Significant documents for planning and designing healthcare environment - content and quality of the information

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Why assessing documents?

• A good data source

• Possibility to identify quality gaps

• Part of a continuous quality improvement process

• If the environment is an essential quality indicator then it should be mention in strategic plans
Results from an earlier study

- Description of care from a medical perspective
- Few had a mission statement for patient care
- A majority lacked measurable outcomes
- Wish List – nr of rooms and m2
- Lack of evidence-based information

(Elf, Malmqvist, 2009)
Development of the Content and Quality in Briefs
Instrument (CQB-I)

What?
Developed a valid and reliable instrument for assessing the content and quality in briefs

Why?
The brief has been described as the key decision document

How?
An iterative process - designing the instrument, testing of the validity and reliability
Framework

• Donabedians quality model (result, process and structure)

• Quality indicators for healthcare
  • Evidence-based
  • Safe
  • Patient-centred
  • Effective
  • Equal
  • Timely
Results from a national study

- Lack of information on user needs / requirements for a new health care environment (patients, relatives, staff)
- Care activities were incompletely described
- Few programs had explicit measurable outcomes present
- Few programs contained references to evidence

(Elf, et.al. 2012)
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To study content and quality in strategic documents related to healthcare environment

- How is the healthcare environment described and integrated in the strategic plans for healthcare and in briefs?
- Are there any expressed goals for the new environment and are they measurable?
- Is the information evidence-based?
Materials

- 5 New Constructions > 50 million from 2010 to 2014
- Planning documents (briefs) (n=20)
- Healthcare business plans (n = 25)
  - One clinic at each construction
Methods

- Qualitative content analysis
- CQB-I (Content and Quality of Briefs)
Results (planning documents) (n=20)

- Coordination, flexibility and closeness between activities is a prerequisite for good health
  - "The premises must be adapted for cooperation and teamwork. The patient should as little as possible move between locations and caregivers."

- Design features affects the health of the patient, relatives and staff wellbeing
  - "Serious consideration should be given to a good acoustic environment, as it contributes to the patient's recovery."
1. Is there a description of why the new health care environment is investigated?

1: Not at all.
2: There is limited information on why the new health care environment is investigated, although not clearly articulated.
3: There is a clearly description of why the new health care environment is investigated.
8. Are there any stated objectives of the new health care environment?

1: Not at all.
2: There are formulated goals for the new health care environment, but they are not specific and measurable, nor expressed in desirable outcomes for what the new health care environment aims to achieve.
3: There are specific and measurable objectives which are desirable outcomes for what the new health care environment aims to achieve.
12. Is there a description of an evaluation of the new health care environment?

1: Not at all.
2: There is limited information on the evaluation of the new health care environment, however, no clear plan for how, when, and for what is to be evaluated.
3: There is a clear plan for how, when, and for what is to be evaluated.
13. Are there any references to the evidence?

1: Not at all.
2: There are occasional references to clinical experience, statistics, health care programs, laws, guidelines or scientific evidence.
3: There is continuous reference to clinical experience, statistics, health care programs, laws, guidelines or scientific evidence.
Results (healthcare organisations business plan) (n=25)

- No information/description of the physical healthcare environment in the documents

- The physical healthcare environment was not mentioned as a quality indicator
Conclusions

- Many briefs lacked expressed goals of the new healthcare environment and they were not measurable and no description of how they will be evaluated existed.

- Reference to evidence was missing or unclear.

- In the business plan the physical healthcare environment was not mention at all.
Conclusions

• The goals/outcomes of a new environments must be expressed in measurable outcomes

• The use of evidences when planning new healthcare environments needs to increase

• The integration of healthcare environments as a quality indicators for healthcare seems to be far away
Published papers

Development of the Content and Quality in Briefs Instrument (CQB-I)
Marie Elf, Maria Svedbo Engström, Helle Wijk. HERD, 2012

An assessment of briefs used for designing healthcare environments: a survey in Sweden

Users view of an audit instrument for programs guiding the design of new healthcare environments
Marie Elf, Helle Wijk. ARCH, 2012

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Anna Anåker, Marie Elf. Rapport in Swedish
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