

# The Prince & Princess of Wales Hospice Bellahouston Park, Glasgow

# Ryder

The Prince & Princess of Wales Hospice (PPWH) supports 1200 patients and their families every year to achieve the best quality of life. Where it may not be possible to add days to lives, the hospice aims to add life to days.

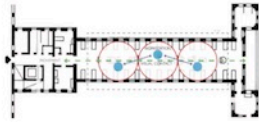
The client and design team understood that people need help to cope with the consequences of being diagnosed with a life limiting or life shortening illness. To enable the future delivery of these services the PPWH has recently built a revolutionary new hospice. The design team's research uncovered the revolutionary Scandinavian approach at St Olav's Hospital in Trondheim, Norway, where a healthcare model known as the Sengeten model was pioneered, based around principles of placemaking. This project presents the exemplary research informed principles and client collaboration we delivered to build a twenty first century palliative care facility, utilising a Scandinavian model of care.

In response to the changing requirements of modern healthcare, Ryder Architecture proposed that the PPWH become the first UK hospice to follow the Sengeten model. This innovative Scandinavian layout analyses the shortcomings of conventional ward planning and puts patients and families first - providing private, dignified and compassionate care.

This project takes a closer look at the Sengeten model and the correlation between a healthcare facility's design and patient wellbeing. Translating research that proposes the aesthetic design of a healthcare facility can have a positive impact on patient wellbeing into a physical environment. We will demonstrate how the principles of the Scandinavian Sengeten model have been adopted as key principles in the design and delivery of a UK healthcare building and how the use of this approach can be scaled. Discussing our approach, the barriers to delivery and lessons learnt.

### Sengeten principles (bed courtyard):

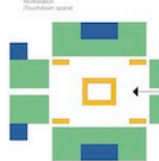
- Batching of patient bedrooms rooms into local decentralised groups
- Groups supported by a dedicated local staff base, bathrooms, and supplies
- Single bedded rooms
- Direct visual contact from working station to the patient bedhead
- Not an organizational unit - each ward should have numerous Sengeten in a series with visual contact between workstations ensure flexible effective operation



### Main principles

- Central of patient rooms (2-10 beds) with an suite
- Working station with workbench
- Bathrooms
- Clear visual contact from working station to all rooms

- Bedrooms
- En suite
- Reception
- Reception space



- Advantages
- Easier to orientate oneself
- Flexible
- No waiting around to find the right someone
- Reception can communicate with the receptionists
- Easier access to staff
- Comfort for visitors on trolley
- Short distances for staff to patients (not supplies)

### Central support areas

- Staff manager and nurse office
- PC team office
- Specialist room
- Diagnostic room
- Dispensary
- Bulk storage
- Equipment changing
- Clinical store
- Occupational therapy room
- Cleaners store

### Functions in the workstation

- Documentation writing station, PC, console or tablet?
- Observation sheet, printed, equipment
- Medication / documents, confidentiality, how many people in the workstation?
- Telephone - portable or fixed?
- Administering medications, notes and distribution, identification, readable document
- Supply and service of goods, quality, frequent supply systems

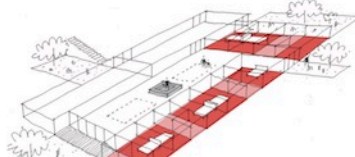
Indicative Sengeten diagram

PPWH interpretation of the Sengeten plan

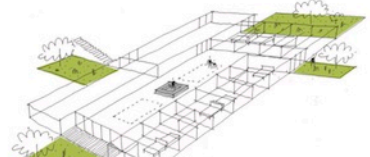
PPWH ground floor plan



Understanding patient's perspective



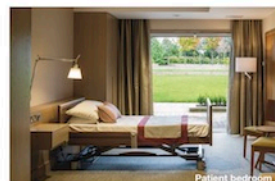
Staff benefits



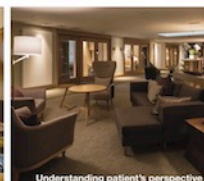
Patient's benefits

Localised nurse base and supplies / equipment storage reduces staff walking distances and so reduces travel time, thus allowing more time for direct patient care. This also provides potential for better staff satisfaction, including sense of teamwork. More easily supportive to patients who may be confused, have sensory impairments or have dementia (diagnosed or undiagnosed). The localised nature of Sengeten helps reduce the sense of ward circulation spaces being dominated passing traffic, and thus have a sense of being more individually centred. The Sengeten concept assumes that support functions which are more truly 'behind the scenes' (mortuary, central bulk storage, maintenance department, laundry) are separated from those functions which are more closely related to direct patient care, which reduces the potential for clashes of function.

Easier for patients to identify, orientate within a smaller group. Staff are more local to the patient, shortening response time. More easily supportive to patients who may be confused, have sensory impairments or have dementia (diagnosed or undiagnosed). The use of all single en suite bedrooms brings with it the numerous advantages of single rooms, including privacy and dignity, care / therapy procedures delivered in the bedroom, improved infection control. The use of more expansive circulation / open communal areas associated with each Sengeten group offers opportunities for specific sense of place to be created which has positive potential for the character and quality of patient, staff and relatives.



Patient bedroom



Understanding patient's perspective



Corridor



Bedroom block elevation



Understanding patient's perspective



Entrance



Panoramic view