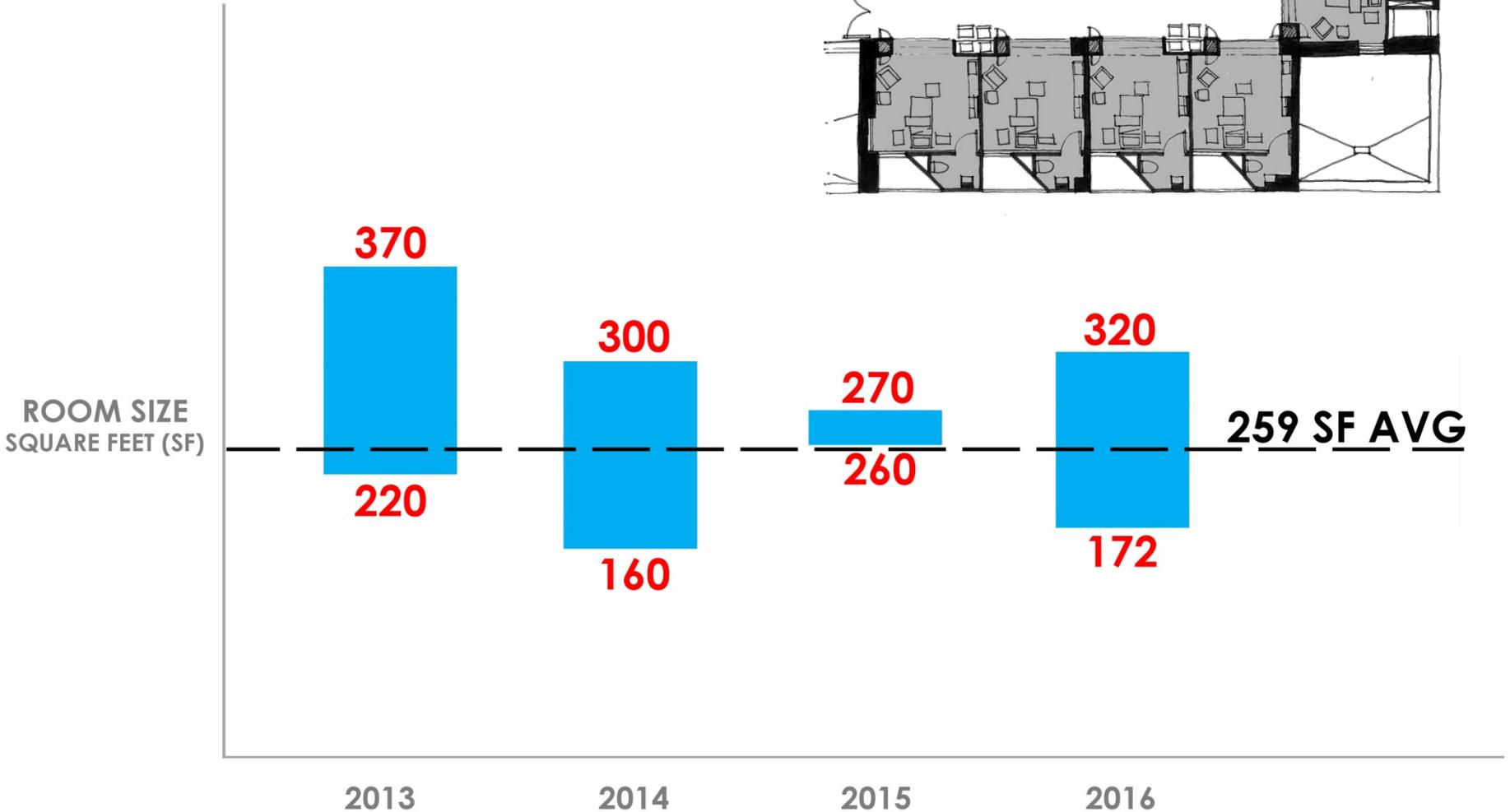
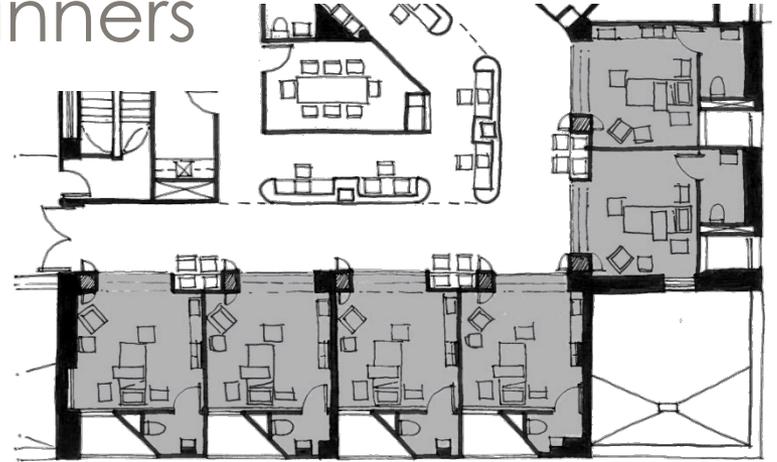
2013-2016 ICU Citation Winners

Overall Unit Size



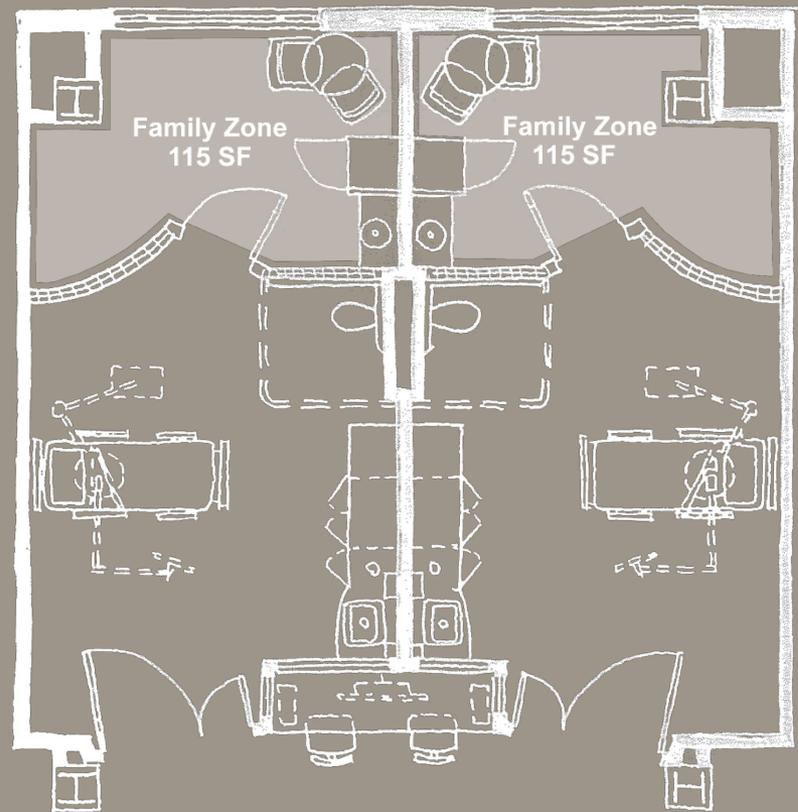
2013-2016 ICU Citation Winners

Patient Room Size



Intensive Care Unit Design Future Trends

- 1 Larger Units
- 2 Patient Rooms
- 3 Staff Environment
- 4 Technology
- 5 Changing Practices



2008 ICU Design Competition Winner
Emory University Hospital
Atlanta, Georgia, USA

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London, United Kingdom

June 27, 2016

<http://www.sccm.org>

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Critical care design of tomorrow: how technology fits in

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Chief Critical Care Medicine
Memorial Sloan Kettering Cancer Center, NYC



Agenda

Medical devices

Cybersecurity

IT Sim Lab

Dark data & future proofing

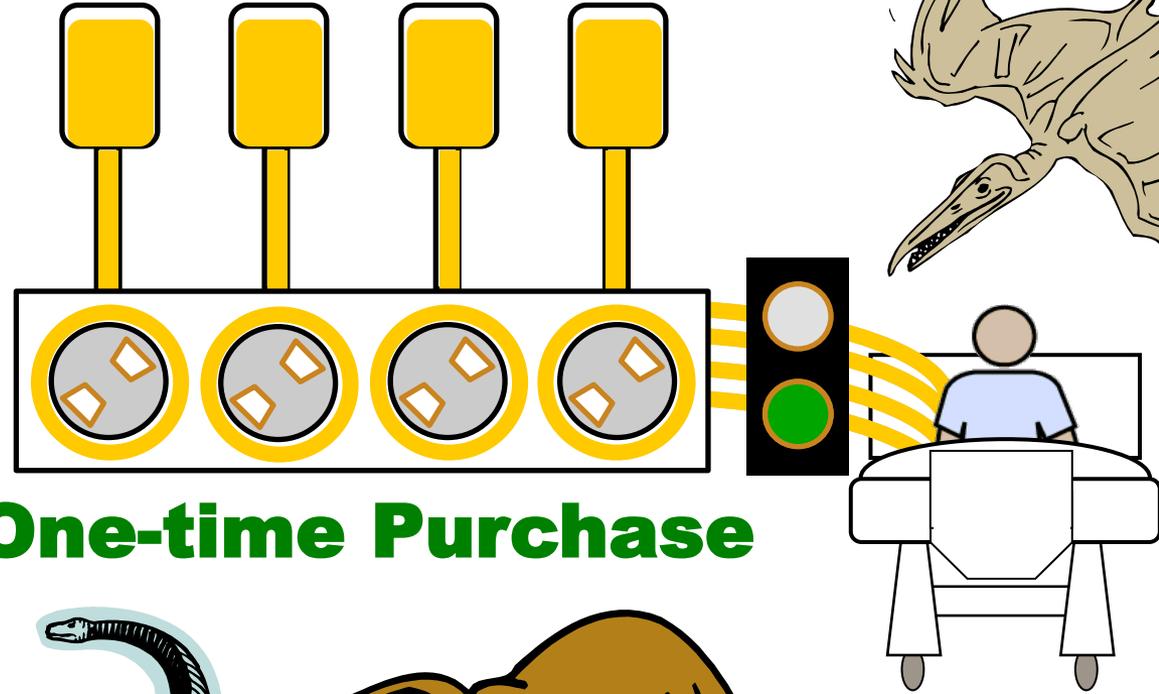
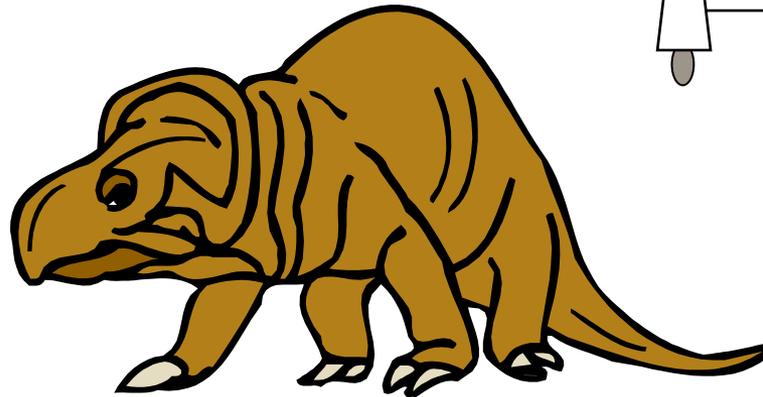
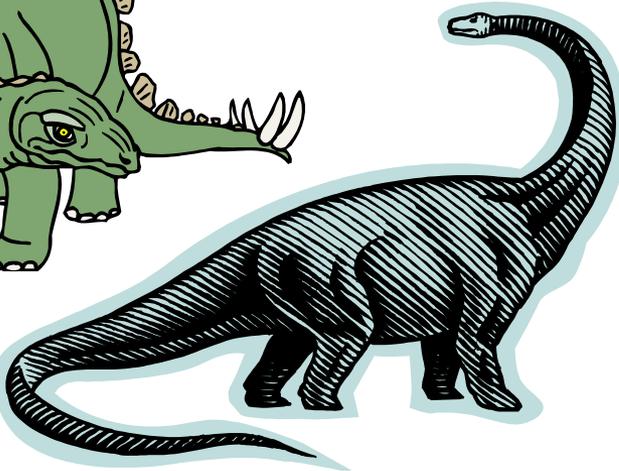
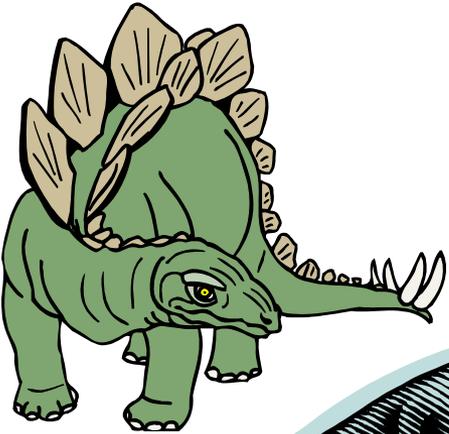
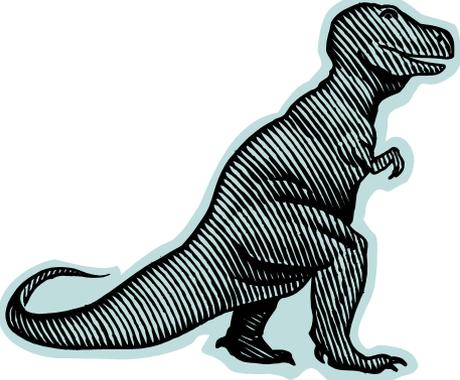
Medical devices

Past: medical devices were just devices with defined tasks

- Physiological monitor - counted heart beats
- Mechanical ventilator - pushed air
- Infusion pump - pumped fluid

Now: medical devices are complicated, sophisticated, costly, informatics platforms

Infusion Pump: The Dark Ages

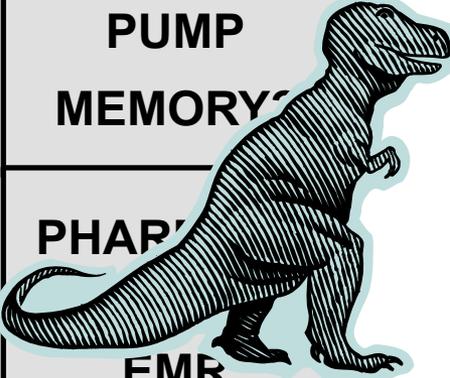


One-time Purchase

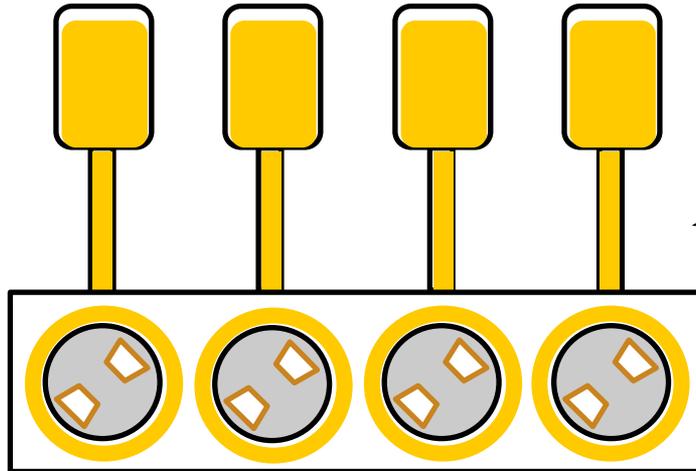
Infusion Pump: The Modern Era

MIDDLEWARE

PUMP
MEMORY



PHAR
EMR



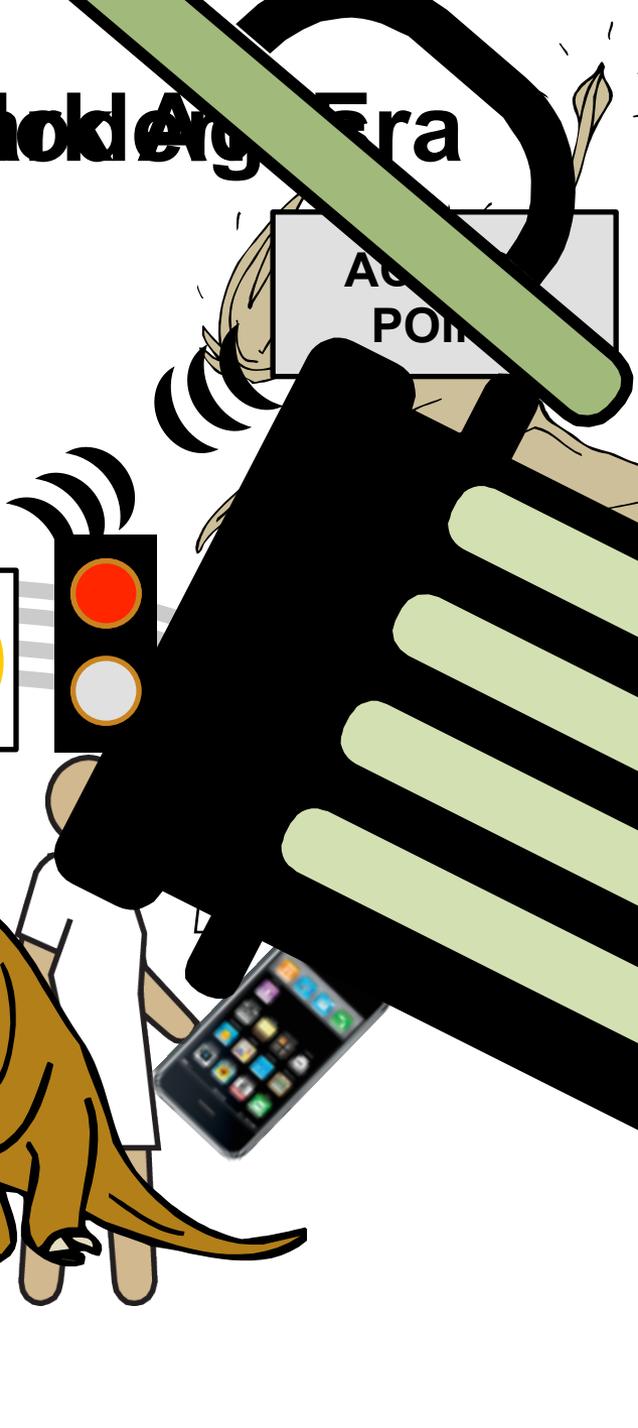
OFFSITE
BACKUP
PUMP
SERVER?

VPN
ACCESS

WEB
PORTAL

PRIVACY

IT SECURITY



Implementing Infusion Pump System

Medication Library

Dosing Protection

Medication Orders

Alerts

Wireless Communication

Memory

Back-up

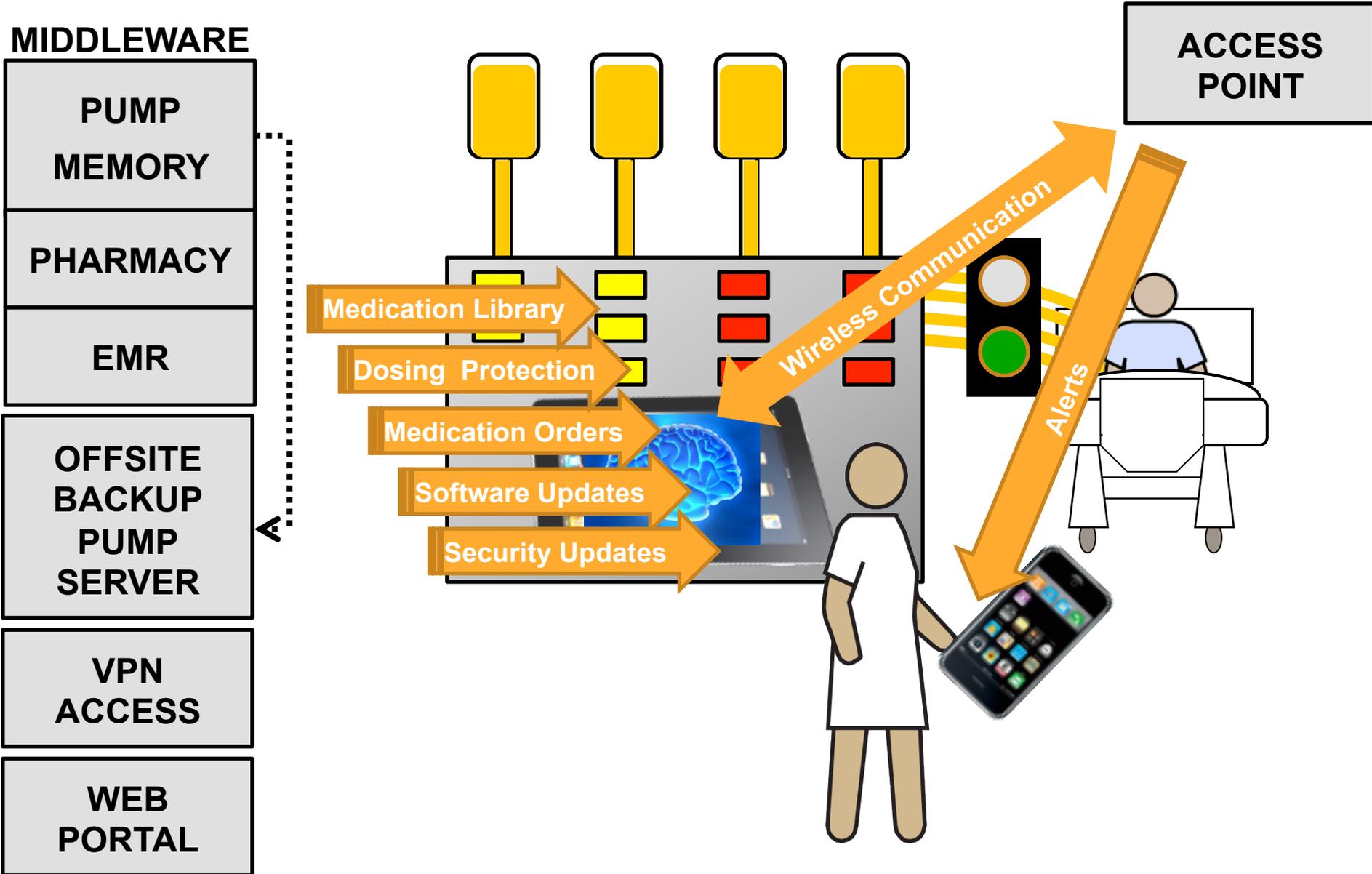
Privacy

Handhelds

IT Security



Infusion Platform: The Modern Era



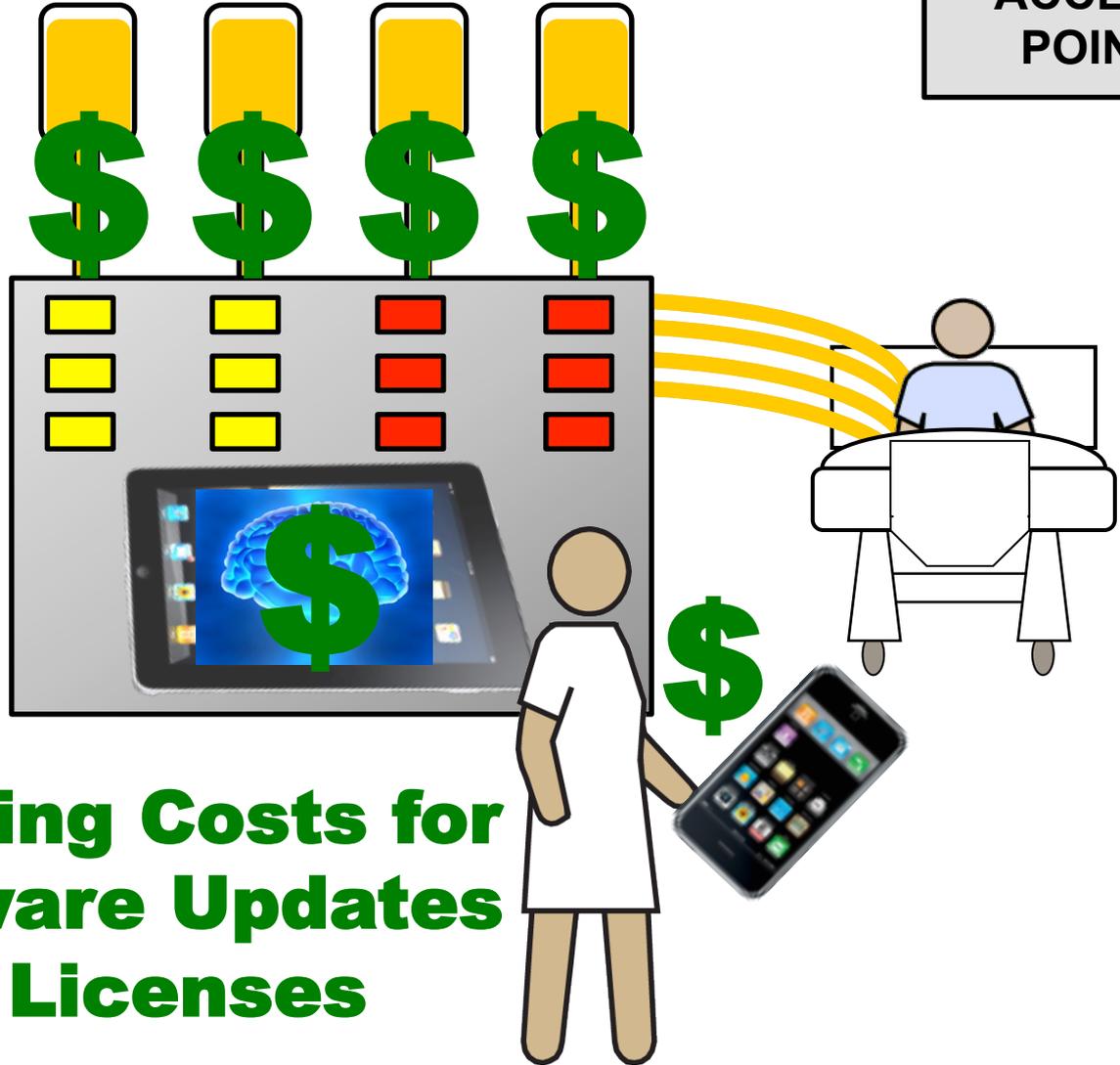


MIDDLEWARE

Infusion Platform: Costs

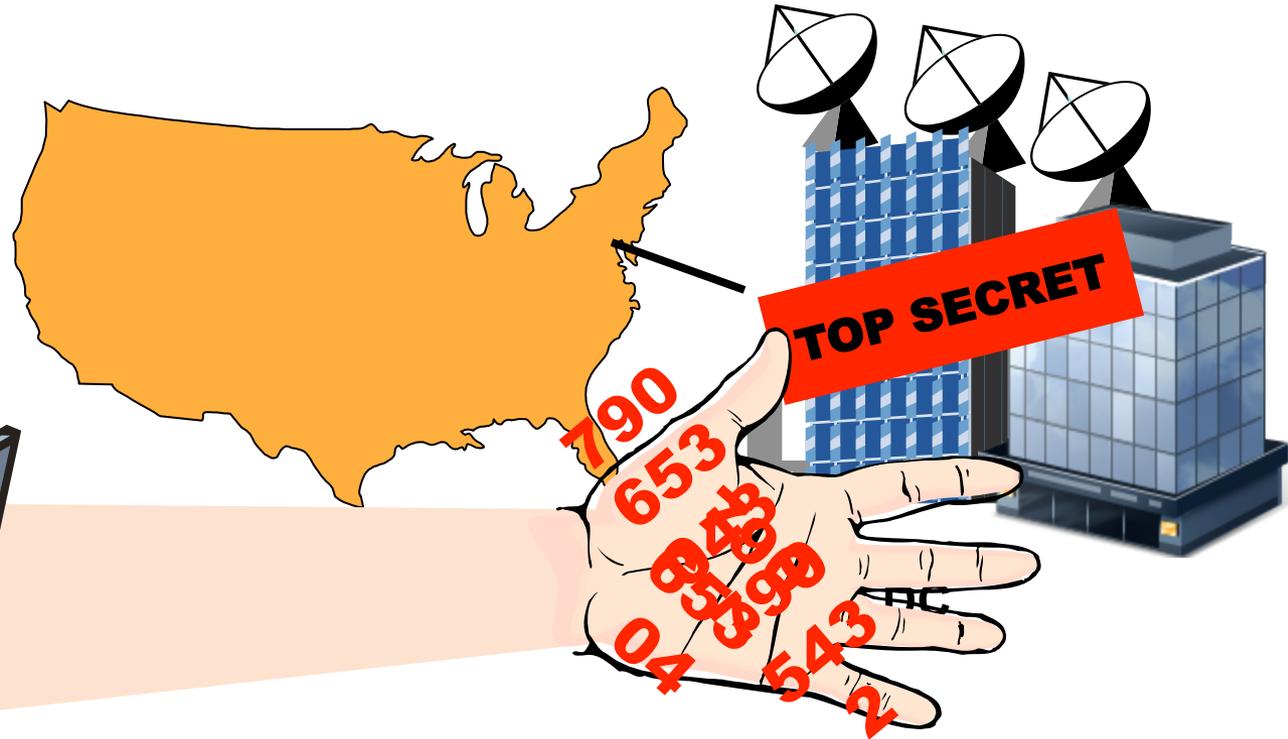
ACCESS POINT

- PUMP MEMORY
- PHARMACY
- EMR
- OFFSITE BACKUP PUMP SERVER
- VPN ACCESS
- WEB PORTAL



Ongoing Costs for Software Updates & Licenses

Cybersecurity: Real or a Joke?



YAHOO! 
Neiman Marcus ^{x4}
DIRECT ^{x3790}



Hospital hacker attacks

Historically: Obtain pt records for fraud schemes

Current: Digital extortion racket

- Paralyze the hospital
- Demand economical ransom



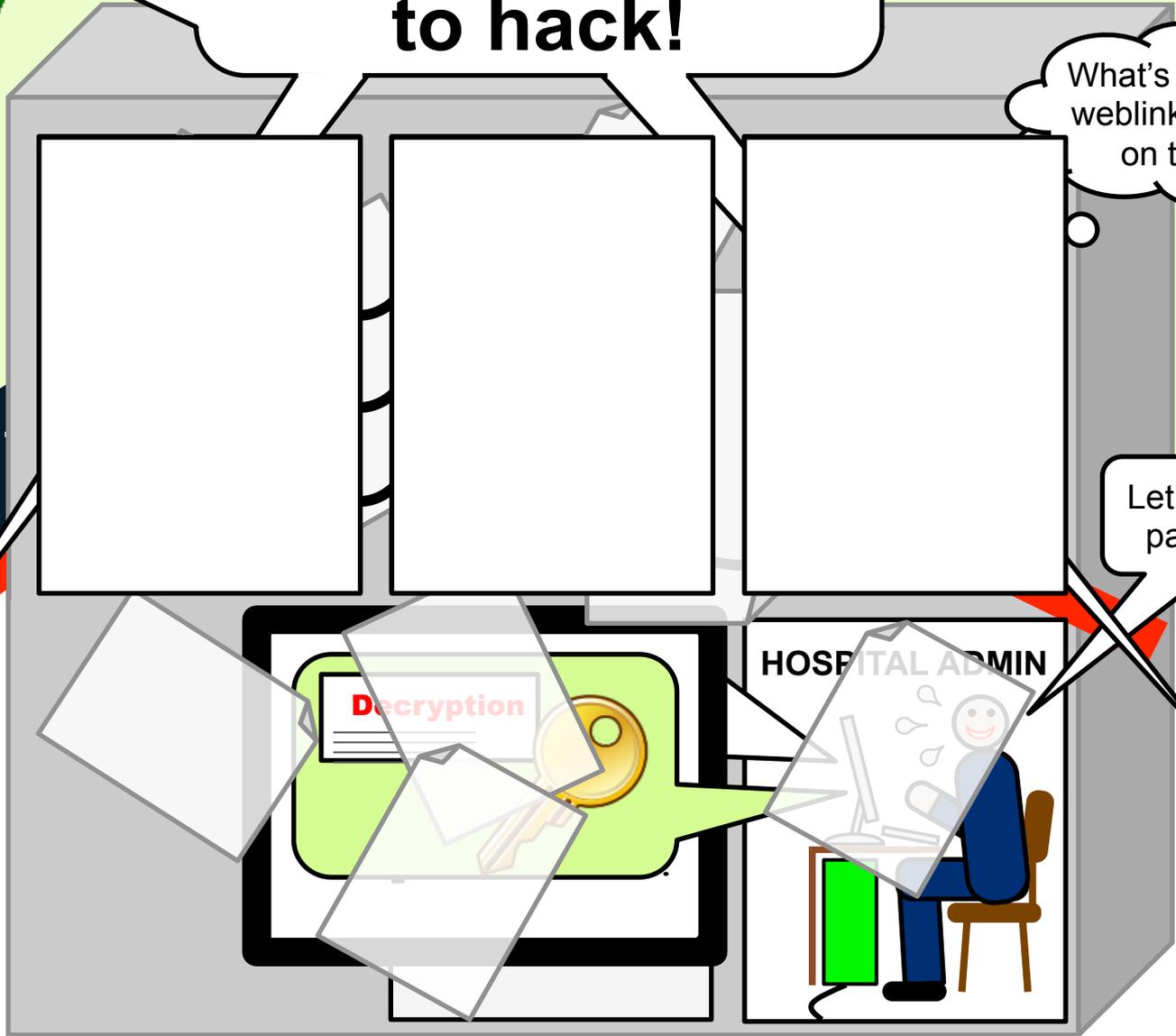
**Time to look for
a new hospital
to hack!**



Can't get in
the front door,
let me get in
the back door!

\$\$\$\$

HACKERS!



What's this email or
weblink? Let's click
on the link...

Let's revert to
paper now!

**EMAIL
SERVER**
HACKERS!
\$\$\$\$

Recently Hacked US Hospitals

Hollywood Presbyterian, LA; single stand alone

- Paid 17G in Bitcoin

Methodist Hospital, Henderson, KY

- Restored data from back-ups/paid 18G

MedStar Health System, Columbia, MD, 10 hospitals

- \$18,500 to restore system

Basic hospital IT protection

HIGH SCHOOL

What can we hack today?



That was easy!



FRONT DOOR

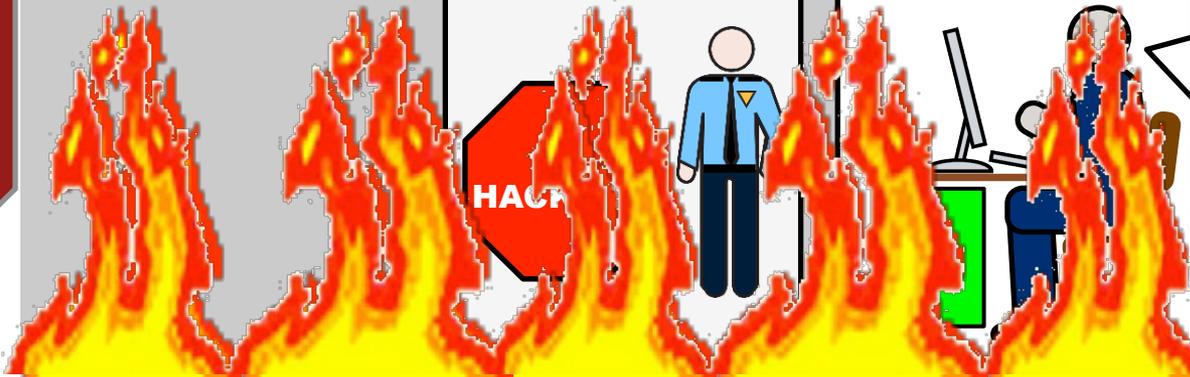


HOSPITAL ADMIN



I'm sure the firewall will protect us.

I'm sure signature-based protection and antivirus software will protect us.



Why MEDJACK/Hack medical devices?

Medical devices:

- Connected to hospital network
- “Black boxes” to the hospital
- Not amenable to common cyber defenses
- No one knows when infected

Med device companies:

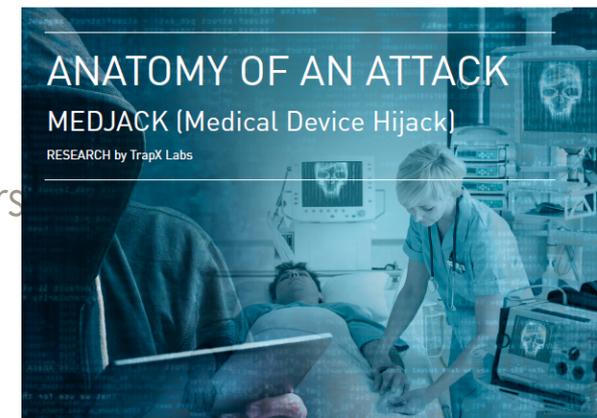
- Not trained or skilled to handle complex CS issues
- Devices run out of date & insecure OS



TrapX Security (www.trapx.com)

recreated recent attacks in Sim lab

- Studied: Infusion pumps, PACS, POCT analyzers
- Easily hacked & data manipulated



FDA Cybersecurity Guidelines

Dating back to 2007, most current...

Draft Guidance for Industry. “Moving Forward: Collaborative Approaches to Medical Device Cybersecurity”

Distributed for comment. Jan 22, 2016,
Federal Register, Vol 81, Issue 14

Annual FDA Cybersecurity Guidelines for Medical Devices

Challenging to address CS threats

Cannot completely eliminate them

Shared responsibilities between manufacturers
& hospitals to be vigilant in assessing threats,
risk levels & mitigating them

Hospitals to evaluate & protect their networks

FDA does NOT need to typically review/
approve medical device CS software
changes

What can a hospital or device company do?

Wake up, make CS a priority

Recognize CS failure is a pt care issue

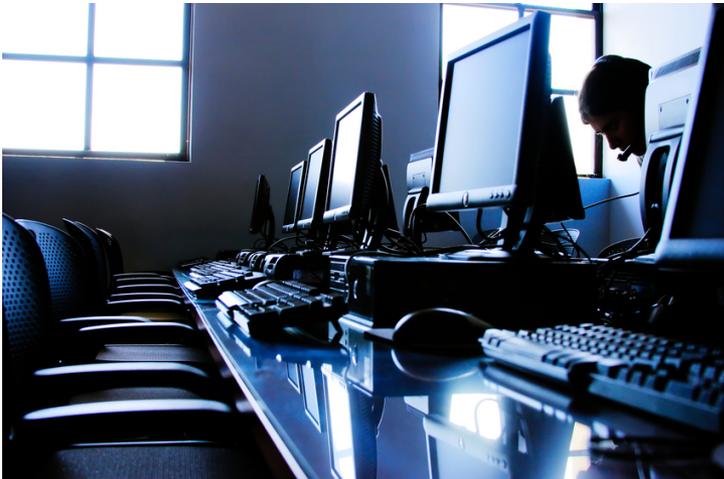
Evaluate existing & new systems

Don't try and monitor yourself

- Hire chief information security officer
- 24/7 external security operations center to monitor hospital

Build an ITSim Lab

- With identical systems as ICU & hospital
- Obtain & test ALL prioritized technologies (new devices, Apps & upgrades) in real-life settings
- Function, connectivity,
 - Interoperability & security



Dark Data & Future Proofing



Conclusions

Appreciate the integral role IT plays in the ICU design of tomorrow

Recognize that medical devices are informatics platforms

Prioritize cybersecurity

Test everything in an ITSim Lab

Cautiously embrace the IT future

Thank You!

