

## TABLE WORKSHEET EXAMPLE — Emergency Department

1. **Unit type:** Emergency Department

2. **Roles at the table**

Need 1 charge nurse, 1 Emergency Management coordinator, 1 Facilities Manager.

Interviewees would be a discharged long hold cardiac patient who waited 12 hours to be moved to the ICU, and parent of a middle-schooler who presented with a broken arm from a sports injury.

3. **Design goals:**

- a. To localize/de-centralize nursing/team workstations.
- b. Optimizing inventory control at the bedside to avoid “hoarding” of supplies.
- c. Optimize workflow by reducing travel distances between supply and patient rooms.
- d. Accommodate surge and overflow populations when needed.
- e. Locate Trauma Rooms for immediate access upon entering the Ambulance area without having to navigate waiting space.
- f. To accommodate overflow from ICU and Med Surge, up to 24 hours.
- g. Create a dedicate area for Behavioral Health (BH) patients.

4. Key workflows to match the new design - just the title not a full description:

How well did the new design meet the criteria stated above specifically relating to workflow?

5. **Challenges to address:**

- a. 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.
- b. Due to the anticipated higher volume, BH rooms were cut back
- c. Staff changes and staff shortages showed that an estimated 50% of the original design team is no longer there.
- d. Staff to patient ratios have fallen form 1:2/3 to 1:5/6

6. **Elements to evaluate for the POE:**

- a. Does the unit design balance patient privacy with appropriate safety features such as: handrails to washroom, staff sight lines to patient beds and staff access to PPE at the point of care?

- b. Is the workflow of the unit substantially distributed across the unit or are providers backtracking to get supplies?
- c. Does the layout support the team to function in an integrated manner with nursing and allied health providers working as a fully integrated team?
- d. Is there enough space to accommodate surge populations/overflow?
- e. Is equipment management/room layout sufficient to allow any meaningful infection control cleaning between patients?

## **7. Methods used to gather data:**

- a. Observation provided by staff (bedside caregivers, not administration) working in the space.
- b. Interviews of previous patients who were treated in the new ED.
- c. Inventory costs based on before and after date based on the average per room.

## **8. Potential Survey Questions:**

### **A) Space adequacy**

1. Describe any challenges you have experienced due to the size of the patient room.
2. Are there any areas in the room that get crowded, cluttered, or result in a bottleneck (i.e., high traffic areas)? Describe.
3. Is there enough space to accommodate all the people and movements required in the room? If not, explain specifically what is challenging.
4. Are there sufficient tools in place to manage a par level of inventory and to avoid/discourage hoarding of supplies in the patient rooms?

### **B) Layout and general opinion**

1. If you could rearrange the unit (e.g., items, equipment, furniture, walls) in any way (e.g., to be more efficient), would you? Why/how so?
2. Do you find the location of any items (e.g., supplies, equipment) difficult to access or too far away? Describe what/where.
3. Do you ever have to cut corners (i.e., policy) to improve efficiency because items are too far away?
4. What do you like best about working in this space?
5. What is the most frustrating about working in this space?

### **C) Patient and Staff safety**

1. Describe any challenges you have monitoring patients in this space while completing necessary tasks.
2. Describe any challenges you have accessing the patient in this space.
3. Describe any challenges you have getting critical equipment (i.e., ventilators, pumps) close to the patient to connect and provide care.

4. Is there adequate PPE available at the point of care (both in the room and alternate care locations where overflow patients may be accommodated) to support compliance with infection control initiatives?
5. Describe the availability of providing a secure space for BH patients.
6. Comment on the ability to SAFELY manage overflow patients and what alternate care locations were defined within the ED footprint.

## **Evaluator Observations**

1. Bumps (e.g., into equipment/furniture, between people)
2. Long distances to walk
3. Communication spaces both quiet and group for various groups of providers
4. Clutter and ability to adequately clean work surfaces
5. Tripping hazards
6. Access to PPE and the ability to clean rooms between patients.
7. Wasted/unusable space
8. Ergonomic risk factors (e.g., awkward postures, such as bending, twisting, access to med-gas and electrical outlets)

## **Patient/Family Focus Group**

1. Is there enough space to move throughout the room without tripping or bumping into anything? If not, explain.
2. Is there enough space for visitors? If not, explain what you would change.
3. Do you feel that you have privacy in this space? If not, explain.
4. What would you change about the design of this space if you could change anything?
5. Describe how easily you were able to find your way to the unit using the directional signs or public access points provided in the hospital.

## **9. 2 – 3 Key findings to report**

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