



## The design meeting

*“Design is everything. Everything” – Paul Rand*

It is interesting that we work in outpatients, clinics and consulting rooms every day, and hardly give a thought to the design of the building. When was the last time you held a design meeting in your practice or department? Obviously, the choice of design of a unit depends upon many factors, such as what you want to achieve and objectives (called “attractors” in management “speak”), although many themes run parallel in most healthcare delivery systems (known as fractal geometry).

Finding the architect’s plans or blueprints is one of the problems of holding a design meeting. No one seems to know where they are. This is all easier said than done, and I have the feeling that when I ask for the plans, they think I want to blow up the building.

The time to hold a meeting is when you get to the “edge of chaos” which must have arrived well before last week with the current doctor and nurse shortage. It forces creative adaptive ideas. Invite anyone you like to a design meeting as it is a neutral topic, and can help with team building. We held one once, and a doctor who hardly ever spoke hesitantly said: “Why don’t we put a door over there?” It opened up a whole new flow system which none of us had previously visualised.

Obviously, different configurations are required for different practices and clinics. The private practice model may suit small volumes with an insured, middle-class population, while other designs suit high-volume care to densely populated areas of low- or no-income patients.

There are centres for healthcare design, as well as a healthcare design magazine in the USA. They address everything from the colour of the paint on the walls to the dying pot plant

in the waiting room. It is interesting that they now place an emphasis on plans for security as well.

It is a law of the universe that if you wish to change anything, you won’t be able to go any further if you don’t have commitment from top management. This requires a “battering up” process.

The doctors themselves also need to be convinced. We don’t like to think that we are resistant to change, but resistance to change by physicians is well documented. Are you going to give up your consulting room just because it is an inefficient, slow and outdated form of healthcare delivery?

The patient’s journey through the healthcare maze can be used as a framework in the design meeting. The agenda can be signage, parking, entrance, reception and filing. Focus can then shift to the flow through to the consulting rooms, procedure rooms, other healthcare workers, the pharmacy, and then the exits. Lighting, surfaces, steps, ventilation and temperature control, the width of the doors, and the positioning of the examination beds and instrument trolleys can fall under “any other business”.

Let’s consider two questions. Are all the forms you need within arm’s reach of your consulting room chair? And now take something as seemingly simple as the curtaining around your examination bed. How many of you are happy with the space you have in which to move around between the examination bed and the curtain? I rest my case.

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