

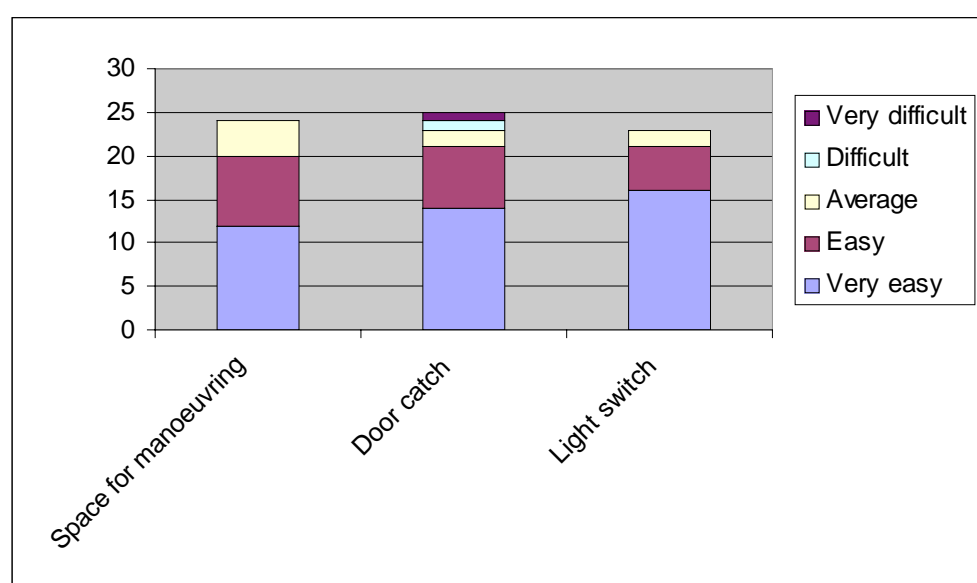
HBN 4 En-suite bathroom mock up

Summary of feedback from Open Days

Introduction

The Open Days were held on 10th and 11th May 2006 at Hillingdon Hospital, Uxbridge. Visitors included a range of staff from the trust and clinicians, health planners, and architects from trusts across the UK. A total of 28 people provided written feedback via a questionnaire. Their comments are based on the chamfered layout. This report summarises the feedback.

Doors



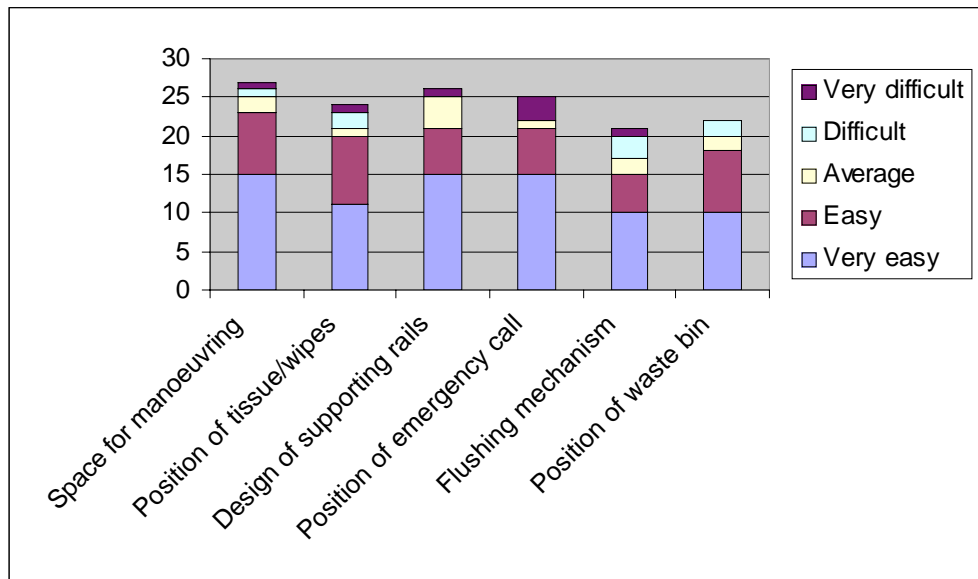
Generally, visitors felt the door was very easy to manoeuvre and that the overall design ensured the patient's privacy and dignity. The track mechanism at the top of the door was liked. People commented on the need for good quality doors that would withstand heavy use/bumps from equipment etc.

Some patients might think pull cords are light switches. Could light come on automatically when door is opened? This would avoid confusion.

A grab rail on the door adjacent to the WC pan would be useful for ease of closing for independent wheelchair users.

The bolting mechanism for the large door needs careful consideration – it needs to be easily operated by independent wheelchair users.

WC



Height adjustable WCs would be useful for some patients eg, those with arthritic joints, women post-caesarian etc.

Emergency pull cord needs to be further forward, as patients cannot see them or stretch their arms back that far.

Waste bin – a push lid will get very dirty. Needs to be non touch. Mobile waste bin would be more useful.

Flushing mechanism should be an electric sensor/non touch.

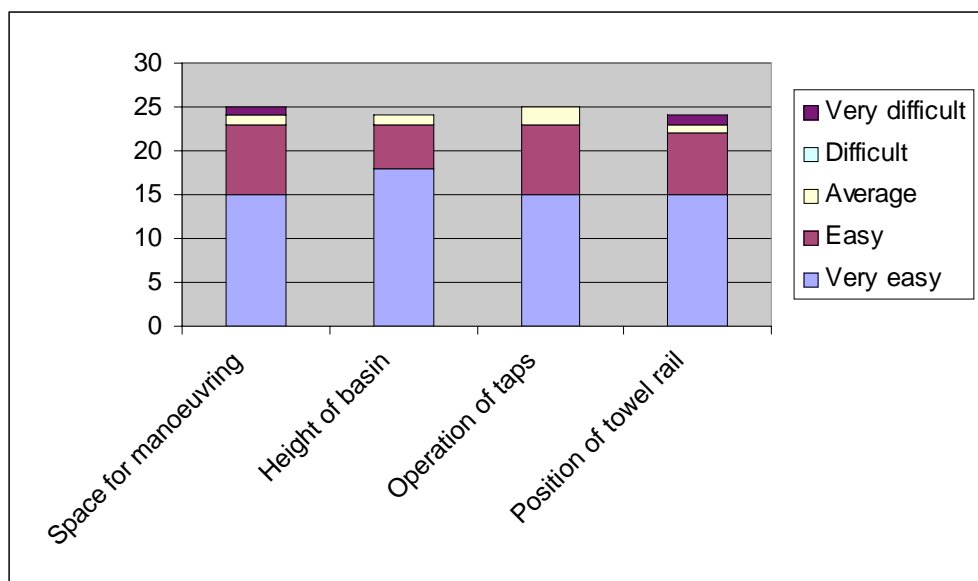
Back support behind WC – is this in line with infection control?

Difficult to access tissues/wipes when grab rail is down.

More space required between WC and door.

Wall mounted WC pan preferred by some visitors.

Wash basin

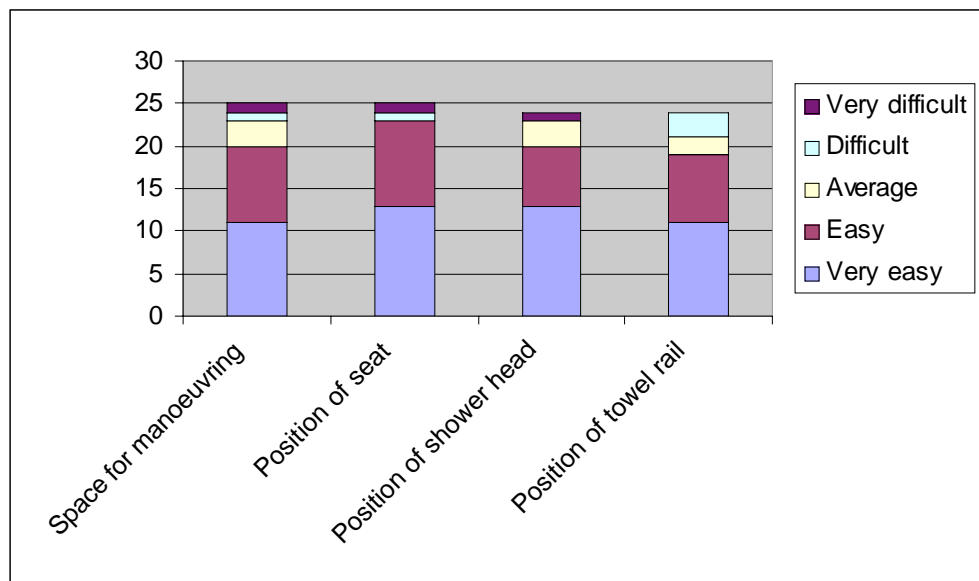


Taps should be sensor operated, and should have longer lever. Shaver light switch too high.

Height adjustable sink very popular amongst nursing staff. Healthcare planners concerned about the expense of this equipment – extra cost allowance?

One visitor commented that the chamfered layout compromises space around the wash basin.

Shower



The size of the room effectively makes the en-suite a 'wet' area – probably constitutes an increased risk (slip hazard) to patients. Rectangular layout preferred to chamfered layout in this respect. General concerns about drainage/slope of the floor.

Shower seat should have aperture for staff to wash patients from underneath. Towel rail can't be reached while sitting on the shower seat.

Some patients might find it difficult to turn around to reach the shower head while sitting on the seat.

Horizontal grab rail on wall required.

Emergency pull cord for shower seems to be in the way of access – should be moved back.

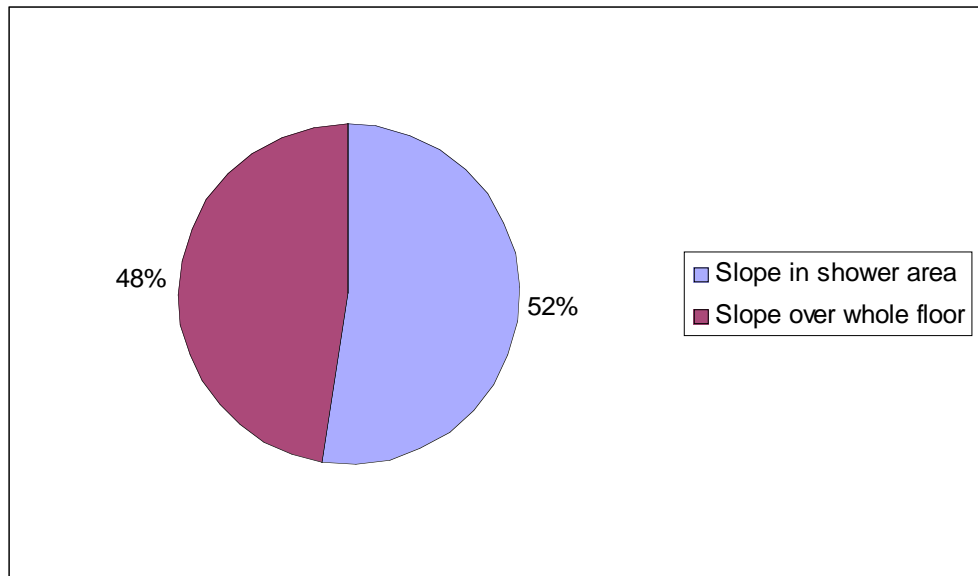
Adjustable shower

Generally liked. Many people felt that patients would like to sit during a shower, especially on stroke, elderly and rehab wards.

Some nurses commented that they were more likely to transfer patients to a shower chair rather than onto a shower seat.

Important to be able to reach patient from both sides in case of cardiac arrest.
Arm rests need to move vertically with the seat.

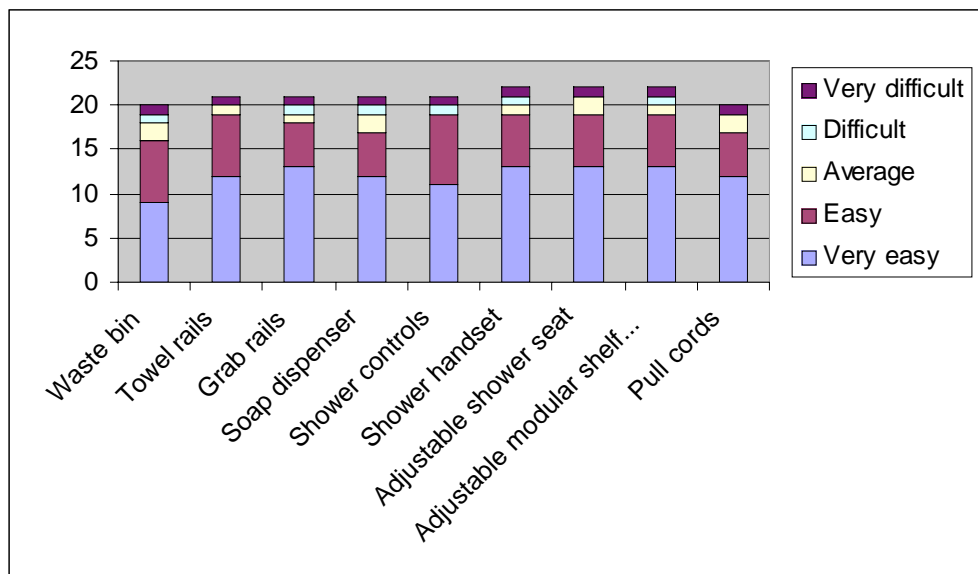
Floor



Slope over entire floor prevents puddles outside the shower area. Also makes it easier to clean. Potentially disorientating, though, for patients who are unsteady on their feet.

Splashing across the whole bathroom is unavoidable – measures required to prevent water spilling out into bedroom.

Fixtures



Pull cords not far enough forwards to see or use. Others commented that they would get in the way of hoists and other equipment.

Waste bin should be larger and non-touch design.
Plug access for resus trolley must be near to en-suite.

General comments

Overall, very positive. Very good for patient privacy.
Some visitors preferred chamfered layout, as it seems to provide better access for staff in shower area. However, others thought rectangular layout would provide more room to contain water in the shower area, ie less splashing would occur elsewhere in the en-suite and water on the floor would be less likely to flow towards the door.

Mix of 6.4sqm and 4.5sqm over a ward could be possible?

Important to achieve high-quality, 'hotel-like' spaces.