

Privacy Rules

by Dana Dubbs

The push is on for patient privacy. At hospitals and outpatient facilities across the U.S., cubicle curtains—which used to divide everything from open bays in emergency departments to beds in semi-private patient rooms—are coming out. Walls and acoustical ceiling tile are going in. Healthcare providers are increasingly affording patients and their families the right to have confidential conversations with caregivers without fear of being overheard.

The Health Insurance Portability and Accountability Act (HIPAA) is helping drive the change. Issued by the U.S. Department of Health and Human Services (HHS), HIPAA sets national standards for protecting patients' health information. It requires healthcare providers to establish reasonable safeguards for keeping patient information away from people who don't need it. The standards encompass acoustical privacy for oral communications and visual privacy for written information.



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She is currently earning recognition as an art photographer. Her landscapes, abstracts of nature, and portraits of dolls have been exhibited in galleries and shows throughout California.

Not a prescription

Compliance is its own story. HHS states on its website (www.hhs.gov/ocr/hipaa) that hospitals and physicians' offices don't have to be retrofitted to provide private, soundproof rooms. Nor are any structural changes to healthcare facilities required. The how-to details of compliance are so nebulous that HIPAA caused quite a stir when it took effect April 14, 2003.

"When HIPAA first came out, architects were greatly concerned that this was going to be another Americans with Disabilities Act (ADA)," says Don McKahan, AIA, FACHA, principal of healthcare facility planning firm McKahan Planning Group, Del Mar, Calif. "A lot of people thought that there was going to be a big book of rules with a lot of prescriptive design requirements. There was a lot of concern that this was going to have a profound effect on healthcare design, much as ADA affected parking, toilets, stairs and all kind of things."

"Now that we've had some time to digest this, we're learning that HIPAA is not at all like ADA," adds McKahan. "There is no big book of rules. Architects and engineers have a great deal more freedom to interpret and produce environments with improved acoustics and privacy."

Indeed, most changes made by healthcare providers to date have related to information management and staff practices. Installing computer screens that time-out quickly, for example. Orienting computers so they face into nurses' stations and can't be casually read by people passing by. Training staff to keep their voices down. Educating nurses about when it's appropriate to share patient information.

A bigger pill

So why are hospitals going above and beyond the vague dictates of HIPAA and building private rooms when they really don't have to? For reasons that preceded the federal standards—infection control, patient respect and dignity, patient satisfaction and market demand, to list a few. HIPAA simply gives another reason.

Before HIPAA was on anyone's radar screen, for example, St. Rose Dominican Hospital converted to all private patient rooms and bedside admitting at its new Siena Campus in Henderson, Nev. Why? Management believed it was the right thing to do. Rush North Shore Medical Center, Skokie, Ill., transformed its emergency department from open bays and cubicle curtains to private rooms for similar reasons.

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Privacy Rules, continued

Also pre-HIPAA, consulting rooms started popping up in hospital care units and waiting areas so doctors could sit down and talk with patients and families in a comfortable, private setting rather than standing out in a hall.

The open nurses' station remains the standard, despite predictions of its demise following HIPAA's enactment.

"The trend over the past 10 years or so has been away from enclosed nurses' stations with big glass walls that created a sense of, 'Us in here and you out there,'" says Sheila Cahnman, vice president and principal in charge of the healthcare practice at architecture firm HOK, Chicago. "Those barriers were broken down with the Planetree concept of patient-centered care. The Planetree model encouraged staff to be out in the open and easily accessible to patients." *(Note: Planetree, Derby, Conn., a non-profit organization founded in 1978, is committed to improving medical care from the patient's perspective.)*

"Hospitals are still very much building open nurses' stations," adds Cahnman. "The difference now is this idea of putting up a stool-height counter or some other kind of barrier that still

allows people to walk up to the station, but they can't necessarily go inside and look over a nurse's shoulder at the computer screen or a file."

Nor has HIPAA slowed the trend toward decentralized nursing. Little cockpit-style stations continue to sprout throughout care units. Decentralization, however, can be a double-edged sword. It allows nurses to work close to patient rooms, which can elevate the quality of care. It also puts more computer screens out in the open, raising the specter of someone coming up behind a nurse and shoulder-surfing for information. Rather than do away with decentralized nursing, providers are looking to the technology industry for solutions and creating more spaces where staff can work away from prying eyes.

"We're designing off-stage areas, whether it's a conferencing space or a lounge, where staff can work on reports and have confidential discussions of cases," notes Cahnman. "The more you have open nursing and decentralized nursing, the greater the need for space like that."

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Privacy Rules, continued

Beyond the letter of the law

Even though HHS says retrofitting facilities is not required under HIPAA, some hospitals are doing it anyway. Like Sharp Chula Vista Medical Center, Chula Vista, Calif., which enclosed its open nurses' stations with glass. And Saint Alphonsus Regional Medical Center, Boise, Idaho, which installed high-performance acoustical ceiling tile to achieve audio privacy in an open registration area.

At many facilities, in fact, registration areas are being redesigned so they no longer resemble the hotel model. Instead of an open space with a long counter—the registrars sitting on one side and patients on the other—these areas are being carved into fully enclosed rooms.

HIPAA has not driven radical changes in healthcare design as many people once feared, but it has raised awareness of privacy issues in patient settings.

“I see architects with HIPAA in the back of their mind doing a lot of innovative things to ensure privacy,” says McKahan. “It’s turning out to be a pretty good situation.”

Sign of the times:

These patient records display the room number prominently, but due to HIPAA privacy regulations don't also display the full name of the patient on the binder cover. This photo was taken during extensive observational research recently conducted by Steelcase to better understand the critical issues affecting healthcare and the needs of staff, patients and visitors. The results are being shared with interested design professionals and healthcare administrators.

To learn more, call 800-333-9939 and ask about the “Design for Healing” presentation.

