

Revitalizing Your Aging Surgical Platform

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University of Maryland St. Joseph Medical Center

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Continuing Education Information

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- Have your conference badge scanned by the room monitor at the start of each session you attend.
- Complete the AIA verification form (be sure to check off the sessions you attend) and retain it for your records. CE credits will be uploaded to the AIA transcript system within 6-8 weeks of the close of the conference.

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- All session evaluations will be done through the new HCD Mobile App.
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- **Individual Session Evaluation Instructions –**
- On the home screen, click Show Schedule
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INTRODUCTIONS



MATT McGOVERN
Project Manager
contracted with UMSJMC



**JIM ALBERT, AIA,
ACHA, LEED AP**
Architect with Hord
Coplan Macht



**KATHY BROWN,
MSN, RN**
Clinical Nurse Planner
with Corazon

Our team represents facilitation, design, and operations

AGENDA

Introductions

Project Overview

Program Management

Design Challenges & Solutions

Operations & Transition Planning

Post Occupancy Evaluation

University of Maryland St. Joseph's Medical Center

- 218 Beds
- Catholic Hospital
- Founded in 1864
- Current Facility 1965

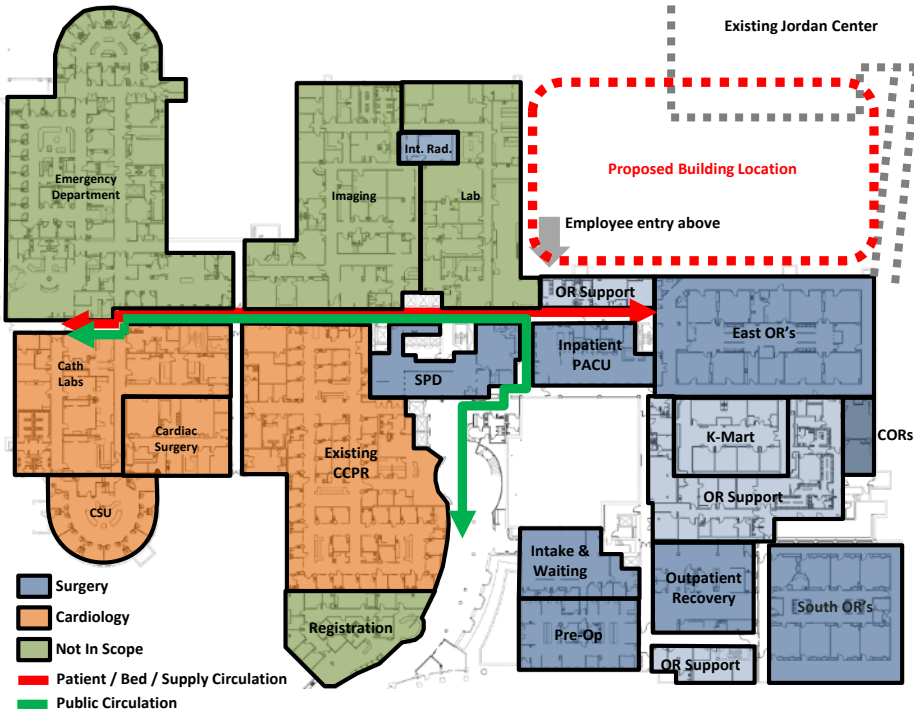


Perioperative Services Master Plan

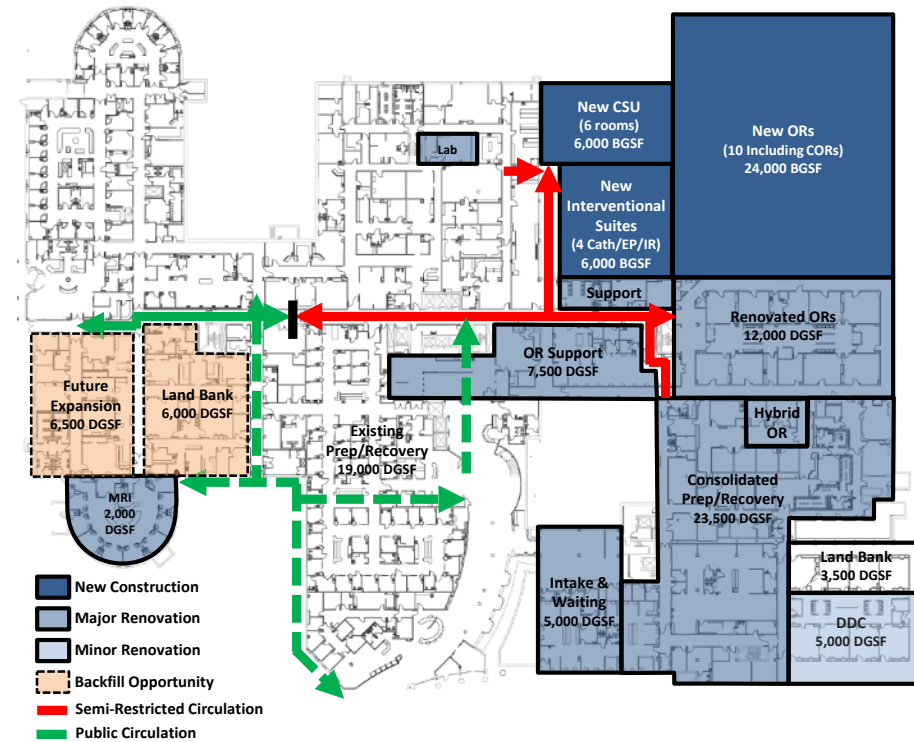
- Scope of the Master Plan
 - Replace 19 GOR's with 11 GOR's
 - Replace 7 Labs with 4 Labs
 - Replace 2 Cardiac OR's
- Constraints
 - \$75MM capital program
 - Original 1965-1990 Facility
 - Hospital Operations



Perioperative Services Master Plan



Existing Ground Floor - 2016



Proposed Ground Floor - 2016

Program's Team Structure

Steering Committee

- Sets overall project vision
- Arbiter of disagreements
- Executive/System engagement
- Ensures project vision remains constant
- Responsible for project budget and schedule

Oversight Committee

- Establishes Guiding Principles for the work
- Maintains consistency/coordination between user groups
- Reports to Steering Committee and other hospital structures
- Responsible for adhering to project scope and schedule

Patient/Process User Work Groups

- Includes front-line workers and subject matter experts
- Conducts majority of process improvement/concept design work
- Develop final recommendations for future state work-flows and concept design
- Report to Oversight Committee through chairpersons

General
Surgery

Cardiac
/Hybrid

Cardiac
Cath/IR

Prep/PACU
/Recovery

CSU

Lab

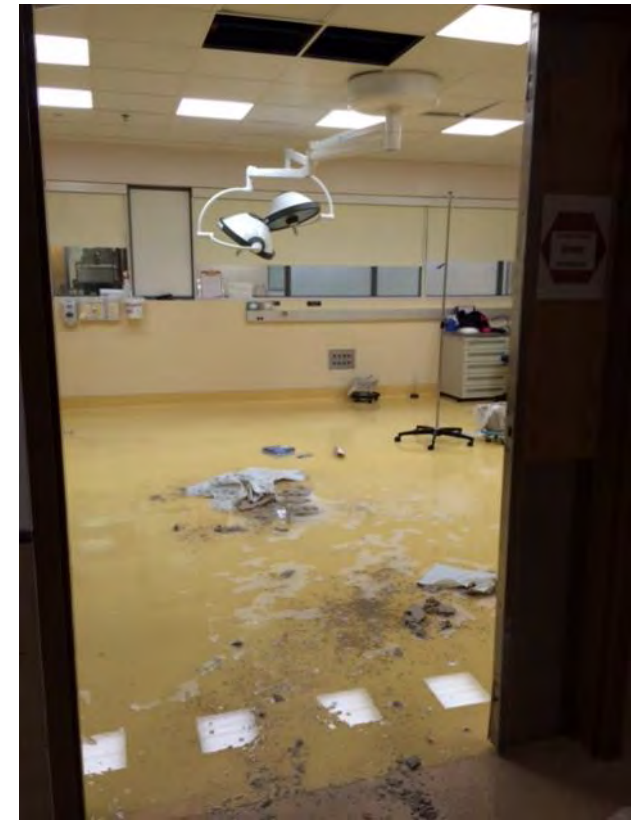
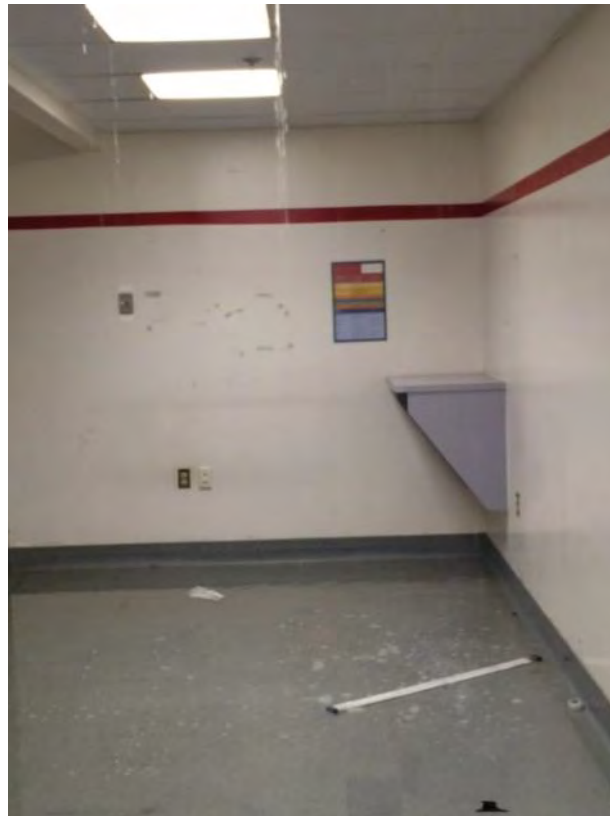
Imaging

Reg.

SPD/
Supplies

Flood Happens...

May 30th, 2016 – ¾” sprinkler plug in a 6” main bursts, and for 90 minutes water pours out above the main OR ceilings



Flood Impact



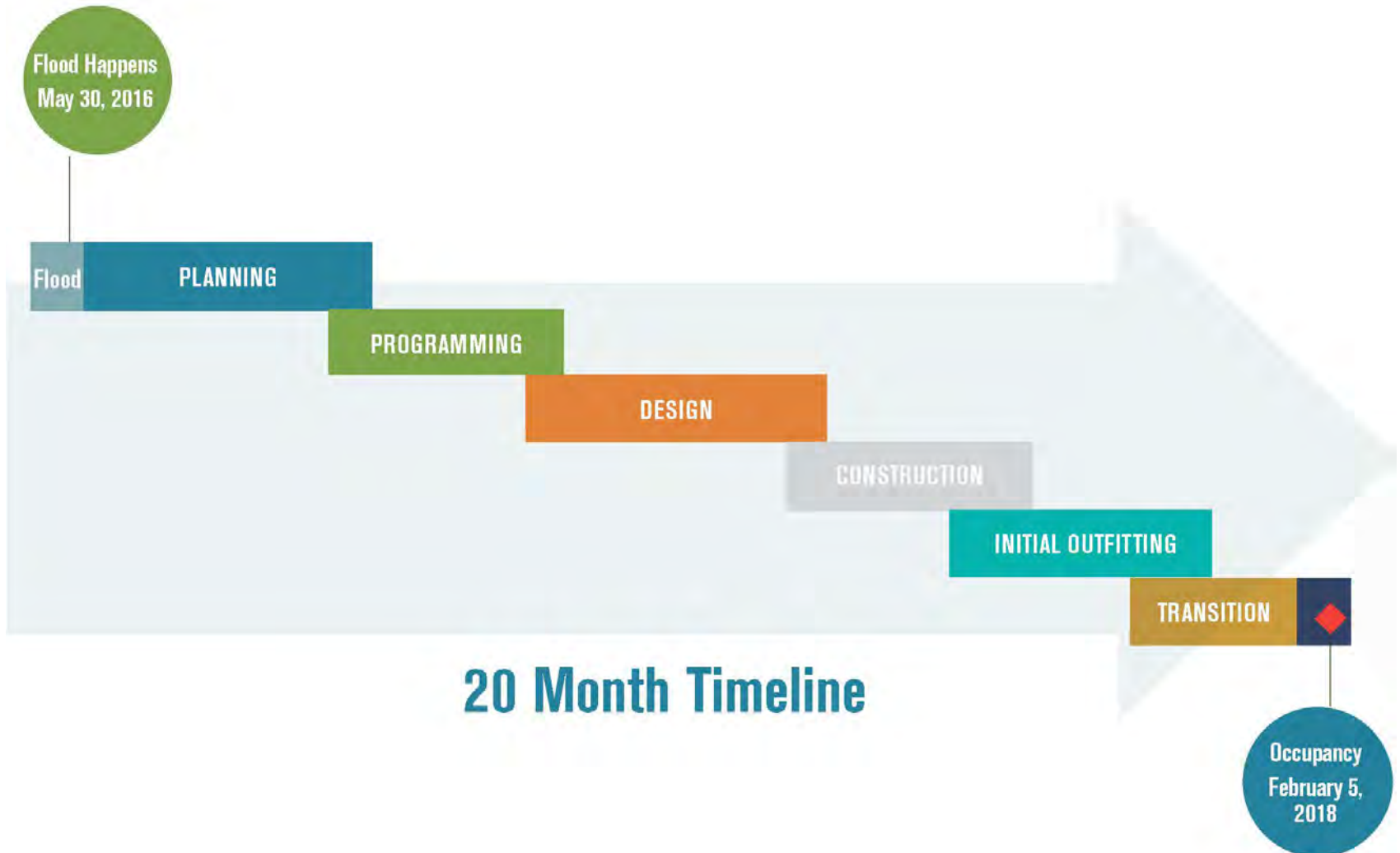
**APPROXIMATE AREA OF
OR FLOOD DAMAGE:
10,000 SF**

Phase 1 – East OR's & Hybrid OR

- 6 GOR's, a Hybrid OR and various support spaces



Life Cycle of the Project



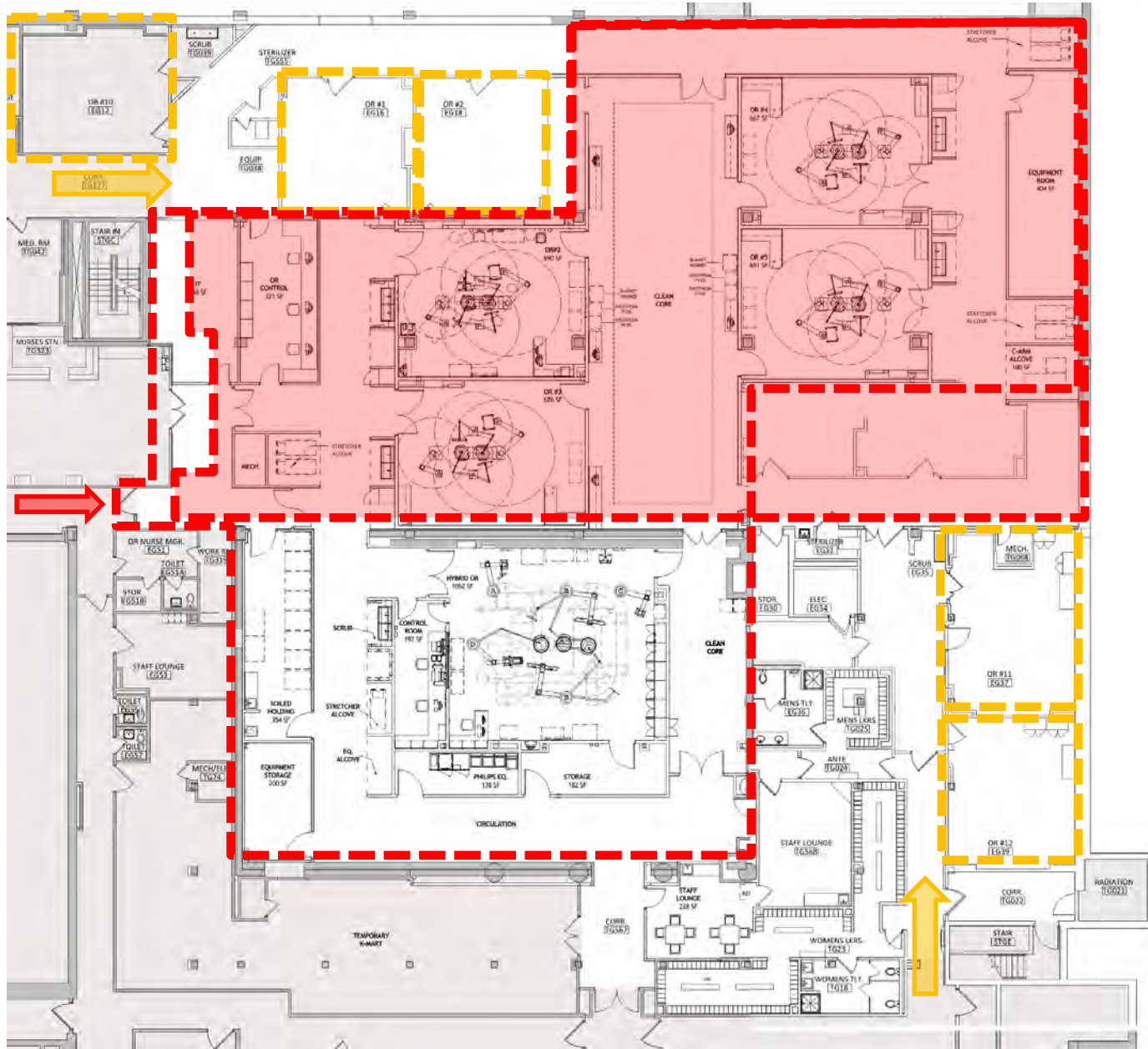
Existing Floor Plan



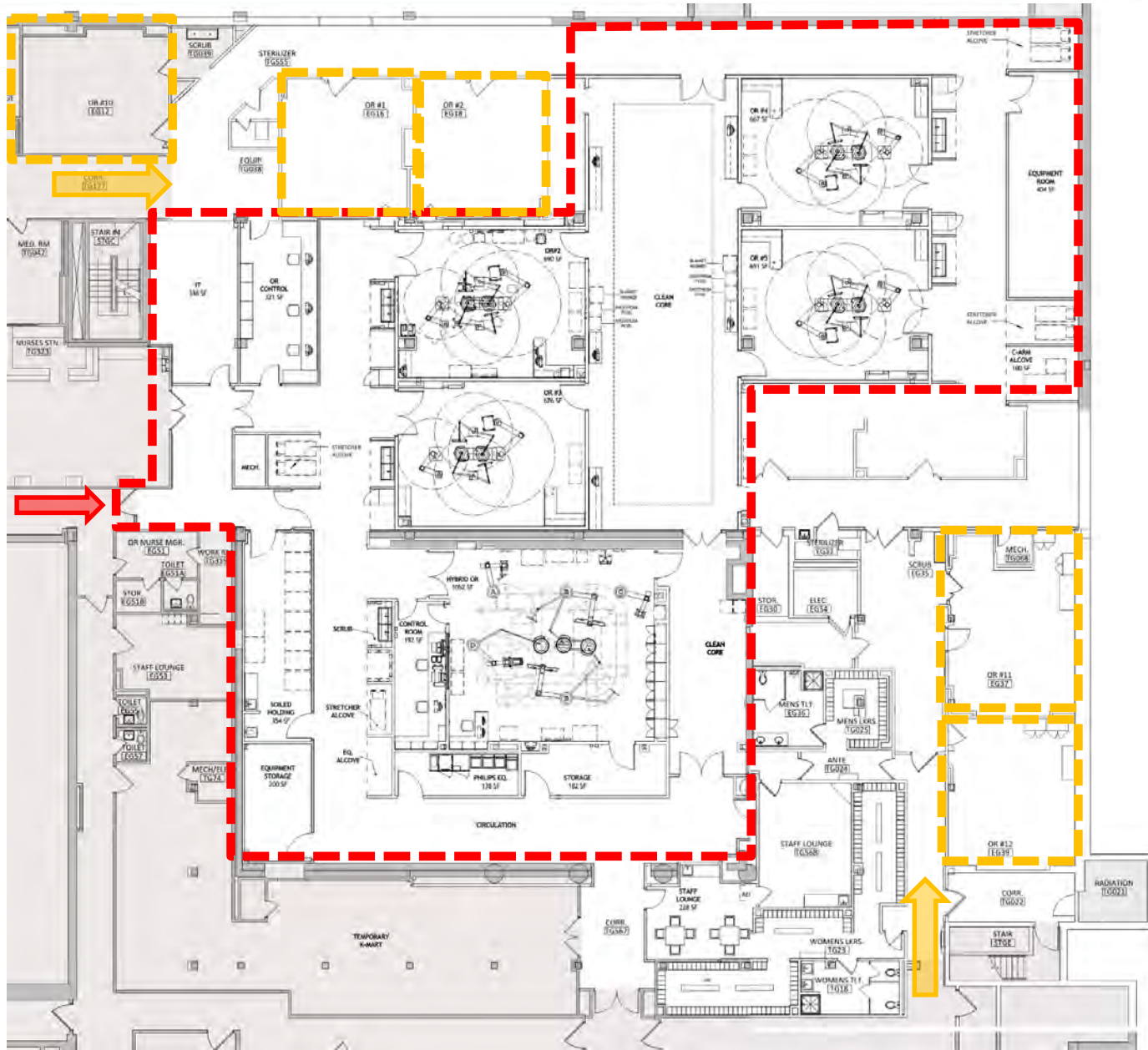
Flood Damage Area



Phase I



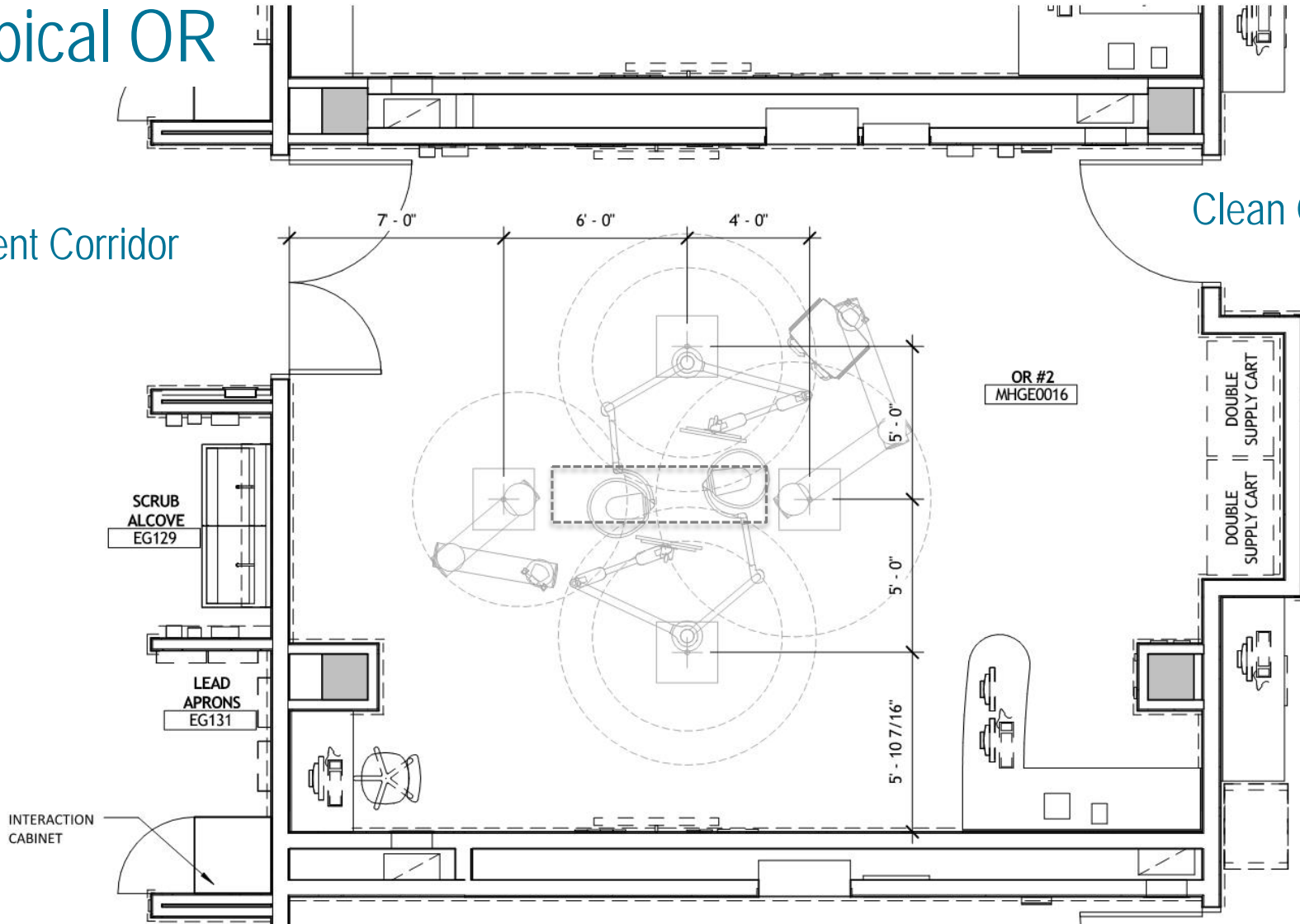
Phase I



Typical OR

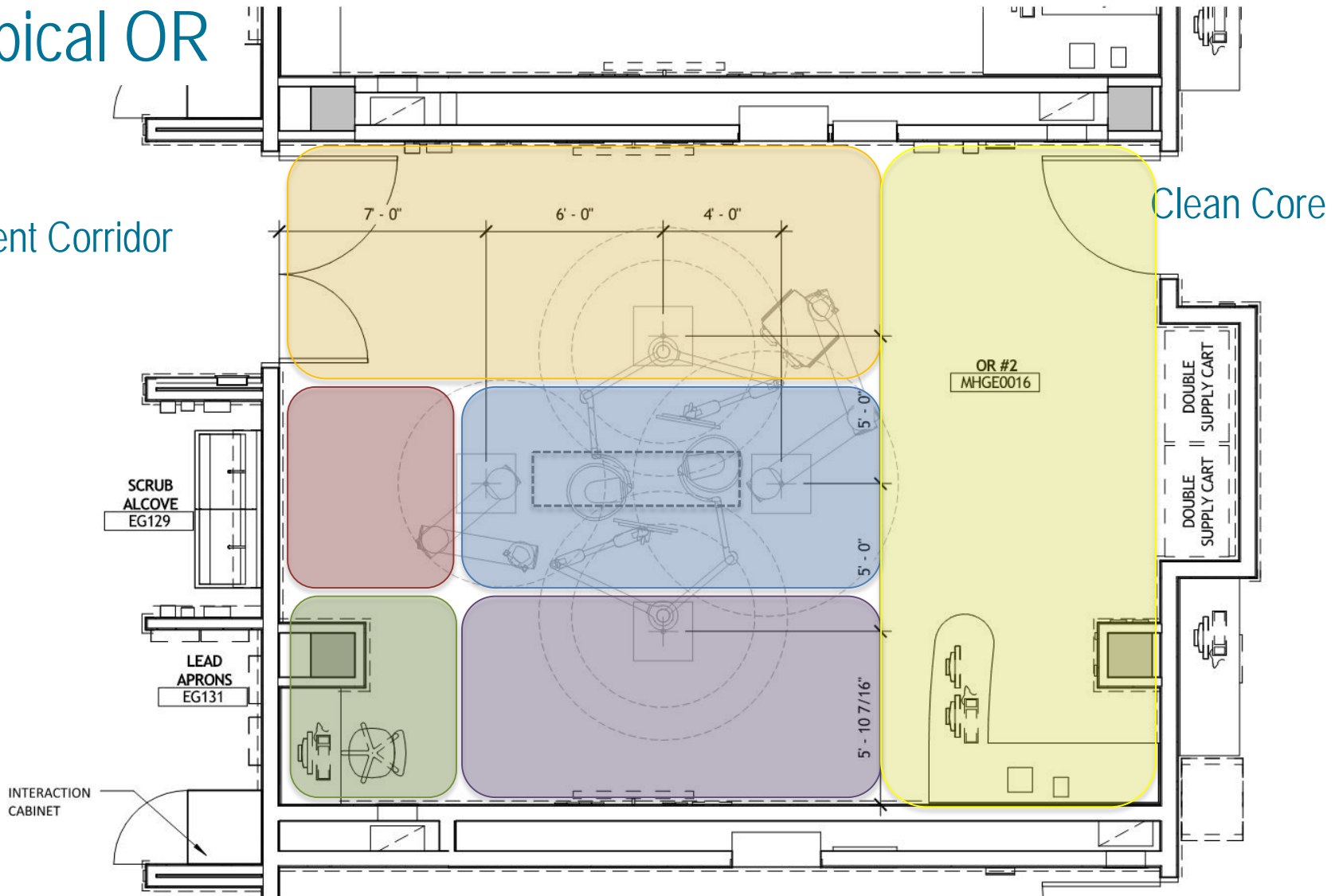
Patient Corridor

Clean Core



Typical OR

Patient Corridor



Innovative OR's in a Confined Space



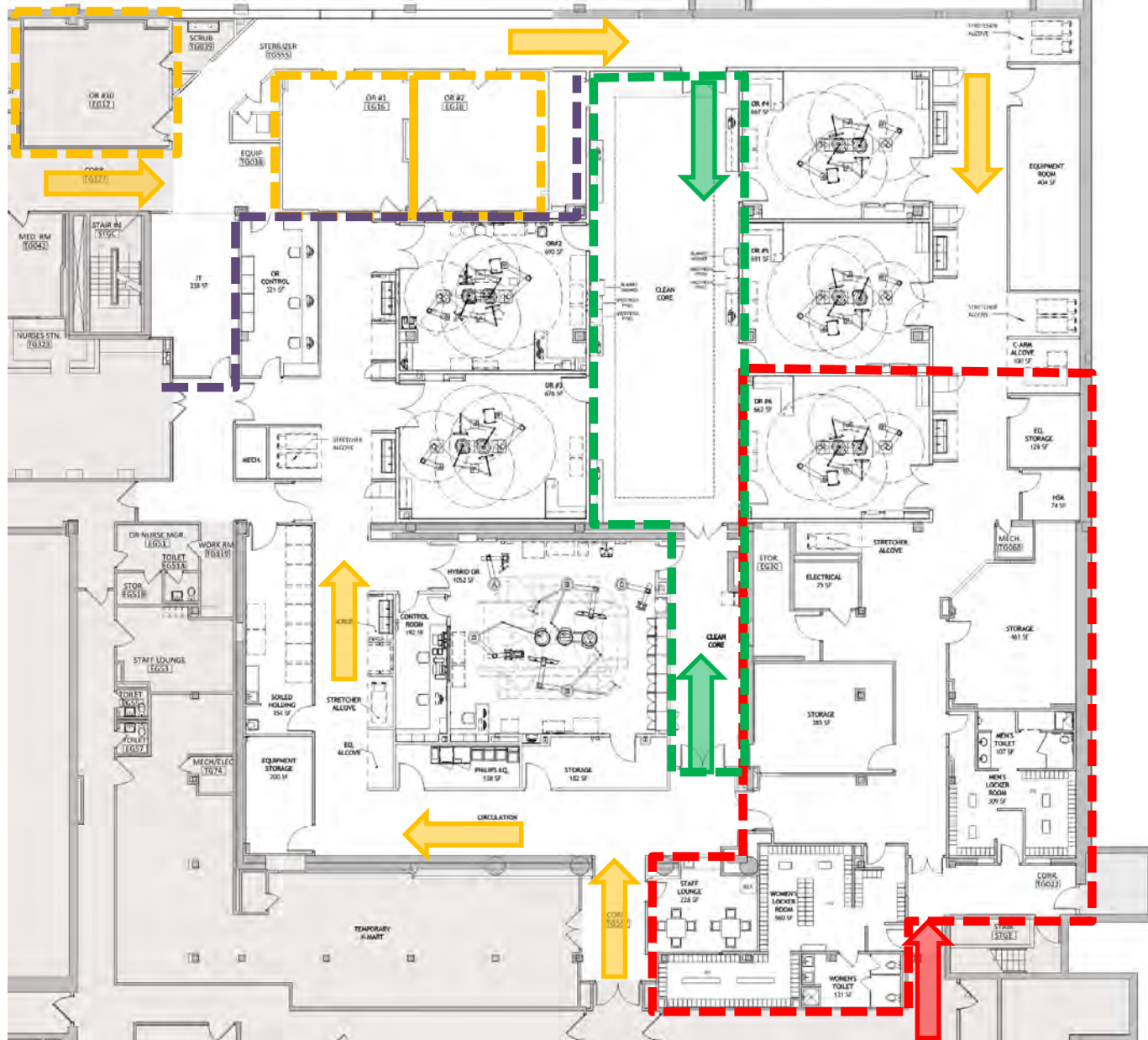
Innovative OR's in a Confined Space



Hybrid OR Special Construction



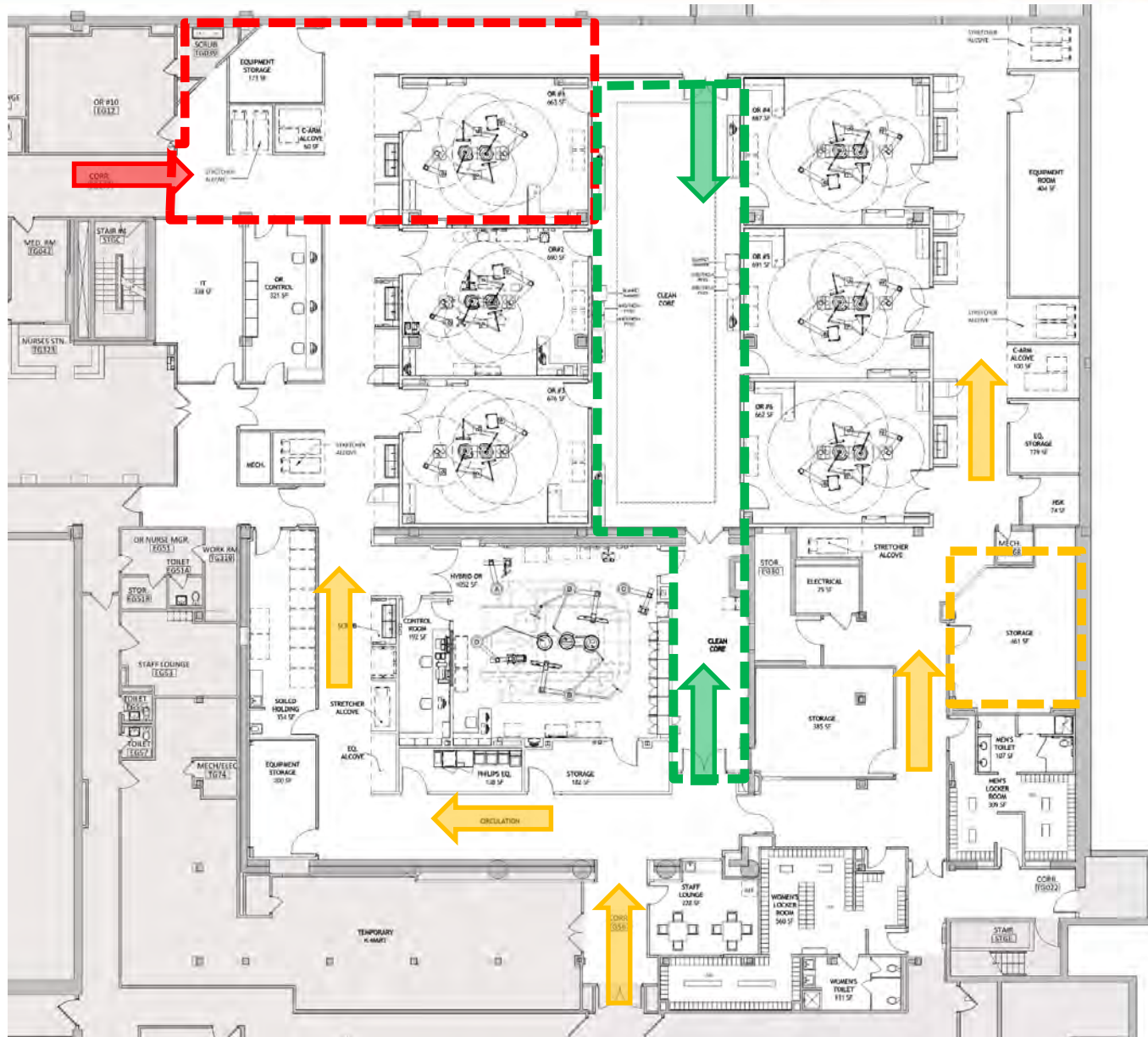
Phase 2



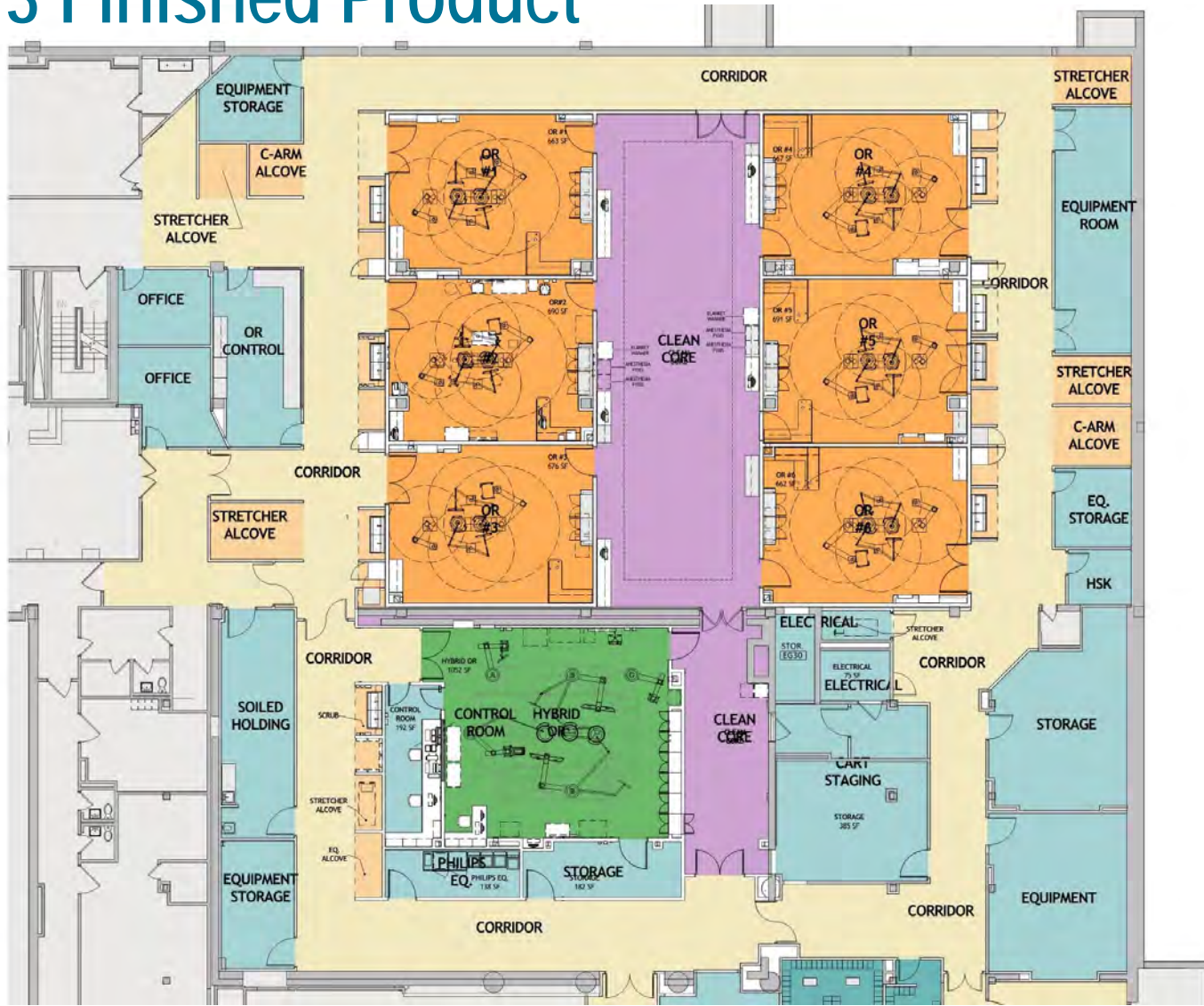
Staff Support Spaces



Phase 3



Phase 3 Finished Product





Life Cycle of the Project – Clinical Focus

ASSESS CURRENT STATE: 'BEST PRACTICE FOCUS'

WORKFLOW/PATIENT FLOW

EQUIPMENT EVALUATION: PURCHASE-REUSE

POST-DESIGN FACILITY - OPERATIONS MERGE

INTER-DEPARTMENTAL INTEGRATION

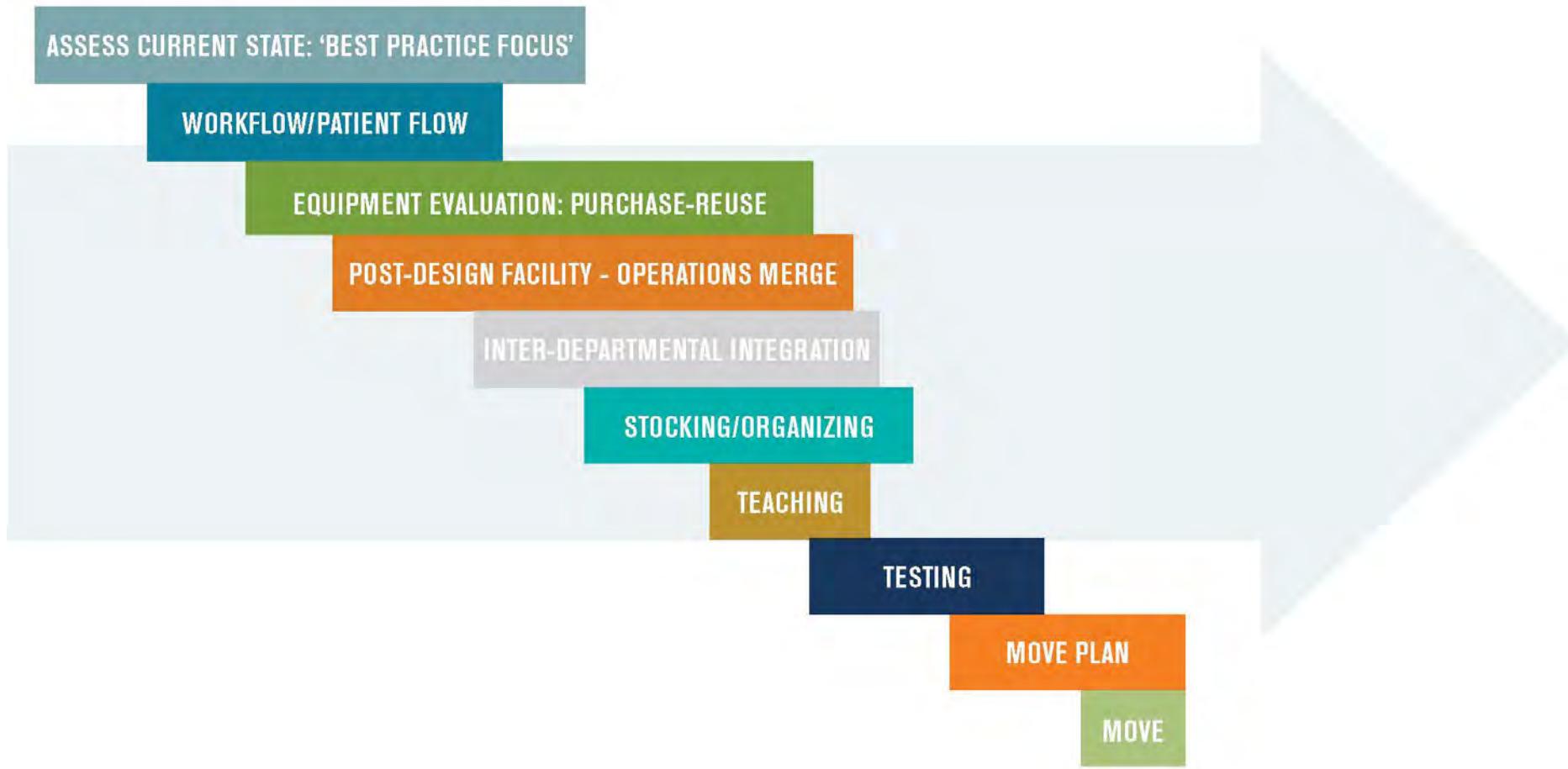
STOCKING/ORGANIZING

TEACHING

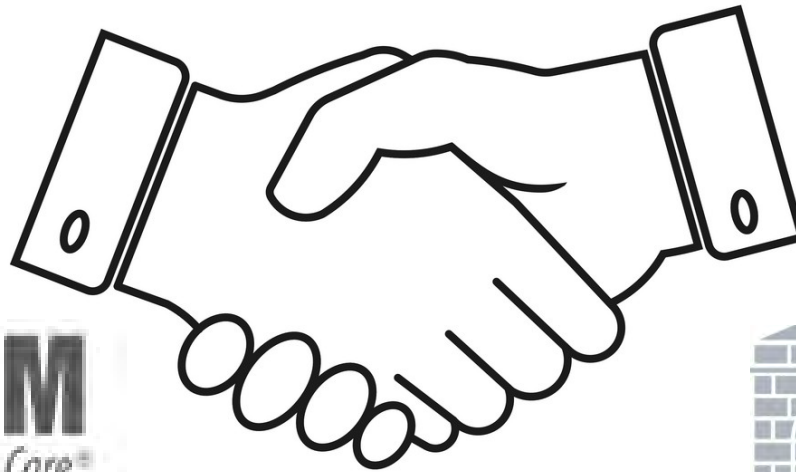
TESTING

MOVE PLAN

MOVE



Operations/Facility Integration



Day in the Life of a Care Delivery Team Operating Room – Workflow Redesign

| Time | RN | Scrub Tech | Equipment Tech | Critical Care Tech | Ortho Tech |
|--|---|--|--|--|---|
| Beginning of Day | <ul style="list-style-type: none"> - Staff to enter via locker room -To lounge to store lunches, etc. • Scrubs on; obtain protective gear from scrub room • Radiation badge pickup (if needed) by locker rooms <p>“Staff may clock in as early as 06:45 to do the following”</p> | <ul style="list-style-type: none"> - Staff to enter via locker room -To lounge to store lunches, etc. • Scrubs on; obtain protective gear from scrub room • Radiation badge pickup (if needed) by locker rooms • <p>“Staff may clock in as early as 06:45 to do the following”</p> | <ul style="list-style-type: none"> - Staff to enter via locker room -To lounge to store lunches, etc. • Scrubs on; obtain protective gear from scrub room • Radiation badge pickup (if needed) by locker rooms • <p>“Staff may clock in as early as 06:45 to do the following”</p> | <ul style="list-style-type: none"> - Staff to enter via locker room -To lounge to store lunches, etc. • Scrubs on; obtain protective gear from scrub room • Radiation badge pickup (if needed) by locker rooms • <p>“Staff may clock in as early as 06:30 to do the following”</p> | <ul style="list-style-type: none"> - Staff to enter via locker room -To lounge to store lunches, etc. • Scrubs on; obtain protective gear from scrub room • Radiation badge pickup (if needed) by locker rooms • <p>“Staff may clock in as early as 06:45 to do the following”</p> |
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| AM Room Prep / Patient Prep 0730 Case Start | <p>Report to room by 07:05</p> <p>-Assure room readiness/ safety checks:</p> <ul style="list-style-type: none"> • Coordinate checking function of equipment -Enter patient into OR integration / video towers -Set up Signature Series soothing sounds and pictures -Bring up call center -Bring up EPIC chart -Bring up supply stock station (Future) <p>Prep for Patient</p> <p>RN Pre-Visit Prep (See Handoff tool) – Initiate in OR and keep w/ chart until PACU handoff</p> <ul style="list-style-type: none"> • Review EPIC chart • H&P • Labs • Pregnancy • Confirm procedure / laterality • Clinical Clearances / consents • Greaseboard: Team names, date, patient name, allergies • Assure all supplies, equip, instruments present prior to patient entering the room • Pull meds • Check for specialty requests (Implants, sizers, etc.) each case to have own implant cart built by MR or supply chain w/ pink signs; Case cart pickers to marry this cart w/ case cart (1 of 2, 2 of 2) and locate together. First case carts to be in the room, next carts outside of room. • Perform Initial Instrument count using pre-labeled rolling count board | <p>Report to room by 07:05</p> <ul style="list-style-type: none"> • Obtain gown, gloves, pour bottle of sterile water, and suture from the CORE for each case • Begin to open sterile field (verify sterile indicators) <p>Communicate on pick list: open vs. non-open items for circulator</p> <ul style="list-style-type: none"> • Verify all supplies, instrumentation is present for case with team • Scrub for case by 7:10-7:15 • Perform Initial count <p>(After room is open –must remain scrubbed in with sterile field. The RN will communicate any needs or delays to team lead from Prep)</p> | <p>Pick up assignments-utilizing 24 hr Master Daily Schedule at OR Control desk</p> <p>6AM equip tech</p> <ul style="list-style-type: none"> • Performs safety checks - Lights - Beds - ESU foot pedals (assure in room and working) • Greaseboard information to include equip #s • Obtain Linen cart from Hybrid Hallway • Fresh rolling bin trash liner inserted daily / stored in clean utility <p>Pre-Case Prep</p> <ul style="list-style-type: none"> • Assure contents of case cart (check for supplies highlighted in yellow by SPD) and check for all needed instruments as discussed at morning report – obtain all that is missing via call center, or obtain items such as fluids in the core • Write equipment numbers for RN on greaseboard • Bring case cart into the room • Obtain and deliver staging/positioning equipment for the case into the room • Ensure bed/stretcher appropriateness • Locate case cart for next patient and bring to assigned location in front of room; verify case with preference card | <p>Final Master Daily Schedule printed by control desk to post in workroom – review with floor manager next day cases</p> <p>Receive assignment from workroom</p> <ul style="list-style-type: none"> • Write name on small white board • Perform routine Maintenance/safety check of anesthesia machines If required by anesthesiologist, obtain supplies for line set up, glide scope, etc. • Assist with intubation, blocks, line insertions as instructed | <p>Check morning assignments on master schedule</p> <ul style="list-style-type: none"> • Report to room by 07:05 • Obtain Gown and gloves for each case • Assist rooms in opening of sterile supplies/ instrumentation |
| During the Case | <p>Patient in room</p> <p>-Use Room in Use, Laser in Use, and X-Ray in Use signage / lights for every case. Room in Use will lock OR doors (access will be to manually open the large panel of the door)</p> <p>-Use room signage for open vs closed rooms</p> <p>-Perform Sign in w/ patient stating name, DOB, laterality, allergies, procedure</p> <p>-But the pre-incision time out with team will be via OR integration using EPIC timeout documentation screen; read procedure off surgical consent</p> <p>-Any requests for unexpected</p> | <p>Patient in room</p> <p>-Perform Sign in/timeout with team via OR Integration (WHO Timeout)</p> <p>-Case cart to remain in room during case – empty containers to stay in cart</p> <p>- Clean / unused supplies and sets to be kept covered in their gray bin or patient belonging bag, on the back table, away from the table</p> <p>-Use sterile water in a bowl to periodically wipe instruments to clean during the case. Sterile water on pref cards with no location as it is kept on the fluid carts</p> | <p>OR room duties/Patient in room</p> <ul style="list-style-type: none"> • Assist retrieving warm blankets and warm saline • Assist with patient positioning/prep as directed by RN <p>Prepare for next case:</p> <ul style="list-style-type: none"> • Obtain next case cart and place in designated area • Assure contents of next case cart (check for supplies highlighted in yellow by SPD) and check for all needed instruments as discussed at morning report – obtain all that is missing via call center, or obtain items such as | <p>Patient in room</p> <ul style="list-style-type: none"> • Assists with line placement • Assists with difficult intubations (GlideScope, etc.) • Assist with peripheral nerve blocks • Run to blood bank as needed | <p>Patient in room</p> <ul style="list-style-type: none"> • Assist with peripheral nerve blocks as needed |

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Perform initial instrument count using pre-labeled rolling count board

Use “Room in Use, Laser in Use, and X-Ray in Use” signage / lights for every case. Room in Use will lock OR doors (access will be to manually open the large panel of the door)

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Renovating 'in place' – *How to overcome old habits*

- Evidence-based care & design research
- Mock-ups
- Site Visits
- Dedicated clinical design team
 - Multi-disciplinary
 - Scheduled project development and teaching time for clinicians

The Effects of Different Noise Types on Heart Rate Variability in Men

Chang Sun Sim,¹ Joo Hyun Sung,¹ Sang Hyeon Cheon,² Jang Myung Lee,³ Jae Won Lee,⁴ and Jiho Lee¹

Departments of ¹Occupational and Environmental Medicine and ²Urology, Ulsan University Hospital, University of Ulsan College of Medicine, Ulsan;

³Department of Mechanical Engineering, University of Ulsan College of Engineering, Ulsan;

⁴Indoor Environment & Noise Research Division, National Institute of Environmental Research, Incheon, Korea.

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OCTOBER 2013
SPECIAL ISSUE

THE BIG IDEA
**The Strategy That Will
Fix Health Care**

Providers must lead the way in making value the overarching goal by Michael E. Porter and Thomas H. Lee



OR Supply Redesign – A Key Focus

Operations opportunity from facility disaster

Healthcare Industry

- \$11B savings opportunity if managed
- 50% of OR costs are consumable supplies
- Cost of storing excess inventory can equal up to 10% of the value of the inventory itself

UMSJMC Situation

- Pre-flood: No true inventory management, no par levels, no supply-chain FTEs for stocking, common stock-outs
- Loss of \$2.6M from the flood



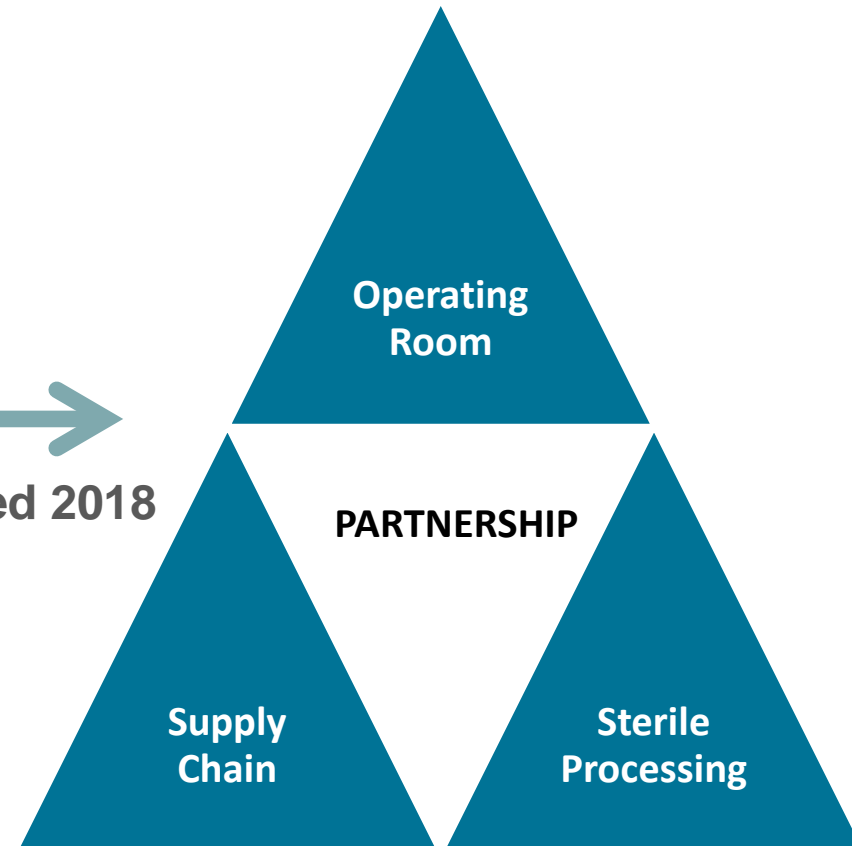
Strategic Facility Renovation *Encouraging Culture Shift*

Pre-Move

“Whenever we needed something we just ran over to K-mart and grabbed it”

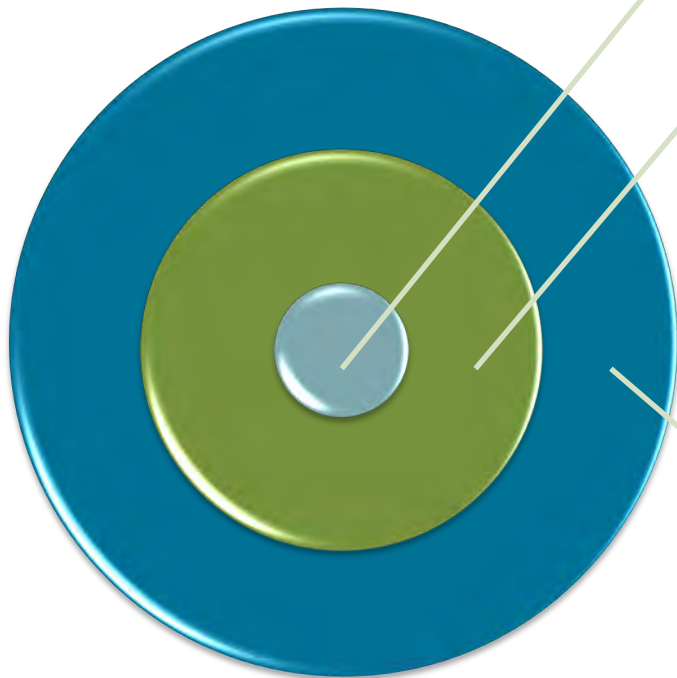


Established 2018



State-of-the-Art Supply Management *Post-Renovation*

Logistical Rings



Expected (in case-cart)

- Pre-planned preference card

Immediate need (in-room and core)

- Dropped, additional need, common request



Unexpected (SPD call center)

- Item not commonly used

Organized Supplies *Impact on Workflow*

Before



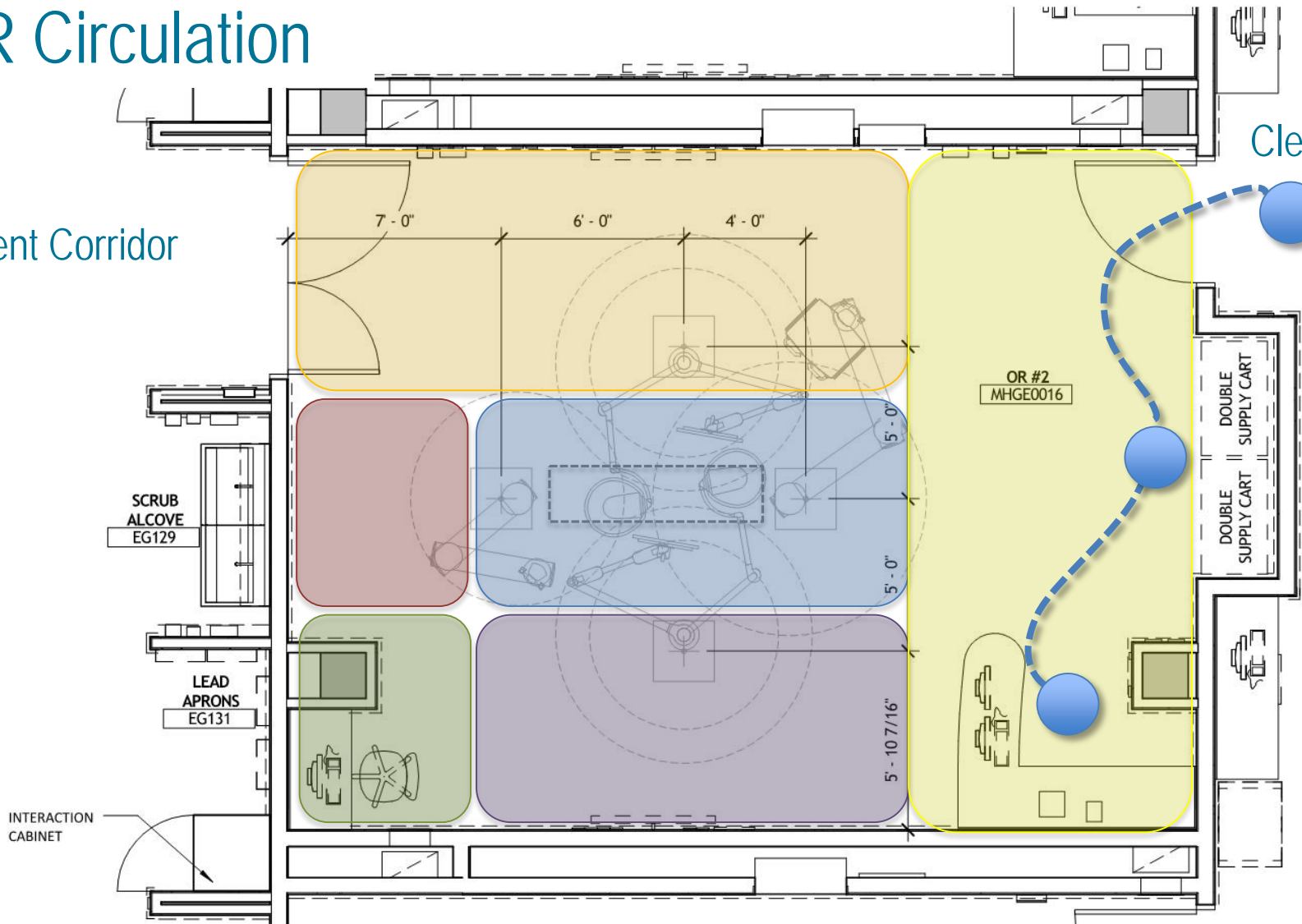
After



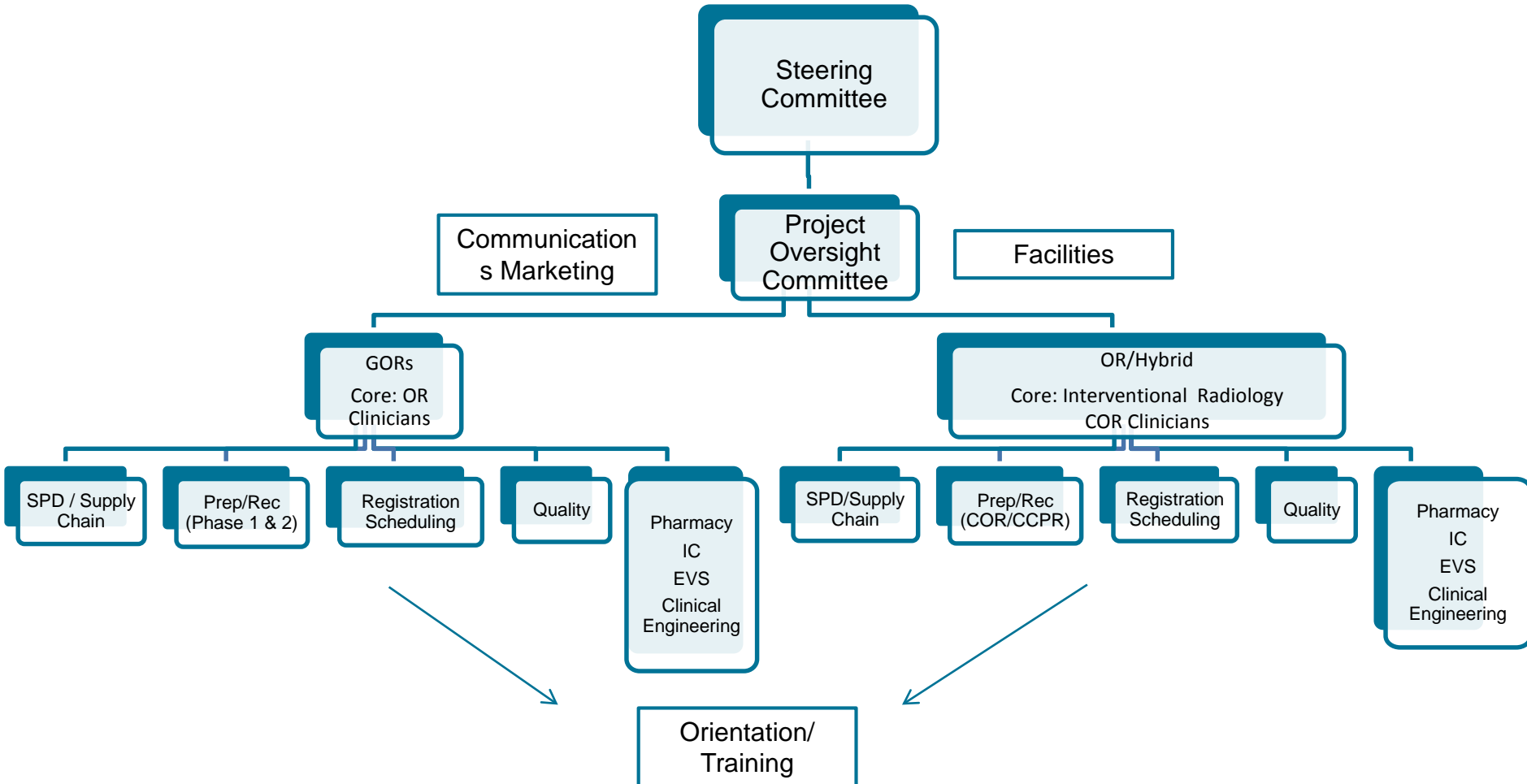
OR Circulation

Patient Corridor

Clean Core



East OR Transition Planning



Next Steps - Transition

- **OR Transition Team**
 - Educator
 - Manager
 - RNs (Team Leads)
 - PA/First Assist
 - Surgical Tech
 - Equipment/Turnover Tech
 - Anesthesia (Ad Hoc – Critical Care Tech, MD)
 - Surgeon (Ad Hoc)

| Team Focus | Target Dates |
|--|--------------|
| Establish Workplan / Timeline | |
| Equipment Purchase/Relocation Plan | |
| Patient / Staff Workflows (associated P&P and Documentation) <ul style="list-style-type: none"> • Patient flow (Pre-Intra-Post); Data/ Documentation Flow • Anesthesia Workflow • Radiology Workflow • Case Cart Flow (SPD – Instruments) • Staff Assignments – CN/RN/Techs | |
| Inter-Dept Integration / Workflow (Pharmacy / EVS – EX. Trash Flow) Information technology / communication plan | |
| Supply Flow / Par Levels * OR Room, CORE, Control Room, Call-Center Role | |
| Individual Dept Project Completion (Ex. Suture re-organization; TAVR Program Design) | |
| Room Set-Up | |
| Training Planning | |
| Dry Run – Move Plan | |



Move Plan

- **Establishing the Calendar is key**
 - Tours (Intra-Inter Department)
 - Education Sessions
 - Workflow
 - Equipment
 - Scavenger Hunts
 - Establishing the **Red-Line**
 - Equipping/Stocking
 - Dry Run
 - 1st Patient

*Time is Ticking...
We are on the Move*

- Opening Target Date
 - February 1, 2018
- 72 Days Until Construction Turn Over (11/30/17)
- 102 Days Until Large Equipment Install (12/1 to 12/31/17)
- **117 Working Days!!!**



11/4/2018

- ➔ **Equipment Install**
- ➔ **Vendor/New Equipment Training**

- Terminal Clean –*
RED LINE

- ➔ **Supply Stock**
- ➔ **OR Training: Day-in-the-Life Patient Flow Scavenger Hunts**
- ➔ **Support Depts (Customized Tours/Scavenger Hunts)**
- ➔ **Code Team Walk-Thru**

| ◀ December | | January 2018 | | | | | February ▶ |
|--|--|--|--|---|---|--|------------|
| Sun | Mon | Tue | Wed | Thu | Fri | Sat | |
| | 1 New Year's Day  EVS E1, 2, 10 Terminal Clean | 2 Create Equip Locations E/S 9-11 Hybrid <ul style="list-style-type: none"> Supply Process TAVR Workflow 130-330 GOR <ul style="list-style-type: none"> EVS Review Training Plan GOR and Crit Care Tech | 3 630-830am STERIS Trainer STERIS 9am-645 (1 hr sessions) INTERCOM 9a-645pm (30 min sessions) | 4 GOR Retreat <ul style="list-style-type: none"> RN Supervisors Day-in-the-life – Training Plan scripting / staff review STERIS 9a-645 (1 hr sessions) INTERCOM 9a-645pm | 5 INTERCOM 630a-8am (30 min) 7-730; 730-8am Case Cart Flow: VIRTUAL CLOSED (SA) STERIS 7a-645pm (1 hr sessions) | | |
| 7 | 8 730-930 STERIS Trainer STERIS 330-630 (30 min sessions – NON-RN) INTERCOM TBD | 9 630-830 STERIS Trainer STERIS 330-630 (30 min sessions – NON-RN) 9-11 Hybrid <ul style="list-style-type: none"> TAVR Walk-Thru Training Plan Scripting 130-330 GOR 430-8pm Foundation Tours – EVS POST CLEAN | 10 830-1030 STERIS Trainer IR 1-300pm STERIS Trainer STERIS 330-630 (30 min sessions – NON-RN) | 11 STERIS 330-630 (30 min sessions – NON-RN) INTERCOM ADDITIONAL EDWARDS TRAINING 630-830 GOR Retreat <ul style="list-style-type: none"> Training Plan | 12 7-8am GOR: Call Center Process INTERCOM ADDITIONAL End of Day -Sterilizer Move to begin HCM Tour Hybrid Room Complete | 13 Sterilizer Move | |
| 14 Sterilizer Move Complete – EVS Terminal Clean | 15 Blanket Warmer Install 2-3pm GOR: Call Center Process / East OR Stock Plan Ice Machine INSTALL | 16 9-10 Hybrid STERIS 2-300 Hybrid STERIS 9-11 Hybrid <ul style="list-style-type: none"> East Prep Dry Run Prep 130-330 GOR 315-4pm Operating Board Tour EVS OVERNITE TERMINAL CLEAN | 17 RED LINE ESTABLISHED CORE / ROOM STOCK | 18 (630-8am) GOR Group 1; Part 1 (10) GOR Group 2; Part 1 (10) ORTHO Tech 630-8am STERIS PHYSICIAN/ANESTHESIA 730-830am GOR Retreat CORE / ROOM STOCK | 19 (630-8am) GOR Group 3; Part 1 (10) GOR Group 4; Part 1 (10) HYBRID ROOM ORI COMPLETE | 20 | |
| 21 | 22 GOR Evening Group Part 1 1-230 Departmental Tours: 9-930; 930-10; 10-1030; 1030-11 230-3; 3-330; 330-4pm 5pm PCC Tour : LM | 23 630a ORTHO Vendor Training Hybrid-Mock Case 7am Departmental Tours: 9-930; 930-10; 10-1030; 1030-11 Critical Care Tech (DW/LK) 330-430 | 24 GOR Evening Group Part 2- 1-230 Equip Tech Day-in-the-Life / EastOR 230-430pm | 25 (630-8am) GOR Group 1; Part 2 GOR Group 2; Part 2 STERIS PHYSICIAN/ANESTHESIA 730-830am GOR DRY RUN 9AM + HCM | 26 (630-8am) GOR Group 3; Part 2 (10) GOR Group 3; Part 2 (10) ANESTHESIA Walk-Thru 30 minTBD (7-8) | 27 Total Staff Educated (60) | |
| 28 | 29 HCM Photo Shoot – need EVS post-clean Departmental Tours: 9-930; 930-10; 10-1030; 1030-11 230-3; 3-330; 330-4pm | 30 PHILIPS Pre-Training 8-12N; 1-4pm CCL/IR 9-11 Hybrid <ul style="list-style-type: none"> East Prep 130-330 GOR <ul style="list-style-type: none"> East Prep | 31 BLOOD FRIDGE ETA PHILIPS Pre-Training 730-1130, GOR/COR/CCL 1230-2p, 2-330pm, 330-5pm, EVS 5-530pm | NOTES: | | | |

Dry Run Checklist

| | |
|--|-----|
| General Flow Issues / Communication | ✓ + |
| Turnaround Times/ Response Times / Timing of Care Issues | ✓ - |
| Equipment and Supply Issues | X |
| Personnel / Staffing Issues | ✓ |
| Policies and Procedures / Documentation | |
| Patient and Family Logistics | |
| Ancillary Service Support: | |
| <ul style="list-style-type: none"> Laboratory / pathology Blood bank | |
| Code / Rapid Response Team | |

Behind the Scenes

Transition Team
BOC
Blood Bank
Clinical Engineering
EPIC
Facilities
I.T.
PACs/ Radiology
Pharmacy
Philips Support
Scheduling / Posting
SPD
STERIS Support
Supply Chain

On Stage

Evaluators
Anesthesia / Cardiac
Anesthesia
Critical Care Tech
Call Center / Runner
Cardiology
Lab Staff
Surgical Liaison
Noninvasive Cardiology (ECHO)
CCL RN, Scrub, Tech
COR RN, Scrub
OR CN, RN & Scrub Tech
ORTHO Tech
PACU RN, CN, Tech, Secretary
Pathologist
Patient
Perfusion
Preop RN, Tech, Secretary
Surgeon(s)
Waiting Room Staff
Code Blue Team
EPIC Needs
STERIS Support
Radiology



TAVR Dry Run

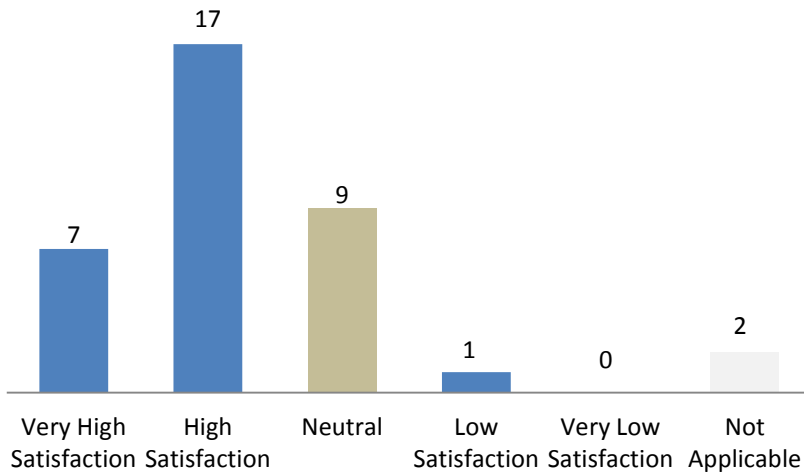


What can you learn?

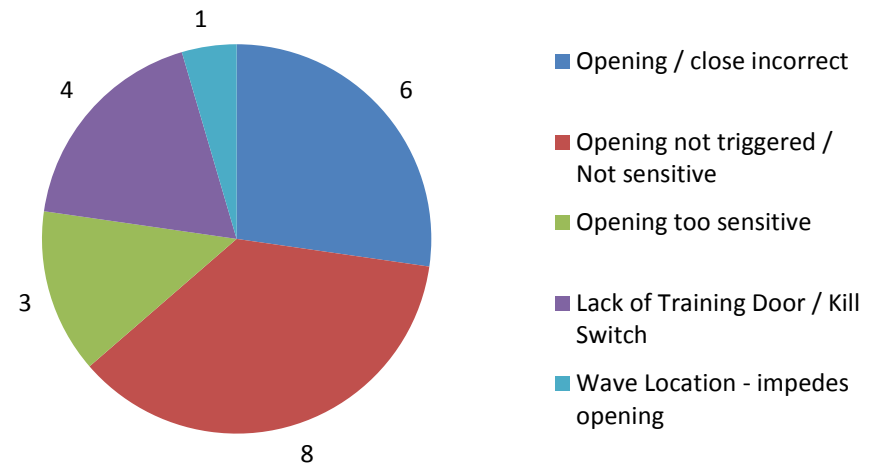
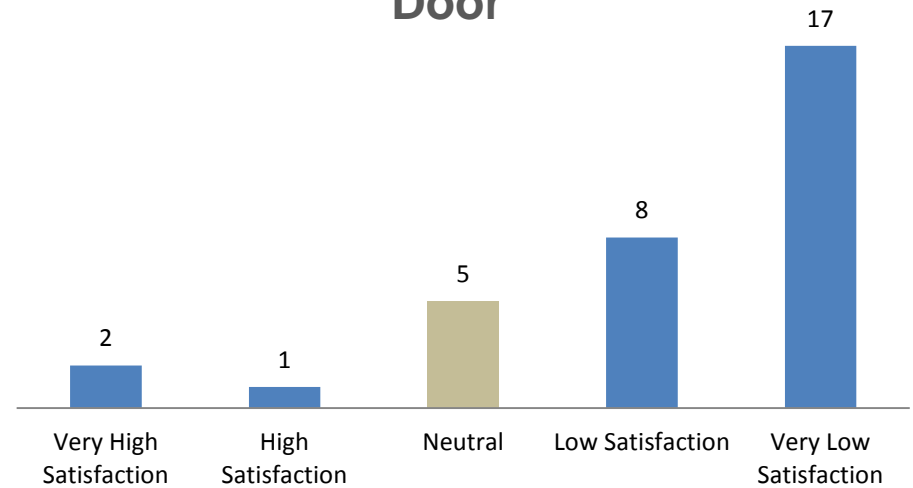
Post-Occupancy Survey

- 55 questions
- 36 respondents

RN Desk: Location



Automatic Operation: Corridor Door



Lessons Learned

- Auto operators
- Intercom
- Wall Gases
- Green lights
- Equipment Boom
 - Reach
 - Movement



Do not underestimate the value of training!!

Success Stories

- Room Size
- OR Integration
- Nursing Workstations
- Physician Workstations
- Supply Management
- Booms





QUESTIONS?