

SYNOPSIS
ON
'HOSPICE CARE'

BACHELORS OF ARCHITECTURE
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HOSPICE CARE

CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION: Hospice care is a type of care and philosophy of care that focuses on the palliation of a chronically, terminally or seriously ill patient's pain and symptoms, and attending to their emotional and spiritual needs. It is a type of care for those approaching the end of life. This concept of care focuses on relieving pain, providing comfort, and increasing the quality of life of our patients. It is a system of care oriented towards treating pain and other symptoms without curing the illness. It affirms life and regards dying as a natural process in the life cycle. It helps prepare individuals and family members for a peaceful death while preserving dignity. Patients can choose to remain in an environment that is familiar to them, surrounded by family, friends and loved ones. Hospice gives individuals the ability to be in control of all aspects of their care when they can no longer benefit from curative treatment. In most cases hospice care is provided to the patient at their home. Hospice care is a team effort. The patient's family and loved ones are actively involved along with an interdisciplinary team of nurses, therapists, care professionals and volunteers. With the help and support of the hospice care team, the patient and their family can attain physical, emotional, and spiritual preparation for the end of life.

1.2 AIM: To study the various architectural requirements for hospice design.

1.3 OBJECTIVE:

- To design barrier free environment for the patients
- Proper allotment of spaces for different activities
- To study circulation and design accordingly

1.4 NEED: To provide desired amount of spaces serving different purposes. Encouraging religious tradition and beliefs and designing open or semi-covered area for the same. Equal attention is to be paid to both internal and external surroundings.

1.5 SCOPE OF WORK: Hospice is very much required for the patients who need special care in modern society.

This research would help to design a desired environment to the patients as well as doctors and nurses.

“You matter because of who you are. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.”

--Dame Cicely Saunders, founder of the first modern hospice

1.6 METHODOLOGY:

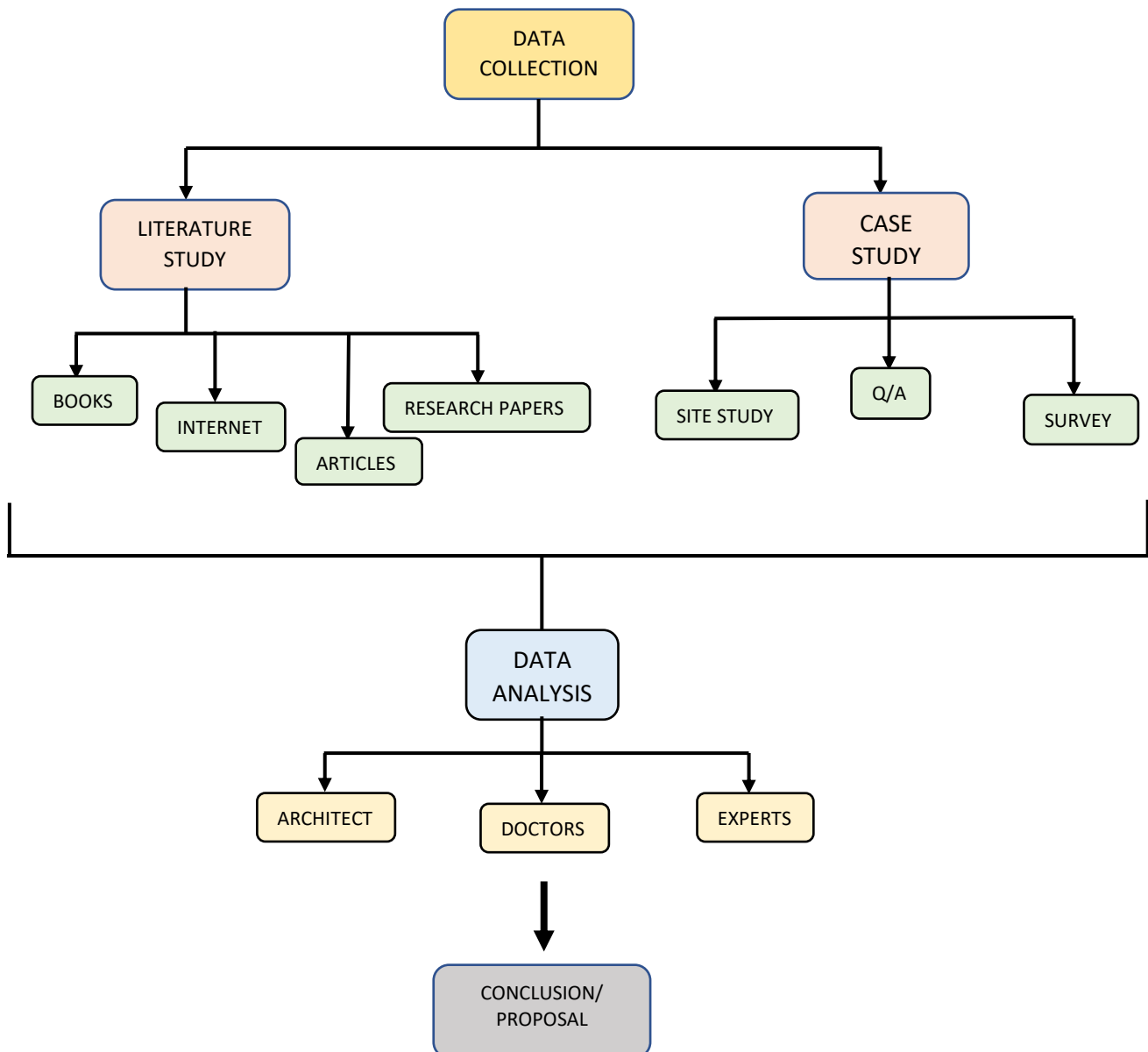
STEP 1: DATA COLLECTION

STEP 2: LITERATURE STUDY

STEP 3: CASE STUDY

STEP 4: DATA ANALYSIS

STEP 5: CONCLUSION/PROPOSAL



CHAPTER 2: DATA COLLECTION

2.1 WHAT IS HOSPICE CARE?

- From the word “**Hospes**”
- Originally, referred to shelter or way station for weary travelers.
- Today, means a concept of care that provides comfort and quality of life to clients, and their significant others, who are facing life’s final journey associated with terminal illness.
- A type of care and a philosophy of care which focuses on palliation of terminally ill patient’s symptoms. Physical, Emotional, Spiritual, Social.
- Hospice care is a type of care and philosophy of care that focuses on the palliation of a chronically ill, terminally ill or seriously ill patient’s pain and symptoms, and attending to their emotional and spiritual needs.
- Hospice care neither prolongs nor hastens the dying process.

2.2 MYTHS RELATED TO HOSPICE CARE

- A place
- Only for people with cancer
- Only for old people
- Only for dying people
- Can only help when family members who can provide care
- Only for people who can accept death
- For when there is no hope
- Only for people who don’t need a high level of care
- Expensive

2.3 REALITIES OF HOSPICE CARE

1. About 80% of hospice care takes place in the home.
2. Hospices are increasingly serving people with the end-stages of chronic diseases.
3. Hospices serve people of all ages.
4. Hospice focuses as much on the grieving family as on the dying patients.
5. Alternative locations or resources may be available.
6. Hospice is serious medicine, offering state-of-the-art palliative care.
7. Hospices gently help people find their way at their own speed.
8. Hospice can be far less expensive than other end-of- life care. Most people who use hospice are over 65 and entitled to the Medicare Hospice Benefit, which covers virtually all hospice services.

2.4 MEMBERS OF HOSPICE TEAM

1. PRIMARY PHYSICIAN
 - Provides the hospice team with medical history.
 - Oversees medical care through regular communication with the hospice team.
 - Provides orders for medications and tests, signs death certificate, etc.

- Determines his or her level of involvement on a case-by-case basis with the hospice medical director.

2. HOSPICE PHYSICIAN

- Provides expertise in pain and symptom control at the end of life.
- Works closely with the hospice team and primary physician
- to determine appropriate medical interventions.
- Makes home visits on as needed basis.
- May oversee the plan of care, write orders, and consult with patient and family regarding disease progression and appropriate medical interventions on a case-by-case basis.

3. NURSE

- Visits patient and family in the home or nursing home on regular basis.
- May provide on-call services.
- Assesses pain, symptoms, nutritional status, bowel functions, safety, and psychosocial- spiritual concerns.
- Educates patient and family.
- Educates and supervises nursing assistants.
- Provides emotional and spiritual support to patient and family.

4. HOME HEALTH AID

- Assists patient with activities of daily living.
- Provides a variety of other services depending on assessment of need.

5. SOCIAL WORKER

- Attends to both practical needs and counseling needs of patient and family.
- Arranges for durable medical equipment, discharge planning, funeral/burial arrangements
- Serves as liaison with community agencies.
- Assist family in finding services to address financial needs and legal matters.
- Provides counseling.
- Assesses patient and family anxiety, depression, role changes, caregiver stress.
- Provides general grief counseling.

2.5 PRINCIPLES UNDERLYING HOSPICE CARE

- Death must be accepted.
- The patient's total care is best managed by an interdisciplinary team whose members.
- communicate regularly with each other.
- Pain and other symptoms of terminal illness must be managed.
- The patient and the family should be viewed as a single unit of care.
- Home care of the dying is necessary.

- Bereavement care must be provided to family members.
- Research and education should be ongoing.

2.6 PROVISION GIVEN UNDER HOSPICE CARE

1. Providing care to the patient.
2. Medical care to relieve pain and other symptoms arising from a life-limiting illness.
3. Basic needs of daily living.
4. Counseling.
5. Assisting the patient with unfinished legal or financial business and in making funeral arrangements.
6. Religious care.

CHAPTER 3: LITERATURE STUDY

KARUNASHRAYA- BANGALORE HOSPICE TRUST

3.1 LOCATION:

It is located in Marathahalli, Bangalore.

The Nearby building are:

- Shankara Eye Hospital
- Sree Devi Ayurveda Pharmacy
- Navanilaya Apartments
- Ashitha Hospitals



3.2 INTRODUCTION:

Karunashraya meaning ‘Abode of Compassion’ a non- profitable organization. It was inspected as a registered charitable trust by the Indian Cancer Society (Karnataka Chapter) and Rotary Bangalore Indiranagar to provide free professional palliative care for advanced stage cancer patients who are beyond cure.

This organization offer patients the flexibility of alternating between the hospice and their home, they help patients live without pain and in dignity and peace till their journey’s end. They have been offering in-patient care since 1999 and home care since 1995.

3.3 SERVICE AVAILABILITY:

Karunashraya accepts only 55 bed in patients at a time and the admission rejected patient’s contact will be registered to notify them later of the availability.

- Patience can contact their support for home care under the availability of the doctor or a nurse.
- Service is provided to people of any age suffering from advanced stage of cancer where curing is not possible.
- The patients are also collected directly from the hospitals under the the hospital’s recommendation.
- 55 bed In-Patient Facility provided currently and in the near future bed for 85 patients will be provided with the expansion of the structure.
- Home care facility staffs are available.
- Residential Health Assistants Training Programme for adult women from lower economic groups who are later employed as health assistants in the hospice or deployed to homes?
- Donated goods if cannot be used, they will be sold at a shop or through charity sales support needs for the poor.
- Medical treatments for curing the disease is not provided but the nurses take care of the patients by providing them with basic medical support like morphine is given to patients suffering from severe pain and also regular checkups are done.
- Other educational initiatives including workshops, conferences and awareness programs on palliative care, psychological issues in patient care for nurses, counselors and volunteers;
- programs in partnership with the Indian Association of Palliative Care (IAPC).

3.4 ARCHITECTURAL FEATURES:

- The building is situated in 8200 sq. Area plot and the total build up area is 3400 sq.
- The building is stone structure with composite masonry/.
- The building is designed in a way that all rooms of the patients receive natural lighting and ventilation.
- The patients can relax with a view of greenery on one side and water on other of their ward.
- The building has five to house in-patients ‘wards.
- Recreational activities include indoor games, watching T.V, newspaper etc.
- A 100-seat auditorium is provided which is fully equipped with modern communication facilities for conferences and training.
- The kitchen caters are approximately 100 in number provide food three times a day.
- Four bore wells dug initially yielded about 10,000 liters per hour feeding two large overhead tanks.
- Solar energy is used to serve power to the lightning in the wards and also exterior.

3.5 OPEN SPACES



The entrance drive way to the parking is shaded by several trees.



1. The parking for visitors can accommodate up to 8 cars and open spaces for bikes.
2. The other side of parking area is kept unused with lots of trees



The south entrance of building has large front courtyard with the parking space for the staffs.



The entry towards the building is designed elegantly with the stone structures, creepers and flowers.

3.6
IMAGES

SITE



The relaxation area involves a pools on one side.



Due to the ongoing constuction work the maintainance has not been done.



There are currently several open courtyards which are accessible by the patients. It is well maintained with plants,trees and also benches to sit and relax. The all-round ambience is kept simple and gree without any loud colours. This is for the psychological comfort of the patients.



The offset of the building from site boundary.



Open Ground for any sort of activities. The ongoing construction is visible, so is the unworked open ground.

Building Spaces



Meditation Room



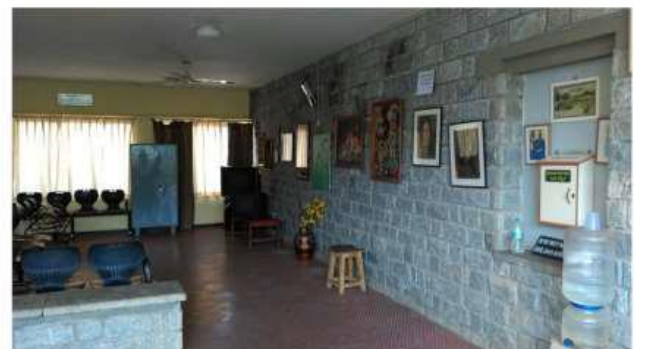
Reception



Dining Room located next to the kitchen.



Dining Room for the Senior Staffs



Visitor's Waiting Lounge

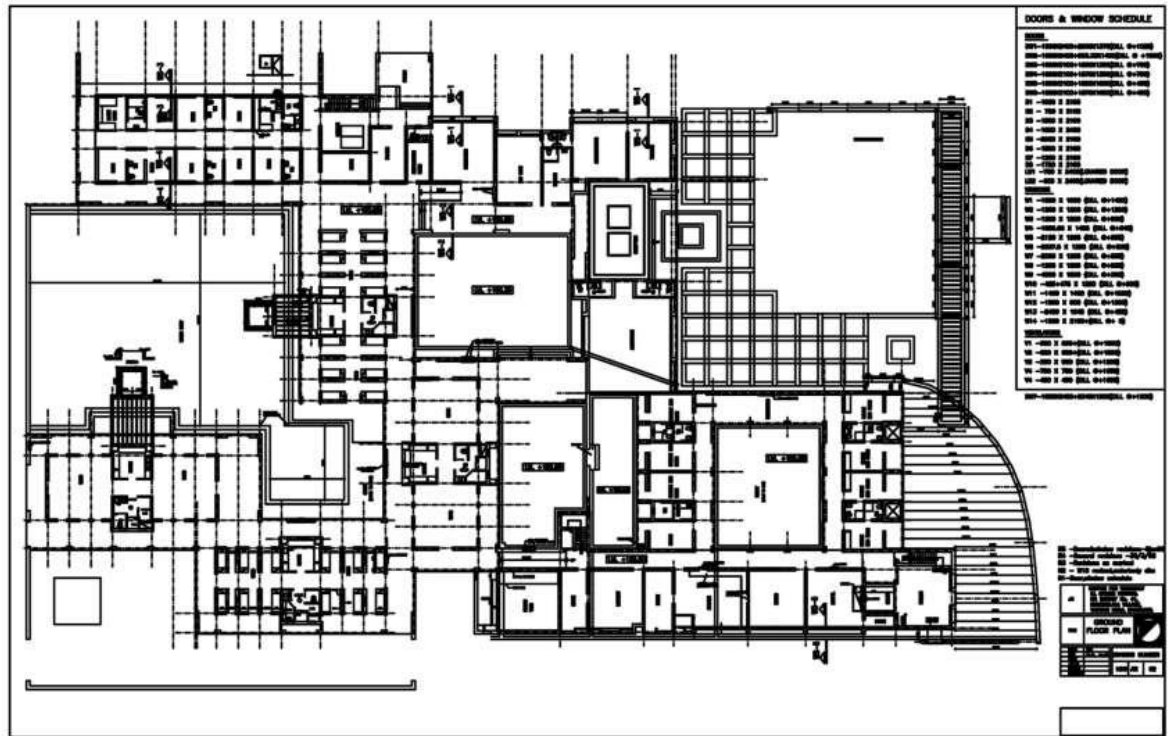
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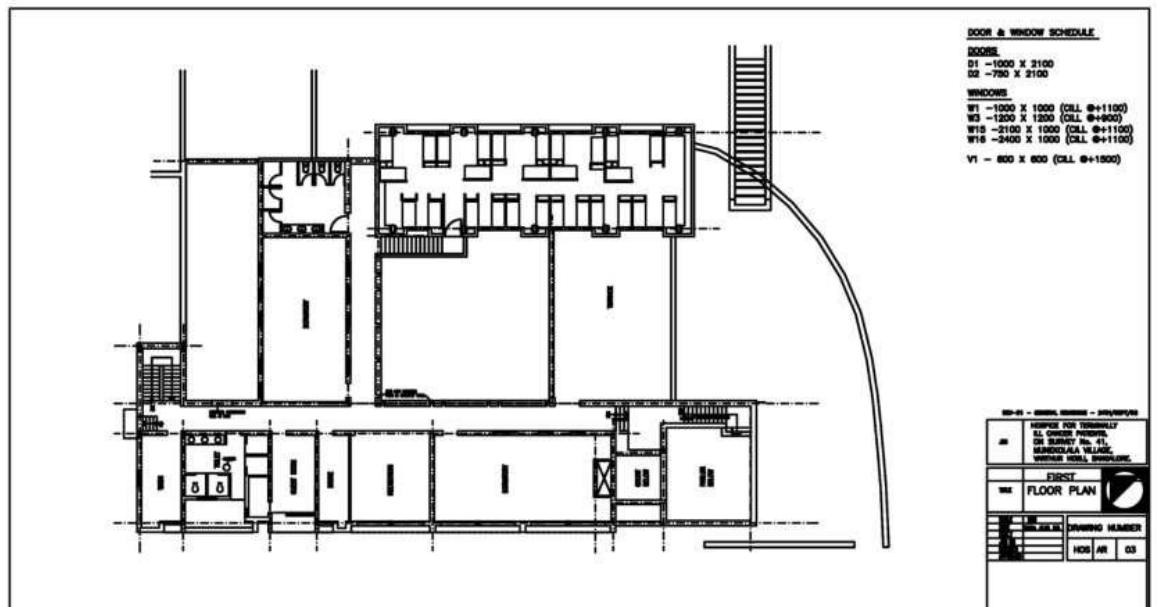


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Ground Floor Plan

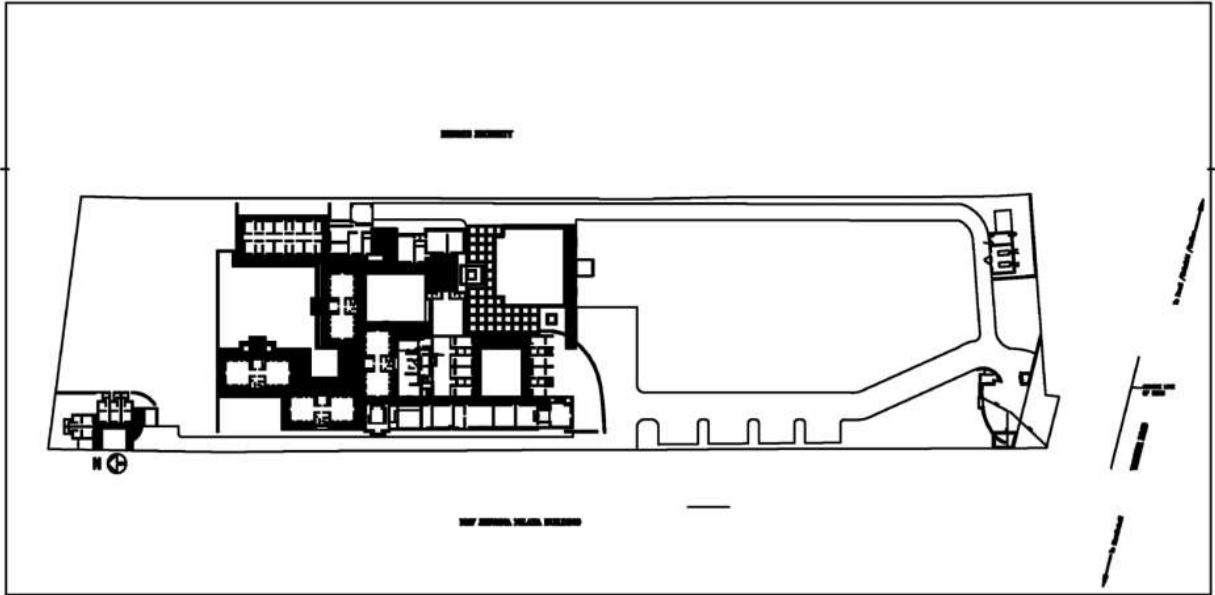
- | | | | |
|-------------------|------------------------|-----------------------|-----------------------|
| 1. 5 Ward Rooms | 5. 2 Dining Room | 9. Kitchen and Pantry | 13. Conference Room |
| 2. Office Rooms | 6. Several Store Rooms | 10. Prayer Room | 14. Day Care Room |
| 3. Reception | 7. Pharmacy | 11. Administration | 15. Drying Yard |
| 4. Waiting Lounge | 8. Meditation Room | 12. Seminar Room | 16. Courtyards |
| | | | 17. Recreational Room |



First Floor Plan- Hostel for Staffs

1. Dormitory
2. Guest Room
3. Recreational Room
4. Separated and attached baths

3.8 SITE PLANS, ELEVATIONS



SITE PLAN

AREA STATEMENT		
S.NO.	DESCRIPTION	AREA (SQM)
1.	PLOT AREA	8206.07
2.	BUILT UP AREA GROUND FLOOR FIRST FLOOR	3000.38
		414.03
	TOTAL	3414.41
3.	COVERAGE	3000.38 = 36.56%
$F.A.R. = \frac{\text{BUILT UP AREA}}{\text{PLOT AREA}} = \frac{3414.41}{8206.07} = 0.416$		



SOUTH ELEVATION



WEST ELEVATION

