

Leadership Access and Responsiveness



Surgical Services director **Mary Haines, MHA, BS, BSN, RN**, discusses operating room blueprints with surgery nurses (left to right) **Greg Hahn, RN**; **Aleese Beeler, BSN, RN**; **Cameron Paddison, MSN, RN**; **Kristine Kohnert, BSN, RN, CNOR**

Integrated Procedural Platform – Designing an Exceptional Care Model

Over the last few years, many nurses have been involved in a construction journey to develop the Integrated Procedural Platform (IPP). The platform was designed to consolidate all of the surgical and interventional departments into one contiguous space that offers safe and efficient patient flow. The project had phased go-live openings as different areas within the 200,000-square-foot IPP were completed. The phase 1 go-live was in June 2017, with the entire project completed in September 2018.

Throughout the building project, the IPP Steering Team, consisting of physicians and Froedtert Hospital leaders from the Surgical, Cardiac Catheterization/Electrophysiology (EP) and Interventional Radiology platforms, guided frontline staff in the development of new processes and workflows. Nursing leaders knew that the inclusion of clinical nurses and other staff in the project and workflow design planning would lead to the best decisions being made for exceptional care, patient experience and staff satisfaction outcomes. Mary Haines, MHA, BS, BSN, RN, director, Surgical Services, developed the structure for the IPP work groups, with leaders from Surgical Services,

Cardiac Cath/EP Lab and Interventional Radiology (IR) populating them with staff from those areas.

The work groups consisted of clinical RNs and other frontline staff from all support areas, led by co-chairs, with one co-chair of each group being a nursing leader. The work groups gave nurses the ability to have free exchange of opinions and ideas. Nurse leaders were present, listened, facilitated dialogue and responded promptly as issues and planning considerations were raised. The teams gathered to design workflows that supported safe, effective and efficient patient care. The final product of their work has provided Froedtert Hospital with a fully functional IPP that includes 32 operating rooms, 12 procedural suites, four minor procedural rooms, a Procedure Arrival and Recovery department, a Preoperative Clinic, a Super Core supporting operating room (OR) supplies, an expanded Post-Anesthesia Care Unit and a new Sterile Processing department; an intraoperative MRI and CT scanner are also included. This new state-of-the-art facility allows for the provision of complex care to patients on one integrated platform.

There were guiding principles that all the work groups followed to ensure they were designing processes that were patient-centric and meeting desired goals. Some of the guiding principles included: a focus on prioritizing patient and family needs in an integrated platform, assuring design and processes would optimize safety and maximize operational efficiency, designing flexibility for cross-specialty and future technology needs as well as meeting current volumes and projected growth, providing outpatient intake and recovery in a single location, providing for a balance of clinical and support space, optimizing patient experience, facilitating top-of-license practice and assuring nursing/procedural expertise and practice is incorporated into pre and post-procedure management. Finally, standardization of interventional patient flows and design work was planned to reflect the needs of each specialty area as well as the larger platform.

Having the entire platform operate in either restricted or semi-restricted space required significant planning and workflow design. The entries into the platform and the corridors are considered semi-restricted, requiring authorization and badge access only for IPP staff members participating in patient care. Restricted areas require all staff to wear surgical attire and personal protective equipment. The teams also developed electronic health record navigators to ensure upon admission that all required documentation is captured for the preoperative, intraoperative/intra-procedural and OR RNs to be able to care for their patients.

Some of the workflows were specific to new state-of-the-art technology in the IPP that would result in new practices, such as the intraoperative MRI (iMRI). Having the ability to perform iMRI diagnostics while a patient is having a surgical procedure in the adjacent operating room provides for an outstanding level of care, with that technology considered the gold standard in intraoperative practice. Providing that level of complex care required careful attention to detail and innovative thinking to create precise workflows. For instance, the team needed to identify processes that would assure a sterile operative field is maintained before, during and following the iMRI. After developing the processes, Froedtert Hospital nurses collaborated with Children’s Hospital of Wisconsin nurses to prepare them for the occasional procedures they and their surgical teams will conduct within the IPP, in order to utilize the iMRI technology.

Mary Haines said, “The groups were very successful in achieving their goals to develop integrated workflows, providing consistent patient-centered care across the platform. I’m proud of the significant role that nurses played on these teams, adding tremendous value to the planning and implementation of this enormous change in our delivery of care.” Utilization of these work groups enabled nursing leader accessibility and responsiveness to the needs of clinical nurses. They assured nurses played a significant role and were engaged in planning and decision-making regarding activities that impact their daily practice. ■

Integrated Procedural Platform Workgroup Structure

