

Design & Dignity Guidelines

Transforming end-of-life care in
hospitals, one room at a time







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Foreword

On behalf of Irish Hospice Foundation (IHF), I am honoured to provide the foreword to the updated *Design & Dignity Guidelines 2020*.

Design & Dignity was launched in 2010 in recognition of how deeply people experiencing trauma are affected by their surroundings. The Design & Dignity project is working to change not just the culture of care within acute hospitals but also the physical environment of hospitals for people facing death and their families. To date, over 47 projects have been completed – seeing shabby storage rooms or offices revived, turning them into oases of calm where bad news can be broken sensitively or where families can gather and have a cup of tea. Serene viewing rooms have been created within emergency departments, where people first see a deceased loved one, to allow for moments of private grief. Neglected mortuaries have been transformed into havens of peace. These critical projects are making a real difference at a traumatic time in people's lives.

This is the third version of the *Design & Dignity Guidelines* since 2010 and we are constantly learning, improving and striving to make them better.

The success of Design & Dignity is due to a strong and long-lasting partnership between IHF and HSE Estates. IHF, through its dedicated administrative function and design expertise, alongside the HSE Estates' leadership and commitment and funding has enabled great accomplishments.

Critically the buy-in and passion of staff working on the ground in hospital settings, have brought these projects to life. It is truly wonderful to see the level of pride that staff feel having played a vital role in bringing their Design & Dignity projects to fruition. Many people have played a key role in bringing Design & Dignity this far – you each can be proud of your contribution.

We believe that through the Design & Dignity projects we are witnessing a tangible deepening of the compassionate care being provided by staff in hospitals. I am particularly struck by how this project is significantly shaping the overall culture of end-of-life care in Irish hospitals.

Much has been achieved through Design & Dignity but improvements are still needed. Together with HSE Estates, hospital staff and our Design & Dignity Project Advisory Group, we will continue to pave the way for rooms, mortuaries and other spaces which are places of dignity and comfort. We commit to continue our work to create oases of calm, privacy and peace for families and staff throughout Ireland.

Sharon Foley
CEO
Irish Hospice Foundation



Foreword

The Design & Dignity initiative is undertaken by HBS Estates in partnership with Irish Hospice Foundation. HBS Estates (the Estates unit within the HSE) is responsible for the development and management of the healthcare estate. Its aim is to enhance wellness in our patients and clients, while enabling and encouraging our healthcare staff. HBS Estates is also responsible for ensuring that the healthcare infrastructure supports the efficient delivery of services and value for money.

In the past, the focus of capital development and investment in healthcare has been on the provision of bed numbers and the expansion and improvement of clinical areas. The introduction and rollout of the Design & Dignity initiative and concept is challenging us to ensure that end-of-life care takes centre stage in the projects delivered by the initiative. As part of this, we aim to provide much-needed private, respectful, dignified and comfortably tranquil spaces for patients and families – within the wider hospital environment – during difficult times. HBS Estates is proud to have adopted the *Design & Dignity Guidelines* in all new building and refurbishments projects relating to end-of-life care in hospitals that we work in.

The Design & Dignity initiative has delivered a significant number of projects that successfully achieved its key aims and objectives; transforming the way hospital spaces are designed for people at the end of life, and their families. Additionally, the initiative fosters ownership of these spaces by involving staff in their design and, ultimately, creating exemplar end-of-life facilities for patients and families. These guidelines have been developed by the experiences of the projects to date, and from the informed input of both project stakeholders, and the Design & Dignity Project Advisory Group. The guidelines will strengthen

the successful delivery of future projects under this initiative – safeguarding the quality of surroundings for end of life care.

I would like to take this opportunity to thank all of those staff, stakeholders and designers who have invested time and resources, ideas and passion into the projects to date.

We are committed to continuing to work with our wide range of internal and external stakeholders, to support and deliver the objectives of Design & Dignity in partnership with Irish Hospice Foundation.

John Browner

Assistant National Director,
Capital Property, HSE HBS Estates

Acknowledgments

The Design & Dignity programme is guided and managed by the Design & Dignity Project Advisory Group. Sincere thanks to all the members of this Group for their effort, expertise, commitment and time to progress and expand this important work. All of the Group have contributed greatly to this edition of the *Design & Dignity Guidelines*.

Current Group members are:

Alice Anderson, Irish Hospice Foundation; Siobán O'Brien Green, Irish Hospice Foundation; Jean McKiernan, Irish Hospice Foundation; Gillian Hegarty, HSE Estates; Martin McKeith, HSE Estates; Ronan Rose-Roberts, Design & Dignity Architecture Advisor; and Deirdre Kelly, Design & Dignity Architecture Advisor.

We would like to acknowledge the tremendous support of former Assistant National Director, John Browner, HSE HBS Estates, for his ongoing leadership and support over many years for Design & Dignity. Sincere thanks and appreciation to Mary Lovegrove, former Manager of the Design & Dignity Programme within Irish Hospice Foundation for her years of work and dedication to expanding and developing the programme.

Gratitude to the Monroe Family, Galway for sharing their experience from the death of their daughter in a hospital Emergency Department and working to improve these settings in a range of important ways through Rosabel's Rooms.

Thanks to the CEO and Board of Irish Hospice Foundation, present and past members, for their ongoing and much appreciated support. Thanks also to Mervyn Taylor, who, during his time as manager of the Hospice Friendly Hospitals Programme developed the Design & Dignity project. The project was launched in 2010 as a

result of seed funding from the National Lottery through the Department of Health & Children with the support of Mary Harney, Former Minister for Health and Children. Under the patronage of actor Gabriel Byrne, a challenge fund was established to raise matching funding from HSE Estates and Irish Hospice Foundation which instigated the programme. Sincere thanks also Michael O'Reilly former Chair of Irish Hospice Foundation for his work on the Design & Dignity Project Advisory Group. Sincere thanks also to Marie Lynch, former Head of Healthcare Programmes and Jackie Crinon, Irish Hospice Foundation, who previously managed Design & Dignity and Caroline Erskine for her immense support in the early years of the programme.

A special thanks to Diarmuid Ó Coimín, End-of-Life Care Coordinator in the Mater Hospital, for his enormous contribution to the project and Roisín Barron, who generously gave her time to research, and draft, parts of the section on artwork.

A huge thanks to Architecture Advisors Ronan Rose-Roberts and Deirdre Kelly for their expertise, ongoing drive and commitment in raising the standard of end-of-life care design across the health service and for contributing to these Guidelines.

Finally, we express immense thanks to all hospital staff, patients, relatives, estates teams and design teams for their dedication, perseverance and hard work to create oases of calm and beauty within hospital healthcare settings. Thanks to those who have supported these important hospital projects, including local businesses, community fundraisers and hospital charities and donors to Irish Hospice Foundation.



Introduction

Dying, death and bereavement raise profound and practical issues for hospitals. While hospital staff do their utmost to deliver excellent care, hospital environments do not always facilitate them in delivering the dignified care required at this most important time. The *Design & Dignity Guidelines* aim to support staff and hospitals to provide the compassionate and dignified spaces that are warranted during dying, death and bereavement for patients, relatives and staff.

The *Design & Dignity Guidelines* were developed by Irish Hospice Foundation in partnership with HSE. **They have been adopted by the HSE for all new and refurbishment projects.** The Guidelines are relevant for all departments and wards within hospitals where all types of death occur. They should be adapted for the requirements of specific departments and wards e.g. out-patients, emergency departments, intensive care units, etc.

These *Design & Dignity Guidelines* provide the necessary direction for the design and planning of acute hospitals, so existing buildings can support quality end-of-life care. The Guidelines are also appropriate for community hospitals, enhancing the *National Quality Standards for Residential Care Settings for Older People* in Ireland.

The Guidelines should be used in the development of project briefs for new hospital buildings, in addition to refurbishment projects. Together, with the Design & Dignity Assessment Tools, they should be used to assess existing facilities and guide improvements.

This is the third edition of the Guidelines. The first edition was titled *Design & Dignity Guidelines for Physical Environments of Hospitals Supporting End-of-Life Care*. They were developed by a working group and published in 2008, following public consultation.

In 2014, an updated version of the Guidelines were published in the form of a Stylebook. These provided a lot of practical guidance – plus a range of case studies – to hospitals involved in building projects relating to end-of-life care.

This edition, published in 2020, builds on the Stylebook, incorporating new learning from the 47 projects funded through the Design & Dignity Grants Scheme – including new guidelines for Comfort Care Suites and Maternity Bereavement Suites. It also reflects findings from the independent evaluation of the Design & Dignity Project carried out by UCC in 2019.

** The term 'relative' is used to refer to those people who matter to the patient.*

This Document is Divided into Five Sections:

Section 1 – the background outlining the rationale supporting the Guidelines.

Section 2 – presents the *Design & Dignity Guidelines* as adopted by the HSE for all new and refurbishment projects as follows:

- Emergency Department Bereavement Suites (this includes ‘Viewing Rooms’)
- Family Rooms
- Comfort Care Suites
- Maternity Bereavement Suites
- Public Spaces in Mortuaries

Section 3 – offers guidance on features and artwork for Design & Dignity Projects and explains why artwork should be at the heart of the design process.

Section 4 – provides general guidance for Design & Dignity Projects, including ward improvements, infection control, acoustics, floor finishes, furniture etc.

Section 5 – offers a range of case studies and photos of completed Design & Dignity Projects.

This resource is a live document and will be updated as the Design & Dignity Project evolves.

For the most up-to-date version, please see the Design & Dignity section on Irish Hospice Foundation’s website www.hospicefoundation.ie

Design & Dignity Project: The Background

The Design & Dignity Project is a partnership project of the Irish Hospice Foundation and HSE Estates. It originated in the Hospice Friendly Hospitals (HFH) Programme, launched in 2007.

Shortly after the launch of the HFH Programme, an independent review of the physical environment of hospitals was carried out in 20 hospitals by Tribal Consulting. The results of the review gave cause for concern, particularly with regard to the following:

- Lack of facilities for consultations and conversations where confidentiality is paramount.
- Under-provision of single room accommodation for the dying and their families.
- Shortfall of facilities for families.
- Poor condition of mortuaries and associated family rooms.
- Lack of provision for varying religious traditions and beliefs.
- Little attention afforded to natural/external surroundings.

This review led to the formation of the Design & Dignity Project in 2010, which aims to transform the way hospitals are designed for people at the end of their lives and their relatives.

To achieve this objective, the project aims to:

- Develop *Design & Dignity Guidelines* to enhance physical environments of hospitals.
- Fund a range of ‘exemplar’ projects through a formal grants scheme.
- Subsequently, showcase them nationwide (see table below for a list of Design & Dignity Projects funded through the grants scheme).
- Provide practical architectural support, advice, etc.
- Produce a range of resources, enabling staff to implement the *Design & Dignity Guidelines*.
- Advocate for the integration and embedding of the *Design & Dignity Guidelines* across the health service.

List of Design & Dignity Hospital Projects

At the time of publication, 47 projects have been awarded a Design & Dignity grant. The below table gives details of the project type, plus the list of hospitals involved.

If you would like to visit a project and/or find out more details regarding said project, please feel free to contact the hospitals directly.

Type of project	Hospitals	Number
Emergency Department Bereavement Suites (viewing room and adjoining Family Room)	Beaumont Hospital St James's Hospital Tallaght University Hospital University Hospital Limerick	4
Family Rooms	Beaumont Hospital Connolly Hospital Blanchardstown (2) Mayo University Hospital Mater Misericordiae University Hospital (4) Mercy University Hospital Nenagh Hospital Our Lady of Lourdes Hospital, Drogheda Our Lady's Hospital, Navan Portiuncula University Hospital Roscommon University Hospital Sligo University Hospital St John's, Limerick Wexford General Hospital (including foyer & courtyard)	17
ICU Family Rooms & Waiting Areas	Beaumont Hospital (2) Connolly Hospital Blanchardstown Mater Misericordiae University Hospital St James's Hospital Wexford General Hospital	6
Comfort Care Suite	Mater Misericordiae University Hospital (2) University Hospital Limerick	3

Mortuaries	Beaumont Hospital Midland Regional Hospital, Portlaoise Mercy University Hospital Midland Regional Hospital Mullingar Mayo University Hospital Roscommon University Hospital Sligo University Hospital St James's Hospital – Family Room University Hospital Kerry University Hospital Limerick Ennis Hospital – Bereavement Suite to replace mortuary	12
Maternity Mortuary	Coombe Women & Infants University Hospital	
Maternity Bereavement Suite	University Hospital Galway Midland Regional Hospital, Portlaoise C Cavan General Hospital (Bereavement Suite, Quiet Room, Exit Route)	3
Maternity Family Room	St Luke's General Hospital, Kilkenny	1
Maternity Out Patients Department Meeting Room	University Maternity Hospital Limerick	1

Section 1

Rationale Supporting the Guidelines



Sligo University Hospital Mortuary

1.1 Planning for End-of-Life Care

Information is available on the number of deaths each year in Ireland, including the major causes and trajectories of deaths; places where deaths most frequently occur; important principles underpinning dying, death and bereavement; plus, the impact of the physical environment on patient care. This information means we can plan for the required end-of-life care.

1.2 Places of Death

Approximately 31,000 deaths occur in Ireland each year, with almost 41% of the total occurring in acute and general hospitals (CSO, 2017). Within hospitals, most deaths take place in wards (68%), while the remainder occur in intensive/critical care (20%), and Emergency Departments (12%) (McKeown et al. 2010).

1.3 Evidence-Based Design

The relationship between the physical and sensory environment on healthcare outcomes has been recognised for some time. The role of the visual arts, music and entertainment in enhancing the hospital environment is increasingly appreciated (Ulrich & Zimring, 2004; Bilchik, 2002).

Evidence-based design (EBD) uses current best evidence from research and practice to create healthcare environments which aim to improve patient and staff outcomes, as well as operational performance. EBD is being used increasingly throughout the world within healthcare design (Joint Commission International Centre for Patient Safety, 2004).

1.3.1 Evidence-Based Design & End-of-Life Care

Using an evidence-based design approach, the UCC evaluation of the Design & Dignity Programme found that the provision of compassionate and dignified facilities – such as Family Rooms, Bereavement Suites and

Family Friendly Mortuaries – greatly enhanced the experience of end-of-life care for patients, families and staff (Cornally et al. 2019). The ability to provide appropriate end-of-life supports to families instilled great pride in attending staff, who previously felt discomfort providing support on corridors, or other public spaces.

The facilities developed – as a result of the Design & Dignity Grant Scheme – provided staff with a dignified, private environment in which they could engage in caring and compassionate interactions with family members.

These spaces provided an oasis for families, with access to a secluded, serene environment, while crucially remaining in close proximity to loved ones within the hospital setting.

On a practical level, it gave families somewhere to be while the care needs of their loved one were being met. This helped reduce the financial burden often experienced, by providing a facility where families could have freely available refreshments, and a place to sleep overnight.

The evaluation report makes a number of recommendations for future builds, including that Design & Dignity facilities should be the norm, not a luxury. Such facilities should be included in the planning of all new builds, closely involving architects with an interest in this field. The findings and recommendations of the evaluation report have been incorporated into these updated guidelines.

High-quality furnishings and artwork should be available in these rooms, and all should be fully serviced and future-proofed to keep abreast with new technologies.

Both the establishment of multi-disciplinary end-of-life care committees – as well as the development, plus rollout of staff education programmes on the use of these facilities – is a key requirement in acute hospital settings.

The evaluation concluded that – according to staff on the ground – Design & Dignity grants not

only transformed physical spaces but transformed end-of-life care. They have been a catalyst for dignified care in acute settings (Cornally et al. 2019).

1.3.2 Single Rooms

Single rooms provide increased privacy for important familial interactions. Walls and closed doors provide better protection against breaches of privacy and confidentiality than a drawn curtain (Barlas et al. 2001).

Staff can examine patients more effectively, and collect higher quality information when in a single occupancy room, as patients are less likely to withhold information due to lack of privacy (Mlinek & Pierce, 1997).

Hospital-acquired infection rates are known to be reduced in single rooms due to lack of exposure to airborne pathogens from other persons (Joseph, 2006).

A study at two hospices in Leeds, England, saw Kirk (2002) conclude that patients preferred single rooms – especially if they were suffering from distressing symptoms. *The Irish Hospice Foundation's National Audit of End-of-Life Care* in hospitals found that single rooms are consistently associated with better care outcomes (McKeown et al. 2010).

In addition to enhancing dignity and communication, the audit results indicate that the patient's symptom experience is influenced in a statistically-significant way by having a single room.

Conversely, wards lacking dignity – or with poor environmental quality – are associated with less favourable outcomes. This is solid evidence indicating that substantial improvements in care outcomes can be achieved by simply increasing the number and/or usage of single rooms for end-of-life care, and by enhancing the physical environment of multi-bedded wards (McKeown et al. 2010).

Meanwhile, additional studies show that shared rooms can enhance social interactions and provide

companionship (Gardiner et al. 2011; Rowlands & Noble, 2008; Sagah Zadeh et al. 2018). Patients in an oncology unit found that although some participants believed single rooms increased privacy, others felt single rooms created feelings of hopelessness (Rowlands & Noble, 2008). This suggests that, whilst there is the need to increase the supply of single rooms, there should be a choice for patients.

Design Guidelines for Specialist Palliative Care Settings (The Department of Health & Children, 2004) recommended 25m² for a single room, including ensuite, in a hospice to allow sufficient space for the patient and their visitors.

The NHS document, *Ward Layouts with Single Rooms & Space for Flexibility* (NHS Estates, 2005) sets out evidence for the provision of sufficient space (proposing 3.6m x 3.7m) around each bed, thus supporting increased patient acuity and clinical activity. This includes essential equipment required for these patients and the numbers of staff needed to provide their care.

In summary, the evidence indicates that single rooms assist in controlling infection and reduce risk of adverse clinical errors. This increases safety, while also promoting privacy, flexibility and potential increase of occupancy rates. Safety, privacy and confidentiality, plus adequate space for activities of living and caring, are crucial for patients with end-of-life care needs. Therefore, provision should be made for single room accommodation of adequate size.

1.3.3 Sensory Environment

Evidence proposes that gardens and views of nature have a positive effect on health and well-being. It offers opportunities for reducing stress and bolstering overall mood (Ulrich et al. 1991).

Access to and/or views of a garden or landscaped area improves patient satisfaction and comfort (Ulrich, 1999), while patients confined to bed appreciate and benefit from viewing nature (Ulrich & Gilpin, 2003).

Additionally, ensuring ambient environment measures were adjustable – such as temperature, lighting, noise, etc. – increased patient welfare, boosting moods positively (*Basara et al. 2018*).

Research has also indicated that length of stay for patients can decrease if accommodated in sunny rooms, with a view of nature (*Verderber, 1986*). Connections have also been made between north-facing rooms and increased rates of depression and/or pain (*Beauchemin & Hays, 1996*).

Art can contribute to the creation of a physical and psychological environment, leading to an improved sense of well-being for patients (*Beauchemin & Hays, 1998*). The development of an environment that reflects nature, and the elements, is also beneficial for those accommodated or visiting (*Benedetti et al. 2001*).

Based on these qualitative and quantitative findings, it is proposed that the following will improve the well-being of patients nearing end of life: a view of nature or an activity scene; accommodation with a sunny, preferably southerly aspect; plus, the provision of art and access to gardens and spaces – such as courtyards, patios and balconies.

1.3.4 Costs & Benefits

EBD is a whole systems approach, which strives for significantly improved buildings to facilitate high-quality care for patients.

Construction costs associated with this approach ought to be evaluated against the following: improvements in healthcare practice and resulting outcomes; how these better meet the needs of patients and relatives; and the reduced projected costs of later refurbishment to meet improved quality standards.

Research, carried out by the Centre for Health Design, estimated that the increased costs (approximately 6%) of providing EBD features could be recouped in as little as one year – through operational savings and increased revenue (*Ulrich, Zimring, Zhu, et al. 2008*).

Section 2

The Guidelines

Adopted by the HSE for all new and refurbishment projects



Mater Misericordiae University Hospital, St. Brigids Ward Family Room

Detailed Design & Dignity Guidelines for...

1. Emergency Department Bereavement Suites
2. Family Rooms
3. Comfort Care Suites
4. Maternity Bereavement Suites
5. Public Spaces in Mortuaries

Using the Guidelines

These guidelines and assessment tools are designed to be printed off as stand-alone documents.

Refurbishment Projects

A site visit is recommended to complete the assessment tool. Once complete, the architect can design a new space following the Guidelines, whilst addressing the shortfalls identified on the assessment tool.

New Builds

It is recommended to develop the design first and then use the assessment tool to ensure everything has been addressed.

For guidance on setting up a project, see Appendix 1.



Design & Dignity Guidelines

Emergency Department Bereavement Suites

The highest proportion of deaths in Ireland occur in acute hospitals at 41% (CSO, 2017). Of these, 12% occur in emergency departments (McKeown et al. 2010).

1. Design Concept

The Bereavement Suite is comprised of a viewing area, where a deceased person's body is laid out and an adjoining Family Room where news can be sensitively broken in private. Once the family feel prepared to see their deceased relative, a partition can be gently folded back to allow them to enter the viewing area.

WC facilities for family members should be directly adjacent to a Bereavement Suite.

Bereavement Suites within emergency departments need to be designed with dignity to create a respectful, protective, quiet, non-clinical environment for families at what can be an extremely traumatic time.

2. Minimum Requirements for Emergency Departments

- Every hospital emergency department should have at least one Bereavement Suite.
- Each Bereavement Suite should comprise of a Family Room and an adjoining Viewing Room.
- In busier emergency departments, ideally there should be one additional Family Room near the Bereavement Suite.

3. Recommended Requirements for Bereavement Suites

- The Family Room(s) should be a minimum size of 20m² and provide comfortable seating area for a minimum of 10 people.
- The viewing area should be a minimum of 10m² and provide adequate space for the bed/trolley, plus a family group to gather.
- Direct access to outdoor space, with additional seating, is advisable.
- The suites should be accessible for people with physical and cognitive impairments. Refreshment facilities – including tea, coffee and water – should be provided in the Family Room.
- Up-to-date information for families on bereavement, practical advice, resources and local services should be available. The Bereavement Suite should be designed to facilitate individual cultural, spiritual and religious wishes.
- In the event of a child's death; a range of bed sizes and cots should be available, but stored away discretely.

4. Location

- Bereavement Suites should have a strong sense of privacy, preferably not overlooked by other parts of the hospital.
- The location of Bereavement Suites should avoid crossing clinical areas, or those which experience a high level of traffic/footfall.

- Ideally, visitors to the Bereavement Suites should not need to return/leave the building through the bustling reception area.
- Where possible, the suite should have access to natural light, and have views onto a private courtyard or garden area.
- WC facilities for family members should be directly adjacent to a Bereavement Suite.

5. Aesthetic, Physical & Sensory Environment

- The Bereavement Suite should be respectful, quiet, and nonclinical in nature.
- The Suite should be constructed to exclude external noise as much as possible.
- Finishes should be carefully chosen to soften the acoustics of the Suite.
- The climate in the viewing area should be room temperature.

6. Artwork & Features

- Each Bereavement Suite should have a beautiful feature as a focal point – see Section Three for guidance on artwork and features.
- Accent features, such as individual artworks, stained glass windows and decorative wall textiles should be considered.
- Nature art – such as serene natural scenes and landscapes, photography, glass art and sculpture – should be considered.
- Artwork needs to be robust, easily cleaned and the appropriate specification for a hospital patient room, and in line with infection control standards.

7. Furniture & Finishes

- Furniture and finishes should be of a high quality.
- While all finishes are required to comply with infection control criteria, they should be carefully chosen to appear warm, and non-clinical in nature.
- Seating should be inviting, comfortable, and durable.
- Tables, and other furniture, should be of natural materials such as wood. Glass should be avoided.
- Colour choices need to be carefully selected. Ideally muted, warm, natural colours should be considered.
- Natural effect flooring finishes should be an option.

8. Lighting

- The lighting should help create a sense of calm, aiding a soothing atmosphere.
- Adjustable top lighting should be considered in the Bereavement Suite to provide a soft focus on the deceased.
- Strong side lighting should be avoided, particularly in the viewing room, as such lighting can create shadows across the deceased.
- Lighting should be controllable from within the room. High-quality fixtures, such as stainless-steel light switches, should be considered.



9. Doors

- Doors and accompanying ironmongery should be of a high standard.
- Glass vision panels in doors, if required, should be fitted with easily controlled blinds or privacy glass.
- A separate access to the viewing area should be provided for staff.



This sign can be fixed to the door of a room. The cover slides across to reveal the End-of-Life Symbol; which is displayed when a patient has died and **after** the family have been notified.

Details on how to purchase such a sign are available at hospicefoundation.ie

10. Ventilation & Windows

- Ventilation should be carefully considered. Ideally, natural ventilation should be available via windows.
- Windows should open easily.
- Where possible, windows shouldn't overlook public areas.
- Windows should not compromise a person's sense of privacy, while in the suite with their deceased loved one.

11. Signage

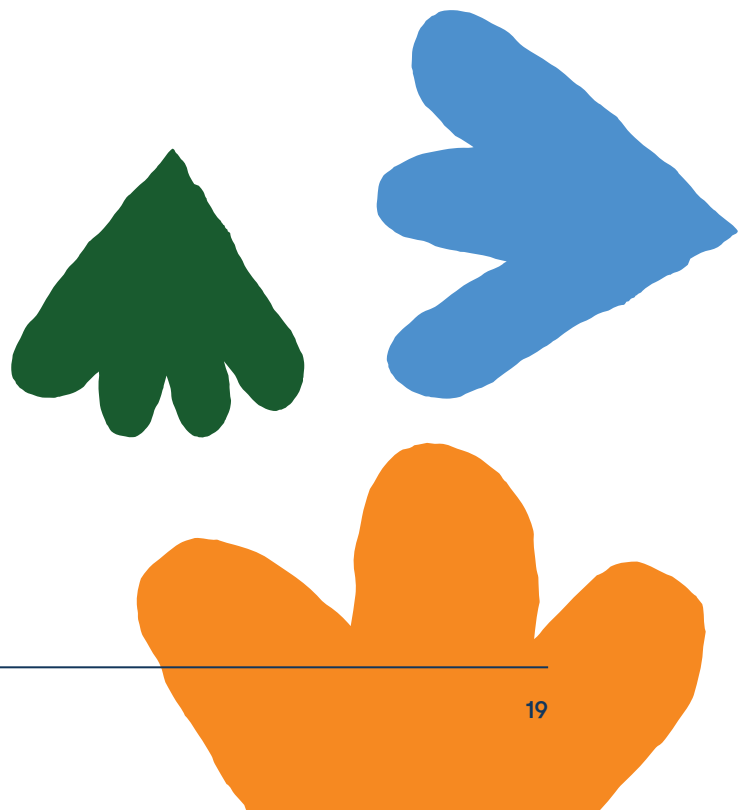
- It is not necessary to have the emergency department's Bereavement Suite signposted from the public entrance of the department, however, all staff should be aware of its location.
- At all times, families should be accompanied to the Bereavement Suite by a member of staff.
- Suitable 'Vacant' / 'Engaged' signage should be used on the doors to the rooms, a sample of which can be seen below. Guidelines on the appropriate use of the Hospice Friendly Hospital's End-of-Life Symbol must be followed. Please see Appendix III for guidelines on using the End-of-Life Symbol.

12. Room Names

- Careful consideration should be given to the naming of the rooms.
- Staff, patients and family representatives should be consulted regarding potential names.
- Names with religious connotations should be avoided.
- It is not advisable to name a room after an individual person or family.
- Terms such as BID ('brought in dead') should be avoided at all times.
- Titles such as 'Bereavement Suite' are preferable to 'Viewing Room'.

13. Fully Serviced Area

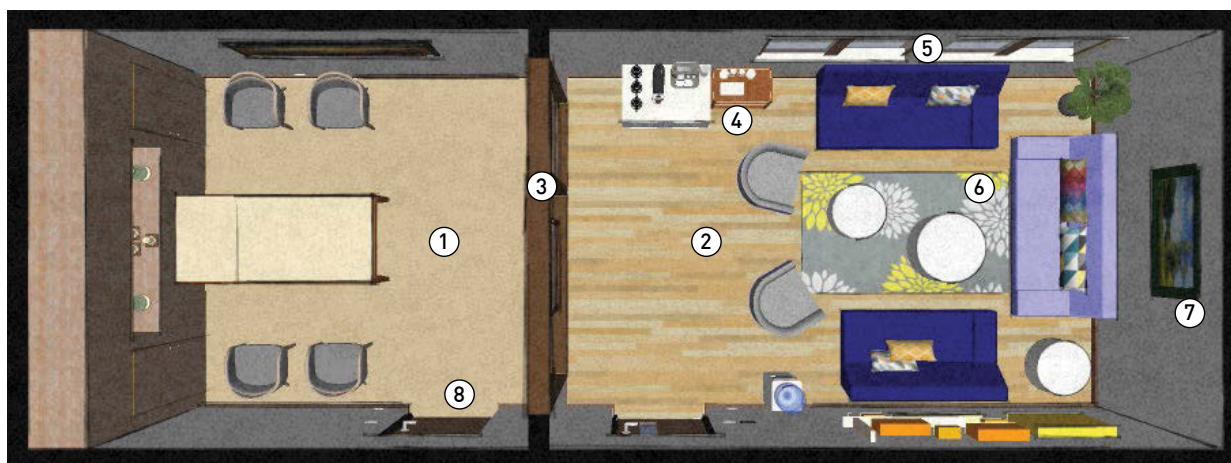
- Bereavement Suites should be part of the daily rota for housekeeping staff, ensuring plentiful supply of refreshments. Daily cleaning is recommended.



Assessment Tool for Emergency Department Bereavement Suites

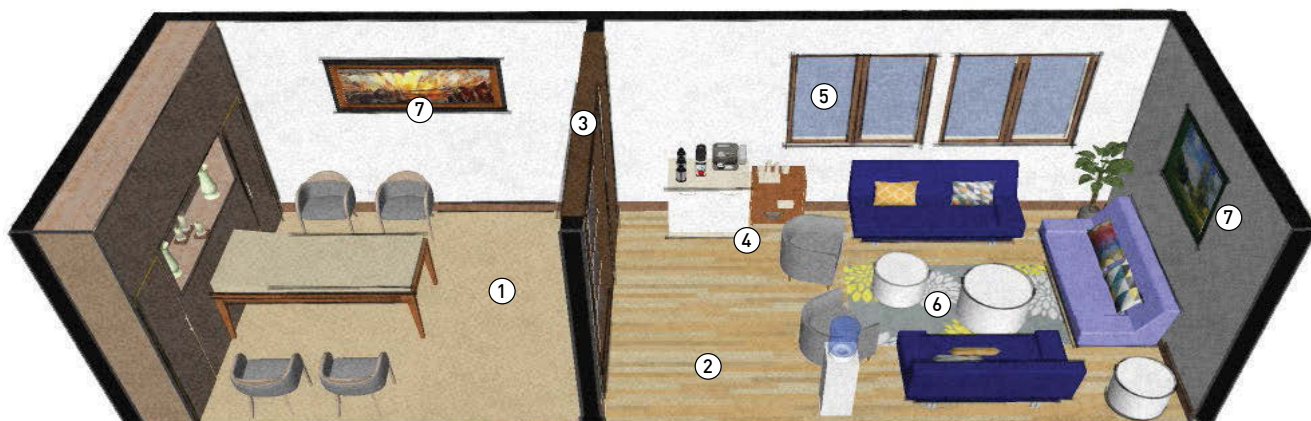
The tool on the following page is a practical way to assist hospitals to assess the standard of Bereavement Suites in line with the *Design & Dignity Guidelines*.

These Guidelines have been adopted by the HSE for all new building and refurbishment projects.



Plan View

1. The Viewing Area, where a deceased person's body is laid out, should be 10m² minimum and provide adequate space for the bed/trolley, plus a family group to gather.
2. The adjoining Family Room, where news can be sensitively broken in private, should be 20m² minimum, and provide comfortable seating area for a minimum of 10 people.
3. A folding/sliding partition separating the two areas can be gently folded back to allow the family members to enter the Viewing Area.
4. Refreshment facilities – including tea, coffee and water.
5. The Suite should have access to natural light.
6. The Suite should be respectful, quiet, and non-clinical in nature, with finishes and seating that are inviting, comfortable, and durable.
7. Artwork can have a calming and stress-reducing effect. Nature art – such as serene natural scenes and landscapes, photography, glass art and sculpture – should be considered.
8. A separate access to the viewing area should be provided for staff.



Perspective View

Name of Hospital			
Design & Dignity Criteria	Weighted score	Assessment score	Comments
There is a Bereavement Suite available	3		
The Bereavement Suite is located within the emergency department	1		
The Bereavement Suite comprises of a viewing area where the deceased person's body is laid out and adjoining Family Room	3		
There are WC facilities adjacent to the Bereavement Suite for families to use	1		
The Bereavement Suite avoids crossing clinical areas or those with a high traffic/ footfall	1		
Visitors to the Bereavement Suite do not have to leave via the reception area	1		
Suitable vacant/engaged signage is used on the door to the room	1		
The Bereavement Suite maintains privacy	1		
The Bereavement Suite is accessible for people with physical & cognitive impairment	1		
The Bereavement Suite and adjoining Family Room are separated by a folding partition	2		
The Bereavement Suite provides adequate space for a family group to gather	1		
The Bereavement Suite excludes external noise where possible	1		
The climate in the Bereavement Suite should be maintained at room temperature	1		
The Bereavement Suite has access to natural light	1		

Natural ventilation can be accessed via opening windows	1		
The Bereavement Suite can facilitate individual cultural, spiritual and religious wishes	1		
The finished aesthetics of the suite should instil feelings of respect, protection and be nonclinical in nature	2		
The Bereavement Suite contains high-quality furniture in good condition	2		
The Bereavement Suite should have suitable artworks/focal points, which enhance the environment	2		
High-quality lighting fixtures are controllable, particularly for the area above the deceased person	1		
Refreshment facilities – including tea, coffee and water – should be provided for in the adjoining Family Room	2		
Bereavement Suites supporting paediatric deaths requires a range of bed sizes and cots.	1 (n/a)		
Extra paediatric beds / cots should be discretely stored away.	1 (n/a)		

Summary of Assessment

Overall Score (out of 30)	
Paediatric score (out of 32)	
Summary of Shortfalls	



Design & Dignity Guidelines

Family Rooms

1. Design Concept

Carefully designed Family Rooms offer a quiet, private space in the midst of a busy ward or clinical care area. Not only does this provide respite, it enables staff to support patients and families in a respectful and sensitive manner.

It is not appropriate for families of patients at end of life to sit in corridors, or an open plan waiting area, to have bad news broken to them in public spaces. All ward and clinical areas, supporting patients at end of life, need a dedicated Family Room.

2. Minimum Requirements for Family Room

- All wards and clinical areas supporting patients at end of life should have at least one dedicated Family Room.
- Family Rooms should provide overnight accommodation (e.g. sofa bed) for family members to rest overnight or for a few hours.
- Family Rooms should include a small kitchenette for preparing light meals or hot drinks.
- The kitchenette should include a sink (providing drinkable water), a kettle and a fridge.
- There should be domestic cutlery and crockery available to create a homely feel. Styrofoam cups and plastic cutlery are discouraged.
- Bins should be integrated within the kitchen units.
- Light refreshments should be available at all times. There should not be a charge for using said refreshment facilities.



Siesta Sofa, Mater Misericordiae University Hospital, Comfort Care Suite



Sunflower Family Room Connolly Hospital Blanchardstown ICU

3. Recommended Requirements for Family Rooms

- Family Rooms should be a minimum of 20m² and large enough to enable a family to gather. These rooms should accommodate a minimum of 10 people seated at any one time.
- The room should be easily accessible by wheelchair users.
- Rooms should have natural light, access to fresh air, and pleasant views to the outside.
- There should be access to extra chairs (not necessarily within the room).
- Up-to-date information for families on bereavement, practical advice, resources and local services should be available.
- The room should have an ensuite for relatives staying overnight.
- A refreshment basket of toothbrush, toothpaste and towels should be available.
- To distinguish or 'separate' the room from the remainder of the ward, the furniture and furnishings selected should be 'different' from the clinical nature of the rest of the ward furniture.
- Sofas should be used where possible.
- A high quality easily adaptable sofa bed should be available.
- Adjustable and robust blinds should be installed.
- A TV should be available as a way to provide positive distraction.
- A Bluetooth speaker or other option for playing music should be considered.
- Flooring, colours and finishes should convey comfort, while acoustics need consideration.
- The room should be accessible for those with physical and cognitive impairments.

4. Location

- The Family Room should be located within the ward itself or as close to the ward as possible.
- Toilets for relatives should be provided within or near the Family Room.

5. Aesthetic, Physical & Sensory Environment

- The room should feel homely and comforting, with high-quality interior design.
- Finishes should be carefully chosen to soften the acoustics of the room.
- Finishes should be of a high standard and durable, while displaying a nonclinical, domestic feel.
- Artwork and decorative wall finishes are vital additions to the room. Such works should be carefully considered to ensure they are in-keeping with the room's style.

6. Artwork & Features

- Each Family Room should have a beautiful feature as a focal point.
- Artwork can have a calming, stress-reducing effect if correctly selected. An evidence-based approach to artwork choice should be followed – see Section Three for guidance on choosing artwork.
- Accent features – such as individual art works, stained glass windows and decorative wall textiles – should be considered.
- Nature art – including serene nature scenes and landscapes, photography, glass art and sculpture – should be considered.
- Artwork needs to be robust, cleanable and the appropriate specification for a hospital Family Room, and of infection control standards.

7. Furniture & Finishes

- Furniture and finishes should be durable, functional, of a high quality, but also comfortable.
- While all finishes are required to comply with infection control criteria, they should be carefully chosen to appear warm and nonclinical.
- The seating layout needs to be balanced with maintaining a sense of space and accessibility
- In addition to sofa beds, fold-up chairs or recliners should be available in the room for overnight stays.
- Tables and other furniture should be of natural materials such as wood. Glass should be avoided.
- Colour choices need to be carefully selected.
- Natural effect flooring finishes should be considered.

8. Lighting

- The lighting should help to create a calm and soothing atmosphere.
- Lighting should be controllable from within the room (i.e. dimmers).
- High-quality fixtures, such as stainless-steel light switches, should be considered.

9. Doors

- Doors and ironmongery should be good quality.
- Glass vision panels in doors, if required, should be fitted with easily controlled blinds or privacy glass.

10. Room Names

- Careful consideration should be given to the naming of the rooms.
- Staff, patient and family representatives should be consulted regarding possible names.



- Names with religious connotations should be avoided.
- It's not advisable to name a room after an individual or family.

11. Signage

- The ward's Family Room should be clearly signposted.
- The corridor and entrance to such rooms should be clearly signposted.
- Suitable 'Vacant' / 'Engaged' signage should be used at the doors to Family Rooms.

- It is not appropriate to use the End-Of-Life Symbol to identify a Family Room.

12. Fully Serviced Area

- Family Rooms should be part of the daily rota for housekeeping staff, ensuring plentiful supply of freshly stocked linen and refreshments. Daily cleaning of the fridge, floors, counters and bathroom facilities is recommended.
- Cleaning products should be stocked in the kitchenette so that families have the option to clean up after they use crockery etc. if they feel the need to do so. These should be stored in a high cupboard and out of risk/sight of young children – in line with hospital policy.
- Bathroom and shower areas should have personal products such as toothpaste, shower gel and shampoo freely available.



Family Room Connolly Hospital

Assessment Tool for Family Rooms

The tool on the following page is a practical way to assist hospitals to assess the standard of Family Rooms in line with the *Design & Dignity Guidelines*.

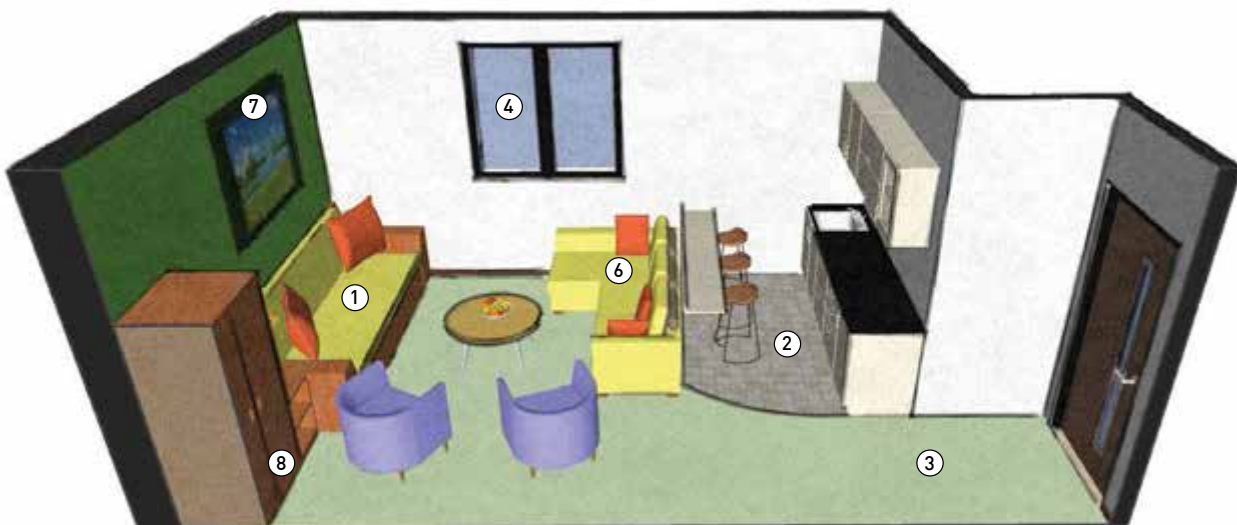
These Guidelines have been adopted by the HSE for all new building and refurbishment projects.



Plan View

1. Family Rooms should provide overnight accommodation (e.g. sofa bed) for family members to rest overnight or for a few hours.

2. Family rooms should include a small kitchenette for preparing light meals or hot drinks, to include a sink (providing drinkable water), a kettle and a fridge.
3. Family Rooms should be a minimum of 20m², and large enough to enable a family to gather. These rooms should accommodate a minimum of 10 people seated at any one time.
4. Rooms should have natural light, access to fresh air, and pleasant views to the outside.
5. The room should have an ensuite for relatives staying overnight.
6. Sofas should be used where possible and flooring, colours and finishes should convey comfort.
7. Artwork and decorative wall finishes are vital additions to the room. Such works should be carefully considered to ensure they're in keeping with the room's style.
8. Tables and other furniture should be of natural materials such as wood. Glass should be avoided.



Perspective View

Name of ward and hospital	
Speciality	
No. of patient beds	
No. of single rooms	

Design & Dignity Criteria	Weighted score	Assessment score	Comments
There is a Family Room available	1		
Family Room is located within the ward itself, or as close to the ward as possible	1		
Family Room is clearly signposted	1		
Suitable 'Vacant' / 'Engaged' signage is used at the door to the room	1		
Family Room can accommodate at least eight people comfortably	3		
Family Room has sofa bed/sleepover facilities	3		
Family Room has kitchenette, including kettle, fridge, toaster, microwave	3		
Room maintains privacy	2		
TV is available	1		
Room contains high-quality furniture, including sofas, in good condition	3		
Family Room contains suitable artwork, which enhances the environment	3		
Lighting fixtures are controllable	1		
Family Room has access to a toilet and shower	1		
Family Room has access to natural light	2		
Family Room is accessible to patients and families at all times	1		
Family Room is painted and decorated to makes it warm and welcoming	3		
Total	30		

Summary of Assessment	
Overall Score (out of 30)	
Shortfall Summary	



Design & Dignity Guidelines

Comfort Care Suites

1. Design Concept

Comfort Care Suites provide a comfortable, home-like setting for end-of-life patients – and their families – on a hospital ward. They consist of an ensuite inpatient room, with an adjoining Family Room, with sleeping and refreshment facilities.

Providing greater privacy for patients and families, these suites shield them from the pace of a busy acute ward. They can accommodate the provision of complementary / alternative therapies to help alleviate symptoms and promote relaxation. The privacy and dignity of the rooms also allows for more attention to the psychological and spiritual needs of the patient and their family.

The inpatient room should be a proper-functioning, clinical patient room and meet all necessary infection control standards. However, the aesthetics and interior design of the room should be of a very high standard, with carefully chosen, high-quality artwork and furniture to create a more soothing and homelier atmosphere.

2. Minimum Requirements for a Comfort Care Suite – Inpatient Room

- The inpatient room and ensuite should ideally be a minimum of 25m² – in line with *SARI Guidelines 2009*; in compliance with HTM 04-01; and *Infection Control Guiding Principles for Buildings Acute Hospitals and Community Healthcare Settings (2019)*.
- The adjoining Family Room needs to be a minimum of 12m² and should include a kitchenette, overnight facilities, and comfortable seating. See previous section for full details of the guidelines for Family Room.
- The suite should have good levels of natural light.
- An ensuite WC and shower room facilities, with disabled accessibility, should be available.
- There should be sufficient storage space for patients' belongings, including a safe and a wardrobe.
- There should be sufficient door width for the person's bed to be wheeled through.
- There should be a desk and shelving for personal belongings, including photographs and flowers.
- There should be a seating and laying area for visitors (day bed), plus a companion bed adjacent to patient bed. See Section Four, point 7 on beds.

3. Recommended Requirements for a Comfort Care Suite

- The suite should preferably have a sunny, southerly aspect, in a private area of the ward.
- Concealed medical trunking.
- The suite should have direct access to an external space and ideally access to garden / landscaped area, with sufficient door width for the person's bed to be wheeled through.
- A television, with a facility to show family photographs, should be considered.
- Up-to-date information for families on bereavement, practical advice, resources and local services should be available. The suite should have pleasant views.
- The acoustics of the suite should be carefully considered as part of the design, including both "echo effect" within the room, plus background noise from outside the room.



4. Aesthetic, Physical & Sensory Environment

- Finishes should be carefully chosen to create a high-quality, homelike and nonclinical feel, whilst complying with the necessary infection control standards e.g. use wood effect, or patterned / coloured finishes where laminate, vinyl or other washable surfaces are required.
- Heating controls should be accessible from the patient's bedside.

5. Artwork & Features

- Artwork can have a calming and stress-reducing affect if correctly chosen. An evidence-based approach to artwork selection should be followed – see Section Three for guidance on selecting artwork.
- The Suite should have a beautiful feature as a focal point.
- Accent features such as individual art works, stained glass windows and decorative wall textiles, should be seen as options.
- Nature art, such as serene natural scenes and landscapes, photography, glass art and sculpture should be considered.
- Artwork needs to be robust, cleanable and the appropriate specification for a hospital patient room, and meet infection control standards.

6. Lighting

- Medical lighting should be controllable from the patient's bed.
- Patient lighting should also be dimmable and controllable from the patient's bed.
- Alternative lighting should be considered, such as ambient wall lighting – or perhaps "circadian lighting". This form of lighting mimics the natural colour spectrum shifts of daylight, and has been shown to aid relaxation and sleep, plus create a calm and soothing atmosphere.
- High-quality fixtures, such as stainless-steel light switches, should be considered.

7. Doors

- Doors and ironmongery should be of a high quality.
- Vision control screens on doors should be provided, with the control on the patient side for privacy and user control.



8. Suite Names

- Careful consideration should be given to the naming of the rooms.
- Staff, patients and family representatives should be consulted regarding potential names.
- Names with religious connotations should be avoided.
- Names of donors or deceased patients should also be avoided.

Left: Mater Misericordiae University Hospital, Comfort Care Suite – Family Room

Below: Mater Misericordiae University Hospital, Comfort Care Suite – inpatient room



Assessment Tool for Comfort Care Suites

The tool on the following page is a practical way to assist hospitals to assess the standard of Comfort Care Suites in line with the *Design & Dignity Guidelines*.

These Guidelines have been adopted by the HSE for all new building and refurbishment projects.



Plan View

1. Accessible Ensuite WC and shower room facilities.
2. Adjoining Family Room (12m² min) which includes a kitchenette, overnight facilities/ comfortable seating.
3. Storage space for patients' belongings, including a safe and a wardrobe.
4. Desk and shelving for personal belongings, including photographs and flowers.
5. Direct access to an external space (ideally a garden / landscaped area) with sufficient door width for the person's bed to be wheeled through.
6. Television, with a facility to show family photographs.
7. Lighting and heating controls should be accessible from the patient's bedside.
8. Nature art, such as serene natural scenes and landscapes, photography, glass art and sculpture should be considered.
9. The inpatient room and ensuite should be in line with *SARI Guidelines 2009*; in compliance with HTM 04-01; and *Infection Control Guiding Principles for Buildings Acute Hospitals and Community Health-care Settings (2019)*.



Perspective View

Name of ward and hospital	
Speciality	
No. of patient beds	
No. of single rooms	

Design & Dignity Criteria	Weighted score	Assessment score	Comments
A Comfort Care Suite is available	2		
The suite/patient room has accessible ensuite facilities	3		
The patient room and ensuite achieves the recommended 25m ²	2		
The Family Room achieves the recommended 12m ²	2		
The Family Room is connected and accessible directly to the patient room	3		
Doors are of sufficient width for patients' bed to be moved between the rooms	1		
Storage and a safe are provided for patient's belongings	1		
A tea station with storage, fridge, bin and cutlery drawer is provided for making refreshments	2		
Shelving for personal belongings are provided in the patient room	1		
Suitable, high-quality artwork is provided in both rooms	2		
The interior design and colour schemes of the rooms, and ensuite, are of a high quality	3		
Good-quality loose furniture is provided - chairs, tables, lamps etc.	2		
The rooms have high quality lighting, with controls accessible from the patient's bed	1		

Music therapy facilities are available in the suite	1		
The rooms have a sunny aspect with pleasant views	2		
High-quality blinds and curtains are provided	1		
The rooms have access to an external space	1		
Total	30		

Summary of Assessment	
Overall score	
Summary of shortfalls	



Design & Dignity Guidelines

Maternity Bereavement Suites

1. Design Concept

A Design & Dignity Maternity Bereavement Suite is a private, inpatient room for a patient who is experiencing pregnancy loss, or has a terminal diagnosis.

The room should have a unique calm and soothing aesthetic, providing a protected and comfortable place for patients and their families.

2. Minimum Requirements for Maternity Bereavement Suites

- The room should be a proper functioning clinical patient room and meet all necessary infection control standards.
- The aesthetics and interior design of the room should be of an exceptional standard, with carefully chosen, high-quality artwork and furniture.
- The room should have good levels of natural light.
- The acoustics of the room should be carefully considered as part of the design – both the ‘echo effect’ within the room, and the background noise from outside the room.
- Ensuite WC and shower room facilities.
- Small tea station for making refreshments.
- Overnight sleeping facilities for the patient’s partner or family.
- Wardrobe for patient’s personal belongings.

3. Recommended Requirements for Maternity Bereavement Suites

- The inpatient room and ensuite should ideally be a minimum of 25m² – in line with *SARI Guidelines 2009*, and in compliance with HTM 04-01 and *Infection Control Guiding Principles for Buildings Acute Hospitals and Community Healthcare Settings (2019)*. Additional space will be required if a double bed is being provided.
- The room should be large enough to accommodate a hospital-grade double bed with due consideration given to bed access and clinical needs.
- The room should have views of nature, plus access to an exterior space.
- Up-to-date information for families on bereavement, practical advice, resources and local services should be available.

4. Location

- The location of the room needs to be carefully considered by the clinical team. Ideally, it should be away from new-born babies, which could understandably cause additional distress.

5. Aesthetic, Physical & Sensory Environment

- Finishes should be carefully chosen to create a quality, homely and nonclinical ambience, whilst complying with necessary infection control standards. When considering the latter; use wood effect, patterned, or coloured finishes where laminate, vinyl – or other washable surfaces – are required.
- Lighting should be accessible from the patient’s bedside.
- Heating controls should be also accessible from the patient’s bedside, where possible.

6. Artwork & Features

- Artwork can have a calming and stress-reducing affect, if correctly chosen. An evidence-based approach to artwork selection should be followed – see Section Three for guidance on choosing artwork.
- The room should have a beautiful feature as a focal point.
- Accent features – such as individual art works, stained glass windows and decorative wall textiles – should be considered.
- Nature art – including serene nature scenes and landscapes, photography, glass art and sculpture – should also be considered.
- Artwork needs to be robust, cleanable and the appropriate specification for a hospital patient room, and meet infection control standards.
- The success of the room will depend on the quality of its artwork, furniture and finishes, and how they relate to the overall interior design concept.
- Ideally, the artwork should be an integral part of the design concept and possibly ‘built-in’ to the room.

7. Lighting

- Medical lighting should be controllable from the patient’s bed.
- Patient lighting should be dimmable and also controllable from the patient’s bed.
- Other lighting types should be considered, such as ambient wall lighting, or perhaps “circadian lighting”. This form of lighting mimics the natural colour spectrum shifts of daylight, and therefore has been shown to aid relaxation and sleep.

8. Doors

- Doors and ironmongery should be of a high quality.
- Glass vision panels in doors, if required, should be fitted with controllable blinds or privacy glass.

9. Room Names

- Careful consideration should be given to the naming of the rooms.
- Staff, patient and family representatives should be consulted regarding potential names.
- Names with religious connotations should be avoided.
- It is not advisable to name a room after an individual or family.

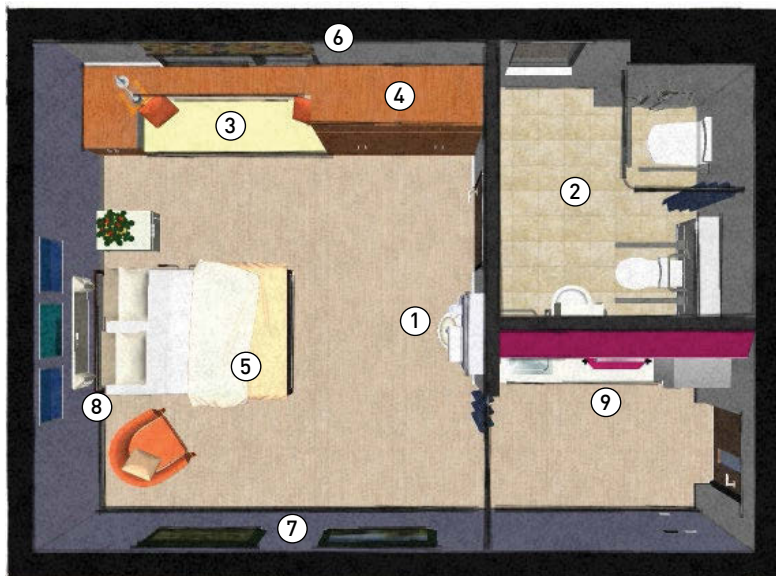
10. Signage

- The ward should be clearly signposted.
- The corridor and entrance to the room should be clearly signposted.
- Suitable ‘Vacant’ / ‘Engaged’ signage should be used at the door to the room.

Assessment Tool for Maternity Bereavement Suites

The tool on the following page is a practical way to assist hospitals to assess the standard of Maternity Bereavement Suites in line with the *Design & Dignity Guidelines*.

These Guidelines have been adopted by the HSE for all new building and refurbishment projects.



Plan View

1. The inpatient room and ensuite (ideally 25m² min) in line with *SARI Guidelines 2009*, and in compliance with HTM 04-01 and *Infection Control Guiding Principles for Buildings Acute Hospitals and Community Healthcare Settings (2019)*.

2. Ensuite WC and shower room facilities.
3. Overnight sleeping facilities for the patient's partner or family.
4. Wardrobe for patient's personal belongings.
5. The room should be large enough to accommodate a hospital-grade double bed with due consideration given to bed access and clinical needs - room size will need to be in excess of 25m² to accommodate it.
6. The room should have views of nature and good natural light.
7. The room should have a beautiful feature as a focal point. Accent features – such as individual art works, decorative wall textiles – should be considered.
8. Heating controls, medical lighting, patient lighting should be controllable from the patient's bed.
9. Small tea station for making refreshments.



Perspective View

Name of ward and hospital	
Speciality	
No. of patient beds	
No. of single rooms	

Design & Dignity Criteria	Weighted score	Assessment score	Comments
A Maternity Bereavement Suite is available	2		
The suite/patient room has disabled accessible ensuite facilities	2		
The patient room and ensuite achieves the recommended 25m ²	2		
Storage and safe are provided for patient's belongings	1		
A tea station with storage, fridge, bin and cutlery drawer is provided for making refreshments	1		
Shelving for personal belongings are provided in the patient room	1		
Suitable, high-quality artwork is provided	2		
The interior design and colour scheme of the room and ensuite are of a high standard	3		
Quality, free-standing furniture is provided - chairs, tables, lamps, etc.	1		
The rooms have superior-quality lighting, with controls accessible from the patient's bed	1		
Music therapy facilities are available in the suite	1		
The rooms have a sunny aspect with pleasant views	1		

High-quality blinds and curtains are provided	1		
The rooms have easy access to an external space	1		
Total	20		

Summary of assessment	
Overall Score (out of 20)	
Summary of shortfall	



Public Spaces in Mortuaries

1. Design Concept

A hospital mortuary is a special sanctuary. It needs to convey a sense of reverence and respect for life, death and bereavement. Therefore, any public areas within the mortuary need to evoke an atmosphere of welcoming serenity, and reassurance.

A complete and high-quality design concept should be created for the project from the outset, incorporating good levels of natural lighting, access to gardens and integrated artwork. The ceremonial/removal areas should be designed to facilitate individual cultural, spiritual and religious wishes.

There should be visual, auditory and olfactory segregation of the mortuary from patient areas of the hospital and from staff or operational areas of the mortuary.

The route from all wards within the hospital to the mortuary should be well-designed, assuring a respectful passage for the deceased and their relatives.

2. Requirements for Public Spaces in Mortuaries

- An outer entrance area with protection from the weather.
- A waiting area.
- A multi-faith ceremonial/removal room.
- A smaller viewing room for paediatric or perinatal deaths if applicable.
- A Family Room.
- Views to an external garden, preferably with direct access.
- A kitchenette.
- Toilet facilities.
- Designated car parking for families.
- Well-designed storage areas.
- High quality 'non-clinical looking' furniture.
- Beautiful artwork and features.
- Up-to-date information for families on bereavement, practical advice, resources and local services should be available.

3. Location

- As part of new builds, it is recommended that mortuaries are located at the centre of the hospital site with a link corridor, so families don't have to go outside to enter the mortuary.
- It should not be adjacent to the hospital's refuse processing area, or supplies depot, to ensure a respectful passage.

4. Wayfinding & Signage

- Clear signage for the mortuary needs to be in place from the hospital's main entrance. This will reduce additional stress and anxiety for families travelling to the mortuary.
- An external sign should also be at the entrance to the mortuary.



Regional Hospital Mullingar Mortuary

5. Arrival & Waiting Areas

- Both an outer entrance area – with protection from the weather – and an inner waiting area should be provided. External seating should be considered.
- At least one waiting room is required. A second waiting room, or a room that can be subdivided to provide facilities for more than one family – or an extended family that does not wish to be together at that time – should be given some thought.
- Toilets with baby changing facilities should be provided close to the waiting and viewing rooms.



University Hospital Limerick Mortuary

6. A Multi-Faith Ceremonial/Removal Room

- The ceremonial/removal room should aim to, where feasible, be a minimum of 40m².
- The removal/ceremonial room needs to be designed as a multi-faith/non-spiritual room and should provide for all customs and rituals where possible. Therefore, a variety of religious symbols should be available, plus a lockable storage area for such items when not in use.
- The room should have good natural light, with well-designed, dimmable artificial lighting, in particular where the deceased person is laid out.
- If the room will be used for a deceased child, careful consideration needs to be given to its design.
- Suitable furniture for overnight stays bereaved relatives or spiritual advisors should be provided.
- Direct access to an enclosed garden area would be ideal.

7. Viewing Room

- The viewing room should be a minimum of 15 m².

8. Family Room

- A Family Room is required for staff and other agencies – such as An Garda Síochána – to meet relatives, or others. Additionally, it's a space where retained organs can be returned to bereaved families. This room could be multi-purpose in nature if the design allows.
- Family Rooms should be a minimum of 20 m² and provide comfortable seating, plus access to a kitchenette.

9. Preparatory & Holding Rooms

- There should be a facility for ritual washing of bodies and an area for relatives who wish to personally prepare the body of the deceased prior to viewing. The provision of a preparatory room between the operational area and the viewing room(s) will facilitate this.
- To facilitate the viewing of a body where public contact is not possible, usually in the event of forensic investigation, there should be a glass partition between the viewing room and the room where the deceased is laid out.

10. Exit Areas & Garden

- The Mortuary should have an adjacent garden area with direct access from the waiting room, viewing rooms. The garden should be enclosed and have a variety of walking and sitting areas.

11. Car Parking

- There should be sufficient area around the Mortuary to allow adequate parking for groups using the facility.
- Designated parking spaces, close to the exits, are required for the immediate family. It is recommended to have at least two designated car spaces for families.
- The layout of the vehicular access and exit routes, plus parking areas should be designed

to prevent congestion between arriving and departing parties and include sufficient set-down/pull-in space for a hearse.

12. Artwork & Features

- Each public space should have a beautiful feature as a focal point.
- Artwork can have a calming and stress-reducing affect if correctly chosen. An evidence-based approach to artwork selection should be followed – see Section Three for guidance on choosing artwork.
- Accent features – such as individual artworks, stained glass windows and decorative wall textiles – should be considered.
- Nature art, such as serene natural scenes and landscapes, photography, glass art and sculpture, should also be considered.
- Artwork needs to be robust, cleanable and the appropriate specification for infection control guidelines.

13. Furniture & Finishes

- Furniture and finishes should be durable, functional and be of a high standard, while also providing comfort.
- While all finishes are required to comply with infection control criteria, they should be carefully chosen to appear warm and nonclinical.
- Colour choices need to be carefully selected.
- Natural effect flooring finishes should be considered.

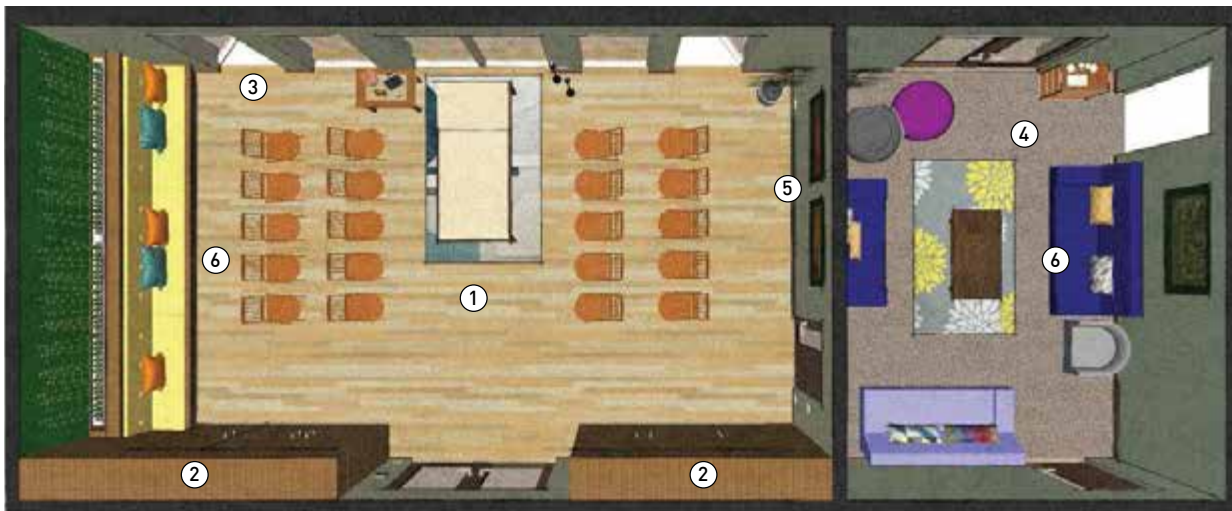
14. Doors

- Doors and ironmongery should be of a high quality.
- Glass vision panels in doors, if required, should be fitted with controllable blinds or privacy glass.

Assessment Tool for Public Spaces in Mortuaries

The tool on the following page is a practical way to assist hospitals to assess the standard of Public Spaces in Mortuaries in line with the *Design & Dignity Guidelines*.

These Guidelines have been adopted by the HSE for all new building and refurbishment projects.



Plan View

1. The Ceremonial/Removal Room should aim to, where feasible, be a minimum of 40m² and needs to be designed as a multi-faith/non-spiritual room and should provide for all customs and rituals where possible.
2. Lockable storage area for such items when not in use, such as religious symbols, seating etc.
3. The room should have good natural light and direct access to an enclosed garden area would be ideal.
4. Family Rooms should be a minimum of 20 m² and provide comfortable seating, plus access to a kitchenette.
5. Each public space should have a beautiful feature as a focal point - nature art, such as serene natural scenes and landscapes, photography, glass art and sculpture, should also be considered.
6. Furniture and finishes should be durable, functional and be of a high standard, while also providing comfort.



Perspective View

Name of hospital			
Design & Dignity Criteria	Weighted score	Assessment score	Comments
The mortuary is a sanctuary, conveying a sense of reverence and respect for life, death and bereavement	3		
The route(s) from the hospital to the mortuary, where possible is covered, and respectful for transferring the deceased patients and/or accompanying families to the mortuary	2		
The mortuary is clearly and visibly signposted	1		
An outer entrance area with a weather protector is provided	1		
There is an inner reception area for families	2		
The mortuary has at least one waiting room, but can also provide facilities for more than one family	2		
Refreshment facilities are available in the waiting room(s)	2		
The mortuary has sanitary facilities close to the waiting and viewing rooms	2		
The viewing room(s) has access to natural light	3		
The viewing room(s) has adjustable lighting over the area where the deceased person is laid out	2		
The doors to the viewing room are high and wide enough to allow a coffin to be carried through	1		
If paediatric deaths are expected, the viewing room should facilitate viewing the body of a deceased child	2 N/A		
The mortuary provides suitable, high-quality furniture in good condition	3		
The viewing room is adaptable for different religions and cultures	3		
A meeting room is available for families to meet staff, Gardaí etc. in privacy	3		

A lockable facility is available to store religious symbols from different faiths when not in use	1		
There is a storage area for items required in the public area of the mortuary, such as additional furniture	1		
A facility for ritual washing of bodies is available	1		
The mortuary has an area available for relatives who wish to personally prepare the body of the deceased prior to viewing	1		
Mortuary has an enclosed garden, with direct access from the waiting and viewing rooms	3		
There is a leaflet holder containing up-to-date information for families on bereavement, practical advice, resources and local services available	2		
There is adequate car parking close to the mortuary	2		
There are designated parking spaces, close to the exit, required for the hearse and the cars of the immediate family	2		
Mortuary vehicular area is designed to prevent any congestion between arriving and departing parties	1		

Summary of assessment	
Overall Score (out of 44) Paediatric score (out of 46)	
Summary of shortfall	

Section 3

Guidance on Artwork & Features for Design & Dignity Projects



Cavan General Hospital Maternity Family Room



Artwork & Features

Why Artwork Should Be at the Heart of the Design Process

The benefits of displaying artwork within healthcare settings are largely acknowledged and widely published. Therefore, there is an increasing presence of artwork and art schemes within Irish hospitals.

Appropriately chosen artwork can help to humanise clinical settings by projecting a sense of homeliness, warmth and safety, culminating in a reduction of stress.

The display of artwork provides evidence of a human touch and thoughtfulness, helping impart the dedication and compassion of the attending hospital staff. In the context of end-of-life care, artwork can engage patients and family members in a moment of reflection, providing a means of brief escape.

The UCC Evaluation of the Design & Dignity Programme found that artwork was one of the most appreciated features of Design & Dignity Projects (Cornally *et al.* 2019).

3.1 Creating Design & Dignity Spaces as a Work of Art

At its simplest, Design & Dignity aims to create warm, welcoming and dignified environments in hospitals for those needing end-of-life care. Additionally, Design & Dignity is about inspiring hospital staff and designers to create places of beauty through ‘exemplar projects’ – where the space itself can be considered a work of art.

‘Exemplar projects’ can be achieved through the careful use of colour, lighting, acoustics, fabrics and furnishings – see relevant Sections for guidance on these areas.

In addition, these projects should include a beautiful feature as a focal point, such as a piece of artwork, sculpture, or – if space permits – a small garden. The rooms should be inspiring places of beauty.

3.1.1 Examples of ‘Beautiful Features’

Below are just some examples of what we mean by the term beautiful features...



Stained Glass Window, with backlight and recessed shelving, in the ‘Solace Room’, Kilkenny



Fireplace in Regional Hospital Mullingar Mortuary Family Room



The 3D Glass Art, Beaumont Hospital Mortuary



Lighting Regional Hospital Mullingar Mortuary



Stained Glass dimmable lightbox, in Tallaght University Hospital Emergency Department Bereavement Suit



The Courtyard Garden, University Hospital Limerick Mortuary

3.2 Functionality

Art can provide an attractive solution to unsightly external settings or busy corridors. Examples include the glass panels in Mayo University Hospital, and the floor to ceiling wallpaper in St. Luke's Hospital in Kilkenny. These are but two examples of how artwork can be incorporated into way-finding devices, helping patients and relatives distinguish certain areas.



Floor-to-ceiling wallpaper, St Luke's General Hospital, Kilkenny



Glass panels, Mayo University Hospital Family Room



Glass etching on the inner doors of Regional Hospital Mullingar Mortuary



3.3 Abstract Art

Abstract art has the power to transform a space. However, particular sensitivity needs to be taken when choosing abstract art in order to limit the potential for negative interpretation.

3.4 Different Types of Artwork

Artwork adds appropriate visual intrigue and beauty to an environment. Artwork can be utilised across a range of mediums, including wallpaper, metalwork, ceramics, stained glass and photography.



Mater Misericordiae University Hospital, Comfort Care Suite Artwork

3.4.1 Wallpaper

Wall protection materials used in hospitals can be printed with bespoke art.

In St. Monica's Ward in University Hospital Galway, the silhouettes of lively birds bring a vitality to the space. Details, such as the birds pecking by the plug sockets, add charm, creativity and – by extension – a distraction at times of distress.

To comply with infection control standards, the wallpaper was printed with Bio-Pruf antibacterial properties. Bright flooring, access to natural light, coupled with soft spotlights overhead, brightens the otherwise commanding blue-grey palette. This bird design was created by a local artist.



St. Monica's Ward, University Hospital Galway

3.4.2 Metalwork

Blue and orange are a great example of complementary colours.

Pairing colours that complement each other makes them appear more vibrant and pleasing to the eye, drawing the viewers' attention.

Other examples of such complementary colours include red with green, and yellow with purple.



Mater Misericordiae University Hospital, Comfort Care Suite

3.4.3 Stained Glass

Stained-glass artwork can inject warmth and colour into a space. The properties of stained glass are optimised when back-lit, either by means of a 'light-box' or natural lighting. Stained glass or frosted glazing can also provide an attractive solution to unsightly external settings, spatial restrictions or busy corridors.

The delicate yet innovative glasswork installation in Beaumont's Mortuary communicates an uplifting tone via bright marine colours.



Serenity Garden, Our Lady's Hospital, Navan



Beaumont Hospital Mortuary



Mullingar Regional Hospital Mortuary

The flowing arrangement echoes nature; birds in flight, waves lapping; or rolling hills, it is spiritual without being religious. This imbues the rooms with a sense of movement and visual cohesion between multiple rooms.

3.4.4 Photography

Photographs of local scenes can create a powerful visual link between the sanctuary space, the community, and the natural world beyond the hospital. In turn, this helps to infuse the hospital environment with a familiarity for patients and relatives. Photographs of local cityscapes, wildlife or landmarks can be the starting point for conversation, or reflection. Choosing work from local artists should be considered.

3.5 Practical Considerations for Choosing Artwork

- During highly-anxious times, ambiguous art may be interpreted in a negative manner. Therefore, avoid artworks that are dark in colour; they may carry sombre connotations, or overpower a space. The palette should be dictated by the overall colour scheme.
- The impact, or beauty, of an artwork can be diminished when trying to compete with the noise of crowded walls. When deciding the location of the artwork, it is important to make provisions for 'unoccupied space' around it. The pros to this are twofold; less surrounding clutter helps create order, while allowing the design elements to stand out clearly.
- Addressing the Matter of Donated Artworks with Sensitivity

It may be the wish of patients, or family members, to donate an artwork to the hospital. While thoughtful and valuable, not all donated artworks are suitable for display in an end-of-life care setting.

It's best to acknowledge the offer and thank the donor for their thoughtfulness – before explaining that any artwork displayed in Design & Dignity spaces are specifically chosen during the design process for each rooms' individual purpose. If the donated artwork is of a high standard and appropriate, it could be displayed elsewhere in the hospital setting.

- Compliance with Infection Control Guiding Principles

While artworks aim to deinstitutionalise these sanctuary spaces, it is imperative that any installation must be informed by the *Infection Control Guiding Principles for Buildings, Acute Hospitals and Community Settings*. This was developed by HSE Antimicrobial Resistance and Infection Control (AMRIC) Implementation Team (see Section 4 point 10).



Art Sligo Mortuary

Section 4

General Guidance for Design & Dignity Projects



Navan General Hospital Family Room

1. Considerations for All Design & Dignity Projects

In addition to beautiful features highlighted in the section above, it is important that for any Design & Dignity Project:

- Entrances are welcoming and inviting.
- There are good light levels.
- Views of nature (trees, sky, grass) are maximised wherever possible.
- There is access to the outside or, ideally, a garden wherever possible.
- Refreshments are readily available.

2. General Ward Environment Improvements

Acute wards are busy places. Often cluttered with signage, trolleys and other equipment, they can often seem like unwelcoming environments for patients and visitors alike.

Ideas to Improve Ward Environments:

- Create an instantly recognisable, welcoming, and approachable ward reception area.
- De-clutter corridors, removing unnecessary signage/posters.
- Improve the layout and design of nurses' stations and write-up areas.
- Enhance the amount of artificial lighting on ward corridors and around staff work stations.
- Introduce more natural light where possible.
- Address storage issues.
- Utilise suitable colour schemes (based on colour theory).
- Introduce suitable artwork and design features in keeping with the overall design.

3. Floor Finishes

Consider using floor colours that contrast with the walls. Avoid shiny surfaces; they can appear wet to some people, particularly those with cognitive impairment such as dementia.

A natural looking floor can feel more homely and familiar than a bland coloured linoleum. Modern linoleum and vinyl floors can replicate wooden floors and tiles and come in a wide range of colours and effects, including non-slip finishes. Additionally, such linoleum offers acoustic flooring solutions.



Carpeting nonclinical areas provide the highest level of impact noise reduction, while also reducing slipping incidents. However, the use of carpet would need to be approved by the hospital's infection control department.



Kitchen Regional Hospital Mullingar Mortuary

4. Kitchens

Kitchens/kitchenettes should look homely, inviting and reinforce the overall design. They should have a good-quality finish, robust and easy to clean, without being clinical looking. A central island – if space permits – helps to create a cosy atmosphere and a place for people to casually congregate over a cuppa. This look is achievable, by carefully selecting doors, worktops, taps and handles. The little things make all the difference.

Cabinet Doors

The door and carcass materials and finishes need to be robust and of high quality. Melamine finished doors work well but can be expensive. Timber spray painted doors work well, however, the base material should be waterproof and robust (not MDF). The paint must be robust enough to withstand a busy hospital environment.

Solid wood is always a good option but can also be relatively expensive. PVC foil wrapped doors are inexpensive but unsuitable for hospital environments.

4.1 Worktops & Splash backs

Worktops

Stone, engineered stone and solid surface worktops have a high-quality feel and are most appropriate for hospital environments. To ensure a high-quality feel the design of the worktop, sink and splash back need to be carefully considered by the architect. Acrylic, Formica, and stainless-steel worktops can look quite clinical, depending on the design. Other more expensive materials, such as natural wood, granite etc. require maintenance in addition to their costly outlay. A wood or marble effect laminate could work well from a design and durability perspective.

Splash backs

Glass and acrylic splash backs are robust, easy to clean, bring a feeling of space, plus come in an array of colour options. They create a modern look, are quick/easy to install by a professional and require zero upkeep (no re-grouting required etc.). As a result, the initial costly outlay can be worth it.

5. Acoustics

Good acoustics are fundamental to a successful Design & Dignity project. However, hospital wards and patient rooms are – by their nature – often noisy places. This is due to a number of factors, including the following:

- The amount of activity going on within the rooms.
- The use of required medical equipment that generates noise.
- The need for specialist, hospital-grade finishes on floors, walls and ceilings.

As a result, patient rooms can feel clinical, unfamiliar and unwelcoming. Bad acoustics can also contribute to increased stress levels for patients, families and staff.

Acoustic Issues to Consider

- Reverberation time within the room (the echo effect).
- Ambient sound level within the room (background noise).
- Sound-proofing between rooms.

Design & Dignity projects require good acoustic controls integrated into their designs. This acoustic need must be balanced with the prerequisite for infection control.

Infection control requirements generally favour smooth, impervious materials, which are washable, resistant to stringent cleansing chemicals and withstand regular cleaning, see Section 10.

Unfortunately, textured or soft materials, which are desirable for their acoustic properties, are generally unacceptable when it comes to infection control. This functional dilemma needs to be balanced to achieve a workable and successful project.

To control reverberation time (echo effect) within a room, the following should be considered where appropriate:

- Acoustic ceilings and ceiling tiles, which must comply with other necessary criteria, such as moisture resistance, fire resistance, etc.
- Removable and washable soft furnishings, such as curtains and loose furniture.
- Acoustic wall panels; which could be incorporated into artwork and/or fitted furniture.
- Carpet effect flooring – where appropriate.
- Ambient sound levels can be controlled by reviewing and reducing the amount of noise-generating equipment within the room, whenever possible.
- Soundproofing between rooms can also be an issue in hospitals, where privacy for sensitive conversations are important. For improved sound absorption, extra layers of plasterboard can be added to plaster walls and ceilings, while gaskets can be added to doors and windows where appropriate.

6. Furniture

Design & Dignity projects need to achieve an exemplar standard, with the finishing touches – such as loose furniture – having a huge impact on the success of a project.

Standard hospital furniture, while complying with the necessary specifications (including easily cleanable and general robustness), can often look “institutional”, bland and uncomfortable. Standard plain vinyl fabrics of limited colour range can reinforce the ‘hospital’ look and feel.

For Design & Dignity projects, we encourage designers and stakeholders to look beyond standard hospital furniture, instead choosing well-designed furniture, fabrics and colours to reinforce the concept of comfort. Quality design should not compromise on durability, cleanability or other clinical standards that may be required.

It's important for designers to engage with all stakeholders when selecting the best furniture, colours and fabrics whenever possible. All furniture chosen for a hospital project should meet the needs of its stakeholders; patients, family, staff, infection control and maintenance departments.

7. Double Beds & Companion Beds

Hospital beds are specifically integrated with special features suitable for hospital use, such as adjustable height, rails, wheels and tilting. While hospital beds are usually single occupancy, it's worth noting that for – certain Design & Dignity projects – it may be more appropriate to provide a double bed. This allows a couple to rest and sleep together in the following settings:

- Maternity care room
- Palliative care room

By way of example, a double bed was provided in the Design & Dignity Maternity Room in Midland Regional Hospital, Portlaoise. This hospital standard double bed was core to the concept and ethos of the room and received very positive feedback. To facilitate such an impactful measure, it's important that the extra space required is considered at the early stages of design.

For people nearing end of life, intimacy and proximity is more important than ever. When a double bed is not suitable for a patient, a companion bed is considered the next best solution.

The companion bed needs to be designed so it is flush with the hospital bed, so the patient's partner/relative can lie alongside them. Some companion beds already exist on the market for people who prefer to be together in a hospital environment.

Co-sleeper is another term used for such circumstance. They provide a better solution to placing two hospital beds together as there will always be a gap between the mattresses. With a specially designed co-sleeper there is no gap so intimacy and warmth can be enhanced.



Willow Suite
in Midland
Regional Hospital,
Portlaoise
Maternity Unit.



Companion Beds

8. Sustainable Design

Design & Dignity advocates for a sustainable design philosophy in every project it undertakes. However, it is particularly conscious of the complexity of carrying out work within existing hospital buildings.

Any proposed sustainability measures need to be discussed in great detail and agreed upon with the hospital stakeholders – including staff, the infection control department, and the building maintenance department.

9. Infection Control

Understandably, it is important to involve the Infection Control Office in the project at the earliest stage possible, rather than seek comments from them on a finalised proposal/design.

The involvement of the local Infection Control Office should be informed by the *Infection Control Guiding Principles for Buildings, Acute Hospitals and Community Settings* developed by HSE Antimicrobial Resistance and Infection Control (AMRIC) Implementation Team.

Particular attention should be paid to Part 4 of the document: *Settings including where end-of-life care is provided – Infection Prevention and Control*.

This short section deals with nonclinical areas in, or adjacent to, clinical care areas as follows:

“Hospitals, and other settings, may have additional non-clinical facilities dedicated for the dignity and comfort of families under special circumstances. These facilities include Family Rooms and kitchenettes where clinical care does not occur but may be located close to acute clinical care areas.

These facilities should be provided with a dedicated toilet with hand hygiene facilities. The furniture and fittings of these rooms may include soft furnishings for comfort but should be selected with a view to ensure that components such as cushions can be detached to facilitate cleaning and that surfaces are cleanable (for example, vinyl). Any type of blinds and skirting boards that are easy to clean are acceptable”.

HSE (2019) Infection Control Guiding Principles for Buildings Acute Hospitals and Community Healthcare Settings

COVID-19

In the design of end-of-life facilities, consideration should be given to public health guidance on pandemic restrictions and practices, such as those imposed during the COVID-19 pandemic.

Consideration should be also given to pandemic controls implemented in public areas, such as space segregation and distancing; dedicated access and egress; temporary screening within viewing rooms and hand hygiene stations.

However, such measures should not detract from the long-term Design & Dignity ethos and features of the facility. In this regard, any specific pandemic related measures considered, or included, should be designed to be discrete, temporary in nature where possible, and fully reversible to allow affected spaces to revert to the original design intended.

Good ventilation through easily operable windows, and access to an outdoor space, can reduce infection control risks. These should be provided where ever possible. This also improves well-being, through providing fresh air, direct sunlight and outside views.

Section 5

Case Studies



Sligo University Hospital Mortuary

Case Studies

This final section offers an array of examples of completed Design & Dignity Projects in various hospitals across the country.


Case Study A:

Bereavement Suite, Ennis Hospital



Case Study B:

Maternity Bereavement Suite, Family Room, Waiting Area,
Cavan General Hospital



Case Study C:

Rosabel's Room, E.D., University Hospital Galway



Case Study D:

Family Room, Nenagh Hospital



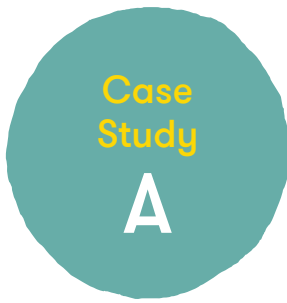
Case Study E:

Comfort Care Suite, Mater Misericordiae University Hospital



Case Study F:

Mortuary, Sligo University Hospital



Bereavement Suite

Ennis Hospital

Design Concepts

The concept for this Bereavement Suite was twofold; to provide a dignified space for a family to view a deceased relative in repose, while also providing a comfortable quiet space to gather during their time of bereavement.

Design Features

The Bereavement Suite is designed as two interconnecting rooms. Each have their own separate access door from the hospital circulation space.

The Family Room is finished with a soft palette of warm grey panelled walls and doors. Flocked flooring with a gentle organic pattern in a light sage green absorbs sound, while lending a quiet restful ambience to the space.

An integrated tea station is located behind lockable doors for safety reasons, alongside this, a built-in bench with a feature teak seat affords additional seating to supplement the loose furniture.

A soft grey vinyl finish to the armchair and sofa carries through the muted colour scheme. The sofa selected is a sleeper model, allowing the space to be used independently as a Family Room if required.

Feature teak pocket sliding doors divide the Family Room from the viewing space. The doors are locked from the Viewing Room side so access to the viewing space is controlled by staff. Once the deceased has been laid out, the family are invited into the room via the sliding doors.



The flocked flooring carries through into the Viewing Room. A teak panelled wall to the rear acts as a dignified backdrop for the deceased. Two of the panels are fitted with touch release mechanisms to act as doors to access a store area behind.

A picture rail carries through the line of the panelled walls of the Family Room. The walls are finished with a textured vinyl wall paper.

The room lighting in both areas is fully dimmable, windows and glazed doors are fitted with black out blinds to allow full control of both natural daylight and artificial lighting.



The acoustics of the rooms are controlled by way of the flocked flooring, plus the integration of acoustic ceiling panels. Mechanical ventilation has been incorporated into the viewing room to ensure optimum room temperature.

French doors lead from the Family Room directly into a small courtyard garden. The garden is finished with a selection of natural materials, blue limestone, cedar sheeting and natural grasses.

A raised limestone planter, with integrated lighting and the natural grasses, acts as a focal point from the room, while when in the garden it provides seating.

Finishing touches and pops of colour are provided by the original artwork prints integrated into the rhythm of the panelled walls. The printed vinyl feature wallpaper to the rear of the bench recess alongside the colourful cushions, dress the seating.

Room Dimensions

Family Room = 13.5 m²

Viewing room = 9.5 m²

Store = 3 m²

Courtyard Garden = 28 m²

Other Considerations & Learning

The space available to develop this Bereavement Suite was extremely tight. As a result, the family area of the suite is more compact than desirable. Accommodating a large family group in this space could be challenging.

Flexibility to use the family space as an overnight room for family members of a person at end of life is a bonus to the hospital, however its use is somewhat limited with the absence of ensuite facilities.





Maternity Bereavement Suite, Family Room, Waiting Area Cavan General Hospital



Design Concept

This project includes two rooms, a corridor and waiting area in the maternity ward of Cavan General Hospital. The concept was to create a distinct visual language that would unite the three spaces. The cherry blossom tree, known for its soothing colours, associations to nature, calmness and the circle of life was chosen as a common image for the three areas.

Design Features

The Maternity Bereavement Suite was fully renovated and its main feature is the floor-to-ceiling cherry blossom image behind the patient bed. A discrete contemporary medical services system was used in the room. The patient bed faces the windows. All built-in furniture was finished in wood-effect Formica. The ensuite was also fully renovated. The lighting is dimmable and controllable from the bedside.



The Family Room, called a Quiet Room in the hospital, presented a challenge as it was a small room and had no window, other than a skylight in the ceiling. The central design feature and artwork for the room was a framed image of a panoramic view which gave the illusion of a view to the outside. A tea station and furniture including a couch, chair and coffee table were provided.

The waiting area was renovated with new furniture and a floor-to-ceiling cherry blossom image. Outside the waiting area is a glazed pergola and planter to shelter patients and families as they leave the ward.

Signage to the rooms also used the cherry blossom motif.

Room Dimensions

Maternity Bereavement Suite = 15m²

Ensuite shower room = 4m²

Total patient room = 19m²

Family/Quiet room = 10m²

Waiting Area = 6.6m²

Other Considerations and Learning

The Maternity Bereavement Suite and Family Room were both below the recommended size for such spaces and the design had to be reviewed to ensure that the spaces would work. It was originally hoped that a double bed could be used in the patient room but the room was too small. A sleep-over sofa was used instead. Discrete storage was included in the Family Room below the “corner window”.

Printed vinyl wallpaper was used for the floor to ceiling images. A perfectly smooth wall surface is imperative to ensure the vinyl wallpaper image is not distorted and looks finished.





Rosabel's Room, Emergency Department

University Hospital Galway



Design Concept

The concept for the creation of Rosabel's room in University Hospital Galway was born from a family's experience of the loss of their child and their experience in the acute hospital system. A small room adjoining the Emergency Department was made available to be upgraded to create a restful quiet space for use by families dealing with bereavement.

Design Features

Space within the current Emergency Department is extremely limited and as such it followed that the only space available for conversion to a Family Room was very small. The room is only 10m². The works to the room were undertaken as an interim measure before the new Emergency Department is constructed in University Hospital Galway.

As the proposed Family Room is located within the Emergency Department, infection prevention and control measures required of clinical spaces had to be adhered to when developing the design proposal.

The room is designed with a muted colour palette of soft grey walls and timber look vinyl flooring as a natural look texture. Full height floor to ceiling soft voile curtains cover two walls including that with the external window. The curtains serve to filter daylight and help absorb sound. A black out blind and dimmable artificial lighting within the room ensure the users have full control over the atmosphere of the room, day or night.

The room is fitted out with loose furniture of comfortable armchairs in a soft teal vinyl with low level side tables with feature granite tops chosen for their natural stone grain. The tables are supported on sturdy steel frames and offer additional seating options if necessary.

The fourth wall of the room is adorned to its full height and width with a piece of artwork featuring birds printed onto an infection control approved vinyl wallcovering.



Wallpaper artwork for the 4th wall.

Other Considerations & Learning:

- Access to the new Family Room is somewhat compromised as the connecting lobby leads directly to the Emergency Department reception office and a triage ward.
- There are no toilet facilities in the proximity of the Family Room.
- Limited space meant that a tea station could not be incorporated into the room.

In addition to this refurbishment, the Monroe family established **Rosabel's Rooms** in collaboration with Irish Hospice Foundation.



Rosabel's Rooms is working across the following areas:

- Through the Design & Dignity Programme at Irish Hospice Foundation, **Rosabel's Rooms** is facilitating the development of family-friendly Bereavement Suites in hospital emergency departments around Ireland. These will provide comfort and dignity for bereaved parents and families following the death of a child.
- Through **Rosabel's Room-to-Heal Fund**, the project is facilitating direct financial support to families, when a child dies in Ireland. It is helping to accommodate parents/families to take time off work, paying for funeral costs and more.
- The **Rosabel's Room to Talk Fund** which is ensuring therapeutic supports are made available to anyone impacted by child loss in Ireland. The programme is available for specific therapists throughout Ireland which is to ensure bereaved families receive support in their home county even if their child had to travel for treatment.

“It is our greatest hope that other bereaved parents and families will continue to be supported financially and therapeutically through Rosabel's Rooms, in partnership with the Irish Hospice Foundation. We are also hopeful that we can continue to assist in the development and enhancement of bereavement spaces in hospitals around Ireland. These are the spaces often occupied by families immediately after the death of a loved one and it is impossible to overestimate the significance of privacy, comfort and dignity at this time.”

Suzanne & Gary Monroe



Family Room

Nenagh Hospital



Design Concept

The vision for the Family Room concept of this design was to create a pleasing and comforting environment for relatives of seriously ill patients.

Design Features

- The colour pallet consists of bright colours helping to bring increased light into the room; natural daylight is known to have a positive effect on the psychological state of human beings. The strong bold lime colour, used on the accent wall behind the sofa bed,
- was chosen as green tones are known for their calming effect. The adjacent and opposite walls, as well as the ceiling, were painted white.
- The upholstery is deep teal faux leather, providing contrast to the green wall and is easy to maintain.
- The evidence-based artwork, chosen by the hospital staff, is printed on an acrylic background and placed in a prominent location, opposite the sofa bed (at A0 size). The piece depicts the Irish landscape in hues of rich greens and blues, thus complimenting the overall colour scheme.

- The seating can be extended to provide a resting area for relatives. The oak built-in furniture incorporates seating, which can be extended to provide a comfortable, sleeping area for those staying overnight.
- Custom designed oak coffee table provides quality and durability.
- The custom designed furniture is multifunctional, incorporating storage space for bedding, family member's personal belongings, along with space for a planter.
- Kitchenette provided with built in cabinets, sink, wall mounted water boiler and small fridge.
- The timber door has a large opaque, sandblasted glass panel, bringing light from the corridor while still providing privacy.
- Flooring is installed in planks, providing a wooden floor effect, which is easy to clean.
- Lighting provides soft, indirect illumination, achieved by combining three wall mounted light fittings. Dimmable, strip lighting – enclosed in borders of a lowered section of the ceiling – also contains two radiant panels.
- The room has two windows facing south-east, providing a good source of natural daylight and ventilation. Due to the space constraints, the room was designed allow it to be used as a seating space during the day and a bedroom at night. Location of the room is close to the inpatient wards.
- The toilet facilities are straight across the corridor.
- Discreet space for a plant was provided in the design of the built-in furniture, which allows for ease of maintenance.
- The room also includes a flat screen TV; a free-standing acrylic Perspex holder for information leaflets; silver chrome sockets; plus, a silver chrome bin (chosen over larger standard hospital bin).

Room Dimensions

12m²

Other Considerations & Learning

This room is only 12m², however, the custom designed bench style furniture helps compensate.

As this room will be made available for family members to stay overnight, a dimmable light switch near the sleeping area would be useful.

The white leather chairs beautifully compliment the art work, however, their upkeep in a busy hospital may be challenging.





Comfort Care Suite

Mater Misericordiae University Hospital



Design Concept

The concept of the Comfort Care Suite was to transform end-of-life care on a busy, acute medical ward to allow the patient and their family members to spend treasured time together in a peaceful environment.

This project consists of the amalgamation of a patient room and an adjacent staff office. The patient room is accessed from the ward corridor, whilst the office is accessed from just outside the ward. Both rooms have ample light. A new door has been created in the wall that separates the two rooms.

The Family Room is equipped with a new kitchenette, bench and TV area with comfortable seating, coffee tables and lamps. The patient room was upgraded to include a new state-of-the-art medical gases system, located discreetly on an oak-finished feature bed headboard.

Design Features

- Patient and Family Rooms connected by large double doors.
- Family Room has a kitchenette and comfortable seating that can convert into beds.

- Soothing colour scheme of blues and greens in both Patient and Family Rooms.
- Wood-effect vinyl floors.
- Contemporary tea station/kitchenette, with stone worktop and wood detailing.
- Bespoke, oak-effect medical headwall system in patient area.
- Framed artwork prints by Lola O'Donohue in both rooms.
- Lighting controls accessible from the patient's bed.
- Existing ensuite reconfigured to be a disability-friendly wet room.



Concealed medical trunking

Room Dimensions

Patient Room: 14.7m²

Patient Ensuite: 3.6m²

Family Room: 18m²

Total: 36.3m²

Other Considerations & Learning

Although the Patient Room is smaller than the recommended size for a palliative care patient room, the improvements to its layout and finishes has received very positive feedback from patients, families and staff.

The Family Room entrance door is located just outside the entrance to the ward, allowing families to visit relatives without having to come through the ward.



Mortuary

Sligo University Hospital



Design Concept

The concept for Sligo University Hospital Mortuary's extension was to channel the traditions and elements of an Irish wake into the design. This creates a calming, homely oasis amidst the busyness of a large hospital. The dining table is placed at the heart of the design and is visible from the front entrance. Gathering around "the big table" is the centre of ritual in a wake – a place where family and friends can convene, where refreshments are served, and consoling conversations occur.

Adjacent to the dining table is a sitting room, with an inglenook fireplace and views to the private courtyard garden beyond. The sitting room is just outside the viewing room, which is laid out like a bedroom.

The building's exterior contrasts with its surrounding in its use of materials (natural stone walls, copper entrance canopy and framed windows). Internally, the rooms are laid out in a natural sequence to ease the journey from arrival to the viewing area.

There are two Viewing Suites. The first suite has a main reception room with large windows to the private garden. This room has a large table, comfortable chairs and an inglenook fireplace with the viewing room in a smaller room beyond. The second suite is for smaller, more intimate gatherings. Its reception room has a small stove, kitchenette, bay window seating and sliding doors to the viewing room – allowing the two rooms to open into one.

Design Features

- Garden and covered seating area to front of building.
- Entrance foyer with feature wall and toilet facilities.
- Large Family Room with dining table, kitchen/seating area, plus an inglenook fireplace and large sliding doors to private courtyard garden.
- Main Viewing Room looks out into private courtyard garden.



- Wood effect vinyl floors in main Family and Viewing Room.
- Small Family Room with tea station, stove and oriel window, with views to front garden.
- Small Viewing Room, with oak feature wall and oriel window with obscured glass
Carpet effect hospital grade flocked floors in small family and viewing room.
- Artwork by local artists.
- Copper, stone and painted render exterior.

Room Dimensions

Large Family Room: 41.8m²

Large Viewing Room: 22m²

Small Family Room: 17.9m²

Small Viewing Room: 13.2m²

Entrance foyer, WCs, store room, office, ancillary spaces: 57.4m²

Total: 152.3m²



Other Considerations & Learning

The site for this building was challenging, and therefore required close engagement with all stakeholders throughout the design process. The artwork was procured through local galleries, while the gardens are continuously maintained by hospital staff.

In spite of its purpose as a mortuary and viewing area, the building demonstrates that – with careful design and execution – it is possible to create a welcoming, comforting and uplifting environment.

The building was awarded *Healthcare Building of the Year 2017* and has been chosen as the main rehearsal space for the hospital choir.



Small, child appropriate bereavement suite

Appendix I

1. Project Team Set Up

Design & Dignity is about enabling staff to have greater ownership and involvement in their hospital environment. In order for a Design & Dignity project to be successful, a Project Team with a strong Project Leader should be established. The Project Leader should be a dynamic individual with the ability to motivate others, have exceptional communication skills, and holds a track record for 'getting things done'. It is important that every Design & Dignity project has the support of the Hospital Senior Management team.

The Project Team should consist of representatives from all relevant areas: the estates department and building managers, the ward manager, clinical and non-clinical staff, for example ward nurses, doctors, cleaning staff, porters, hospital chaplains, infection control staff, local technical services and mortuary staff. A representative from the Regional HSE Estates office must be on the project team.

The architect should be involved from early on and ideally attend the project group meetings. If arts coordinators are available, they should also be involved. It may also be useful to involve fundraisers in the project from the outset.

Patient and family representatives should be also included as the project progresses. This needs to be done sensitively. It could include a tour of the current facility as appropriate and consultation on furnishings, and artwork, through the use of a mobile display or mood board, for example.

Appropriate representation from all relevant stakeholders on the Project Team is important to the success of a project. Early HSE Estates representation will help guide the project through

the Capital Approvals processes, ensure adherence with National and EU public procurement guidelines, help with project briefing and aid with the management of design consultants, etc.

2. Designing a New Facility

It may sound obvious, but the first thing one should do to get a feel for a new space, and how it could work, is to walk around it.

Using the Assessment Tools appended to this document, a 'walk around' with staff helps them to develop their visual awareness of the hospital environment and, more importantly, allows them to contribute to the project.

Questions to consider during the walk around include:

- What do I see?
- What do I smell?
- How does it make me feel?
- What do I hear?
- How does the room and surrounding area look?
- Is it cluttered or tidy?
- Is the location of the space easy to find?

3. Choosing a Project

When undertaking a project, there are questions to consider, such as:

1. Who is the facility primarily for? What might they be experiencing – physically and emotionally?
2. What energy should the space evoke, e.g. calming, comforting, peaceful, dignity... This is an incredibly important question and will determine the overall approach for the project in terms of location, finishing's, colour and lighting.
3. Are there additional requirements that need consideration? For example: specific needs for people with dementia, or those supporting young children?
4. How can the space be maximised and/or enhanced? For example: access to natural light/ garden?

4. Practicalities

There are a number of practicalities that should be considered when embarking on a Design & Dignity Project, including:

1. Selected finishes may need to be passed by the hospital's Infection Control Department.
2. The rooms must be run and maintained as economically as possible.
3. Where possible, products should be chosen for their ecological merit and sustainability.
4. Spaces should be logically designed to avoid the need for unnecessary signage.
5. Signage, language and symbolism surrounding the project needs to be carefully considered; each hospital will have its own approach, therefore, the solution should be project specific.
6. To ensure value for money, all furniture, artwork etc. should be acquired in line with current procurement guidelines.
7. The costs, furniture, fittings should be taken into account during the design stages; durability, ease of cleaning and maintenance is paramount.
8. Budgets for these projects are small; building maintenance and cleaning should be as cost effective as possible (once projects are completed, they will be maintained by the hospital itself).
9. At the completion of each project, a safety file and maintenance manual (consisting of detailed information on the chosen colour schemes, furniture, light fittings, artwork, etc., as well as build drawings) will be handed over to the hospital.

Appendix 2

Writing a Project Overview

The project overview should include a description of the following:

1. The project's need.
2. The project description.
3. The design concept.
4. Description of the project benefits for patients, families and staff (including estimated numbers of patients/families that will be directly benefit).
5. Define the project space: provide photographs and existing layouts of areas and schedule of room areas (the hospital's estates department should have these).
6. Map out how this project has potential to become an 'exemplar' project.
7. The potential of the project to become an 'exemplar' project should include details of the design concept and design features.
8. Major capital works and any enabling works, if required (enabling works are works needed to make a site ready for construction, plus costs involved e.g. preliminary construction work).
9. The extent to which the project has the support of relevant hospital staff, including senior managers, front-line staff and fundraisers.
10. The extent to which the project has/will have patients/families/representatives involved.
11. How the project takes account of the *Design & Dignity Guidelines*.
12. Map a project timeline, including the following four key stages:
 - Initial design, staff workshop with staff, patient/family reps.
 - Planning permission application (12 weeks), fire certificate and disability certificate application (8 weeks), Building Regulation compliance certification (if required).
 - Detailed design and tendering (6-8 weeks).
 - Construction work, consultation with staff, Project Team re funders re furnishing, art work etc.
13. Consider input from:
 - Architect and/or interior designer.
 - Mechanical & electrical engineer.
 - Structural engineer.
 - Quantity surveyor.
14. Ascertain if the following are required:
 - Planning permission.
 - Fire safety certificate, disability access certificate and/or Building Regulation compliance certification.
15. Establish project costs, including:
 - Design team fees (architect, mechanical and electrical engineer, structural engineer, other).
 - Construction.
 - Local authority charges.
 - Loose furniture, furnishings (blinds, curtains, etc.) and equipment (10% of the overall project cost).
 - Artwork (allow at least 1% of the overall project cost, this may need to be increased for smaller projects).
 - Landscaping (if any).
 - Enabling works cost (if any).
 - Contingency fund (allow 10-15% of overall budget).
 - Ongoing maintenance fund.

Appendix 3

Appropriate Use of the End-of-Life Symbol

Background

This symbol has been developed by the Hospice Friendly Hospitals Programme to respectfully identify elements connected with the end of life.



The symbol is inspired by ancient Irish history and is not associated with any one religion or denomination.

Usage & Style Guidelines for the Symbol

In conjunction with good practice in hospitals and care facilities, the Spiral Symbol aims to add respect and solemnity to elements used prior to, or following, the death of a person. It also makes resources relating to end of life instantly identifiable.

The Spiral Explained:

- The three-stranded white spiral represents the cycle of life – birth, life and death.
- White outer circle represents continuity, infinity and completion.
- Purple was chosen as the background colour as it is associated with nobility, solemnity and spirituality.

The symbol should be displayed at the nurses' station, or ward reception, when a patient has died. It can also be displayed when a patient's death is imminent. Awareness of this profound event allows staff to interact appropriately with those affected by the person's passing.

The Spiral is also used on items directly associated with end-of-life, such as sympathy cards, mortuary trolley drapes, bed drapes, ward altars and family handover bags.



Mortuary entrance. Mercy University Hospital, Cork.





Mortuary Chapel. St James' Hospital, Dublin

Upon seeing the symbol, people should create an atmosphere of peace, where individuals are respectful, should avoid mobile phone use, and be prepped to meet people who are grieving.

Implementing The Spiral Symbol in a Design & Dignity Project

It is paramount to use the Spiral Symbol only when it is deemed appropriate. For example:

It is appropriate to use the symbol in spaces specifically associated with death; for example, in a mortuary or viewing room.

It is not appropriate to use the end-of-life symbol to identify family rooms or family meeting rooms.



Emergency Department viewing room

Maintaining Visual Consistency: Size, Orientation, Proportions, etc.



The symbol does not reproduce well below a certain size. Avoid using it in applications where the diameter of the circle is less than 15mm.



The symbol should always be used with one spiral arm pointing up. Do not rotate the symbol in any application.



The symbol should be allowed 'room to breathe'. This can be achieved by granting a suitable margin of space around the symbol, using the proportions indicated here as a guide.

Maintaining Visual Consistency: Colour References



The symbol should generally appear as white, on a purple background.
Colour Reference
Pantone 2597.



The symbol may also appear in purple on a white background.

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Other *Design & Dignity* Resources, more information, evaluations and resources are available on www.hospicefoundation.ie

Photo credits:

Paul Sherwood, Andrew Campion and hospital photographers

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