

TABLE WORKSHEET EXAMPLE — Med / Surg

1. **Unit type** _Medical - Surgical Unit 31 Bed unit with 17 and 14 beds along double corridor with services located centrally.
2. **Roles at the table** - need 1-2 direct care nurses, one physiotherapist or rehabilitation worker, one hospital administrator, interviewers and would include a patient and/or family member
3. **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.
4. **Key workflows to match the new design:**
 - Each patient room to have privacy and confidentiality and provide staff line of sight from hallway to head of bed when staff at doorway.
 - Staff will work in three separate teams across the unit with supplies and medication nearby
 - Staff have access to a care team base that allows for documentation and confidential conversation
5. **Challenges or curve balls to address:**
 - 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)
6. **Elements to evaluate for the POE:**
 - Does the unit design balance patient privacy with appropriate safety features such as: handrails to washroom, staff sight lines to patient beds?
 - Is the workflow of the unit substantially distributed across the unit or are providers backtracking to get supplies?
 - Does the layout support the team to function in an integrated manner with nursing and allied health providers working as a fully integrated team?
7. **Methods used to gather data** (see below)
8. **Results from the selected methods – 2 – 3 key points**
 - Recommend staff survey on space adequacy, layout of the unit and patient safety
 - Evaluators walk through of unit
 - Patient/Family focus group

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.

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 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.

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
5. Tripping hazards
6. Wasted/unusable space
7. Ergonomic risk factors (e.g., awkward postures, such as bending, twisting)

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

- Providing dual access to room such as medication and soiled utility would improve access from both corridors
- Standardized rooms with hand hygiene sink improved infection control practices
- Ability to view the head of the bed from the doorway and communicate with the patient improved overall care delivery
- Rehabilitation spaces while provided on both ends of the unit were too small to allow for robust rehabilitation services and basically served as storage for equipment
- Distributed medication room and care team bases allow for teamwork, but equipment was not fully distributed, so staff still needed to travel across the unit e.g. Comfort Cart only in C care team base, standing scale only in B care team base.
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