St. Thomas' Emergency Collaborative Art Program



Giving patients the "looked-after" effect

Art in Site

ADP Architect's Map of The Emergency Department

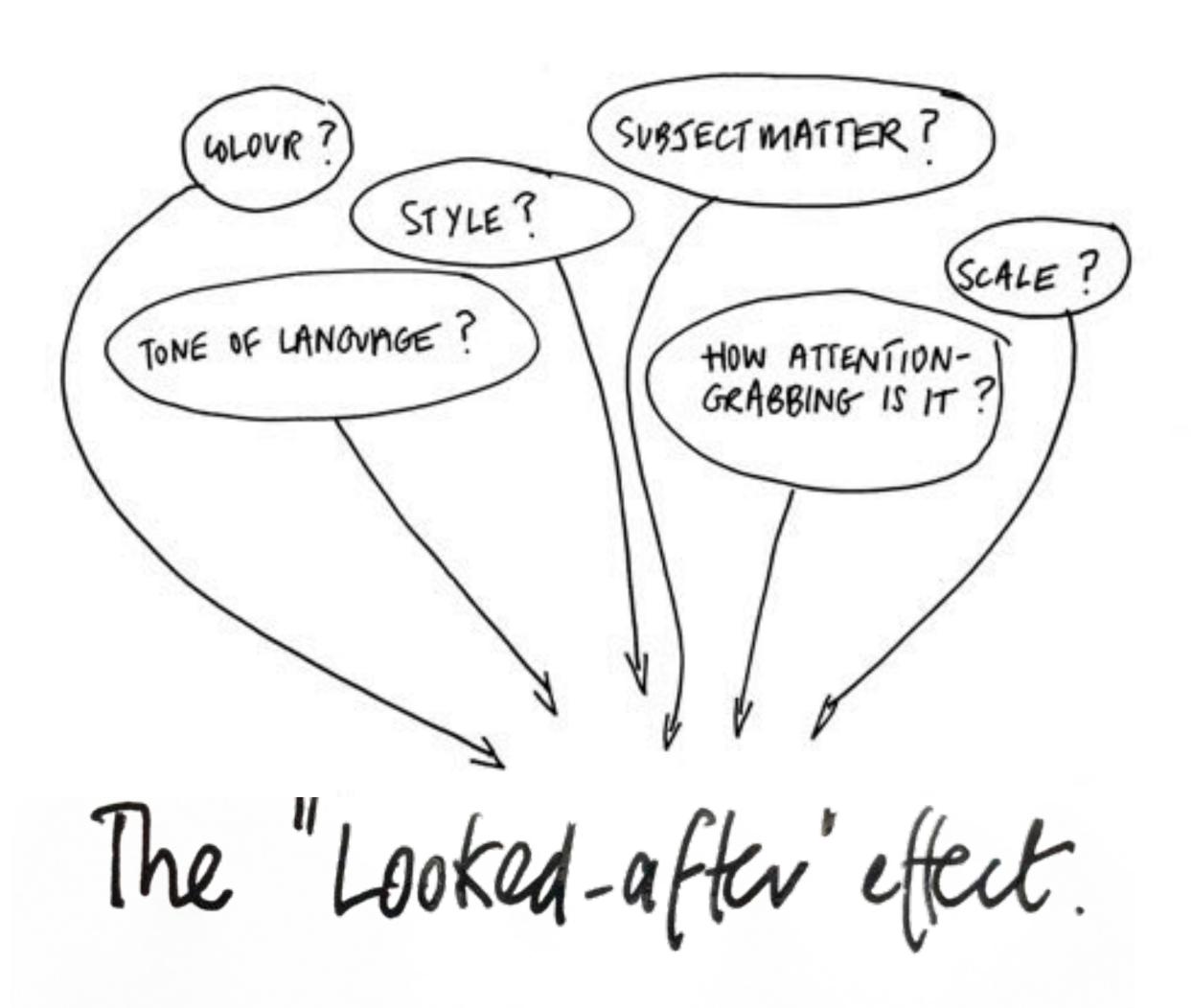


The Looked After Effect



An Organising Principle







The Design Council's Reducing Violence and aggression in A&E









ST THOMAS' EMERGENCY CARE PATHWAY

Psychological study

Dr Mercedes Freedman graduated as a teacher of English in South America before going on to study at Birkbeck College, London University, where she obtained her BSc and PhD in Psychology. Subsequently she lectured at London Metropolitan University for 16 years on cognitive and developmental psychology, neuropsychology. She is now doing research on individual differences and art preferences. In addition, having collaborated with Artinsite, she would like to research the benefits to well-being of good design and artwork.

Research as a springboard for design

THE EMERGENCY CARE PATHWAY (ECP) This report focuses on factors to consider in selecting the most appropriate artwork for the Emergency Care Pathway (ECP), St. Thomas' and Guy's Hospital's Emergency Department (ED)/Accident & Emergency (A&E). The ECP refers to the "Journey through ED/A&E", from arrival to either discharge after been seen to in ED or to admittance to hospital for further care. Two main points are taken into account: what patients expect and addressing what patients expect. This encompasses a whole range of issues, discussed here through the use of different disciplines such as medicine, psychology, art. Artinsite believes that the patient will benefit the most when contributions from different disciplines are taken into consideration.

What Patients Expect

A review of the scientific literature on EDs shows that what patients expect is consistent across studies, even when these are carried out in different countries, mainly UK, USA and Australia. This is not surprising since these three countries have a similar standard of living and expectations. The point still applies, however, given that this consistency is evident across a very large number of studies.

For example, Naim, Whotton, Marshal, Roberts and Swann (2004) identify from several studies the following factors of concern: long waiting times, poor communication, poor quality of care and poor quality of the environment. Interestingly, these factors can all lead to dissatisfaction, even when the patient is in great pain and sees the pain as something that needs to be accepted. A further review of the literature by Gordon, Sheppard and Anaf (2010) concludes that competence and proficiency are key factors in gaining the patient's trust and in

reducing his/her anxiety. One way in which patients expect staff to show competence is in a proper explanation of reasons for admission to hospital, as well as any follow-up instructions. When this happens, satisfaction ratings of the ED goes up. One issue arising from these reviews is that there are not sufficient studies that address as the possible reasons for delays. these expectations.

Addressing What Patients Expect

Overall, it seems that anxiety is exacerbated by concern about two main points: lack of information and long waiting times. Evidently, Artinsite cannot control the latter, which is clearly dependent on what happens at ED on the day. Neither can it control the former in relation to each individual patient. However, it can contribute to designing artwork that takes into account a variety of elements to project a concept of an emergency pathway that is caring. This caring approach is based on understanding why, how and what to do to guide the

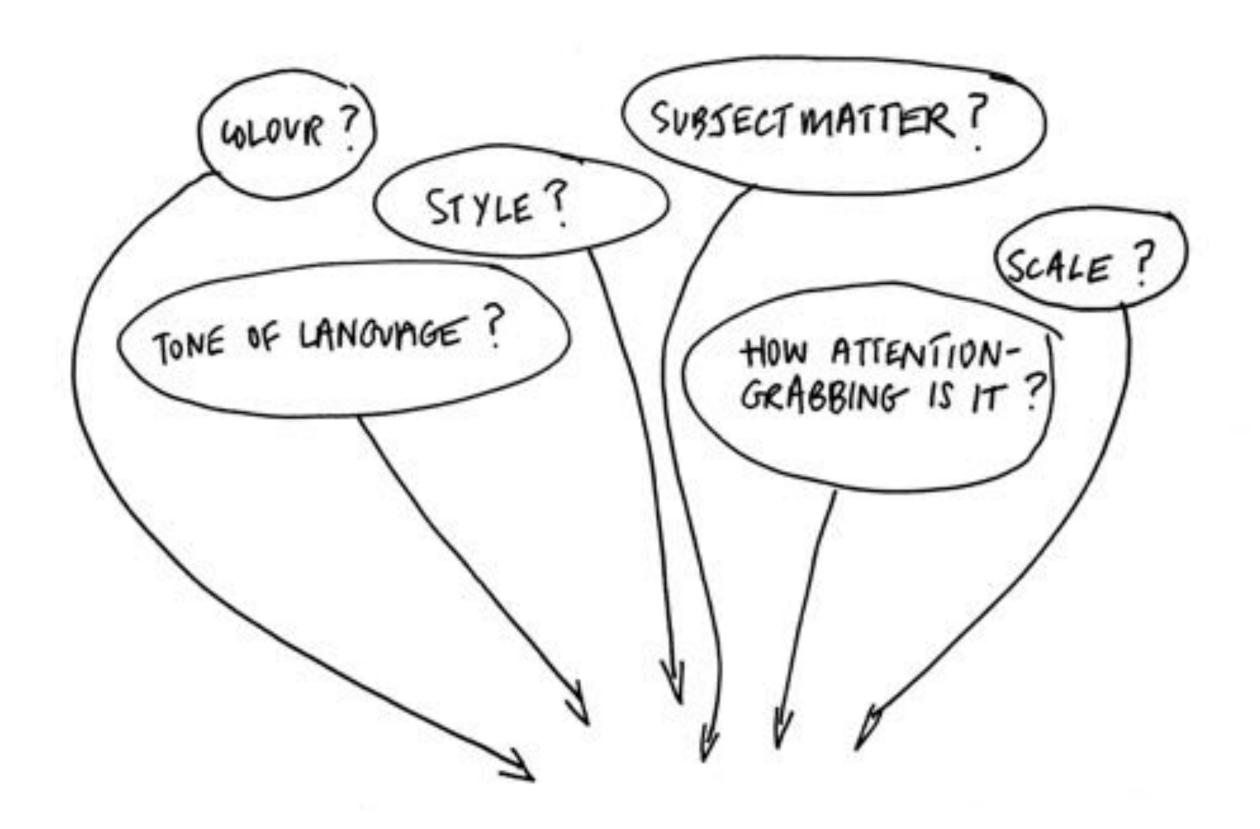
patients through ED in the best possible way. Emphasis is therefore given to such issues as providing general information about how the ED operates, including information about the different sections in ED and about what steps need to be followed from arrival to discharge, as well

Art in Site



Patients feel less anxious if they understand where they are, and have a clear idea of what they are going to experience.

The final organising principle.



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Selecting the artist with key stakeholders and users



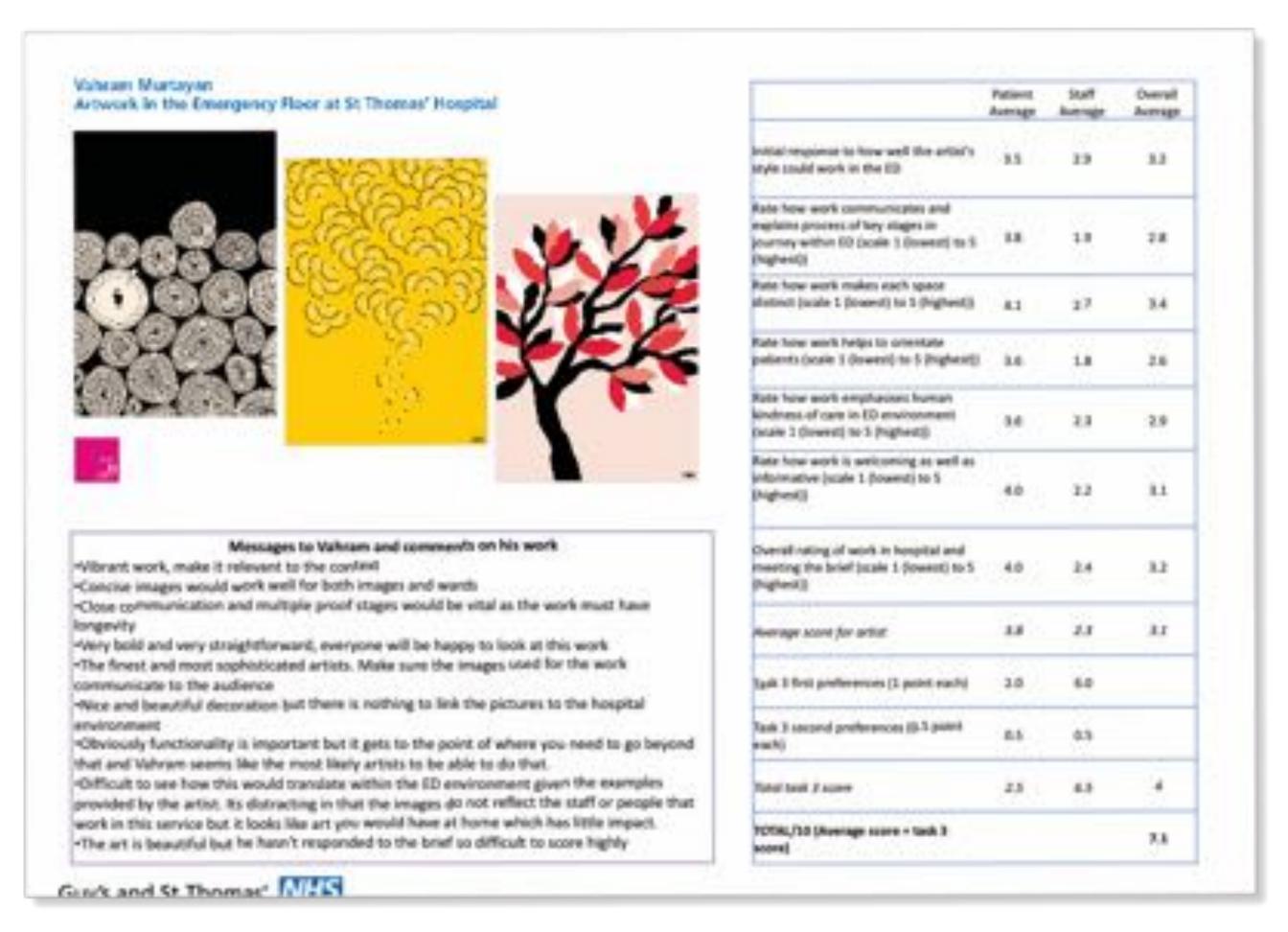


Varham Muratyan was selected from a shortlist in a workshop session with senior clinical staff, hospital patient governors, and members of the patient advisory user group.

Selecting the artist with key stakeholders and users

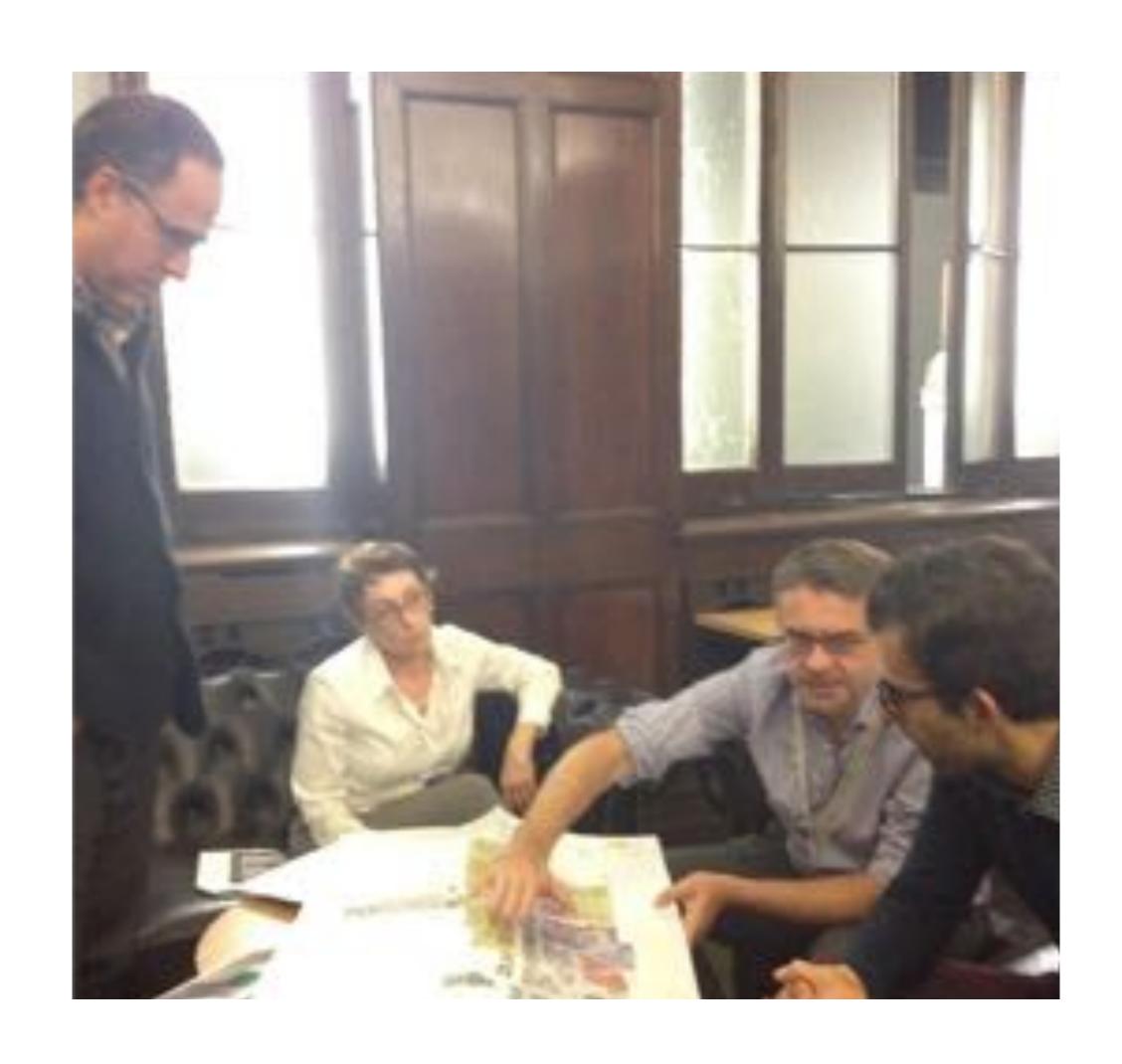


Selecting the artist with key stakeholders and users



Ongoing patient feedback on direction and artist selection

Outcomes from the artist's dialogues with clinicians and users



Outcomes from the artist's dialogues with clinicians and users













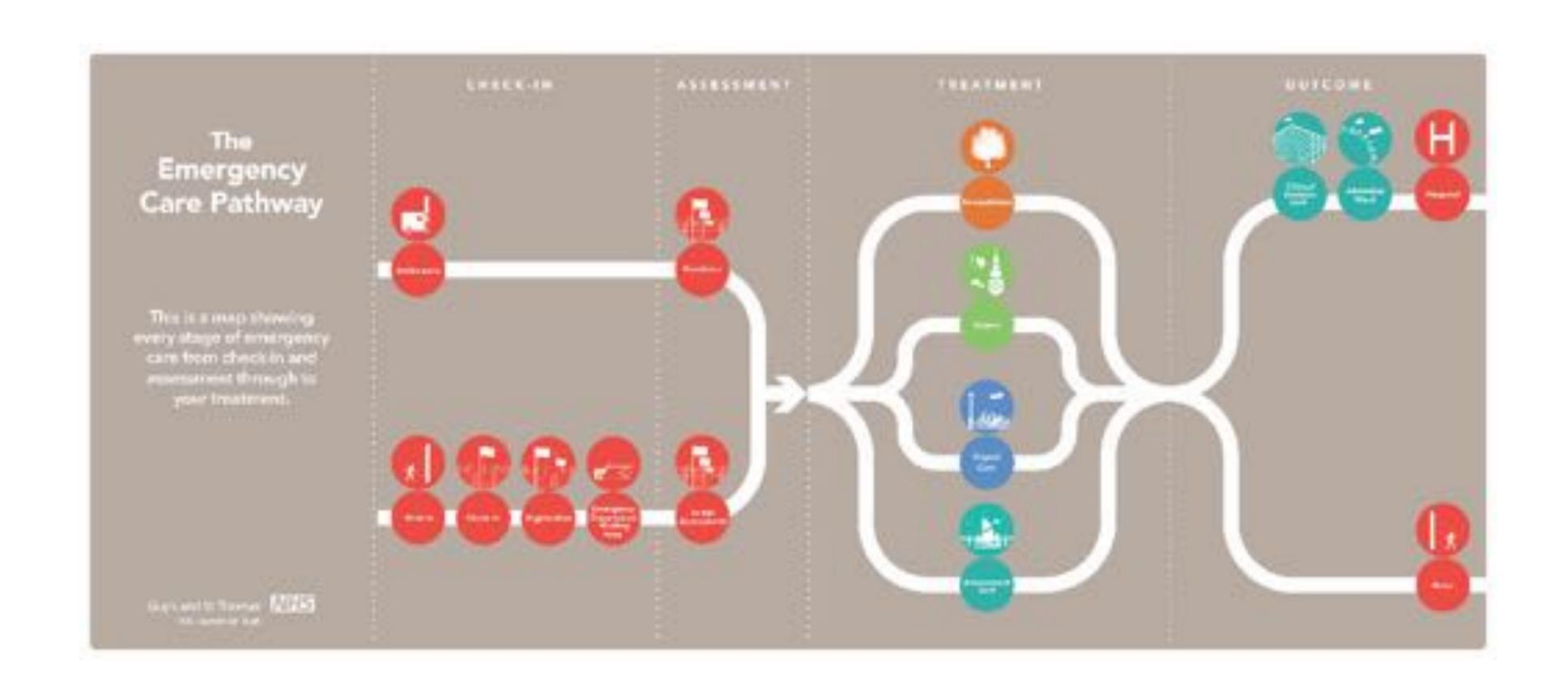
Two parts to the organising principle.





A clearly readable environment, and clear, simple communication

Helping patients to create a positive schema.





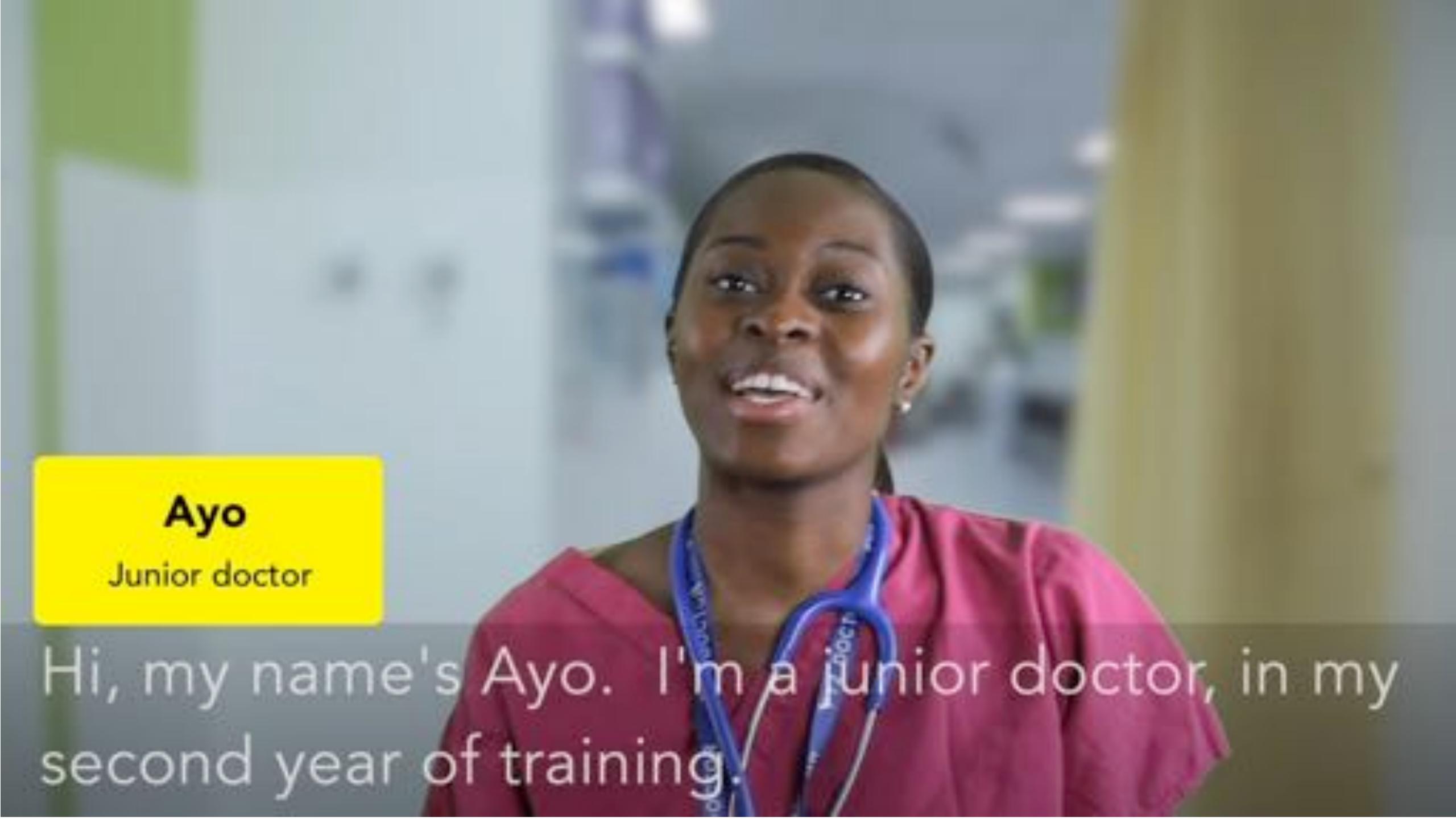


Co-editing information slices with staff and patients.



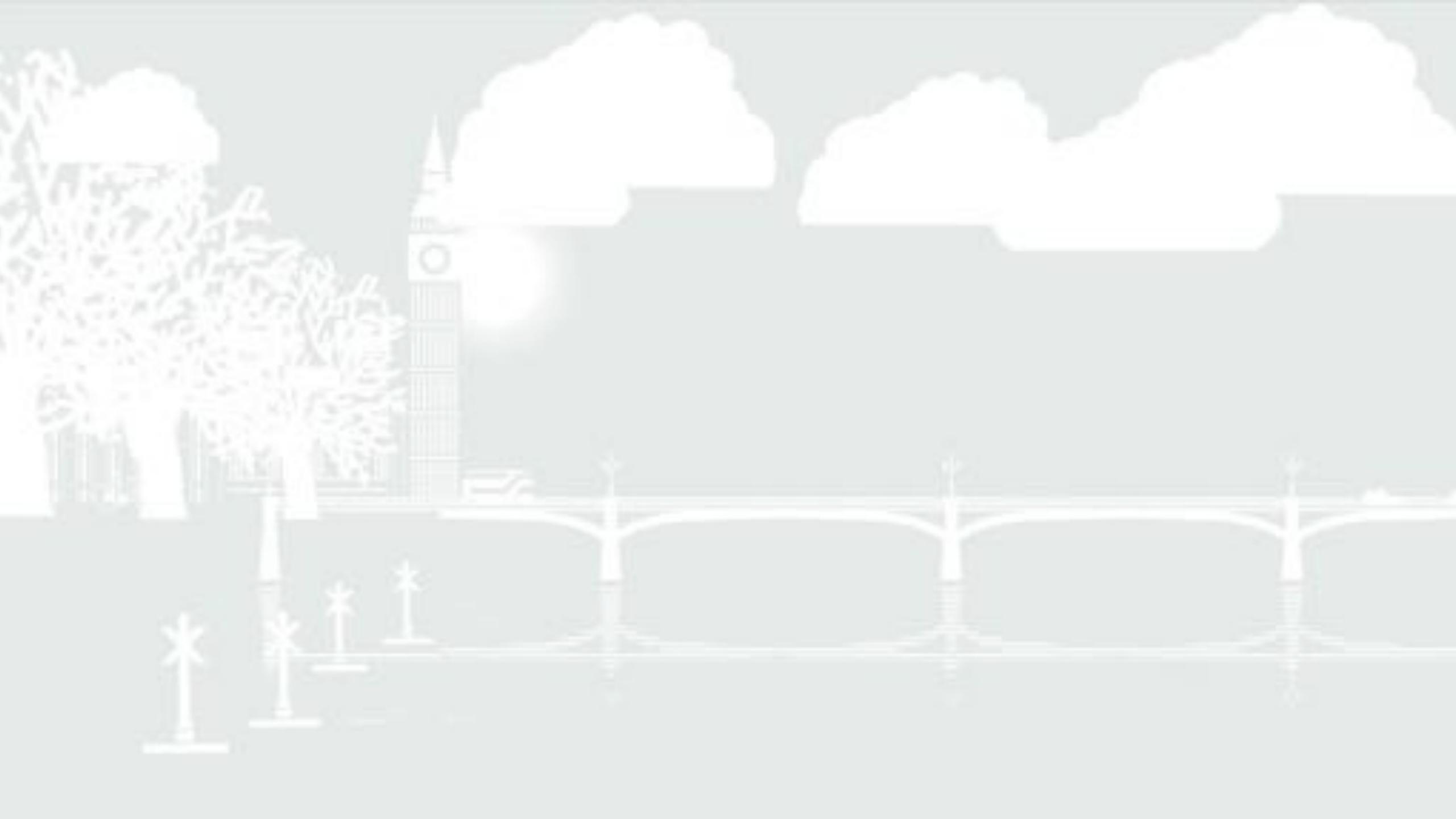










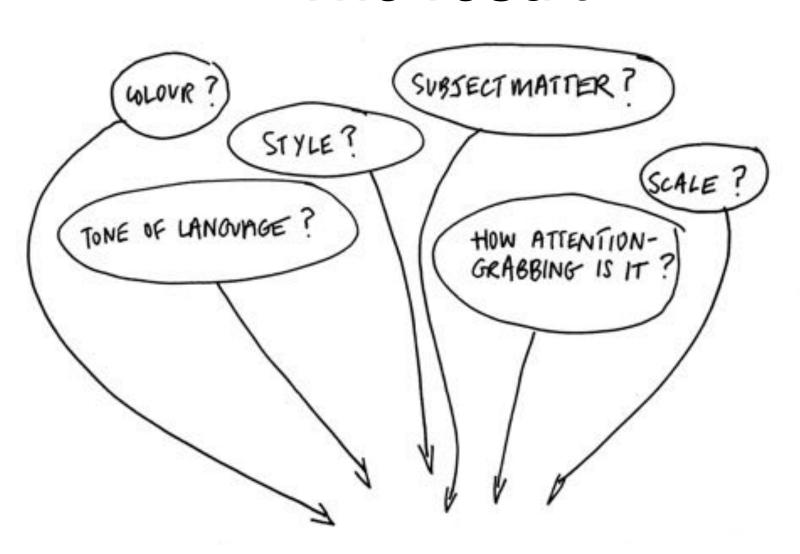




"The moving image piece brings a very calming feel to waiting areas and to the relatives' room (where people sit having been told the worst news possible). I am sure the artwork is one of the reasons we are seeing reduced violence and aggression"

Dr Simon Eccles, Chief Clinical Information Officer for Health and Care, DHSC, NHSE, NHSI

The result



Patients feel less anxious if they understand where they are, and have a clear idea of what they are going to experience.



A unified design



The "Looked-after" effect.

Final feedback from staff & patients: very positive about interior

