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EMERGENCY TALKS

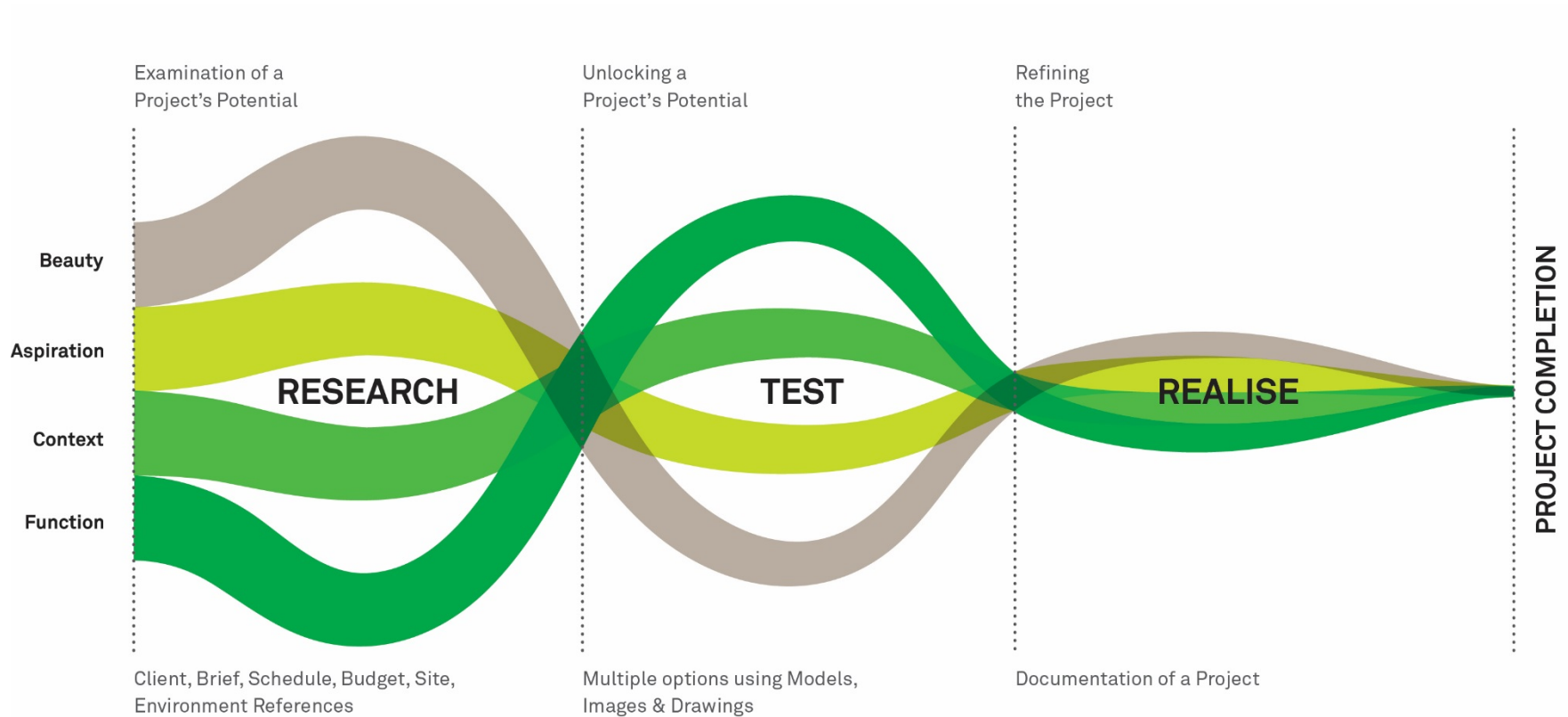
Designing Emergency Departments to
maximise staff communication



**We are an international design practice
with studios in Australia, China, South East
Asia and the United Kingdom**



Meaningful design is the result of extensive research and testing and a clear and incisive design concept – a big idea that drives every small decision made throughout the design process



**MISCOMMUNICATION
IS A FACTOR IN UP TO
80% OF MEDICAL
ERRORS**

**CONFIDENTIALITY IS
BREACHED REGULARLY
DUE TO THE PUBLIC
AND OPEN NATURE OF
HOSPITALS**

The project

Aim

_ To identify design elements in Emergency Departments that enable (or inhibit) effective informal staff communication

HASSELL



Australian Government

Department of Industry



MonashHealth

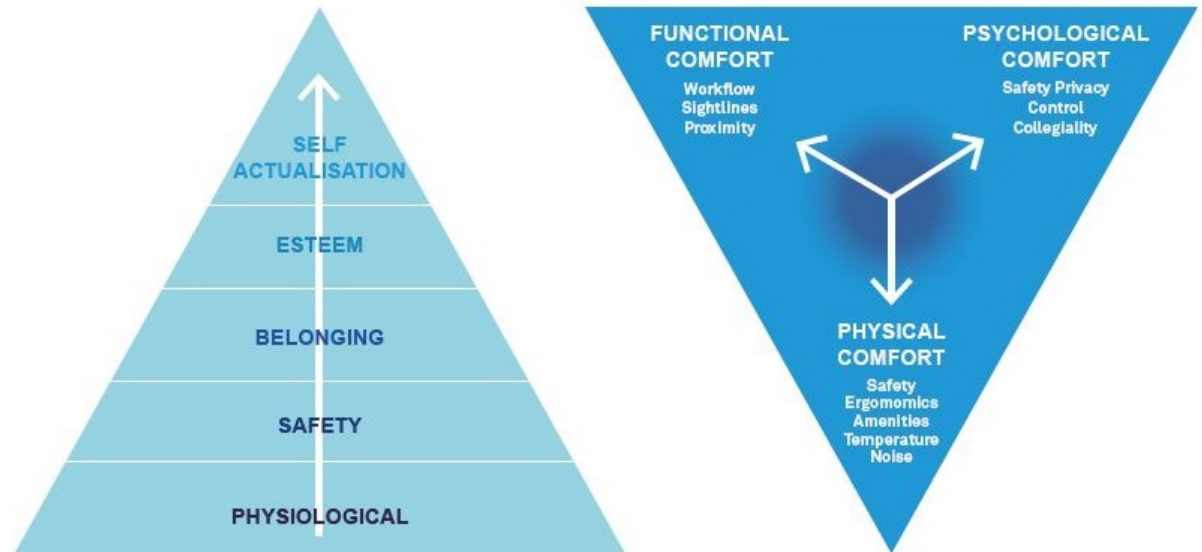


Western Health

Theoretical framework

Dynamic comfort parameters

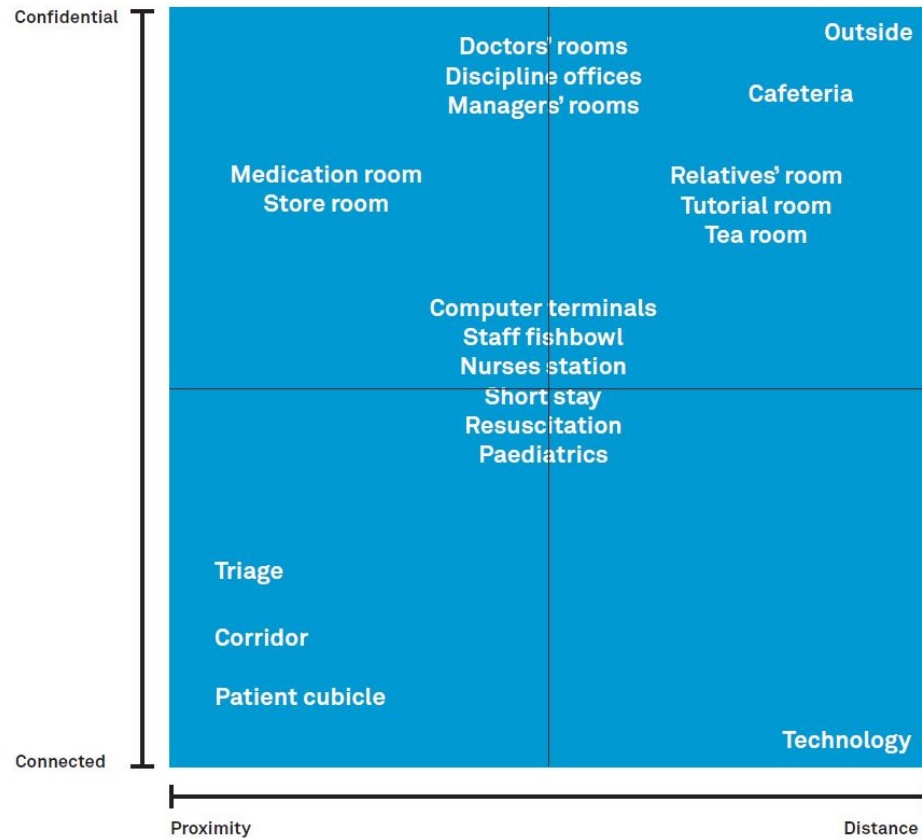
- _ Not linear like Maslow's theory
- _ Competing comforts that are constantly shifting according to the situation



Images by HASSELL, developed from Maslow's Hierarchy of Needs (1943), and from Vischer, Towards an environmental psychology of workspace (2008)

Where do staff communicate?

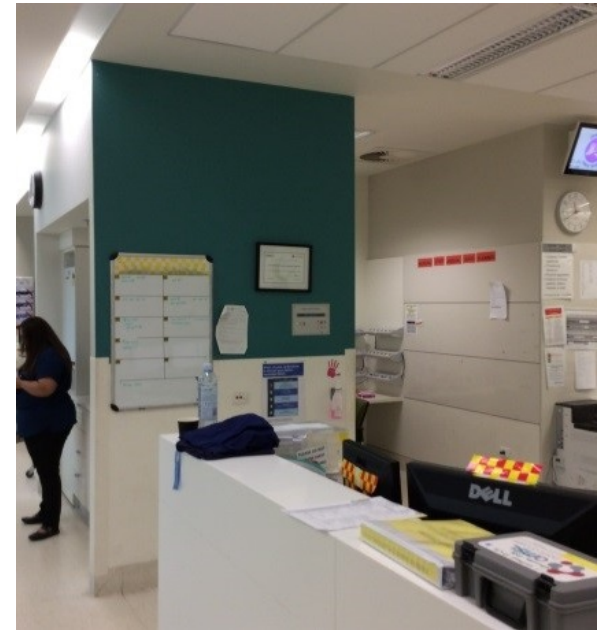
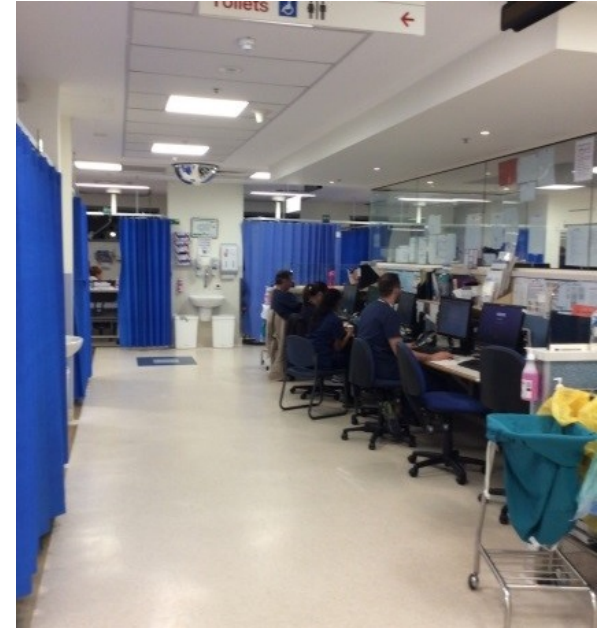
Everywhere, all the time



Where do staff communicate?

Central workspaces

- _ Staff fishbowl
- _ Ambulance triage desk
- _ Doctors' desk
- _ Short stay desk



Where do staff communicate?

Dedicated spaces

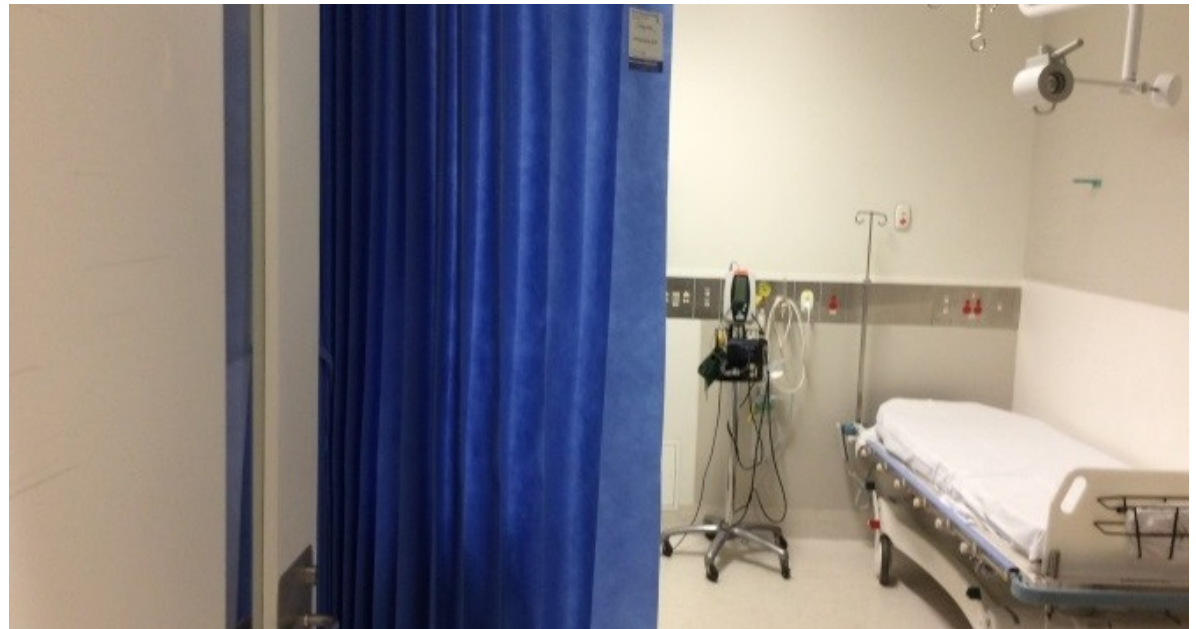
- _ Allied health offices
- _ Medication room
- _ Store room
- _ Relatives' room



Where do staff communicate?

Patient spaces

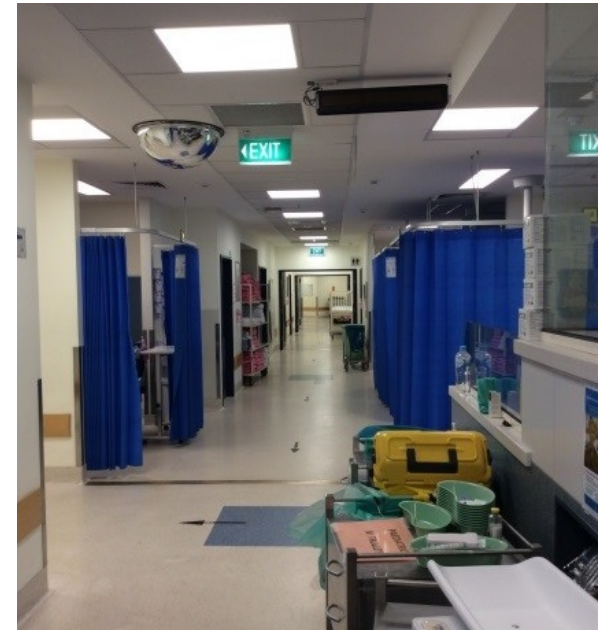
- _ Resuscitation area
- _ Patient cubicles



Where do staff communicate?

Transit areas

- _ Main corridors
- _ Corridor to pan room
- _ Short stay waiting
- _ Cubicle corridor



Where do staff communicate?

Communal areas

- _ Tea rooms
- _ Cafeteria



Headlines



SAFETY



CONNECTION



PRIVACY

Safety

Where do staff feel unsafe?

SBS | IN FOCUS | Long Reads | Indigenous | Life | Sexuality | Playlist podcast

SBS HOME | ON DEMAND | GUIDE | PROGRAMS | RADIO | SHOP | NEWS | CYCLING | FOOTBALL | MOVIES | FOOD

Life home | Health | Family | Relationships | Culture

17 MAY 2017 - 4:56PM

Violence against nurses is on the rise, but protections remain weak



IMAGE | VIDEO | AUDIO

Nurses are at the front line of violence in hospitals, to the point where this has become an expected and even accepted part of their job.

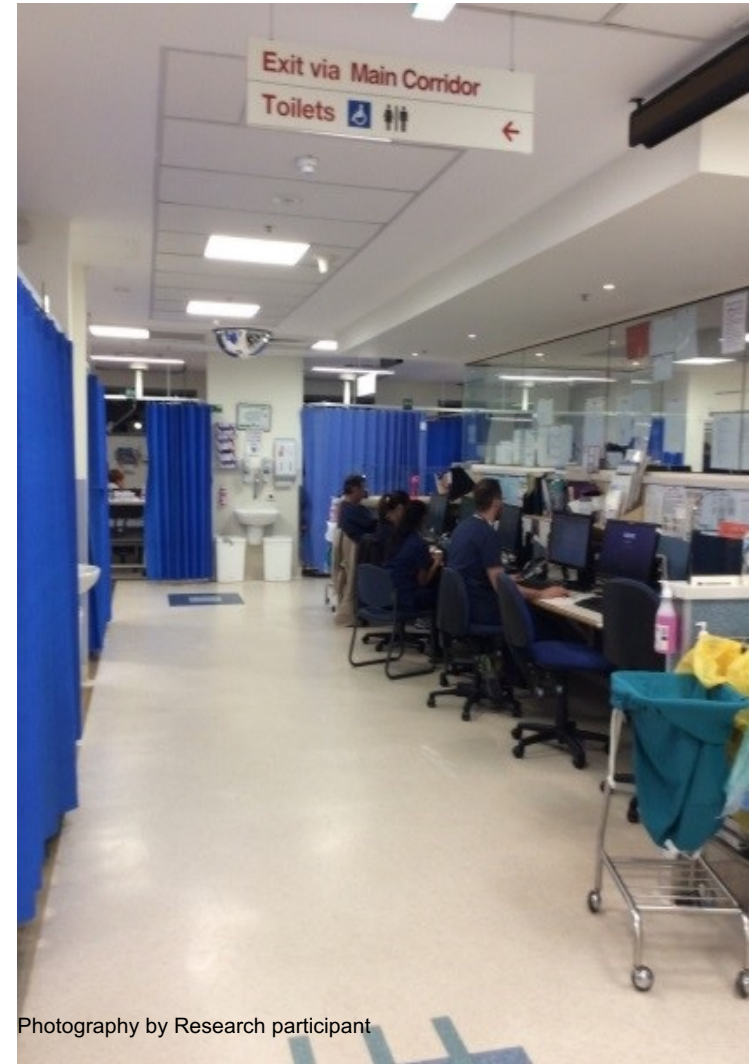
By Jacqui Pich
Source: The Conversation

17 MAY 2017 - 4:56 PM | UPDATED 17 MAY 2017 - 4:56 PM

Tweet | Recommend 526

Safety

- **“It’s important triage nurses are protected for the initial assessment”**
- **An enclosed room should have two exits, for example the mental health room, so you’re never caught.”**
- **“I like the idea of glass because then you’re separating yourself from the patients, You’re able to have informal communication around there and it’s protected within that area.”**



Photography by Research participant

Privacy

- _ **“People talk in the drug room a lot. It’s my number one go-to place...”**

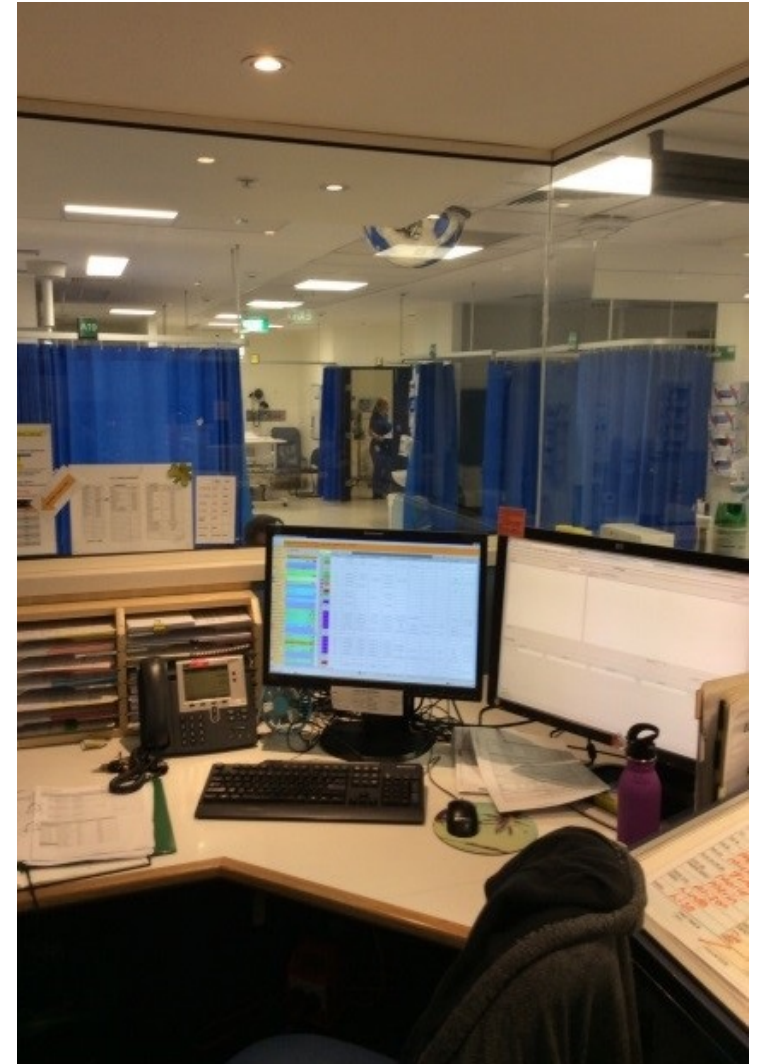
- _ **“I go to family room or any room where I can close the door and close the curtain.”**

- _ **“There’s no privacy with a curtain, as much as we like to think there is.”**



Connection

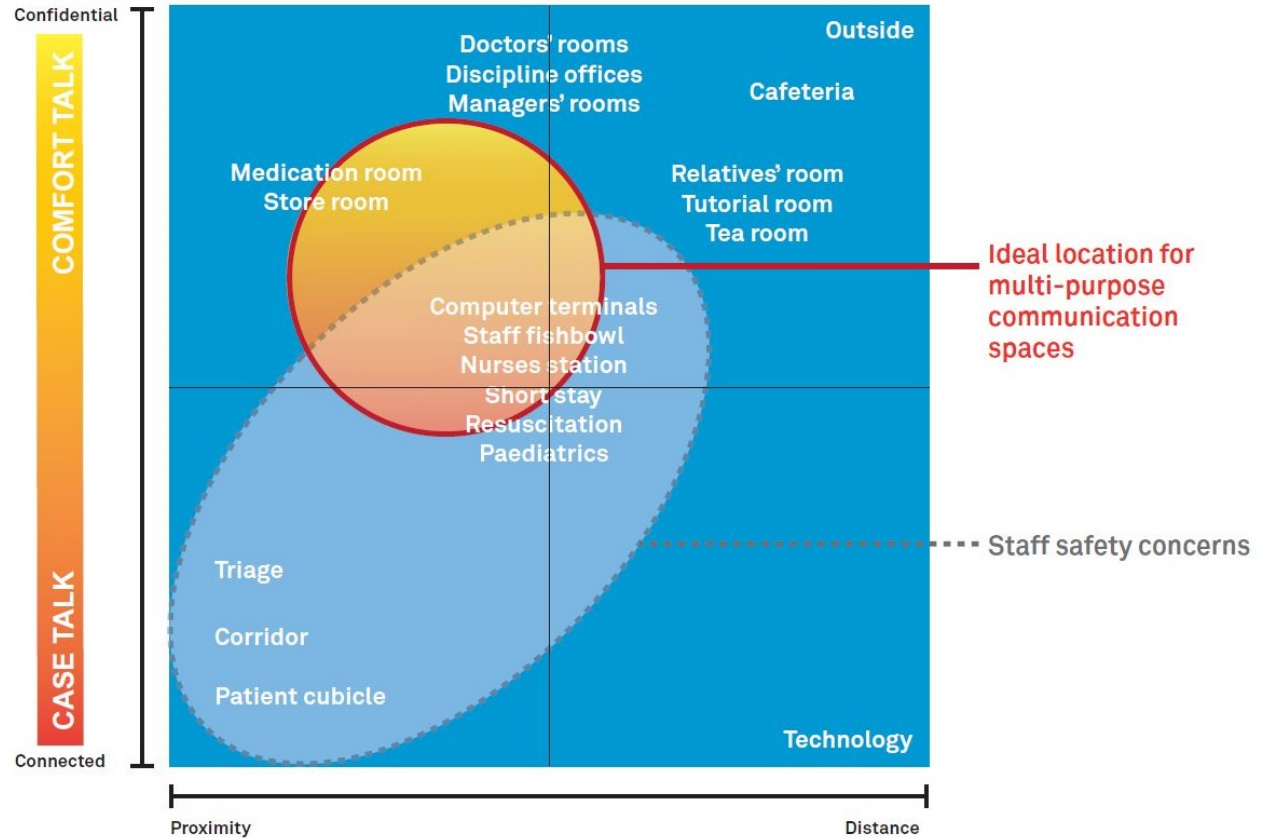
- **“The break in the glass allows easy access to the person over in the corner saying are you free, can you help me for a minute?”**
- **“You need a balance between security and visual awareness.”**
- **“Sometimes in the medication room you can have a bit of a chat. You can see and nobody can hear. But it looks like you’re doing work as well.”**



Communication

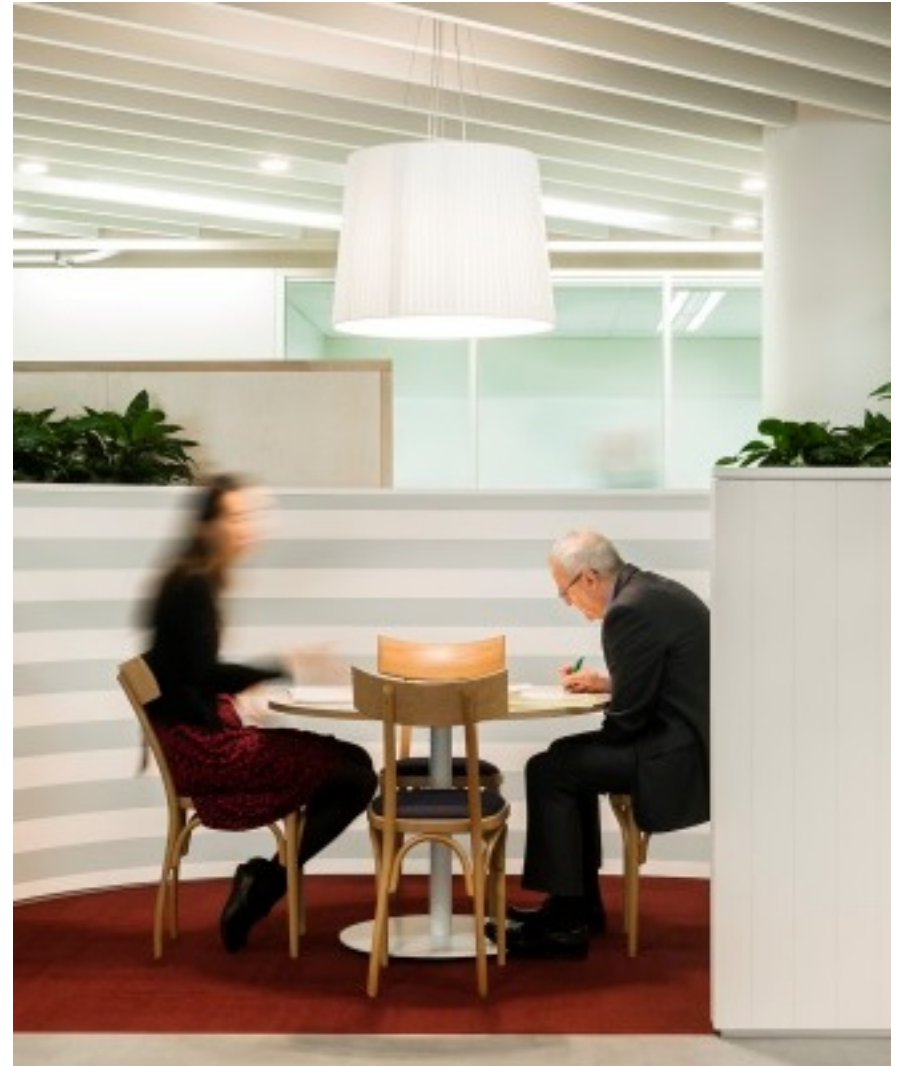
Ideal location

- _ Close to patients, but acoustically separated



**THE EMERGENCY
DEPARTMENT IS A
WORKPLACE TOO**

Learning from other workplaces



Learning from other workplaces



Learning from other workplaces



**ED DESIGN NEEDS TO
MAXIMISE:**

_SAFETY

_PRIVACY

_CONNECTION

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