

UNIT DESCRIPTION — Emergency Department

Old Unit description

The existing unit was a 25-bed level 2 Trauma Center rectangular racetrack design with long site lines down hallways with open nursing areas in the middle. Overflow was a constant issue in the old unit due to the decades old previous design. The access to the Trauma rooms was also hindered by the random additions of waiting room space over the lifetime of the unit. Rapid population of an underserved community extended the capability of this ER well beyond it's intended use.

Access to PPE was always compromised when accommodating hallway patients (which happened on a daily basis). Supply rooms were not adequately located, and work-flow optimization was a constant challenge due to the physical layout of the department. Privacy was almost non-existent.



This new emergency department addition was a complete new construction which had no impact on the existing ER or facility. It is a full function all service Level 2 Trauma emergency department. The original design goals which were communicated 5 years ago at master planning, were as follows:

1. To localize/de-centralize nursing/team workstations
2. Optimize workflow by reducing travel distances between supply and patient rooms.
3. Accommodate surge and overflow populations when needed.
4. Locate Trauma Rooms for immediate access upon entering the Ambulance area without having to navigate waiting space.
5. Create a dedicate area for Behavioral Health (BH) patients

The post occupancy evaluation objective is to understand if this design which was originally planned five years ago would meet the current needs or flexibility workflow and surge capacity.

Post design challenges:

- Two years ago, a new Interstate intersection was approved as recently began construction and with the accompanying development will increase ER visits by and estimated 20% more than the original plan had anticipated.
- Due to the anticipated higher volume, BH rooms were cut back
- Staff changes and staff shortages showed that an estimated 50% of the original design team is no longer there.
- Staff to patient ratios have fallen form 1:2/3 to 1:5/6