

## Facilities Update

**TO:** Joint BOD/Strategic Planning Committee on March 16, 2006

**FROM:** Marcia Jackson, Chief Planning Officer  
Mike Shanahan, Director Facilities Planning & Development

**BACKGROUND:** On a quarterly basis, the regular Strategic Planning Committee meeting is expanded to a full PPH Board meeting to update the full Board on facilities planning and design. This March meeting is a full Board meeting for the quarterly facilities update. Summary materials from recent key stakeholder meetings are included in the packet for review prior to the meeting.

**BUDGET IMPACT:** None

**STAFF RECOMMENDATION:** For information only.

### COMMITTEE RECOMMENDATION:

**Information:** X

**Preparing for Tomorrow - Pilot Projects, Action Teams  
Innovation Week 2, January 31 - February 3, 2006**

<b>Topic</b>
<p>Pilot processes/approaches that are not facility-dependent            Procedure-based delivery system            Point of Care Testing by lab in ED            Valet Parking            Cross-training OR/IR techs            Dispatch/reporting for maintenance staff using Blackberry</p>
<p>Identify/implement items that can be tested in OSP            Communication technologies            OR lights and booms</p>
<p>Acuity adaptable pilot including all feasible aspects of care delivery (acuity, IT, communication systems, medication distribution, E-ICU, etc.); include both campuses. Work with Kaiser to approach the State to allow a pilot.            Identify Champion Team recommendations, particularly for Healing Environment and Sustainability (materials and green cleaning techniques) that can be implemented now, either directly or as pilots in renovation projects.            Develop cultural change approach and plan with timelines. Consider service line based approach that would engage physicians.</p>
<p>Develop decision criteria for selection/assessment of potential vendor partners; evaluate categories in which partnership opportunities may exist, and guidelines of what latitude we have to go around them. Multidisciplinary initiative.</p>
<p>Systematic review and redesign of processes</p>
<p>Develop a comprehensive list and plan for information technologies identified for new facilities.</p>
<p>Centralized scheduling (beyond contiguous departments in OSP)</p>
<p>Call center</p>
<p>Implement bar-coding</p>
<p>Develop a system-wide infusion strategy</p>
<p>Need system-wide plan on diversity including strategies for building the process. Needs to be considered in each team.</p>

# ***Expert Advisory Panel***

January 30, 2006

Meeting Summary

## ***Challenges***

- Integration of various technologies
- How to bring what is in research to clinical services
- Impact of genomics
- Resistance to automation
- Integrating wireless technologies into medical devices

## ***Suggestions for Now***

- New materials available that lessen environmental impacts
- Patient lift policies and procedures will be legislated this year
- Electronic pictures so patients can select what art that they want to look at; use website to download images into LCDs in the room; integrate our website into the patient room TVs
- Have we studied light pipes?
- More companies are guaranteeing their savings
- Wireless is really here
- Many, many screens in the room
- Explore the artist community

## ***Suggestions for Now***

- Why not computer at the bedside, it can be shared as the patient TV
- Suggest we take a leadership role in the Regional Health Information Systems being piloted
- The wall as the LCD
- Moving sidewalk at PMC West
- Why no escalators in hospitals?
- Concern that the design is economically fragile and is not going far enough
- Great opportunities for fundraising: "Not going to raise money from plain vanilla"
- Rooftop as a donor opportunity: mock up portions and develop incrementally

## ***Suggestions for Now***

- Utilize CAD/CAM for healthcare, UCSD has one of the few supercomputers—they could take all our building drawings and do simulations
- Use prototyping in our shelled area
- What we decide to measure will drive what we do

## ***Changing Approach to Healthcare***

- Relatively higher diagnostic compared to therapeutics—lots of testing due to genomics
- Continuous life span of health: always in some stage of in or out of health
- “A nation under care”, health is a lifetime process
- Patient compliance is the #1 issue; make as much of healthcare transparent as possible
- IT going to empower the patient, personal health records
- “VP of timeliness and waiting”, look as revenue opportunities and how to fill the waiting time
- The workplace as the portal for healthcare

### ***Site Visit/Connection Recommendations***

- In Touch Health, VISICU, Global Care Quest at UCLA, Mass General
- LSTAT: Life Support Transport bed for Trauma patients
- Willis Knighton Hospital in Shreveport LA has a wellness/fitness center visible from the lobby
- LEDs, Barcelona hospital has OR without lights
- Johnson Controls: multi spectrum wireless infrastructure
- Light Pipes: Oakridge National Lab
- Mayo, Hopkins: ambulatory strategy leaders

### ***What's On The Horizon***

- Maintenance and servicing can be done remotely, "someone in India" can do repair
- Most of day to day lab will be outsourced (done electronically) and be at the bedside
- Pattern analytics on the numerous cameras that can notify a nurse of possible issues
- SMART bed, SMART ceiling
- Plasma Ion discharge sterilization—continuous decontamination
- Sensorize the bathroom: complete physical exam in their normal hygiene routine

# ***Physician Facilities Innovation Retreat Summary***

January 20, 2006

## ***Key Factors to Design Into New Facilities***

- Overnight recovery unit for surgery patients, with less than 24 hour stay
- Need rooms that can accommodate extra equipment
- Need excellent lighting for procedures in patient rooms
- Single-handed rooms will not be appropriate for some neuroscience patients
- Visual stimulation and environmental clues
- Family space for visiting; family-centered waiting areas

## ***Key Factors to Design Into New Facilities***

- E-ICU or central monitoring station, for multiple facilities and units
- ICU close to diagnostic unit or ICU with a small CT scanner
- Diagnostic pulmonary suite in ICU
- Web cam for physician visiting
- Resuscitation area adjacent to C-section room
- MRI or CT for NICU
- Single-care NICU rooms

## ***Key Factors to Design Into New Facilities***

- Easy convenient parking for patients and physicians
- Patient rooms large enough for line placement with fluoro capability; beds in ICU need to be fluoro capable
- Ability to place temp pacemaker in ER
- Outpatient services must have easy access, excellent throughput



## ***Key Factors to Design In to Support Physicians***

- Excellent lighting in rooms
- IT must be integrated; access to all applications
- Space for MDs to chart, etc.
- Conference space for “family meeting” with professional staff
- Sleep rooms for MD staff for 24 hour coverage in ICU, OB
- MOB nearby
- Dedicated, close parking

## ***What Can We Do Today to Prepare For Tomorrow***

- Mock up rooms
- EMR sooner rather than later
- Pilot acuity adaptable model
- Partnering for Deep Brain Stimulation with physicians
- Best nurses!
- Wayfinding; rest areas for frail elderly

## ***What Can We Do Today to Prepare For Tomorrow***

- Gerontology program; geriatric staff training program
- IT must be integrated; access to all applications
- Improve IS access from office/home