Creating flexible and efficient caregiver work areas and reception areas—places that don’t compromise form or function—are an opportunity for healthcare organizations to express their image and their attitude toward their patients, community, and staff.

The interior design of a hospital says something about its personality and image. More and more, hospital organizations understand that they are measured not only on quality of care, but also on quality of experience. Hospitals are favoring more residential and comfortable interior designs that welcome patients and families in ways that institutional approaches could not. An attractive work environment positively affects healthcare staff, too, so facility design plays a role in attraction and retention.

Yet the functionality of the healthcare environment cannot be compromised in any way by its design, nor can the design work against changing the work processes within the healthcare environment.

Herman Miller for Healthcare, along with a team that includes hospital personnel, architects, designers, and millworkers, can create custom fascia that gives hospitals and designers a way to create just the look and style they want on the exterior and the functionality caregivers need on the interior.
What We Know
Caregiver work areas and reception stations function as a signal to patients and guests. They are the go-to places in public and patient care areas for people to find help. And their very existence—and design—says something about a hospital’s view of customer service.

Hospitals also express an image to guests and patients through their interior designs and furnishings. Color schemes, materials, and layouts can create the look and feel a hospital wants to convey. An organization’s mission—whether it is to provide specialized and technologically advanced medical care on a national basis or to provide community-based, general healthcare—can be reinforced through the facility’s design.

Hospitals are viewing patients as customers and are more focused on patient-centered care that encompasses family members. In many areas of the U.S., there is competition for patients, staff, and physicians. Intuitively, a nicer looking space will be more appealing and will make it easier to attract all three groups to a hospital. As a result, hospitals are designing areas with a more welcoming, upscale appearance and feel as well as working to make those areas feel more home-like. Yet, hospitals are in the business of caregiving, and standards of care cannot be compromised for look and feel. Efficient patient care areas are essential. So are ergonomically designed caregiver work areas, especially considering an aging nurse population. For example, in the U.S., the average age of nurses is nearing 50.

Caregiving is also a round-the-clock business. Furnishings need to be flexible and durable to keep up with the constant activity and needs of staff. Hospital furnishings are often refreshed on a seven- to ten-year cycle. This argues for a modular approach. Modular components can be replaced or updated without complete reconstruction—as built-in casework requires. Beyond the efficiencies, refreshing and reconfiguring modular furnishings eases budgets and keeps up appearances.

Change is also constant in patient care areas. Furnishings that adapt and flex as work processes change are a must. So are furnishings that don’t get in the way of the important work that healthcare professionals do.

Problem
Built-in casework falls short of providing healthcare facilities and their staffs with the flexibility, appeal, and ergonomic support they require. While a look and design can be achieved with built-in casework, the interior of the station is compromised by the static, immobile nature of millwork. And when change requires a redesign of the station, the only option is to tear down and start over.

Therefore
Hospitals need the best of both worlds—reception stations and caregiver work areas that express an image on the exterior and provide highly functional and flexible work areas on the interior.

Solution
Herman Miller for Healthcare’s modular Ethospace® system creates flexible reception stations and caregiver work areas. Adding a custom fascia exterior creates exactly the look an organization wants to express.

The Ethospace system has the structure—a steel frame grid—that provides the weight and stability to support custom fascia created in nearly any material. The frame also provides the strength to support custom surfaces, from Corian® choices to veneers or laminates. In addition, the modular frame-and-tile design of Ethospace offers an adaptable base upon which designers and architects can create their unique fascia solutions.

The Ethospace product is one component in a successful solution. To ensure successful custom fascia results, a team approach is necessary. Herman Miller for Healthcare brings together professionals skilled in clinical work processes, architecture, design, and carpentry to achieve unique Ethospace custom fascia installations that showcase a breadth of possibilities.
Wayfinding
Several custom fascia projects have incorporated ADA-compliant designs for accommodating wheelchair-bound patients or guests. The lower height of the Ethospace ADA frame also helps to define the check-in or reception purpose of the station.

The reception area in a Department of Veterans Affairs (VA) hospital includes an ADA-compliant design that clearly directs guests to this area (Figure 1). From the reception location, the custom fascia expands to several check-in areas built with Ethospace frames extended perpendicularly to create individual, private registration areas.

Visitors looking for the Medical University of South Carolina (MUSC) Children's Hospital's pediatric intensive care unit (ICU) know it when they arrive. The caregiver work area and adjacent areas carry a nautical theme (Figure 2). The custom fascia exterior of the caregiver work area looks like a ship, complete with portholes and waves. This theme is carried throughout the area, with Ethospace trim pieces and end caps finished in the bright blues that are introduced on the custom fascia.

“It's playful and cheery, perfect for a pediatric area, and completely functional on the interior for the staff,” says Herman Miller for Healthcare designer Kim Blume. The nautical idea was originally introduced by the hospital's design staff. Already sold on modular products, they wondered how much they could push the boundaries of custom fascia. What they found is that there are few boundaries.

Even Andrea Hewitt, a Herman Miller for Healthcare designer and veteran of many custom fascia projects, wonders what limits exist. “Who knows? We continue to create custom fascia with different radiuses, dimensions, and materials,” she says. “The experience and thoroughness that the architect, designer, and millworker bring to these projects continues to expand the limits of what they’ve achieved previously.”

Fitting In
Sometimes the design boundaries have already been established. Duke Raleigh Hospital, a regional hospital in Raleigh, North Carolina, is an example of a custom fascia project working within the confines of an established standard. Built-in casework had been installed on one floor, based on an established design standard. But Duke Health, owner of the Raleigh hospital and a Herman Miller for Healthcare customer, was a proponent of modular furnishings. An Ethospace caregiver work area, with a custom fascia front that follows the established design standards, was installed on another floor of the hospital.

In the case of the VA hospital, a coffee shop in the lobby defined a design, material, and color scheme that the custom fascia needed to follow. It was a good opportunity, however, to update the reception station. Custom fascia proved the perfect solution. The finished product includes a combination of wood-grain laminate, rich finish colors, and a curved front. It gives the entire lobby area a “high-end look,” says Hewitt.

She sees the implications of larger hospital systems, such as Duke or the University of North Carolina, buying smaller regional hospitals. “These smaller hospitals, many of which haven't been renovated for some time, are where we see money being spent. Built-in caregiver work areas that are walled off from patient areas are being replaced with modular and updated furnishings. Custom fascia is the bridge for these customers. They can retain characteristics of their hospital while updating to modular systems furnishings.”

Looking good
“The trend in healthcare design is toward warmer environments,” says Kim Blume. “Custom fascia offers our customers many ways to create those environments. Organic shapes and a range of materials are possible with custom fascia.” Custom fascia stations with softer shapes and warmer materials can blend with the residential aesthetics of the surrounding patient and guest areas, particularly when incorporating Herman Miller furnishings in finishes that are compatible with the custom fascia and other healthcare products.

Ethospace custom fascia stations also allow aesthetic compatibility with the caregiver work area or department that adds a great deal to the overall look of the environment. An Ethospace custom fascia caregiver work area may be adjacent to the medication storage area or picking/dispensing area. It may also be adjacent to small work
areas for dictation or consultation. The backside of the station may include carts and locker storage. In all these cases, the compatibility between Ethospace and other Herman Miller for Healthcare products creates a coordinated aesthetic. (Figure 3)

In other examples, Herman Miller for Healthcare created an elegant curved fascia design for its 2006 NeoCon showroom and for its West Michigan healthcare showroom. Both designs feature a continuous curve front finished in rich cherry veneer. In addition, the veneer fascia in the West Michigan showroom was finished with a transparent resin covering etched with leaf shapes. The look is striking, and the resin covering adds another level of durability (Figure 4).

Working well
The inside of a caregiver work area must be as efficient and fluid as possible. A caregiver work area that Kim Blume helped design includes a stand-up-height work surface next to a seated-height surface. “Only during the installation process did the nurses request stand-up height. The beauty of Ethospace is that we could make that change, even at the last minute. And with custom fascia we can take a product that is this flexible and give it a custom casework look.”

On a visit to a customer site, designer Andrea Hewitt was surprised to discover that work surface heights had been changed in the caregiver work area, months after installation. “It turns out that the nurses reconfigured the work area themselves. I knew that nurses are the type of people who dig in and do whatever it takes to get something done. I discovered that also extends to designing the most productive work area! That kind of adjustment and ownership could never have happened with built-in products.”

The flexibility of Ethospace components adds value for workplaces that undergo high rates of change. The transition from paper charting to electronic recording, for example, is changing caregiver work areas. Maintaining flexibility on the interior of the caregiver work area can help accommodate the shift. Herman Miller for Healthcare nurse consultant Linda Greenberg predicts that in a matter of only a few years, caregiver work areas will look different as the result of more electronic recording. “We’ll see Ethospace components that now hold paper charts adapt to support more electronic information sharing. And this can be done keeping the primary infrastructure and custom fascia intact.”

Function and change
Change may be necessary on more than the interior of the custom fascia station. While not all custom fascia exteriors can be reconfigured, many can. “It depends on the design and the materials,” says Hewitt. “Fascia is not a continuous panel of wood or laminate,” she explains, “so we can make reconfigurations.” She cites two examples where customers reconfigured both the interior and the exterior of the stations. One client needed to transition the station from a cashier’s desk to a check-in area. This required the addition of divider frames to add more privacy. The station was disassembled, additional products incorporated, and then reconfigured. In another instance, a customer was able to reuse over half of the original custom fascia station for a reconfiguration.

Linda Kulka, director of interior design at BJAC, says custom fascia can be designed with reconfiguration in mind. “Designing the fascia with change in mind informs some of the decisions. It’s something you need to consider and plan for up front in the process.”

The modularity and flexibility of Ethospace keeps up with changes on the interior of the station. Individual components can be replaced; heights of frame-attached surfaces and storage can be adjusted; and additional equipment or technology needs can be incorporated—all without tearing down the station and starting over. “Equipment needs continue to change,” says Hewitt. “We’re able to adjust surfaces easily to accommodate different sizes. The vertical space that Ethospace makes available is important. Work surface-height rail tiles let us put equipment and access wherever it makes the most sense for work processes and efficiency.”

Kulka recalls four planning meetings with a healthcare client. “Every time we met something changed,” she says. “People don’t always know what they need until they get into a space or see the design. And individuals are so different when it comes to preferences. The more flexible the space and the product, the better.”
Healthcare organizations are increasingly aware that work environments have an impact on staff retention and quality of care. The idea that space design is important, that it matters to staff, used to be a harder sell for Kulka. Now, she says, it is a widely accepted notion. “My clients are looking carefully at workspaces and how they can make them more attractive, convenient, and sensible for their staff.”

The design of the Ethospace system gives staff a means for creating sensible and efficient work areas. The ergonomic benefits of adjustability, for example, also support individual work styles.

Process
The process of designing and building custom fascia requires the expertise and craftsmanship of a carpenter. Arch Altman, owner of Raleighwood Cabinets, in Raleigh, North Carolina, became involved with custom fascia in 2000. At the time, his business was located near the office of BJAC. Linda Kulka was entertaining a fairly complex custom fascia design and knew from previous work with Altman that he would be the perfect person to help build the fascia. The result was the successful installation of a project for the University of North Carolina Hospitals in Chapel Hill. The regional Herman Miller for Healthcare team, in partnership with architects, designers, and millworkers, has completed many more custom fascia projects since Chapel Hill.

Kulka says the process of designing custom fascia has the same components as designing built-in millwork—and then some. “I consider appearance, design rhythm, and look when I design millwork. But with custom fascia, it has to be about more than the looks. The aesthetic rhythm also has to have a functional rhythm; it has to work with specific dimensions and components. I balance the functionality and the look.”

“My job is to take the designer’s ideas and make them work with the dimensions of Ethospace,” says Altman. “I think about weight, leverage, stability, and craftsmanship,” he adds. “I’ve always done custom carpentry work. Custom fascia planning adds another component to my thinking.”

“There are lots of details to work through when designing and building custom fascia,” says Altman. “Some projects are complicated, others straightforward. But we’ve been able to create the look the customer hoped for.”

Kulka refers to custom fascia as the have-your-cake-and-eat-it-too solution. “It’s the best of both worlds.”

“In the end,” says Hewitt, “we’re able to give our customers exactly what they want.”

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