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New Codes and Standards 2023 39th Annual Seminar and Expo October 1-3, 2023

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Influence of Technology in the Design of a New Surgical Institute Monday, October 2, 2023 2:30 – 3:30

Course Number: AHCA 2023.06

Credit Designation: 1 LU| HSW

AIA CES Provider Number: E240

October 2, 2023



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Understand the critical importance of perioperative care model design and service delivery planning aligned to technology.



Gain knowledge on approaches to rapidly assess current design risks and remediation and meet all current design code minimum requirements.



Categorize types of technologies based on the complete patient and care team journey and their impact to design to ensure the best patient and care team experience.



Gain insights into the ways technology can assist staff and facilities to enhance every aspect of a perioperative care experience.

YOUR SPEAKERS



Corey Gaarde, FHIMSS, CPHIMS Principal, Project Executive Healthcare IT Advisory Services IMEG



Valerie Ruby, RN, BSN, MBA-HCM, CNOR Executive Director Surgical Services Jupiter Medical Center



Bill Odman Manger of Legacy Applications & Strategy and Interim IT Lead PMO Information Services Jupiter Medical Center



LEARNING OBJECTIVES

- >Participants will be able to
 - > Understand the critical importance of the role of collaborative technology design process as early as possible.
 - Sain knowledge on approaches of creating a multidisciplinary team as it relates to technology design.
 - > Categorize technology budget that is not tied to a \$\$/sq-ft.
 - Learn methodologies and tools to align the design process to the dynamically changing technology landscape.

JOHNNY AND TERRY GRAY SURGICAL CENTER

> Two story, 75,000 sf new and 13,200 sf reno

Surgery Department

- 9 General ORs (~670 sf each) ~50% larger than current
- 1 Radio Surgery OR (~720 sf) ~60% larger than current
- 2 Hybrid ORs (1 Shelled) ~1,100 sf each includes control room
- 2 CVORs (~810 sf each) ~35% larger than current
- 4 Robot ORs (~720 sf each) ~60% larger than current
- 2 sterile cores (1 for General ORs and 1 for Specialty ORs) ~33% larger than current

> Pre-Op and Phase II Recovery

• 16 Pre-op and 10 Phase II Recovery rooms (~160 sf each) ~50% larger than current

> PACU

- 19 PACU (~100 sf) ~40% larger than current
- > Sterile Processing ~8,700 sf vs. 1,200 sf existing
- > Drop-off and Lobby
- > Discharge and Parking 53 covered and 198 net additional



Whenever there is a challenge, there is also an opportunity to face it, to demonstrate and develop our will and determination.

— Dalai Lama —

AZQUOTES

What We Were Facing...

The Gray Surgical institute is scheduled to go live on December 11, 2023. The project was initially hampered by changing scope, lack of technology definition, adherence to outdated standards, and focus on current vs. future state capabilities.



CHALLENGES AND OPPORTUNITIES

- Leadership Changes Executive Director of Surgical Services and CIO post final design
- > IT Team Re-Alignment, limited resources due to competing priorities
- > Limited involvement of IT during early planning phases
- > Technology scope and budget wasn't fully defined to support future
- > Misalignment of medical equipment planning and supporting IT requirements
- > New technologies being introduced
 - Transitioning to a new voice infrastructure
 - Future proofing for RTLS
 - Patient tracking
 - Evaluating new patient entertainment/education system
 - Karl Storz integrated OR
 - Overhead paging and hands-free intercom
 - Interactive experience donor wall
- > Limited Oracle (Cerner) functionality....and rumors of Epic migration

All w/in a little over a year from opening!

HOW DID WE OVERCOME

- > Aligned to process improvement strategies
- > Helped clarify and focus on targeted outcomes
- Stablished multidisciplinary and collaborative technology planning team
- > Ensured voice of clinical/operations guided IT collaboration
- > Instituted an engaged IT PMO structure
- > Weekly and bi-weekly meeting with construction management, IT, and clinical/operational leaders





HOW DID WE OVERCOME (CONT'D)

- > Weekly and bi-weekly meeting with construction management, IT, and clinical/operational leaders
- > Engaged outside consultants
- > Recognized budget was not representative of total need
- > Room-by-room, device-by-device, port-byport analysis with clinical/operations
- Realized we couldn't do everything, but we can plan for the future
- > Build for the future Epic, AI







CURRENT STATE

- Construction is nearly complete
- > Technology team is attached to the hip of construction management
- > Equipment is being installed
- > Oracle (Cerner) build is nearly complete
- > New voice infrastructure is in testing
- > Activation planning is underway
- > Training and education has begun
- > Daily operational readiness

First Patient schedule for Dec 11, 2023







LESSONS LEARNED – Don't Let the Ship Sail

- Don't change leadership but if you do have a thorough transition plan
- > Document decisions and the Why's and Who was there
- > Develop playbooks pre-construction
- Thoroughly understand impact to operations of a phasing break down the silos
- Technology planning is WAY more than just data ports, pcs/printers
- IT (App and Infrastructure) needs to be engaged early and often
- > IT and Clinical/Operations are friends
- > Don't assume technology budget covers everything
- Learn from current state and apply to future Overhead Paging!!
- > Address current state intra-facility IT issues







KEY TAKEAWAYS

- Setablish a multidisciplinary technology focused team from the start
- Engage IT (EMR and Infrastructure) Team from day 1 and keep them engaged
- Create a collaborative technology vision and roadmap
- > Develop a comprehensive technology budget early and give yourself some grace as things change
- > Don't undervalue outside HIT consultants
- > Evaluate future needs specific to technology and be flexible to change
- > Document key decisions and who made them
- > Don't be afraid of technology...IT can be fun!





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