Staff Review Mockup of OR Floor

Inside a 950-square-foot hybrid operating room a group of surgeons and anesthesiologists are discussing where the OR bed should go. One says it shouldn’t go in the center of the room because it wastes space. The other argues that it allows for more people and equipment to be on the perimeter. An observer takes notes.

This group of people are actually in a warehouse at 5th and Spring Garden streets, standing in a life-size mockup of an OR room that is being designed for the HUP’s New Patient Pavilion.

“Penn Medicine is pioneering the concept of full scale, real-life mockups and simulations within healthcare design,” explains Lauren Valentino, project manager at Penn Medicine for the new patient pavilion. “It is a revolutionary way to design a building.”

PennFIRST, the team designing the new hospital at HUP, has constructed a full-scale mockup of a partial PeriOperative floor representing a composite of the three planned floors in the building. This approach was necessary since a full-size mockup of an entire

See “Mockup Tour” on page 2.
floor would have been too large for the warehouse. Penn Medicine leadership (physicians, nurses, executives, and administration) participated in a facilitated guided tour and focus group discussion of the space September 21 and 28.

“We’re asking people to think critically about the space and we are capturing their feedback,” Valentino said. “We want to make sure the experts, the people who will use the space, are heard and that it’s reflected in the design.”

Dr. Joseph Savino, Vice Chairman for Strategic Planning and Clinical Operations with the department of Anesthesiology and Critical Care, said seeing the life-sized mockup was helpful.

“It helps me visualize things,” Savino said. “When you have a project as massive as this, I think you want to get it right the first time. It doesn’t mean we will get it right, but it gives us more information to design it based on what the people who are going to work in the New Patient Pavilion need. That’s the people who are here.

“The purpose of this mockup is not the architects telling us what they’re going to build; it’s more us telling the architects what we need. This isn’t the finished project. This is the startup draft and then the input we provide can make it a more functional design.”

The PennFIRST team identified zones of the Periop floors they thought were critical for gathering input. They built a mockup of the PreP/PACU area and examples of six procedure rooms from levels 4, 5 and 6. Tour participants also saw life-sized models of the proposed surgical waiting area, the PreP/PACU/recovery communication station; a set of multipurpose rooms, the clinical support area, the clean core, several procedure rooms and the team lounge.

Dr. Kim Olthoff, Chief of the Division of Transplant Surgery, said she appreciated being part of the mockup tour and discussion:

“It really helps to see it all mocked up, to see the size of the ORs, and how it’s all related to the recovery room and the PreOp area. It’s great that they are seeking and incorporating feedback.”

Dr. Marina Katsnelson, a surgeon with the Department of Obstetrics and Gynecology, said the mockup gave her a sense of how the building will feel once it’s completed:

“I think the scale is really impressive. I appreciate the complexity of building something like this from scratch after seeing this and hearing all the comments and really trying to project what the needs might be even five years from now, let alone for the lifetime of the building. It’s really quite a project.”

PennFIRST and the Penn Medicine Simulation Center will use the mockup of the PeriOp floor to conduct simulations of real-life scenarios aimed to test and improve operational flow and staff/patient experience. Multidisciplinary teams will participate in these interactive exercises to evaluate the flow of people, resources, and materials through the space. Comments, observations and findings from the mockup and simulations will be analyzed and key findings will inform and guide the further design of the building.

Staff who participated in the tours and simulations will return on October 26 and November 2 to see how their feedback impacted the design changes and provide more feedback if further modifications are needed.

Clinical Educator Michael Ham participated in the tour and will participate in the follow-up facilitated tour with Perioperative leadership on October 26. He said that the simulations and tours, offered to both the leadership and staff, are an innovative idea to gather end user input and suggestions for improvement.

“I think the simulation idea is great to gain feedback from the PeriOP staff,” Ham said. “It is great that they are taking our feedback.”
Several PeriOperative Services colleagues were inducted into the University of Pennsylvania Health System’s Twenty-Five-Year Club at the 2016 Induction and Recognition Ceremony Thursday, September 22, 2016.

The Board of Trustees and the Administration annually recognize those who have been employed with the Health System for a quarter century, but also celebrate individuals who reach the 30, 35, 40 and 45 year milestones.

Dr. Daniel Dempsey, Executive Director of Perioperative Services, thanked the group in an email for their dedication and service.

“Sincere congratulations and thank you to all our periop colleagues who were honored for 25 or more years at HUP,” Dempsey said. “These respected colleagues are an inspiration, and an important part of what makes HUP periop such a great place to work. Please note that some of them obviously started working at HUP when they were 10 years old, AND they all started working at HUP before the internet and cell phones.”

Several PeriOperative Services employees were recognized for their years of service at the University of Pennsylvania Health System’s 2016 Induction and Recognition Ceremony Thursday, September 22, 2016. Pictured left to right are Martin Wojcik, Malcolm Waddell, Marianne Saunders, Milton Jones, Kelly Foreman, Dr. Jim Mullen, Mary Gray, Bernadette Pellegrino and Janis Dingle.
This month the Hospital of the University of Pennsylvania will unveil the largest operating room it has ever built.

The new Neurohybrid operating room is 1,002 square feet, not including the lead lined control room within it. Most of the other ORs in the Founders building are 450 to 600 square feet. The next largest rooms are the Silverstein cardiac rooms which are 935 square feet.

“It’s hard to imagine the scale, but this is a very large room,” said Darren Ebesutani, who led the construction project for PeriOperative Services. “We were offered eight versions of the design. We selected the one that we felt best maximized the utilization of space for both endovascular, open crani and spine cases, basically so that this room always gets used; it never just sits.”

OR 14, as it will be called, has Terrazzo floors, has two zones, two anesthesia setups and is designed to accommodate different types of beds.

“Spinal and neuro cases need bigger rooms to accommodate the imaging equipment and so there were some challenges to creating the space,” Ebesutani said:

“We had to take out two operating rooms, ORs 14 and 15 and a percentage of the core. We were also dealing with a 30-year-old infrastructure.”

Winton, who has worked on a lot of OR projects in his 14 years with Stryker, said very few have equaled this project:

“The number of OR types of rooms like this in existence, there might be 10 in the country. The convergence of all these technologies, the Siemens biplane, the image guided navigation from Brainlab, the Stryker system, bringing it all together and making it work, is remarkable. It was a privilege to be part of it. It’s going to go a long way for the neuro department to help a lot of people.”

Construction to create the neurohybrid room
See “OR 14” on the next page.
Imagine if you were in a country where you didn’t speak the language and you were being wheeled back to the operating room. Maybe you would want to know what to expect. Certified professional interpreters are required for non-English speaking patients to relay vital health information, but they don’t always follow the patient physically into the operating room.

And yet the intraop nurse has some questions to ask the patient and might not be aware of the language barrier until the patient arrives in the room. A new interpreter icon has been added to Epic Optime that indicates a patient’s language and visually communicates it to all staff who view that patient’s record in the perioperative process – preop, intraop and postop.

“This icon is a way for the nurse in the operating room to know that some sort of translation is needed for a particular patient,” said Santina Mazzola, Perioperative Safety Fellow, “because you have to interview the patient to find out critical information that may dictate the rest of the case, for example if they have any metal in their body, or if they have any family here with them. We need to know as operating room nurses and as members of the care team. So if the patient doesn’t speak English and you aren’t aware of that, you have to use a translator phone service or a live interpreter and it can extend the interview process, thus potentially delaying the case.”

Prior to the interpreter icon the anesthesiologist or preop nurse would communicate verbally with the intraop nurse and someone from the intraop team would tell the recovery room staff.

“There was really no visual way to confirm a patient’s language,” Mazzola said. “There was only verbal communication and that was not always reliable. The new icon is a second failsafe to make sure if you weren’t able to verbally pass on the information you can still visually see that the patient doesn’t speak English.

“Overall this achieves continuity of care through improved communication between the preop nursing team, the anesthesia team, surgery and intraop nursing team and the Post Anesthesia Care Unit. It’s good to know instead of the patient just showing up and you’re not sure of their language.

“This is a means of communication that solves a problem where there were sometimes gaps in communication and the interpreter information relied solely on verbal communication. Now we have visual and verbal communication.”

“OR 14” From Previous Page

Winton said the team involved in the design and construction of the new OR 14 had a lot of experience doing advanced rooms, but other considerations also added to this project’s success:

“The most remarkable thing was the team put in place to build it,” Winton said. “You might call it a composite team that wasn’t just administrators or architects, but all of those people, plus a wide array of clinicians and support personal. Dr. (Jim) Mullen is very careful that we don’t just get the input of the end user, for example. He wouldn’t just say ‘Dr. (Sean) Grady come in here and tell us what you want your OR to be.’ He would talk to everybody, scrub techs, the people who stock the shelves, the people who turn the room over and clean it. And so everyone is involved. I think that’s why the projects, that I’ve been involved in with him anyway, have been so successful. Because all those considerations were taken into account.”
In an effort to promote awareness regarding key aspects of safety in the perioperative environment, the Safety Fellows have developed an informative engagement-oriented program entitled the Safety Theme of the Month. This program highlights one focus area of safety concern that pertains to all members of the multidisciplinary perioperative team each month with relatable content that updates weekly. There will be opportunities for employee participation through various interactive activities that involve prizes and will occur throughout the month. Implementation of this program is essential to creating and maintaining a reliable culture of safety within Perioperative Services.

The October edition features the Share Your Voice Campaign that focuses on various team members’ perception of safety, teamwork, and communication in Perioperative Services. The first version of the Safety Theme of the Month encompasses creating a practice environment of safety by highlighting surgeons, service partners, nurses, surgical support associates, instrument processing personnel, transporters, perfusionists and anesthesiologists’ personal interpretation of safety that enable staff to care for patients free from harm in a team setting.

If you have any questions please contact the Safety Fellows at safety1@uphs.upenn.edu

What does patient safety mean to you?

“When a patient comes into our care, they know that we are going to be able to take whatever their problem is and get them through their healthcare encounter in a way that gets the best possible result for them and keeps them away from potential harm.”

“Creating an environment that supports patient safety is consistent with the achievement of the best outcomes for our patients.”

“Our first mission as health care providers is to do no harm. Too often patients are hurt due to medical mistakes. Patient Safety is of utmost importance to eliminate avoidable or unintended harm.”

“Patient safety means interdisciplinary collaboration and collegiality to maximize patient safety and satisfaction.”

“Patient safety means securing the best possible care and outcome for any given patient who presents to the hospital for any form of care.”

- Benjamin Braslow

How does teamwork and clear communication impact patient safety?

“It’s important for team members to communicate what they know about the patient plan of care. If I don’t know what someone else within the team knows, it can lead to unsafe patient care, and I have seen this happen over and over again. This can lead to mistakes happening. I think teamwork and communication are the key to having those open channels in 2016. This allows us to make fewer mistakes on a daily basis.”

“Teamwork and communication are critical to patient safety in that each member of the team provides an important link or step so that nothing is missed and all details are known and communicated. In complex surgery, it is essential that the right hand knows what the left hand is doing at all times, particularly when there are unique situations or the status of the patient is changing.”

“Medicine has become really complex and it takes not one person, but a team, to put things together. Everybody has their individual roles. However, we also have to do it in a coordinated fashion by coordinating a lot of different talents if we are to provide safe and optimal care for our patients.”

“In order to reduce medical errors and ensure patient safety, there must be open and good communication amongst all team members.”

-Kristoffel Dumon

-Michael Acker

-Jon Morris

-Sean Grady

-Ronald Fairman

-Kim Olthoff

-Benjamin Braslow

-Bruce Malkowicz

-Liza Wu
The Nursing Quality and Patient Safety Core Council presented PACU Nurse Christine Cerrone the Good Catch Award for demonstrating outstanding commitment to patient safety by identifying a concern, speaking up, and reporting it as a Penn Medicine Safety Net before any patient harm occurred.

The Council developed this award to recognize nurses who report near misses to Penn Medicine Safety Net because it allows for early intervention and provides information for process improvement. The award was presented by Melissa Maynard, Chair, of the Nursing Quality and Patient Safety Core Council in a surprise presentation in the PACU September 27, 2016.

The award, presented monthly, is signed by Regina Cunningham, Chief Nurse Executive, and Maynard.

Cerrone was joined at the award presentation by Michael Ham, Suzanne Ho, Keri McDevitt, Joseph Moffa and Amy Kim.

Welcome Thomas Leonhardt Associate Director Logistics, PeriOp Executive Team

Thomas J. Leonhardt, MBA, joined Perioperative Services July 18 as Associate Director of PeriOperative Logistics in the division of PeriOp Purchasing and Security.

He reports to Darren Ebesutani, Director HUP Supply Chain.

Leonhardt is a member of the PeriOp Executive Committee and the PeriOp Quality Committee.

He is a longtime affiliate of Perioperative Services, having worked as a sales director for 14 years managing the PANDAC supply management program for Owens & Minor. Previously he was Operating Room Business Manager at Pennsylvania Hospital.

Though this newly created position is evolving, Leonhardt said his responsibilities include working with the physical plant and clinical engineering to troubleshoot problems.
Three Perioperative employees were awarded the Patient Safety Advocate Award September 9, 2016, in a special ceremony to recognize their commitment and diligence to patient safety.

The Department of Clinical Effectiveness and Quality Improvement Patient Safety Team recognized Amanda Cullen, Surgical Technologist, Level I; Colleen Kelly, RN, Level III; and Melvina Reid (Peachie Parks), Surgical Technologist, Level II, and presented each an award.

Joyce Stengel, nurse manager of the SurgiCentre, said she nominated Kelly and Reid because during a Time Out before a case, they recognized the consent stated the wrong laterality on a patient:

“They immediately contacted the coordinator who contacted me. The team decided to cancel the surgery and reschedule because all patient documentation including the history and physical, plus consent, stated the wrong side. Great Job Colleen and Peachie!”

Ann Marie Morris, Nurse Manager, PeriOp Quality & Safety, nominated Cullen for her proactive participation while scrubbed in a laparoscopic case. A laparoscopic bowl grasper was handed to the surgeon to use. When it was returned, Cullen examined the instrument’s integrity and noted that a small piece of the grasper was missing. She immediately alerted the surgical team and they were able to retrieve the missing piece.

“Using both her experience in working in Instrument Processing and applying the knowledge she recently learned in a recent in-service reminding staff to always check instruments for both appearance and functionality both before and after use, Amanda’s quick response prevented potential harm to the patient. She noticed that one half of the jaw of the grasper was missing, immediately alerted the surgical team and the team was able to retrieve it right then. Amanda is a true patient advocate.”
Meet Mike Doerr — OR Construction Manager

Name: Mike Doerr
Title: Assistant Superintendent of Construction
Department / division: L.F. Driscoll Construction Company
Site / location: Hospital of the University of Pennsylvania

Can you please describe to our staff what you do and what your impact is, and has been, in the OR?

I am currently working on OR 14, the neuro hybrid OR that is opening in October. I am Assistant Superintendent of Construction representing Driscoll in management of the project. I also had a construction management role in the renovation of OR 31, which opened in January 2016.

Can you describe some examples of why/how/when you interact with PeriOperative Services? Who do you interface with most of the Peri-Op leadership and why?

I provide renovation management for the PeriOp team working in coordination with Darren Ebosutani, project manager.

What is the best part of your job? Signing completion papers with my project manager.

Since you began your role in December 2014, how has it evolved? What are your goals for the future of this position?

To make HUP a hospital that people want to go to for help.

What is your leadership style?
I think I am very direct and to the point. Everyone is equal.

What are your personal accomplishments besides degrees or certifications?

What are you most proud of in your life?
I am most proud of having a beautiful family and great friends.

What are your personal interests or what do you like to do outside of work in your free time?
I am an ice hockey player. I’ve also been a firefighter for 18 years.

What’s the best piece of advice that anyone’s ever given you?
Don’t be late. It’s disrespectful.

Personal History:
I am a graduate of William Tennent High School, Warminster

Professional History:
- Born and raised in Warminster, Pa.
- Live in Warminster, Bucks County.
- Married Elisha in 1997 year.
- We met through a family member.
- We have two children: Amanda, age 19, and Christian, age 17.

Professional History:
- 10 years Carpenter/Heavy Equipment Operator
- 12 years Union Carpenter

Mike Doerr, left, celebrates the high school graduation of his daughter, Amanda, with his wife, Elisha, and son, Christian.
Instrument Processing technicians here at the Hospital of the University of Pennsylvania will be celebrated during National Healthcare Central Service and Sterile Processing Week, October 9-15, 2016.

If you or someone you love has undergone a surgical procedure, a sterile processing technician was directly responsible for the cleaning and sterilization of the instruments used throughout your operation.

“IP technicians are the unseen advocate for each patient that comes into HUP for any type of Surgical procedure,” said Steven Ford, Assistant Manager of Instrument Processing.

Sterile processing technicians are responsible for processing surgical instruments, supplies and equipment. They provide support to patient-care services with their responsibilities encompassing cleaning and decontamination, sterilization, assembly, storage and distribution of surgical instruments needed for patient care.

IP utilizes Steam Sterilizers (High Temperature) and STERRAD Sterilizers (Low Temperature) to process instruments for all of its customers which include: the OR, Radiology, Plastic Surgery, GYN/ONC, Dermatology, and others.

Every time new instrumentation is introduced or trialed be it Robotic, High Definition, or hydraulic, IP technicians are involved to ensure it will be clean, functional, and safe for patient care.

IP Technicians process instruments for over twenty outpatient clinics at HUP including Radiology, Lung Center, Dermatology and Plastic Surgery. The Technicians follow stringent guidelines in decontaminating, assembling, and sterilizing instruments to prevent any type of infection from reaching patients.

“Instrument Processing is not a glamorous profession but an essential one. I tell my Technicians all the time with all sincerity: ‘Everyone cannot do what you do and do it as well as you do.’”

Here are the numbers:

- IP processes over 12,500 instrument trays a month.
- IP processes over 2,700 flexible scopes a month.
- IP processes over 14,000 individual instrument packs a month.

“But it’s not about the numbers. The only number we’re concerned with is ONE,” Ford said. “One successful procedure at a time = One happy patient at a time.”
Writing Employee Recognition Now Easier With New Web Form

A new web application, http://periopwebforms/recognition.aspx, is available now to make it easy to recognize others for when they go above and beyond or when they just do something that helped out in a pinch.

"It's an easy way to recognize someone who has made a difference," said Carolyn Grous, Executive Director of PeriOperative Services. "We want to make it easy for people to give positive feedback."

"Our teams do great things every day and this is quick and easy way to acknowledge that," said Colleen Mattioni, Clinical Director of PeriOperative Nursing.

The form is accessible from any computer in PeriOp by selecting the desktop icon for PeriOp Web Forms and then click on the tab "Recognition Form."
Tyrone Williams’ Work Ethic Appreciated by Information Systems Manager and Staff

Tyrone Williams is the only man brave enough to help us clean our floor in the IT office. He gets it spotless, and keeps a smile on everyone's face as he works.

-Chris Yura, Information Systems Manager

Anesthesia Resident Recognizes Daniel Hoffman, Anesthesia Tech

Daniel Hoffman, Anesthesia Technician, quickly delivered blood products for a hemorrhaging patient who likely would have died without his services.

- Matthew Wakim
Anesthesia Resident

Vascular Nurse Recognizes Keon Akes, Service Partner

Keon Akes has done a great job with the Vascular Inventory. He thoroughly communicates with surgical and nursing staff regarding any inventory issues that arise and is always pleasant and professional.

-Amanda Evans, PeriOp Nurse

Surgeon Recognizes Govan and Escobar-Reyes

Exceptional professionalism during a difficult case requiring hours of trouble shooting. Both Maureen Govan and Angel Escobar demonstrated poise and composure to work the problem, ultimately resulting in successful resolution and an excellent patient outcome. Brilliant job by two exceptional individuals.

-Timothy Lucas, Physician, HUP Neurosurgery

PACU Nurse Praises Andre Dickerson and Deon Paylor for the Help They Gave Her

Andre Dickerson assisted me to get my 6 ft 5 inch patient out of bed after having anesthesia so the patient could void. He stopped his conversation during a break and came to my aide. Andre is always willing to go the extra mile when patient care/needs are wanted. Thank you again Andre!

-Vonda Davidson, RN PACU

Deon Paylor assisted me to get my 6 ft 5 inch patient out of bed after having anesthesia so the patient could void. He stopped his conversation during a break and came to my aide. Deon Paylor is always willing to go the extra mile when patient care/needs are wanted. Thank you again Deon!

-Vonda Davidson RN PACU

Newsletter Ideas>>>

Please Share an Employee Recognition or Story Idea

Email me: anna.jones@uphs.upenn.edu; or call 215-662-6828 (office); 610-952-3209 (cell)

Anna A. Jones
Communications Specialist, PeriOperative Services
Hospital of the University of Pennsylvania;
Perelman Center for Advanced Medicine, Philadelphia, PA, 19104
anna.jones@uphs.upenn.edu; 215-662-6828 (office); 610-952-3209 (cell)