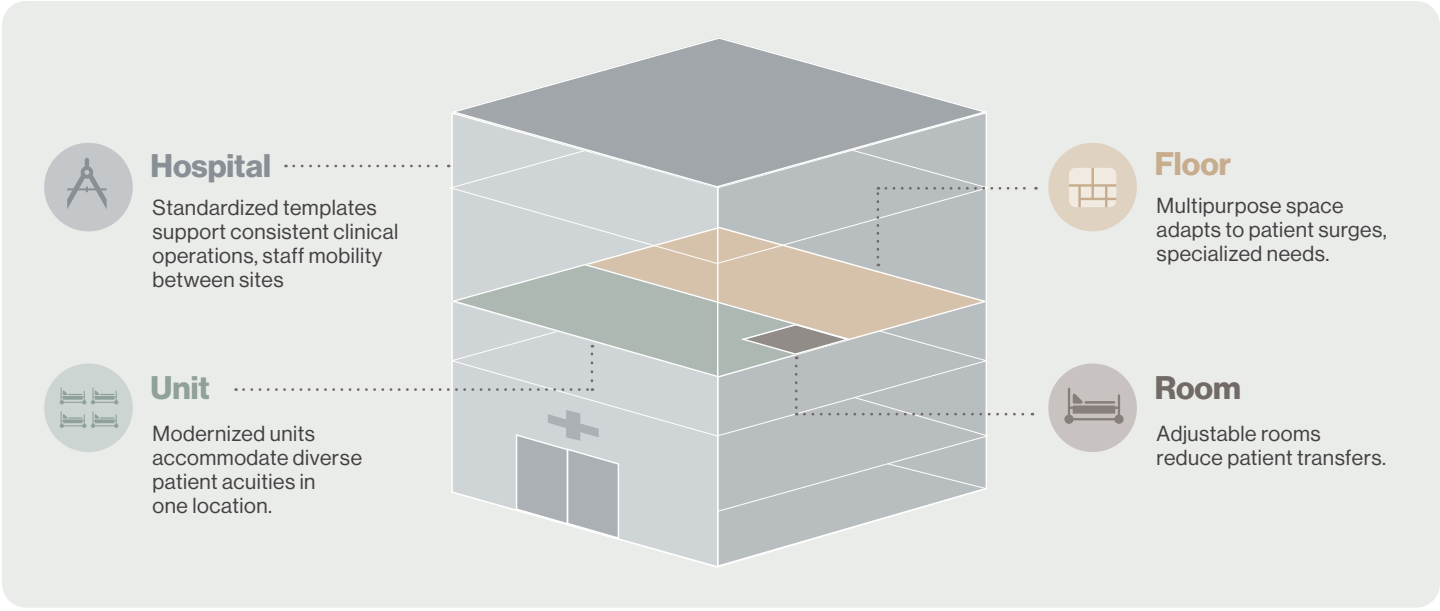
JSI HEALTH

Built for Yesterday: Healthcare's Aging Facilities Crisis

Healthcare facilities across the United States are aging rapidly, with many hospitals now operating 30 to 50 years beyond their original design life. While clinical technology and care models have evolved, much of the built environment has not kept pace. Outdated layouts, restrictive built-ins, and aging materials can hinder workflow, compromise patient safety, and strain staff performance. Full replacement or major structural renovation is often financially unrealistic, leaving organizations to seek practical ways to elevate care within existing walls. Strategic interior modernization, through upgraded furnishings, modular casework, and flexible configurations, offers a pragmatic path forward to improve operations and extend facility life without the disruption or cost of rebuilding.

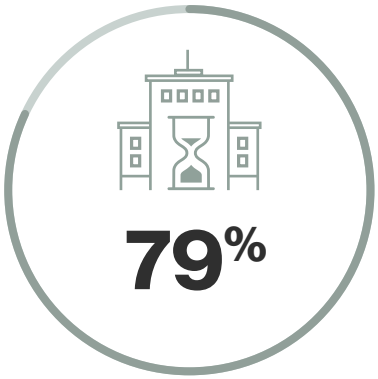
Confronting the Infrastructure Reality

Healthcare systems are operating within facilities built for a different era of care delivery. As buildings age and capital budgets tighten, organizations must look beyond facility replacement and identify smarter ways to modernize performance within existing footprints and structural constraints.



Aging Infrastructure Is the Rule, Not the Exception

The age profile of U.S. healthcare facilities reveals a structural reality: buildings exceeding 50 years of age now represent a significant share of the care environment.



79% of the oldest hospitals in national and regional systems—and 46% of single healthcare facilities—are more than 50 years old

A Defining Capital Concern

The age and condition of existing facilities have moved to the forefront of executive attention, elevating the need for practical upgrades that extend facility life.

of health system facilities managers and executives cite aging facilities and infrastructure as their leading concern

American Society for Health Care Engineering (ASHE), Health Facilities Management 2024 Hospital Operations Survey

What's At Stake

For patients

- **Confidence erodes**
  When environments appear outdated or poorly maintained, patients may question the quality of care and report lower satisfaction.
- **Comfort and safety decline**
  Outdated layouts and aging materials can limit privacy and family presence, reduce restfulness, and increase the complexity of infection control in high-touch areas.

Environment Shapes Patient Experience

22%

is the decrease in patient satisfaction scores in facilities with visibly outdated environments [1]

For caregivers

- **Efficiency suffers**
  Obsolete layouts and inefficient support spaces increase walking distances and reduce time for care, requiring workarounds and compounding strain for already demanding clinical roles.
- **Adaptability is limited**
  Inflexible built-ins and static configurations restrict how teams respond to changing volumes, acuity, and care models.

Inefficient Layouts Increase Caregiver Strain

3.6 to 5 miles

is the distance nurses can walk during a single shift, often due to inefficient layouts and decentralized supplies [2]

For organizations

- **Capacity remains constrained**
  Facilities designed for a different era may not support today's higher-acuity, technology-intensive care or rising demand, limiting organizations' ability to scale and respond.
- **Operational risk escalates**
  Deferred interior upgrades can compound inefficiencies over time, pushing facilities teams into reactive maintenance cycles that increase downtime and strain resources.

Facilities Are Struggling to Keep Pace With Demand

48%

of hospital executives say their facilities aren't equipped for current patient volumes [3]

1. Cref, Solving the Aging Crisis in Healthcare Facilities Management, May 2025
2. Human Resources For Health, Nurses' steps, distance traveled, and perceived physical demands in a three-shift schedule, October 2022
3. FTI Consulting, Hospital Operations Outlook Survey, May 2025

Design Thinking:

In aging facilities, vulnerabilities are most pronounced in high-use clinical environments. By modernizing exam rooms, treatment areas, and patient rooms with flexible furnishings, modular casework, and high-performance materials, organizations can address infection control, durability, and workflow efficiency without major renovation.

Clinical space modernization for safer, more efficient care

- **Performance-driven, acuity-adaptable patient rooms**
  Modular casework and adaptable furnishings accommodate changing levels of care without patient relocation or structural alteration. Defined clinical zones streamline organization and workflow, while flexible seating supports patients and families.
- **Resilient, high-use treatment areas.**
  Treatment spaces require durable furnishings and organized storage that can withstand the daily demands of clinical use. High-performance materials support infection control, while integrated casework keeps supplies efficiently contained and accessible.

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Design Thinking:

Even when walls cannot move, strategic interior planning can meaningfully improve how care teams operate. By introducing decentralized work areas and mobile support elements, organizations can reduce caregiver movement and improve responsiveness within existing footprints.

Caregiver environments aligned with today's care delivery models

- **Decentralized nurses stations**
  Compact caregiver work points positioned near patient rooms improve visibility and responsiveness, reducing unnecessary movement while making better use of existing space.
- **Flexible tele-health environments**
  Within fixed building constraints, adaptable furnishings and mobile components create technology-ready zones that support virtual consultations and hybrid care delivery without construction.

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Design Thinking:

Care environments function best when they support both clinical performance and human recovery. Many facilities were originally planned around throughput, leaving little room for caregiver respite or family presence. Reclaiming overlooked interior areas through strategic furnishing creates restorative zones for caregivers and families within existing footprints.

Overlooked interior space reimagined as functional support zones

- **Embedded caregiver respite areas**
  Strategically placed, high-backed lounge pods convert overlooked interior space and perimeter zones into focused retreat areas. Acoustic separation and visual enclosure support brief resets between patient encounters without the need to construct walls.
- **Shared restorative alcoves**
  Hospitality-inspired furnishings transform compact, overlooked nooks and corners into space for nourishment and brief decompression within the clinical unit. Integrated storage and soft seating allow these reclaimed spaces to provide families or caregivers with moments of respite without expanding the footprint.

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