APPLYING EVIDENCE-BASED DESIGN

Largely misunderstood and slow to gain wide acceptance, Evidence-Based Design (EBD) is now receiving greater interest from both healthcare Owners and Architects. What is EBD and how does it enhance the design and construction process?

Evidence-Based Design is defined as “the process of basing decisions about the built environment on credible research to achieve the best possible outcomes.” The emphasis is on understanding the relationship between the building’s design and the health and safety of patients, family and staff.

While it is very easy for biased designers to pronounce features of their designs as providing “a healing environment”, EBD challenges the industry to adopt a disciplined and continually inquisitive design process. The process emphasizes the use of existing research and the conduct of new research studies to establish credible evidence, which advances our understanding and assures the construction of improved healthcare environments.

EBD’s power, however, goes far beyond the concept of simply providing new research. What is impressive is the breadth of logic and strength of the goal and objective setting that the EBD process framework can provide. Any project therefore can benefit from the straightforward application of questioning, testing and justification leading to sound decision-making.

EBD brings into focus not simply the “outcomes” but the Business Case for proposed design solutions. If patient falls or medication errors can be reduced due to a design intervention, then economic analysis of the first cost plus the potential operational savings should underscore its applicability. In fact, the appealing aspect of this process is its recognition of measured “outcomes improvement” as the basis for design, right from the beginning of the project. Every decision from the start onward is subject to scrutiny and to the testing of each decision’s ability to contribute in a positive manner to this overarching goal.

In applying EBD discipline to the design process, it is surprising how many design approaches lack a confirmed basis. Until EBD is widely practiced, evidence will still be largely based on “satisfaction” studies. While these establish what people “like”, our healthcare systems’ economic outlook surely indicates that we need solutions instead that truly demonstrate improved patient outcomes at reasonable and defensible cost. A project’s economic foundation should be inclusive of everything from “patient focused” initiatives to “sustainability” features.

By setting baseline measures early in the project and analyzing outcomes data post-occupancy, Architects will not only add to the library of knowledge available, they will also be able to honestly state with credible evidence that an improved “healing” environment was implemented.

Under the sponsorship of the Center for Health Design, a major effort at informing and educating the healthcare community about Evidence-Based Design is underway. TM Osborn is participating and will soon achieve the accreditation credential in EBD - which is “EDAC”.

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