OCA PAD INITIATION - PROJECT HEADER INFORMATION

Project #: D-48-506
Center #: 10/11-6-P5078-0A0
Contract#: 508/D05046
Prime #: 

Subprojects #: N
Main project #: 

Work type : SS
Document : PO
Contract entity: GTRC

Unit code: 02.010.164
(404)894-3390

Sponsor/division name: VETERANS ADMINISTRATION / VA MEDICAL CENTER
Sponsor/division codes: 120 / 000

Award Period: 900111 to 900915 (performance) 900915 (reports)

Sponsor amount

New this change 4,950.00
Total to date 4,950.00

Contract value 4,950.00
Funded 4,950.00

Cost sharing amount 0.00

Does subcontracting plan apply ?: N

Title: GRADUATE ASSISTANT SUPPORT

PROJECT ADMINISTRATION DATA

OCA contact: William F. Brown
Sponsor technical contact
ALBERT PERSONS
(000)000-0000

Sponsor issuing office
DIANE PLA
(404)728-7657
SAME

Security class (U,C,S,TS): U
Defense priority rating : NA
Equipment title vests with: Sponsor X GIT

None Proposed

Administrative comments -
INITIATION OF D-48-506. FIXED PRICE ORDER WITH O/H WAIVED. STUDENT SUPPORT.
GEORGIA INSTITUTE OF TECHNOLOGY
OFFICE OF CONTRACT ADMINISTRATION

NOTICE OF PROJECT CLOSEOUT

Closeout Notice Date 02/14/91

<table>
<thead>
<tr>
<th>Project No.</th>
<th>D-48-506</th>
</tr>
</thead>
<tbody>
<tr>
<td>Center No.</td>
<td>10/11-6-P078-OA0</td>
</tr>
<tr>
<td>Project Director</td>
<td>MYERS J H</td>
</tr>
<tr>
<td>School/Lab</td>
<td>DEAN ARCH</td>
</tr>
<tr>
<td>Sponsor</td>
<td>VETERANS ADMINISTRATION/VA MEDICAL CENTER</td>
</tr>
<tr>
<td>Contract/Grant No.</td>
<td>508/D05046</td>
</tr>
<tr>
<td>Contract Entity</td>
<td>GTRC</td>
</tr>
<tr>
<td>Prime Contract No.</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>GRADUATE ASSISTANT SUPPORT</td>
</tr>
<tr>
<td>Effective Completion Date</td>
<td>900915 (Performance) 900915 (Reports)</td>
</tr>
</tbody>
</table>

Closeout Actions Required:

<table>
<thead>
<tr>
<th>Item</th>
<th>Y/N</th>
<th>Date Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Invoice or Copy of Final Invoice</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Final Report of Inventions and/or Subcontracts</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Government Property Inventory &amp; Related Certificate</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Classified Material Certificate</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Release and Assignment</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Subproject Under Main Project No.:

Continues Project No.:

Distribution Required:

<table>
<thead>
<tr>
<th>Role</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project Director</td>
<td>Y</td>
</tr>
<tr>
<td>Administrative Network Representative</td>
<td>Y</td>
</tr>
<tr>
<td>GTRC Accounting/Grants and Contracts</td>
<td>Y</td>
</tr>
<tr>
<td>Procurement/Supply Services</td>
<td>Y</td>
</tr>
<tr>
<td>Research Property Management</td>
<td></td>
</tr>
<tr>
<td>Research Security Services</td>
<td>N</td>
</tr>
<tr>
<td>Report Coordinator (OCA)</td>
<td>Y</td>
</tr>
<tr>
<td>GTRC</td>
<td>Y</td>
</tr>
<tr>
<td>Project File</td>
<td>Y</td>
</tr>
<tr>
<td>Other</td>
<td>N</td>
</tr>
</tbody>
</table>
A WRITTEN AND VISUAL DESCRIPTION OF THE TYPES OF DESIGN SOLUTIONS BEING USED IN FACILITIES FOR DEMENTIA PATIENTS

by

Laura Nowak
Graduate Research Assistant
Georgia Institute of Technology
Atlanta, Georgia 30332

for

Veteran's Administration Medical Center
Rehab/Research 153
1670 Clairmont Road
Decatur, Georgia 30033
Article: Special facilities for patients with Alzheimer's disease
Author: Martin Rodenburg

An editorial article stressing the need for "...the development of comprehensive psychiatric assessment services, the rationalization of the roles of the facilities that provide long term care, the development of special facilities for demented elderly, and a focus on education in psychogeriatrics in medicine and other health care facilities." Focus is on "...the desirability of developing special facilities for ambulatory demented elderly - in particular, those suffering from Alzheimer's disease." Recommendations include maintenance of good health and residual mental function through socialization and physical and recreational activities, and individual attention. Design guidelines discuss consideration of corridor walking or wandering common in Alzheimer's patients as a potentially therapeutic activity, and design of other group and staff areas.

Article: The right environment for Alzheimer's
Author: Ann L. McCracken, Evelyn Fitzwater
Source: Geriatric Nursing, 10(6), Nov./Dec. 1989, p. 293-4.

A discussion of the difference between open and closed units in caring for Alzheimer's patients. Illustrates the development and use of the Dementia Behavior Scale as a tool for evaluating behavioral deficits in eight specific categories. In this scale, a person who has no behavioral deficits would score 0, while a totally impaired person would score 48. This scale is then used on patients to determine whether they would function best in an open or a closed nursing unit. Patients who score lower than 20 are placed in an open area until their disease progresses further, patients who score between 20 and 40 are placed in a closed unit, and patients scoring higher than 40 are placed in skilled nursing areas. Includes an example of Dementia Behavior Scale and other considerations.

Article: Designing Special Care Units: A Systematic Approach
Author: Margaret P. Calkins

Article focusing on the goal of maximizing functional independence, effectiveness, freedom and human dignity. Suggested system has five areas of resident-environment interaction particular to the Alzheimer's population: 1) Wayfinding, 2) Personalization, 3) Privacy and Socialization, 4) Activities of Daily Living, and 5) Safety. Several approaches are discussed 1) Provision of a homelike environment which adds continuity and familiarity to the environment, helps patients adjust to change, and includes the social environment as well. 2) Provision of extra prosthetic supports, i.e. devices or elements that provide additional functional support to compensate for limited capabilities. These may include such measures as wayfinding clues - extra wayfinding information as well as camouflaging utility features such as closet doors, etc. Additional social support is necessary as well. Also includes a discussion of wayfinding and orientation, and ways to help patients create cognitive maps to help them remain oriented to their environment. Some things which can be helpful are 1) clustering bedrooms in small groups of 6-8, 2) providing visual distinctiveness to each hallway or space, 3) providing signage which is frequent and easy to read, 4) using personal identification clues such as old photographs to help
patients remember where their room is, 5) considering the use of non-traditional orientation cues such as artwork, etc., 6) being aware of placement of visual cues so that they are easily seen by persons in wheelchairs, etc., and 7) providing social supports in the way of gentle reminders of where the patient is. The article stresses the need for personalized surroundings as a way of allowing patients to maintain some sense of familiarity and control over their environment.

Article: Self-Administered Check-List for Planning and Priority Setting
Author: Lorraine G. Hiatt

Checklist of things to look for in evaluating nursing wards and hospital wards, suggestions for making improvements.

Article: To be all they can be: Acute and special care design for elderly with dementia
Author: Preston Stevens
Source: ?

Summary of some design guidelines emerging from work in gerontologic design.
1. Immersion - Staff and patient activity are positioned centrally.
2. Dispersion - Staff is located where it is really needed. Activity workers and social workers are dispersed into work areas at nursing unit level. A further division can be made by locating nursing assistants in sub-divisions of the nursing unit. This strategy is not particularly effective on the acute care level.
3. Reduction - When the ratio of patient to staff is reduced, then corridors may be shorter and can actually disappear.
Illustrates these three approaches in the nursing unit called the "Butterfly Plan", specifically in Wesley Woods nursing home and lists other more detailed design guidelines. Also discusses John Douglas French Center in California, River Garden in Jacksonville, Florida, and The Jewish Home in Atlanta. Includes plans and references.

Article: Supportive Design for People with Memory Impairments
Author: Lorraine G. Hiatt
Source: Chapter in Controlling Alzheimer's Disease

Presents an approach for creating interaction between program and design in Alzheimer's facilities.
1. Defining the population in functional terms
2. Setting the objectives
3. Identify the attributes of environments to be addressed
4. Match the appropriate population with appropriate design focus
5. Tackle the question of special units: Roles, alternatives, and implications
6. Develop a personal design agenda
7. Rethink the approach to wandering
8. Review the approach to controls and restraints
Includes references and reading list.
Article: Preferences in nursing home design - A comparison of residents, administrators, and designers
Author: Duffy, Bailey, Beck, and Barker
Source: Environment and Behavior, 18(2), March 1986, p. 246-257

Abstract: This action research project explored discrepancies in design preference among designers and two groups of users: nursing home residents and administrators. Each group was asked to select its preference among a series of design alternatives, several of which were visually illustrated on a questionnaire. Participants were presented two or more alternatives on a series of design issues: lounge design, dining room table design, dining room seating arrangements, overall nursing home design, residents' room furnishings. Significant differences among groups were found on all design choices except table design and overall nursing home design. The major pattern in the results is that although both administrators and designers favored designs that promote social interaction, nursing home residents consistently selected designs that enhance privacy. Implications for the inclusion of resident data in the nursing home design process are discussed.

Article: Housing for the Elderly: Privacy and Independence
Author: Hoglund
Source: Housing for the Elderly: Privacy and Independence

A research project aimed at translating clinical goals into an architectural vocabulary useable by those involved in the actual delivery of community-based housing options. Clinical goals include things such as: privacy, independence, safety, security, increased control over one's environment, and accessibility. The role of the project within a theoretical framework is to broaden the examination of social/behavioral goals to include design issues. Includes sample survey forms.

Article: Designing the Open Nursing Home - Book review
Author: Joseph A. Koncelik
Source: Urban Land, 33(8), Sept. 1974, p. 11-15

Book review that discusses this book concerned with how residential atmosphere and barrier-free environment can be created in the private space (room), in the social space (corridor, neighborhood lounge, dining room) and in the public space (lobby, etc.). Stresses the importance of architect designed space which can be supportive to people with disabilities.

Article: Church Nursing-Retirement Homes
Author: George R. Henkle
Source: Urban Land, 33(8), Sept. 1974, p. 11-15

Discussion of the growth of church sponsored nursing homes and related facilities. Main benefits include helping many older people in the community remain in their own homes if they prefer to, even though they may need some assistance, and an increasing interest in rehabilitation of the aged. Focus of the article is on the Otterbein Home, a United Methodist facility located midway between Cincinnati and Dayton, Ohio. It maintains 130 residents in the skilled nursing section, 170 residents in the partial or personal care section, and 200 residents in independent living quarters. The campus plan is designed around a center building where all services
are provided. In this arrangement, residents move to different levels of care when their condition declines or improves as the case may be. This "family" environment aids patients in the adjustments they must make as the level of care they require changes. The optimum size for this type of facility is seen to be between 300 to 500 residents. Also discusses is Ohio Presbyterian Homes, Inc. which operates six homes in Ohio varying from campus type complexes to highrise type facilities. One of their interests lies in the area of geriatric rehabilitation. Conclusion stresses a more holistic approach to designing environments for the elderly.

Article: Otterbein lets patients live the way they can
Author: ?
Source: Modern Healthcare, 1(2), May 1974, p. 59-62

Article on the Otterbein Home in Lebanon, Ohio. Offers duplex style housing for residents who are able to live independently, residence halls for those who can accomplish most of the activities of daily living, and skilled care units for those who require constant nursing attention. Established on a site which was previously a Shaker community. Gross floor area of 102,862 square feet. Plan shape described as "boat-like", with angled corridors that meet at the ends of the building and are said to provide good corridor control by eliminating blind spots. Mirrors are mounted so that all four corridors can be viewed at the same time. Nurses stations are at widened center portions of the hallways. Contains jogs in the hallways that are supposed to make them look shorter than they actually are.

Article: Building types study #331 - Medical Facilities
Author: ?
Source: Architectural Record, 135(4), April 1964, p. 183-197

An analysis of types of care required by the patient population of the Rockland Nursing Home and Cottages in Garnerville, NY. Data of the study consisted of individual diagnoses of 90 patients at the home. The study covered all patients' records from January through June 1962 and included all new admissions, deaths and discharges. Study included 63 females and 27 males with an average age of 75. The procedure was to assess physical and mental disabilities of each patient using arbitrary scales of gradation from 0 to 4 in each category. Grades were related to the degree of medical and nursing care required where 0 denoted little or no impairment and 4 indicated a large degree of impairment. From this data it was found that four groups could divide the population into workable units for which various architectural arrangements might logically serve the various engagement of staff for intensive or custodial nursing, physical or occupational therapy, etc. Some space planning criteria were also developed from this research including the following: Bedrooms, storage space in patients rooms, food service, wash basins, toilet facilities, bathing facilities, community rooms, treatment rooms, family counseling, and intergroup space. These findings were put into practice in the design of the Miller Center for Nursing Care and in the new Rockland Nursing Home.

Article: How to plan for extended care service
Author: Michael B. Miller and William N. Breger
Source: The Modern Hospital, 107(4), Oct. 1966, p. 110-120

An analysis of the functions of a long-term care facility and the factors involved in the construction of such facilities can scarcely be valid without detailed understanding of the medical and nursing needs of the patient population. While the chronically ill and aged patients in nursing homes and hospitals represent almost 1.5
million persons of the 18 million national population 65 years and over, the significance of the public health problem is only partially appreciated. The Rockland Nursing Home and Cottages of New York, a proprietary nursing home, provided the patient material for our six-month study, from January through June 1962. The major medical and nursing management problems of the nursing home population are associated predominantly with the physical and behavioral manifestations of arterial disease of the brain and heart, either selectively or in combination. In making the assessment, we established an arbitrary rating scale of gradation from 0 to 4 in each category. Grades were related to the degree of medical and nursing care required. Grade 0 in both categories (physical and behavioral) denoted the least amount of impairment. The scale proceeds with increasing degrees of impairment up to Grade 4. The combined physical and behavioral disabilities provided an acceptable method of grouping the patients. The combined physical and behavioral disabilities in nursing homes demonstrates a severely depleted functional group requiring major nursing care which must eventually be reflected in the architectural form of hospitals, facilities for the care of the chronically ill, and related institutions. The need for flexibility in architectural form and function to meet the changing needs of the patient population described is as important a consideration as the initial architectural concept. The concept of the therapeutic community, or milieu therapy, developed by Maxwell Jones, provides a substantial and perhaps major therapeutic tool in the management of the chronically ill and disabled aged.
File: General Nursing Home Information - Prototypes

Article: Planning the nursing home.
Author: U.S. Department of Health, Education and Welfare
Source: Architectural Record, May 1956, p. 222-226

A beginning look at planning guidelines for nursing homes at a point when the facility was only starting to become an institutional type. Mentions rehabilitation, self determination and independence, and emotional security and stability as goals in nursing home design. Recommends a size of 25 to 50 beds, a limit of one story if possible, and the use of wide corridors utilizing natural light. Also points out auxiliary functions necessary in long term care situations such as: physical therapy, occupational therapy, recreation rooms, and dining spaces. Discusses the nursing unit and consideration of nurses' travel distance, minimum floor areas, and other useful amenities.

Article: Design for Dementia: Re-creating the loving family
Author: Preston S. Stevens, Jr.
Source: The American Journal of Alzheimer's Care and Research, Jan./Feb. 1987, p. 16-22

Article on research based design for dementia. Discusses illustration of four examples of designing facilities that respond to the needs of residents with senile dementia using four nursing facilities as examples. These are:
- Florence Hand Home, LaGrange, GA - A facility that adjoins an existing hospital.
- Wesley Woods, Atlanta, GA - Not designed as a long term care facility, but as a facility in which the average stay is projected to be less than two weeks.
- River Garden, Jacksonville, FL - A new campus to replace an existing facility containing 180 skilled nursing beds, 150 independent living units, and a short term recovery/rehabilitation unit.

Both Wesley Woods and John Douglas French were designed using a clustered form called the "butterfly plan". River Garden was based on the butterfly plan, but was eventually pulled apart to be a looser version of this idea. Also mentioned in the article are some design principles which are encouraged and some to avoid, the importance of residential character in design to help maintain higher functional levels, attention to some sort of compensation for sensory loss and the need for interaction with outsiders.

Article: Evolving Wards
Author: ?

An historical overview of the evolution of hospital and nursing ward design in England and Europe as a whole. Discusses a 1977 Medical Architectural Research Unit (MARU) evaluation of different ward designs whose age spanned more than a century. In many cases the more antiquated wards were preferred over the newer designs. The results of this study have led to new design attempts which integrate the principles of the older designs with the benefits of the new to try to create the more positive atmosphere felt in the older wards.
Article: Upgrading Old Stock
Author: ?
Source: Architect's Journal, 176(30), July 28, 1982, p. 54-56

Article discussing the realization that "economic realities will not allow for the replacement of our old health building stock over the next 20 to 50 years" which has "forced those responsible to take a long, hard look at what we have got and to work out ways of preserving the best of it." A description of the investigation of British hospital holdings, their documentation, the scope of needed hospital upgrading, and possible future potentials for upgrading projects.

Article: Hospitals Today
Author: ?

Discussion of the growth of the private medicine industry in the U.K., some of its effects, as well as its potentials. Private medicine and private insurance is making gains in the U.K. because of the phasing out of "pay beds" within the NHS system, the ability of the private sector to replace inadequate hospitals with small, highly standardized, more quickly built general hospitals design specifically to accommodate future expansion if necessary, as well as its ability to quickly upgrade existing hospitals. The government too is attempting to find ways to provide new hospitals quickly and economically, primarily through the use of the Nucleus plan. The Nucleus plan is a basic ward-type and design to be used in hospital planning developed through extensive studies of existing hospital wards and departments. Research is beginning to play a larger role in hospital design overall, along with attention to more interior amenities in an attempt to dispel such a clinical, cold atmosphere. U.K. hospital design is also expanding to allow commissions for work to go to more private architectural firms.

Article: Thinking About Design
Author: ?

Research is a growing part of U.K. hospital design concerns. Primary departments associated with this work are the Nufield Provincial Hospital Trust and the Medical Architectural Research Unit (MARU). There has been some attempt to provide linkages of information, research and knowledge between the public and private sectors, and to then use this information base as a strong U.K. export commodity. The DHSS, governing body over all these various activities, has been working on plans to standardize hospital ward design. The primary result of this activity has been the development of the "Nucleus Hospital". The Nucleus hospital is primarily a template type format, clustered in groups along a "hospital street". Its principles include low rise, courtyard planning, energy efficiency, and economic space planning in a repetitive form. Drawbacks include planning and departments that must change to fit the template, and the fact that Nucleus templates are interlocked with fire escape routes, and therefore, can not increase because it would then increase the egress distances to unallowable lengths. Some hospitals have chosen to accept the Nucleus Brief without the template form in order to retain its advantages while allowing it some flexibility. Another recent development is the Component Data Base (CDB) which gives detailed guidance on acceptable standards for all major hospital
components. Computer aided design is also being utilized to try to rationalize the design production information process.

Article: Going Private
Author: ?

There is a growing opportunity for private hospital care in the U.K. due to increased foreign investment in the hospital market and the decrease of "pay beds" in NHS facilities. Current private hospital building programs are aimed at replacing pay beds in the public system. The crux of political objection to private health care is the profit factor that private health care must maintain in order to survive. This also is the reason that the private sector does not seek to provide comprehensive health care in the U.K., but focuses instead on profitable, short-stay, non-acute surgery. Most of these hospitals contain between 40 and 56 patient beds, mainly single rooms with their own baths, which are a major selling point in private facilities. In the long term, it was estimated that there would be 10,000 private beds by 1984 compared to 500,000 NHS beds. Case studies of Mold and Harpenden hospitals are discussed which illustrate the difference in time scales between the two plans, on public and one private.

Article: Hospital corridors as a case study in architectural psychology
Author: Alan Beattie, Jude Curtis
Source: Journal of Architectural Research, 3(2), May 1974, p. 44-48

Current hospital design in the U.K. is dominated by a central doctrine of "basic types" in which a small number of canonical building plan forms are identified, and used to establish 'family pedigrees' or 'evolutionary histories' for hospital designs. These are governed primarily by internal traffic or circulation. Two major options have been developed through research. These are the compact plan type, with a ring main corridor system, and the linear plan type, with X, T, and H corridor configurations. The article addresses the importance of giving some consideration to claims that there are psychological difficulties associated with the corridor itself as a design element; that as a device for channeling human movement, it can cause unease or anxiety in patients.

The Problem: The corridor anxiety syndrome-
The huge system of corridors which dominate many new and old buildings are unlike anything most patients have experienced in their lives, are disturbing even to those who are well, and place a great strain on the perceptual apparatus of the psychotic. VA hospitals are included in this group of hospitals designed around inappropriately long corridors. VanEyck has suggested that circulation be replaced by transition - a welcoming space at each door, and articulation of the in-between.

A hypothesis of 'visual stress' in the corridor environment-
There is a cognitive "break point" between things seen as reasonable circulation spaces, and things seen as long corridors, where a corridor has five or more equally spaced doors, or when its length is more than five times its width. From these observations it is possible that the corridor may be used as a case study of the interaction between environment and behavior.

A search for 'visual hazards' in the corridor environment-
Some visual parameters which may be responsible for the creation of cognitive hazards:
Excessive length - change in perception occurs at a length of about 50 feet
Illusions of endless space - the exaggeration of apparent length by a system of repetitive repeating parallels, can produce giddiness and even panic in the observer who tries to walk the length of the hall. Way finding difficulties - many people wonder where the corridor will end, or what is around the corner. Distorted space effects - may cause visual stress. Disturbing surface patterns - psychological hazards may be caused in the design of interior walls, in instances where repetitive patterns may result in unpleasant visual reactions. All of these issues open to empirical test the question of response to corridor environments.

Article: The Evolution of Nursing Space Planning for Efficient Operation
Author: Michael L. Bobrow
Source: Architectural Record, 150(3), Sept. 1971, p. 151-154

Article which discusses the evaluation of functional planning in hospital design, particularly circulation and length of travel for staff. The compact plan is generally recognized as being superior. Several hospitals are mentioned as examples - Holy Cross Hospital, Valley Presbyterian Hospital, Paradise Valley, Providence Hospital, Kaweah Delta, Centinella Valley, Kaiser Foundation, St. Vincent's, and M.D. Anderson.
Successful operation of a medical-psychiatry unit requires special considerations in nursing staff development and facility design. This article will discuss in detail issues related to the selection, training, and development of a medical-psychiatry unit nursing staff. Organization details regarding establishing schedules and staffing patterns are examined in detail. Additional areas reviewed are special adaptations in the architectural and physical facility design as well as the medications, equipment, and supplies needed to provide optimal medical and nursing care to the medical-psychiatric patient population. The essential diagnostic and clinical services that should be available for patients on a medical-psychiatry unit are also defined.

The physical facility considerations section of the article discusses various issues in this type of unit such as the following:
- locked or unlocked units for the control of wandering patients
- the benefits of having only single patient rooms
- the necessity of designing all spaces, doorways and equipment setups with wheelchairs in mind
- the difficulties involved with the use of carpeting and
- special considerations in choosing furniture and finishes for impaired patients

Mobility combined with impaired mental functioning presents safety risks for Alzheimer's patients and poses an ethical dilemma for staff. This study, conducted on an Alzheimer's unit, tested seven different visual barrier conditions for reducing patient exits. Findings indicate that exiting was eliminated under two conditions. The results suggest visual agnosia, the inability to interpret what the eye sees, may be utilized as a tool in managing wandering behavior of Alzheimer's patients.
Discusses United Hospital of Port Chester, NY, an acute care institution which converted three inpatient wings and a delivery suite into a thirty nine bed skilled nursing unit. Mentions interior renovations, public space and floor plan alterations.

Article: Assessing the physical and architectural features of sheltered care settings
Author: Rudolf H. Moos and Sonne Lemke
Source: Journal of Gerontology, 35(4), 1980, p. 571-583

The Physical and Architectural Features Checklist (PAF) measures the physical resources of sheltered care settings in terms of nine conceptually unified and empirically derived dimensions. The development of the PAF is described, and psychometric characteristics, based on data from 93 representative facilities, are presented. These data show that facilities which have more physical resources are seen as attractive by outside observers and pleasant by residents. Larger facilities are more likely to provide barrier-free environments, more flexible physical settings, and more staff facilities. Cost is not related to any PAF dimension; however, nonprofit facilities score higher on several dimensions than do proprietary facilities. Richer physical settings tend to offer residents more policy resources. They are more selective, provide more privacy, allow residents a higher degree of influence and choice, and have clearer policies. Sample profiles illustrate the usefulness of this instrument for describing and comparing facilities; additional uses are discussed.

Article: Toward improving geriatric care with environmental intervention emphasizing a homelike atmosphere: An environmental experience
Author: Mary M. Alvermann
Source: Journal of Gerontological Nursing, 5(3), May 6, 1979, p. 13-17

Article on changes at the nursing home care unit at the Bath VAMC. Discusses color schemes, patient "family" groupings, nurses station design, therapy opportunities for patients, and the effects of some environmental changes and research done on the effects of these changes.

Article: Architectural Design: the spatial location and interactions of old people
Author: Howard Harris, Alan Lipman and Robert Slater
Source: Gerontology, 23(5), 1977, p. 390-400

Residents' interactions in the sitting spaces of purpose-built Homes for old people were studied by participant and structured observation. Eight Homes were sampled from a larger number to represent factors of size (large and small), design (institutional and family) and mental designation of residents (confused or rational). Verbal exchanges between residents were analysed in terms of initiators' and respondents' mental designations. The residents' locations within the sitting spaces and in the sleeping and dining areas of the Homes were recorded. Examination of these data suggests that residents of different mental designations are segregated from each other. Some architectural design elements of physical settings that might foster integration are outlined.

Article: Area security unit in a psychiatric hospital
Author: M.W.P Carney and P.A. Nolan
Since 1974 a psychiatric hospital security unit, designed to serve the whole catchment area, has cared for mentally ill (mostly psychotic) patients with disturbed behaviour that cannot be managed in open wards. There are a few long-term dangerous patients but most stay only briefly. The admission of women to the unit was not followed by the expected reduction in violence. The unit has facilities for occupational therapy, physical recreation, work, and study, which are particularly important for those who are too dangerous to leave it. The unit's calming influence depends as much on the supportive effect of the high staff ratio as on the use of tranquillisers.

This type of unit is not suitable for patients with personality disturbances who "act out" or for mentally abnormal offenders; but it functions well as a crisis centre for the disturbed mentally ill, and there is an increasing demand for its services.

The physical environment of a treatment program affects patient outcome, but how and to what degree is not known. However, decisions about the design of the environment must be made, and they must be made in the face of cost and building-code constraints and widely varying patient characteristics and treatment models. The authors describe the design principles and philosophies they followed in the remodeling of an inpatient treatment and research service in a university psychiatric hospital and indicate where cost and code constraints resulted in a less than ideal solution. They point out that many apparent amenities, such as a ward kitchen, are significant milieu therapy resources, and they advocate the involvement of all levels of staff in the planning process.

Article reports on the changes in patient and staff communication when the glass barriers were removed from two centrally located ward nursing stations at the Brecksville, Ohio VAH.

Poverty has several dimensions, and there are a great many ways to distinguish between the poor and nonpoor, the author says; however, every measure of poverty is based on some concept of "basic need". The author points out that the conclusion of most of those who have studied the problem is that the poor are sicker than the nonpoor, and yet use fewer health services. He discusses a number of measures of this phenomenon and the use of available data as a guide to action.
Hospital planning and design have faced two concurrent crises in this decade. The first crisis is in rising costs of both medical services and building construction. The second is a veritable social and technological revolution in which increasing pressures for national health insurance will, if successful, stress facilities for increasingly sophisticated medical techniques and radically change the mix of patients. Planners and designers are applying creative intellect to solutions of these problems. Four examples follow: 1) a new approach to design, 2) an analysis of possible effects of national health insurance, 3) a multi-discipline approach to regional planning, and 4) a huge complex near London that deals realistically with a composite of all of these problems through application of John Weeks' "indeterminate architecture."

1) Unit Theory Design achieves the combined objectives of cost control and ultimate flexibility by bringing together and extending the effectiveness of several techniques currently applied to building design and construction. In simplest terms, unit theory design is a synthesis of concepts: the module (structural or functional), the systems approach, functional and mechanical flexibility, expansibility, and the "fast track" approach to programming, design and construction. The result is development of a kind of super-module which has structural and functional characteristics unique to its own sets of program and constraints but is of general applicability to the many kinds of space in the building.

2) National health insurance will call for new kinds of medical plant and personnel, as already foreshadowed in effects of Medicare, Medicaid and private insurance. Architects can start now to look ahead rationally. Hospital planners and responsible architects must urge hospital clients to review current space needs in the context of long-term future expansion. Frequently, however, estimates of need are straight-line projections, and master plans tend to be based on past growth patterns. Such plans fail to take into account the effects of national health insurance and other social changes which are rapidly being legislated into existence.

3) An unusual combination of rapid growth in the Phoenix-Tempe-Mesa corridor and the merger of several hospitals in the region provided opportunity for a new hospital designed for regional needs by Caudill Rowlett Scott. The Samaritan Health Service Corporation developed from the merger of several hospital, including the 724 bed Good Samaritan Hospital of Phoenix and the 140 bed Southside Hospital in Mesa. Studies of savings and improved care for patients, made possible by regionally balanced services, led to the creation of the Samaritan Health Service System. This is the first new hospital planned and designed for this kind of corporate system for operation voluntary non-profit hospitals and other health facilities in Arizona.

4) Since any pro-determined program of space allocations for a hospital can be only a starting point in the long life of a hospital, "the more carefully the building is tailored to its program, the more certain it is to need alteration and additions very quickly...." The conditions that impel hospital design toward flexibility and expansibility are urgent everywhere, and inventions for accomplishing those aims continue to multiply. At Northwick Park, the practice of indeterminate architecture brings to inventiveness a discipline of dynamic relationship between plan and circulation and between concurrent program and design development that is not necessarily implicit in flexible expansibility per se.
The study that acquired the name "Obsolescence Study" was really a two-part effort. First was the assembly of facts regarding actual changes, department by department, in six comparable hospitals. Second, was a comment on the character of the demand for change as it affects principles of hospital planning for greatest economy and highest long-term efficiency. The purpose of this study was to give individual hospitals particular principles with which to design for change. The Emanuel Hospital in Portland, Oregon and St. Mark's Hospital in Salt Lake City, Utah are both used to help illustrate the results of the study.

The application of the VA building system described here is to the design of the proposed 500-bed Loma Linda VA Hospital. This report also includes a summary of a study of transport systems for VA hospitals, undertaken by the same design team.

This article is a discussion of the wide range of planning skills, and variety of disciplines - architects, interior designers, nurses, equipment consultants, and client - that are associated with proper planning of a patient room.

A discussion of the hospice movement, what it really is, what its' goals are, and some of the design issues raised by these goals. Some of the different design intentions in hospice facilities as opposed to typical nursing or acute care facilities are also discussed.

This article considers typical hospital architectural stereotypes, and their wide acceptance, and then looks at three design by the firm Kaplan/McLaughlin which attempt to break out of this mold of design ideas. Projects reviewed are St. Vincent's Hospital in Santa Fe, New Mexico, the Nursing Tower at Emanuel Hospital in Portland, Oregon, and the interior design of the lobby at Emanuel Hospital.
Article: The well-being of design quality in the health-care world
Author: Michael Bobrow and Paula Van Gelder

An article concerning a biennial health care facilities design competition and awards. Includes a discussion of the development, historically, of hospital prototypes, as well as some of the major trends of hospital design and the current changes in design emphasis and hospital needs. Brief descriptions of works given citations are included.

Article: A new concept in housing and nursing spaces
Author: none given
Source: Architectural Record, April 1964, p. 180-191

A description of the Isabella House, a limited profit housing project in New York State which includes dwelling apartments for the active aging and nursing home facilities for those who need them.

Article: Geriatrics building for a mental hospital
Author: none given
Source: Architectural Record, April 1964, p. 192-193

A description of the Geriatrics Building at Middletown State Hospital in Middletown, New York, a one story building intended to have a residential character and to provide support for an active rehabilitation program for 210 aged mental patients.

Article: Big City Complex in a flexible cube
Author: none given
Source: Architectural Record, April 1964, p. 194-197

A description of the Bellevue Hospital Center in New York, a single block type structure with capacity for up to 2000 beds to replace all of the eight pavilions being used previously for patient care.

Article: VA plans for the future
Author: Emile de Armas

A discussion of the technical and efficiency advances in the VA building system, and their implementation in VA hospitals in San Diego and San Antonio.

Article: An adaptable building system for progressive patient care
Author: none given
Source: Architectural Record, 138(3), September 1965, p. 202-204

Report of a study at Texas A&M University related to the function of patient care. The objective of the work was to develop a system of care facilities which would allow rapid adaptation of the building layout to meet changing functional demands. The
scope of the work is to accommodate five types of care within the concept of progressive patient care: intensive, general, long-term, and self-care, and a home care installation. This article illustrates results of the first year of the study and the development of the basic patient care module consisting of the architectural space and medical equipment necessary for the nursing care of one patient.

Article: Hospitals: Building types study #311
Author: none given
Source: Architectural Record, 132(3), September 1962, p. 171-181,191-194

This article reports on the publication of a brand-new study on the patient care unit by the Architectural and Engineering Brand of the U.S. Public Health Service. The results of this study are intended to act as a guide for the planning of new patient care units or additions to existing hospitals. The study treats, in considerable detail, all of the important aspects of the subject. No attempt is made to direct the design and planning of patient care units; rather the implicit intent of the study is informational. Covered in the study are such subjects as sizes and shapes of patient care units, design of patient rooms, materials and equipment, and engineering data. Also discussed are isolation and security rooms, nurses' stations treatment rooms, and supply facilities. Also included is a look at the master planning and redesign of a complete medical center at Charlotte, N.C. which illustrates the application of some of the principles discussed in the study.

Article: Hospitals: Building types study #342
Author: none given
Source: Architectural Record, 137(2), February 1965, p. 161-169

Review of 4 hospital projects:
1. The Hissom Memorial Center in Sand Springs, Oklahoma, a diagnostic, treatment, rehabilitation, training and research facility for the mentally impaired.
2. Aldersly Danish Home in San Rafael, California.
3. The Lawton House in San Francisco, California, a convalescent hospital.
4. The Mercy Nursing Home in Sacramento, California.

Article: A view from the field
Author: Pat Schilling
Source: Design Methods & Theories, 10(1), January - March 1976, p. 2-8

Changes in the nature of the design process have generated a demand for design methods that cannot be adequately handled without further progress in developing analytical skills and a knowledge of information management within our profession. These "design methods" fall outside the traditional "drawing board" methods of problem solving that currently produce the revenue within architectural offices. To accommodate such changes in the flow of information, some predictive analytical models have been formulated. Certain basic patterns have been assumed and these patterns were translated into semi-automated operational models.

Article: Designing and developing today's medical facilities
Author: none given
Source: Urban Land, 44(7), July 1985, p. 40
A listing of books and article providing information on the development and design of medical office buildings and health care facilities.

Article: Hospitals: Building types study #338
Author: William B. Foxhall
Source: Architectural Record, 136(4), October 1964, p. 177-183,188-191

This begins with a review of a book on hospital design and function by E. Todd Wheeler. In the book, an attempt is made to explain methods which will enable the architect to translate almost any combination of specific program requirements into a workable and acceptable building design without stifling imagination. An elementary exposition of function as it affects plan moves on to show how a functional solution, or many such, in fact, can be evolved by the application of reason and intuition. There must be an understanding of the methods by which the variables in a program can be isolated, evaluated, and reflected in the final building plan, all in proportion to their relative importance. This is followed by overviews of three hospital facilities: 1) French Hospital in San Francisco, 2) Franklin County Public Hospital in Greenfield, Massachusetts, and 3) the Lane Pavilion in Point Pleasant, New Jersey.

Article: American healthcare design: search for new image
Author: Mitchel Green
Source: A +U, 201, June 1987, 101-126

Reviews and discusses the changing nature of hospital architecture, and the reasons behind these changes. It includes spotlights of several facilities: 1) The Cottonwood Women's Center in Murray, Vermont, 2) Vista Hill Hospital in Chula Vista, California, 3) Pacific Presbyterian Professional Building in San Francisco, California, 4) Sierra Health Services Clinic in Las Vegas, Nevada, 5) Sequoia Hospital in Redwood City, California, and 6) St. Joseph's Hospital in Bellingham, Washington.

Article: Hospital planning research: Building types study #436
Author: none given
Source: Architectural Record, 151(6), June 1972, p. 115-132

Three important and fundamental new approaches to hospital planning and design are reported in this study. Each one represents substantial research in specific areas of health care facilities design. The first article represents several years of research in systems building approaches to hospital design. The client, the VA, is a military one but applications are already being made in the civilian sector. One such, the Saddleback Community Hospital in Laguna, California, is illustrated. The second report also covers research for a military client, the Department of Defense, and also has broad civilian applications. Its approach is from a demographic data base translated into hospital space requirements. The third report covers work at the Architectural Research Unit in Philadelphia and reports on industrial techniques spaces in hospitals.

Article: Therapy begins with the room
Author: none given
Highlights the design of the New England Sinaii Hospital by the Simmons Company of New York which stressed a de-institutionalized atmosphere for the psychological health of the patient and a wide range of new facilities.

Article: BSD - Building Systems Development
Author: Chris Arnold, Andrew Rabeneck, and David Brindle

Reports on the development of BSD (Building Systems Design), a group of architectural professionals who pursue research, development, planning, and design services for a wide range of individual and large scale coordinated projects. Their focus is on a "systems approach" to design which has included the School Construction Systems Development (SCSD) and also work on the VA building system in conjunction with another U.S. firm. This research is reviewed briefly.

Article: The health planning law: crisis or opportunity for architects?
Author: George J. Mann
Source: Architectural Record, 151(9), September 1975, p. 109-112

This article discusses the of the National Health Planning and Resources Development Act of 1974. The objectives of this act are to facilitate the development of recommendations for a national health planning policy to strengthen area-wide and state planning and coordination of health services, manpower, and facilities, and to authorize financial assistance for the development of resources to further that policy.

Article: The evolving health care system: a framework for design
Author: Michael L. Bobrow and Julia Thomas
Source: Architectural Record, 151(9), September 1975, p. 113-115

This article examines the changing nature of health care design and how hospital design must learn to flow from a recognition of both the broad context of health care delivery and the specific role of the individual hospital. Architect's must learn to satisfy a hospital's existing growth and evolution needs, while also being responsive to the need for a visual language to guide patients, visitors, and staff to make a greater contribution to health care systems.

Article: Proposals on housing for the elderly
Author: none given
Source: AIA Journal, 57(1), January 1972, p. 46

A list of recommendations from the work of the housing section at the White House Conference on Aging.

Article: Hospitals: design and construction
Author: none given
Provides highlights of nine hospital designs intended to make the hospital atmosphere more acceptable to patients, staff and visitors.
1. The Veterans' Nursing Home in Oxford, New York
2. The North Central Connecticut HMO and Medical Practice Group facility in East Hartford, Connecticut
3. An ambulatory care facility at the Memorial Hospital campus of the Charleston, West Virginia Area Medical Center
4. The Massachusetts Eye and Ear Infirmary in Boston, Massachusetts
5. The Grandview Hospital Ambulatory Care Center in Dayton, Ohio
6. The Milwaukee County Mental Health Center
7. The Desert Hospital in Palm Springs, California
8. The William T. Solvermann Jr. Mental Rehabilitation Center at the Grossmont District Hospital in La Mesa, California
9. The Vanderbilt University Medical Center in Nashville, Tennessee

Article: The VA hospital building system, an experience in coordination
Author: John A. Cook
Source: Industrialization Forum, 2(4), July 1971, p. 51-60

The Office of Construction of the Veteran's Administration, responsible for a very large hospital system, seeks methods of improving design and construction. A recent system's integration project is described. This project involves an analysis of user needs, cost breakdown, existing federal procurement regulations and currently produced building products, leading to a proposal for a highly organized planning concept. This differs from other recent systems, in that specific hardware development is not required, but may occur. Sub-systems are structure, lighting ceiling, HVAC and partitions, for each of which design and coordination "rules" are proposed. An important aspect of the approach is the allocation of zones for different functional elements, particularly a 6'-6" minimum service zone between a semi-structural suspended ceiling and the structural floor. In each sub-system, permanent and adaptable components are carefully distinguished. For building design using this system of coordination, the concept of catalog "space modules" - one story "blocks" of building volume - is proposed.

Article: Skilled nursing facility design meets needs of community
Author: William Loorz
Source: Hospitals, 52, February 16, 1978, p. 165-166

A description of Casa Dorrinda, a 300 person "life-care" community in Montecito, California.

Article: Good signs can help control visitor and staff traffic
Author: Carol Lipper
Source: Modern Hospital, 115(1), July 1970, p. 83-87

A report on the need and importance of a good signage system to help patients, visitors and staff find their way around a hospital independently. Stresses the need for a signage system which provides information in the sequence in which it is needed, and one which is clear and which distinguishes between information needed
by the public and information needs by the staff. Also discussed are two approaches to the development of an overall signage system.

Article: The human factor introduced in hospital architecture by the pattern language
Author: Argyris Liberakis
Source: Ekistics, 186, May 1971, p. 372-375

The environment affects the hospital patient more than the ordinary man; and the mentally ill even more. Thus, information from psychiatric sources is very valuable. While the hospital environment affects the staff, they are also directly affected by the reaction of the patient to it. Thus the environment may be considered as a therapeutic, a diagnostic, or a pedagogic tool. For example, when the patient is recovering, he needs a less rigid environment and less help from the staff. This article analyzes and discusses the needs and tendencies of patients in various stages of illness or recovery, and then suggests patterns of planning to help fulfill those needs.

Article: Designing for the elderly
Author: Chester Hartman, Jerry Horovitz, and Robert Herman
Source: Design & Environment, Winter 1975, p. 48-51

A report on some survey techniques and findings on a group of elderly people in a small section of San Francisco who are grouped together to influence the housing being planned for them.

Article: Residential care of the elderly mentally handicapped
Author: P. Sykes
Source: ?

A brief opinion article on residential care of the elderly mentally handicapped. It includes thoughts on the use of home help services, sheltered housing, and hostels.

File: Institutional Life Safety

Article: Design and planning of psychiatric facilities
Author: Betty Cochran
Source: Hospital and Community Psychiatry, 29(8), August 1978, p. 533-537

A report on a conference concerning design and planning of psychiatric facilities. It includes information on current trends and views, mental health center interiors, the planning process, public mental hospitals, problems with codes, and the potential for reuse of existing structures.

Article: Structural codes and patient safety: does strict compliance make sense?
Author: Rich Freely, Diana Chapman Walsh, and Johnathan E. Fielding
Source: American Journal of Law and Medicine, 3(4), Winter 1977-78, p. 447-454
The authors of this Comment note recent trends rigidifying the enforcement of building and safety codes for health care facilities and compare the estimated costs (in terms of dollars spent) of those trends with their anticipate benefits (in terms of potential years of human life saved). They estimate that for each potential year of life saved, strict enforcement of the Life Safety Code of the National Fire Protection Association would cost $12.7 to $63.5 million for hospitals and $1.1 to $2.6 million for nursing homes, the latter figure based on Massachusetts's experience. These figures are contrasted to the cost of routine kidney dialysis, which is generally acknowledged to be an extremely expensive technology, costing approximately $20,000 per potential year of life saved. The authors suggest that even if strict enforcement of the Code were fully effective (which, given the current structure of the Code, seems doubtful), a portion of the substantial financial resources expended from our limited national health care budget in hewing to the letter of the Code might be better spent on other activities with greater potential yield in improving the quality of life for patients in hospitals and nursing homes.

Article: Safety and environmental factors in accreditation facilities
Author: Thomas M. Barry
Source: Hospital and Community Psychiatry, 27(11), November 1976, p. 796-799

The standards developed in 1972 by the Accreditation Council for Psychiatric Facilities of the Joint Commission on Accreditation of Hospitals cover 28 components of mental health programs, including the environment and patient safety. The author discusses the standards related to those two areas as they are set forth in the council's Accreditation Manual for Psychiatric Facilities, and he describes the difficulties psychiatric hospitals have faced in complying with them.

Article: Functional significance of restricted upgaze
Author: J. Thomas Hutton, Irving Shapiro, and Bonna Christians

Restriction of conjugate vertical eye movements among the elderly has been described as a normal neurologic finding. A study was undertaken to determine the prevalence of restriction of upgaze among elderly nursing home residents and to assess the functional significance of restricted upgaze alone and in combination with other factors. This study reports that limitation upgaze is of functional significance when simultaneous restriction of neck mobility exists. Implications for nursing home design and for improved communication with elderly patients are discussed.

Article: Fire safety in health care institutions
Author: J. Armand Burgun
Source: Hospitals, 48(9), May 1, 1974, p. 91-95

This discusses changes to the Life Safety Code to help make hospitals and long term care facilities more safe, the reasons behind the changes, and construction and design techniques that can aid in fire safety.

File: Environmental changes affect behavior
Article: Patients change VA hospital institutional look
Author: none given
Source: Hospital and Community Psychiatry, 23(5), May 1972, p. 11

Short discussion of VA hospital interior changes.

Article: Interior design supports psychiatric therapy
Author: none given
Source: Hospitals, 49(16), August 16, 1975, p. 27,30,32

Report on the effects bright colors have on psychiatric therapy at two hospitals in Massachusetts: the Newton-Wellesly Hospital and the Waltham Hospital.

Article: Effects of environmental changes on elderly residents' behavior
Author: Michael Bakos, Richard Bozic, David Chapin, and Stephanie Neuman
Source: Hospital, and Community Psychiatry, 31(10), October 1980, p. 677-682

Members on an interdisciplinary design group, funded to conduct ongoing research in state psychiatric facilities, developed a process by which a seven-year-old facility for geriatric patients could be better adapted to meet users' and program needs. The facility, considered good by many standards, had been planned on a "motel model" more suitable for transient occupancy than for providing opportunities for interaction, communication, stimulation, and challenging roles. Randomly selected residents and staff were involved in making decisions about design changes, which focused on rearranging and remodeling day-rooms to increase interaction. The controlled research design, involving baseline and follow-up evaluations, indicated that measurable, positive changes in residents' behavior occurred, especially among residents who took part in decision-making about the environmental changes.

File: Mental hospitals/Units/Homes/etc.

Article: Evaluation: a mental health facility, its users and context
Author: Lawrence R. Good and William E. Hurtig
Source: AIA Journal, 67(2), February 1978, p. 38-41

A report on an attempt to design a facility, the Norwood Mental Health Center in Marshfield, Wisconsin, that would promote facility - community interaction with patients and local residents. It also includes specific design ideas used to help facilitate this interaction.

Article: A program for a psychiatric hospital
Author: Paul Haun
Source: Architectural Record, 108(4), October 1950, p. 136-141

This article discusses issues to consider when developing an architectural program for a psychiatric hospital. It includes issues such as location and size, planning of the building program, reception and treatment buildings, clinical buildings, continued treatment buildings, disturbed, infirm, and TB-NP buildings, and some basic
components of all psychiatric nursing units such as bedrooms, offices, patient facilities, and utilities.

Article: Mental health in the hi-rise
Author: Daniel Cappon
Source: Ekistics, 33(196), March 1972, p. 192-195

This article discusses the potentials of a study of the effects on mental health by hi-rise living. It sets forth a working definition of both satisfactory mental health and hi-rise buildings and then, given these definition, lists reasons why there may be a link between hi-rise living and adverse mental health.

Article: A building adrift
Author: none given
Source: Progressive Architecture, 63(5), May 1982, p. 152-155

A description of needs and design of the Paul L. Barone Medical Building in Nevada Missouri, a facility for the mentally ill and retarded.

Article: Rx: Environments
Author: Margaret Gaskie
Source: Architectural Record, 171(7), June 1983, p. 85-103

This discusses the changing nature of mental health care and mental health treatment in recent years, and the contradictions it entails. It includes highlights of several projects which have attempted to deal with these contradictions, with the resolution of disparate functional elements into clear and ordered patterns, the intuitive introduction of spatial options for privacy and communality, and the sensitive manipulation of light and color, all of which represent an architecture reaching consensus in a common cause. Projects highlighted include:
1. The Menninger Foundation in Topeka, Kansas
2. The Arbour Hospital in Jamaica Plain, Massachusetts
3. The Wyman-Gordon Pavilion at Ingalls Memorial Hospital in Harvey, Illinois

Article: An outlook of stressful - but hopeful change
Author: Michael Bobrow and Julia Thomas
Source: Architectural Record, June 1983, 102-103

Architects of health care facilities are facing their biggest challenge in history. The industry has experienced more radical changes in the past 200 days than it has in the last 10 years. This period, which is characterized by new developments in reimbursement policies and significant demographic shifts, will continue into the mid-1980's. While the industry is in a crisis state, this can provide the impetus for healthy change and can open new opportunities for those who are willing to innovate. A listing of major changes within the health care field follow.

Article: Mental Hospitals: building types study #204 - Mental patients can be cured
Author: Daniel Blain
Source: Architectural Record, 114(5), November 1953, p. 181-182
A brief discussion of the changes in mental health treatment, the improving recovery rate, and the effect on mental health institutions of a wider public acceptance of the institution and of the need for new facilities. This new attitude is reflected within the hospital and provides a good opportunity for architects to help change the old stereotypes of mental health institution design.

Article: Mental Hospitals: building types study #204 - History points up the new programs
Author: P.H. Felix
Source: Architectural Record, 114(5), November 1953, p. 182-183

This article briefly relays the history of the mental hospital as an institution in the United States and calls for increasing reassessment of standards to continue advancement in mental health care and treatment, as well as to advance ideas on design of these facilities.

Article: Mental Hospitals: building types study #204 - Coordinated hospital system for nervous and mental patients
Author: John W. Cronin
Source: Architectural Record, 114(5), November 1953, p. 183-184

This article discusses the high rate of obsolescence among all mental and chronic disease hospitals, and, in recognition of the fact that it is almost impossible for one single hospital to furnish facilities to meet all the need for these patients, calls for a coordinated hospital system for nervous and mental patients as a way to help extend these types of facilities into all communities.

Article: Mental Hospitals: building types study #204 - Humanization of the mental hospital
Author: Kenneth E. Appel
Source: Architectural Record, 114(5), November 1953, p. 185-188

A listing of some possible collaborative points between architecture and psychiatry to help improve the state of the mental health institutions.

Article: Mental Hospitals: building types study #204 - Hospital buildings for modern therapy
Author: John W. Cronin
Source: Architectural Record, 114(5), November 1953, p. 189-203

This building type study is the first to present the researches of the architectural staff of the Public Health Service in mental hospital planning. The need has been urgent. The concept of quick cure, instead of permanent care, calls for entirely new types of mental hospital buildings. Architects must assimilate new treatment programs, and plan hospitals that will inspire patients to pick up again the threads of their lives. This study concentrates on two vital areas - the "receiving, diagnostic and intensive treatment" building of the mental hospital, and psychiatric facilities in the general hospital. The whole effort is to catch the patient early, give him quick help, or, that failing, give him the "total push" and return him quickly to out-patient
status, then to final discharge. The Public Health Service have bent their first efforts to these two types of facilities, which are presented in detail in the following. Prototype plan designs for several building types are included.

Article: Mental Hospitals: building types study #204 - Psychiatric service in the general hospital
Author: Alston G. Guttersen
Source: Architectural Record, 114(5), November 1953, p. 204-212

This article gives a fairly complete overview of the full range of services necessary in an up to date psychiatric ward, discusses their design and use, lists facilities and equipment that would be needed, and suggest some prototypical building plans for these areas.

Article: A mental health center infills a tight urban sight
Author: none given
Source: Architectural Record, 169(10), August 1981, p. 92-93

A report on the mental health unit for the Michigan Osteopathic Medical Center, built in an urban area.

Article: Mental Hospitals: building type study #326
Author: Robert H. Felix and Alston G. Guttersen

Two articles are included. The first, 'The community mental health center, a new concept' by Felix, focuses on the emergence of the Community Mental Health Center. While actual translation of the concept into new buildings is now being accelerated by new treatment methods and enabling appropriations, the architectural image of the community mental health center has not yet emerged as a functional entity such as is evoked by mention of, say, schools, post offices, or general hospitals. Therefore, they conclude, a building program is necessary, and the mental health center concept needs something better than the present image of the large state mental hospital. The second article, "Programming mental health facilities" by Guttersen, reviews the components of the community mental health center. These include both office and therapeutic spaces for a wide variety of services: referral agencies, diagnostic and treatment outpatient services, day hospitals from which patients return home at night, night hospitals to which they report for evening treatment and sleep, inpatient hospitals, clinics, rehabilitation facilities, consultation services, information and education services. A programming method is outlined and a check list of space categories is presented.
WING A IS SAME AS WING D
SEE FIRT PLAN AN CODE DRAWI