Sharing lessons from video projects

Leaders and project teams from 2 teaching hospitals with OR video integration shared lessons learned during their projects.

Massachusetts General Hospital (MGH) in Boston recently opened an outpatient surgical suite and will open a new 28-OR suite on its main campus in 2011. The University of Alabama, Birmingham (UAB), opened its 40-OR department in 2004. Both selected a vendor-neutral video integration system.

At UAB, all ORs have video integration that can route signals both within rooms and to other areas such as the control desk, pathology, and offices of surgical section chiefs. All 40 ORs can be viewed on big screens at the OR control desk.

What are you glad you did?

Among the best decisions MGH and UAB say they made.

Oriented surgeons to video integration

Initially, some physicians at UAB were unclear about what routing of video signals could do for them.

A mockup of an OR nurses’ station and 2 video screens was installed in a conference room so surgeons could see a demo.

“We invited them to come by to show them the routing of signals,” says Marie Garner, MSN, RN, CNOR, who was UAB’s administrative director of perioperative services when the new ORs were built.

For example, if a surgeon was supervising a resident in OR 6, the resident could direct the signal from the surgical camera to OR 8, where the attending surgeon was operating so the surgeon could see the site. Or with a camera mounted on the microscope, the surgeon could direct video of the operative field to the pathology department for immediate consultation. “That is what clinched it,” Garner says.

Included a ‘command central’

Though some staff at UAB were initially skeptical about routing video from all ORs to the control desk, the screens have been a benefit, says Barbara Doster, MBA, RN, administrative director of perioperative services.

The nurse at the desk can see the status of cases and dispatch staff to help with turnover. Physicians supervising residents and fellows can view those rooms. When a prison inmate is having surgery, guards can monitor the room from the control desk, reducing OR traffic.

Had a rigorous RFP process

Taking time to develop a thorough request for proposal (RFP) was worthwhile, says the MGH team.

“This not only helped us to get who we wanted [as vendors] but more importantly, helped educate us on what was out there and what we should look for,” says Joanne
Ferguson, MSN, RN, perioperative project manager.

Bethany Daily, MHA, administrative director of perioperative services, adds, “That forced our choices to be requirements-based rather than vendor-based. It is all about what you need the system to do and how it will serve your future needs.”

The team solicited input from key players before and during the RFP and product selection. “Our core group made the final decision, but we had lots of input from people who would be using the ORs every day,” Daily says.
Held vendor demos
MHG set up demos by its final 3 video integration vendors and 5 surgical light vendors in a vacant space, allowing OR teams to test and compare the systems. That “was one of the biggest satisfiers,” says Ryan Forde, BSc, clinical engineering manager. One-on-one meetings were also held with key services to review the 3 systems.

Built early-test ORs
MHG built 3 test rooms for the new building early: One each for the OR, postanesthesia care unit, and emergency department.

“That allowed us to actually turn on the integration system in 1 OR. We learned a lot from that,” Forde notes.

Budgeted for onsite support
MHG arranged for long-term support with the video integration vendor.

“It has been wonderful to tell the staff that there will be onsite support for a period of time,” Daily says. “We are committed to getting this right with the staff.”

What would you have done differently?
There are a couple of things the facilities would have done differently.

Consider carefully what to place on booms
UAB, which uses 5 vendors for its surgical scope systems, finds placing those systems on its ceiling-mounted booms inhibits flexibility, Doster notes. Scope systems tend to be specialty specific, making it difficult to use an OR for more than one specialty. That makes it hard to move cases around for better room utilization. As a result, UAB is going back to carts for some of its scope systems.

Plan a contingency budget
Allow for contingencies is the team’s top advice. No matter how comprehensive the RFP, unanticipated needs will surface.

“You are spending so much that to lose functionality on the fine details that cost just a little bit more would be a shame,” Daily says, noting the MGH budget does provide for that.