

The Nurses'
Perspective on
Hospital Patient
Room Lighting



DOE SSL Healthcare Lighting Webinar Series

September 13, 2016

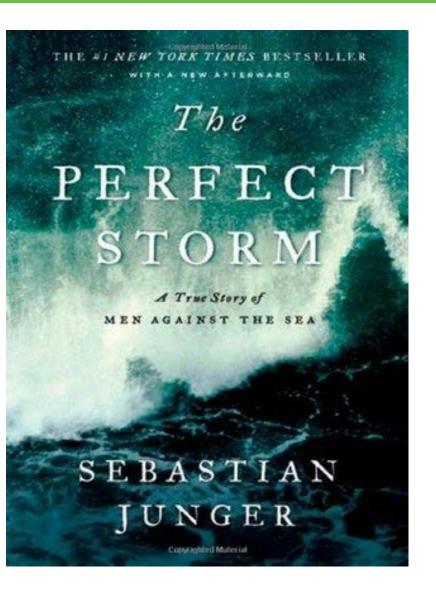


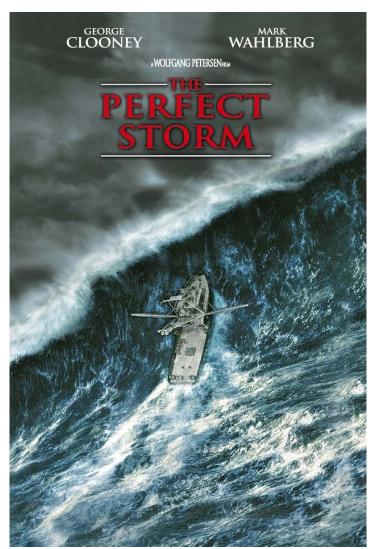


Pat Lydon, CEM Legacy Health

Robert Davis, Ph.D., FIES Andrea Wilkerson, Ph.D., LC Pacific Northwest National Laboratory

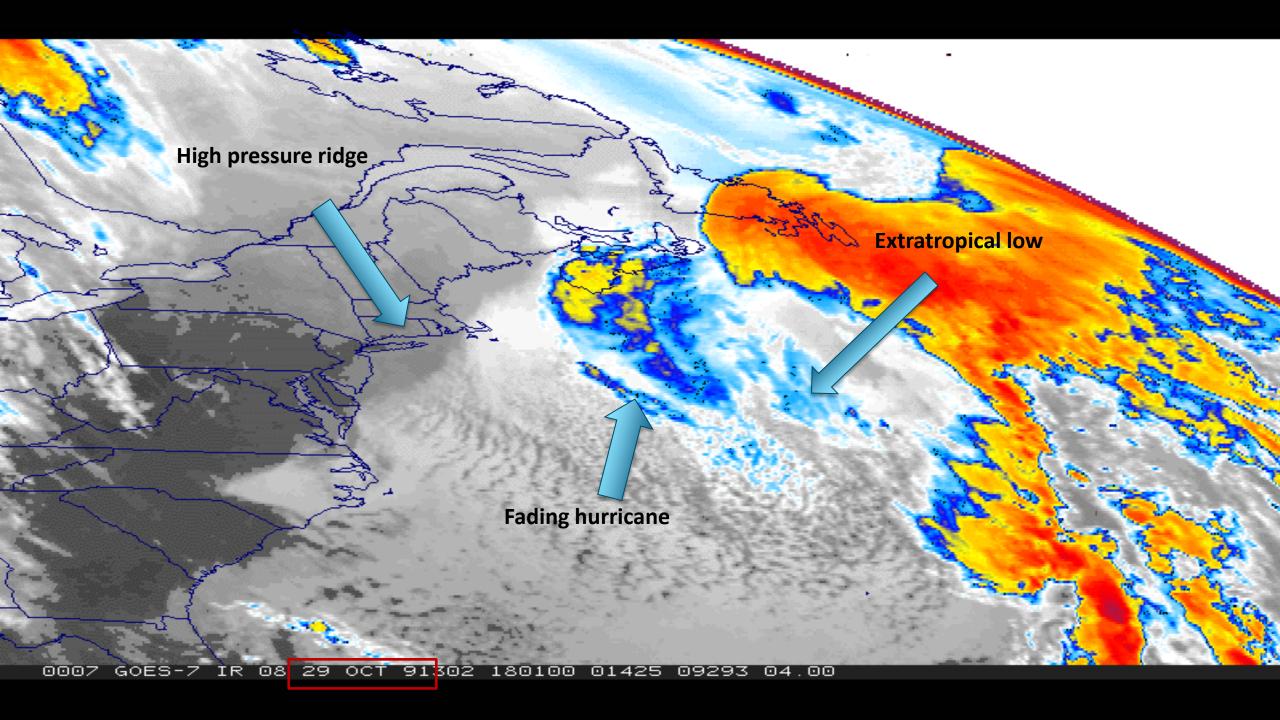
# **Lighting for Healthcare**

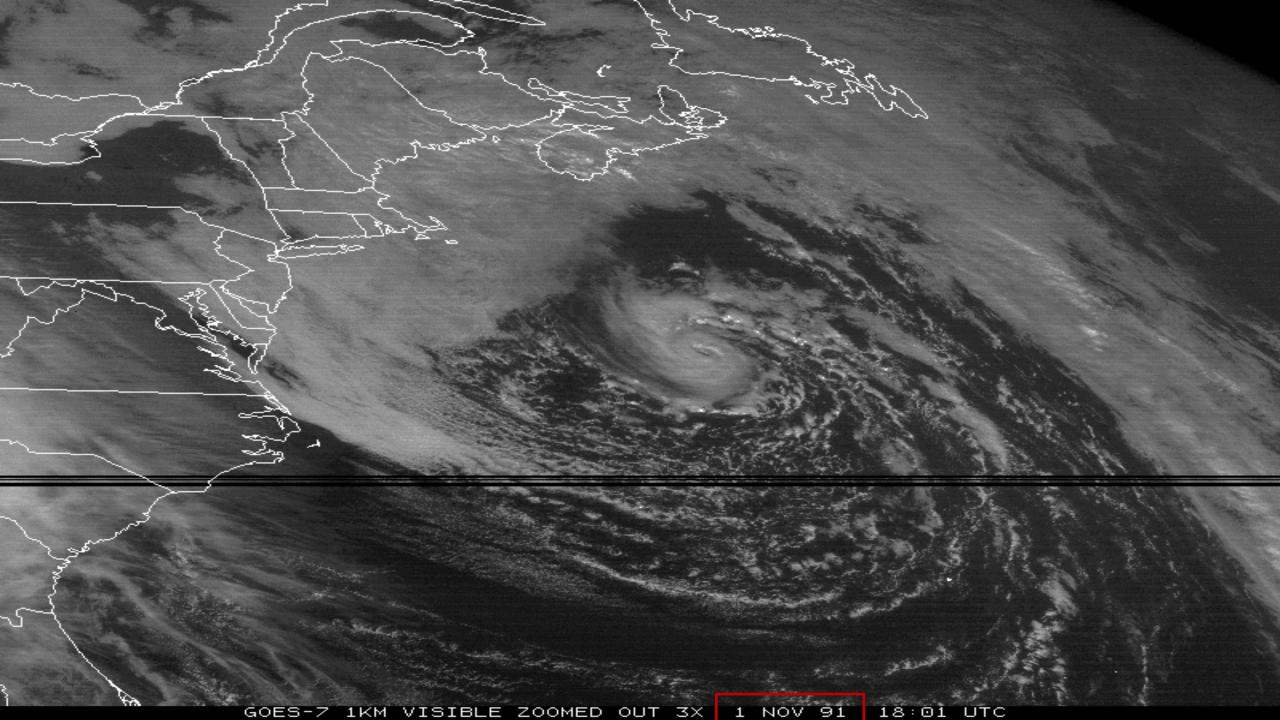


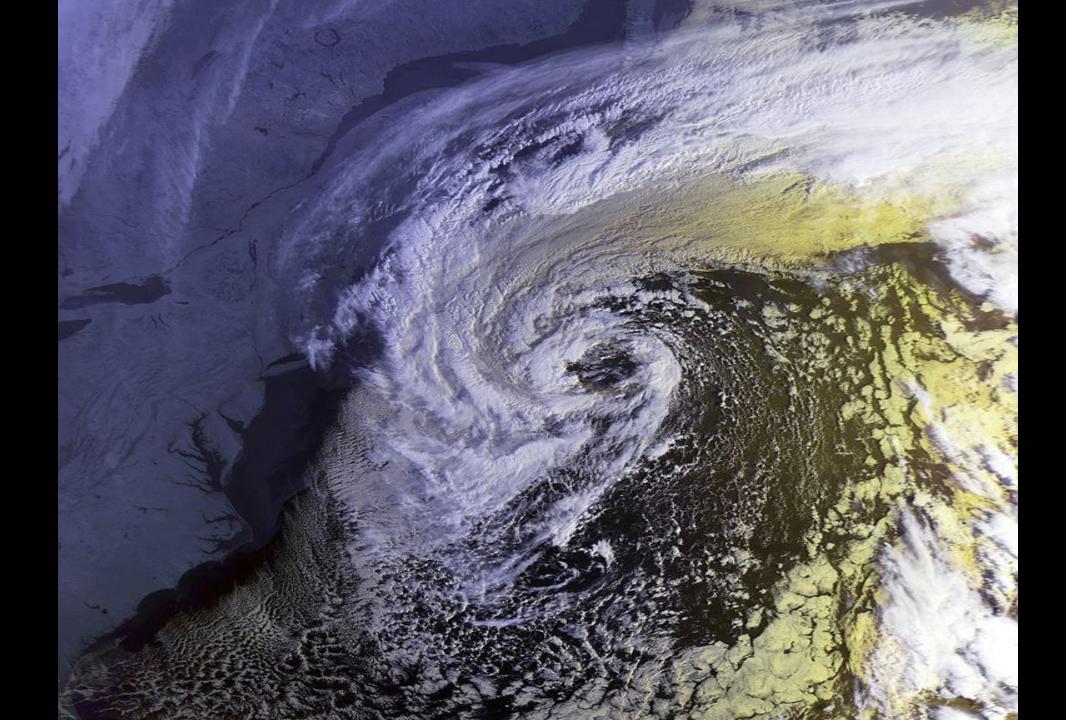


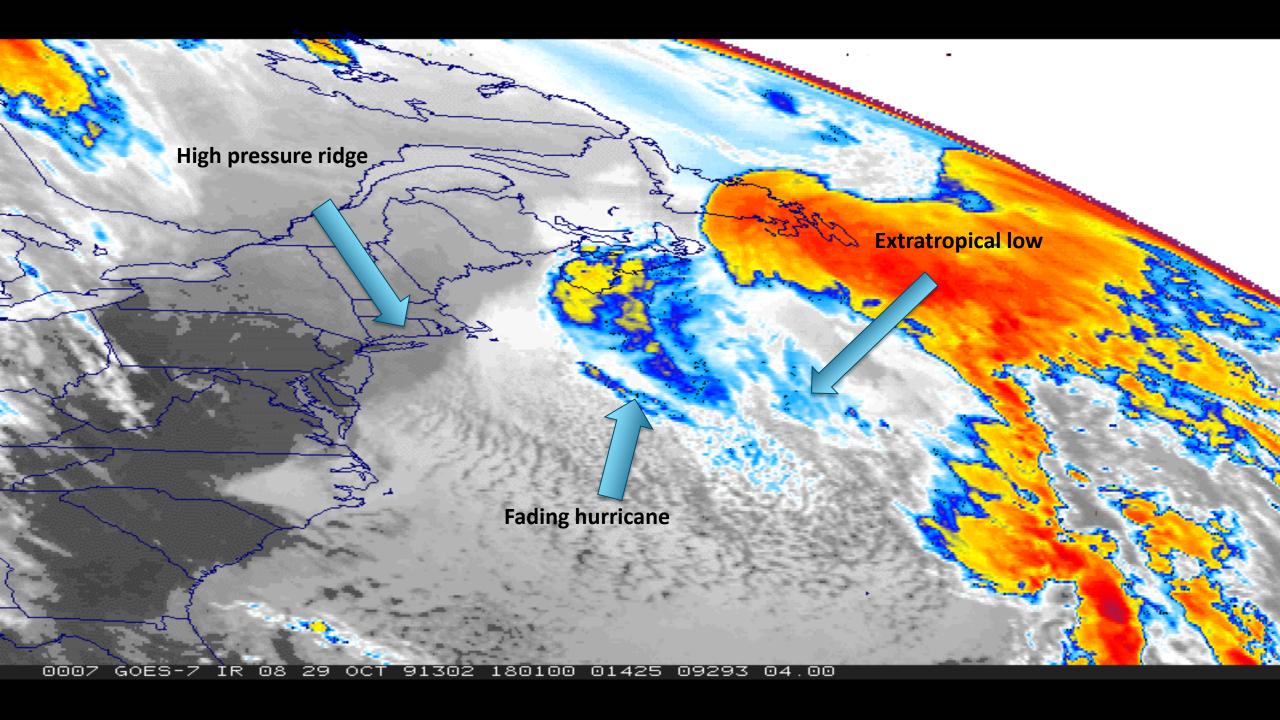


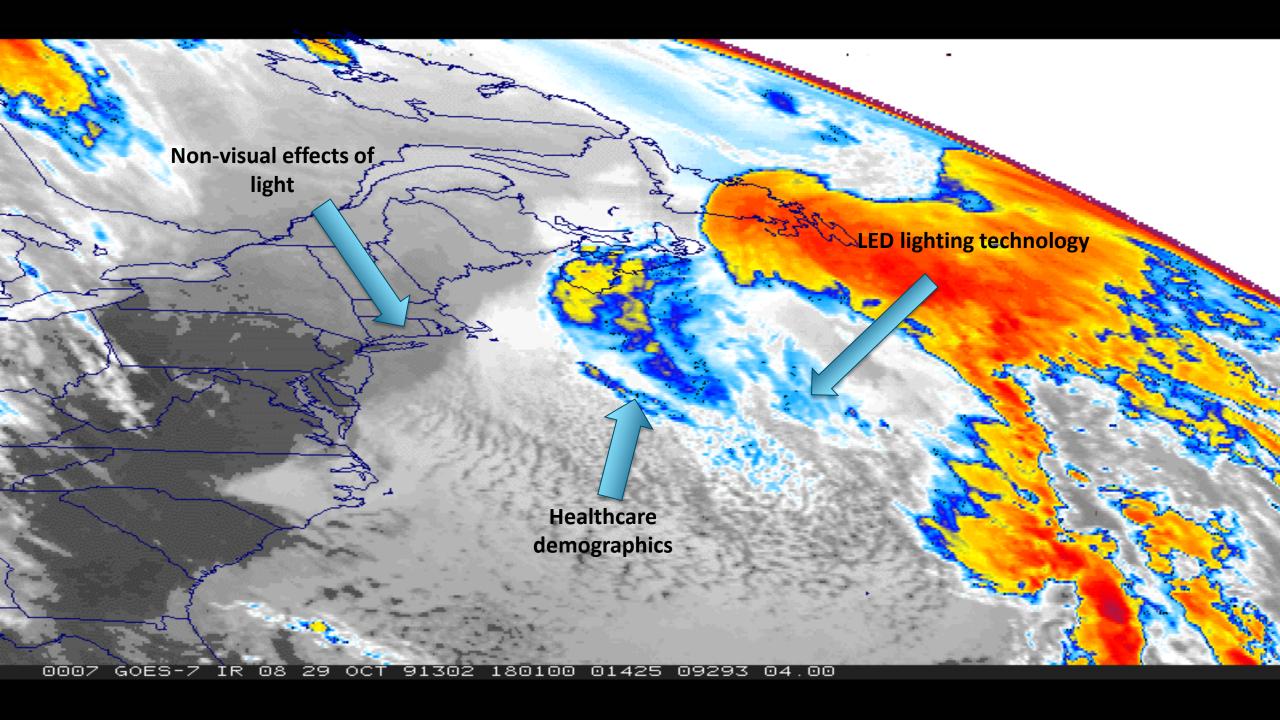








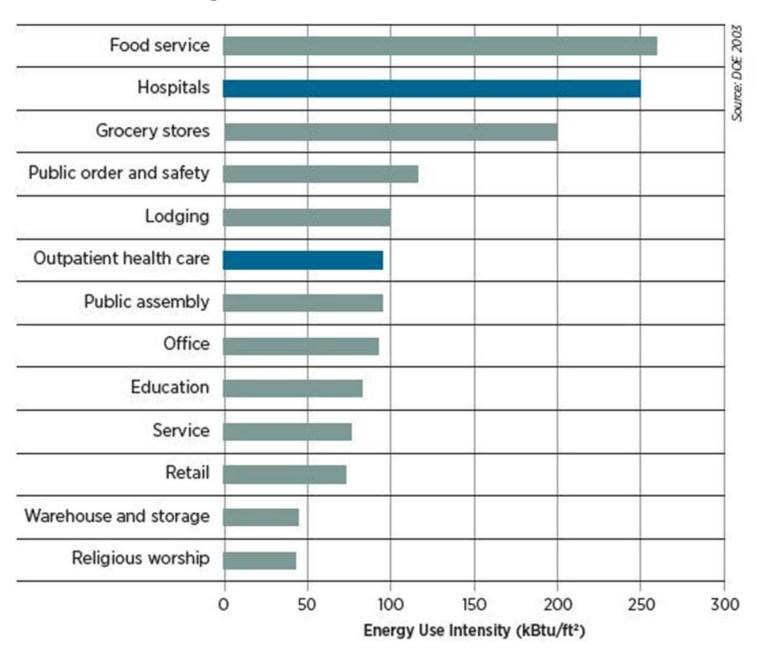




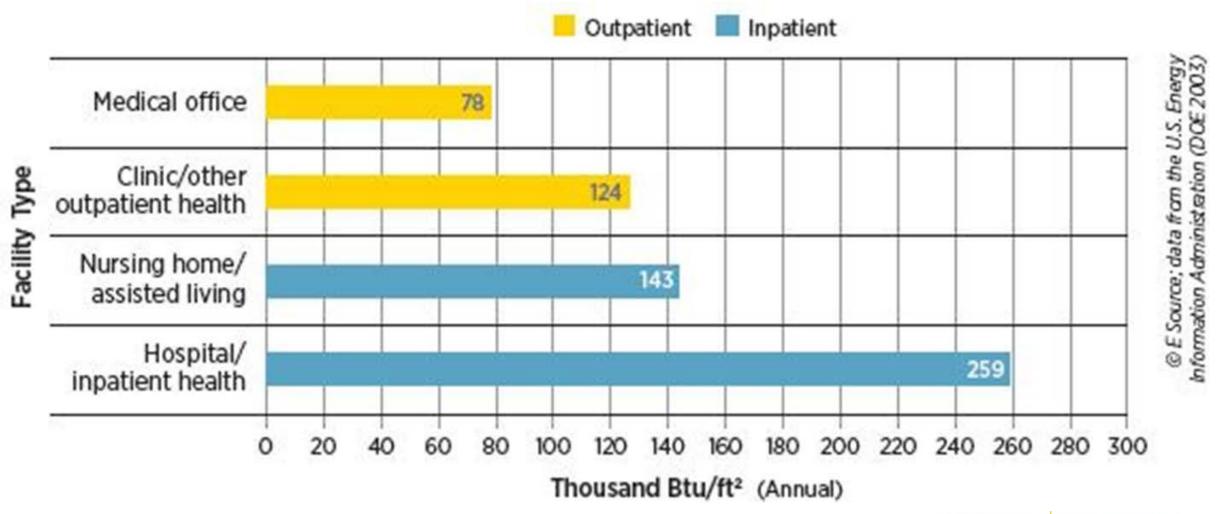
# **US Healthcare by the Numbers**



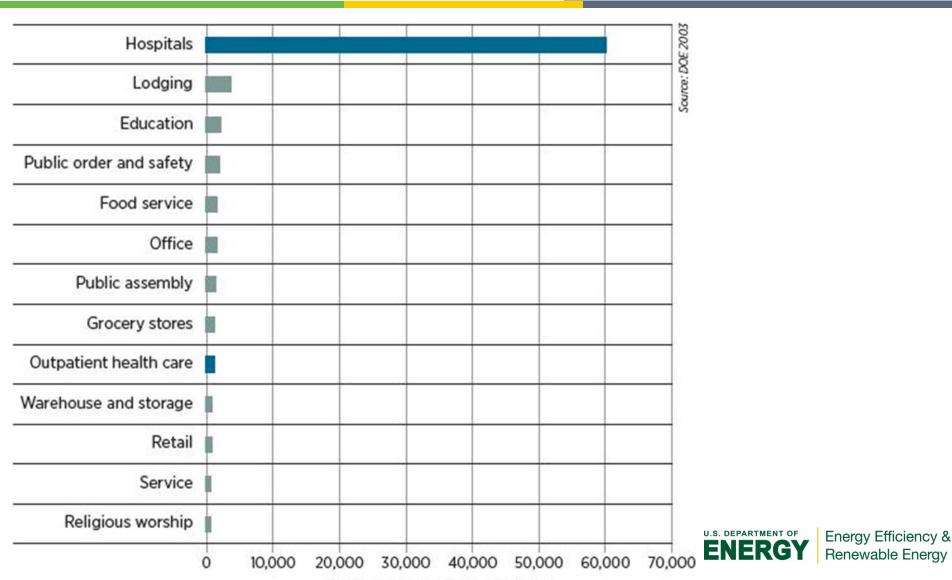
# **Energy Use Intensity**



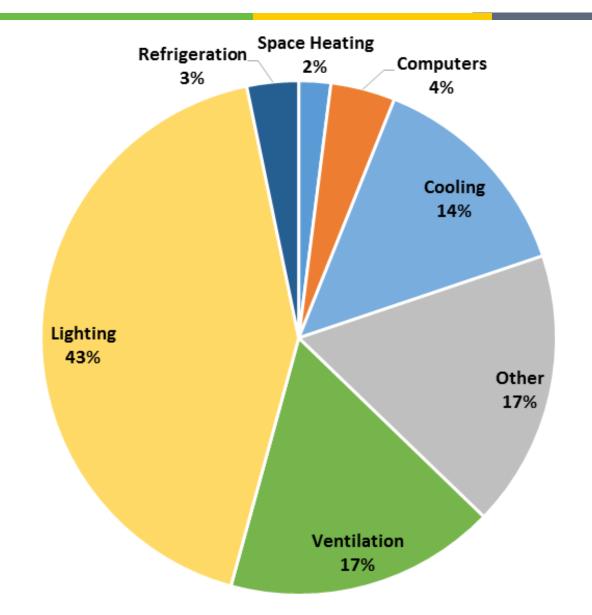
# **Energy Use Intensity in Healthcare**



# **Energy Use per Building**

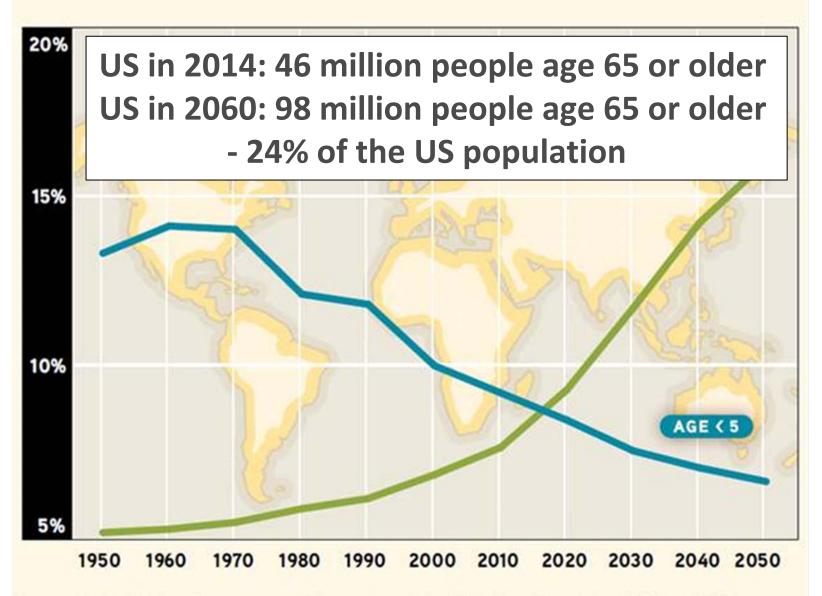


# **Electricity end uses in healthcare**





# YOUNG CHILDREN AND OLDER PEOPLE AS A PERCENTAGE OF GLOBAL POPULATION



Source: United Nations Department of Economic and Social Affairs, Population Division. World Population Prospects. The 2004 Revision. New York: United Nations, 2005.

# **Tunable LED Systems**



#### CALIPER

Report 23:

Photometric Testing of White-Tunable LED Luminaires

August 2015 Addendum January 2016

#### Prepared for:

Solid-State Lighting Program Building Technologies Office Office of Energy Efficiency and Renewable Energy U.S. Department of Energy

Prepared by:

Pacific Northwest National Laboratory

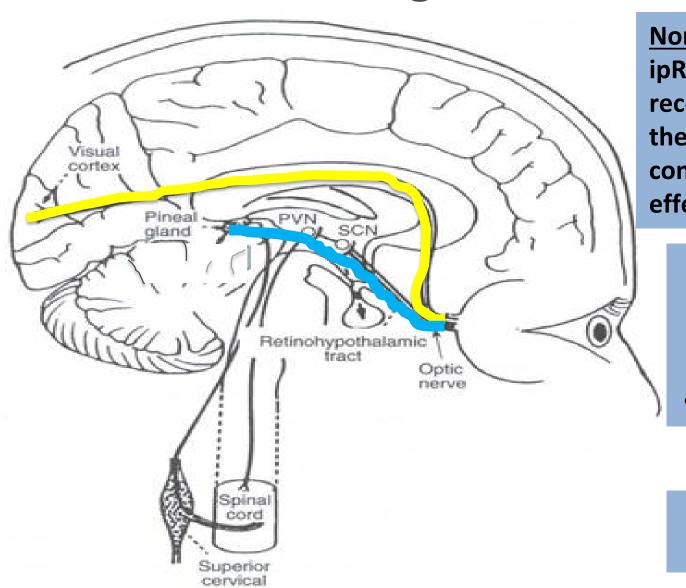




# Visual & Non-visual effects of light

Visual Pathway
Retinal Ganglion Cells
(RGCs) carry signals
from the rods and
cones to the visual
cortex, which controls
vision

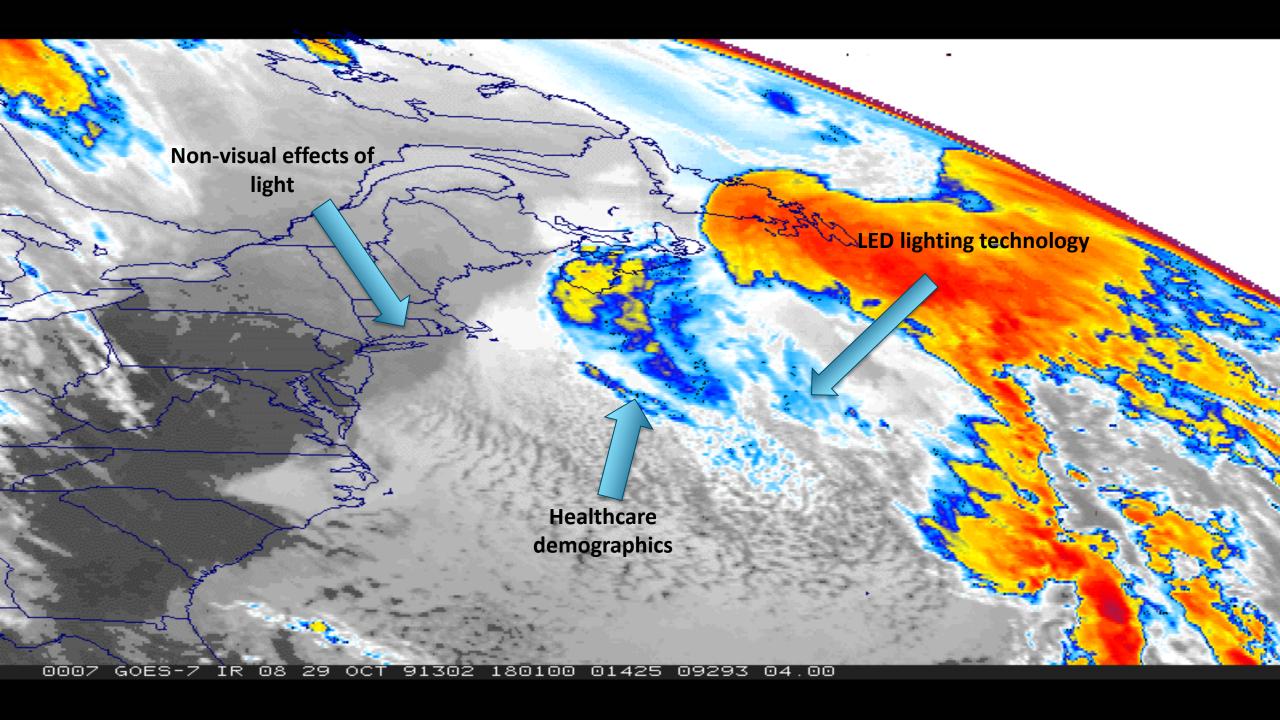
- Writing
- Reading
- Watching
- Communicating
  - Learning
  - Focusing
  - Appreciating
    - Enjoying



Non-Visual Pathway
ipRGCs are photoreceptors connected to
the hypothalamus, which
controls many biological
effects

- Suppressing melatonin
- Enhancing alertness
- Affecting cognition

- Photic
- Non-photic



#### **DOE Healthcare Webinar Series**

#### The Nurses' Perspective on Hospital Patient Room Lighting

Sept 13, 2016 Robert Davis & Andrea Wilkerson, PNNL

Pat Lydon, Legacy Health

#### Evidence-Based Design for Healthcare Lighting: Where's the Evidence?

Oct 4, 2016 Robert Davis & Andrea Wilkerson, PNNL

Anjali Joseph, Clemson University

#### Tuning the Light in Senior Care

Oct 18, 2016 Robert Davis & Andrea Wilkerson, PNNL

Connie Samla, Sacramento Municipal Utility District







EMANUEL Medical Center

GOOD SAMARITAN Medical Center

MERIDIAN PARK Medical Center

**MOUNT HOOD Medical Center** 

**SALMON CREEK Medical Center** 

# **About Legacy Health**

- Nonprofit, locally owned, based in Portland
- Serving Oregon and Southwest Washington
- 6 hospitals on 5 campuses:
  - > Legacy Good Samaritan Medical Center (NW Portland, OR)
  - > Legacy Emanuel Medical Center (N Portland, OR)
  - > Randall Children's Hospital at Legacy Emanuel (N Portland, OR)
  - > Legacy Meridian Park Medical Center (Tualatin, OR)
  - > Legacy Mount Hood Medical Center (Gresham, OR)
  - > Legacy Salmon Creek Medical Center (Vancouver, WA)
- Approx. 4.5 million sq. ft.

September 15, 2016 LEGACY HEALTH

# Institutionalizing Energy Efficiency

- Energy Trust of Oregon Strategic Energy Management participants
  - > Continuous improvement in O&M
    - Site assessments
    - Monthly energy reviews
- Capital planning cycle
  - > Energy efficiency currently secondary priority
  - > Need to do more to focus on TCO and investment quality
- Employee engagement
  - > New employee orientation
  - > Physician portal
  - > Nurse recruiting to sustainability committee



September 15, 2016 LEGACY HEALTH



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#### **Nurse Survey**

What:

#### **17** Question Nurse Survey

Where:

#### **4** Hospitals

Older, Urban Renovated Older, Urban Older, Suburban Newer, Children's

Who:

**252 Nurses** 

When:

2015 August



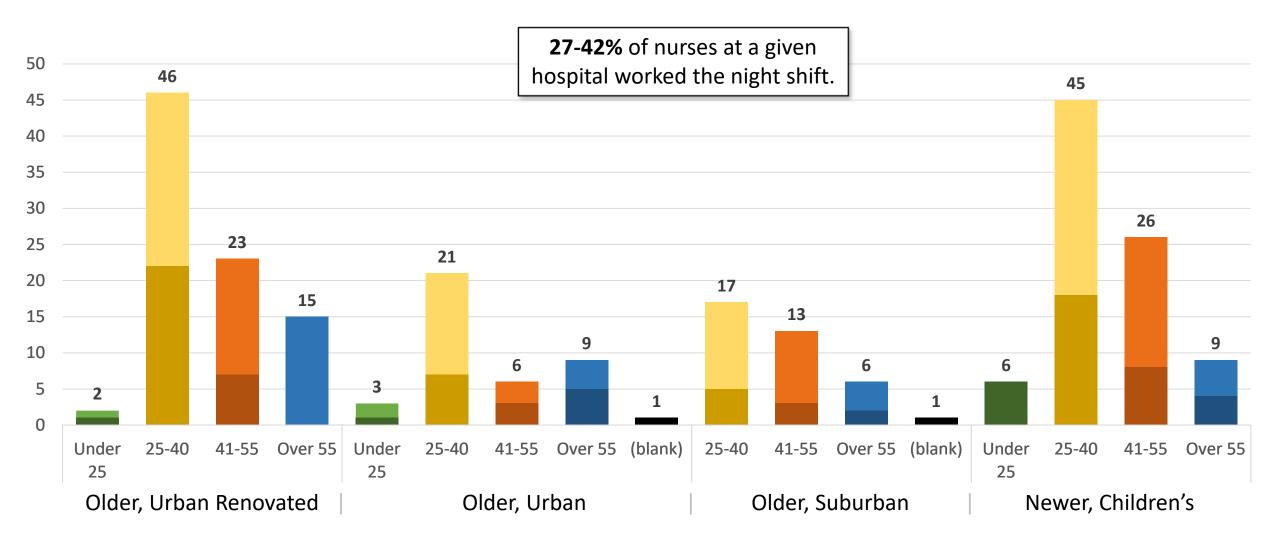




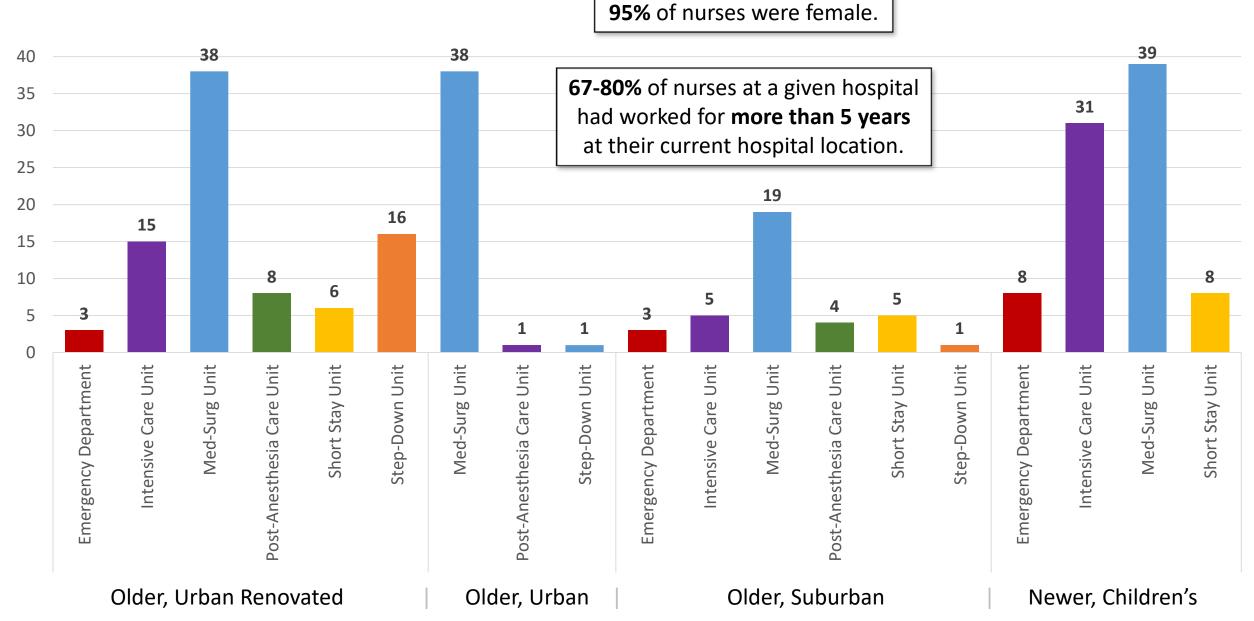




#### Who? Age and Shift



#### **Who? Department**



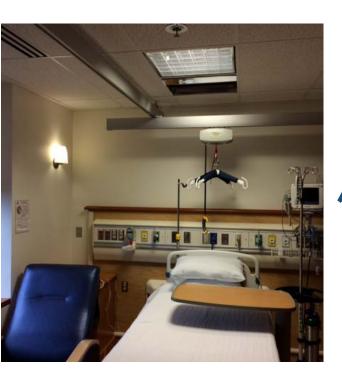
#### **Survey Design**

For the patient room in which you most often work:





**Results? Light Level · Controls · Dimming · Nighttime Navigation · Supplemental** 



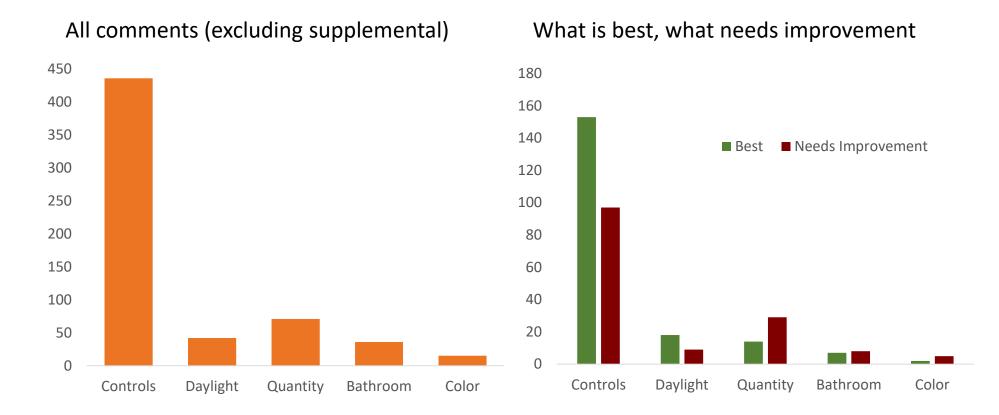
We have to use a flashlight to place a Foley catheter because there is no adequate over-bed light.

For inserting **catheters**, it would be nice to have a very **bright adjustable light fixture** attached to the **ceiling** to be able to move into place.

Whoever came up with the idea that **not having direct overhead lighting** was a good idea obviously **never worked as a nurse**!!!

Overhead lighting would improve my ability to successfully perform my duties as an IV nurse, which has a large impact on patient satisfaction!





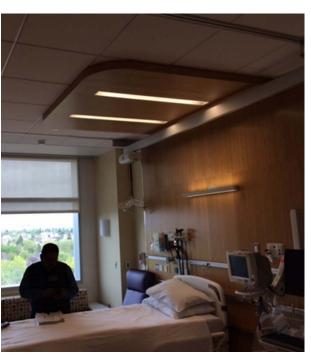


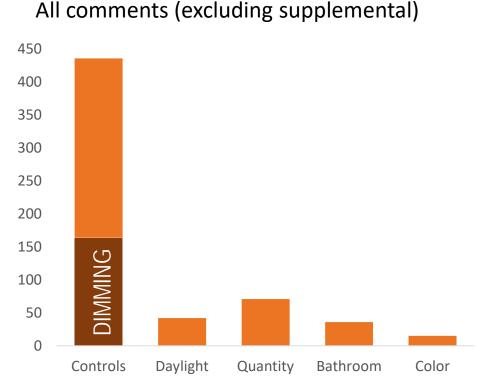
If lighting is needed, it would be nice to be able to turn it on remotely, because sometimes you are all set up to do a procedure and realized that you need a little more light.

I think **bathroom light switch** should be **outside the room** so patients and staff aren't fumbling for them inside the bathrooms.

For a critical patient, it is challenging to get an appropriate amount of light. The spotlights provide more light but often skew skin tone, create glare, and create a blind spot. It takes a lot of adjusting and readjusting.

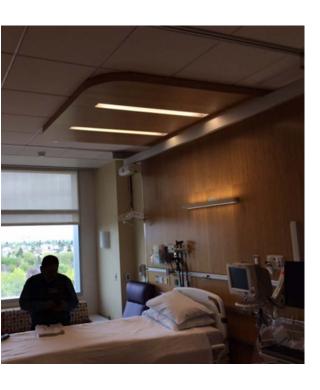
Placement of **light switches** is **not** always **obvious**. I have to search around to figure out what switch works which lights, and what will work best for a given situation.





# What is best, what needs improvement 60 50 Best Needs Improvement 40 30 20

10

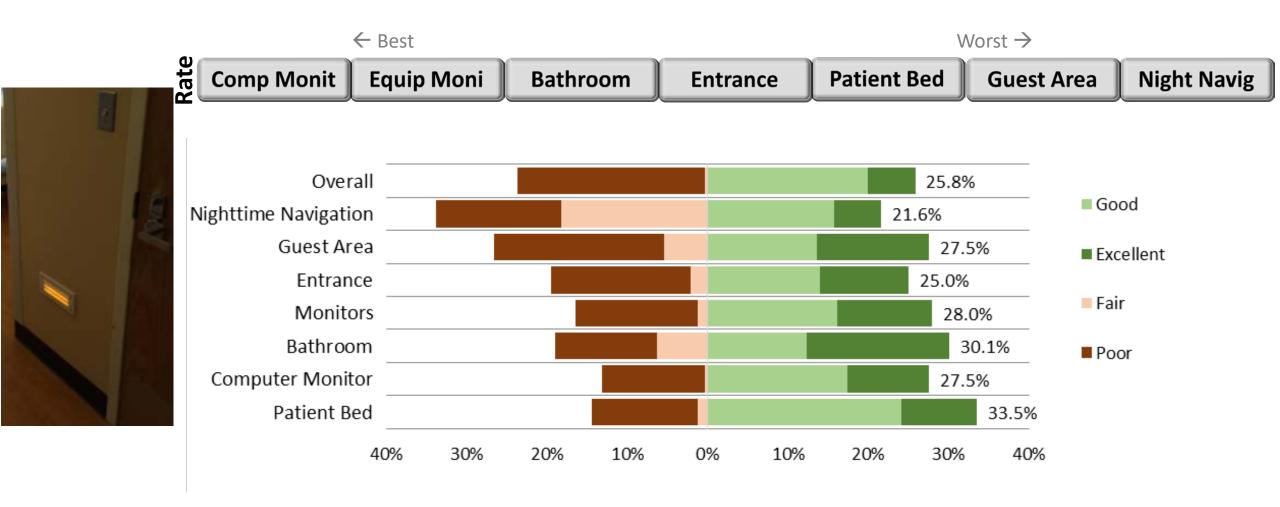


Variance of natural and artificial light is sometimes difficult.

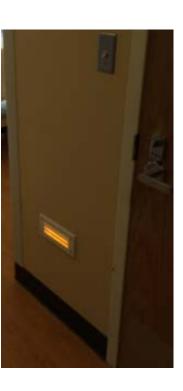
Ability to adjust lighting from low (calming, less stimulating) to high (for lab draws, exams, wound care, etc.) would impact our patient care experience greatly in both a therapeutic way for patients, and in helping us with better visibility for staff when needed.

Sometimes the best lighting for staff work ability is the **brightest overhead bed light**, but it is **painful to patient's eyes** (when usually brighter light is **needed** by staff doing **care of lower body areas**).

The **overbed light** is **obnoxiously bright**; however, necessary at times. It would be nice if there were **more dim light options** around the room.



Note: Ratings of "Neutral" or "NA" are not included in this graph



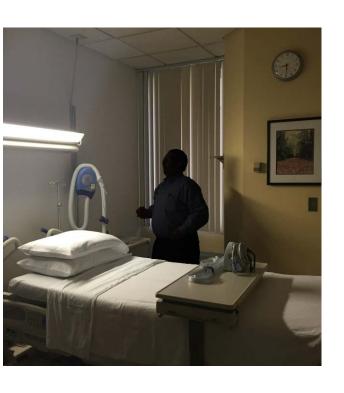
recessary for me to do my job. I'm always having to change out the flash light batteries each week.

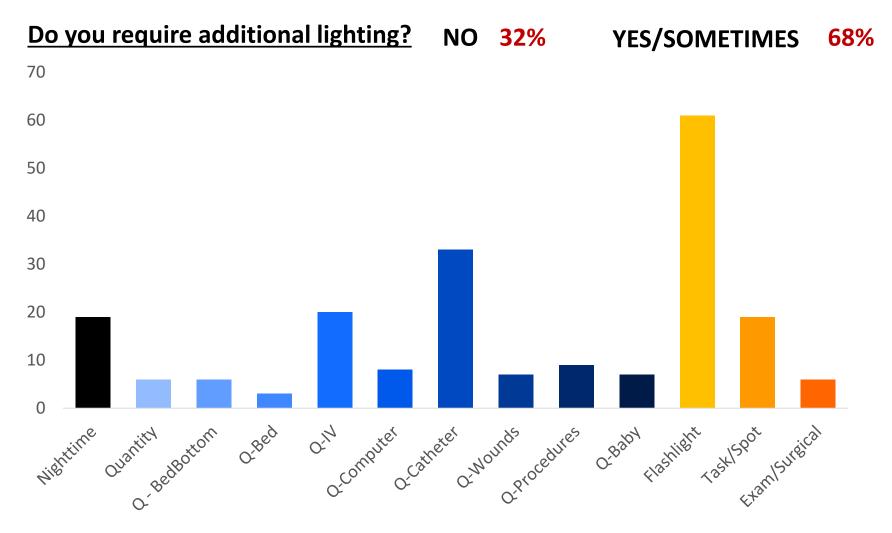
The best thing about the lighting is **being able to close the bathroom door**, **with** the bathroom **light on**.

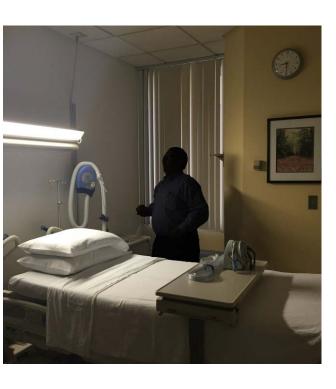
The **lighting** is often **too harsh** in the patient rooms if I turn on the lights to complete my **exam** in the middle of the **night**.

I use the **scanner to shine** on the computer **so I can see it in the dark** without turning on lights.

#### For the patient room in which you most often work:





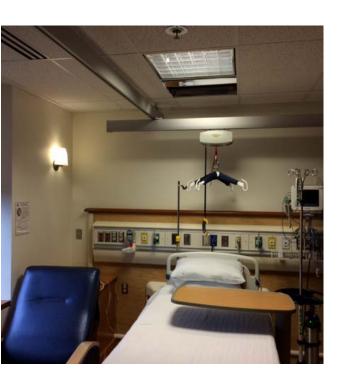


Sometimes I will turn the harsh room lights off and do my care by the light of extra lights (bathroom light, otoscope, flashlight).

The feature of **pulling the top light down** (head of bed) is **helpful for IV starts** at times;
however, **not adjustable enough if** the head of the **bed is elevated**.

IV starts require optimal lighting, which is **not currently available** in patient rooms.

Need a **light that shines** from the **foot of the bed** for urinary catheterizations.













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