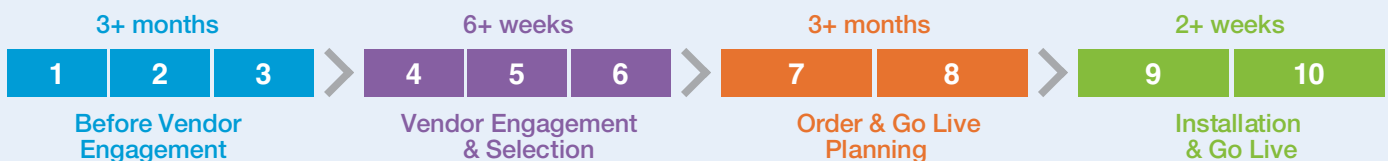


Integrating your O.R., Hybrid or Procedure Space

Planning saves time. Precision saves money. Clinical alignment leads to success.

Successful projects are on time, on budget, and aligned with your hospital's clinical and business goals. As you begin the process of building a new procedure room, one of the most important decisions you will make is selecting an integration vendor. The right vendor will deliver an integrated system that allows care teams to easily control procedure rooms and efficiently collaborate with colleagues inside the room and across the hospital enterprise through the sharing of crystal-clear clinical video and audio. Olympus has been in the business of integrating procedure spaces for more than 15 years. We understand what it takes to make your integration project a successful one. This 10-step guide and checklist is designed to help you navigate the entire integration process and achieve the best result. See the bullet points at each step for additional tips, insights or issues to consider.

Sample Project Timeline



1 Define Vision and Business Goals (1–6 months)

The first step is to engage with senior clinical and business leadership to understand the vision and business goals for the new procedure spaces. Like your hospital, the goals of each project are unique.

An experienced integration partner will ensure your project delivers the vision while achieving leadership's business targets.

Identify your project's goals:

- Facilitating advanced, high-revenue procedures
- Attracting and retaining highly skilled clinicians
- Increasing throughput with high-volume procedures
- Attracting new patients, increasing referrals, keeping patients in-network
- Improving efficiency to reduce costs
- Expanding surgical services to improve care and reduce length of stay

2 Assemble Selection Committee (1–2 months)

Engaging the right stakeholders from day one ensures a more successful project by improving communication, streamlining goal setting, and increasing internal satisfaction.

The best selection committees include leadership from all key user and decision-making groups. Clinician participation throughout the process is a key predictor of project success. Designing an integrated system without clinical input can have disastrous impacts on workflow.

Consider the following stakeholders for your selection committee:

- Physicians: surgeons, interventionalists, anesthesiologists
- Other clinicians: nursing leadership, surgical and radiology techs
- Administration: C-suite, O.R., surgical services, cath lab
- Technical: IT, clinical apps, network, security, biomed
- Staff: infection control, patient safety, purchasing

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3 Clarify Needs (1–4 months)

Take the time now to clarify each room's clinical, technical, and procedural needs, as this drives the features required for that room.

An imaging-centric hybrid O.R. has very different requirements than an otolaryngology clinic and your integration partner should understand the difference. Your integration partner should be able to explain how their system will support your desired clinical workflow – not the other way around.

Discuss the following for each room:

- Which clinical disciplines will be involved?
- What types of procedures will be performed?
- How many procedures will be performed daily?
- What is the desired clinical workflow for each discipline?

4 Vendor Engagement (2 weeks–3 months)

Once your internal team is aligned and your goals and needs have been identified, you are ready to begin reviewing integration vendors.

RFPs and check-the-box processes rarely satisfy clinical needs. More important are onsite and remote product demonstrations that allow users to interact with the system and vendor personnel. Visits to completed projects that most resemble yours are very important. You want a vendor that has experience delivering projects like yours – on time, on budget and on plan.

Make sure your clinicians' solution:

- Adapts to your clinician's workflows, not the other way around
- Scales easily, so you can add new functions without breaking the bank
- Supports all your imaging sources – doesn't lock you into a single vendor
- Provides anywhere, anytime access to video assets with enterprise-wide content management
- Supports end-to-end workflows – automatic registration, discharge, and EHR integration, with appropriate IT security

5 Collaborative Design & Initial Project Planning (2 weeks–6 months)

A procedure room build-out is a complex construction project with many moving parts. The earlier your vendor understands how integration can best support your goals, the more cost-effective their proposal can be. For example, specifying the location of room displays and imaging source wall plates is painless to change early on, but once cable is pulled and walls are built, it becomes an expensive and difficult change order.

Ask a prospective integration partner if they will collaborate with your clinicians to understand their workflows—and recommend room configurations that complement these workflows. In addition, ask if they will:

- Develop site-specific room drawings.
- Assist with initial site and IT infrastructure verification like server requirements, network configuration, remote support access, and EHR integration details.

- Provide a preliminary schedule for installation and go live activities.

Why should a prospective partner provide these services before a contract is signed? Because the most important outcome of this phase is to help you clarify needs and reduce project risk.

Plan early, time is money.

Pre-contract planning should include:

- Functional room design
- Site-specific room drawings
- Initial site verification
- Preliminary schedule based on current project plans and installation parameters
- Initial IT infrastructure verification
- Selection committee agreement & sign-off

6 Vendor Selection (2 weeks–1 month)

When it comes time to select an integration vendor, involve all committee stakeholders to ensure the solution you choose best supports both your clinical and business goals.

At this stage, clarify any remaining pricing and configuration questions you have.

Hire experience you have seen, success you have witnessed. The right vendor:

- Understands your clinical workflows and shows how their solution supports your workflows
- Provides a vendor-neutral solution. Enables inputs of multiple vendors video sources into the system
- Manages your project – from drawings through go live – on your timeline
- Anticipates the unpredictable, has the skills and experience to navigate delays and changes

7 Procurement and Fulfillment (2–4 months*)

It is important to understand your organization's capital purchase approval and procurement processes. For some hospitals, these timelines can be lengthy.

Once you have placed your materials and equipment order, your integration vendor will build and ship the solutions customized for your spaces. Depending on the type of system, your vendor will be ready for installation in approximately 12-16 weeks from order placement.

* Depending on hospital procurement process



8 Installation and Go Live Planning (1–6 months)

The time between order placement and go live is generally 4-6 months, but your integration vendor should always be able to align their schedule with your construction schedule.

Prior to installation, your vendor should assign a dedicated project manager with extensive construction, IT, and AV expertise to develop a final schedule and keep the project on track.

Your final room drawings and site verification should generally be completed within 3-10 days.

Your vendor should also work with your team to ensure that IT systems and infrastructure are ready to integrate with the new rooms. And they should work with you to document the individual room and clinician presets to be configured at installation to support the exacting specifications of your hospital and physicians.

Accelerate your internal marketing efforts to inform clinicians about the new integration system and the benefits for them. Your integration vendor should provide collateral and electronic templates that can be customized to your project.

Relentless, pragmatic planning ensures you're ready for go live consider:

- Internal marketing campaigns
- Final installation plan development and tracking
- Coordination of final schedules with trades and your other vendors
- Final site survey
- IT coordination
- Per-room system configuration
- Site inspections

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9 Installation and Validation (1 week–1 month)

The length of installation depends on the number and complexity of rooms in your project, but is typically 2-5 days per room.

Working with a vendor that has a team of skilled installation experts helps ensure minimal downtime and disruption, while delivering rooms that are installed and configured to the exact specifications of your clinical users.



10 Training and Go Live (1 week–1 month)

Make sure your integration partner has technical and clinical experts who can tailor training to the exact needs of your users and super-users.

Effective training teaches your users not just how to use the integration system, but also to harness its power to make them more productive and efficient in the procedure room.

Communicate, Educate and Train

Training should be tailored to the specific needs of each user type.

- Establish training plan for users by role
- Coordinate staff scheduling
- Unique training for administrators, biomed, and super-users
- Deliver onsite, remote, and follow-up training

Responsive Support: The relationship with your integration vendor doesn't end at go live.

The best vendors protect your investment and support you with the following best practices:

- Site-assigned Field Service Engineer
- 24x7 support with state-of-the-art call tracking/ticketing, automated case escalation, and remote system monitoring
- Local parts depots and onsite stock for rapid repairs
- Preventative maintenance
- Standard warranty and extended warranty programs

Olympus has a portfolio of hundreds of integration projects for:

- Community and regional hospitals
- Specialty clinics and ambulatory surgery centers
- Multi-campus urban hospitals
- Children's hospitals
- World-renowned academic teaching facilities
- Skills labs
- Emergency department and area monitoring systems

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