

OR design & construction

Tips for surviving an OR building project

Overseeing construction or renovation of an OR suite requires skill, humor, and a large dose of patience. Few nurses feel ready to helm these massive projects, and even experienced nurses seek ways to do it better.

"It's like having a child," says Renae Battié, RN, MN, CNOR, director of intraoperative services at Swedish Medical Center in Seattle, Washington. "You don't know how much is going to hit you until it happens."

Battié and other experts offer ideas for easing the stress of construction projects.

Lay a strong foundation

Building decisions flow from an organization's strategic plan, which typically covers 15 to 20 years, so OR managers need to know how the OR fits into the plan.

"The earlier you're involved the better," says Battié.

What if you aren't at the top level of decision making and aren't sure you can count on timely communication from executives? One tip comes from Lynne Shira, RN, BSN, a principal at NBBJ, an architectural firm in Seattle. "OR managers will be asked for data such as how many procedures and types of cases they've done in the past 5 years," says Shira, whose firm has extensive experience in health care building. "If you're asked for that data, and you haven't heard any news, start asking questions."

Goals from the strategic plan, data, and available dollars help the architect and hospital executives decide "what size box we are getting," says Battié. OR managers then help decide "how to divvy up the box."

In addition to standard data such as turnover time, Battié recommends managers gather detailed financial and market information, including trends, projections for volumes and case types, additions and reductions in surgeons, and profitability information to help in decisions.

"You might want 10 ORs," she says, "but you might need OR rooms that are too large to fit 10 into the planned space."

Know who's who

Know who is on the design team at the architectural firm and your organization, who is responsible for making decisions, and the construction process (sidebar).

Usually, one person at the architectural firm is responsible for interacting with the team at the CEO level. The project manager at the firm coordinates the team. OR managers most frequently interact with health care architects, who have specialized knowledge about topics such as patient flow and state regulations. Others involved in the project include the builder and mechanical, electrical, and structural engineers.

On the organization side, a multidisciplinary project team is key, says Jayne Byrd, RN, MSN, associate VP for surgical services, Rex Healthcare, Raleigh, North Carolina. Byrd recently was involved in a \$33 million project that affected the OR, PACU, and sterile processing.

"It's the little things that can trip you up," she says. "You need someone looking out for all the areas, from making sure the plugs are in the right place to knowing how supplies will be delivered."

The team may meet as often as weekly, depending on the stage of the project. Members include representatives from environmental services (heating, ventilation,



and air conditioning), patient safety, and infection control. "The bigger the project, the more people you need at the table," says Byrd.

Battié says site visits to other organizations to talk with people who have been involved in similar projects can yield useful information and build collaborative relationships.

Those relationships can come in handy. "Accept that you aren't perfect and that you are going to miss something," says Byrd. "That's the beauty of having all those people at the table. If you've formed those good relations and a team, the team can carry the project, and the chances of missing things are diminished."

Support yourself

"It's going to take a significant amount of time to do it [the project] well," says Battié, yet OR managers are often expected to maintain their normal work in addition to the construction project. Shira says if you can't hire someone as a project coordinator, ask for additional resources at least for the initial planning phase. Don't forget one of your most valuable bargaining chips: An OR project is critical to the success of most organizations.

"Carve out the time you need, and see who else can share the work," says Battié. One option for big projects is to appoint another OR leader to attend all the construction meetings, while the manager attends only selected ones.

"It's a good way to develop staff," says Battié, who also suggests, "talk to the boss to see what can come off your plate. The workload during the last 2 to 3 months gets very heavy."

Another option is to pull a manager from operations to work full time on the construction project, while an interim person fills in. If you choose this approach, Byrd says timing is critical. Do it too soon, and the manager loses contact with the staff and the issues they are facing. Do it too late, and the manager doesn't know enough about the project.

Support your staff

It is easy to lose track of staff needs during a large construction project. Despite frequent communication and staff involvement, Byrd admits, "We planned well, we communicated well, but the change and the stress took its toll." Staff felt overwhelmed when the new space opened. "It's like moving out of your old house and into a new one," says Byrd. "You don't know where you put that favorite coffee cup in the new kitchen."

Byrd recommends acknowledging to the staff that change is difficult and remembering you aren't just changing a building, you are changing processes, which often requires reengineering.

"You have to ask, 'how are we going to get the body of work done?'" says Byrd. Involve staff as much as possible and don't forget surgeons and support staff. For example, Byrd had staff from food services attend meetings because food delivery to the surgeon lounges would be affected by the OR design.

"You can't overprepare, you can't overcommunicate, and you can't overeducate," she says.

You are the OR expert

Nurses new to construction process often worry about their ability to handle it. Yet OR managers are adept at planning and paying attention to details, important skills for any project. In addition, they have a range of experts to draw upon.

"You don't have to be the architect expert," reminds Battié. "You are the OR expert." ❖
—Cynthia Saver, RN, MS

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An overview: Blueprint to building

The construction process begins with predesign, which includes, for example, how large the facility will be and how many ORs. Next is schematic design, when the architect blocks out the location of rooms on an architectural drawing. Design

development, which includes more detailed drawings, follows later.

"Usually you have lots of interaction in the early design phase," says Lynne Shira, RN, BSN, a principal at the architectural firm NBBJ, Seattle, and you may meet once or twice a month. During the schematic phase, you can expect 3 to 4 meetings about one month apart. You'll see drawings at each stage.

After this intense phase, you may not have much contact with the architectural firm for several months. Don't worry that the firm is ignoring your project. Its staff is simply busy creating the detailed drawings needed to build and obtaining bids from builders.

Once building starts, you will have frequent contact with the architect and the chosen contractor. You'll have "walk throughs" and work with the builder to make decisions such as when to turn off the power for a needed construction step.

More survival tips

Get the plan for your current space

"The architects will be talking in terms of square feet, and nurses don't usually think in those terms," says Lynne Shira, RN, BSN, a principal at NBBJ, Seattle. Be sure the plan labels the sizes of areas slated for renovations or replacement. "The plans will be a point of reference through the entire process," she says. If, for example, you know OR #1 is too small, the measurements will help you plan the new one.

Know how to read architectural drawings

"You need to be able to read plans to know if it's what you want," says Renae Battié, RN, MN, CNOR, director of intraoperative services at Swedish Medical Center, Seattle. You can match the existing building plans with your current layout to improve your knowledge, but also dig in and ask questions. "Don't assume what you asked for is on the drawings," Battié advises. She once thought a circle on a plan was a symbol for a light, not its exact location, which was off-center. Fortunately, the error was picked up early in the process.

Get organized

"Stay organized both electronically and physically," says Shira, who advises keeping one notebook for equipment information and another for meeting minutes. Once news of your building or renovation plans goes public, vendors will be at your doorstep. You won't be ready to talk to them, but collect their materials so you're prepared for later.

Battié uses a 3-ring notebook with separate sections for items such as plans, meeting minutes, and her questions. She carries a spiral notebook to record details at meetings or construction sites, so she has a written record.

If you are fortunate enough to have an administrative assistant, ask him or her to set up the files, but do it yourself if you have to. Otherwise the information will become overwhelming.

Read up on the latest trends in OR design. The architectural firm will bring ideas, says Shira, but you want to be knowledgeable as well.

Choose the right architectural firm

Usually, OR managers aren't involved in this process, but if you are, pick a firm with health care experience similar to your planned project. "I look for a firm that understands the OR world, who can talk my language," says Battié. She asks firms what has gone wrong on other projects and how it was handled, as well as what support they offer to the OR manager. It comes down to, "Can I relate to these people and are they really listening to me?" says Battié. Firms may be based locally or out of state.