

UNIT DESCRIPTION — Orthopedic Surgical Unit

Original Unit

The setting was an adult surgical orthopedic inpatient unit at a community hospital situated in the central region of the United States. The old unit was configured in a racetrack arrangement around a centralized nurse station with support spaces located within the core. Almost all (80%) of the patient rooms were double occupancy, with one inboard toilet shared between two patients.

The original unit preceded the development of an electronic health record system and therefore there was no accommodation for documentation alcoves or Workstations on Wheels (WOWs). The elevator core was located at the end of the unit and there was no separate of front and back of house circulation flows.

Allied Health staff (physiotherapy, rehabilitation therapy) were not accommodated on the unit, there was no available workspace for any other team members than the direct care team. All rehabilitation activities occurred on a separate floor of the facility and patients were required to be portered to the treatment spaces.

New Facility

Features of the new design included decentralized nurse stations, three separate neighborhoods (A, B, and C), and 31 single occupancy patient rooms with inboard toilets. It is expected that the new unit will serve the same population - adults and older adults admitted for a short inpatient stay following orthopedic surgery. Patients requiring a longer inpatient rehabilitation therapy stay will be transferred to an adjacent rehabilitation therapy center nearby.

Each neighborhood of patient rooms is configured in across a mix of centralized and decentralized operational functions grouped around the three care team bases supported by a double barrel corridor. The design intent was to provide easy access to spaces and supplies necessary to carry out daily care. The three neighborhoods were designed to operate as one unit where cross teamwork and communication might occur.

Design goals

- Introduce single occupancy rooms on to a surgical floor with safe access to ensuite washrooms
- Provide a separation of front of house (public) and back of house (service/patients) flows on to and from the unit
- Integrate rehabilitation services on to the unit
- Pull nursing services closer to the patient's bedside by distributing care team bases, medication rooms and supplies
- Provide an improved patient centred environment that will result in improved health outcomes and patient and family satisfaction levels.

Unexpected Occurrences post design:

- Administration leadership decided that the role of the allied therapists would be more outpatient focused (most staff were relocated to the nearby rehab facility); therefore, the presence of rehabilitation services was reduced on the inpatient units over the course of the project
- Budget cutbacks and space was reduced by 15% during the design process
- New electronic health record strategy was introduced (workstation on wheels)