# FLOWS MAPPING TOOLKIT

### OVERVIEW

### **1 DOCUMENTING SPATIAL CONTEXT** (prior to site tour)

| Α. | Pre-assessment questionnaire  | 01 - 03 |
|----|-------------------------------|---------|
| В. | Physical assessment checklist | 04      |

| 2 | DOC | UMENTING FLOWS (during site tour) |         |
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|   | В.  | Site Tour Photo Assessment        | 06      |
|   | C.  | Site Tour Interview questions     | 07 - 08 |

Documenting context is critical to help understand facility-wide factors influencing the flows of people and objects moving across surgical environments.

#### A. **PRE-ASSESSMENT QUESTIONNAIRE** (to be filled out prior to site visit)

| FAC  | ILITY LEVEL   |  |
|------|---|--|
| Loca | ition:  | Date:  |
| 1.   | How long has your healthcare facility been in operation?  |  |
| 2.   | How would you best describe the type of your surgical facility?<br>(check only one)                     | <ul> <li>Freestanding, not on a hospital campus</li> <li>Freestanding, on a hospital campus</li> <li>Physically adjacent to a hospital</li> <li>Within a hospital</li> <li>Other</li> </ul>  |
| 3.   | What categories of surgical procedures are performed at your facility? (check only one)                 | <ul> <li>Outpatient only</li> <li>Inpatient only</li> <li>Both outpatient and inpatient</li> </ul>   |
| 4.   | What types of patients are treated at your facility?<br>(check only one)                                | <ul> <li>Adults only</li> <li>Children only</li> <li>Both adults and children</li> </ul>   |
| 5.   | What types of surgical procedures are<br>performed at your facility?<br>(check all that apply)          | <ul> <li>Orthopedics</li> <li>Cardiology</li> <li>Otolaryngology</li> <li>Pediatric Surgery</li> <li>Urology</li> <li>Ophthalmology</li> <li>Endoscopy</li> <li>Other</li> </ul>   |
| 6.   | What are the most common types of surgical procedures performed at your facility? (list all that apply) |  |
| 7.   | Where is the central sterile processing department located in your facility? (check only one)           | <ul> <li>Same floor as surgical clean/controlled area</li> <li>Different floor as surgical clean/controlled area</li> <li>Different building (same facility)</li> <li>Different facility (third party service provider)</li> </ul> |

### A. **PRE-ASSESSMENT QUESTIONNAIRE** (to be filled out prior to site visit)

| DEP | ARTMENT LEVEL  |   |      |   |
|-----|--|---|------|---|
|     | r level where ORs<br>ocated:   | Department gross<br>square footage:                         |      |   |
| 8.  | How many operating rooms does your facility area have?   |   |      |   |
| 9.  | Are there dedicated control rooms in your surgical facility? If yes, how many?   | □ Yes   | □ No |   |
| 10. | Are there dedicated storage areas in the surgical clean/controlled area? If yes, how many?   | ☐ Yes   | □ No |   |
| 11. | Are there dedicated induction rooms in your surgical facility? If yes, how many?   | □ Yes   | □ No |   |
| 12. | If instruments are processed on a separate floor<br>from the ORs, do dedicated clean and soiled<br>supply elevators directly connect the surgical<br>clean/controlled area and the processing area?                    | ☐ Yes   | 🗆 No |   |
| 13. | Are surgical instruments and supplies<br>transported in covered case carts to and from<br>the surgical clean/controlled area and into the<br>ORs?<br>If no, how are instruments and supplies<br>transported to the OR? | ☐ Yes   | □ No |   |
| 14. | Are all recovery levels located in the same area?  | Yes   | 🗌 No |   |
| 15. | How many preoperative areas does your surgery facility have?   |   |      |   |
| 16. | How many preoperative bays/rooms does your facility have in each area?   |   |      |   |
| 17. | How many recovery levels are there in your facility?   | □ 1   | □ 2  | □ 3 or more   |
| 18. | Are all recovery levels located in the same area?  | ☐ Yes   | □ No |   |
| 19. | How many postoperative bays/rooms does your facility have in each area?  |   |      |   |
| 20. | How would you best describe the physical configuration of the surgical suite (check all that apply)  | around core<br>Double-load<br>flow take pla<br>Dedicated cl |      | both clean and soiled<br>corridor<br>idors (segregating |

### A. **PRE-ASSESSMENT QUESTIONNAIRE** (to be filled out prior to site visit)

| PAT | TIENT PREPARATION (PREOPERATIVE)  |   |
|-----|---|---|
| 21. | Where is patient preparation located in your facility?<br>(check only one)            | <ul> <li>Within the surgical clean/controlled area</li> <li>Adjacent to the surgical clean/controlled area</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area, but on the same floor</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area, but one floor above or below</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area, but one floor above or below</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area, but more than one floor above or below</li> <li>Other</li> </ul> |
| 22. | What is the physical enclosure of the preoperative bays/rooms? (check all that apply) | <ul> <li>Solid head wall; curtains on 3 sides</li> <li>Solid head and side walls,; curtains at foot</li> <li>All sides solid surfaces, glass, etc.</li> <li>Other</li> </ul>  |
| PAI | TIENT RECOVERY (POSTOPERATIVE)  |   |
| 23. | Where is patient recovery/Post Anesthesia Care<br>Unit (PACU) located?                | <ul> <li>Within the surgical clean/controlled area</li> <li>Adjacent to the surgical clean/controlled area</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area , but on the same floor</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area , but one floor above or below</li> <li>Physically separate (not adjacent) to the surgical clean/controlled area , but more than one floor above or below</li> <li>Other</li> </ul>  |
| 24. | What is the physical enclosure of the recovery bays/rooms:                            | <ul> <li>Solid head wall; curtains on 3 sides</li> <li>Solid head and side walls; curtains at foot</li> <li>All sides solid surfaces, glass, etc.</li> <li>Other</li></ul>  |

#### **B. PHYSICAL ASSESSMENT CHECKLIST** (to be confirmed on site visit)

| Mark on floor plan the location of:   | Mark 'X' on 'yes' column<br>marked on floor plan |                            |  |
|---|--|----------------------------|--|
| Functional / Department Zone  | YES  | N/A                        |  |
| <b>OR zone(s)</b><br>Includes operating rooms, procedure rooms, induction rooms, control rooms/areas,<br>scrub sink rooms/areas   |  |                            |  |
| Preoperative Assessment zone(s)<br>Includes areas occupied by preoperative assessment patient beds  | ·<br>·<br>·<br>·<br>·                            | ·<br>·<br>·<br>·<br>·      |  |
| <b>Postoperative Recovery zone(s)</b><br>Includes areas occupied by postoperative recovery patient beds   |  | •<br>•<br>•<br>•<br>•<br>• |  |
| <b>Sterile Processing zone(s)</b><br>Includes rooms occupied by activities related to cleaning, sterilizing and distributing<br>surgical instruments and materials  |  |                            |  |
| <b>General support zone(s)</b><br>Includes elevators, admission desk areas, waiting areas, storage rooms/areas, holding<br>rooms/areas, patient and family amenity rooms/areas (toilets, changing rooms, eating<br>areas), staff workstations, administrative offices, staff amenity rooms/areas (toilets,<br>changing rooms, eating areas) |  |                            |  |
| <b>Circulation zone(s)</b><br>Includes corridors or any area which people use to walk or transport between spaces   |  |                            |  |
| Other   | ·<br>·<br>·<br>·                                 | ·<br>·<br>·<br>·<br>·      |  |
| Vehicular flow  |  |                            |  |
| Patient pick-up area  | :  | :                          |  |
| Patient drop-off area   | ·<br>·<br>·                                      | ·<br>·<br>·                |  |
| Main entrances  | :  | :                          |  |
| Public entrance (for patients and family)   | ÷  | :                          |  |
| Staff entrance  | :  |                            |  |
| Materials / supplies entrance (e.g. loading dock)   |  | ·<br>·<br>·                |  |
| Other   |  |                            |  |
| Circulation types   |  |                            |  |
| <b>Clean circulation</b><br>Includes areas in which only staff members and materials/supplies/instruments<br>considered sterile are permitted to circulate  |  |                            |  |
| <b>Soiled / dirty circulation</b><br>Includes areas in which any staff member and materials/supplies/instruments<br>considered non-sterile are permitted to circulate   |  |                            |  |
| <b>Restricted circulation</b><br>Includes areas in which only authorized people like staff members are permitted to<br>circulate  |  |                            |  |
| Other   |  | •<br>•<br>•<br>•           |  |
|   | :  | :                          |  |

## **2. DOCUMENTING FLOWS** (during site tour)

Documenting how the flows of people and objects are moving through the surgical environment is critical to understand how spatial configuration supports the surgical process. Critically examining the pathway of these flows undertakes having a human-centered approach, which is ideally constructed by overlapping the perspectives of multiple users.

#### A. SITE TOUR PHYSICAL ASSESSMENT

[ADD FLOOR PLAN]

| Check ( $\checkmark$ ) once marked on the floor plan |
|--|
|--|

Record the color code for each flow

| CHECK | COLOR CODE | TYPICAL PATHWAY OF                        | СНЕСК | FUNCTIONS OF ALL SPACES WITHIN            |
|-------|------------|---|-------|---|
| ()    |            | PA patient flow                           |       | PA patient flow                           |
| ()    |            | FA family flow                            | ()    | FA family flow                            |
| ()    |            | SG surgeon flow                           | ()    | SG surgeon flow                           |
| ()    |            | AN anesthesiology team flow               | ()    | AN anesthesiology team flow               |
| ( )   |            | SI sterile instruments and materials flow | ()    | SI sterile instruments and materials flow |
| ( )   |            | ME movable equipment flow                 |       | ME movable equipment flow                 |
| ( )   |            | SU supplies                               |       | SU supplies                               |
| ( )   |            | WA waste                                  |       | WA waste                                  |
| . ,   |            |   |       |   |

# **2. DOCUMENTING FLOWS** (during site tour)

#### B. SITE TOUR PHOTO ASSESSMENT

| FACILITY LEVEL   | YES         | N/A    |
|--|-------------|--------|
| Vehicular flow   | :           | :      |
| Patient pick-up area   |             |        |
| Patient drop-off area  |             |        |
| Main entrances   | -           |        |
| Public entrance (for patients and family)                                      |             |        |
| Staff entrance   |             |        |
| Materials / supplies entrance (e.g. loading dock)                              |             | :      |
| Other  |             |        |
| DEPARTMENT LEVEL   |             |        |
| OR zone(s)   |             |        |
| Operating rooms  |             | •      |
| Procedure rooms  | •           | •      |
| Induction rooms  | •           | •      |
| Control rooms/areas  |             | •      |
| Scrub sink rooms/areas   |             |        |
|  |             |        |
| Preoperative Assessment zone(s)  |             | •      |
| Preoperative beds/bays/rooms   |             | :      |
|  |             |        |
| Postoperative Recovery zone(s)   | •           | •      |
| Postoperative beds/bays/rooms  |             | •      |
|  |             |        |
| Sterile Processing zone(s)   |             |        |
| Cleaning/soiled room   | •           | •      |
| Sterilization room   |             | •      |
| Distribution room  |             |        |
| General support zone(s)  |             |        |
| Elevators  |             | •      |
| Admission desk areas   |             |        |
| Waiting areas  |             | •      |
| Storage rooms/areas  |             |        |
| Holding rooms/areas  | •<br>•<br>• | •      |
| Patient and family amenity rooms/areas (toilets, changing rooms, eating areas) | •<br>•<br>• | •      |
| Staff workstations   |             |        |
| Administrative offices   |             | •      |
| Staff amenity rooms/areas (toilets, changing rooms, eating areas)              | •           | •      |
|  | •<br>•      | :<br>: |
| Circulation zone(s)  |             |        |
| Corridors or any area in which people use to walk or transport between spaces  |             |        |
| FACILITIES AND BARRIERS  |             |        |
| Spaces identified by staff as facilitators in the surgical process             | :           | :      |
| Spaces identified by staff as barriers in the surgical process                 |             | -      |

### **C. SITE TOUR INTERVIEW QUESTIONS** (audio record answers and/or take notes)

|      |   |               |         | ITTEI<br>IEWE    |                    |
|------|---|---------------|---------|------------------|--------------------|
| Inte | rview questions   | Nurse manager | Surgeon | Anesthesiologist | Facilities manager |
| 1.   | Describe and walk through the patient path and steps through the surgical process from entry to discharge.  |               |         |                  |                    |
| 2.   | Describe and walk through the family path and steps through the surgical process from entry to discharge.   |               |         |                  |                    |
| 3.   | Describe and walk through the surgeon path and steps through the surgical process from entry to discharge.  |               |         |                  |                    |
| 4.   | Describe and walk through the nurse path and steps through the surgical process from entry to discharge.  |               |         |                  |                    |
| 5.   | Describe and walk through the anesthesiology personnel (anesthesiologist, nurse anesthetist) path and steps through the surgical process from entry to discharge.   |               |         |                  |                    |
| 6.   | Describe and walk through how and where various materials arrive, leave, and move through the facility.   |               |         |                  |                    |
| 7.   | Describe the typical path of movable equipment through the surgical process.  |               |         |                  |                    |
| 8.   | When and where are family members allowed to be with the patient and participate in care?   |               |         |                  |                    |
| 9.   | Where do family members wait when not with the patient?   |               |         |                  | •                  |
| 10.  | How is flow handled between preoperative and postoperative patient care over the course of the day spatially and operationally?   |               |         |                  |                    |
| 11.  | Do you feel the size (area and dimensions) of your operating rooms are adequate,<br>inadequate or oversized to meet your case mix today and in the future? If inadequate or<br>oversized, please explain how and why.         |               |         |                  |                    |
| 12.  | Do you feel the location and number of doors of your operating rooms are adequate, inadequate, or exceeding your needs to meet your case mix today and in the future? If inadequate or excessive, please explain how and why. |               |         |                  |                    |
| 13.  | Does the patient enter the operating room from the same doorway as the surgical staff?  |               |         |                  |                    |
| 14.  | Which door do nurses usually use to enter the OR? (when the OR has more than 1 door)  |               |         |                  |                    |

### A. SITE TOUR INTERVIEW QUESTIONS (audio record answers and/or take notes)

|   | BEST FITTED   |         |                  |                    |
|---|---------------|---------|------------------|--------------------|
| nterview questions continued  | Nurse manager | Surgeon | Anesthesiologist | Facilities manager |
| 15. Which door do anesthesiology personnel usually use to enter the OR? (when the OR has more than 1 door)  |               |         |                  |                    |
| 16. Which door does the surgeon usually use to enter the OR? (when the OR has more than<br>1 door)  |               |         | •                |                    |
| 17. Are certain operating rooms designated and designed for specific surgical procedures? If<br>so, please explain how and why.   |               |         |                  |                    |
| 18. If provided, where and how are non-surgical procedures accommodated?  |               |         |                  |                    |
| 19. Where are general materials/supplies located in relation to the OR?   |               |         |                  |                    |
| 20. How accessible are general materials/supplies from the operating room?  |               |         |                  |                    |
| 21. Where are anesthesia supplies located in relation to the OR?  |               |         |                  |                    |
| 22. How accessible are anesthesia supplies from the operating room?   | •             |         |                  | •                  |
| 23. Where are surgical instruments and supplies processed?  |               | •       |                  |                    |
| 24. Where are surgical materials/supplies/instruments and equipment stored and staged for the next case in relation to the OR?  |               | •       | •                |                    |
| 25. When and where is movable equipment cleaned through the surgical process?   |               |         |                  |                    |
| 26. Describe any facilitators (spaces and/or processes that support the flow of patient and family, staff, materials and supplies, and equipment) in your current system. |               |         |                  |                    |
| 27. Describe barriers (spaces and/or processes that hinder the flow of patient and family, staff, materials and supplies, and equipment) in your current system.          |               |         |                  |                    |
| 28. Describe recent or expected updates/innovations in surgical technologies that have been<br>or will be integrated into your facility.                                  |               |         |                  |                    |