NIHD Nursing Institute for Healthcare Design

LEADERSHIP • EDUCATION • ADVOCACY

Shaping the future of healthcare environments through clinical and inter-professional leadership.

Case Study:

A 300-bed community replacement hospital is planned to be opened in 6 years in a suburban area. This will be the first hospital this system has built in 40 years. The organization has developed guiding principles and identified design elements they would like to incorporate into the planning.

Guiding Principles:

1. Embody evidence-based practices that will span the lifecycle of the building
2. Accommodate future inpatient growth to meet regional catchment and beyond
3. Provide standardization of patient rooms and unit design to contribute to medical safety, future flexibility and staff efficiency
4. Provide a highly integrated and progressive technologies to provide seamless patient care
5. Maintain relationship with nearby medical schools to provide academic relationships and residency/fellowship programs

NIHD Nursing Institute for Healthcare Design

LEADERSHIP • EDUCATION • ADVOCACY

Shaping the future of healthcare environments through clinical and inter-professional leadership.

Key Building Concepts:

1. Non-union facility
2. Average years of staff service – 10 years
3. Projected 80% occupancy rate, average daily census of 240 patients
4. Moving from semi-private patient rooms to all private patient rooms
5. Level II trauma center
6. Certified Stroke Center
7. Moving from centralized nursing stations to decentralized team-based collaboration
8. Decentralized supply distribution via nurse servers

A Clinical Project Liaison has been hired and will be involved in all aspects of the project from pre-design to activation.

Emergency Department Key Concepts:

- Current ED was built in 1974
- New split level triage model of care
- New dedicated imaging equipment in the ED
- New discharge lounge in ED
- New helipad
- State of the art trauma bays (2)
- Current ED manager was hired 4 months ago
- Chief of the ED is retiring in 3 months

Role types to select from:

- CEO, COO, CNO, Chief Information Officer
- Unit-based clinicians
- Fellows/Residents
- EMS/Life Flight
- Office of Emergency Management
- Technicians
- Clinical Quality and Performance Improvement
- Outside clinical design consultant
- Transition Planner
- Clinical Informaticist/EMR Analyst

Integrated Interventional Platform Key Concepts:

- OR, Cath Lab, and IR will be adjacent to each other and share a Preop, PACU, and Phase II recovery space
- Cath Lab and IR will now be behind the red line
- IR currently resides in the Radiology Department
- Interventional Cardiology is a new service with a Medical Director coming onboard in 6 months
- OR volume is anticipated to grow by 50% within 3 years of opening
- OB cases will be done in the new Interventional Platform
- OR manager has been in her role for the past 25 years. IR manager is over all of Radiology and has been in his role for 20 years.

Role types to select from:

- CEO, COO, CNO, CIO
- Unit-based clinicians
- STEMI team
- Technicians
- OR/Cath Scheduler
- Clinical Quality and Performance Improvement
- Outside clinical design consultant
- Transition Planner
- Clinical Informaticist/EMR Analyst
- Infection Prevention and Control clinicians
- Workplace health clinician

Women's Services Key Concepts:

- Services from a sister hospital will be merged into this new hospital
- Projected volume of 2400 deliveries annually
- LDRP model to be used for future state
- Decentralized nursing model of care
- Decentralized supply distribution model
- NICU located one floor directly above L&D

Role types to select from:

- CEO, COO, CNO, CIO
- Unit-based clinicians
- NICU Manager
- Technicians
- Clinical Quality and Performance Improvement
- Outside clinical design consultant
- Lactation specialist
- Transition Planner
- Clinical Informaticist/EMR Analyst

NIHD HCD Pre-Conference Interactive Session
Group Session Report out

Key takeaways

1. What roles did you include in your project that you haven't included in the past?

2. Of these roles, what value added was identified by including these team members?

3. What was the most impactful ROI you discussed in your group?