New ER will be 'clean slate' for Children's Hospital trauma team
By Karen Robinson
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Dr. Kathryn D. Bass is a master at staying calm and juggling the big stuff.

As medical director of trauma for Women & Children's Hospital of Buffalo, her focus is on the mission ahead – moving the Emergency Department and other related services to the new John R. Oishei Children's Hospital in November.

On a simplistic level, it's akin to moving to a larger home. And that's a good thing for Bass, who oversees coordination of surgery, the helipad and Emergency Department.

The current space for pediatric emergency services will double at the new facility on the Buffalo Niagara Medical Campus. On the rooftop of the new Oishei facility is a new helipad, ready and waiting to be used.

"We've really outgrown our space," Bass said.

Bass spoke recently with The Buffalo News for an ongoing series of interviews with key Children's Hospital staff ahead of the November move from the Bryant Street hospital to the new site on the Buffalo Niagara Medical Campus.

Q: How will the new trauma and emergency service area be different from the existing hospital?

A: We had an opportunity with the new hospital to design the space to meet our needs, where in our current facility we're more or less fitting into what we have. We've really outgrown the space that we have. So the new space is an opportunity to have a clean slate, and to take the process of caring for a seriously injured child and to create a pathway and a flow of care in a physical space that makes more sense.

Q: How does the size compare?

A: We have larger resuscitation rooms and our rooms are all oriented around a central space, a core space and are closer to the ambulance drop-off location. We're not too far away now, but we have patients that come from the helipad that have to descend through the hospital and around corners and such and the ambulance bay and throughout to our current rooms are not too bad. We're more or less replicating that and getting a little more efficiency around helipad transfer.

Q: You'll have two helipads in close proximity – one at Buffalo General and now the Children's Hospital one. How is that coordination going to work?

A: (Buffalo General) and (Gates Vascular Institute) service the stroke center, and have their own set of patients they are taking care of. As a trauma center, we are also servicing urgent care for the pediatric patients. So it just essentially keeps the flow of patients uncongested and streamlined into specific urgent care.
Q: How will your ER operations be improved?

A: We are definitely going to gain more space in the new ER. In the trauma resuscitation rooms, we are a little bit bigger and we're cohorted together near the CT scanner. So we're going to get some radiology resources, and that's new. Right now, we have to get on an elevator and go up one floor. And in the new facility, we'll have the CT scanner in the ED department, so we'll have a dedicated scanner which we will use frequently for trauma patients. The ED is definitely going to be bigger and better organized. We're coming from smaller operating rooms that were designed years ago before we had all the technology that we've come to rely on in the operating suite. We've outgrown our current space. Getting into the new hospital is going to give us a much more comfortable operating room than we have right now.

Q: How will this transition go to the new hospital?

A: We're doing a staged move so that we have resources here, and we have resources there, already in place. We'll basically have staff available here, as we're moving. We're not going to open and be fully servicing that (new) emergency department until we have all of our patients and all of our staff moved over there. Once we get everything operational and up and running there, then we'll close down here. I think moving and delivering care, and ramping up to have that available, that's something we've been planning for the last two years.

Q: Say you have a trauma patient who needs surgery at 2 in the afternoon the day of the move, when does that patient get moved over?

A: We'll do all that patient's surgery and that patient's recovery here, and as soon we have the staffing and the bed available there, we'll make the transition by ambulance.

Q: What's the most challenging part going to be?

A: Getting all the processes to work in the new space. It's going to be beautiful and everyone is very excited, but we're in a new space. We've mocked all of that and done a dry run. We have a sense of practicing that, and then it will be just living through it for the first week or so. Like anything, you are moving into a new house and unpacking and making sure that you know where everything is.

Q: What will it be like being part of a booming medical campus?

A: It's incredibly exciting. It's an opportunity to really reap the benefit of everything that we are as a university and health care system because we have the combination of University at Buffalo medical school and the clinical operations of Kaleida for children and adults, and the vascular GVI and the translational research center. So it's very exciting. It's really bringing us to a new plateau. It's a quantum leap from where we are right now. And it brings us on par with some of the major players in the industry.