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Welcome to the **"Ageing and Dementia in HealthCare Settings: Design, Evaluation and Beyond"** Symposium.

We will begin shortly.

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Tallaght University Hospital

Trinity College Dublin
The University of Dublin

TrinityHaus
www.tcd.ie/trinityhaus

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Symposium: Ageing and Dementia in Care Settings: Design, Evaluation and Beyond

May 26th, 2023

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Tallaght University Hospital

Trinity College Dublin
The University of Dublin

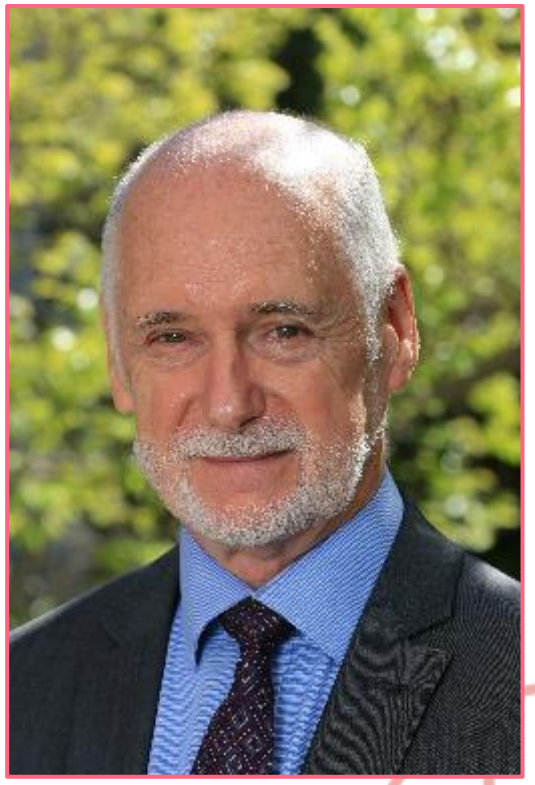
TrinityHaus
www.tcd.ie/trinityhaus

Overview of Symposium

Prof. Des O'Neill

Session 1: The Built Environment and Ecosystems of Care

Chair/Moderator: Tom Grey
TrinityHaus Research Centre, TCD
Title: Introduction to the Built Environment and Ecosystems of Care



Prof. Richard Fleming
University of Wollongong
Title: Designing well for people with dementia – looking for foundational values and principles

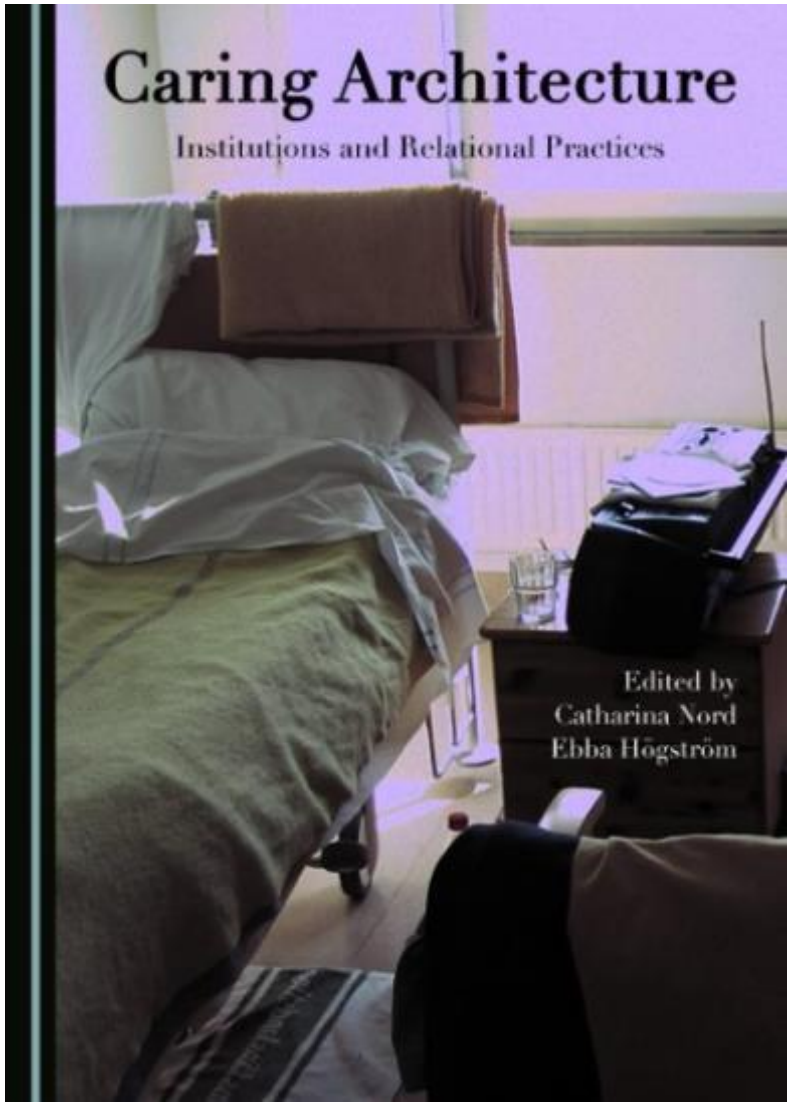
Victoria Mannion
O'Connell Mahon Architects
Title: Enabling Designers for Enabling Design – Designing for People Living with Dementia and the Anatomy of a Building

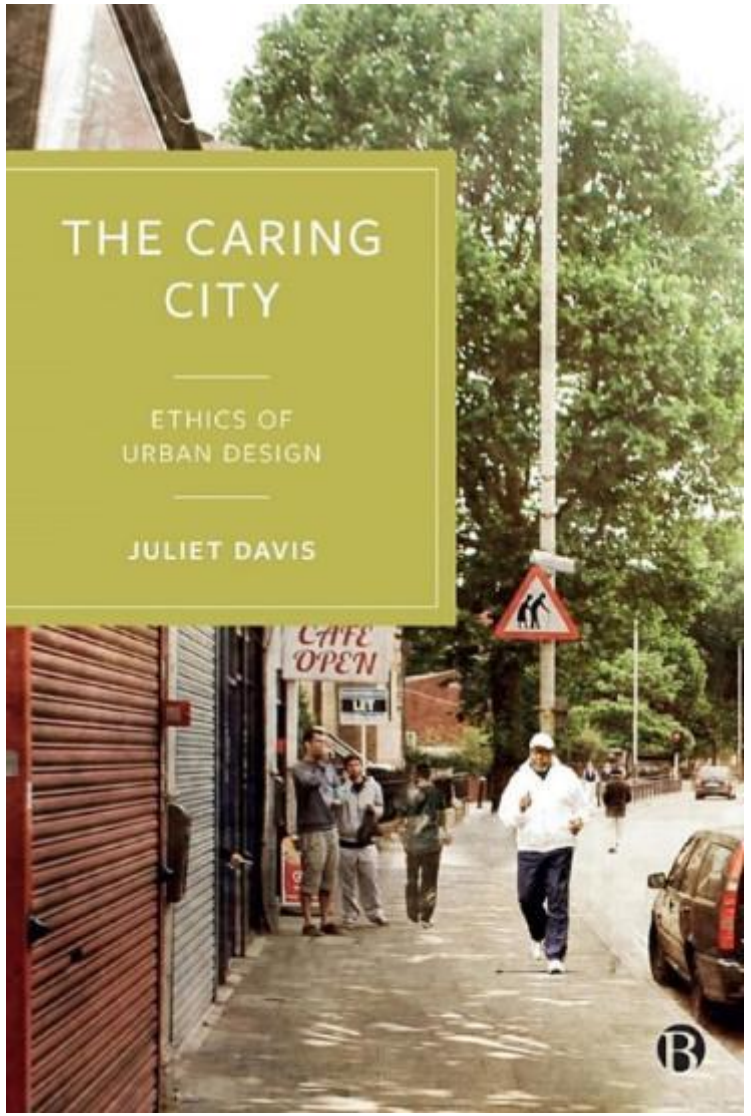
The Built Environment and Ecosystems of Care

- Overview and overarching issues around the built environment for ageing & dementia
- Foundational values and principles
- Enabling design – applicable to a range of care setting types
- Informing the design of **Ecosystems of Care**

But what to we mean by **care** and what is an **ecosystem of care?**

Care and the ‘ethics of care’, architecture, urban design





Care

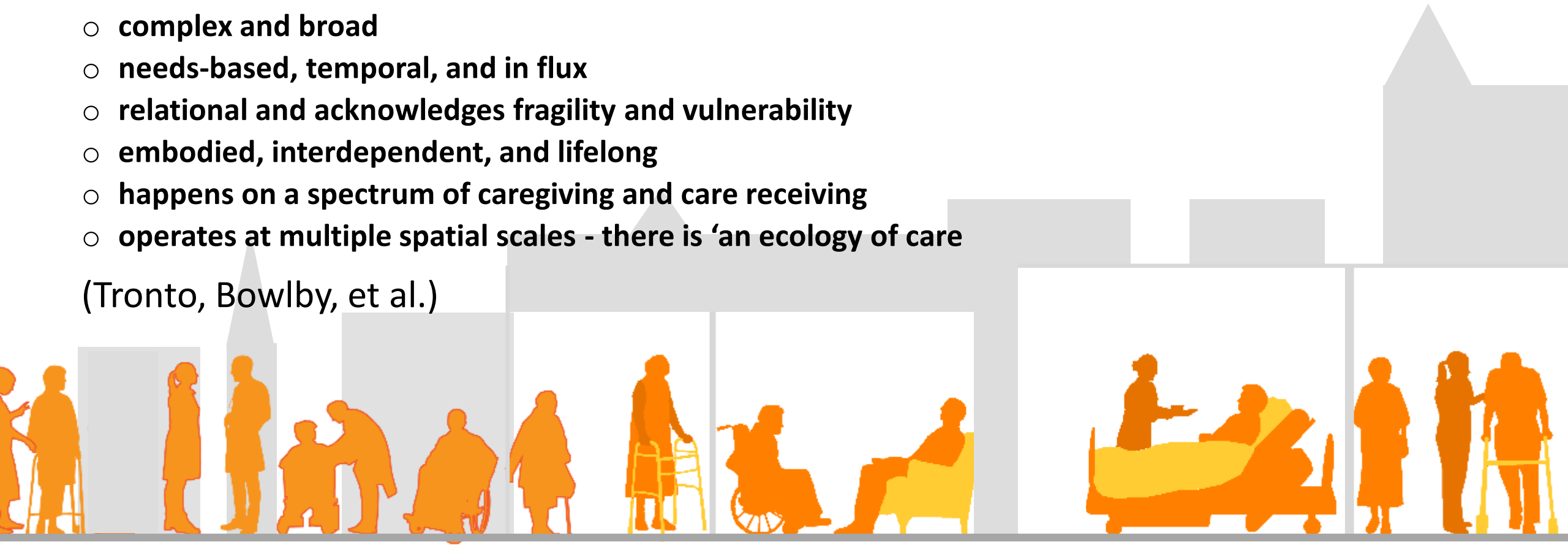
Care is……

"….[an] **activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web**." (Tronto, 1993)

Care is….

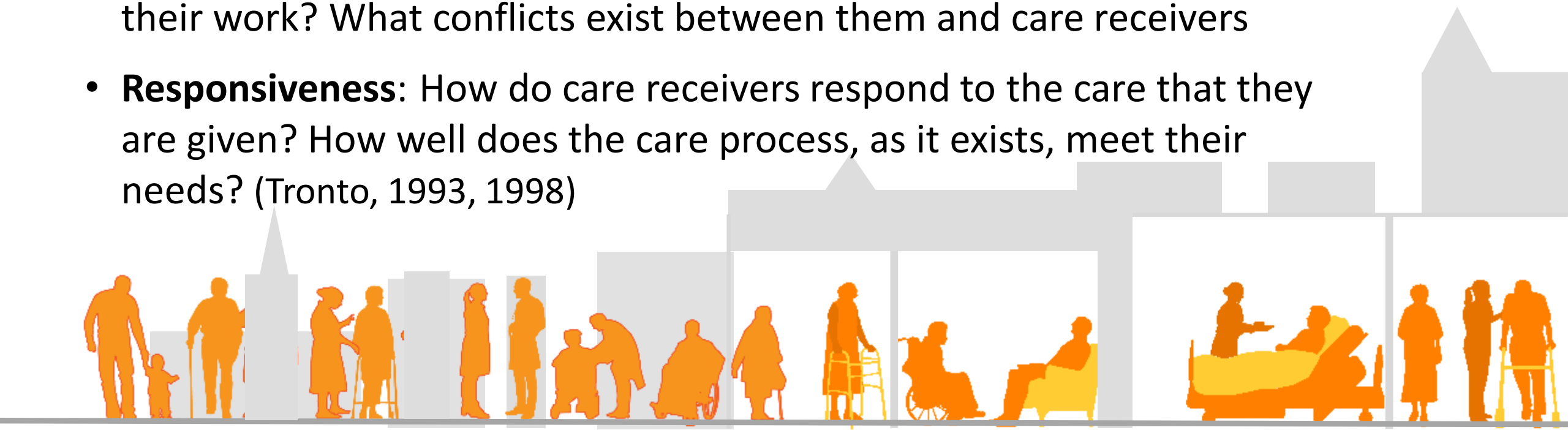
- **complex and broad**
- **needs-based, temporal, and in flux**
- **relational and acknowledges fragility and vulnerability**
- **embodied, interdependent, and lifelong**
- **happens on a spectrum of caregiving and care receiving**
- **operates at multiple spatial scales - there is 'an ecology of care**

(Tronto, Bowlby, et al.)



The ethical elements of care

- **Attentiveness**: What care is necessary? Are there basic human needs? What types of care now exist; how adequate are they?
- **Responsibility**: Who should be responsible for meeting the needs for care that do exist?
- **Competence**: Who are the actual caregivers? How well do they do their work? What conflicts exist between them and care receivers
- **Responsiveness**: How do care receivers respond to the care that they are given? How well does the care process, as it exists, meet their needs? (Tronto, 1993, 1998)



The built environment and the "materiality of care"

- Care is **'placed'** within buildings, cities. (Bowlby et. al 2022 'caringscapes')
- Care depends on **"accessibility"** in terms of location and how the built environment "shapes people's capacities
- Caring **atmospheres** refer to the "qualities of place"
- Care depends on places to remain supportive or conducive to care through time through **adaptability or durability**.
- **Place-attachment** and continuities of fabric and place that help us stay connected are critical for care
- Care and the impacts of the built environment on the wellbeing of future generations are also vital (Davis, 2022, The Caring City: Ethics of Urban Design)

Care happens at multiple scales - there is an ecology of care

- **“…a multisectoral, multiscalar…….lived spaces” which can be “devoid of or filled with meaningful caring practices**.”

(Gabauer et al, 2021, Care and the City: Encounters with Urban Studies)

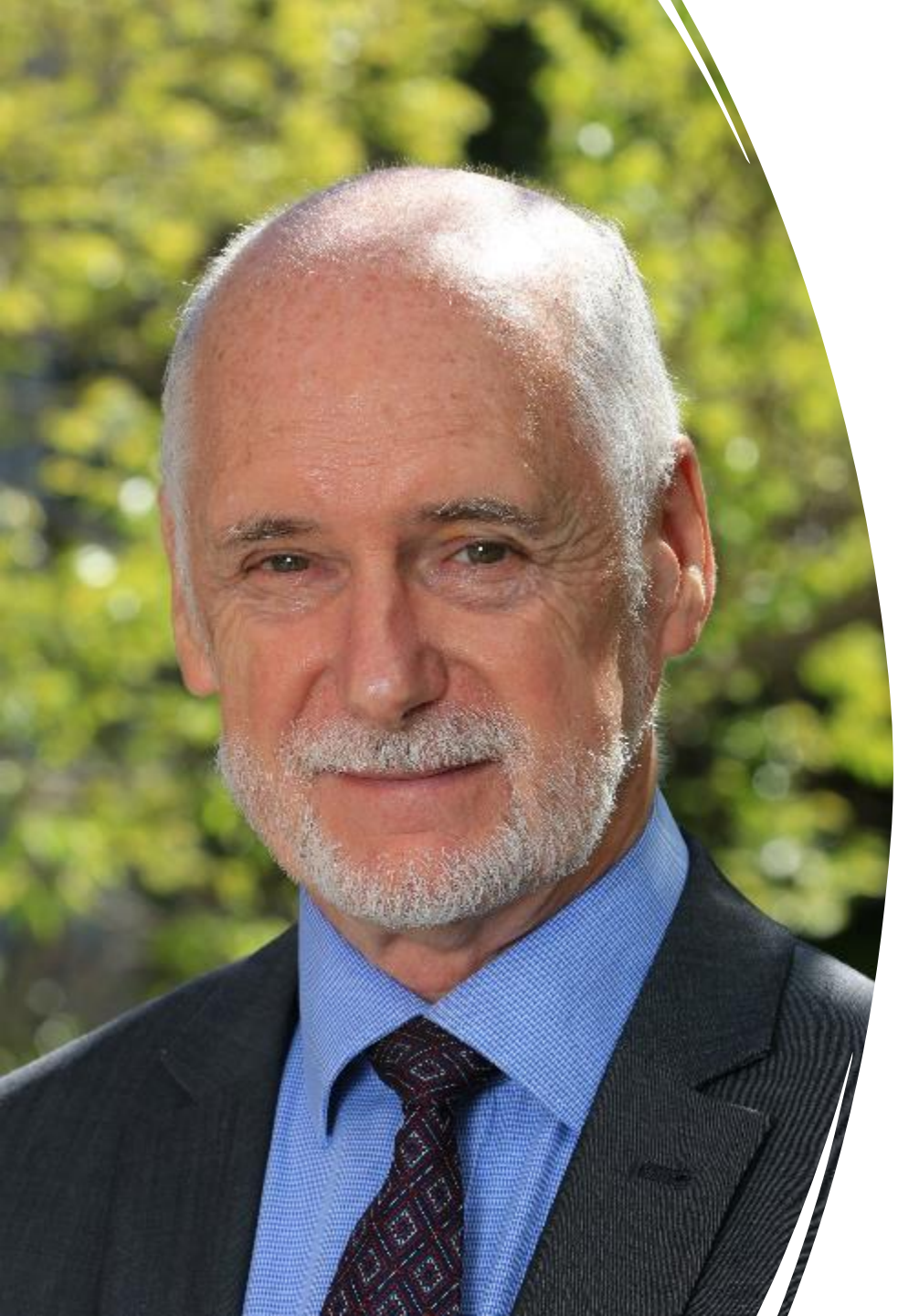
- **“…an ecology of care where all living elements are considered and designed for in the practice of design.”**

(Vaughan et al 2018, Designing Cultures of Care)

An ecological approach to the Built Environment

The ‘**care ecosystem**’ is part of this ecological approach and consists of the wider **urban** environment, **housing, long-term residential care, acute hospitals** etc.

In designing a holistic and ‘caring’ built environment, we need to take this ecosystems approach to our **cities/ towns, neighbourhoods, settings/sites, & buildings**.



Prof. Richard Fleming

B.Tech (Hons); Dip.Clin.Psy.;PhD.

Dr Richard Fleming trained as a clinical psychologist in London and occupied the positions of Head of Psychology, Kenmore Hospital and Regional Coordinator of Mental Health Services in the SE Region of NSW between 1979 and 1992. Founding Director of HammondCare's Dementia Centre 1995- 2010. Professorial Fellow in the University of Wollongong 2010 -2019, where he was the Executive Director of the Dementia Training Study Centre and Dementia Training Australia. Currently, Honorary Professor in the University of Wollongong specialising in Environmental Design, Reminiscence Training, reality orientation, depression, assessment of the elderly, service evaluation and care planning. He led the writing of the Alzheimer's Disease International, World Alzheimer's report 2020 – Design, Dignity and Dementia.

Prof. Fleming's presentation can be viewed at the following link: https://youtu.be/F9CDlL-0l3E

Designing well for people with dementia – looking for foundational values and principles

Richard Fleming, PhD

Honorary Professor, University of Wollongong, Australia

Victoria Mannion

Barch; BA.

Victoria Mannion is an Architect who has worked with O'Connell Mahon Architects for the last 10 years.

O'Connell Mahon Architects has evolved from one of Ireland's long-established architectural practices to be at the forefront of healthcare design on the island of Ireland. The practice has delivered over 100 healthcare projects to both public and private clients over the past fifteen years, and through continued experience and research has developed the expert knowledge that enables the delivery of such challenging and vitally important projects.

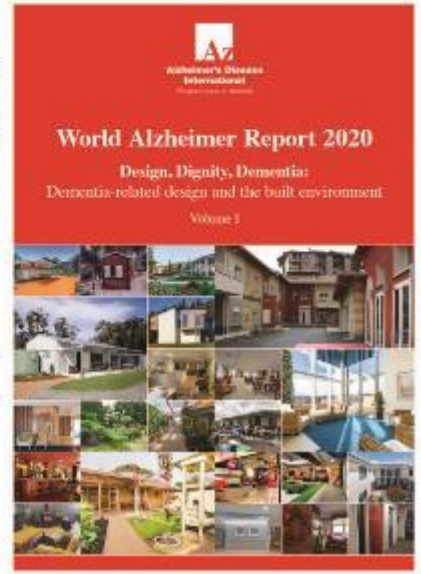
On behalf of O'Connell Mahon Architects, Victoria has been involved in an active collaboration with TrinityHaus for the past 8 years on a range of research projects which examine the impact of the built environment, and support that it can and should provide, to people with varying degrees of dementia and cognitive impairment.

Enabling Designers for Enabling Design -

The principles of Designing for People Living with Dementia and the Anatomy of a Building.

There is a growing body of work which examines the needs of people living with dementia and the build environment...

Looking at a range of scales, typologies, new buildings, extensions and retrofit...



Enabling Designers for Enabling Design -
The principles of Designing for People Living with Dementia and the Anatomy of a Building.

There is clear Information, Guidance and Principles....

...How do we get Architects and Designers to translate the principles into the Built Environment?

Engagement and participation

1. Promote engagement with friends and family, staff and community
2. Provide space and supports so that accompanying persons can remain with the person with dementia, where possible, throughout their time in the hospital
3. Promote a participatory design approach

Provide a people-centred environment

4. Soften the institutional environment: more human-scale, less clinical or austere in appearance
5. Familiar design: recognisable design that is easily understood and intuitive to use
6. Facilitate personalisation: provide opportunities to add personal belongings such as photos to reinforce identity and help with orientation

Support patient safety, health and well-being

7. Provide a safe environment: unobtrusive safety measures that do not conflict with other issues such as privacy or the freedom to engage in physical activities
8. Support diet, nutrition and hydration
9. Support meaningful activities: including physical, social, and activities of daily living (ADLs)

Balance sensory stimulation

10. Optimise positive sensory stimulation while minimising negative stimulation as part of a calming and therapeutic approach
11. Provide indoor and outdoor contact with nature, and access to outdoor space to support active and passive therapeutic activities

Support orientation and navigation

12. Support orientation to date, time, location, and improve spatial cognition
13. Provide good way-finding that supports navigation
14. Provide good visibility and visual access: Optimise lighting conditions and make important features, spaces, and people clearly visible

Adequate space to support the needs of a person with dementia

15. Provide enough space around all beds, both in shared rooms and single rooms, for personal belongings and adequate room for visitors
16. Space for retreat in multi-bed wards and communal areas in single-bed wards to allow social interaction
17. Provide space and supports for physical movement: including safe and stimulating walking or circulation routes

Appropriate use of technology

18. Appropriate use of technology for care delivery, safety or therapy (i.e. sensory stimulation)

The principles of designing for people living with dementia

Unobtrusively reduce risks
[illegible]

Provide a human scale
[illegible]

Allow people to see and be seen
[illegible]

Reduce unhelpful stimulation
[illegible]

Optimise helpful stimulation
[illegible]

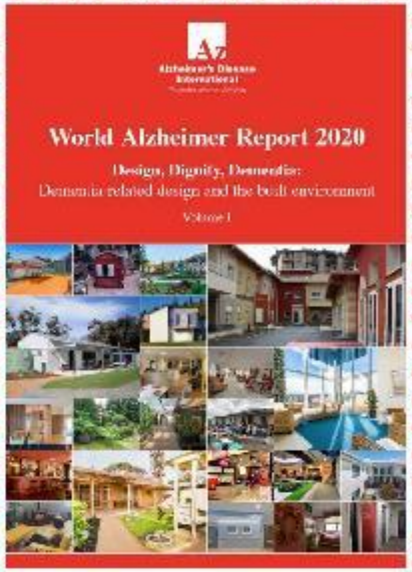
Support movement and engagement
[illegible]

Create a familiar place
[illegible]

Provide opportunities to be alone or with others
[illegible]

Link to the community
[illegible]

Design in response to vision for way of life
[illegible]



Enabling Designers for Enabling Design -

The principles of Designing for People Living with Dementia and the Anatomy of a Building.

ENGAGE

-Presenting information in the Context of Universal Design

-Developing a broader understanding of Universal Design

-Engaging with the Schools of Architecture as well as the Profession

EDUCATE

-Ongoing preparation and dissemination of guidance documents

-CPDs and Engagement with RIAI and Professionsal Bodies

ENABLE....

Ensuring that the buildings anatomy and key features are considered at the very beginning of a project...

...so that the value of generosity when it comes to core building elements is appreciated and allowed for in the project brief.

Building Anatomy - 4 Core Elements

1 - Building Grossing Factor

2 - Ratio of Single:Double Loaded Corridors

3 - Area of Accessible Quality Outdoor Space per Resident

4 - Personal Space per Resident

Building Anatomy - 4 Core Elements

1 - Building Grossing Factor	**CORRIDORS**
2 - Ratio of Single:Double Loaded Corridors	**WINDOWS**
3 - Area of Accessible Quality Outdoor Space per Resident	**GARDENS**
4 - Personal Space per Resident	**ROOMS**




Enabling Designers for Enabling Design -

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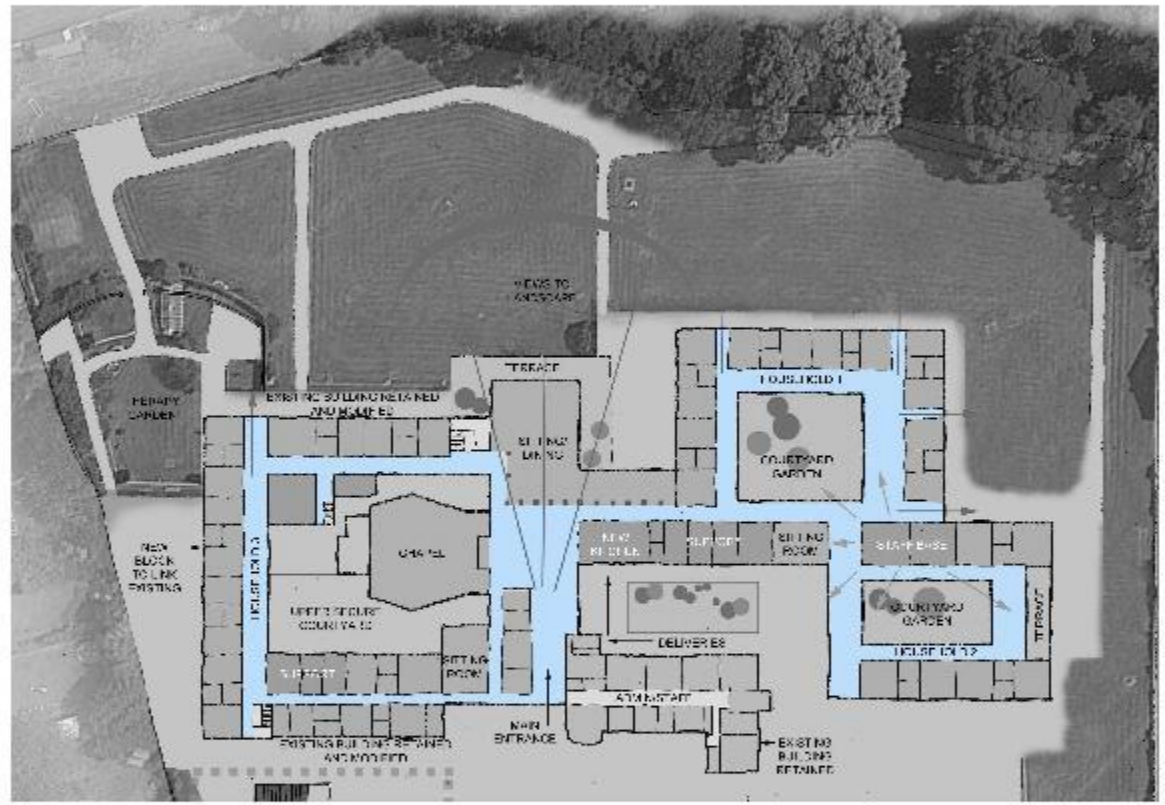

Enabling Designers for Enabling Design -

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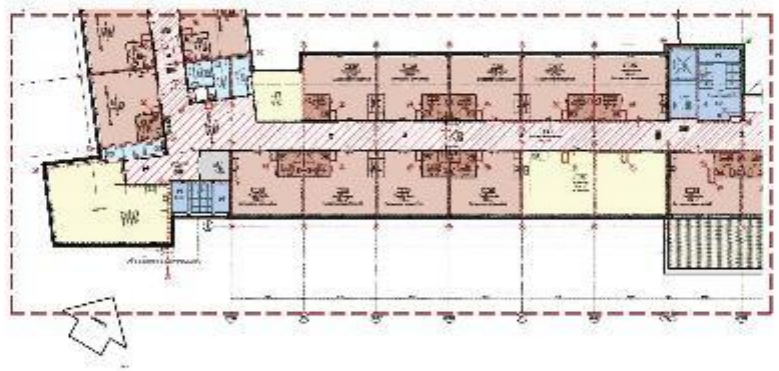
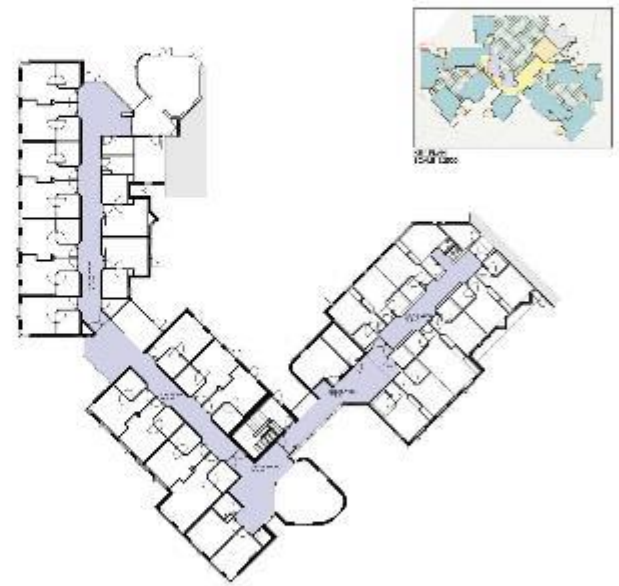
1 - **Building Grossing Factor**

Lower



Improved



Best

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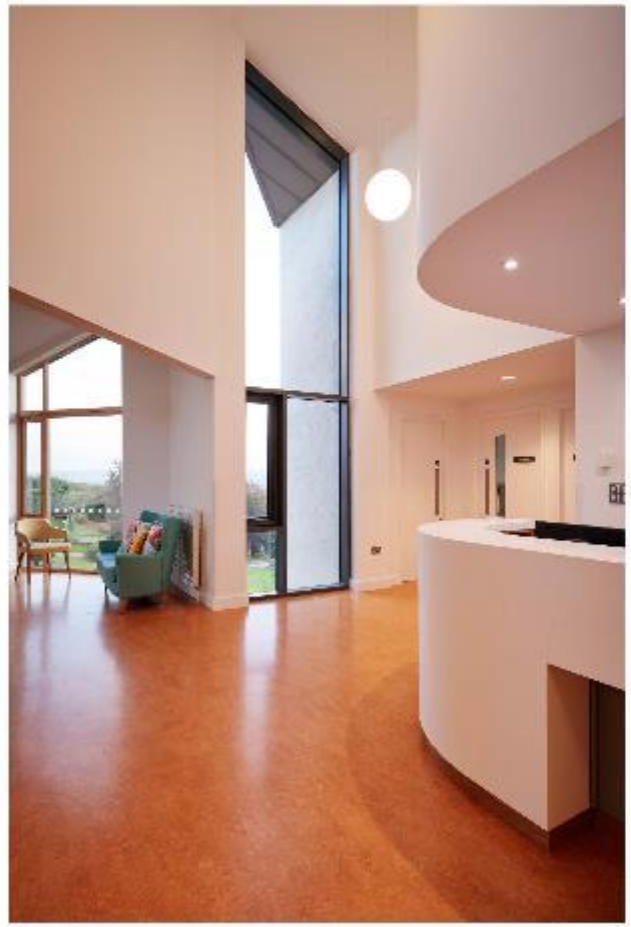

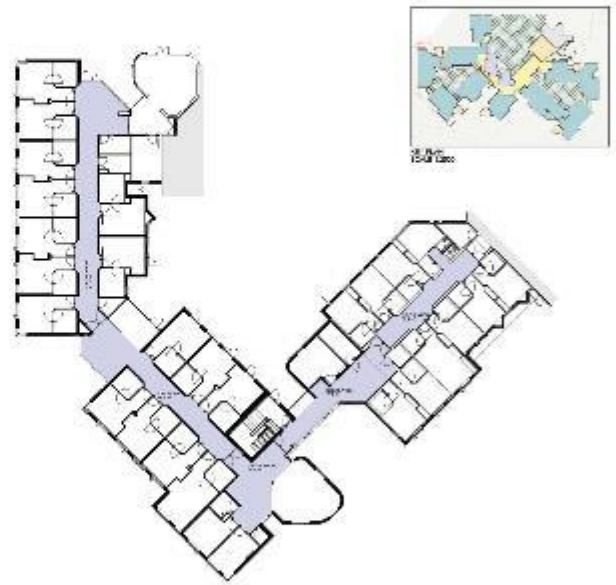

Opportunities Created

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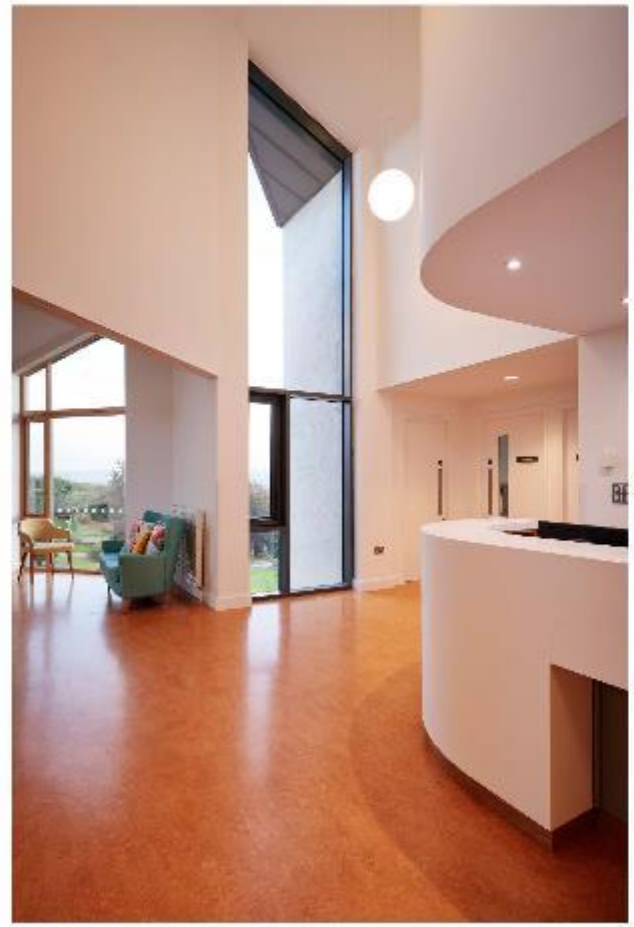

Responding to principles:

- Support Movement and Engagement
- Balance Sensory Stimulation
- Soften the Institutional Environment
- Allow People to See and Be Seen
- Support Orientation and Navigation
- Provide Adequate Space

Enabling Designers for Enabling Design -

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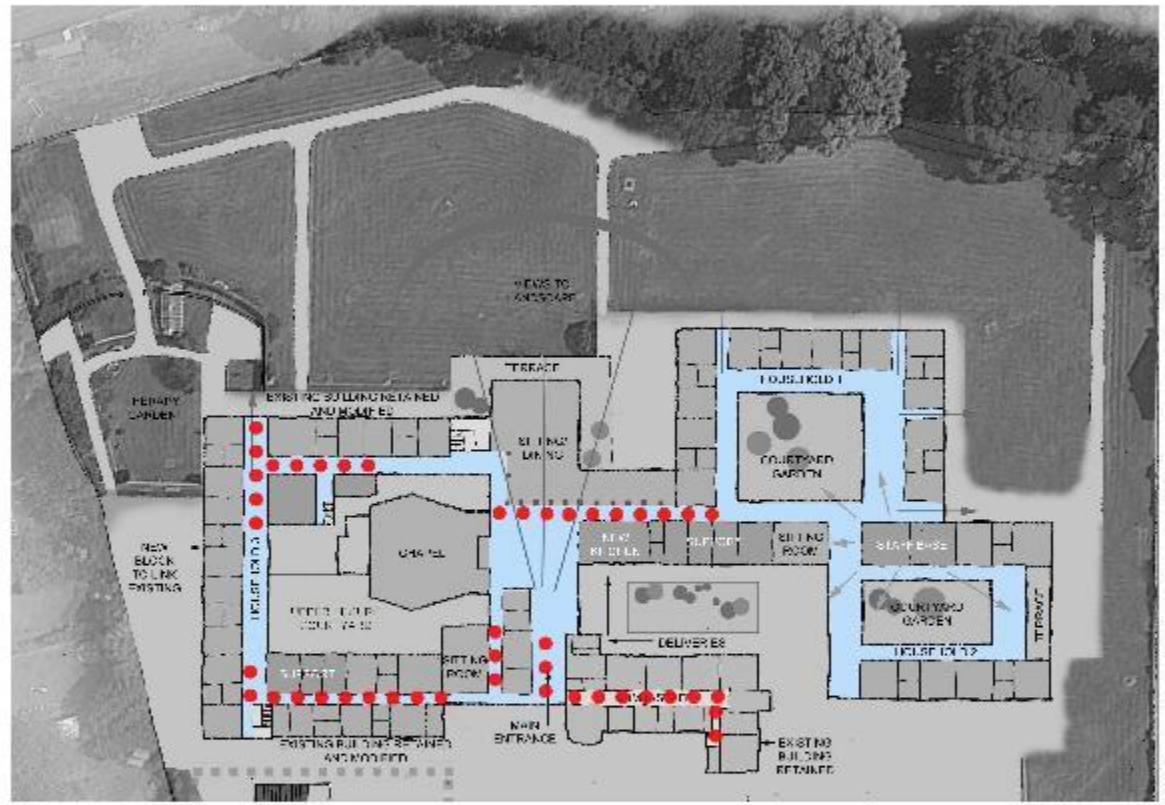

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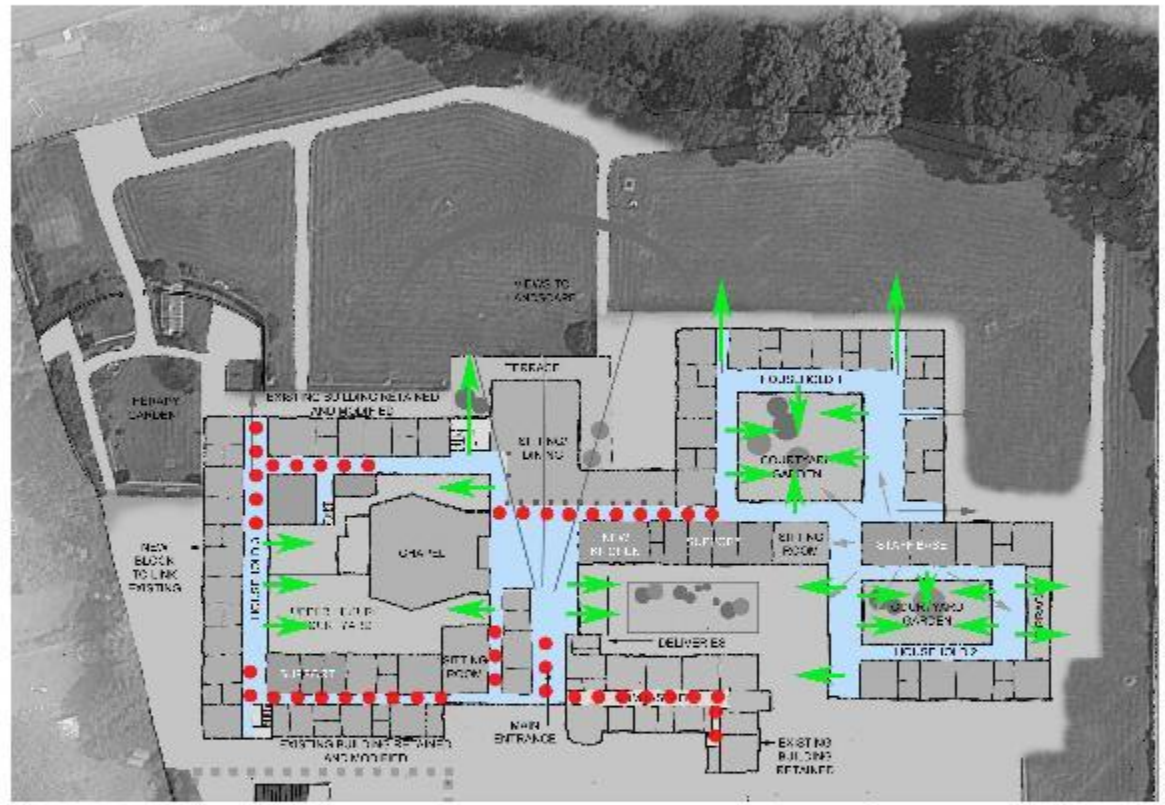
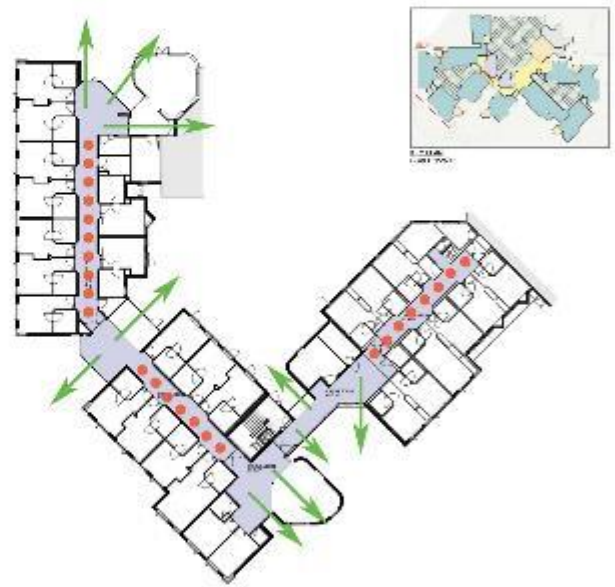


2 - **Ratio of Single:Double Loaded Corridors**

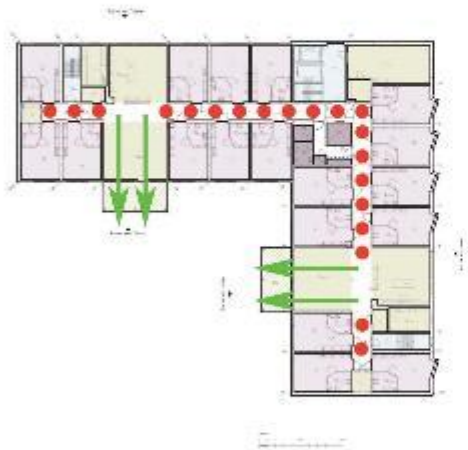
Low

Hybrid



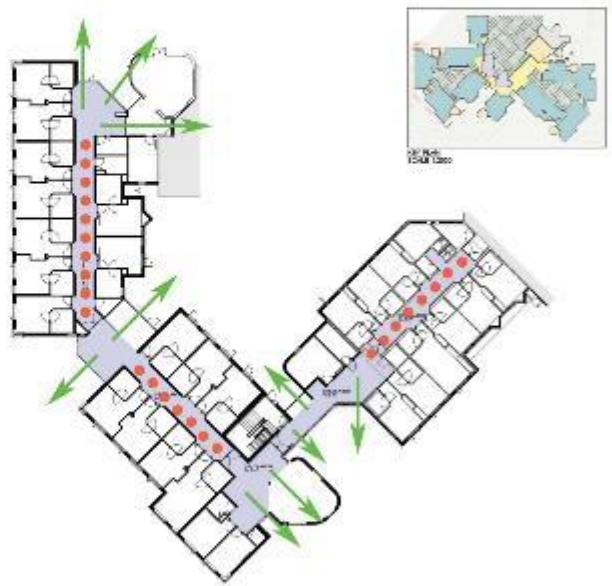
Higher

2 - **Ratio of Single:Double Loaded Corridors**



Increase in Grossing factor by 10% allows for greater opportunities for visual access, meaningful views and connection to nature.

Approximate increase in overall buildng area - 2.5%



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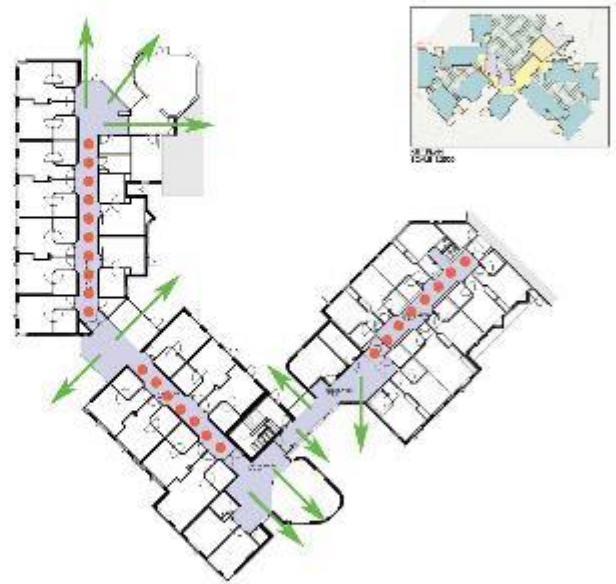

Opportunities Created

Enabling Designers for Enabling Design -
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2 - **Ratio of Single:Double Loaded Corridors**

Responding to principles:

- Support Movement and Engagement
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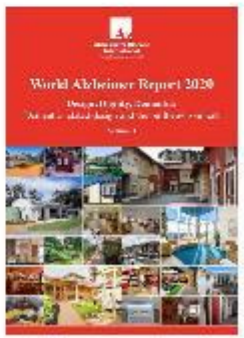
- Support Orientation and Navigation
- Provide Indoor Contact with Nature
- Support Orientation to Date, Time and Location



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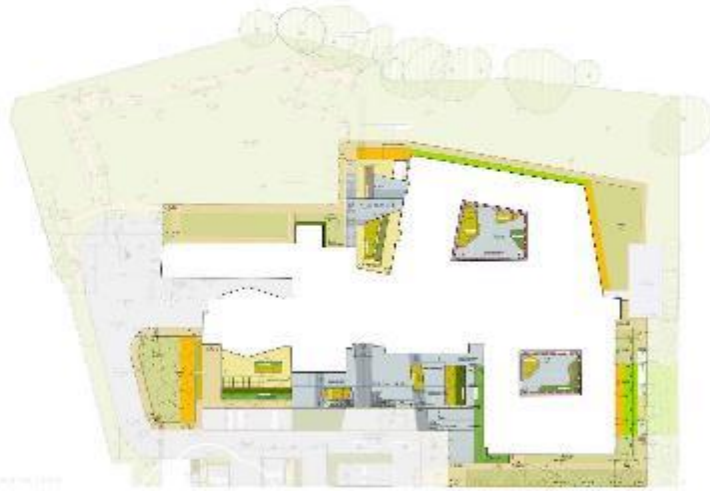
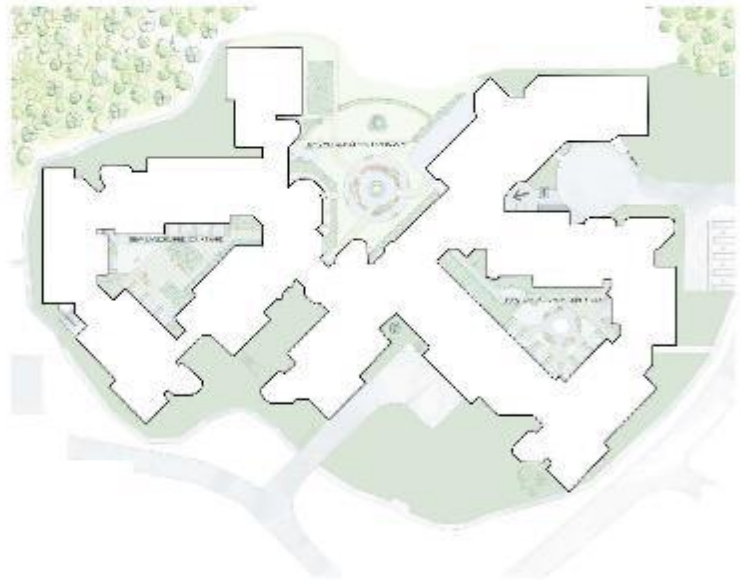
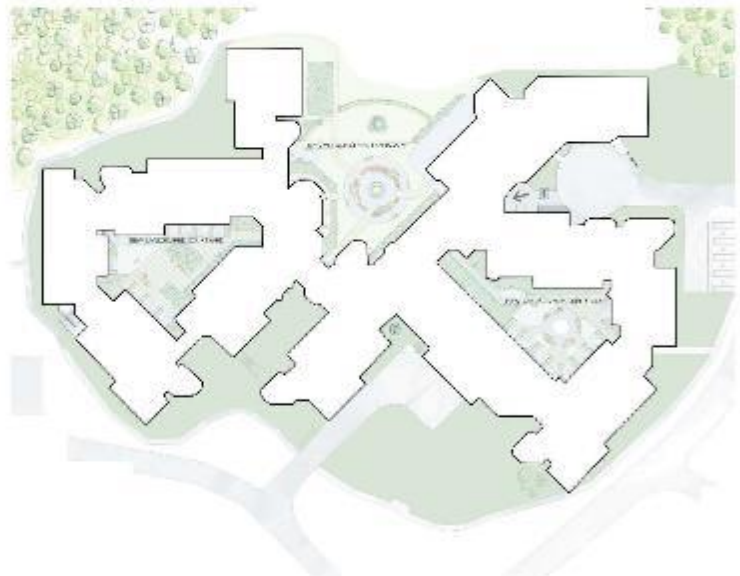




3 - **Area of Accessible Quality Outdoor Space per Resident**



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Responding to principles:

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- Optimise Helpful Stimulation
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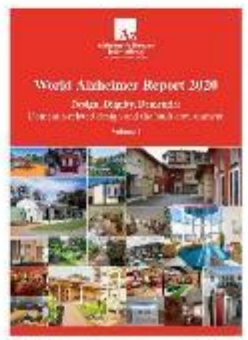
- Provide Indoor and Outdoor Contact with Nature
- Support Orientation to Date, Time and Location
- Provide Links to the Community



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3 - **Personal Space per Resident**

18 sqm

19 sqm

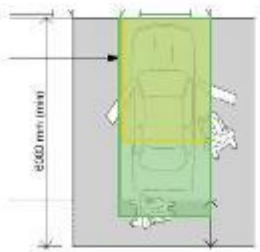
3 - **Personal Space per Resident**

How big is the minimum area required…

…compared with a parking bay ?

7.4 sqm

Gov. guideline on personal space per resident



12.5 sqm

HIQA New building guideline

18 sqm

32 sqm

TO CONCLUDE...

While architects should EMBODY THE PRINCIPLES of designing for people living with dementia in the built environment,

They must also be ENABLED to do so.

This requires an understanding of how GENEROSITY in relation to building's fundamental elements, space and structure is required in order to DELIVER THE VISION set out in the various principles to the benefit of all.

We hope that further anaylsis of the areas discussed today as well as other fundamental building elements will help to build up a measured body of knowledge that may feed back into guidance and standards. Providing a resource that Architects can in turn use to avocate for better quality and genoristy when designing for people living with dementia.

Q & A

Virtual attendees, please put any questions in the Q & A section or raise your hand

Session 1: Manifesto Prompts

Prompt 1A

What would an ‘ecology of care’ in Ireland look like if it was framed in an meaningful way by an ‘ethics of care’ (consider housing and homecare models, care models in long-term care, hospital settings)?

Prompt 1B

How would this ‘ethics of care’ inform and shape an approach to the commissioning, design, and management of the built environment to support ageing in key settings (including urban space/public realm, housing, residential long-term care, and hospitals)?

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Session 2: The Role of the Built Environment Supporting Quality of Life in Residential Long-term Care

Chair/Moderator: Dimitra Xidous
TrinityHaus Research Centre, TCD
Title: Built Environment, RLTC, and quality of life and infection control

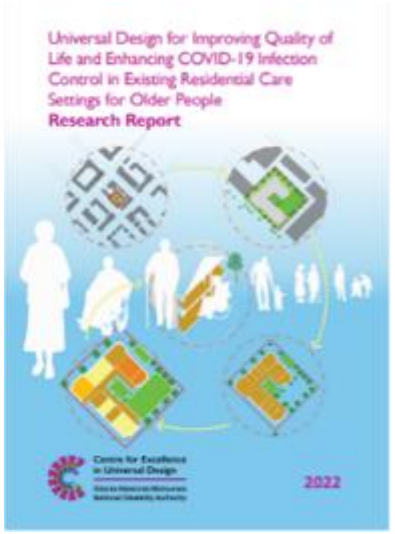
Dr. Ann Coyle
HSE (Retired)
Title: Residential Long-Term Care in Ireland post COVID – where to from here?

Prof. Bram de Boer
Maastricht University
Title: Innovative nursing home care, examples and research findings

Role of the Built Environment in Balancing Infection Control & Quality of Life: SFI Research Findings and Recommendations

Dimitra Xidous, Research Fellow

Over the last 10+ years, TrinityHaus Research Centre, TCD Medical Gerontology, and Tallaght University Hospital have been conducting research and developing design guidelines in relation to the built environment, Universal Design, ageing, and dementia. We've established strong working relationships with a number of organizations and this collaboration resulted in the **Residential Long-Term Care: Built Environment, Quality of Life and Infection Control from a Universal Design Approach – Research Programme**



A. **Centre for Excellence in Universal Design (CEUD)** at the National Disability Authority (NDA) - Improving quality of life and pandemic resilience in existing long-term residential care settings: Research and guidelines for building adaptation and retrofit from a Universal Design approach. (Primary Focus: Existing long-term care settings / Primary output: high-level Universal Design guidelines)

B. Science Foundation Ireland (SFI) COVID-19 Rapid Response: Residential long-term care and COVID-19: the role of the built environment in balancing infection control and quality of life. (Primary Focus: All long-term care settings with a focus on new-build and future models / Primary output: Key Findings and Design Recommendations Report)

Website:
https://residentiallongtermcaredesign.ie/

Role of the built environment

COVID-19 has illustrated the role and quality of space in terms of social distancing, isolation or quarantine, or room occupancy levels, along with the importance of air quality and other internal environment issues. All of which have immediate and long-term implications for the built environment in terms of planning, urban design, and architecture.

Building design

Site design

Local Environment/ neighbourhood

Location

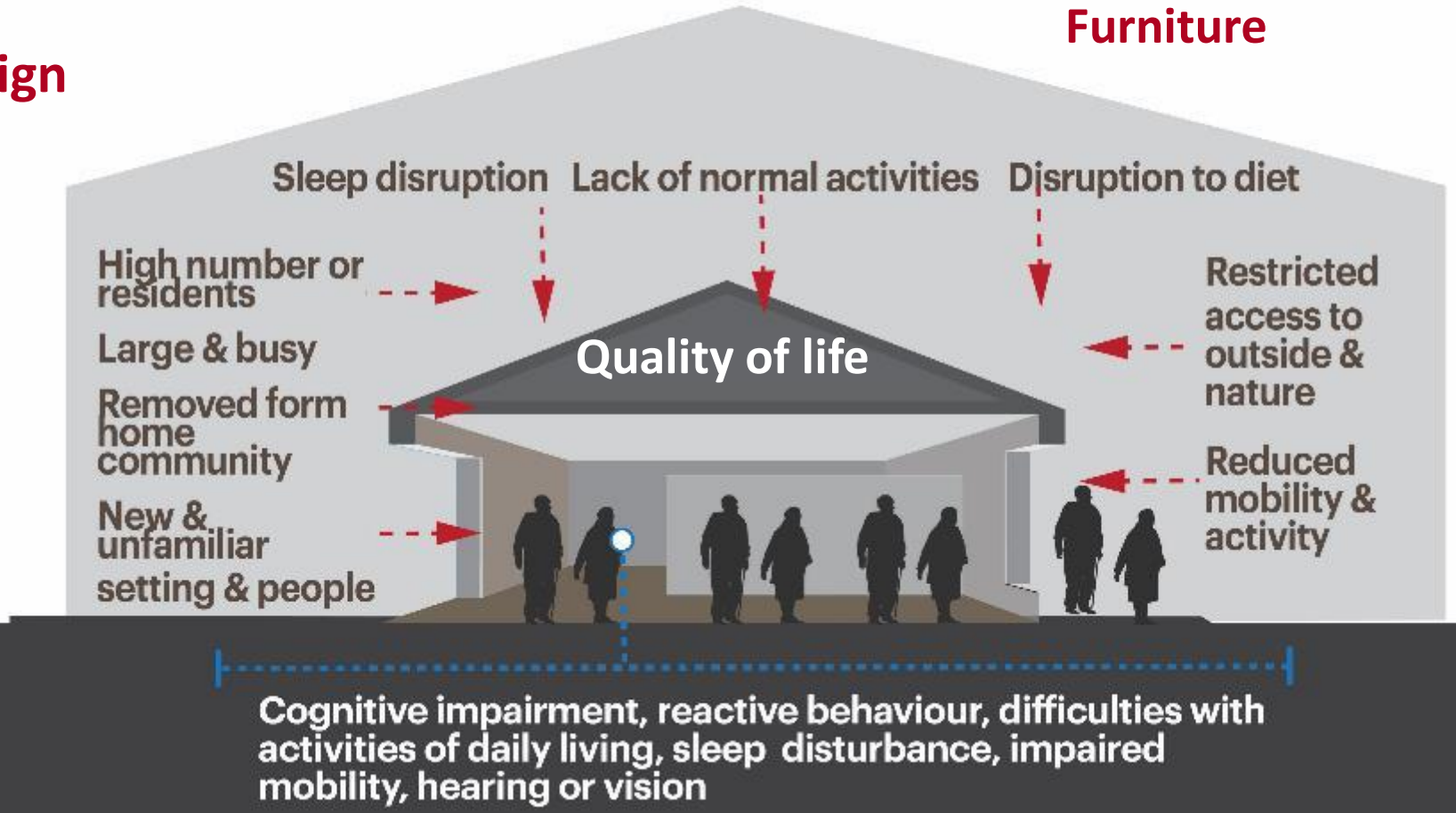
Furniture

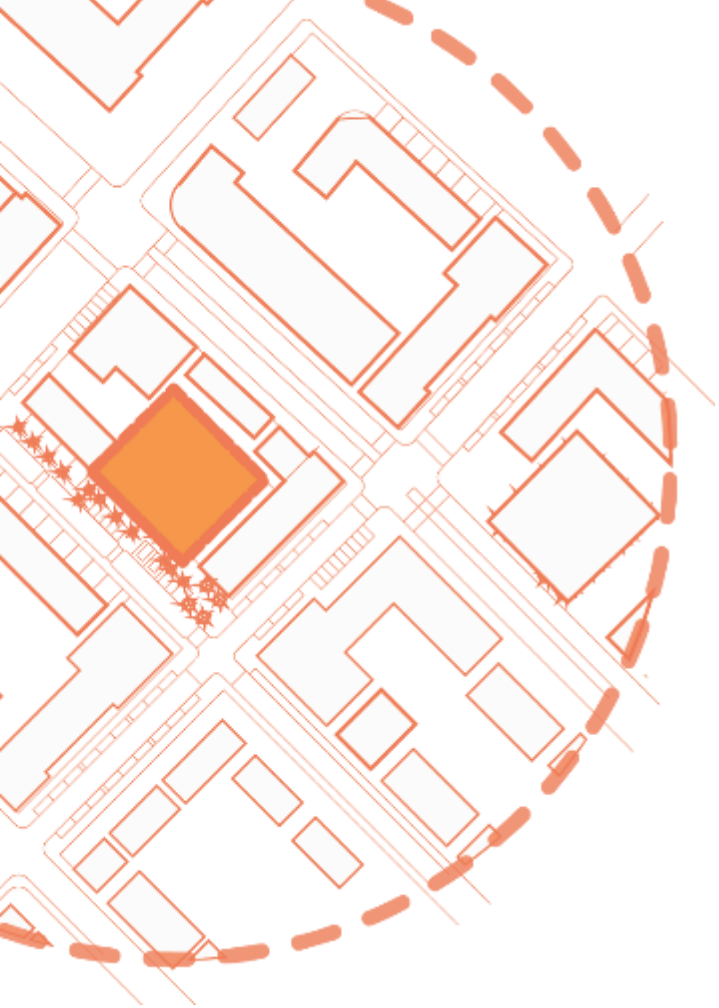
Air quality

Lighting

Heating

Technology





Aims

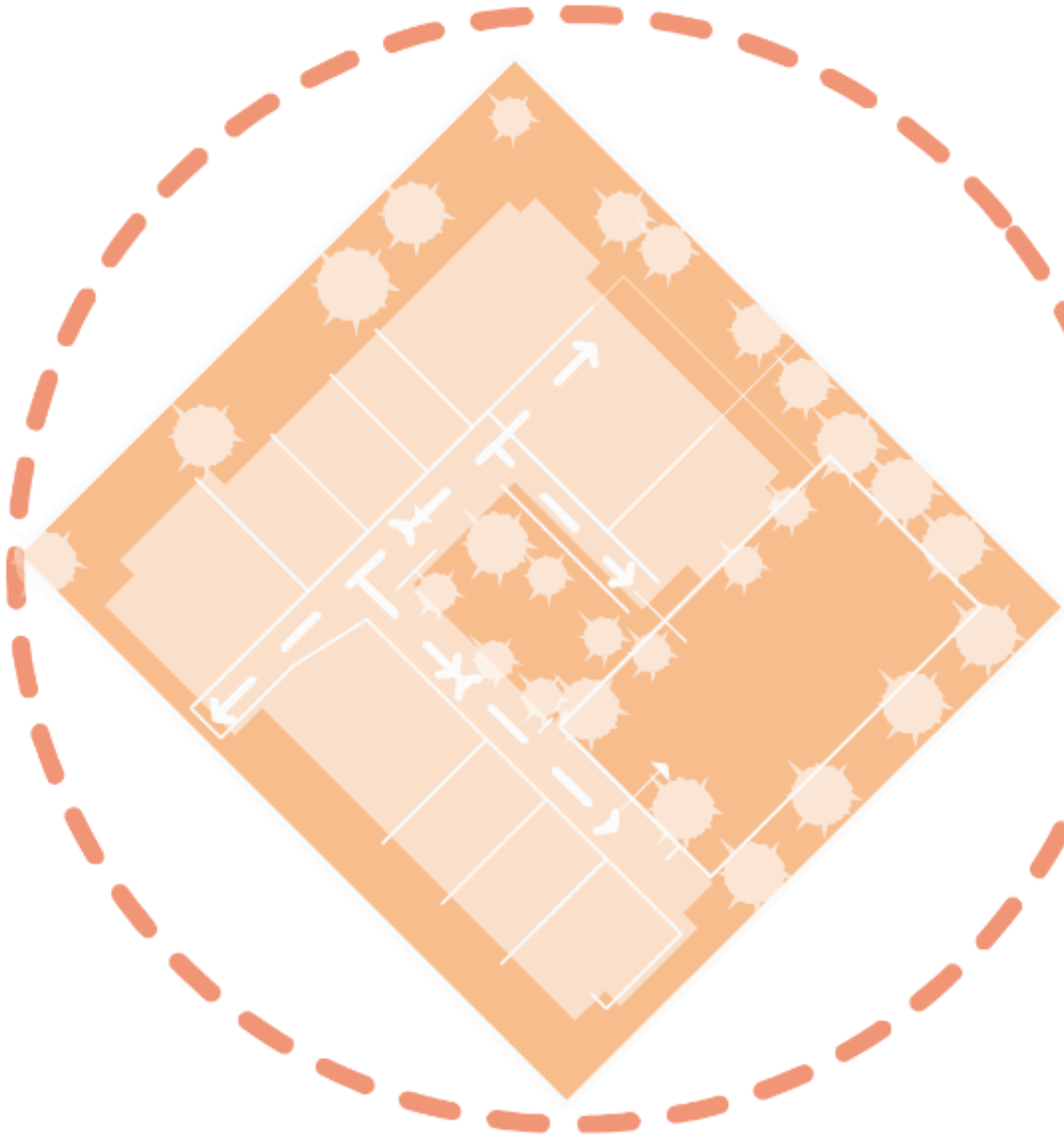
- To examine the convergence and diverge between built environment features that improve infection control and those that support quality of life.

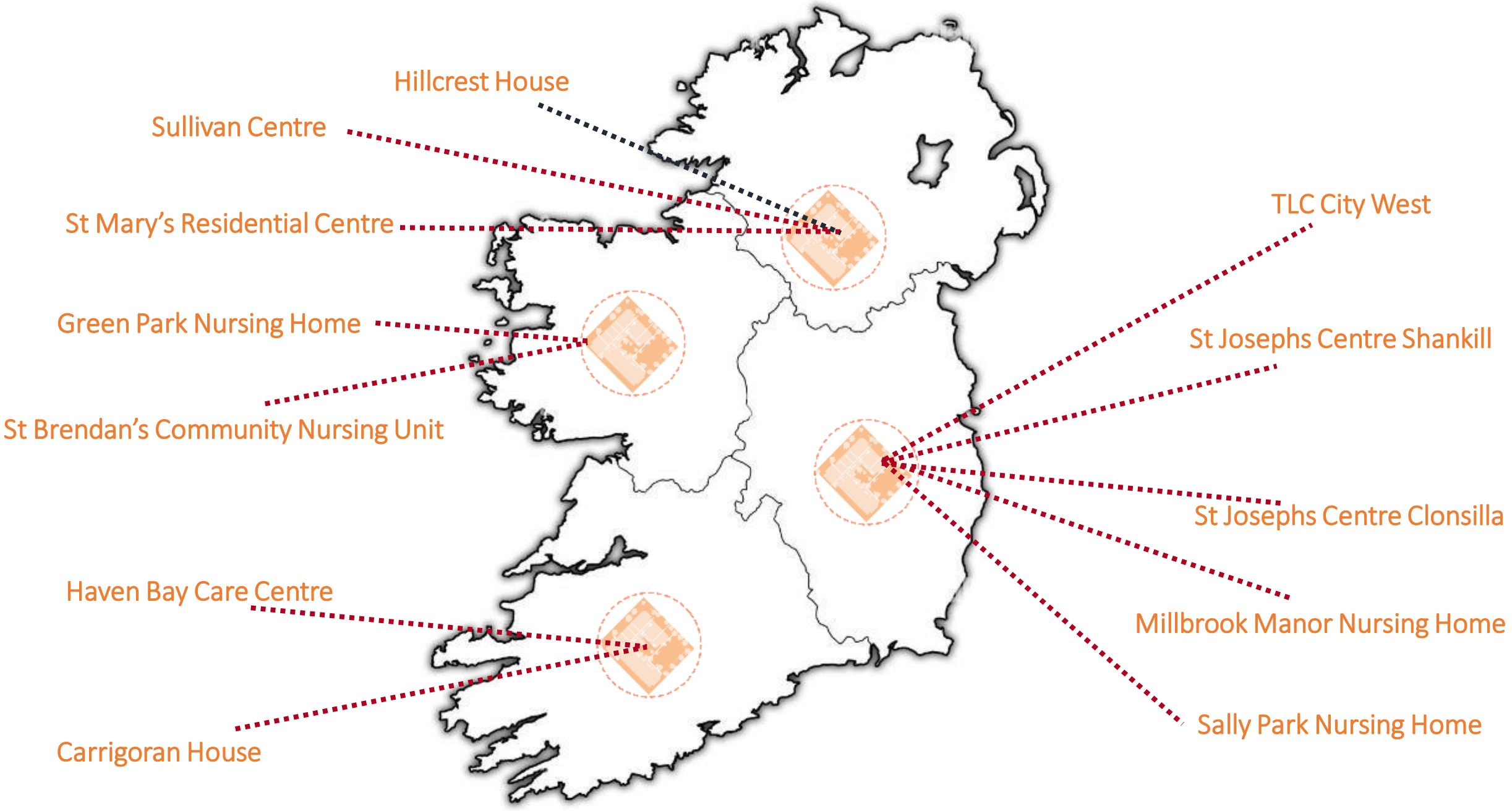
- To identify key findings and recommendations to inform the retrofit of existing residential long-term care (RLTC) and the design of new-build settings that balance infection control with quality of life, while also contributing to greater resilience for residents and staff.

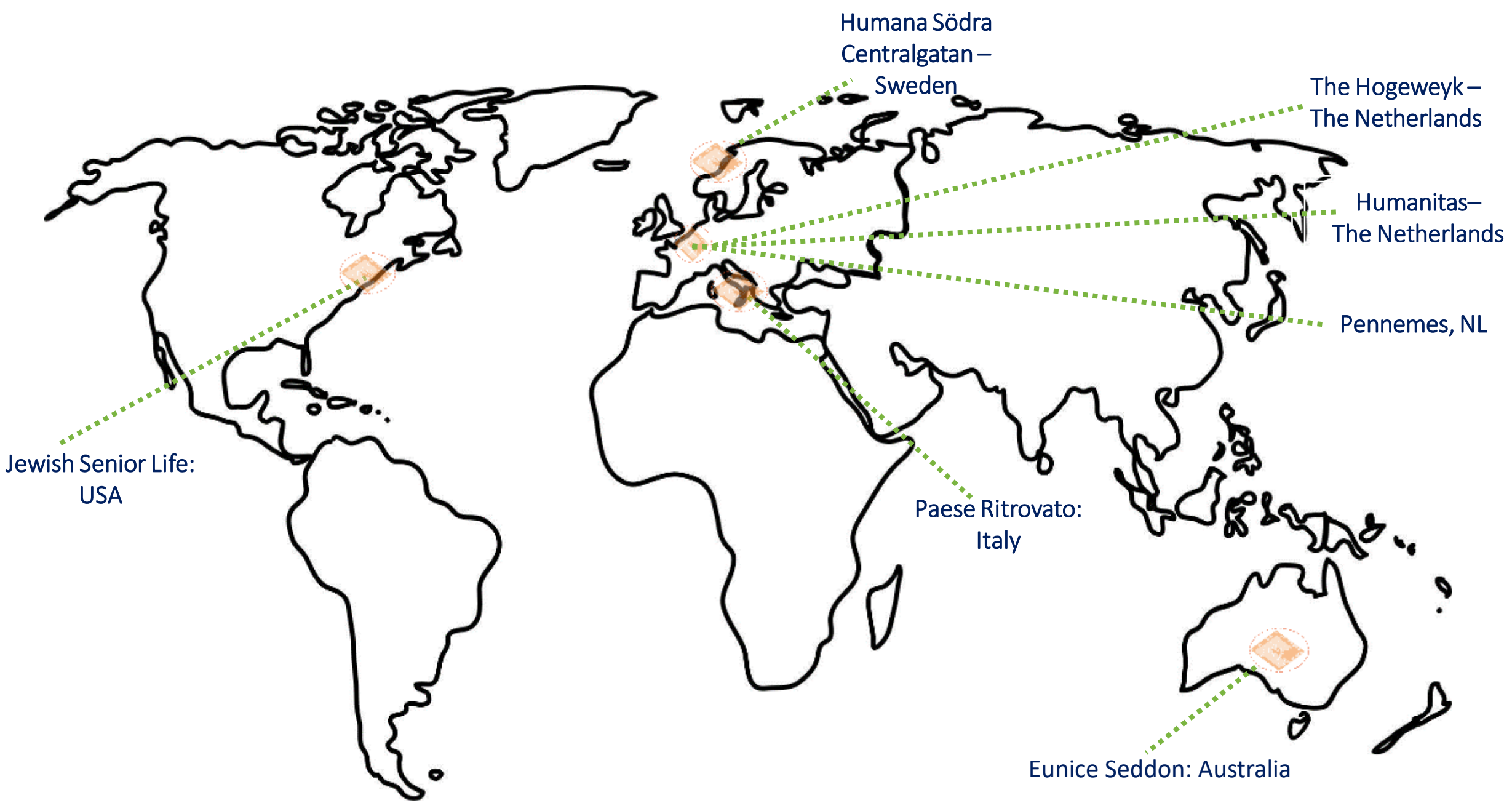
Methodology

The research utilized a mixed methods approach, comprised of the following:

- Steering Committee
- Literature Review: Quality of Life and Infection Control.
- Expert Interviews: 20 interviews conducted with various key stakeholders, service providers and advocates in the area of RLTC.
- 12 Irish case studies
- 7 International case studies




Hillcrest House
Sullivan Centre
St Mary's Residential Centre
Green Park Nursing Home
St Brendan's Community Nursing Unit
Haven Bay Care Centre
Carrigoran House
TLC City West
St Josephs Centre Shankill
St Josephs Centre Clonsilla
Millbrook Manor Nursing Home
Sally Park Nursing Home


Humana Södra Centralgatan – Sweden
The Hogeweyk – The Netherlands
Humanitas– The Netherlands
Pennemes, NL
Jewish Senior Life: USA
Paese Ritrovato: Italy
Eunice Seddon: Australia

… “her environment went from a homely place, with smiling staff to everyone wearing masks, keeping distance… It made her home very clinical, more like a hospital setting. Even now, when we can visit inside again, it is odd and distancing for us to be wearing masks. Health wise it is a necessary tool to reduce spread of germs, but still has an impact on her. Also, when we had window visits masks made it difficult for her to hear us, read lips/facial expressions etc. On a personal level, I feel the whole COVID-19 lockdown and restrictions have had a negative effect on our mother. She has greatly missed the contact with visitors. I notice this by way of her conversation now”….

High Level Findings

2. Overarching Design Characteristics, Features, or Approaches

3. Built environment issues across key spatial scales

1.Underpinning Issues

4. Planning Policy, Regulations, and Guidance

5. Barriers, Challenges & Opportunities

Ageing in place

is not only about continuing to live in your own home, but also the desire to continue living in your community. This is an important consideration for long term care and the location and community engagement of RLTC settings forms an important part of ageing in place in your community.

Role of Universal Design

RLTC settings present a wide diversity of care needs and while a proportion of residents will be able to get out of bed, move around the setting, and leave the premises on their own or with little or no assistance, many residents will have higher care needs, and will require a significant degree of assistance from staff, family members, and assistive technologies

A Universal Design approach recognises these diverse care needs and helps to provide inclusive settings that support a diversity of users with varying physical, sensory and cognitive capabilities, needs and preferences. It also recognises that settings must cater to a wide spectrum of people including residents, staff, family members, friends and various visitors.

Universal Design is applied across key spatial scales so that environments so can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability.

Quality of Life

A. Physical, Sensory, Cognitive

- Health & functional status
- Safety & security
- Physical and sensory comfort

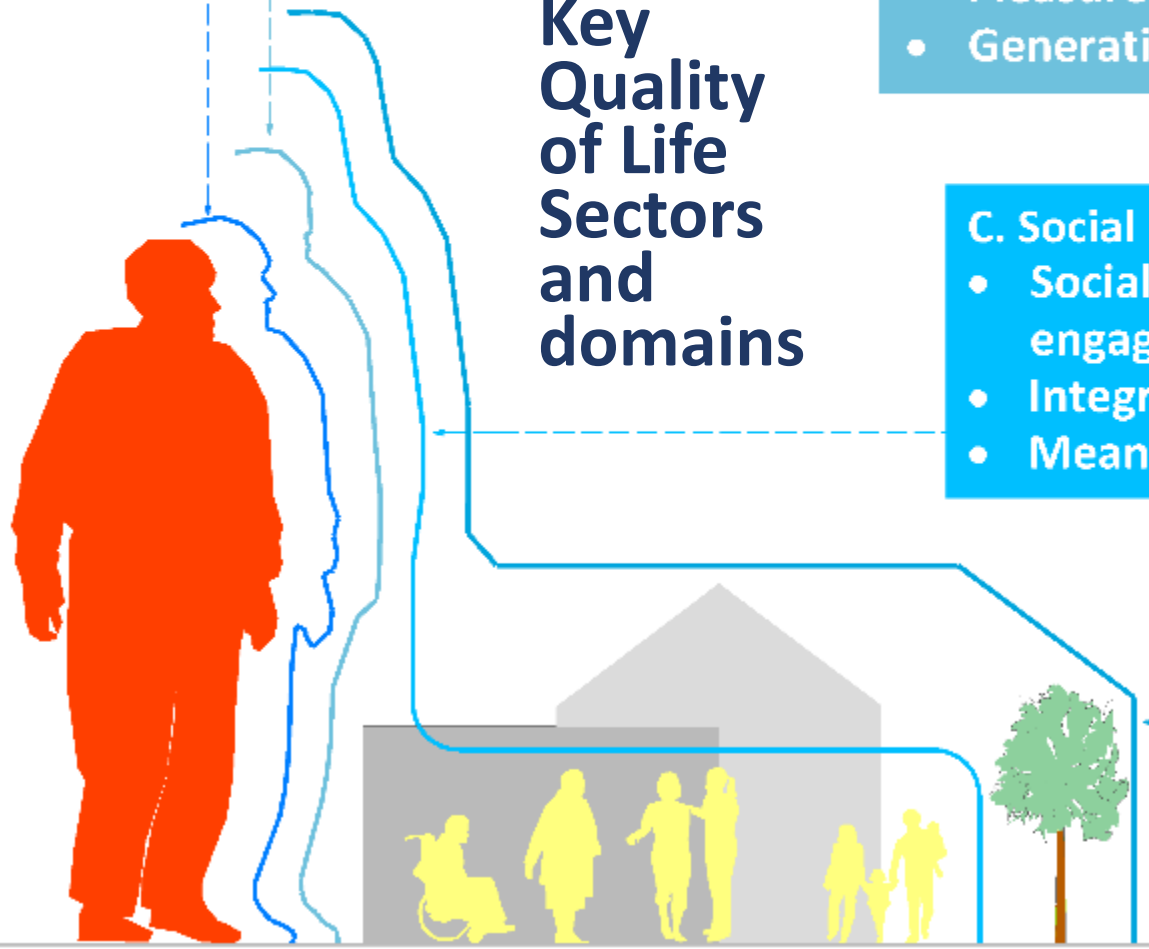
B. Psychological

- Autonomy/ control & individuality
- Privacy & dignity
- Experiencing a high quality of care
- Self-realisation & personal growth
- Spiritual well-being
- Pleasure & enjoyment
- Generativity/contribution to society

Key Quality of Life Sectors and domains

C. Social

- Social engagement, relationships & active engagement with life
- Integration & engagement within the community
- Meaningful activities



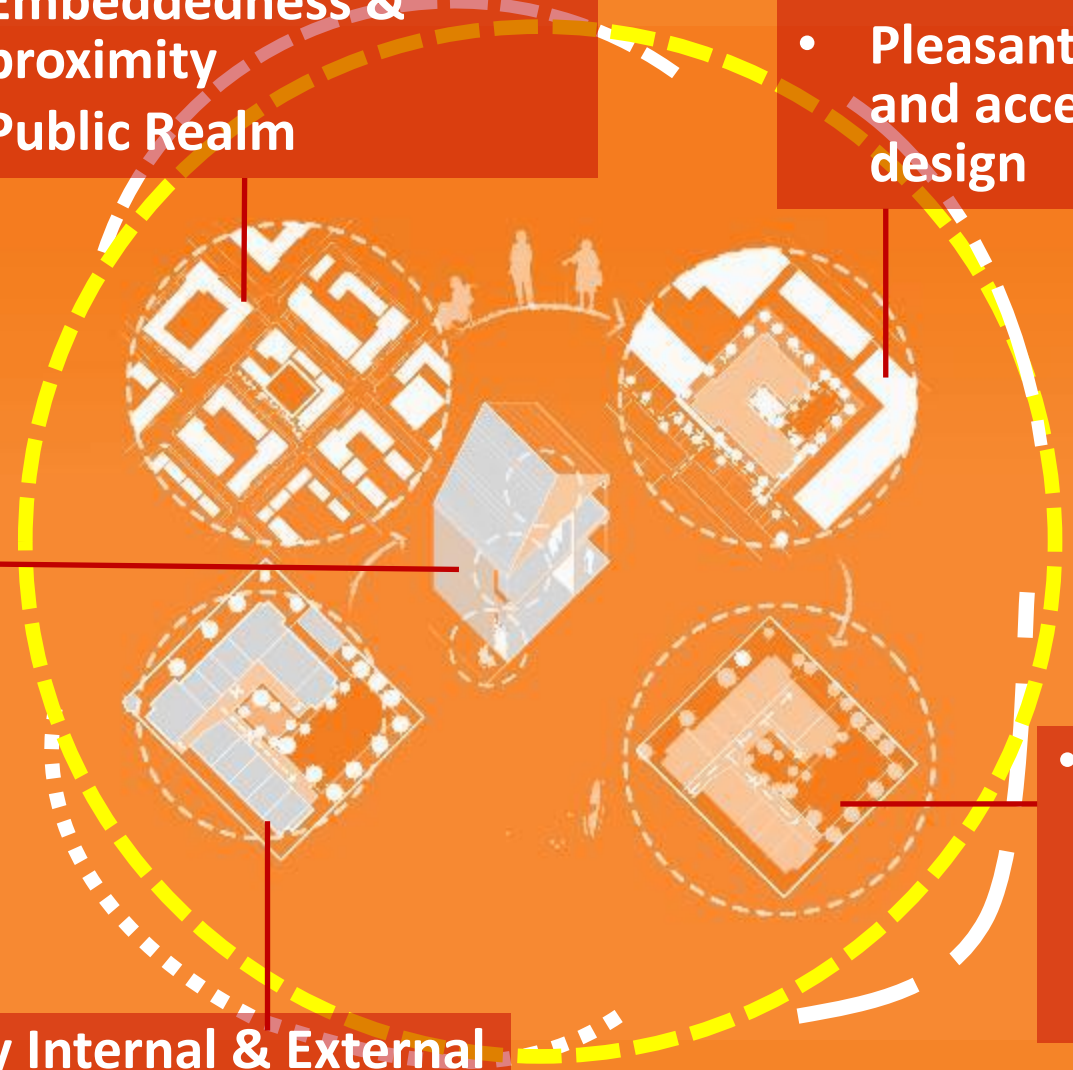
D. Place-based or Ecological

- Sense of home & sense of place
- Contact with nature and being outside

Built environment issues across key spatial scales

- Location & integration
- Embeddedness & proximity
- Public Realm

- Community Interface
- Pleasant, homelike, and accessible site design

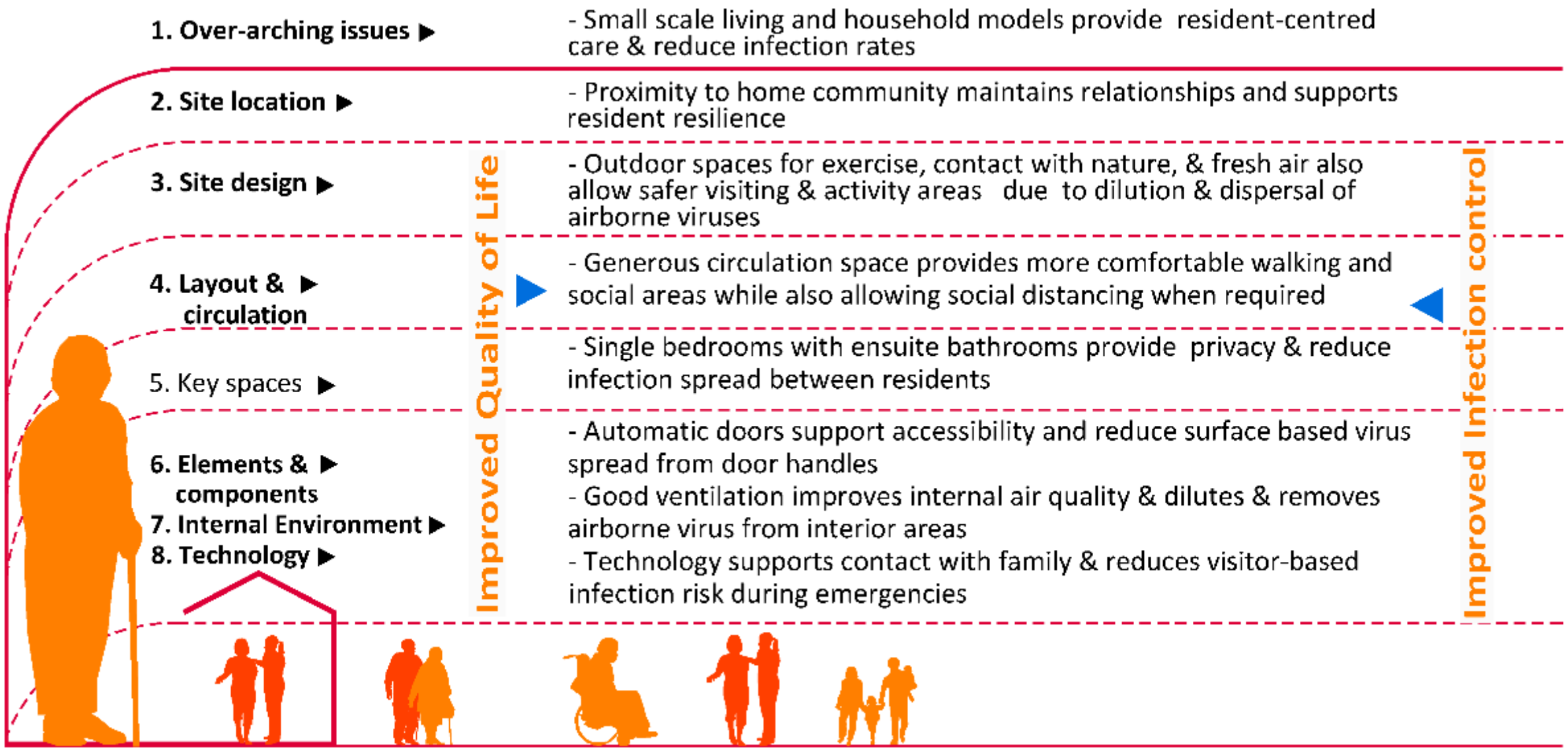


- Building Elements
- Internal Environment
- Technology

- Overall Building Layout and Circulation

- Key Internal & External Spaces

Convergence between design for improved quality of life and design for COVID-19 infection control across key themes and spatial scales.



Barriers, Challenges & Opportunities

Ageism: Investigate ageism in relation to RLTC in Ireland across key stakeholders including policy makers, planners, and design professionals to understand how this impacts on resource allocation, policy implementation, design processes, and overall progress in the sector.

Review how ageing and design for care is incorporated into the education of architects and other design professionals to ensure greater awareness and understanding of ageing, ageism, equality and equity, and age-related Universal Design issues

Climate change: Ensure energy efficiency measures are an integral part of RLTC retrofit and design. Promote further research and greater awareness around energy consumption and efficiency in RLTC in Ireland.

Develop energy specific design guidelines supporting greater efficiency through retrofit of existing settings and new-build projects. Ensure that any required retrofitting is appropriately resourced.

Examine climate change vulnerabilities in Irish RLTC settings, investigate the impact and role of the built environment, and identify specific built environment measures for existing and new-build RLTC settings in Ireland.

Develop climate mitigation and adaptation design guidelines for the built environment in RLTC settings.

Develop overall design guidelines that take an integrated approach to the design and retrofit of RLTC settings in terms of quality of life, infection control and climate mitigation and adaptation and examine how resources, including financial supports, might be allocated.

Opportunities

Leverage key international initiatives around healthy ageing and long-term care: Ensure that Irish RLTC stakeholders liaise with key international organisations and initiatives to engage with international experts, learn from international good practice and develop networks and connections to support ongoing improvement in the design of RLTC in Ireland.

Government policy supporting housing options for older people: Building on the 'Housing-with-care continuum', examine further the overlap and synergies between RLTC and support housing in Ireland. Investigate the potential issues, advantages and challenges related to location, planning, building design and operation of settings, where to a greater or lesser degree, RLTC and supported housing are integrated

New International Standards: Liaise with the National Standards Authority of Ireland (NSAI) to monitor the development of international standards (ISO and European) related to RLTC

Ensure that Irish stakeholders are involved in NSAI national committees working in the area of accessibility of the built environment and ageing to ensure that Ireland contributes to, and learns from, the development of these standards

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Research Fellow
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Thank You!

Dr. Ann Coyle

PhD.

Ann has retired from the HSE following a long career encompassing Clinical, Administrative, Managerial and Strategic Planning roles across several divisions of the Health Services. She completed her PhD in 2014 focusing on the organisational barriers to Person Centred Care within public residential care services for Older People. She has championed progressive models of care including the Teaghlach Model of Residential Care and continues to advocate for change that supports older people living in Residential Long-Term Care and the staff who support them to thrive.

Residential Long Term Care in Ireland post Covid– where to from here?

Dr Ann Coyle PhD

Remote working circa 1970…….

Our experience

- Post Leas Cross
- Competent compassionate staff
- Good Physical Care
- Challenges to person centred care
- Refurbishment programme – single rooms, upgraded communal rooms, long corridors

Late Stage Dementia

- More and more time alone
- Direct Care – 3-4 times a day
- What happened in the Day Room
- Loneliness vs Risk to skin integrity
- Which got measured?
- Staff did their best to create ‘Home from Home’ but system works against them

Pioneer sites in Ireland

- Many pockets of innovation emerging throughout the country
- Looking outwards
- Challenging taken for granted ways of working
- Debunking myths
- Tackling ageist attitudes
- Forging new pathways

- 3 examples

*

- Village hub - offices, café, spa room, gym area, recreational room, commercial kitchen-(approx. area 544m2)
- Three bungalows (approx. area 397 m2) per home

What makes a home a real home and not homelike?

- Bungalows with 6 people living in each home
- Large rooms with private gardens
- Cosy sitting room with open hearth
- Open kitchens with all meals prepared in the home
- Unrestricted access to outside

Meaningful Life within a community –Relationship based care that brings life to the people there.

- Social connectedness
- Purposeful engagements
- Deep knowing relationships between the staff and the people living in our community
- Consistent teams with versatile workers who work within a coaching culture
- A versatile carer creates a level of ownership not typically found in traditional settings

Carebright Dementia Centre Bruff

- Stand alone Dementia Village – 18 people living in 3 Houses
- Social Enterprise (25 years)
- €1200 per week per resident
- Capital costs part funded by philanthropy, Dept of Health and Mortgage from Clann Credo. €5.6m
- HIQA very supportive -No regulatory issues with food preparation, or clinical aspects of care i.e medication management.
- Stand alone v connected households
- Plans to expand to better provide for people living with late stage dementia and improve economies of scale

St Josephs Shankill

St John of Gods (Voluntary).
Visionary Leadership

60 places divided into 6 lodges of 10

Each Lodge has its own Kitchen /Living/ Dining area

Each lodge deals with different stages of Dementia

Good example of a retrofit

Good example of small within big

Rathmichael Lodge

Avoca Lodge

Delgany Lodge

Glendalough Lodge

Carrigeen Lodge

Kilcroney Lodge

NO UNIFORMS

NO DRUG TROLLIES OR NURSE STATIONS

The Village Drogheda

- Village consists of several HSE Services
- HSE replacement build to HSE Dementia guidelines
- 3 Households of 10
- Each Household has own front door
- Kitchen/Living/Dining area
- No institutional artefacts such as Nursing Stations, Drug Trollies,
- Outdoor space not ideal
- High level of engagement with residents, staff families, local schools and local NGO's
- Co Creation of operational model
- Underpinned by Human Rights perspective

Covid 19

- Traumatic experience
- Mortality
- Residents lost precious time – physically and psychologically
- Grieving relatives- *I will never get over not being there at the end*
- Traumatised staff – *The worst time of my professional life*

Some positives

- Relationships between residents and staff – Covid bubbles - residents caring about staff, interdependency
- Integrated Care
- Technology
- Media focus on RLTC nationally and internationally- opportunity for a new conversation with wider society
- Irish Reports
- Irish research

What are the Post Covid Issues?

- Infection control- small scale, compliance, work structures, revert to clinical environments
- 'Social model back 10 years' (HIQA 2021)
- Financial challenges and closures
  - 924 places since 2020 (256 Voluntary, 606 Sole Providers, 62 NH Groups)
- Drift towards bigger and bigger Nursing Homes – no incentives for innovation
- Workforce issues – poor image, hamster wheel of activity, ethics of care

What is the direction of travel internationally

- Small scale living
- 20 years of experimentation, evidence building
- Better outcomes during Covid
- Irish Context

Financial sustainability

- Ideology and pragmatism
- International evidence suggest no additional staffing costs but increased levels of engagement between residents and staff- this needs further Irish research.
- Reduced drug and food supplements costs
- Reduced staff turnover and absenteeism costs
- Reduced Hospital stays

Therefore costs need to be looked at in a holistic way

Levers and Barriers

Levers

- Infection Control
- Better working environments
- Reduced Hospital stays
- Alignment with Assisted Decision Making Act
- Alignment with human rights and ethical care

Barriers

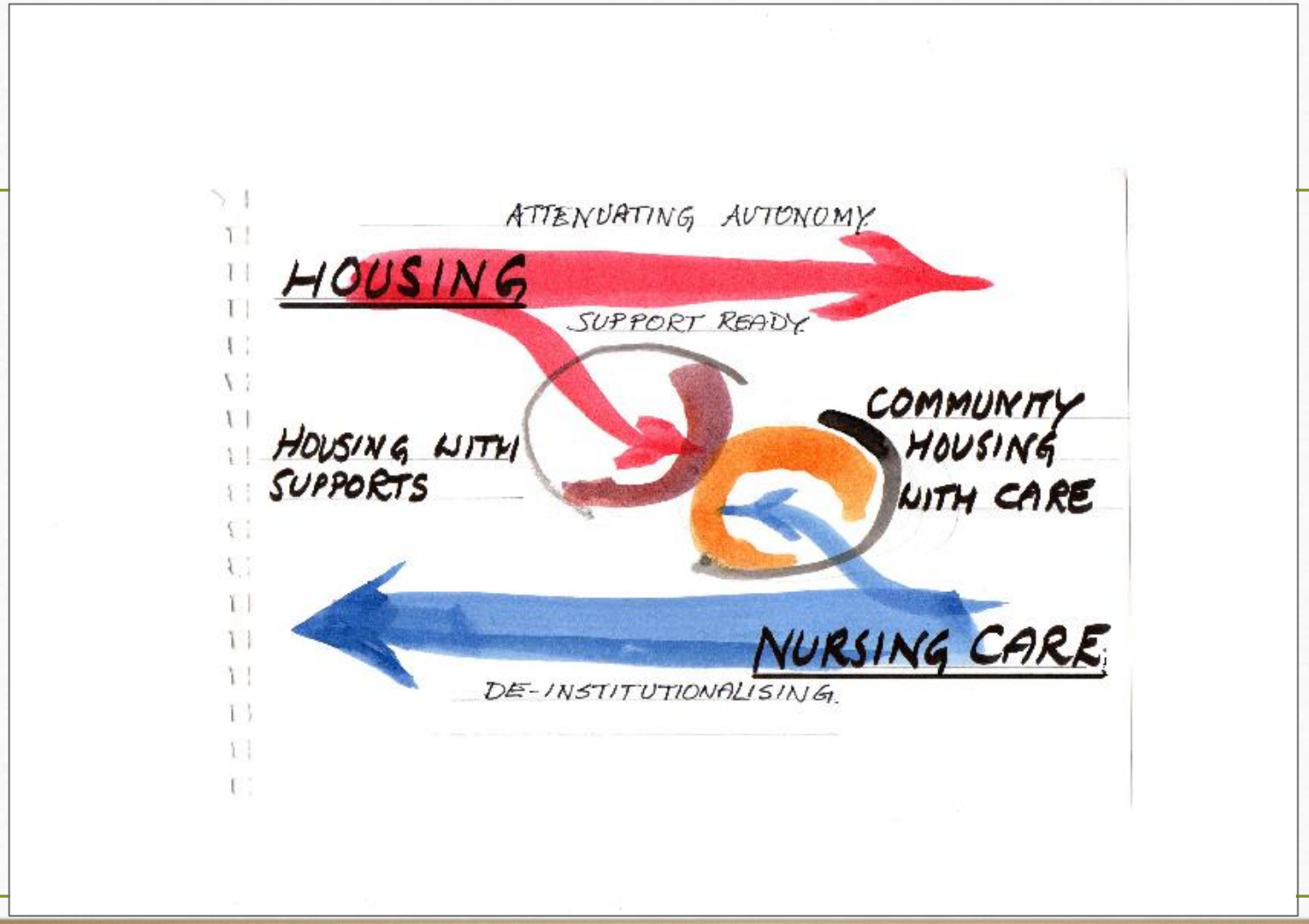
- Existing model based on evolution of care
- Concerns re financial sustainability
- Increased capital costs
- No Mandate
- No incentives
- No demand

Demographic Challenges

- Projected demand based on current models between 8 and 15k additional places required by 2031
- Bigger and bigger Nursing Homes - Is this what we want for ourselves?
- Ethics of Care -
- Heath and wellbeing –Flourishing
- Choice
  - Inclusiveness
  - Life time homes
  - Housing with care
  - CoHousing/Home sharing
  - Intergenerational
  - Small Scale Living
  - Technology

DIRECTIONS, GAPS AND OPPORTUNITIES

Rodd Bond.



The changing Landscape

- Need for more diversity and choice
- *We need a range of different designs for the diversity of older Irish people who in the future will require support outside their home* (Suzanne Cahill Irish Times 24th May 2022) Diversity of care-setting design needed for our elderly – The Irish Times
- *Consideration to be given for the development of a comprehensive, integrated social care policy that considers social care in its totality alongside Sláintecare.* Overview report on the monitoring and regulation of older persons services in 2020 and 2021 Hiqa

Where to from here?

- Whole system Collaborative change
- Co Creation
- Manifesto for Care, Ageing and the Built Environment

Outdated ideas and ways of working, which often focus on keeping older people alive rather than on supporting dignified living and maintaining their intrinsic capacity (WHO 2016)

Prof. Bram de Boer

PhD.; MSc.; BSc.

Bram de Boer is an assistant professor at Maastricht University. His work focuses on innovative nursing home environments for people with dementia. He conducted his PhD research on Green care farms as an alternative for regular nursing home care. He is involved in several projects which aim to disentangle the working mechanisms of innovative care environments mainly focusing on the daily life of residents.

Innovative nursing home care

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Examples, and research findings

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Maastricht University

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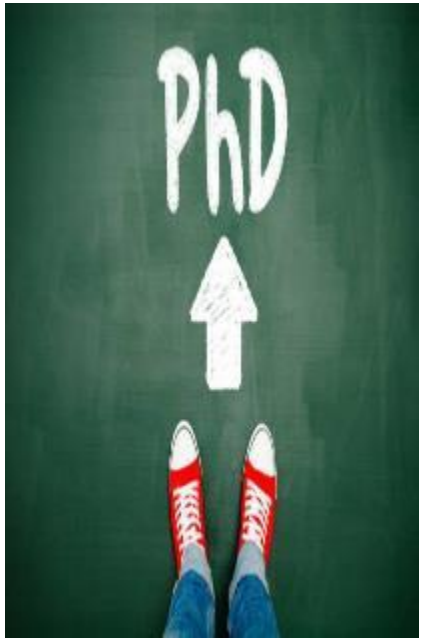

Today

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- Background, where do we come from?

- Innovative nursing home care
  - What does research tell us?

- First insights into working mechanisms

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Background

- Medical model of care

Maastricht University

Verandering in zorgconcept

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- More attention for LIVING rather than care
  * Wellbeing/quality of life
  * PCC
  * Feeling at home

- Emphasis on physical environment
  * Smaller groups, homelike environments

Physical environment

The Therapeutic Design of Environments for People With Dementia: A Review of the Empirical Research

A review of the empirical literature on the design of physical environments for people with dementia

Physical environmental stimuli that turn healthcare facilities into healing environments through psychologically mediated effects: systematic review

- Healing environment
- Enriched environment
- Person-environment Fit
- Etc.

The care environment impacts the daily life and functioning of older people, especially people with dementia.

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Radical changes in care environments

't Zorghuus
Ysselsteyn

Maastricht University

First insights

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- Small-scale living
  - No impact on quality of life, some positive indications, yet mixed results, e.g. Ausserhofer et al., 2016;
  - Employees experiences differ on work characteristics
    - (e.g. autonomy, social support, burden, e.g. Verbeek et al., 2018; Willemse et al., 2011)

- Against expectations

Study on GCF

- 3 types of nursing homes compared

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Green Care Farms as Innovative Nursing Homes, Promoting Activities and Social Interaction for People With Dementia

Bram de Boer MSc [a,*], Jan P.H. Hamers PhD, RN [a], Sandra M.G. Zwakhalen PhD, RN [a], Frans E.S. Tan PhD [b], Hanneke C. Beerens PhD, RN [a], Hilde Verbeek PhD [a]

Green care farm study

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- A video on the Green care farm study, with English subtitles can be found at the following link: https://youtu.be/GsLILrNfbzA

Effects for residents

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- Activities


Physical environment

- Social interactions

- Emotional well-being

Observations

Daily lives of residents with dementia in nursing homes: development of the Maastricht electronic daily life observation tool

B. de Boer,[1] H.C. Beerens,[1] S.M.G. Zwakhalen,[1] F.E.S. Tan,[2] J.P.H. Hamers[1] and H. Verbeek[1]

Maastricht University

Large-scale nursing homes

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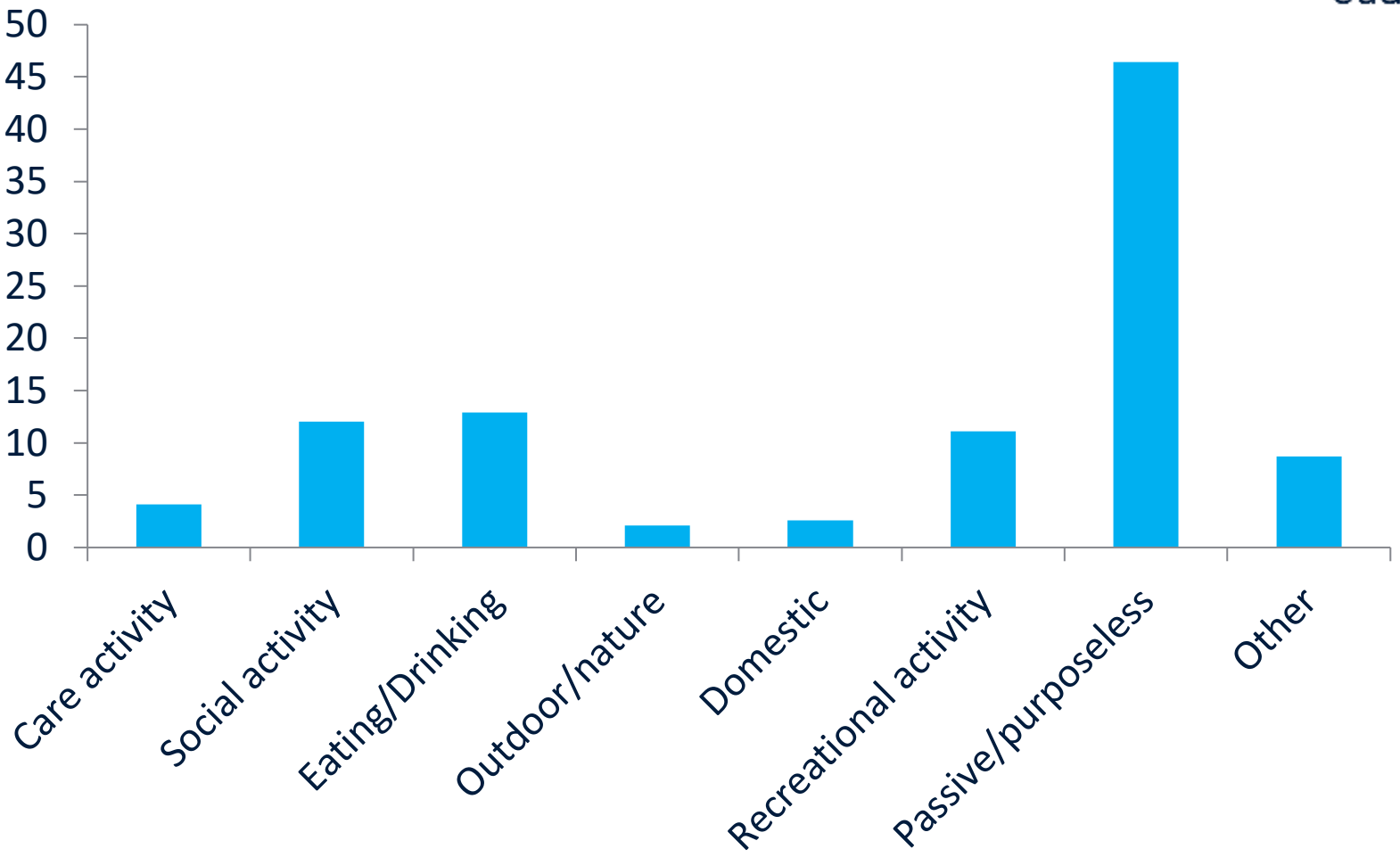

Compared with green care farms

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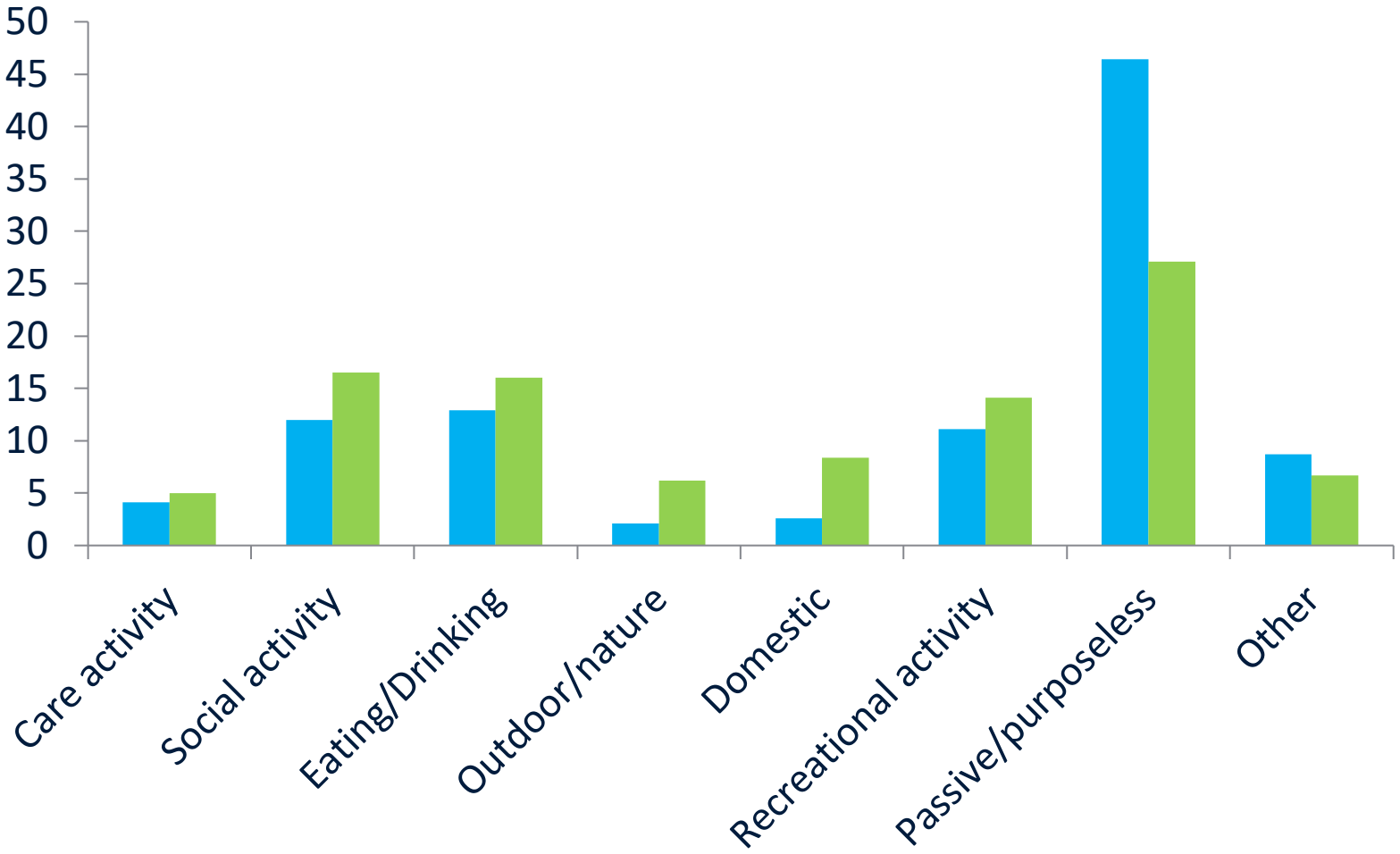

Ward, Green care farm, SSL

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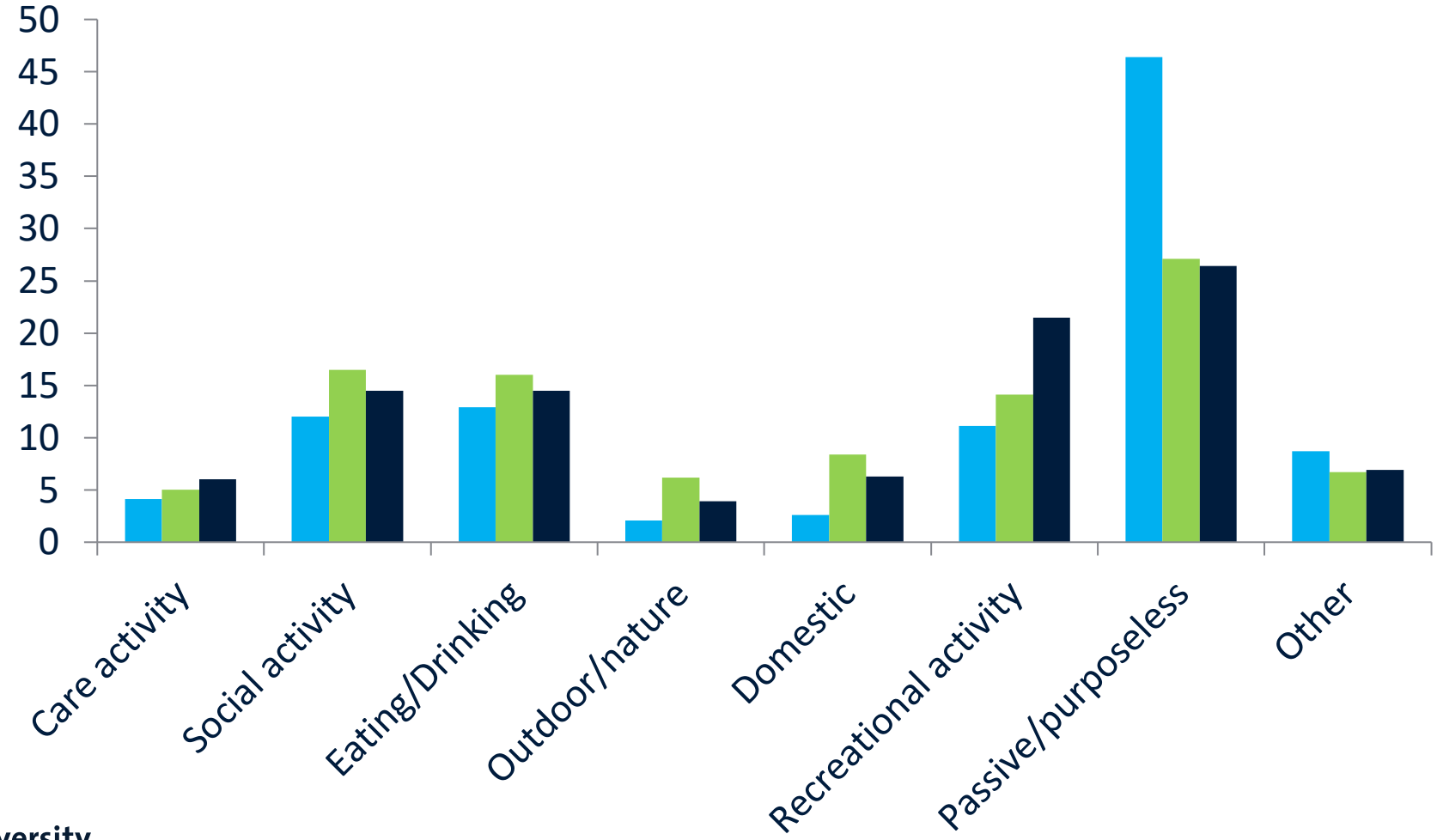

Effects for residents

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- Residents of green care farms:
  - Come outdoors more often compared with other types of nursing homes
  - Have more social contacts compared with large-scale nursing homes
  - Require more physical effort compared with other types of small-scale living facilities

Care environment = intervention

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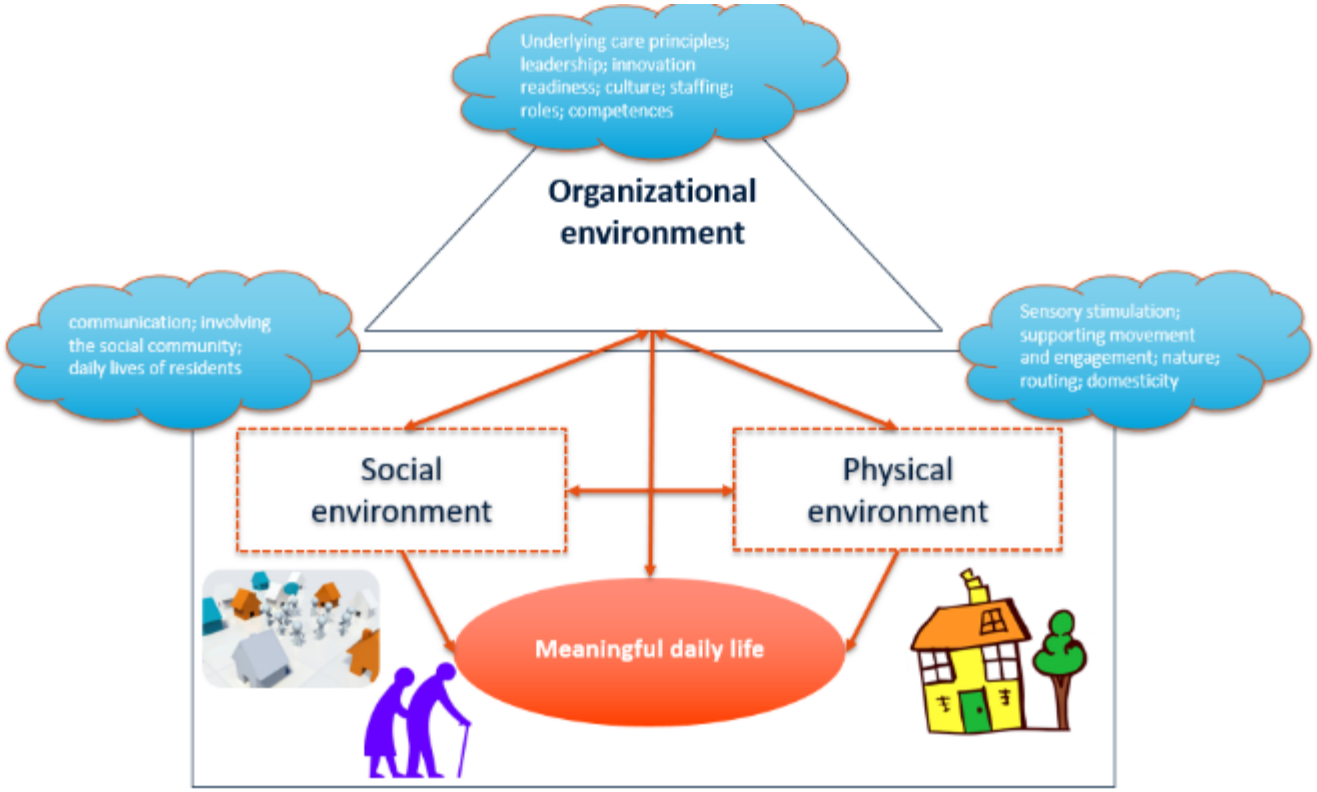

International Journal of *Environmental Research and Public Health*

MDPI

Article

The Homestead: Developing a Conceptual Framework through Co-Creation for Innovating Long-Term Dementia Care Environments

Bram de Boer [1,2,*], Belkis Bozdemir [2,3], Jack Jansen [2,3], Monique Hermans [2,3], Jan P. H. Hamers [1,2] and Hilde Verbeek [1,2,*]

Working mechanisms?

frontiers | Frontiers in Public Health

TYPE Original Research
PUBLISHED 29 August 2022
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SPECIALTY SECTION
This article was submitted to Aging and Public Health, a section of the journal

How the interrelated physical, social and organizational environment impacts daily life of residents with dementia on a Green Care Farm

Katharina Rosteius[1,2]*, Bram de Boer[1,2], Sandra Staudacher[1,3], Jos Schols[1,2] and Hilde Verbeek[1,2]

[1]Department of Health Services Research, Care and Public Health Research Institute, Faculty of Health, Medicine and Life Sciences, Maastricht University, Maastricht, Netherlands, [2]Living Lab in Ageing and Long Term Care, Maastricht, Netherlands, [3]Department of Public Health, Faculty of Medicine, Institute of Nursing Science, University of Basel, Basel, Switzerland

Green Care Farms work by…

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Care environment

The context 'Green Care Farm'…

Working mechanisms

1 2 3 4 5

…works by…

Outcomes

X Y Z …

…so residents have/can/ improve…

Green Care Farms work by…

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Care environment

The context 'Green Care Farm'…

Working mechanisms

- …providing **possibilities** for purposeful activities
- …creating a **community**
- …actively **stimulating** the senses
- …**affordance** (actions possible)
- …**continuously** transforming (stick to vision in practice)

…works by…

Outcomes

- Active daily life
- Daily functioning
- Quality of life
- …

…so residents have/can/ improve…

Current studies

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- Disentangling working mechanisms
- Studying the effects on functioning of residenst

- How to implement elements within regular care?

Thank you!

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Q & A

Virtual attendees, please put any questions in the Q & A section or raise your hand

Session 2: Manifesto Prompts

Prompt 2A

How would an ‘ethics of care’ influence the continuum of care in residential settings: from residential long-term care; to supported housing; down to general housing?

Prompt 2B

How would an ‘ethics of care’ inform and shape the planning, design, and operation of long-term care residential care settings (nursing homes)?

Join at: **vevox.app**

ID: **110-295-652**

vevox

Join at: **vevox.app**
ID: **110-295-652**

Short break

10:25 – 10:40am

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Tallaght University Hospital

Trinity College Dublin
The University of Dublin

TrinityHaus
www.tcd.ie/trinityhaus

Sum up of Morning Session

Prof. Des O'Neill

Join at: **vevox.app**
ID: **110-295-652**

Break for lunch

12:30 – 1:30pm

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Tallaght University Hospital

Trinity College Dublin
The University of Dublin

TrinityHaus
www.tcd.ie/trinityhaus

Session 3: Acute Hospital Settings – Creating more healthful, therapeutic, and caring environments

Chair/Moderator: Derek Dockrell
HSE Architectural Advisor
HSE Capital & Estates
Title: Introduction and Overview

Dr. Mairéad Bracken-Scally
National Dementia Office
Title: Learning from an Environmental Audit of Acute Hospital Wards in Ireland

Tom Grey
TrinityHaus Research Centre, TCD
Title: Dementia Inclusive Hospital Design, Audit toolkit, and MOOC

Acute Hospital Settings

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

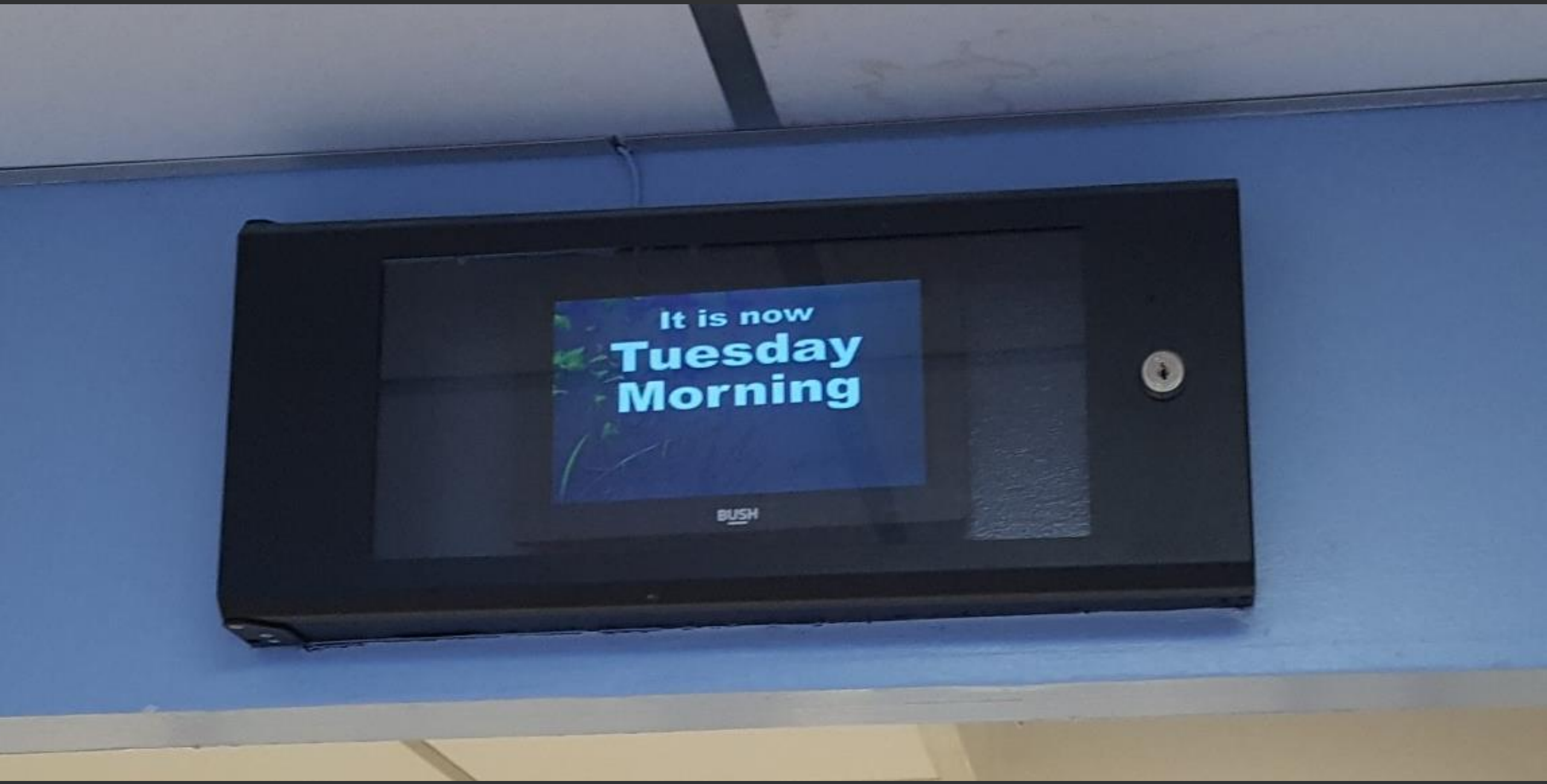
1. Context
2. Learning from an Environmental Audit
3. DFH Audit Tool
4. Discussion

Derek Dockrell,
Architectural Advisor with HSE Capital & Estates

Social care programmes for older people: Residential Care Settings, Primary Care, Enhanced Community Care Programmes and MASS sites.

Mum 10th March 1994 by David Hockney

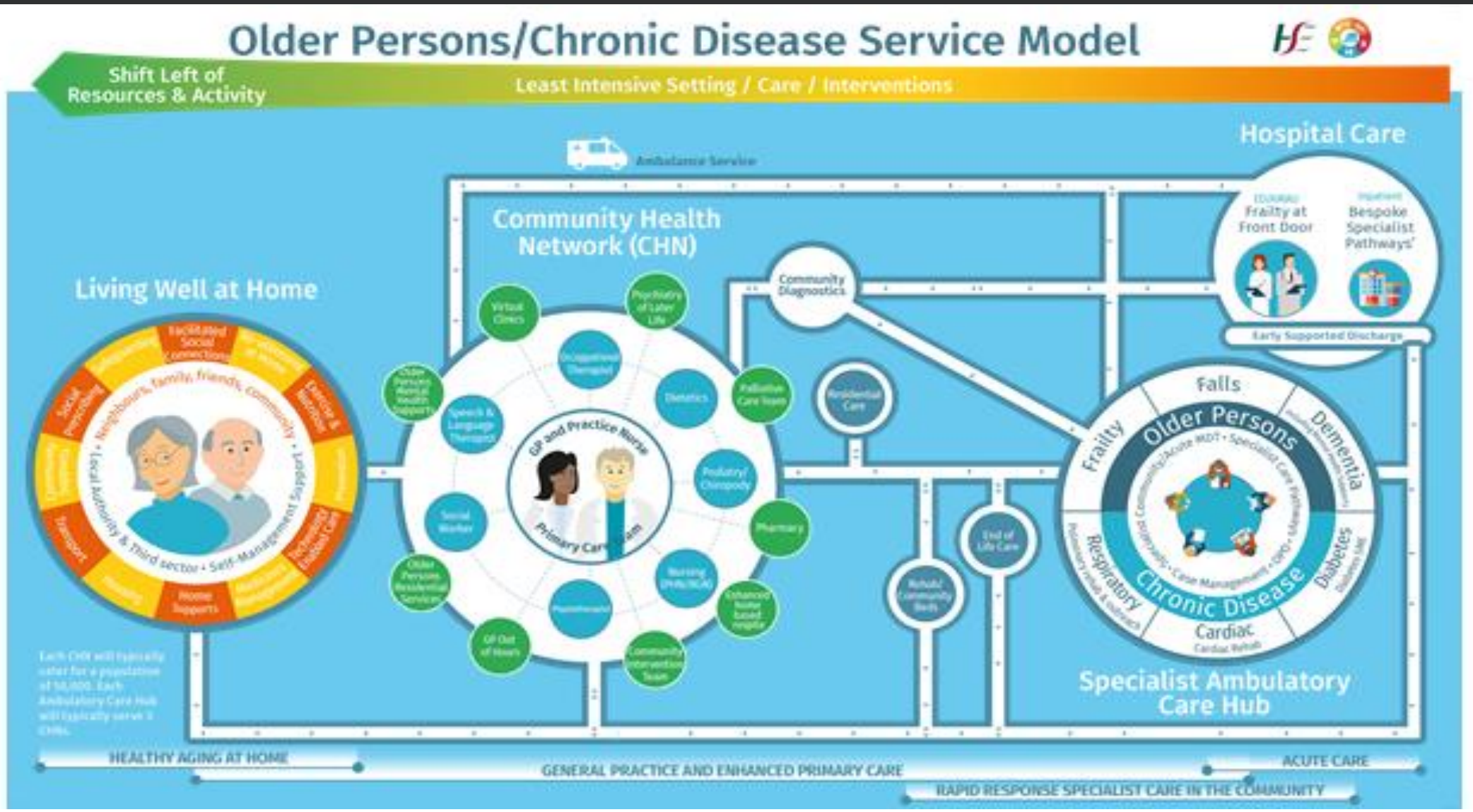

R0.22
Deisiú ÁéBA
(áis éisteachta Bone Anchor)
BAHA Repairs


It is now
Tuesday
Morning
BUSH


It is now
Tuesday
Afternoon
BUSH

Sláintecare and Integrated Care Programmes

- Enhanced Community Care hubs with ICPOP and ICPCDM
- Memory Assessment Support Services (MASS) sites
- Primary Care Centre programme is continuing to be rolled out


Older Persons/Chronic Disease Service Model
Shift Left of Resources & Activity
Least Intensive Setting / Care / Interventions
Hospital Care
Ambulance Service
Community Health Network (CHN)
Living Well at Home
Frailty at Front Door
Bespoke Specialist Pathways'
Early Supported Discharge
Community Diagnostics
Falls
Frailty
Older Persons
Dementia
Respiratory
Chronic Disease
Diabetes
Cardiac
Specialist Ambulatory Care Hub
HEALTHY AGING AT HOME
GENERAL PRACTICE AND ENHANCED PRIMARY CARE
ACUTE CARE
RAPID RESPONSE SPECIALIST CARE IN THE COMMUNITY

Well designed healthcare facilities which are calm, restful, therapeutic, healthful, caring ……

First impressions are important – welcoming


STOP
CLEAN YOUR HANDS!
STOP
CLEAN YOUR HANDS!


Clean Hands....
Save Lives

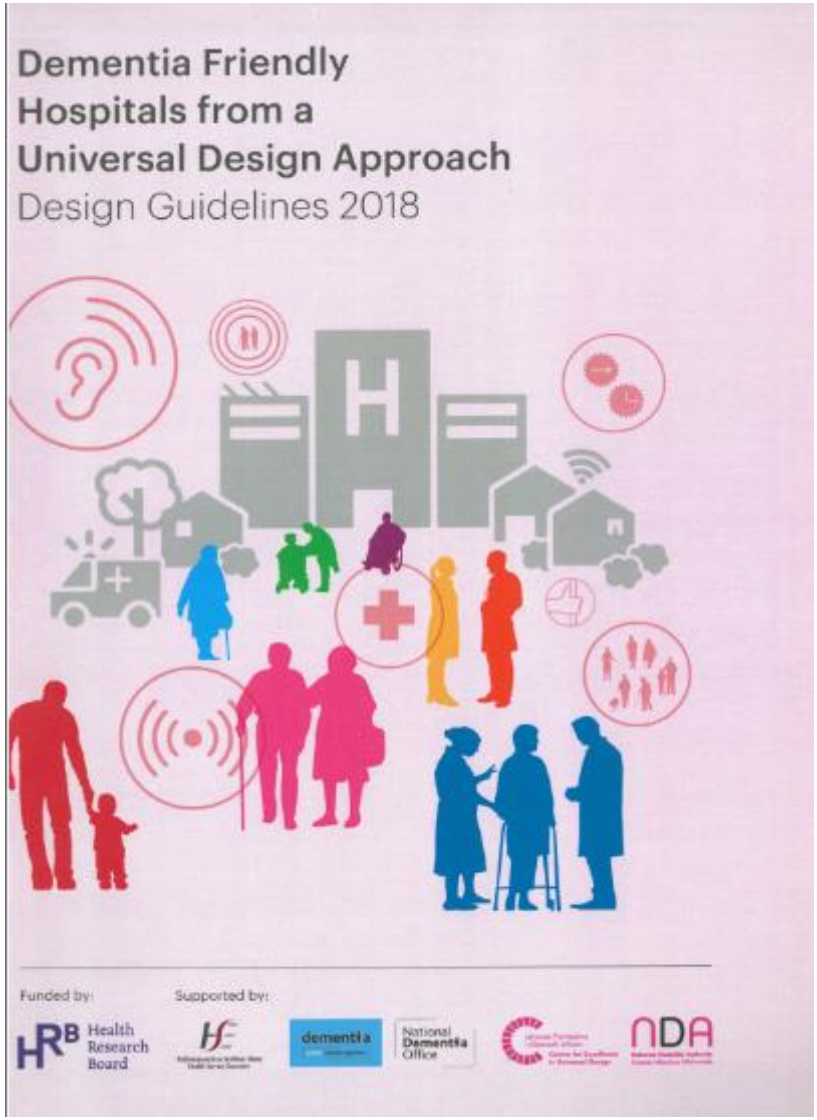
……. But please don't forget

- Reception/meet & greet
- Security
- Infection control/hygiene signage and gels
- Directional signage
- Statutory fire safety signage, panels and extinguishers
- Transport information including public transport
- Car parking and ticket machines
- Hospital policies on smoking, visiting hours etc.
- Charters
- Internal hospital notices for staff
- Fundraising events
- Concessions

(and some in at least two languages)

Each ward generally has 6-8 pieces of information

- visiting hours
- use of gels
- restrictions visitors with infections
- meal times
- handwashing
- restrictions on children visiting,
- the number of visitors per patient



Improved awareness of DF and DFH design

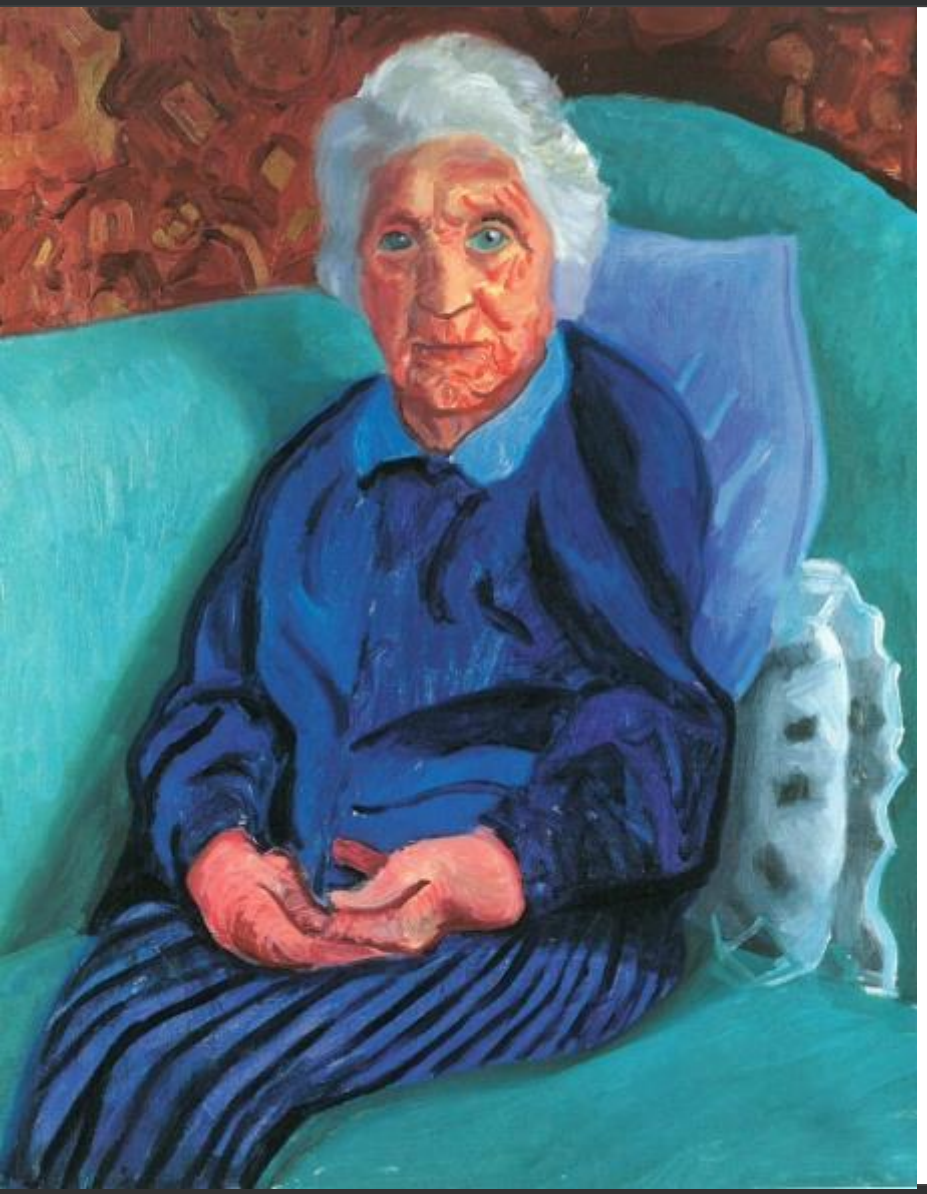
- UD Principles promoted by CEUD and NDA
- DFH wards pilot schemes
- Placemaking and wayfinding (rather than signage)
- Sustainability and green spaces agendas
- Signage manual to be upgraded


Leithreas
Toilet


Garden
Garden
Garden
Garden
Garden
Garden
Garden
Garden
Garden


It is now
Tuesday
Morning


Equipment Room



Laura Hockney 1996 by David Hockney

Mairead Bracken-Scally (National Dementia Office): INAD2

Tom Grey (Trinityhaus): Dementia Friendly Hospital Audit Tool

Dr. Mairéad Bracken-Scally

PhD; BA.

Mairéad works in the National Dementia Office as Senior Project Manager for the implementation of “Appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia” (National Clinical Guidelines, No.21). Prior to joining, Mairéad worked for six years in healthcare research and audit with a specific focus on dementia. Most recently, she was National Audit Coordinator for the Second Irish National Audit of Dementia care in acute hospitals (INAD-2). Prior to this, she worked as part of the evaluation team of a three-year HSE and Genio-funded dementia programme, based in both community and hospital sites.

Mairéad holds a PhD in Psychology from Maynooth University. Her PhD study explored the quality of life and trauma symptoms of older persons, namely retirees. She has an extensive research portfolio having worked on a variety of research projects since 2008, with a focus on healthcare research and mental health. She has been lead author and co-author on a large number of reports, journal articles and other publications.

Learning from an Environmental Audit of Acute Hospital Wards in Ireland

Dr Mairéad Bracken-Scally, HSE National Dementia Office

26th May 2023

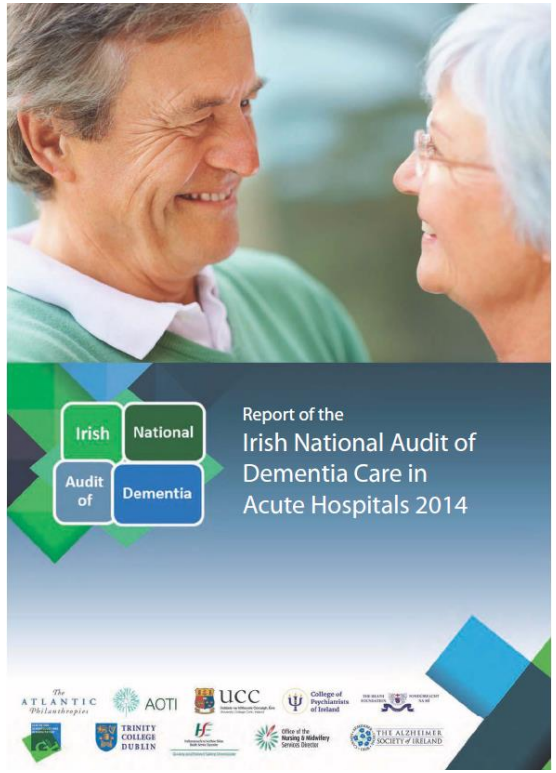
Background - INAD

35 acute hospitals audited

3 parts to the audit

- Hospital organisational audit
- Case note audit
- Ward environmental audit

Audit tools adapted from those used in the UK



Identified where environmental changes could be made to make ward environment more suitable for a person with dementia. Changes would need to be made in conjunction with increased awareness amongst staff of the needs of people with dementia, and of the benefits of providing a suitable and supportive environment.

Key findings included in the Irish National Dementia Strategy

Second Irish National Audit of Dementia in acute hospitals (INAD-2)

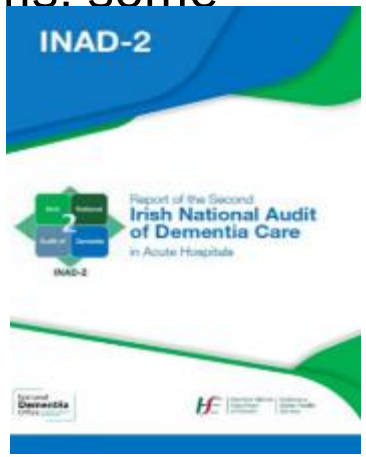
Partnership between HSE National Dementia Office and Quality Assurance and Verification, funded by HSE Acute Operations

Multidisciplinary Steering Committee, co-chaired by the NCAGL Acute Strategy and Operations and the NDO Clinical Lead

3 parts to the audit, with audit items the same or similar to INAD items, some added/expanded

33 hospitals included (31 acute and 2 orthopaedic)

Data collected June-November 2019, published 2020.



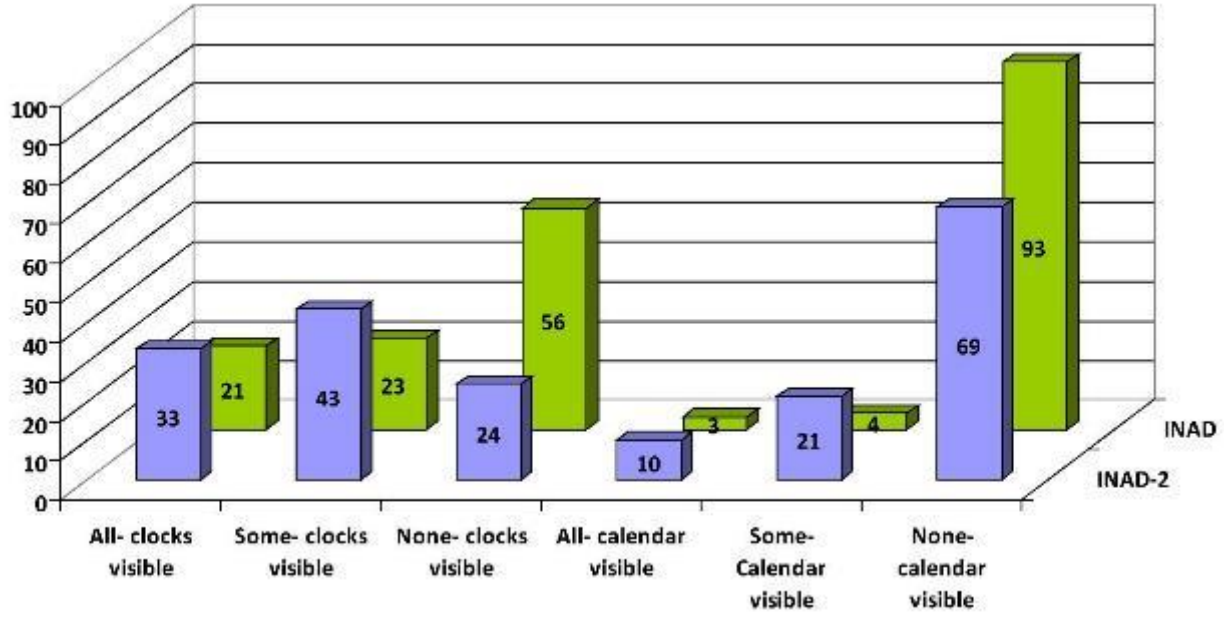
National Dementia Office

Methodology- Ward Environmental Audit

- Environmental audit tool underwent only minor amendments -used alongside in-depth environmental audit tool by TrinityHaus
- Audits carried out in 2-3 medical, surgical or orthopaedic wards in the 33 participating hospitals.
- In total, data were collected from 72 wards.
- The environmental audit was conducted through direct observation, with a small amount of input from the ward nurse manager.
- These audits were conducted by the INAD-2 Audit Coordinator and/or an auditor from TrinityHaus, Trinity College Dublin.

Audit Findings- Orientation

Some improvement from first INAD, though only small proportion of wards had adequate environmental cues to aid orientation



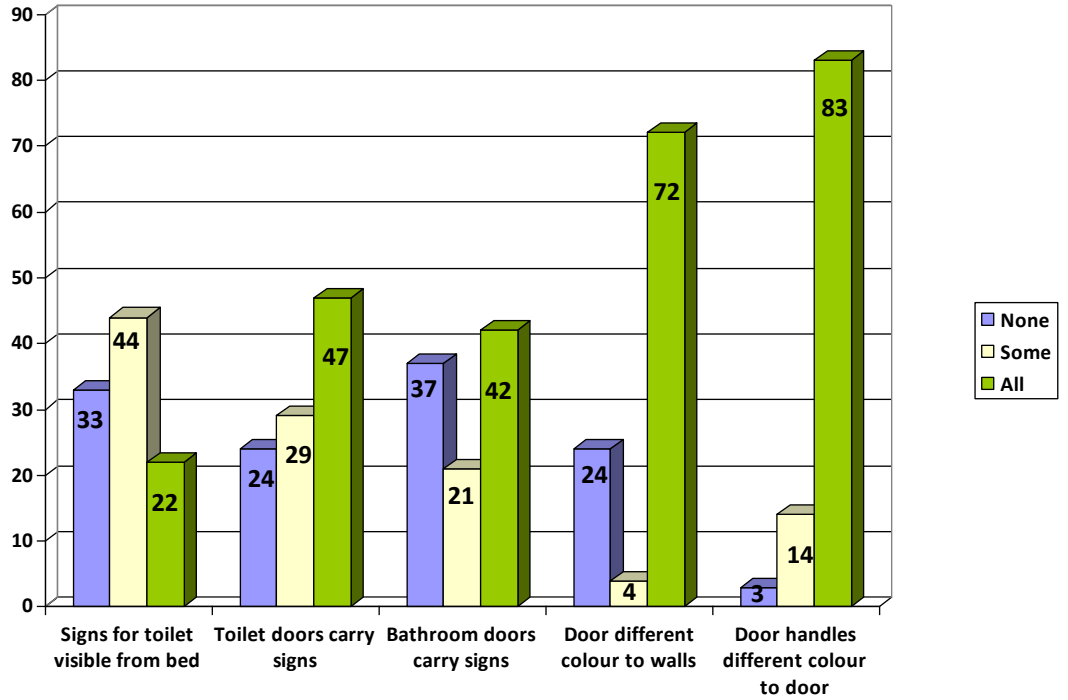
In all hospitals, the bed area was provided with a locker for patients to place personal belongings, though arguably this does not provide adequate space for the storage of personal objects

National Dementia Office

- 25% of wards had used colour schemes to help people living with dementia find their way around the ward, though this did not cover all ward areas or components, e.g. some wards painted all toilet doors a distinctive colour.
- Just two thirds of wards had some or all key areas (e.g. nurses' station) clearly marked (albeit higher than the 42% of wards in 2013).

Toilet and Bathing Facilities

- Improvements in a number of areas since the first INAD though significant gaps still exist in some hospitals.
- Two thirds of wards- toilet paper holder was a different colour to the wall (further 10% had at least some colour contrasting holders)
- Appliances/devices that promote independence (e.g. handrails, raised toilet seat) present in 93% of wards, though in some cases not all devices present in all toilets and bathrooms.
- 60% of wards- all toilets big enough for assisted toileting- this was the case in only *some* toilets in the remainder of wards



Promoting Independence

- Just 17% of wards had space outside of a standard ward corridor for active people living with dementia to walk in; less than half of wards provided handrails along the corridors. Handrails were often obstructed by equipment and trollies.
- 56% of wards had a room/area available for patients to use as a break from the ward environment.

Other Ward Features

- More than half of hospital wards had a room/area available for patients to use for a break from the ward environment.
- The flooring in the majority of wards was appropriate for a person living with dementia; all floors are plain/subtly patterned in 79% of wards and all floors are subtly polished in 71% of wards.
- Majority of hospitals reported that they had implemented some dementia friendly environmental changes.

Recommendations

Design guideline “Dementia friendly hospitals from a universal design approach” should be incorporated as standard by hospital management into all future refurbishments & new builds as follows:

- Cost-neutral or low-cost solutions should be implemented as a priority, as set out in the design guidelines (e.g. de-cluttering of ward areas to reduce excessive sensory stimulation)
- The use of social spaces, colour & other design features should be considered to assist orientation & make memorable places.
- In order to assist orientation and provide prompts- Provision of clocks & calendars, labelling of key accommodation, dementia friendly internal signage, introduction of an orientation aid (e.g. a large clock with day and date, or a digital screen with day, date, time of day etc) in patient rooms, & identification of toilet & bathroom facilities.

National Dementia Office

- Colour contrasting fittings including soap dispensers, bins and hand dryers, and a contrast between toilet paper/paper towel dispensers and the colour of the paper.
- Colour contrast handrails should be provided on all corridors of all hospital wards.
- In corridors and other areas where independence is being promoted, a management system is required to ensure that equipment and trollies do not restrict use or obstruct access to handrails and that the environment remains clutter-free.

Ward environments should be re-audited as part of a national level audit of hospitals, and hospital management should ensure that ward environments are self-audited in the interim.

National Dementia Office

What happens next?

- INAD-3 and INAD-4 have been approved for funding through the HSE National Service Plan
- It is planned that the more in-depth environmental audit tool will be used for future audits, having been benchmarked to the INAD-2 ward environmental audit tool as part of INAD-2 in 15 hospitals.

Contact

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www.dementiapathways.ie

National Dementia Office

Tom Grey

Dip.Arch; B.Arch.Sci; MArch

Tom holds a degree in architecture from the Dublin Institute of Technology and Masters in Architecture (Sustainability of the Built Environment) from the University of Auckland in New Zealand. Following 10 years in practice working on projects in Ireland, the UK, Europe, the US and NZ, Tom join TrinityHaus Research Centre in TCD as a Research Fellow in 2009. Since then, he has undertaken a variety of urban design and building design research projects examining how people-friendly design can support human performance, health, well-being and social participation. Must of this work focuses on age-friendly and dementia-inclusive communities, hospitals, long-term care settings, housing, and gardens. This work is underpinned by Universal Design and participatory design and co-creation processes.

Dementia Friendly Hospitals from a Universal Design Approach

Design Guidelines 2018

Funded by:

HRB Health Research Board

Supported by:

HSE Feidhmeannacht na Seirbhíse Sláinte Health Service Executive

National Dementia Office

dementia understand together

NDA

Brought to you by:

TrinityHaus www.trinityhaus.tcd.ie

Coláiste na Tríonóide, Baile Átha Cliath Trinity College Dublin

Tallaght Hospital

O'Connell Mahon Architects

Systematic Literature Review (> 200)

Building Analysis – Irish Hospital Case Studies (3)

- Questionnaires
- Interviews
- Onsite Evaluation
- Site Audits
- Focus Groups

Research methodology

Workshops (2)

Site-based and Desk- based Exemplars Case Studies (10) - Irish & International

eit Health

Funded by the European Union

1. Underpinned by Universal Design

Universal Design is the design and composition of a building, an environment, product or service so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability

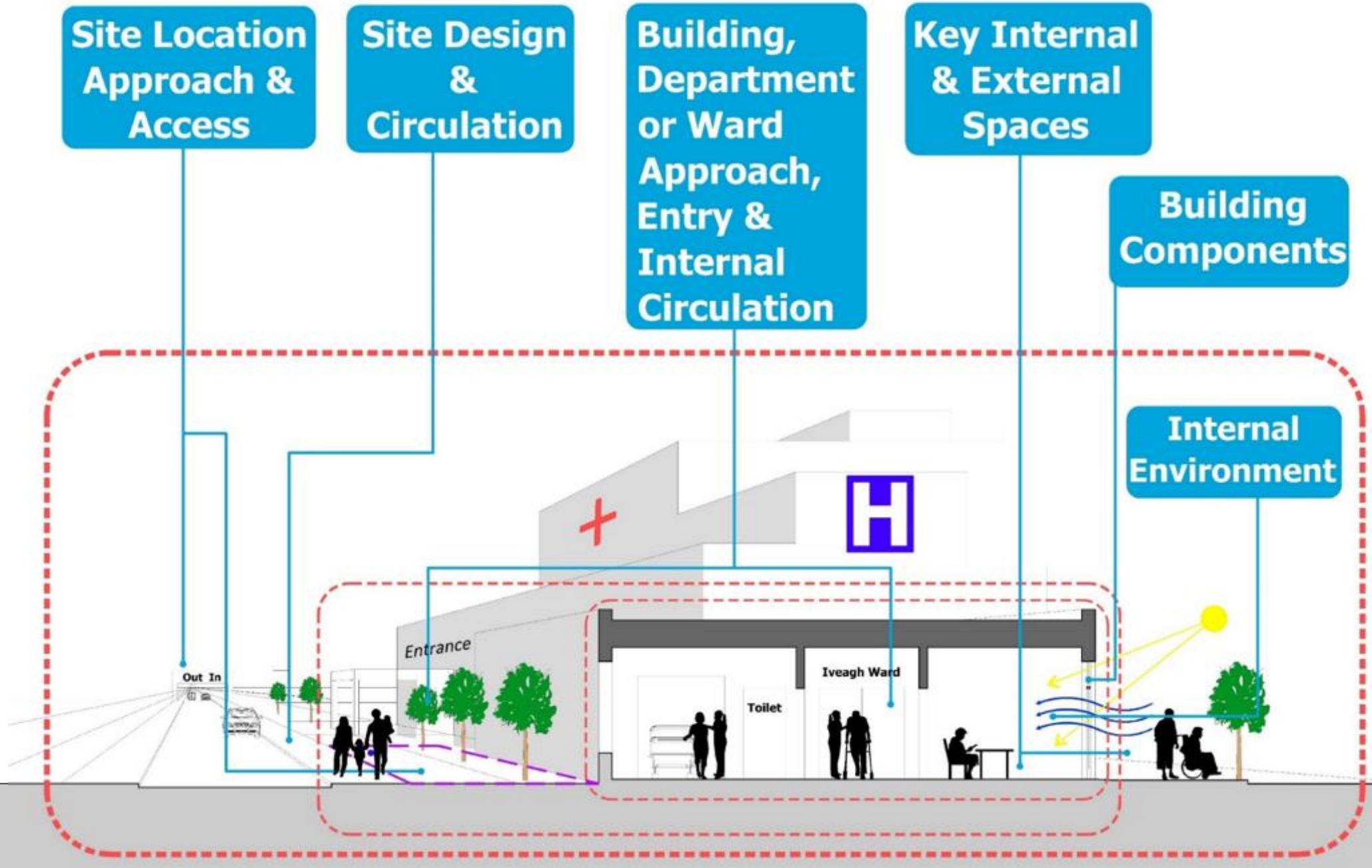
2. A holistic and inclusive approach

Universally Designed Dementia Friendly Hospitals

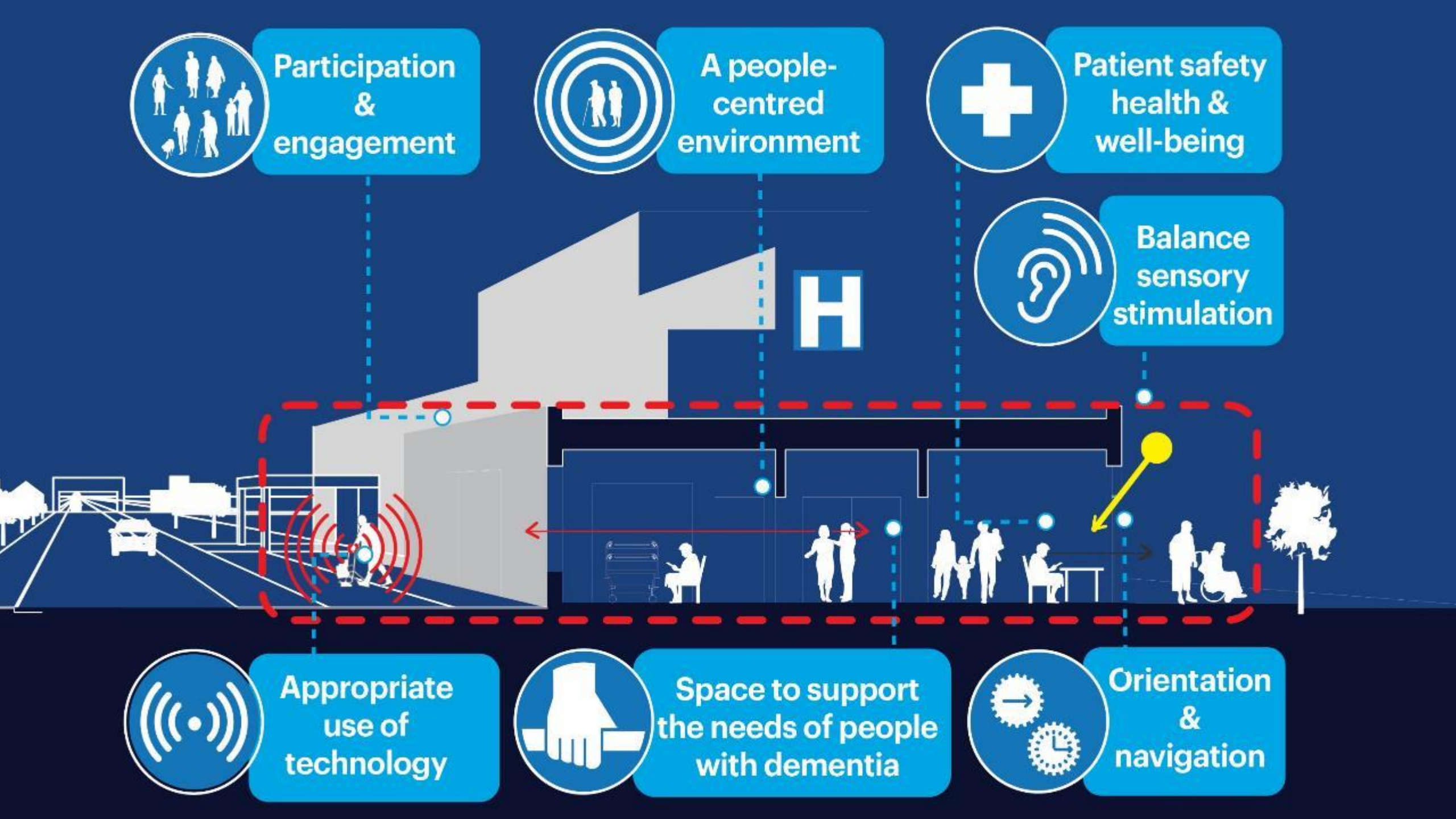
- Are accessible, understandable and easy to use for all occupants
- Recognise the cognitive, behavioural and psychological, physical, and sensory difficulties that a person with dementia may experience as a patient or visitor to the hospital; and
- Reduce environmental stress
- Provide an enabling environment to account for dementia-related disability
- Create a healthful and therapeutic setting to promote healing; and,
- Recognise that dementia friendly design, not only supports people with dementia, but also supports accompanying persons, visitors and staff in their caring role.

3. Considering the hospital across a number of spatial scales:

- A) A part of the community
- B) A whole and a spatial continuum, as opposed to a set of disconnected spaces


Site Location Approach & Access
Site Design & Circulation
Building, Department or Ward Approach, Entry & Internal Circulation
Key Internal & External Spaces
Building Components
Internal Environment
Out In
Entrance
Toilet
Iveagh Ward

4. Based on Key Design Issues linked to these Key Spatial Scales


Participation & engagement
A people-centred environment
Patient safety health & well-being
Balance sensory stimulation
H
Appropriate use of technology
Space to support the needs of people with dementia
Orientation & navigation

High quality design that creates a calm, supportive & healthful environment


South West Acute Hospital
Hospital Entrance
Emergency department
24 Hour Entrance
GP Out of Hours


Ionad Cúram Sláinte Príomhúil
& Meabhairshláinte Bhaile Formaid
Ballyfermot Primary Care
& Mental Health Centre


Welcome
LG
G
1
2

Audit toolkit

Dementia Inclusive Hospitals from a Universal Design Approach

Audit Toolkit 2020

Developed by:

TrinityHaus www.tcd.ie/trinityhaus | Trinity College Dublin | UCC | Tallaght University Hospital

Funded by:

Supported by:

dementia | National Dementia Office | Centre for Excellence in Universal Design

Contents

1. Introduction
2. Dementia Inclusive Hospitals and Universal Design
3. Key Design Features
4. Applying the Key Issues across Spatial Scales
5. Auditing existing settings and designing new buildings
6. Instructions and Key Features of the toolkit
7. Overview of the Audit Tools
   - Audit 1: Wayfinding across the full hospital
   - Audit 2: Site location, approach and entry
   - Audit 3: Campus Design and Site Circulation
   - Audit 4: Building entry and Internal circulation
   - Audit 5.1 Public Common Areas
   - Audit 5.2 Outpatients Departments
   - Audit 5.3 Emergency Departments
   - Audit 5.4 Age Related Day Services
   - Audit 5.5 Inpatient Ward
   - Audit 5.6 External Spaces
8. Links to the Design Guidelines and online Dementia Inclusive Hospitals Course (MOOC)
9. Useful Resources and Organisations

4. Applying the Key Issues across Spatial Scales

This audit toolkit aligns with the spatial structure contained in the DFH-UD guidelines to ensure that the hospital as a whole, and each part of the hospital is examined as part of a UD dementia inclusive design approach. These scales include:

Section 1: Experiencing the Hospital as a Whole

This deals with the hospital in its entirety and some cross-cutting issues such as the main external and internal patient routes that span across all key spatial scales.

(Use **Audit 1: Wayfinding across the full hospital** for this section)

Section 2: Site Location, Approach and Entry

This section covers the main issues around hospital location (including location on the wider campus), approach routes to the hospital site, and key pedestrian, cycling, or vehicular access points.

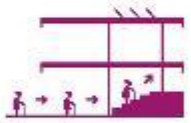
(Use **Audit 2: Site location, approach and entry** for this section)

Section 3: Campus Design and Site Circulation

Section 3 deals with the overall campus design and layout including the main outdoor public spaces, key onsite circulation routes, and parking.

(Use **Audit 3: Campus Design and Site Circulation** for this section)

Section 4: Approach Entry and Internal Circulation



The key building approach routes, the main building entrances, entrance lobbies, and overall internal circulation areas are covered in Section 4.

(Use **Audit 4 - Building entry & Internal circulation** for this section)

Section 5: Key Internal and External Spaces

Section 5 deals with all the main internal spaces, from the public common areas including shops and cafes, to the main departments such as the Emergency Department or Inpatient Wards. It also covers the key external areas associated with these common areas, departments, or wards.

(Use **Audits 5.1 to 5.6** for this section)

The DFH-UD guidelines also contain **Section 6: Building Components; Section 7: Technology**; and **Section 8: Internal Environment**. While these guideline sections do not have dedicated audits within this toolkit, there are questions within Audits 1 to 5.6 that deal with many of the key issues in these sections (e.g. finishes, lighting, artwork, etc.).

Auditing Existing Settings & Designing New Buildings

- **This audit tool can be used to evaluate existing buildings or as part of the design process for new-build, retrofit, or refurbishment/upgrade projects.**

Route-based audit

- **The toolkit has been designed primarily as a route-based audit to be conducted as part of a walk-through exercise that follows the main patient path within the area of the hospital being audited (i.e. campus, main hospital building, ward, etc)**

Assessment Methodology & Scoring

- The toolkit uses a series of questions to generate an indicative mark or score for each section & sub-section of the hospital
- Each question can be given the following score:
  0 = No; 1= Partially; 2 = Yes
- These scores are combined to provide an overall score for that area.

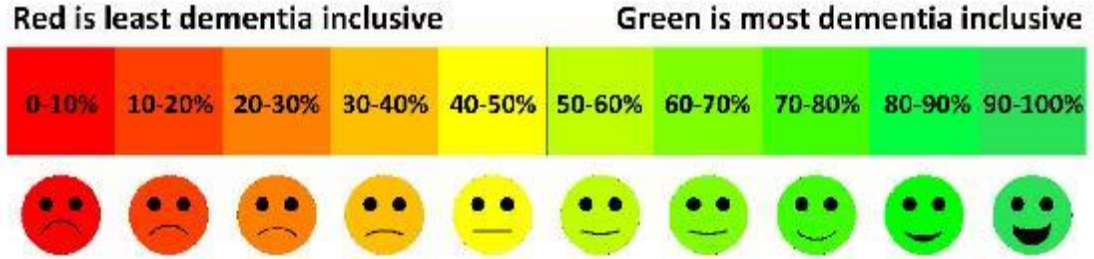
Q.		5.5.4.A: Room Entry	Score
1.		Is there large format signage, colour, or similar identifying the day room entrance?	2
2.		Is there a large format room name that is clearly visible at the entrance to the day room?	1
3.		Does the location of the day room act as a destination point (i.e., encourage exercise for patients for whom it is safe to move around the ward)?	2
4.		Is the entry door visible and easy to find on approach for all users?	1
5.		Is the door to the room easy to use for all users?	1
		A. Overall Score	7
		B. Maximum Score	10
		Total % score for this area = A÷B x 100	70%

Example

Final Overall Score for Inpatient Ward					
		Room no. or name	Score	Score Avail.	%
5.5.1	Overall Ward Design	xx	20	30	66
5.5.2	Single Patient Rooms				
	Room 1	xx	5	7	71
	Room 2	xx	4	6	66
5.5.3	Multi Patient Room				
	Room 1	xx	10	15	66
	Room 2		12	15	80
5.5.4	Day Room	xx	8	10	80
		Totals	A 59	B 83	
		Total % score = A÷B	71		

Presenting a final score at the end of each section

- marks presented rating scale from 0 to 100%.
- colour coded with 'smiley faces' to represent the dementia inclusiveness of the space being audited.
- Red is least dementia inclusive / green is most dementia inclusive.



Observations:

Audit used to capture impressions of the hospital and identify areas of good practice that can be replicated elsewhere.

Key recommendations:

Identify key recommendations to improve the setting.

1. Labelling, signage, painting, artwork or planting: Low cost and low disturbance solutions that can be considered in all scenarios, whether this involves a retrofit, or a new build project.

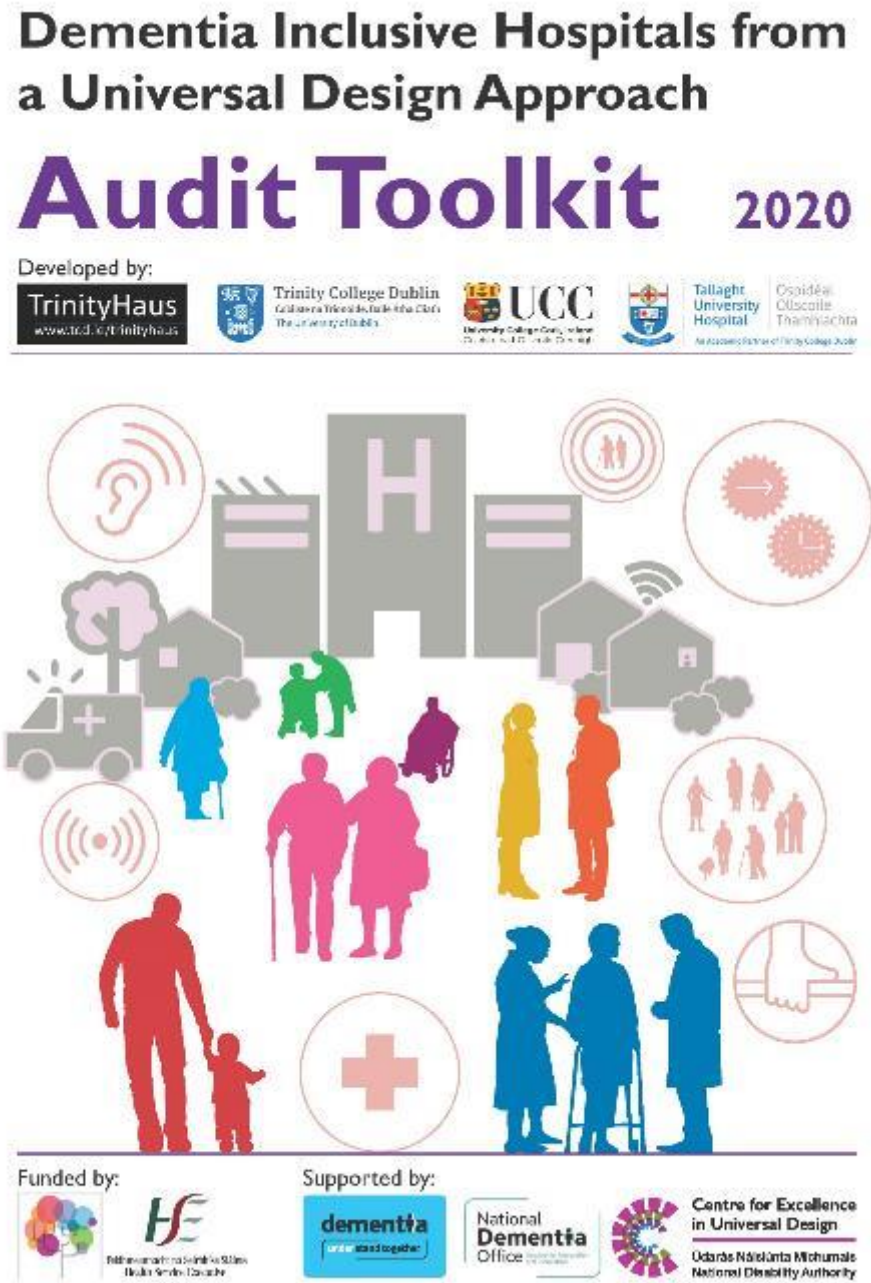
2. Assistive Technology, Ambient Assisted Living, Telecare, or Telehealth:

Given the variety of technology available, including wireless, this could represent a low disruption option.

3. Interior and exterior furniture, fixtures and fittings (F, F&F): This level will allow dementia inclusive design to inform ongoing upgrades/maintenance and replacement programmes.

4. Building fit-out including external windows and doors: may also involve the fitting of a level access shower or the widening of door openings.

5. New Buildings and spatial/structural changes to existing building: This applies to all new build or projects with major renovations. It involves spatial considerations such as room location, orientation or size, along with all associated structure and design elements such as windows, doors, etc.



A PDF version of the audit tool can be downloaded at the following link:

https://www.tcd.ie/trinityhaus/assets/pdfs/dfh-audit-tool.pdf

MOOC

Funded by the
European Union

Dementia Inclusive Hospitals from a Universal Design Approach

MOOC (massive Open Online Course)

MOOC developed by

TrinityHaus
www.tcd.ie/trinityhaus

Trinity College Dublin

Tallaght University Hospital

FUNDACIÓ CLÍNIC BARCELONA

hope
European Hospital and Healthcare Federation

MOOC funded by

eit Health

Funded by the European Union

MOOC supported by

Centre for Excellence in Universal Design
NDA

DSiDC
Dementia Services Information and Development Centre

O'Connell Mahon Architects

Based on research funded by

HRB Health Research Board

Research supported by

Fiosrúcháin na Seirbhíse Sláinte
Health Service Executive

National Dementia Office

dementia understandtogether

eit Health

Funded by the European Union

Hosted on 'FutureLearn

Course overview, structure and content

Course Overview

- 3 weeks (each consecutive week becomes available after 7 days)
- 3 hours per week
- Free access for the duration of the course (3 weeks)
- Paid subscription option gives you unlimited access
- Course material includes text, videos, images, drawings, and quizzes

Course Overview: Week 01

Introduction, over-arching issues, Universal Design, Key Design Issues.

Hide weekly breakdown

Welcome to the course

This section outlines the Dementia Inclusive Hospital Design course, sets out the main learning objectives, and describes the overall programme for online students.

Thinking about the built environment and its impact on people in hospitals

Let's meet Milly a long term patient of Tallaght University Hospital and then it is time to reflect on your workplace.

Designing for people living with dementia in the acute hospital environment

In this section, we'll explore "Dementia as a Disability" and what it means to live with dementia and the challenges faced by those living with dementia.

Universal design: Creating naturally supportive environments

This section explores Universal Design to provide supportive hospital environments that it can be accessed, understood and used to the greatest extent possible by all people, regardless of age, size, ability or disability

Key design issues for people with dementia in acute settings

In this section, we'll explore key dementia friendly design issues that are integral to overall hospital environment design.

At a Glance—Universal Design Dementia Friendly Hospitals

In this section, we'll incorporate the key dementia friendly design issues into the design of a hospital campus and inpatient ward facilities.

Course Overview: Week 02

Levels of design, Section 1 (hospital as a whole), Section 2 (location & approach), Section 3 (campus), Section 4 (building approach and entry)

Introduction to week two

This week, we'll apply key dementia friendly design guidelines that we learnt in week one to internal and external spaces within an acute hospital setting.

Levels of design and intervention

Levels of design and intervention

Section 1: The Hospital as a Whole

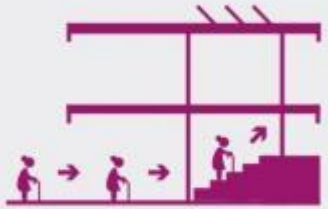
In this section, we'll discuss patient orientation and wayfinding from public spaces to semi-private and private rooms.

Section 2: Site Location, Approach and Entry

This section provides guidance regarding, location and siting of buildings and the quality of adjoining public spaces.

Section 3: Campus Design and Onsite Circulation

This is all about looking at how we create the right circulation routes to make it as easy for all patients to navigate what can be very confusing buildings for the unfamiliar.



Section 4: Building Approach, Entry and Internal Circulation

This section will describe critical navigational elements that are vital to a dementia friendly, supportive public hospital.

Course Overview: Week 03

Refresher, Section 5 (Key internal and external spaces), Section 6 (Building components), Section 7 (technology), Section 8 (internal environment)

Refresher–Key Design Issues

In this section, we'll review the Key Dementia Friendly Design Issues relevant to hospital settings.

Section 5: Key Internal and External Spaces

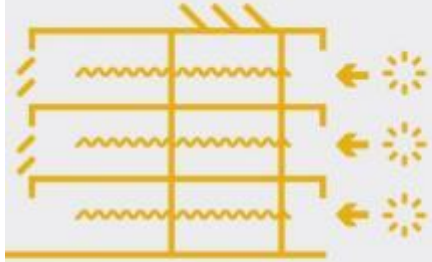
In this section, we'll examine how Universal Design can improve patient interaction with key internal and external spaces inside a hospital setting.

Section 6: Building Components: Materials, Fit-Out, and Signage

In this section, we'll review the effectiveness of internal building material, fit-outs, and signage to creating a safe, welcoming, and efficient patient experience within a hospital setting.

Section 7: Technology

in this section, we'll determine the effective use of technology to assist people with disabilities perform everyday tasks within a hospital setting.

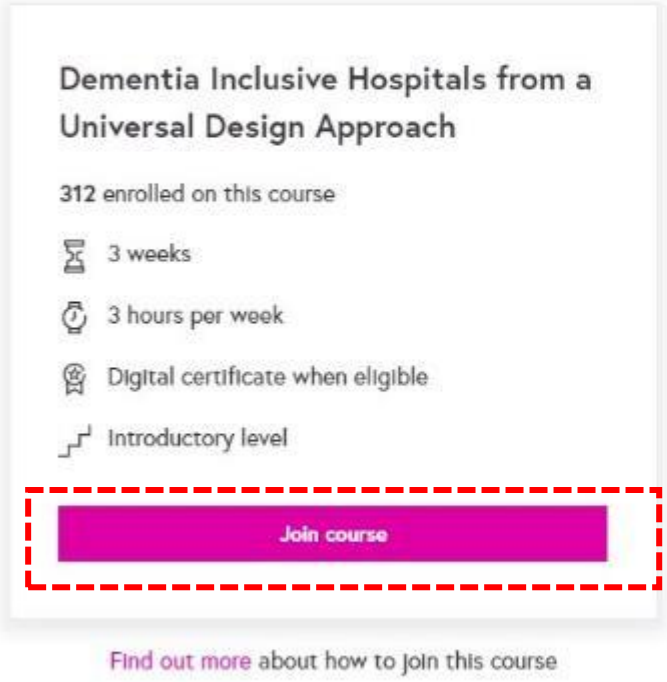


Section 8: Internal Environment

In this section, we'll examine the effective use of light, heat, and sound to produce relaxing ambience within internal hospital spaces for people living with dementia.

How to register

https://www.futurelearn.com/courses/dementia-inclusive-hospitals-from-a-universal-design-approach



To register and complete the course, go to: https://www.futurelearn.com/ courses/dementia-inclusive-hospitals-from-a-universal-design-approach

Q & A

Virtual attendees, please put any questions in the Q & A section or raise your hand

Session 3: Manifesto Prompts

Prompt 3A

How would an ‘ethics of care’ inform and shape the design, operation, adaptation, or retrofit of acute hospital settings?

Prompt 3B

Finally, and in relation to all of the issues outline above, how would an ‘ethics of care and the built environment’ and the commissioning, design, operation, and adaptation of these settings inform our response to climate and nature/biodiversity as follows:

a) In terms of climate responsiveness, how does the built environment in these settings influence how we are affected by, and respond to climate change?

b) In terms of nature and biodiversity, how does the built environment in these settings frame our relationship with nature – how we care for nature (consider the past, the present and the future of this relationship), and how nature cares for us?

Join at: **vevox.app**

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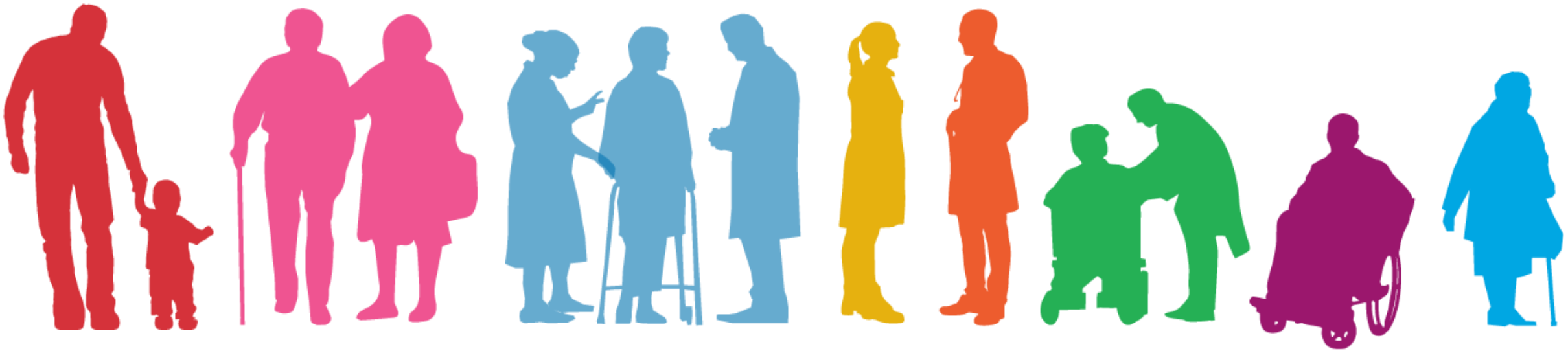
Bringing the prompts together

Towards a manifesto for care, ageing, and the built environment



Close of Symposium

Prof. Des O'Neill

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For more information:

www.tcd.ie/trinityhaus

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