A Patient’s Wish - Hospitals that Care

DR. D SITA RATNA DEVI
CHAIR, BOARD OF TRUSTEES
INTERNATIONAL ALLIANCE OF PATIENT ORGANISATIONS

The hospital is a city that never sleeps. In the middle of the night, nurses hurry down the fluorescent-lit halls, bleary-eyed visitors look for coffee from a vending machine, lab machines work with the background whirr, pharmacies dispense and clinical staff exchange notes in the emergency department.

This constant activity is necessary, but it often goes on without much regard for patients and their needs. As healthcare becomes modern and driven by machines and AI, the human touch is lost, patients feel alienated, confused and lost.

Challenge 1- To be seen and treated in hospitals that are patient-centered, moving away from monumentalism to patient-centered hospital design

When in 1198 Pope Innocent III created the Order of the Hospitalers, he clearly was marking out a space within our community’s environment that would distinctly and primarily be used to build structures that would be reserved to cure the sick and care for the dying. The resultant edifice is one of the oldest and most ornate hospitals in the world. It celebrated the benefactor more than the patient - thankfully, it is a conference center now.

In contrast, the 2020 London Design Biennale marks and celebrates St. Olav’s Hospital in Trondheim whose architects turned away the approach to create a distinct and exclusive space in which to treat and cure, and came up with a universal design to fit the hospital into the lives of the community and its needs. It was a people-centered approach to design so that architecture permeates life, business and society. It is an approach to design and composition that makes sure that the environment can be accessed, understood and used by the whole community and that does not discriminate and exclude users because of their age, size, ability or disability. It is a design philosophy that mirrors universal health coverage: leave no one behind. Integrated and people-centered healthcare is what we want.

Challenge 2- Have the hospitals design care plans and pathways that fit with the patients’ lives so that patients’ smart phones and moving healthcare away from large, centrally located hospitals to small, easily accessible clinics and even into the home. Recently, NHS England trialed Chemotherapy Ambulatory Delivery Device (CADD) pumps, ‘chemo backpacks’, linked into the main hospital IT network to ensure chemotherapy rotates around the patient and their lives and frees them from spending long hours confined to a chemo-ward.

By adopting a digital approach, we can create personalized healthcare that fits with the patient from diagnosis, treatment, rehabilitation and even palliative care. The hospital becomes a virtual hospital with remote support.

Challenge 3- Lastly, move hospitals away from the current perception and mistrust that they are dangerous places where patient safety is compromised every day. If the incompetent and demotivated health professional and the treatment errors don’t get you, then the hospital-based infection most definitely will!

The WHO’s Global action on patient safety and the subsequent WHA Resolution 72.6 has prioritized improvement of patient safety globally. The evidence points out that hospitals remain one of the most significant and single points in our health systems where major patient harm begins and ends.

Patient harm compromises and even undoes the progress made in extending universal health coverage. It is a quality control nightmare as you spend more in correcting, litigating and compensating patient harm than on covering more people with innovative services.

Unsafe structures and mechanical and electrical systems harm not only the patients, but also the workforce. The operating theaters have become points of no return for many patients. The lighting, anesthetic gas lines and the overall infection-free environments are all compromised. Lastly, the whole hospital houses infectious agents, many that have developed antimicrobial resistance. We need to control nosocomial infection through better hospital design and use of positive pneumatic pressure seals, traffic and circulation and antibacterial surface finishes and paints.

Hospitals need to move from “Care of the Sick” to Holistic healthcare offering preventive, promotive services along with Acute Care to be able to survive and sustain.

Digital disruption has affected every aspect of our lives. It is now reshaping healthcare. Brick and mortar retail and other commerce have gone. Today, Health Apps and Medical Devices are being integrated with the patients’