

## How to move an ambulatory OR in two days

**R**ecently Advocate Lutheran General Hospital in Park Ridge, Ill., constructed a new Ambulatory Surgery Center to increase capacity from 4 to 6 outpatient ORs. As the clinical manager, I was faced with the challenge of planning the project from a nursing perspective and then physically moving into the new center. I would like to share some of the lessons learned from our relocation.

The new unit, which will perform about 500 cases a month, is located on the first floor next to the main operating rooms. The unit uses the same central sterile reprocessing area as the main OR and is supplied by case carts. Our surgery project was planned in 3 phases:

- Phase I: Development of 6 new ambulatory surgery ORs next to our existing Ambulatory Surgery Department. At the end of phase I, we needed to move out of the existing space into the new area. Though all 6 of the new ORs were constructed, 2 would be used as temporary space for the preoperative and postoperative areas while those new areas were under construction.
- Phase II: Renovating the old area into the new preop area, recovery area, lounge, and locker rooms.
- Phase III: Transforming the temporary space into ORs 5 and 6.

During Phase I, construction had minimal impact on our daily duties. Other than input into the planning, our staff didn't notice much change.

Upon completion of Phase I, we were proud of the new OR space, which was bright, larger, and had state-of-the-art equipment. Though still faced with challenges of using the temporary preop and postop areas, we were ready to move. Upon approval from the Department of Public Health, plans for the move were put in motion.

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### Preparing for the move

The plan was to move into the new ORs on a weekend, which was a challenge.

We were able to move only a few items prior to the weekend, such as one of the autoclaves and the sterilizers and blanket warmers. We planned to perform surgery as usual, ending by 3 pm on Friday, with patients scheduled to leave the postanesthesia care unit by 5 pm. We aimed to have all 4 new ORs running on Monday morning.

On Saturday, the move began, with the help of paid volunteers from the staff. Some volunteers were paid overtime; others ordinarily worked on Saturday. On hand were 15 construction crew members and about the same number of staff. As manager, I was the “point person” for the entire group, and each staff member received an assignment. The charge nurse was responsible for the desk and office items, and the OR nurses were assigned to move OR 1 to the new OR 1, and so on. Postanesthesia personnel received assignments in their areas.

Despite being mentally prepared, we knew the day would be a challenge. It was not easy to keep the activities organized and to remain focused with questions coming from every direction. As difficult as it was, everyone worked as a coordinated team. They expressed enthusiasm and pride, which kept the group motivated.

By the end of Saturday, the amount of

work left seemed overwhelming. It was hard to believe we would be open for business on Monday. The ORs still had supplies on the OR beds, and the halls were crowded with equipment. Most of the staff agreed to return the next day.

On Sunday, when we began work, we had 50% fewer staff than on Saturday, but more came in throughout the day. In addition, only 2 construction workers were present. The motto quickly became, “Whatever Sue wants!” which provided humor. We moved monitors, equipment, and wall hangings. The biomedical engineer was present to make sure all the equipment worked. Despite a smaller crew, many were good organizers, and the new space began to look ready.

The preoperative and postoperative areas presented the greatest challenges because they were being set up in small, temporary areas. All of the equipment needed to fit into the space, and there did not seem to be enough room. But we managed to find a home for everything and kept hanging extra shelves and cabinets as needed. Because we didn't know exactly what would be needed until after we moved into the space, we made last-minute adjustments.

### Ready for business

By Monday, we were ready for business. Although the day was fairly chaotic, it went remarkably well. We overstaffed because we knew that the staff would need extra time to find their way around in the new area and locate the supplies and equipment. We posted leaders to help direct physicians and staff to the preop area because it was in a temporary area. One of the biggest adjustments was the entryway, which was moved and was now in the middle of a busy corridor. We contracted with Volunteer Services to provide extra assistance in helping patients find their way.

Despite searching for items, congested traffic, and a minor flood that occurred when one of the sterilizer hoses

became disconnected, the OR nurses adjusted well. The staff in the preop and postop areas took longer to adjust because their temporary space was cramped. Having the Phase I and II recovery units in different areas created challenges because the staff are split in 2 locations, making staffing more difficult. Despite efforts to accommodate all of the staff's needs and wishes, it took 2 to 3 months for them to settle into a routine.

We communicated to our patients about the construction and apologized for any inconvenience, and they have been understanding. We received quite a few letters complimenting our staff dur-

ing construction. One of the physicians wrote our department a recognition award, describing what great care was given during a difficult time. The physicians have been patient throughout this process.

### **Lessons learned**

Even now, as our new preop and postop areas are nearing completion, we try to use our lessons learned from the OR suite move (sidebar). We try to keep staff and physicians informed. Keeping them informed not only has increased enthusiasm about the progress but has also helped focus on the goal of complet-

ing the project. The lessons learned will help us in our next move. There will be more new items, less juggling of old space and equipment, and the adjustment will be quicker.

We know how to move ambulatory surgery ORs in 2 days and may be able to do the next move in 1 day. At last, the space will be complete, and it will be worth all of the effort we took to plan. ❖

—Sue Weides, RN  
*Clinical Coordinator, Pre-Surgical Testing  
Advocate Lutheran General Hospital  
Parkridge, Ill*

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OR Manager, Inc. P O Box 5303  
Santa Fe, NM 87502-5303  
Telephone: 800/442-9918  
Fax: 505/983-0790  
info@ormanager.com

# Lessons learned from the project

These are lessons learned from building and moving into the new unit:

## 1. Involve the staff from the beginning of the project.

Perhaps the greatest lesson learned was the value of inviting staff input from the beginning of the project. Staff was continually asked to review plans and give suggestions. A few staff nurses even went before the Illinois Planning Board to speak on behalf of the project. As a result of these efforts, the staff and anesthesia providers felt they had ownership in the project. We also got some good ideas, such as adding an extra bathroom and reconfiguring the preoperative area.

- Ask the architects to give the staff a virtual reality tour. They may have a simulation program of the new ORs they can show on their laptop computer. It helped give us great planning ideas.
- Hang plans on the walls with note pads so the staff can write their ideas.
- Set up a mock OR and PACU area so the staff and anesthesia providers can experiment with placement of equipment and gases.
- Go on site visits to other hospitals in your area that have recently built new surgical departments.

## 2. Ensure physician involvement.

- Attend division meetings to give updates.
- Give tours while the unit is under construction to both staff and physicians.
- Have the anesthesiologists look at their space and make sure the placement of oxygen and gas hookups will work for them.

## 3. Stay informed.

- Hold regular meetings once or twice a month with the architect and construction representatives. As the time gets closer, meet weekly.

- Take comprehensive notes and write down any thoughts because there is so much to remember. Notes are also important because personnel can change during the project.
- Identify one point person for the construction crew even after the move because there is always something to tweak.
- Keep a running “to do list” to make sure all items are addressed.
- Hold frequent equipment meetings. Different pieces of equipment may have to be purchased at various times of the project. Keep a spreadsheet on equipment so you know what equipment is ordered and when.

## 4. Keep other areas informed.

Before the move, make sure you have discussed plans for the move with departments throughout the hospital. It is imperative to keep support areas like the housekeeping and infection control departments in the loop. Even if you don't have an exact date for the move, it is still important to keep everyone informed. As a result, many support departments will make the effort to help on the day of the move. We kept the rest of the hospital informed in the weekly newsletter.

Key areas include:

- Information systems: Computer move
- Telecommunications: Telephones
- Pharmacy: Medication station and IV tower moves
- Infection control
- Purchasing and biomedical engineering departments
- Medical supply department to place supplies
- Volunteer and transportation departments for coordination and support
- Multidisciplinary support as needed.

## 5. Plan well in advance for the actual move.

With the move itself, make sure to get enough help.

- Preassign tasks so you have a plan on the day of the move.
- Assign in advance where all equipment and supplies should go.
- Have one contact person, both for construction and staff. This assures that the same message is communicated to everyone.
- Involve biomedical engineering and materials management personnel to help staff orchestrate where items go.
- Make sure to have signs posted the day of the move and thereafter to minimize confusion.

## 6. Be prepared and staffed for the first day and weeks.

- Arrange for additional staff support.
- Try to keep the OR schedule to a minimum during the first few days.
- Orient staff to location of supplies, layout changes, emergency plans and equipment, etc.

## 7. Maintain constant access to the construction crew.

- Keep at least one construction worker close at hand to make any minor adjustments quickly. These small adjustments can make a world of difference to staff.
- Post staff or leadership in key locations to help keep everyone informed.
- Help with traffic control and finding items.

## 8. Keep everyone calm. It is the key to a successful move!

When staff ask for something that will make their work easier, listen and provide an immediate response. It is usually a small request but will help to keep their stress to a minimum.