THE DECENTRALIZED STATION
MORE THAN JUST PATIENT VISIBILITY

Space and light are key components of the 93,000 SF Penn Medicine Chester County Hospital Lasko Tower, which includes 72 new patient rooms on three floors. The placement of the nurse stations and touchdowns within the 24-bed floor plan decreases the distance between work space and patient, allowing the caregivers to spend more time at the bedside.

To explore the impact of the Decentralized Station on the Medical/Surgical Environment, Ballinger conducted a Post Occupancy Evaluation (POE) of the Penn Medicine Chester County Hospital (PMCH).

FLOOR PLANS

The fourth floor had a total of 30 seats within the central core, 24 seats on the third floor for an orthopedic unit, and 12 seats on the second floor for a postpartum unit. The reduction in seats available on the successive units encourages caregivers to use the decentralized stations more.

KEY FINDINGS OF THE POST- OCCUPATION EVALUATION

66% of staff feel the decentralized stations improve patient care.

91% of patients say the decentralized stations improve the way they feel cared for.

The overall satisfaction scores increased ~113% in all of the units within the Lasko Tower in comparison to those reported by patients in the existing private MED/SURG Ground West (GW) Unit at PMCH.

Decentralized stations matter: potentially even more to patients than to the staff. Sixty-six percent of the staff felt that decentralized stations improved their ability to deliver quality patient care, while ninety-one percent of patients said that the stations improved the way they felt cared for in the new building.

Since patients admittedly felt more cared for in the new units, the decentralized station can likely be seen as a contributing component to the double digit increases in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPPS) scores for the new unit.

Additional investigation into the travel distances of staff, their time spent with patients, and the impact of whether staff were sitting at the central nurses station or utilizing the decentralized stations uncovered a direct relationship to more time providing patient care. What began as a trend for the patients in the critical care environment is more recently expanding to medical/surgical patient care spaces.

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