



Improving Patient and Staff Safety through Evidence-Based Healthcare Design

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Message from the Guest Editors

In 2000, the Institute of Medicine (IOM) report “To Err is Human” shocked the world by highlighting the significant number of adverse events resulting in patient harm, injuries, and deaths in the US healthcare system. The IOM report emphasized that these events were often preventable, resulting not from the actions of individuals but as the result of faulty and poorly designed systems.

Twenty years later—where are we? The built environment is a critical component of system design for healthcare delivery, and in the early 2000s, the term evidence-based design (EBD) appeared. EBD is defined as the process of basing decisions about the built environment on credible evidence, with the goal of improving healthcare outcomes. Researchers in EBD focus on the role of facility design in improving patient and staff outcomes, including through safety, and the status of healthcare-associated infections, patient falls, medical errors, staff burnout, injuries, etc. For this Special Issue, we invite theoretical, methodological, and empirical papers focused on improving patient and staff safety through the design of built environments.





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Message from the Editor-in-Chief

Addressing the environmental and public health challenges requires engagement and collaboration among clinicians and public health researchers. Discovery and advances in this research field play a critical role in providing a scientific basis for decision-making toward control and prevention of human diseases, especially the illnesses that are induced from environmental exposure to health hazards. *IJERPH* provides a forum for discussion of discoveries and knowledge in these multidisciplinary fields. Please consider publishing your research in this high quality, peer-reviewed, open access journal.

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