MillerKnoll

Voices of the Healthcare Industry:
2023 Insight Report

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MillerKnoll's Healthcare Leader-to-Leader event brings together top healthcare system and industry executives for an immersive thought leadership experience. During this year's event, we explored the relationship between the built environment and key outcomes for patients and families, staff, and organizations. Leaders had the opportunity to hear directly from their peers and partners through interactive panel discussions. They also participated in workshops, sharing strategies to deliver future healthcare spaces and experiences that help everyone thrive.

With this report, our goal is to capture insights that address common (and often conflicting) challenges in healthcare today: reducing costs, improving patient experiences, and enhancing staff productivity and well-being. As you'll discover, the leaders in our discussions examined ideas such as hospitality in healthcare, the patient as a consumer, the impact of staff shortages, and the importance of—and challenges with—standardization in healthcare design and construction.

Read on the explore the questions, insights, and provocations shaping the future of healthcare design.

Place Design and the Clinical Workplace

Responding to a prompt relating experience and facility design, panelists noted a continued demand for high-quality, personalized care and explored hospitality concepts.

Insights

1   Integrate People, Process, and Place

2   Merge Care Quality and Experience

3   Focus on Staff Support

4   Shift from Break to Respite

5   Elevate the Experience of Care

6   Reduce the Cognitive Burden

7   Design for People

1

Integrate People, Process, and Place

Hospitality is a deeply embedded human activity centered on the relationship and behaviors among hosts and guests. Whether these behaviors positively or negatively affect patient care is influenced by three concentric levels of the human experience—people, process, and place.

First, to help healthcare professionals practice meaningful hospitality, they must also be shown (or experience) hospitality. Moreover, excelling at human connection and having a service mentality might be as important as clinical expertise. Consider retail stores with "care hosts" who greet customers at the door, provide expert answers or help locate items and services of interest. Clinicians and support staff of all stripes have a similar role, helping to navigate the healthcare experience.

Next, we look at hospitality through the lens of process or how people go about their daily work. Are they equipped with the right tools to provide the best care experience possible? Are staff members given adequate mental and physical relief throughout their stressful workday? Are they given the support they need to do their best for themselves, their patients, and each other? The answers to these questions can significantly impact a clinician's ability to provide quality care.

Finally, we examine the impact of place design on hospitality. How can facilities be better designed to reduce the burden of the workday? How does the physical environment communicate through sensory signals? Should the idea of breaks and the breakroom be reexamined for the value they offer and the benefit to the clinicians?

These three factors—people, process, and place— are also intrinsically linked to safety. To provide hospitality to patients and families, staff must first feel safe in their work environment and empowered to do required tasks. Achieving this should be the goal of any new design and construction initiative.

"People want to be people. If I'm in my family room or with my family at a hotel, I'm comfortable and happy. When I'm happy, I'm at my best. But when I'm at the hospital, I'm scared."

2

Merge Care Quality and Experience

Americans have consumer-like expectations of their healthcare experiences. They anticipate appropriate digital integration within the care journey, expect accurate and seamless transactions as they look for in retail, and seek enabling affordances to maintain their life patterns while receiving needed care. People also wish to be treated with dignity, to maintain a sense of safety, and where desired, to be invited as active participants in conversations about their care.

One panelist shared a poignant example where quality medical care wasn't enough. This patient received excellent, cutting-edge treatment for his illness, yet his daily contact with the care process and environment was so poor as to generate a $500 million-dollar hospital donation to "make sure that no other patient has my same experience." This example illustrates the need to view quality holistically, along the full patient and family journey.

3

Focus on Staff Support

As measured by HCAHPS scores, we know patient and family satisfaction is largely related to the quality of their interaction with staff—as is health system financial performance. But long and arduous 12-hour shifts can deteriorate staff ability to engage with patience, an unhurried stance, and careful attention.

Maslow's hierarchy tells us that all humans have a basic set of needs that must be progressively met to advance to the next level, i.e., one must have the need for safety met before the need for belonging and respect can be fulfilled. For many healthcare staff, the most basic physiological and safety needs are limited by *the work itself*. As a result, their capacity for providing excellence and compassion is at risk.

Compounding the inherent work struggles are staff burnout and shortages. While already in motion, COVID-19 accelerated the troubling trajectory, and in the years since, industry sources indicate that in parts of the world, burnout rates are higher now than during the pandemic. This highlights the need for environments that nurture staff, allow them to work productively, and foster positive patient interactions.
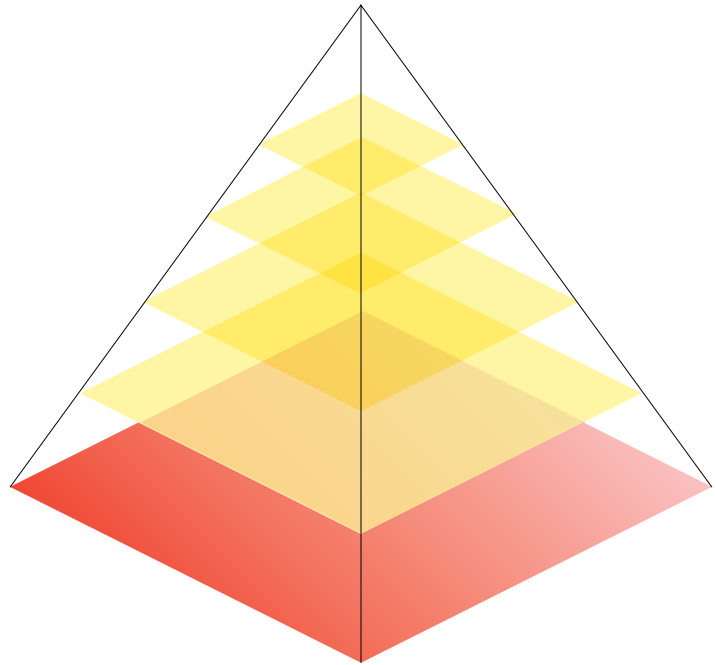
"How do you begin to plan for the daily things that are taken away from you? When you're in a 12-hour shift or you're working through the night, you can't meet those basic needs."

"A cry room can sound a little silly, but what sounds even more silly is that right now, the most common place to process grief is the toilet."

4

### Shift from Break to Respite

Across industries—healthcare, academia, and corporate workplaces—spaces that provide respite, privacy, and social connection are often the first to be sacrificed in the name of real estate reduction or in favor of revenue generating spaces. But these spaces—and the experiences made possible— are critical in the battle against employee burnout.

Several panelists pointed out that the traditional notion of a break and breakroom may not be the answer. During a grueling 12-hour shift, all a clinician might want to do is find a quiet spot to cry or seek a comforting hug from a colleague. This may need to happen immediately after a rough interaction with a patient, rather than on a scheduled 15-minute break. In most healthcare environments, spatial privacy isn't an option. The only place for rest is a large, oddly communal breakroom, where people in headphones sit silently eating their sandwiches.

Said one panelist, "Can anyone find a space to step back from the demands of the workday? Does a break room suggest that you're going to work the heck out of somebody until they need a break?"

What if we shifted our approach away from the ideas of "break" and "breakroom"? What if policy and legislation allowed for microbreaks, and healthcare design included small breakaway spaces thoughtfully located throughout the floorplan? It's no different from the idea of a lactation room for expectant mothers or a mental health room that allows people to cool down or decompress. Why not treat our healthcare workers— entrusted with our lives—with the same support and concern we give everyone else?

While healthcare staff members do need places for a reprieve, professional cross-pollination continues to be important. In fact, research shows that people with low social connections are 70% more likely to feel burned out than people with high social connections.[1] To avoid burnout and strengthen the overall culture, we must look for ways to use facility design to allow teams to mix, share ideas and concerns, and knit together the fabric of an organization in a more healthy and resilient way.
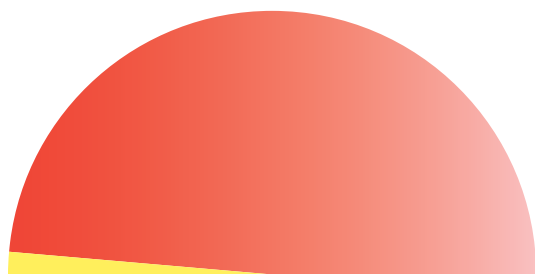
In a recent study, nurses did not take restorative breaks but focused on quick "bio" breaks in rooms nearest the central nurse station. The average duration of breaks was 5.6 minutes.[2]

5.6 minutes

77%

5

Elevate the Experience of Care

Historically—and even now—healthcare buildings mediate the way Americans experience care. The hospital served as the "beacon on the hill"— an icon of care, respite, and healing. Often the largest employer in a community, working at the hospital was a point of pride. But hospitals can no longer take their central role for granted. Enabled by technology and reimbursement models, care is more distributed, and the monolithic spaces once seen as sanctuaries are increasingly viewed as burdensome and difficult to navigate.

Navigation, panelists noted, isn't limited to literal wayfinding. "When people come to a facility for healthcare, they aren't navigating through a single experience. There's a beginning, middle, and end to care that isn't about entering and exiting spaces. It's about the duration of health need." Such is the opportunity for those who design services and spaces: design as a guide and resource to patients and families throughout the health journey.

Just as body language and facial expression are critical communicative devices, elements of the physical environment communicate nonverbally, through sensory signals. Are we using space design to send the right signals at the right times and places? Are we holistically using color, texture, form, proportion, and light to communicate intuitively?

With all these factors in mind, how might we imagine healthcare as a continuous service with interaction points across physical environments and with meaningful touchpoints from an engaged team of care providers.

6

Reduce the Cognitive Burden

Standardization allows staff to work with ergonomic efficiency while reducing cognitive load by making the most of routine. Said one panelist: "I love the concept of muscle memory as I walk into an exam room. The blood pressure is always in the same place. There's always 18 inches between the wall and the table, so I know I will be able to get around it. This seems like a much more intuitive design than the way a GC might lay it out in a field survey."

Another panelist pointed out that, "If you standardize spaces, you can have a continuum of care among multiple campuses where clinicians can go wherever they want and still be very familiar with their physical surroundings."

Despite the benefits of standardization, there are practical and social challenges. Within urban centers and existing buildings, standardization can be limited by infrastructure, local codes, or budget. "But we've always done it this way…" is perhaps the most pernicious unspoken challenge, viewing the building as an icon rather than a product that evolves and uses a standard to inform continuous improvement.

"The place should always follow the people. And our goal is to make that distance as short as possible."

↑

7

Design for People

All our panelists were emphatic that healthcare design needs to start with people. Not design or construction goals. Not the bottom line. Not even the perception of people as "end users", a rather surprising notion given the preeminence of user experience design parlance in technology and design circles.

Shall we agree there is no "end" user? We are all lifelong users—staff, administration, of course patients and families —and should be involved in the design process from ideation to implementation and beyond. Everyone needs a seat at the table because everyone has a unique perspective. Patients benefit from glimpsing into the conundrums of care provision and care providers are reminded of their once novice position. These critical inputs during the design process can help organizations avoid ongoing operational costs in the long term.
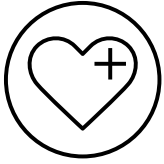
Achieve Health Environment Branding with Speed and Scale

During this panel discussion, healthcare leaders discussed the importance of brand in driving loyalty and increasing attraction and retention. They also explored methods for improving project delivery timelines and consistency.

Insights

1   Design for Brand Perception

2   Gain Speed and Scale with Productization

3   Align Stakeholders from the Outset

4   Involve Industry Partners Early

5   Drive Preference with Design Standards

1

Design for Brand Perception

In general, brand is people's perception of an organization and what they can expect as a customer or employee. Consider the role of a hospital in a community. Many perceive the hospital as a trusted organization—a source of hope and help that's a haven for everyone. But what happens when the state of a hospital's interior negatively influences a patient's experience?

As one panelist pointed out, "The environment helps set up the right conditions for the interaction between caregivers and their patients." At every point in the experience, patients and staff should have a sense of the organization's values and a connection to the community it serves. Most importantly, the space should communicate excellence of care.

Excellent care doesn't necessarily equate to luxury, however. Instead, it should emphasize value. Said one panelist, "Consumers are aware of the spend and will question the cosmetics and kombucha on tap."

Said another panelist, "We tend to focus on the new tower, the new wing, etc., but by doing that you create two standards of care. There is a recognizable delta between the two experiences."

Creating a consistent brand experience means that renovations to a specific facility must be considered holistically in all the facilities where patients and staff might encounter the brand. This relates to employees, as well. Staff interactions with patients can change, for better or worse, when a physical difference in environment prompts a different pattern of behavior.
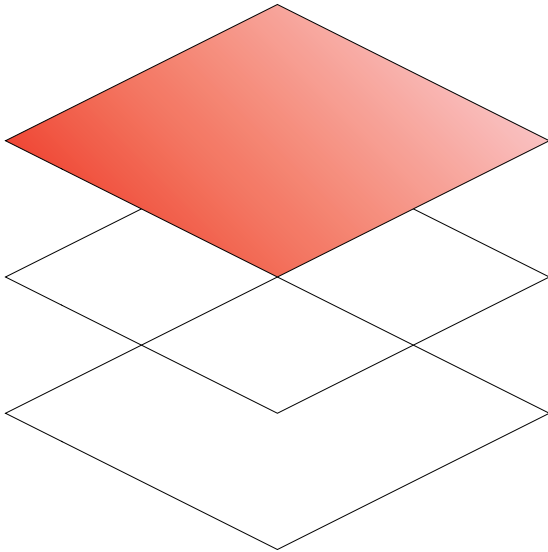
15% higher

The national average cost per square foot
for commercial new construction of hospitals
is more than 15 percent higher today than in 2019.[4]

2

Gain Speed and Scale with Productization

Many factors today are contributing to the rising costs of healthcare construction. These include labor shortages, wage increases, material costs, and supply chain disruptions. Also, traditional design-bid-build methods are fraught with inefficiencies and redundancies, and each facility is treated as a one-off project. In the face of all these challenges, healthcare system leaders are struggling to increase their ROI and achieve that revenue more quickly.

As panelists explored strategies for addressing this issue, they discussed the concept of productization. This, by definition, is a platform for delivering building projects like they are products, which can lead to increased quality and speed and decreased costs. One panelist likened this to the creation of a chair using standardized parts from an assembly line, as an example.

In a productization approach to healthcare construction, limited and interchangeable components would be engineered, built in a factory environment, and delivered on-site for assembly. This platform, in turn, would lead to more consistent branding in environments, decreased cost, and mitigated risk.

Said one panelist, "When we remove the unnecessary variation, we can relentlessly standardize. This is an uncomfortable thing because people feel like they're giving up something when they standardize. They're actually giving up something by not standardizing."

When we work together to create a common regulatory environment, operating system, and a strategic supply chain that integrates all of these pieces, we have an efficient platform that can fuel a more complex program. "A program can be an acute care hospital program or clinic program or a fill-in-the-blank program. I can have multiple programs that pull off one platform. And I can have owners that are sharing these programs, aggregating their demand of this platform. This creates a common language, which allows us to move," said another panelist.

3

Align Stakeholders from the Outset

Effective brand coordination requires clarity and alignment from the outset of any new initiative. Key stakeholders must align on the answers to questions like, "What is the mission we are trying to reflect with the brand?", "What is the hallmark for value of care?", or "How do we ensure that the community's needs are reflected in every element?".

Discussing and agreeing on answers to such questions helps everyone work better together. For example, providers don't always have the same metrics behind why brand investment is beneficial. Early alignment and education can help.

A clear identification of critical stakeholders can accelerate brand coordination efforts, too. For example, one panelist pointed out that involving the Chief Marketing Officer when defining brand expression is always helpful. They own the brand and can help articulate how it should be translated through experiences and environments.

Subject matter experts play a critical role, as well, helping inform the organization's brand standards and ensuring adherence. If an organization values sustainability, for example, a subject matter expert can help champion sustainable design choices throughout a project. The goal is to go beyond the application of material, fabric, and color to create a systematic approach to developing and enforcing brand standards throughout a project.
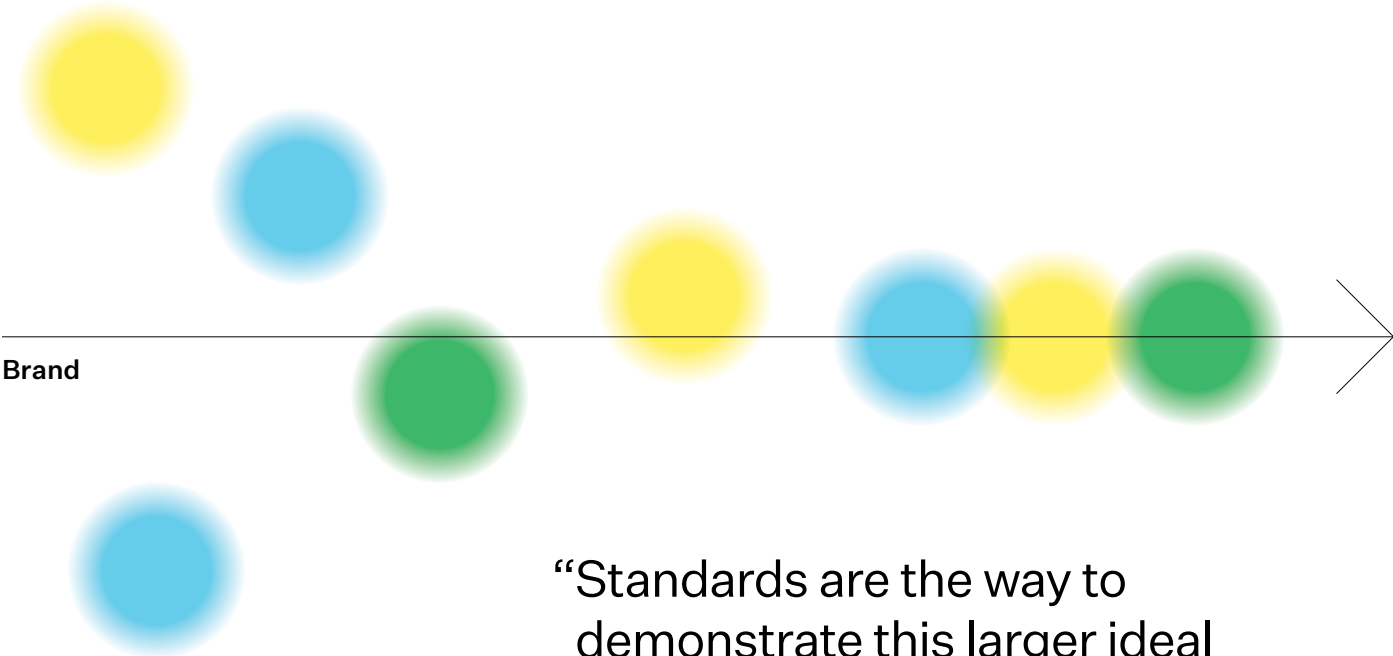
Brand

"Standards are the way to demonstrate this larger ideal and an organization's authentic commitment to it."

4

Involve Industry Partners Early

Manufacturer and dealer partners can help A+D and clients with brand coordination by guiding specifications that adhere to the brand. This can enhance speed and quality of installation, but effectiveness depends on early involvement. When dealers are trained on brand standards from the outset, they can provide quality assurance and ensure compliance throughout a project.

Clients and A+D partners also benefit when manufacturers share a seat at the table, providing insight into efficiencies. Said a panel participant, "Being involved at the beginning enables us to bring practicality to the process, avoiding unnecessary costs. Proactive planning also helps us deliver with speed by aligning our suppliers all the way through installation."

Other benefits of looping manufacturers into brand discussions include more streamlined and consistent procurement methods, better customer service, and an ability to create standards for the best possible performance solutions. For example, if you have a sustainability program, you can work with your manufacturer to select materials and furnishings that align with your sustainability goals and brand.

Dealers and manufacturers also play a critical role in brand coordination long after installation and the design firm's contract has ended. Both are invested in the longevity and performance of a facility, along with ongoing adherence to system standards. Additionally, both can take advantage of continuous improvement opportunities, embracing lessons learned post-occupancy and advocating for the latest product innovations while maintaining brand standards.

5

Drive Preference with Design Standards

The designer can support brand coordination by consistently reinforcing brand standards where possible, seeking customization when necessary, and advocating for productization to improve consistency.

Designers typically have a deep knowledge of the brand and the expertise to know what does and doesn't work, proposing long-lasting solutions that are easy to maintain. These experts are often best positioned to embed a standard in a brand-specific manner. Said one panelist, "For me, the best practice is to build a robust program. Not just something prescriptive, but that's performance and maintenance driven, and that's well documented."

For designers, the main challenge of brand coordination is creating cohesion without alienating anyone in the served community. As healthcare systems grow through continual mergers and acquisitions, how do we design for consistency across multiple facilities, campuses, and communities?

Additionally, as our communities become more multicultural, how do we maintain cohesion while creating designs that resonate?

Given the varied set of possible futures for health systems, the panelists recommend an iterative approach, treating each new project as a prototype. Designers will be successful if they embrace novel ideas and stay flexible throughout the course of a project. Methods such as productization can help by lowering costs, improving consistency across environments, and enabling solutions that can be replicated at scale and with accuracy. There must also be success metrics for every standard set, along with post-occupancy studies that examine what did and didn't work.

"The design team needs to have the courage and leadership support to set and adhere to standards across the experience."

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Thank you to the following organizations for contributing to the insights in this report.