# St. Thomas' Emergency Collaborative Art Program





Giving patients the "looked-after" effect

# **Art in Site**

## ADP Architect's Map of The Emergency Department



## The Looked After Effect



## An Organising Principle







## The Design Council's Reducing Violence and aggression in A&E







#### Psychological study

Dr Mercedes Freedman graduated as a teacher of English in South America before going on to study at Birkbeck College, London University, where she obtained her BSc and PhD in Psychology. Subsequently she lectured at London Metropolitan University for 16 years on cognitive and developmental psychology, neuropsychology. She is now doing research on individual differences and art preferences. In addition, having collaborated with Artinsite, she would like to research the benefits to well-being of good design and artwork.

#### Research as a springboard for design

THE EMERGENCY CARE PATHWAY (ECP) This report focuses on factors to consider in selecting the most appropriate artwork for the Emergency Care Pathway (ECP), St. Thomas' and Guy's Hospital's Emergency Department (ED)/Accident & Emergency (A&E). The ECP refers to the "Journey through ED/A&E", from arrival to either discharge after been seen to in ED or to admittance to hospital for further care. Two main points are taken into account: what patients expect and addressing what patients expect. This encompasses a whole range of issues, discussed here through the use of different disciplines such as medicine, psychology, art. Artinsite believes that the patient will benefit the most when contributions from different disciplines are taken into consideration.

What Patients Expect reducing his/her anxiety. One way in which patients expect staff to show competence A review of the scientific literature on is in a proper explanation of reasons EDs shows that what patients expect is for admission to hospital, as well as any consistent across studies, even when these follow-up instructions. When this happens, are carried out in different countries, mainly satisfaction ratings of the ED goes up. One UK, USA and Australia. This is not surprising issue arising from these reviews is that since these three countries have a similar there are not sufficient studies that address as the possible reasons for delays. standard of living and expectations. The these expectations. point still applies, however, given that this consistency is evident across a very large Addressing What Patients Expect number of studies.

For example, Naim, Whotton, Marshal, Roberts and Swann (2004) identify from several studies the following factors of concern: long waiting times, poor communication, poor quality of care and poor quality of the environment. Interestingly, these factors can all lead to dissatisfaction, even when the patient is in great pain and sees the pain as something that needs to be accepted. A further review of the literature by Gordon, Sheppard and Anaf (2010) concludes that competence and proficiency are key factors in gaining the patient's trust and in ST THOMAS' EMERGENCY CARE PATHWAY

Overall, it seems that anxiety is exacerbated by concern about two main points: lack of information and long waiting times. Evidently, Artinsite cannot control the latter, which is clearly dependent on what happens at ED on the day. Neither can it control the former in relation to each individual patient. However, it can contribute to designing artwork that takes into account a variety of elements to project a concept of an emergency pathway that is caring. This caring approach is based on understanding why, how and what to do to guide the

patients through ED in the best possible way. Emphasis is therefore given to such issues as providing general information about how the ED operates, including information about the different sections in ED and about what steps need to be followed from arrival to discharge, as well

Art in Site



Patients feel less anxious if they understand where they are, and have a clear idea of what they are going to experience.



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The final organising principle.

#### Selecting the artist with key stakeholders and users



Varham Muratyan was selected from a shortlist in a workshop session with senior clinical staff, hospital patient governors, and members of the patient advisory user group.

#### Selecting the artist with key stakeholders and users



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environment

"Obviously functionality is important but it gets to the point of where you n that and Vahram seems like the most likely artists to be able to do that.

-Difficult to see how this would translate within the ED environment given the examples provided by the artist. Its distracting in that the images do not reflect the staff or people that work in this service but it looks like art you would have at home which has little impact. The art is beautiful but he hann't responded to the brief up difficult to score highly

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Ongoing patient feedback on direction and artist selection

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	Patient Average	Staff Barringer	Derral
nical requires to how well the artist's syle could work in the ED	85	29	33
Rate Now work communicates and replains process of key aligns in curreny within 60 (scale 3 (inwest) to 5 highest)	н	1.0	2.8
fate how work makes each space district (scale 1 (loasest) to 1 (highest))	41	27	34
Rate how work helps to orientate patients (scale 3 (lowest) to 5 (highest))	3.6	1.8	2.6
Rate have work emphasized human andness of care in ED environment brain 1 (lowest) to 3 (highest))	34	2.8	2.9
Nate how work is weicoming as well as informative (scale 1 (lowent) to 5 (highest()	40	12	11
Overall rating of work in hospital and meeting the brief (scale 1 (rowest) to 5 Pighest))	40	24	32
Reenage score for artist	10	23	11
(ask 3 first profesences (3 point each)	3.6	6.0	
Task 3 second preferences (3.1 pilet rach)	85	0.5	
Tabal law 2 summ	25	4.5	
TOTINU/30 (Average source - tank 3 source)			7.8

#### Outcomes from the artist's dialogues with clinicians and users



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Urgent Care U8

This is where you are treated if you have a mirce injury or Rees.

Yes may be seen by a General Practitionar (GP), an Emergency Nurse Practitioner (ENP), an emergency doctor or a specialist practitioner.

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## Two parts to the organising principle.



#### A clearly readable environment, and clear, simple communication



### Helping patients to create a positive schema.









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### Co-editing information slices with staff and patients.











# Ayo Junior doctor

# Hi, my name's Ayo. I'm a junior doctor, in my second year of training.











"The moving image piece brings a very calming feel to waiting areas and to the relatives' room (where people sit having been told the worst news possible). I am sure the artwork is one of the reasons we are seeing reduced violence and aggression"

Dr Simon Eccles, Chief Clinical Information Officer for Health and Care, DHSC, NHSE, NHSI



Patients feel less anxious if they understand where they are, and have a clear idea of what they are going to experience.

A unified design

#### The result

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The "Looked-after" effect.

#### Final feedback from staff & patients: very positive about interior









