Redefining Care at One Hundred Oaks

Vanderbilt Health One Hundred Oaks is a second VMC campus located off I-65 South near the Berry Hill community. The 440,000-square-foot facility, which will house 19 clinics, is designed with patient convenience as a priority.

“One Hundred Oaks is a tremendous opportunity for the Medical Center to reach out to patients and the nearby community in a new way,” said David Posch, chief executive officer of The Vanderbilt Clinic and executive director of the Vanderbilt Medical Group.

“We have a chance to make this a patient-centric experience while ensuring our culture of caring is alive and well at this new location,” said Margaret Head, chief operating officer and chief nursing officer of Vanderbilt Medical Group.

There will be a large fitness and wellness center that will interface with many of the clinical programs, including the interventional pain

Welcome to the second issue of our e-newsletter. This is a combined November/December issue and the second installment of our new communications piece designed to connect all of our more than 4,000 Vanderbilt nurses with the most current information.

Nearly three centuries ago, a Greek philosopher was quoted as saying, “The only constant is change.” That same wisdom certainly applies to health care today.

Since our last issue, our country has participated in an historic election. The incoming administration has pledged to expand health care coverage for the nation’s 46 million uninsured and take a closer look at improving the health care system.

Our profession of nursing also continues to evolve. Many of you reading this can think back 10, 20 and even 30 years ago and realize the many scientific and technological advances in health care between then and now. The needs of our patients continue to grow in complexity and certainly in numbers.

The Vanderbilt Medical Center senior leadership team realizes that change is constant and so in addition to making sure we deliver quality patient care today, we also have to focus on how we can serve our patients of tomorrow.

That’s why this e-newsletter is dedicated to VMC’s strategic expansion efforts by showcasing three different projects at different points of completion. One Hundred Oaks welcomed its first clinic in February of this year. The Critical Care Tower is scheduled to go online in November 2009. The Children’s Expansion with Obstetrics is in the initial planning stages. The main thing in common is the crucial role nurses are playing and will continue to play in these important initiatives for the Medical Center.
Learn more about One Hundred Oaks:
www.vanderbilthealth.com/100oaks

Upcoming Presentations:
December 9, 12:00 p.m.
Light Hall, Room 208
December 11, 12:00 p.m.
Light Hall, Room 208

Janice Smith, R.N., Chief Administrator of One Hundred Oaks, at the employee kick-off last February.

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clinic, and collaborate with physical therapy and occupational therapy staff just a few doors away. Approximately 25 percent of the space will be dedicated to women’s health issues such as The Breast Center, Center for Women’s Health (OB/Gyn including all Medical Arts, Maternal-Fetal and the TVC Clinic) and a second Center for Women’s Imaging (in addition to the West End location).

“It’s bringing quality in a convenient setting,” said Janice Smith, chief administrator of Vanderbilt Medical Group One Hundred Oaks. “Adjacent clinic locations are very important and the underlying concept is health and wellness. Our goal is to make the whole mall synergistic, focusing on continuity of care.”

But the most interesting aspect may be what happens behind the scenes.

There are 17 multidisciplinary teams, which include nursing representation, dedicated to making this project successful. The teams meet regularly providing input and making recommendations to senior leadership on everything from infrastructure to education.

“The clinical operations team is predominantly nursing managers and administrators partnering with other, non-nurse managers/administrators. This group focuses on the operations of the clinical units and regularly seeks input from the staff nurse regarding patient flow, equipment needs and space design,” Smith said.

One Hundred Oaks is about how each clinic will have its unique footprint and approach to reach its own patient population. Nurses have provided input in a number of important situations, such as:

• Standard examination room cabinetry and table setups in the OB/Gyn Suite were reworked to ensure patient privacy even when a family member is in the room.

• MS Clinic nurses measure how long it takes a patient to walk 25 feet as part of a standard visit, so that clinic will have color tiles easily marking that stretch of floor.

• Medical Infusion will have 16 individual patient bays, with televisions and headphones to increase patient comfort, and nurses will appreciate the convenience of accessing the medications they are infusing via a pharmacy pass-through window.

• Large, shared break room space throughout the facility will help foster more collegial relationships. Every effort was made to make the break room space light and bright and truly designed for breaks.

“Health care has to change because our communities are continually changing. We renovated the mall just as we plan to renovate health care,” said Smith. “This new environment allows us to give our nurses the space they need to match the level of care they have been giving.”
NURSES PROVIDE VALUABLE INPUT FOR CRITICAL CARE TOWER

The countdown is on.

It’s just 12 months until Vanderbilt’s Critical Care Tower becomes the official home of the Surgical, Medical and Neuro ICU units and operating rooms that will usher in a new era of care for some of the Medical Center’s most complex cases.

“The new facility gives us increased capacity to care for critically ill patients that otherwise the community can’t service and allows us to develop more standardization to increase our level of patient care,” said Larry Goldberg, chief executive officer of Vanderbilt University Hospital (VUH).

“The Critical Care Tower has been designed to provide the most recent technology with a patient- and family-centered environment that promotes maximum healing. There is also an emphasis on creating an environment that is conducive to efficient patient care workflow,” said Pam Jones, associate hospital director and chief nursing officer for VUH.

VUH opened its doors in 1980, but Vanderbilt patient needs have changed.

“Many of our ICU beds in the old facility are not adequate for today’s tech-

Making the Right Decisions for Children’s Hospital Expansion

In 2013, the Children’s Expansion with Obstetrics plans to open its doors to the Middle Tennessee community in an effort to improve the health of women and babies. The state-of-the-art facility will be a centralized resource helping everyone from women with low-risk pregnancies being cared for by a nurse midwife to those with high-risk pregnancies requiring complex medical intervention.

“This is a tremendous opportunity to take women’s care to the next level,” said Pat Givens, chief nursing officer of the Monroe Carell Jr. Children’s Hospital at Vanderbilt. “The work to transform this idea into reality has already begun, and nurses will play a key role.”

“Nurses are the experts,” said Robin Mutz, administrative director of Women’s PCC and Nursing Support Services, who is working with Givens to spearhead the operations. They expect to start forming various planning teams in early January. “This project is like a huge diamond with all these different facets and we need to polish them to make them come together,” Mutz said.

The ultimate goal is to help Tennessee improve its infant mortality rate, which is the third highest in the country. Other academic medical centers are moving toward this model, but there will be nothing like this facility anywhere else in the state.

Thanks to the generosity of the Monroe Carell Family and other donors, Vander-

Private patient rooms are planned to have dedicated areas for the patient, family and clinical staff.

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CLICK HERE to learn how to participate in one of four nursing staff councils

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nology, but are adequate for general care beds,” said Charlotte Chaney, associate hospital director for Hospital Administration. “This new facility will enable our health care teams to better communicate with patients and families because of the space and technology.”

Nurses, physicians and ancillary services representatives have been part of every team involved in the Critical Care Tower project. They have provided feedback on mockups of operating rooms, patient rooms, headwalls, beds, computer systems and even keyboards. All patient rooms were designed to encourage family member involvement, most specifically allowing at least one family member to stay overnight with the patient.

Examples of nursing input are multiple.

“We didn’t like the initial layout for Neuro, so we met as a group to talk about our concerns such as office space, bathrooms, etc.,” said Cindy Childress, interim manager of Neurology and manager of Orthopaedics/Urology. “My group is feeling like they’ve had some voice and hoping to see that their input has made a difference.”

Julie Foss, MICU manager, was happy to see nurses and respiratory therapists on her unit consulted for placement of items such as headwalls, lighting, oxygen outlets, suction, air and electrical outlets. Staff, who have gotten used to doing a lot of their work in the hallway due to room space limitations, have been encouraged to make suggestions on improvement.

“We had a blueprint of our new floor up in our unit so staff could provide feedback, and then we started a worksheet for ourselves to make sure we’re not taking broken processes to our new units,” Foss said.

The SICU will expand to 34 individual patient rooms, which are more conducive to including family members in rounds.

“None of us have ever been involved in a move like this,” said Mike Daly, manager of SICU Patient Care Services. “This is a once-in-a-lifetime experience.”

bilt will have a facility where women and babies can receive the best level of care virtually at their fingertips. An important part of the concept is having advanced fetal care close by.

Design consultant Smith, Hager, Bajo has worked on more than 2,000 facilities and recently worked on Winnie Palmer Hospital in Orlando, which has one of the nation’s largest neonatal units. Right now the design group is helping form teams to bring people together to make the right decisions.

Terrell Smith has recently developed a Women’s Patient Advisory Committee comprised of nurses, physicians and other key stakeholders who will meet on a monthly basis to provide input.

Mutz realizes that even good change can be difficult. She anticipates some workflow changes since the new facility will have a dedicated triage and dedicated high-risk antepartum unit, which will require nursery nurses and postpartum nurses to work closely together. She and Givens believe building and fostering strong relationships starting now, will make the process go more smoothly.

So far, so good.

“It is such a wonderful gift to have the opportunity to design a facility that will meet the needs of women and children. It will be better than we can even imagine,” Mutz said.