FOCUS ON DESIGN SERVES MISSION TOO

ost of us think of vacations as essential to our emotional, spiritual and physical health, and our plans often focus on a location that promises to enhance the experience. For example, as I write this column, thoughts of warmer climates keep intruding into my work: It is 12 degrees in St. Louis, and snow is blowing in the air.



BRIAN YANOFCHICK

Still, stressed, exhausted or in need of renewal as we might be, we simply say we need a vacation. We wouldn't describe ourselves as being in a vulnerable state, certainly not in the sense of those who arrive at our inpatient facilities with a serious illness. Any change in surroundings we are contemplating is a far cry from the change faced by an elderly person making the

transition from years in his or her own home to take up residence in one of our skilled nursing facilities, possibly sharing one room with a stranger on the other side of a curtain.

These are people who truly are in need of renewal and healing. Yet does planning their living environment receive as much attention as we give to the environment for a vacation?

I think we know the answer to that question. Modern hospitals have been designed around clinical procedures and high-tech equipment. Skilled nursing facilities are designed with efficiency, cleanliness and safety in mind. Most are not yet designed to enhance the healing of the whole person. Nor, for that matter, are they optimally designed as worker-friendly environments.

Many Catholic facilities have begun to focus more closely on the physical environment experienced by patients or residents. Our understanding of Catholic health care's commitment to holistic care always has included attention to spiritual care, based on interactions between chaplains and patients or family members. We have improved our understanding of holistic care as we have adopted principles of palliative care, which integrate attention to emotional and spiritual issues into clinical treatment planning. Yet much of this work continues to take place within physical environments that are noisy, lack privacy and are visually barren.

Perhaps one of the best-known efforts to address the challenges of providing holistic, patient-centered care is that of the non-profit organization Planetree. Visiting the website at www. planetree.org and reading the vision and mission statements, one is struck by how Catholic they sound. These statements could be adopted by almost any Catholic-sponsored facility with little if any change.

To be sure, many Catholic facilities have begun to focus more closely on the physical environment experienced by patients or residents. Many maternity units provide homelike rooms where mothers deliver newborns in welcoming, warm surroundings. Some facilities for elderly residents are designed to create "neighborhoods" where interaction with other residents is encouraged in comfortable, tastefully decorated settings. Some even provide for full kitchens where residents can host family members and friends for dinners in lieu of group dining. Some, too, have begun to pay more attention to the needs of dying patients and their families by providing quieter, more private spaces that provide a far more peaceful environment for the transition from this life.

This is an area where the local mission leader may help. A first step is to become familiar

52 MARCH - APRIL 2010 www.chausa.org HEALTH PROGRESS

with the "science" of the healing environment — design principles related to developing more humane environments for both in-patient and long-term care. Planetree is but one example of a growing body of serious work that has developed over many years. By becoming familiar with

If you want to know what a particular religious tradition holds to be important, read its prayer books and study the architecture of its worship environments — you will find its bedrock beliefs and values expressed there.

the evidence that demonstrates the impact of environmental design in support of Catholic health care's long-held holistic values, mission leaders can become a resource to colleagues in this area.

There is an old principle in Catholic liturgical tradition expressed in the Latin phrase, lex orandi, lex credendi: "as the church prays, so the church believes." If you want to know what a particular religious tradition holds to be important, read its prayer books and study the architecture of its worship environments — you will find its bedrock beliefs and values expressed there. This principle could easily be applied to the healing environments created by Catholic-sponsored institutions whether they be acute, outpatient or longterm care. The Catholic sacramental tradition positions Catholic health care to offer leadership to health care in general that shows how values are expressed through our people, our practices and through our physical environments. As a hospital or long-term care center claims to heal, so it should build.

A familiar principle of architecture articulated during the 20th century is that form follows func-

tion. If we acknowledge that healing is our real function, our mission, we know that other elements beyond clinical procedure contribute to it. Yet for many years, clinical procedure has dictated our focus. The planning process for new spaces in any facility should include an intentional dis-

cussion of the elements of holistic care and what those elements imply for physical design. The results of this discussion may act as a guide for all future space design.

Few of our facilities have the financial resources for complete makeovers. Yet many are in the process of developing new services or redesigning existing ones. Any time there is planning under way for physical plant construction or renovation, mission leaders can foster discussion of the characteristics of healing environments. They can urge that selection criteria for architects, contractors or interior design-

ers include expertise in the growing evidence of the relationship between physical plants and health. The updating of facilities not only gives health care providers a chance to differentiate themselves in their markets; it also affords opportunities to, quite literally, build the principles of holistic care into physical structures.

As I complete this column, the temperature outside has dropped to 8 degrees and snow is still in the air. I look forward to getting home to my fireplace. My hope is that the attention we bring to the environment within which we restore our personal energy will be brought to bear on the environments within which we serve and heal God's people.

BRIAN YANOFCHICK, M.A. is senior director, mission and leadership development, Catholic Health Association, St. Louis. Write to him at byanofchick@chausa.org.

53

HEALTH PROGRESS www.chausa.org MARCH - APRIL 2010

HEALTH PROGRESS.

Reprinted from $Health\ Progress$, March - April 2010 Copyright © 2010 by The Catholic Health Association of the United States