

Redesigning Health Facilities to Meet Elderly Patient Needs

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Redesigning health facilities to meet elderly patient needs

The design principles in aged care that ensure buildings cater to the special needs of elderly must be extended to acute facilities too, writes **Jane Carthey**.

As the Australian population ages, there is an increasing need for elderly patients to be treated in acute healthcare facilities. Older Australians make much greater use of hospitals than younger people. In 2003–04, 2.38 million or 34 per cent of

all hospital separations were for people aged 65 years or over.

Although older Australians are healthier than previous generations, a significant number suffer from disabilities due to ill health. The most common reasons for hospitalization

in 2003–04 were heart disease, stroke, diabetes and vision problems. In addition approximately 171,000 older Australians live with dementia and approximately 654,000 suffer from osteoarthritis.

Hospitals are not necessarily designed to

respond to the specific needs of older patients.

The ideal healthcare environment should assist patients to maintain their independence and sense of control.

A recent study by CHAA for Queensland Health looked at issues surrounding acute care

and the need for single rooms for special needs groups which included the elderly. The recommendations made in designing environments for this group include the need to consider:

- Privacy, dignity, safety.
- Provision of adequate bed and bathroom space.

- Light and noise levels.
- Environmental design.

Two issues are of particular importance in designing acute care environments for the older patient. The first is the need to mitigate the number of falls and their impact on elderly. The other is the need to compensate for the reduced levels of cognitive functioning. Both these issues require the provision of a physically safe environment with minimal clutter, appropriate design layouts, suitable non-slip floor surfaces and coverings, appropriately modified furniture and equipment, and minimal use of bedrails.

Lighting levels should be high, even and avoid the creation of glare. Bathrooms, toilets and shower rooms should be appropriately fitted with support bars, non-slip floors and with toilets seats at appropriate heights. Long corridors should provide areas for older people to rest along the way.

Elderly patients with cognitive deficits, including dementia, require a supportive environment that is of small scale, familiar and easily remembered. Noise levels should be controlled, and a secure environment provided for those who wander and who may disturb other patients. Generally unwanted stimulation should be avoided and helpful stimulation enhanced. Where possible era-appropriate furniture should be used, and the overall feel should be domestic and demonstrate connection to the wider community.

The Australasian Health Facility Guidelines (available free from www.chaa.net.au) contain general information regarding the planning of acute healthcare facilities including spatial allocations, patient flows, furniture, fittings and equipment. ■

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