

PRACTICE
DESIGN



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Special Needs HEALTHCARE DESIGN

Natassja Wynhorst, Client Experience Executive of Interite Healthcare Interiors explores the human focused approach when it comes to designing spaces.

The mandate for a healthcare interiors firm should be to retain and promote design which is human focussed and enhances user outcomes.

This approach is implemented into the vision, strategy, design and construction of our healthcare projects in order to mindfully tailor the environment to best serve its inhabitants.

Design which is human focussed identifies users – including doctors, support staff, clients and caregivers - then creating solutions to build the space to suit their needs. To be successful, you need more than skill, qualifications and experience: you also need the facility to empathise for those you are designing for (Design Kit, 2018).

Successful Human Centred Design (HCD) imbues the physical environment with the ability to deeply resonate with the main users, developing the optimal level of patient engagement, client experience, and medical business growth (Thomsen, 2018).

SPECIAL NEEDS PATIENTS

There are a diverse range of patients from a wide demographic scope that may walk through the doors to your practices doors on a day to day basis. By adopting and promoted the Human Centred Design approach, you effectively cater for most patient needs.

One significant faction of society that may need more attention than

most are your Special Needs clients and patients. The Special Needs population is extremely diverse, and a respectful environmental response is imperative. Personal safety, comfort, and the need for psychological relief and nurture are all enhanced. Not only so, the physical and mental ability of this demographic to process the requirements of an examination or private consultation room may be comparatively reduced, and should therefore be accommodated respectively (ASDA, 2018).

THE CHALLENGES FOR DESIGNERS

There are various diagnosis', signs, and behavioural aspects to be considered when designing a medical environment which facilitates warmth, acceptance and the often, heightened sense of security for Special Needs patients. Most importantly, designers must acknowledge and cater for a huge variety of users within what can be incorrectly labelled as a single demographic. Needs may vary across mental, emotional and physical disabilities and should be catered for individual, without being grouped within one stereotype.

Three major challenges associated with designing for those with Special Needs are a greater empathetic insight on the professional level, an inability to design for the person – as opposed to the disability – and the lack of input by

those affected users, which can result in high frustration levels (Chew, 2013).

In order to overcome these complications, various strategies have been proposed to aid designers catering for the Special Needs population. By working with care and support groups who have tailored experience and perspective, designers can better understand the major needs and desires of their target audience. From this point, Special Needs patients themselves are “engaged as experts of their situations and [are] invited to collaborate closely with the designers,” (Chew, 2013).

Ultimately, this immersive strategy allows the designers to grasp a clear understanding of what the target audience wants, rather than just what they *can not* do. This prompts designers to successfully create varied solutions with highest applicability and a guaranteed positive impact (Chew, 2013). This approach is a great way of facilitating a further understanding of the main users of the facility and also incorporating future awareness and education among design and construction companies alike.

However, you should always consider if the practice is being created to specialise to a form of Special Needs, or whether there will be a variety of patient requirements. This delineation is required simply to focus design strategies for the most effective result.

DESIGNING FOR THE VISUALLY, AUDIBLY AND MOBILITY IMPAIRED

It is essential for those who are visually, audibly and physically impaired to be able to navigate through public environments with as much ease and efficiency as possible, and even more so within long-term healthcare facilities that ultimately may become their home.

Advances in modern technology have made it significantly easier for designers to a human-centred environment which caters for those with hearing impairments, allowing them to feel comfortable within the physical environment.

Designers should consider aspects including acoustics, as echoes make it difficult for those who have hearing impairments to understand speech. Also, the implementation of heating and air-conditioning units and other forms of machinery can create loud and disrupting background noises, also making it difficult to understand speech. The use of high ceilings can amplify the tendencies of echoes, hardwood flooring can reverberate and interfere with communication, appropriate amounts of lighting should be implemented to create an ease for lip-reading and similarly, appropriate sight-lines are important for lip-reading (Invacare Interior Design, 2017).

Similar to those who have hearing impairments and those who are deaf, there are those who are visually impaired and those who are completely blind. The sensitivity to light, of those whom are visually impaired, makes the use of colours a crucial factor in directions and wayfinding. Although in the design world yellow is used sparingly, this colour works best for the visually impaired when incorporated in stairways, walkways and entrances as

it assists in navigation (Mugo, 2016). For individuals who are blind, other senses offer welcome assistance. Therefore, designers should implement a smart use of sounds, smells and textures to assist the patients in gaining a “consciousness of the changing environment,” (Mugo, 2016).

For those whom are mobility impaired, it may be increasingly difficulty to use stairs and open doors. Designers must consider the use of incorporating disabled parking spaces by the entrance of the facility to allow easy access. If the building is raised, incorporating ramps to the entrance is critical for easy access and functionality. Similarly, if the practice is in a multi-storey space or hub, there should be the implementation of elevators and lifts to the desired floor. The smart use of automatic sliding doors at the entrance and throughout the practice is essential, as many clients with mobility impairments may not be able to manage large, heavy doors.

DESIGNING FOR DOWN'S SYNDROME

When designing a medical facility for patients with Down's Syndrome, an appropriate amount of storage facilities for specific objects and utensils should be utilised. This organisation is essential in order to avoid any tripping hazards and should be paired with the construction of a simple layout to create ease of locomotion. Appliances throughout the practice need to be safe and simple to use with the incorporation of automatic settings to turn off, and the use of coloured images to make tools easy to understand and master. Likewise, all door knobs are generally recommended to be replaced with handles for ease of use (Bell, 2015).