

## LETTERS TO EDITOR

## In Reference to “Changes in Patient Satisfaction Related to Hospital Renovation: The Experience With a New Clinical Building”

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We complement Dr. Siddiqui et al. on their article published in the *Journal of Hospital Medicine*.<sup>1</sup> Analysis of the role of new physical environments on care and patient satisfaction is sparse and desperately needed for this high-cost resource in healthcare delivery. A review of the original article led us to several observations/suggestions.

The focus of the study is on perceived patient satisfaction based on 2 survey tools. As noted by the authors, there are multiple factors that must be considered related to facilities—their potential contribution to patient infections and falls, the ability to accommodate new technology and procedures, and the shifting practice models such as the shift from inpatient to ambulatory care. Patient-focused care concepts are only 1 element in the design challenge and costs.

The reputation of Johns Hopkins as a major tertiary referral center is well known internationally, and it would seem reasonable to assume that many of the patients were selected or referred to the institution based on its physicians. It does not seem unreasonable to assume that facilities would play a secondary role, and that perceived satisfaction would be high regardless of the physical environment. As noted by the authors, the transferability of this finding to community hospitals and other settings is unknown.

Patient satisfaction is an important element in design, but staff satisfaction and efficiency are also significant elements in maintaining a high-quality healthcare system. We need tools to assess the rela-

tionship between staff retention, stress levels, and medical errors and the physical environment.

The focus of the article is on the transferability of perceived satisfaction with environment to satisfaction with physician care. Previously published studies have shown a correlation with environments and views from patients' rooms with reduced patient stress levels and shorter lengths of stay. Physical space should not be disregarded as a component of effective patient care.<sup>2</sup>

We are committed to seeking designs that are effective, safe, and adaptable to long-term needs. We support additional research in this and other related design issues. We hope that the improvements in patient and family environments labeled as “patient focused” will continue to evolve to respond to real healthcare needs. It would be unfortunate if progress is diverted by misinterpretation of the articles findings.

### References

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2. Ulrich RS, Zimring CP, Zhu X, et al. A review of the research literature on evidence-based healthcare design. *HERD*. 2008;1(3):61–125.

Additional Supporting Information may be found in the online version of this article.

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## The Authors Reply “Changes in Patient Satisfaction Related to Hospital Renovation: The Experience With a New Clinical Building”

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We thank Mr. Zilm and colleagues for their interest in our work.<sup>1</sup> Certainly, we did not intend to imply that well-designed buildings have little value in the efficient and patient-centered delivery of healthcare. Our main goal was to highlight (1) that patients can distinguish between facility features and actual care delivery, and poor facilities alone should not be an excuse for poor patient satisfaction; and (2) that

global evaluations are more dependent on perceived quality of care than on facility features. Furthermore, we agree with many of the points raised. Certainly, patient satisfaction is but 1 measure of successful facility design, and the delivery of modern healthcare requires updated facilities. However, based on our results, we think that healthcare administrators and designers should consider the return on investment on the costly features that are incorporated purely to