



Focus Groups: Part Two

How patients influence patient-centered design

*Integrated Oncology Consulting Solutions
And Cancer Care Center Planning*

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By Marsha Fountain, RN, MSN

In our previous article related to focus groups, we discussed improving programs and services through the use of patient focus groups. This article will describe how focus groups can positively impact the planning and design of cancer centers.

When planning a new cancer center, it is critical to hire an experienced architecture and design team with cancer center expertise and to determine what cancer patients who may frequent the center would like to see included. Talking to patients is one of the most important strategies a hospital management team and their outside design firm can do to prevent the greatest mistake a design team can make—assuming they know what patients want! The use of facilitated focus groups gathers appropriate patient input and guides the design of a truly patient-centered facility.

Each community will require different space allocations and program components in the cancer center depending on their unique population and services offered. Demographic characteristics must be considered. For example, some communities may have patients who bring large numbers of family members with them to treatment. Providing sufficient waiting space may be more important in some communities than in others. Accommodating patients with religious requirements for separation of men and women may change the treatment area design. Certain colors may need to be used or avoided. A younger community may need play areas for children to wait, while an older community may need brighter lighting and space for walkers and wheelchairs in the waiting and treatment areas.

After talking to hundreds of cancer patients throughout the country, The Oncology Group Focus Group Facilitator, Marsha Fountain, RN, MSN, has summarized a few general findings that may influence design. Please note that these are general commonalities, but regional differences often occur. These should not be used to replace a facilitated focus group specific to your community and new facility.

The following are examples of focus group participants' descriptions of what would be their *ideal* cancer center:

- “A sweet smiling face to greet me when I come in, friendly people who know my name.” This is almost always the first or second item mentioned in a focus group.
- A separate building and facility – “Cancer is too serious a disease not to have dedicated space and staff for it.”
 - All services in one easy-to-find facility with close parking – parking, way finding and access to appropriate places from either the parking garage or the front door are all important issues. In some places, the act of getting into the cancer center is almost as stressful to the patient as the treatment.
 - A “pleasant environment” including appealing decor, comfortable chairs and snacks.
 - “Comfortable waiting areas with good seating and space for family members to come with me.”
 - “Hide the equipment – it is scary at first so prepare me before I have to be treated.”
- Separate entrances for screening activities for healthy people.
- A need for privacy – patients have varying needs for privacy based upon the acuity of illness as well as the treatment type, length and associated toxicity. Other needs for privacy may include

confidential discussions with nurses, medical personnel or those evaluating or treating psychological distress. While most patients like to be social, at times they want visual, physical and acoustic separation during treatment. Additionally, the presence of a caregiver will change the dynamics; e.g., more need for a solitary room. This need could vary with each visit, so choices should be offered.

- “A place to get away from everyone else when I am not feeling well and a place to talk to my fellow patients when I am feeling well.”
- A place where I don’t feel apprehensive – patients are often frightened and apprehensive and want a center that makes them feel safe and secure.
- An environment which facilitates healing through relaxation, color, light, sound and sensation.
 - Patients are sensitive to privacy, lighting and temperature control and want to control these items.
 - They also want windows with views and access to food and drink during their stay.
 - Food should be readily accessible, but without odor.
- The center needs to appear warm and inviting while still being professional and clinical when necessary to inspire confidence.
- There is a need to provide a balance between patient- and family-centered design and operational efficiency.
- Rooms should be convenient, spacious and comfortable.
- Have a variety of entertainment – “I don’t want to watch those soap operas or reality TV shows.”
- Offer a variety of waiting areas, areas for quiet reflection and other areas where family members can meet other families sharing the same experience.
 - Waiting areas and treatment areas should be cozy, not large or institutional. Furnishings should use natural elements such as wood or fabric rather than steel or plastic or leather.
 - Patients say they want access to a wheelchair in the waiting room or, in many cases, at the entry to the facility.
- Privacy and dignity – “Don’t come into the room where I am getting treated and tell me I am not doing well. Allow me to gather myself and have some privacy for those discussions.”
- Be aware of everything to help patients – Can you paint a wall to more appealing? Can you have a small area as a “quiet/meditation/ spiritual” area? Can you have input into the design or renovation?

Examples of design changes based on focus group input

When designing a breast center, the participants urged us NOT to use any pink and ribbons or make it too “girly.” The interior designer then included these women in the selection of materials for the center.

A rural hospital had patients travel from long distances to receive treatment. Often, a family member had to drive them and then wait. They asked for a small waiting room just outside the chemotherapy area just for the family members to wait and rest. This was integrated into the plan.

When determining the best location for a new cancer center, a hospital had the choice down to two locations – one close to the hospital and one further away but with a better view for the

patients. In our focus groups, we presented the options to the cancer patients. To everyone's surprise, the patients requested the location closest to the hospital but were clear they wanted it in a separate building.

In addition to housing the required services for comprehensive cancer care, a cancer center must complement that care with a healing, patient-centered environment. In order to best meet the needs of patients, focus groups should be used to identify what is of critical importance to them in the design of the cancer center.

For more information on the focus group services provided by The Oncology Group, email us at info@theoncologygroup.com or call us at 512.583.8815.