

Re-Building for the Future: A Discussion of Lessons Learned

Spain Rehabilitation Center is rebuilding! Our administration has tasked us with gathering information from other model systems facilities to find out what has been successful (and unsuccessful) in the construction of recent buildings. We will facilitate a fruitful discussion amongst the group to help us prepare to bring feedback to administration prior to initial construction planning.

Goals of the presentation:

To learn what others have had success with in terms of building design/re-design, specifically what has helped to improve the following:

- Communication with all staff including increasing face to face time
- Efficiency of transport, treatment, and carryover of patient's goals of stay
- Team work across all disciplines
- Integration of evidenced based practice/knowledge translation
- Meeting the specific needs of patients with traumatic brain injury

General Questions:

- For those who have gone through a re-design, how involved was the therapy and nursing staff in the discussions surrounding the design?
 - If you were involved, how did this happen? Was it the idea of therapists/nurses to voice their opinion or were you asked to participate?
 - Any advice for making your voice heard?

Specific Questions Related to Design:

1. General Location

- What have you done at your facility to improve patient room to gym transport in terms of general location of both?
 - Are your gyms located on the same floor as patient rooms?
 - For those who have changed this to flow from room to gym more efficiently have you seen a change in the overall communication, carryover and teamwork across all disciplines?
 - For those who have separate spaces, what have been the pros and cons of this set up?
 - For non-gym patient care areas (such as speech treatment rooms, quiet rooms, dining spaces, rec areas) are all these located on the same floor for the TBI population?
 - In regards to specialized treatment areas (kitchen, training apartment, practice bathroom, tech room, etc.). Are these shared by all patients or floor/diagnosis specific?
 - Within your facility where are social workers, case managers, neuropsychologist and medical doctors located in relation to patient care and room areas?

- In regards to staff documentation areas, where are these located in relation to patient care areas and patient rooms?
 - What are the pros and cons of your set up?
 - Does your design support interdisciplinary offices? If so, who is within this office?
 - Pros and Cons of this set up
- 2. Innovative design and elevated clinical practice
 - Do your patient rooms have diagnosis specific features or are all the rooms the facility the same?
 - If so, what features have you found to be most beneficial for patients with traumatic brain injury or their family members?
 - How has your design or re-design been set up to improve the integration of EBP?
 - How has your design or re-design been set up to efficiently use technology?
 - How has your design promoted education of patients and family members?
- 3. What has been the most effective design change your facility has made?
 - Why?