

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.



Decentralized Station Applications



University of Maryland Medical Center
Shock Trauma Critical Care Tower
Baltimore, MD | Intensive Care



MD Anderson at Cooper University Hospital
Cancer Center Oncology Inpatient Unit
Camden, NJ | Medical Surgical



Reading Health System
Reading HealthPlex for Advanced Surgical + Patient Care
Reading, PA | Medical Surgical + Intermediate Care



Penn Medicine Lancaster General Health
Ann B. Barshinger Cancer Institute
Lancaster, PA | Infusion Therapy



Reading Health System
Reading HealthPlex for Advanced Surgical + Patient Care
Reading, PA | Outpatient Procedure Prep/Recovery



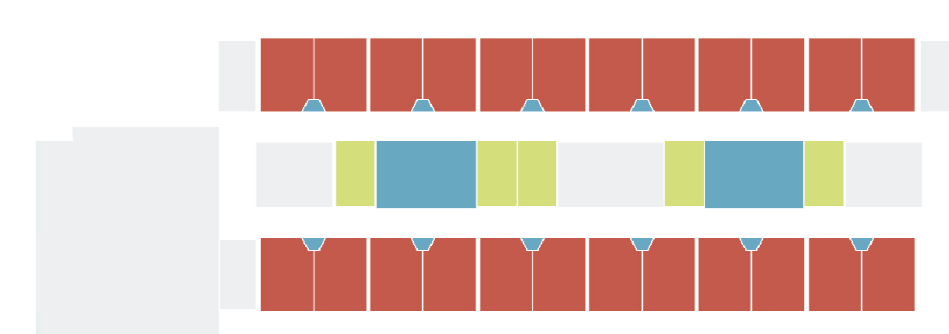
Reading Health System
Reading HealthPlex for Advanced Surgical + Patient Care
Reading, PA | Surgical Prep/Recovery

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 (PMCCCH).

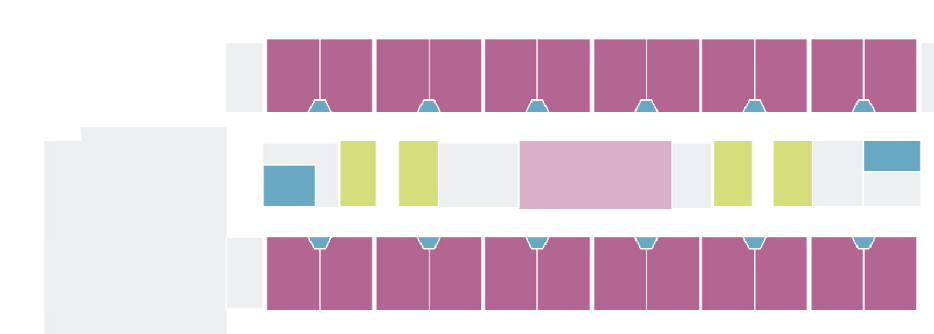
FLOOR PLANS



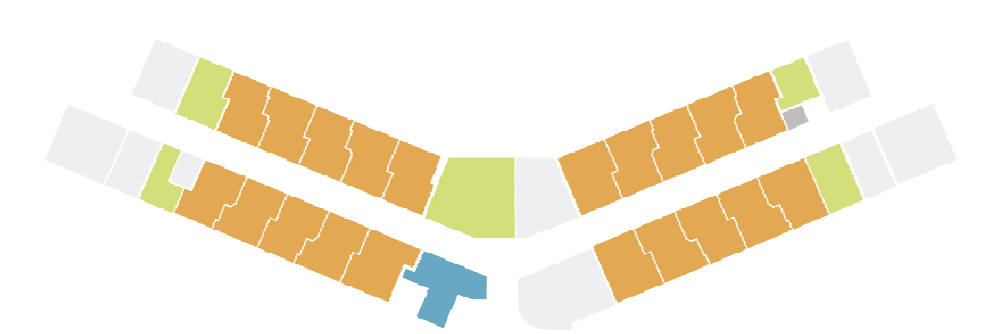
L4: TELEMETRY
12 DECENTRALIZED STATIONS
30 CENTRAL SEATS | 2 LARGE + 1 SMALL STATION



L3: ORTHO
12 DECENTRALIZED STATIONS
24 CENTRAL SEATS | 2 LARGE STATIONS



L2: OB
12 DECENTRALIZED STATIONS
12 CENTRAL SEATS | 2 SMALL STATIONS



EXISTING GW: ORTHO
10 CENTRAL SEATS
1 CENTRAL STATION

The new Lasko Tower units use decentralized stations between every pair of patient rooms. In addition, two large stations for collaborative care discussion, and a physician dictation room on the fourth floor add six additional staff members. The second floor postpartum unit required a 16-bed nursery, which required a smaller central station and resulted in less seats for staff within the core.

The fourth floor had a total of 30 seats within the central core for a telemetry unit, 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.



Patients and staff were both well represented from each of the four floors surveyed. The majority of staff were nursing, and the largest group of respondents came from Lasko 3.

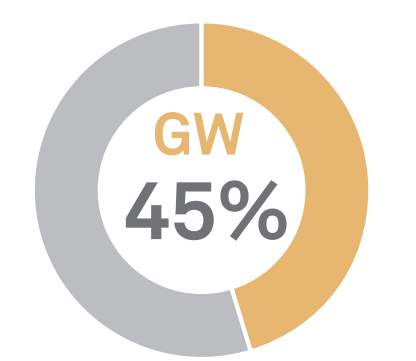
Many of the staff were seasoned professionals, and had worked at other facilities, giving them not only comparison among these 4 patient units, but a comparison to other institutions as well as a basis for their considerations.

66%
STAFF FEEL THE
DECENTRALIZED STATIONS
IMPROVE PATIENT CARE

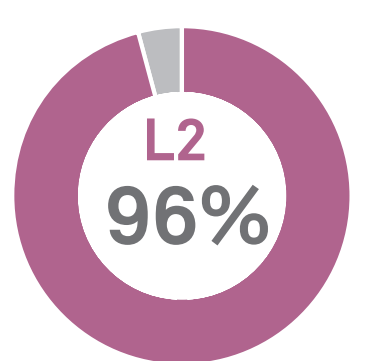
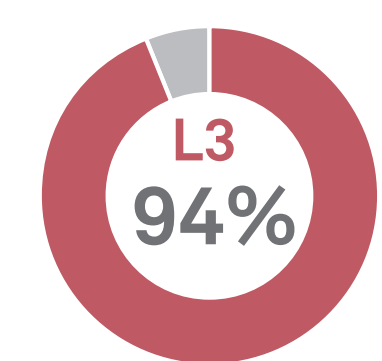
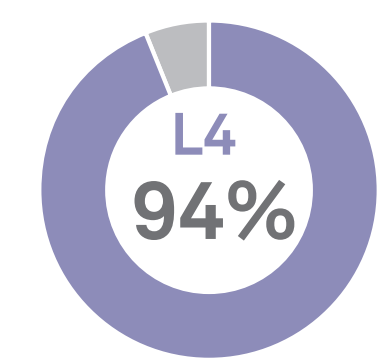
91%
PATIENTS SAY THE
DECENTRALIZED STATIONS
IMPROVE THE WAY
THEY FEEL CARED FOR



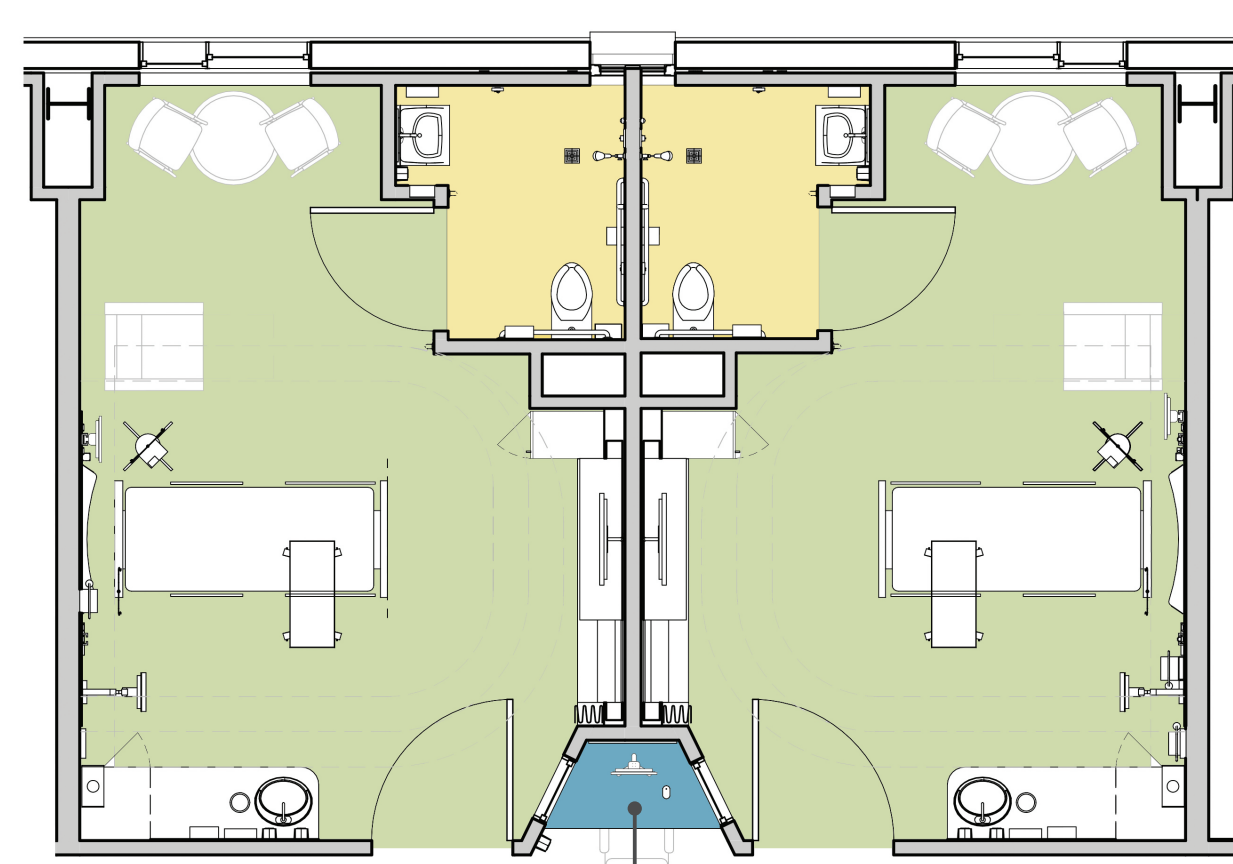
KEY FINDINGS OF THE POST-OCCUPANCY EVALUATION



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 PMCCCH.



STAFF PATIENT L4 L3 L2 GW



DECENTRALIZED STATION

L2 SPENT **71%** MORE TIME AT THE DECENTRALIZED STATIONS THAN L4

L2 SAW OVERALL **41%** REDUCTION IN TRAVEL DISTANCES BY SITTING AT THE DECENTRALIZED STATIONS

L2 SPENT **16%** MORE TIME PROVIDING PATIENT CARE THAN L3 AND L4

L4 SAW OVERALL **26%** REDUCTION IN TRAVEL DISTANCES BY SITTING AT THE DECENTRALIZED STATIONS

93% HCAHPS
13% AVERAGE INCREASE OF THOSE WHO WOULD RECOMMEND THE HOSPITAL

87% HCAHPS ★★★★★
19% AVERAGE INCREASE OF THOSE WHO WOULD RATE HOSPITAL 9-10

89% HCAHPS
34% AVERAGE INCREASE IN SATISFACTION WITH QUIETNESS

HAls HAVE DECREASED **52%** SINCE THE MOVE

CCH FALL RATES DROPPED **28%** AFTER CONVERSION

STATE AVERAGE FELL 3.31% DURING SAME TIME

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 (HCAHPS) 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.

With the importance and revenue impact associated with patient satisfaction, the value of decentralized stations will continue to increase across patient care environments and beyond.

