FAQ/TIP SHEET FOR 500P, OR CHANGES, & ORIENTATION

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First and foremost, thank you for all your hard work to continue to provide safe and excellent patient care. There will be many extra staff/champions and vendors for the new equipment around during the first week of opening to offer assistance. Vendors will wear Red bouffant, Wayfinders/General Help will wear pink , and IT/BioMed will wear green.

There will be a Hospital Command Center in place 24/7 for the initial opening period. Contact the Interventional Platform Operations Center (POC)with any issues, and they will be addressed and escalated as appropriate, Tel Number 650-736-5693.

Scheduler Numbers (See Dr. Schmiesing's email 11/15)

Anesthesia Scheduler 500 P	60249	Spok 13333
Voalte Number	650-736-0249	
iphone number if voalte off	650-407-7452	

Anesthesia Scheduler 300 P	33430	Spok 13751
Voalte number	650-733430	
iphone number if voalte off	650-391-7226	

Lane Anesthesia Scheduler-voalte	650-273-6200

Below are some FAQ and answers. Other questions that were raised during the Friday tour sessions we are working to have addressed soon for you.

- **How do I enter the new hospital (500P) from the old hospital (300P)?**
  - **Ground/Basement** (across from Endo/MRI in 300P, past D ground hallway and walk across to ground level 500P nearest to M wing, between M and J wings)
    - Enter L elevator from ground floor of 500P up to 3rd floor takes you to the locker rooms
  - **1st floor:** can walk outside cafeteria at 300P doors and pass under the bridge to 500P cafeteria side
  - **2nd floor:** "bridge" just past 300P D2 hallway connecting to 500P at the beginning of PREOP/PACU area
  - **3rd floor:** no direct path between 3rd floors of each hospital
  - No direct connection to ASC
  - **How to get from the 3rd floor lockers to the 2nd floor ORs:**
    - Take the double staff L wing elevators *or*
    - Take the single "baby L elevator" (~50 feet behind the main L elevators) or the stairs across from the baby L elevator entrance" (near nursing status boards) which takes you down to the 500P main OR control desk.

- **What are some important items on each floor in 500P?**

- The staff elevators in K, J, L, M wings will use badge access
- K elevators are the TRAUMA elevators going from the Helistop to the Trauma bays in the ED, and to the OR
- **Ground floor**:
  - **Transfusion/blood bank J03** (located J wing, but nearest elevator is K elevator; exit left and walk in direction of 500P parking garage)
  - **Central Pharmacy** (near J elevator, between J and K elevators)
  - Entrance from the Pasteur parking garage takes you between K and J wings

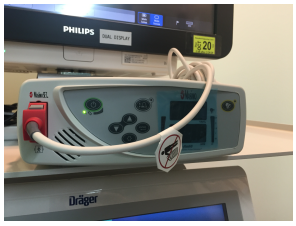
- **First floor:** Imaging, ED, Cafeteria, Atrium, Transportation hub
  - Trauma bays are **Alpha 1-7 beside the Ambulance Bay**
  - Peds 99 Trauma will go to 500 P ED trauma bays
  - MRI and CT imaging
    - CT3 will be the trauma CT and is located just across the corridor from the Trauma Bays
    - Currently GA MRI cases will be in done in 300P
- **Second floor**: ORs, Interventional platform, Preop/PACU, J2 CVICU
- **Third floor:** Lockers, physician staff attending lounge, call rooms, all staff break room
  - **Anesthesia Call rooms:**
    - **L321**- attending MSD- *badge access (no punch code required). Don't forget to lock behind you*
    - **L322** – resident MSD – *badge access (no punch code required). Don't forget to lock behind you*
    - Note: next to these two rooms is also L323 for the trauma surgery resident
  - **L331**: physician attending lounge (near call rooms); *functionally like the room across from gift shop in 300P aka "cookie room"*
  - **L333**: all staff break room *(behind double doors, looks like utility closet; across from locker rooms)*, has outside seating for lunch
- **Fourth floor**: ICUs except CVICU (2nd floor)
  - **J4 ICU:** Cardiology, Arrhythmia, Pulmonary Hypertension, Vascular, CV AAU (Adaptable Acuity Unit) overflow
  - **K4 ICU**: General surgery, Trauma, Surgical Transplant.
  - **L4 AAU:** Neurosurgery
  - **M4 ICU:** Neurology, Neurosurgery, Medicine, Hepatology
- **Fifth to Seventh floors**: patient wards; public elevators in center near atrium

- **What is the PREOP/PACU bed distribution and layout?**
  - **PREOP:** Bays 1 to ~35; *bed locations with hard walls between bays*
  - **PACU:** Bays ~35-70; *bed locations with curtains between bays*
  - **ISOLATION BAYS**: 5 (*negative pressure*), 27 (*positive pressure, for immune-compromised patients*), 61 (*negative pressure*)
  - **REGIONAL**: Bays 17-22; *1 ultrasound per bay*

- **Location of premade IV blood pumps**: across from preop bay 4, next to blanket warmer
- Along the preop wall closest to the ORs, there are 3 sets of 3 monitor screens at various entrance/exits between preop/pacu and the OR and these monitors will display your patient's name, bay number, and preop/pacu nurse name

- **What is the path of travel from preop/PACU to the ORs and out to PACU?**
  - During the first few weeks, there are **OR nurse champions** available to walk with you to your room to show you the path of travel **wearing pink scrub hats**
  - Ideally from preop, you should enter the ORs from the preop doors leading into the 500P main OR hallway by the control desk
    - *Entrance currently marked with red line on floor. HOWEVER, this is a "fake" red line, and the true red line for scrub/hat attire is marked by the **candy cane stripes** along the floor by the control desk once passed the preop "red" line*
  - You will enter PACU from the ORs through the double doors across from OR3
    - *Given that these doors from preop/PACU to the OR are indeed directly across from an OR, this red line on the ground is a "real" red line (not a fake like near 500P OR control desk)*
  - For transport to the ICUs from ORs: Your circulator or a nurse champion will know the path and be transporting with you
    - If on the 4th floor main roundabout hallway, the main staff J/K/L/M elevators are behind **dark grey/black double doors** (inpatient entrances are beige)
    - The public elevators are the 2 towers in the center of the atrium circle

- **Given the large distance between OR to PACU and OR to ICU, what should I be using to transport?**
  - **To transport to PACU:**
    - Massimo pulse ox transport monitor to have a pulse ox reading for your patient (*see image to right).*



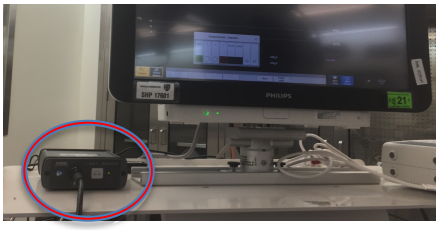
  - **To transport to the ICU:**
    - Review the Transport Checklist to consider drugs and equipment to carry with you
      - See separate document
    - Use a nurse champion/circulator to help navigate path of travel
    - Transport monitor is the Intellivue X3 module that pops off the Perseus (*see image to the right*)

    - If patient is intubated, you should be using the transport ventilator
      - RT will not transport with us unless requested. A more advanced ventilator is always available from RT for patients with complex ventilatory requirements, and RTs will accompany in those situations

- **How do I reach the anesthesia techs in 500P?**

- There will be 1 assigned anesthesia tech to each OR core/pod group of ORs in 500P. The anesthesia techs will list their number either on the side of the Perseus machine or Omnicell for non-emergency room/case requests during the day.
  - This will be updated/change each morning to reflect the anesthesia tech of the day for each core (A, B, C, D, E)
- **500P anesthesia tech workroom phone: 650-497-3519**
- The main 500P/emergency anesthesia technician number is **x40219** (*equivalent to the x61850 number in 300P).*
  - **HOWEVER,** this is to be used for **emergency/codes ONLY**. To request next-case equipment please contact your pod/core assigned anesthesia tech. 500P is too big to have 1 phone/lead tech distribute the workload and incoming requests

- **What are some of the new anesthesia equipment/updates in the 500P ORs?**
  - **Perseus ventilators**
    - *More vendors should be on site during the first week to help orient*
  - Each room is equipped with a **Storz monitor cable** *(see image to right)* to attach to C-MAC blade or fiberoptic scope and link video via the Stryker boom to a video monitor within the room



    - <u>See separate document for tip sheet on Storz monitor</u>
    - Each OR room will have **C-MAC Miller 2, Mac 3, Mac4, D-blade video scope blades**
  - There are still **6 portable glidescopes** that can be requested for use in your room if preferred from room C-MACs. The techs will also bring a portable glidescope to a code airway
  - 500P returns to **REUSABLE** (NOT disposable), autoclavable DL blades (*for cost and environment)*
  - **16 new "Venue" Ultrasounds**
    - Vendor reps available to instruct on use
    - See separate document for basic tip sheet (*ie changing depth, color, gai*n)
      - **Depth:** can touch and drag inside ruler line to change depth or when "Full screen" box is not blue (aka "off"), have a tool bar on right side of screen to change depth
      - **Gain**: can touch and drag left side of screen or use tool bar as above
      - **Color:** under "Findings", along bottom tool bar
      - **Center line**: found on right hand toggle when full screen is off versus tapping yellow triangle in center.
    - **Use GRAY TOP** wipes to clean ultrasound; *the ultrasound high resolution screen will be damaged by purple top wipes*
      - These will be attached to the ultrasounds
  - To open the OR doors automatically, you can swipe your badge on access key card.
  - **4 airway teaching carts** stocked with reusable Olympus fiberoptic scopes and monitor
  - **6 stocked airway backpacks;** techs will still respond to a code with a portable glidescope

- **3 ICU difficult airway carts (**with Cmac and fiberoptic scope capability**);** one located in J2 CVICU, two located in 4th floor ICU's
- Inside the OR room, the wall closets (01 and 02) available for anesthesia techs to replenish supplies for the Omnicells

- **What's happening in each OR location?**
  - **500P:** neurosurgery, cardiac surgery, thoracic surgery, orthopedics, trauma/gen surgery- some/transplant/interventional cardiology, EP, interventional radiology, interventional neuroradiology. Misc. procedures in the procedure rooms 31-34

- **How many OR/procedure rooms are on the 500P interventional platform (2nd floor)?**
  - **Rooms 1-34**
    - **1,4,5** general surgery and trauma (OR5 will come on line at a later date)
    - **2,3** DBS rooms
    - **6-11** are cath lab/IR suite rooms (OR 6 will come on line at a later date)
    - **12-18** Cardiac OR
    - **19-24** Ortho OR
    - **25-30** Neuro OR (iMRI will come on line at a later date)
    - **31-34** procedure rooms

- **What are the procedure rooms 31-34?**
  - Rooms that will have an anesthesia machine and omnicell that are intended for TEE, cardioversions, acute 500P inpatient endo cases

- **Who are the new 300P schedulers? Congrats!**
  - Sophia Turkmani-Bazzi, Roya Saffary, Amit Joseph, Karl Zheng, Vicky Yin, Anil Panigrahi, Tiffany Cheng

- **What is the "Baby L" elevator?**
  - This single elevator goes between 3rd floor (*near locker room/staff break room*) down to the 2nd floor 500P OR control desk.
    - *There is a misleading red line along floor once exit elevator on 2nd floor but this is a "fake" red line (i.e scrubs/hat not required) and that will eventually be removed and the true red line leading to ORs at the control desk is marked by candy cane stripes on the floor.*
  - There is also a stairway across from them Baby L elevator
  - This is equivalent to the elevator in front of 300P control desk in the little stairway alcove

- **What is the locker status of 500P?**
  - The locker rooms are on the 3rd floor: Women's (L332) & Men's (L336)
  - There are ~300 some lockers in 500P
  - Latest update is there will be 14 "Day use" (first come, first serve) lockers and 14 "call" lockers with the rest assigned

- **Where is the cafeteria in 500P?**
  - The 300P cafeteria will be closing for renovations
  - 500P cafeteria is on the 1st floor
  - M wing elevators are the closest elevator; walk out and follow the "weight lifting people" wall paper and signs to cafeteria
  - If exit the K elevators at 1st floor, along the blue paved hallways walk the direction of the "running horse" wallpaper, then the "flying birds" wall paper (past L elevators exit as well on 1st floor), then the "weight lifting man" wall paper and then signs for cafeteria via "zig/zag" hallway

- **Where are the call rooms?**
  - 3rd floor between the main L elevators and baby L elevator
  - Badge access; *ie no code needed to remember to enter, just need your badge- Lock door behind you*
  - **L321- attending MSD**
  - **L322 – resident MSD**

- **How will codes and emergent airways work between the two hospitals?**
  - Please refer to Dr. Pearl email sent 11/13/19

- **Can I get an updated laminated badge card with important phone numbers?**
  - We are working on finalizing these numbers and hope to have laminated phone cards distributed soon with important numbers for all locations once confirmed

- **How do I know what room a code is taking place in?**
  - There are overhead lights that "twinkle" but can be difficult to follow. THUS, outside every room at the sink station is a **Hill Rom** screen/box → look at the screen and it will display the room number the code is happening in
  - **A side note:** if there is a code in the IR/cath lab suite, make sure to move the Philips bed back to over the center fulcrum point so that the bed doesn't bounce up and down (*like a diving board)* when doing CPR. The staff in these rooms are trained about this, and will operate the bed with the physicians doing the procedure.

- **Where are the code carts and MH carts located?**
  - Each central core for a pod of ORs has a code cart in the central core location (A,B,C,D,E). MH carts are also available in select cores. Code Carts are also in the Preop/PACU

- **What happens to transfusion medicine services with 500P opening? How do I get blood in ASC/Lane or 300P?**
  - Transfusion Service Lab will be located in the basement of 500P and blood products will be sent from here
  - The pneumatic tube system is not yet approved by transfusion service, ***THUS*** **all blood products will be delivered by runners.**
    - If you need blood, send a runner!
  - Emergency blood products for L&D will continue to be supplied by the Satellite Transfusion Service in LPCH 2.0.

- Due to the distance to the 500P TS lab, the blood refrigerator (*picture to right*) in the **ASC PACU** will have with 6 O+ RBC units, and 4 A plasma units that can be used as emergency release blood products for ASC and 300P.

    - Removing products from here requires badging into the workstation and relabeling each unit.
        - The nurses in ASC are trained in this process.
        - Transfusion services receive an alarm when the refrigerator is opened and will restock immediately
  - We do not have time estimates for how long it would take a runner to deliver blood from 500P to 300P or ASC, as we have not received written information regarding the path of travel studies. However, anticipate that it would take 10-15 minutes once the blood has been picked up.
  - The 500 P Transfusion lab is the ultimate source of blood, and should be used in the majority of instances
  - A transfusion medicine MD is always available 24/7 at **pager 12027**

- **What about the OR and hospital pharmacy's?**
  - The **300P OR pharmacy will remain open** during OR times in 300P
  - If you need a **controlled substance drug box** (ECT, endo, MRI, etc), make sure to pick up the controlled substance box from the OR pharmacy within the building the procedure room will be in
    - *Ie if doing an MRI on D-ground level in 300P, grab a metal drug box from 300P. The tracking of these drugs is different between the two hospitals so important to keep within same site*
  - The **500P OR pharmacy satellite (K217;** *located across from sterile core E, near OR27, towards J2ICU hallway)* will be staffed 24/7. This becomes the new "E2ICU" satellite-like pharmacy where you will go to for future on call drug/drip needs
    - The current 300P E2ICU pharmacy where we commonly went to for on-call drugs and drips will no longer dispense drugs
  - The **500P OR pharmacy will have a half door/window** to get drugs from in the morning. If the top part of the door is closed, simply ring the doorbell or knock and someone should open the door.
  - Each **central core** to a pod of ORs will have **an Omnicell** where your circulator can get basic drugs as well (*Tylenol, albumin, etc*)

Notes from Dr. Macario's email:

- As far as we know, resident call schedule stays the same (call residents in 500P)
- OR day in 300P scheduled to end by approximately 7pm.
- PACU resident will be at 500P
- Libero lectures at anesthesia library on hold for the first two weeks of the new hospital opening.

- We aim to work to keep the call room in 300P so other overnight anesthesia residents can use it such as the acute pain resident.
- Will have to see if 15 min is enough time for breaks and whether 30 min is enough time for a lunch break in the new hospital given fridge in 300P

Code questions

If called to a code in 500 P. The room numbers are called after the pavilion - J/K/L/M, the floor and the room number.

- e.g. K720 is in the K pavilion (the K elevator takes you there), the 7th floor, Room 20

Dr. Schmeising's email 11/15

"We will have 6 pager ID that get all code blue and airway code alerts based on the code types we have been sending to the old airway pager carried by the residents. So all the pagers get the same alerts: adult code blue, airway codes, CV code escalations, and OB codes

Here are the pagers/roles that will get these code alerts

1. 500P and 300P scheduling phones carried by the respective schedulers
2. Periop attending and resident pager - attending and resident "cover" this role.
3. new 300p and 500p airway pagers carried by residents"

Dr. Pearl's email 11/13

"Residents and faculty,

We will soon be moving into the new hospital (500P). Due to the significant distance between 500P and the current hospital (300P), we are required to have a separate code team for each location. Airway coverage for codes at nights is currently primarily provided by the anesthesia ICU resident. However, since there will be a MICU team in both 500P and 300P, half the time there will be no 300P anesthesia ICU resident. Our initial approach to this problem had been to have voluntary resident or fellow coverage with financial incentives, but there has not been enough interest for this to be viable.

Working with the chief residents, we have explored other potential solutions but without a viable plan at this time. Since we need to have a plan at this time, we plan do try a two month pilot where the acute pain resident covers the night shifts when there is no 300P anesthesia ICU residents and no volunteer. Our data suggest that the code frequency in 300P will only be about one in six shifts, so we do not anticipate that this will be a major diversion from their acute pain duties. There will be monetary compensation for availability for codecoverage. We will collect weekly data on the actual frequency of codes, the impact of code coverage on the acute pain resident's other responsibilities, and their satisfaction with this plan. We will also appoint a task force chaired by a faculty and a chief resident to study the overall night pager coverage across the two hospitals, learning from our experience during the first few weeks and developing recommendations on how to address the code coverage issue.

The chief residents have pointed out that the pain resident will only be responsible for night shift coverage after 7 pm, and that weekend daytime coverage will be done by volunteers receiving compensation. Since the number of nighttime 300P code shifts covered by the resident will be highly variable among the residents, the chiefs have recommended that the payment for those shifts be distributed among all the residents. In order to allow the pain resident to be available for code coverage, the "Resident Call Order for General OR" algorithm will be modified.

Specifically, the algorithm will state "Please note: the pain anesthesia resident may be covering the airway pager for 300P and cannot provide OR coverage while carrying the airway pager").”