

# Welcome to a New Era in Hospital Design



BSA

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For the past few decades, those of us who design, build, and operate healthcare spaces worked hard to reshape the public perception of hospitals and healthcare facilities. We softened forbidding, fortress-like institutions into warm, welcoming places. We introduced views to nature, flooded spaces with daylight, and incorporated natural regional materials. We created large, open lobbies and family areas for people to gather during their most vulnerable times.

People responded to these changes feeling more at ease, secure, and confident about the quality of care for themselves and their loved ones. They felt good settling into a big couch in a hotel-like lobby surrounded by other people, grabbing a cappuccino in a coffee shop, or having lunch in a café. We learned that these spaces literally contributed to the healing that took place

within the hospital's walls and helped to reduce the time that healing takes.

Now I see that perspective change through the lens of the COVID-19 pandemic. The profound impact of this event imbues an altered perception of healthcare facilities. Many of us probably now see hospitals as unsafe destinations of last resort ... places where, once you go in, you might not come out.

We cannot change that COVID-19 perception completely with design. Still, those of us who create these spaces need to reassure people who enter hospitals that these places help sick people get well, and assist healthy people maintain their well-being using medically prescribed health practices. Furthermore, we need to make certain that people feel safe visiting patients. We need to ensure that hospital staffers feel they work in safe, comfortable, and desirable places.



## How do we do this?

For starters, we must consider and address all the variables. BSA LifeStructures began this process shortly after the pandemic struck, creating a task force to consider how healthcare spaces will need to respond to COVID-19 and its long-term impact on healthcare. That team identified a number of areas on which to focus, including:

- **Vulnerability** – not only to disease but also to terrorism and other concerns.
- **Design** – considering matters such as space flexibility, surge capacities, and increased need for mental health spaces.
- **Services** – including risk assessment, crisis planning, real-time simulations, and retrofits.
- **Materials** – easy-to-clean materials that perform with bleach and other cleaning supplies. The use of antimicrobial surfaces, movable barriers, copper, and other considerations.
- **Systems engineering** – addressing factors such as airflow and balance, filters, light and access.
- **Patient flow** – keeping in mind new social-distancing concerns, pre-registration possibilities, visitor restrictions, the flow of sick patients relative to the flow of well patients, etc.

Honestly, these ideas only begin to scratch the surface, but they capture some of the big-picture aspects of healthcare design that need to be addressed.

No longer an academic exercise, we, those of us with projects in the design phase, must alter our former preconceptions and visions. Currently, our team began reimagining a new entry sequence for a local large-scale project requiring careful consideration of the impact that first impressions make on the clientele.

Think about it: A few decades ago, when you entered a hospital, you typically found yourself in a small space facing a sentry-like front desk unable to proceed to other areas until you gained clearance from a volunteer donned in a pink smock and perched behind that desk. Seeking to change that experience, we transformed hospital entry points into wide-open, comfortable spaces where people consulted friendly greeters or proceeded in whatever direction they preferred.

In the wake of COVID-19, the more current setting may still feel uncomfortable. We want well-monitored and safe spaces. As such, the preference may be a return to the more “required” sequence of reception and security. This sequence requires the flexibility in offering some sort of transparent barrier in the case of another pandemic outbreak or even during a typical cold-and-flu season. Visitors may be required to pass a temperature scan before proceeding and probably some type of security sequence requiring bag checks and metal detectors to continue.

Furthermore, many of us will no longer feel comfortable in wide-open areas surrounded by strangers who, for all we know, might be carrying a virus. Those comfy couches and soft textiles may seem like magnets for disease. As a result, reception and waiting areas will need to be redesigned, creating areas that project a sense of safety and cleanliness without feeling cold and unwelcoming. Also, we will need to create flexible

spaces that allow for a sense of social distancing and security by simply unfolding a partition.

COVID-19 teaches us that the only safe way to visit people in healthcare settings requires technology, so our healthcare spaces need to accommodate that discovery. Patient rooms must accommodate the technology necessary to provide for safe visits that feel connected and life-like. The good news? This increased access to technology will support the ongoing shift to telemedicine, allowing physicians and patients to connect easily, quickly, without the physical contact and risk that goes along with face-to-face encounters.

Through all of this, we must address two key considerations:

- How hospitals function – the physical, mechanical and operational aspects of healing;
- And how people feel about admission to a hospital.

Neither issue exists in a vacuum. If we create technically sound and secure healthcare centers, but nobody feels comfortable entering them, then no one benefits. At the same time, if we create wonderfully welcoming spaces within buildings that fail to provide safe and successful healthcare services, then we put people at risk.

In other words, we must strike the balance we always sought in healthcare design: to create spaces that support healing both through their technical functions and their aesthetic environment. The challenge remains unchanged; however, the context of that challenge becomes the novelty. And that, I think, will affect the way we approach healthcare design for years to come.

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