



KEY POINT SUMMARY

OBJECTIVES

To use the five levels of safety framework to understand how different spaces within a psychiatric unit relate to incident patterns.

DESIGN IMPLICATIONS

While safety is an important consideration in all healthcare spaces, the authors propose that the likelihood of dangerous incidents and staff concerns about these incidents can be categorized and therefore potentially prioritized by designers. Designers could consider gathering staff perspectives on safety issues so that their designs can be better informed by relevant, local safety concerns.

An assessment of levels of safety in psychiatric units

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Key Concepts/Context

As mental treatment facilities see increases in the number of patients seeking care, facilities face mounting pressure in their attempts to promote patient well-being and safety. The author suggests that there is a lack of systematic empirical studies that examine how the design of mental healthcare facilities contributes to patient care and safety. A previous study categorized the different spaces within psychiatric facilities into five categories as follows. Level 1: Staff areas where no patients are allowed. Level 2: Hallways, interview rooms, and counseling areas where patients are under direct supervision. Level 3: Public lounges and activity spaces where there is less patient supervision. Level 4: Patient bathrooms and bedrooms, in which patients have minimal or no supervision. Level 5 (a): Admission areas, which hold unknown potential risks between patients and staff, and Level 5 (b): Seclusion rooms, where patients with extreme conditions are relocated. Although the Center for Health Design has already developed the Safety Risk Assessment Toolkit according to these five levels, there has been little empirical research done to gauge these frameworks against data related to incident reports from psychiatric facilities.

Methods

The researchers operated under two research questions: 1) Do staff perceptions and incident reports confirm the differences in levels of safety among different areas in the facility? 2) Do specific types of safety incidents occur more often in certain areas of the facility? The study took place in an 81-bed hospital. Hospital records from 2007 to 2013 were used as quantitative data for analysis. Safety incidents corresponding with specific locations were also studied.



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Findings

Safety issues with staff service areas, corridors, dayrooms and lounges, and patient rooms and bathrooms were found to be especially high through both quantitative and qualitative analyses. Staff focus groups showed a surprisingly low level of safety concern for seclusion rooms and admissions areas. This is somewhat at odds with the previously suggested 5-tier categorization of safety levels, so the authors have proposed an improved 6-tier tool for prioritizing hospital safety: 1) Staff service areas, 2) Seclusion rooms, 3) Admission, 4) Corridors, counseling areas, and interview rooms, 5) Lounges and activity rooms, and 6) Patient bedrooms and bathrooms.

Limitations

The authors note that since this study was conducted in a single psychiatric facility, the results may not be representative of facilities everywhere. Since the incident reports used in this study go back nearly a decade, changes within the facility during this time may have acted as confounding variables. Patients and their families were not included in the interview process.

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