



DESIGN THINKING

Oklahoma - Part 4

Oklahoma Hospital CNO Jodi Simmons

Interviews from the front lines of COVID-19



HFG
architecture

Design Thinking Interview

Jodi Simmons - Oklahoma

CNO at Hillcrest Medical Center, Tulsa, OK



Response to COVID-19
Jodi Simmons, CNO
Hillcrest Medical Center
Tulsa, Oklahoma

Dwayne Robinett, Director of HFG Architecture's Oklahoma operations, recently spoke with Jodi Simmons, Chief Nursing Officer, about her experience in response to COVID-19.



1. How has COVID-19 impacted normal operations of your facilities' staffing patterns, training, and maintenance?

Volumes are down and elective surgeries were halted for a while. As a result, this affected staffing levels throughout the Division. Due to national restrictions of not being able to congregate in groups greater than ten, and needing to conserve PPE, we had to cancel training classes, student rotations, etc. We also limited the number of visitors and vendors entering the hospital.

2. What is the one thing you have learned from this pandemic and hope to improve from as you move into the future? (what insight can you gain as you plan for the future?)

Through this time, we've learned the importance of accurate and timely lab testing. In the future, faster and reliable lab testing is needed to quickly diagnose, place patients and maintain hospital safety and achieve effective throughput.

3. What are your expectations for the future of healthcare design directly resulting from this pandemic?

I've wondered if semi-private rooms will be eradicated because of this pandemic. I know that the new guidelines don't allow for cohorting (room sharing) patients with the same infections, but this may very well be the thing that gets rid of existing semi-private rooms. I also think potentially more negative pressure rooms will be added to future designs.

4. Do you think people will view healthcare differently going forward? How will healthcare delivery methods change?

I know that right now patients are trying to stay away from the hospital because there is fear around this but, I think over time this will dissipate. I feel the biggest thing that will change is diagnostic testing to test every patient for COVID-19 upon presentation until the pandemic is over and a vaccine is developed. Until this happens, universal masking will likely remain intact.

5. What will you do now to prepare for another potential future outbreak?

We need to ensure access to PPE and also have an excess inventory to be prepared in the future. . We also need to prepare staff through better training. This came so quickly but, the resilience and adaptability of the staff has been amazing.

6. Were there specific practices or facility advantages that allowed your hospitals to quickly adapt to treating COVID-19 patients? What were the barriers that hindered necessary changes?

Our facilities team was the biggest asset. They quickly gained access to HEPA machines so that we could convert multiple units to negative air and put up barriers quickly. Specifically, we converted the ED remarkably fast. The biggest hindrance was access to PPE in the beginning.