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Please select the theme that is reflected in your abstract	Emerging and Future Trends for Interprofessional Scholarship, Practice and Advocacy
Abstract Title	Simulation Innovation in Facility Planning Supports Interprofessional Collaboration and Efficient Patient Care
Please list all professions involved in this abstract	Ophthalmology, Pediatric Emergency Medicine, Nursing, Engineering, Business, Medical Lab Sciences
Three Behavioral Goals and Objectives	1. To understand and appreciate the role of the expanded health care team including engineering and business 2. To understand the multifaceted aspects necessary in providing efficient patient care with an interprofessional team 3. To learn how to develop simulations used in facility planning efforts
Background or Rationale	Healthcare simulation is currently underutilized, particularly during the facility planning process. The use of simulation in planning allows for interprofessional collaboration with those not traditionally considered part of the

	healthcare team including facility project managers, biomedical and industrial engineers, and information technology and purchasing staff.
Methods or Methodology	Over the past three years, a series of simulations were performed of schematic designed space (SD): free-standing emergency exam room, an intensive care unit with ECMO, Intraoperative Magnetic Resonance Imaging (iMRI) suite and clinics. The clinics included infusion, oral and maxillofacial, primary care, multi-disciplinary care, endoscopy and dermatology. Simulations included providers and support staff in the academic medical center to determine design functionality, optimal equipment placement, and use of technology. The patient family committee was consulted to gather data from a patient perspective. Quantitative and qualitative data was collected from simulation participants using surveys.
Results or Findings	Participants found the simulations to be valuable, resulting in changes to design documents and a learning experience. Quantitative data focused on access to the patient, provider needs, patient preferences or placement of necessary equipment. Qualitative data included observations, patient safety concerns, recommendations, and overall concerns. Data will be presented in a tabular format.
Conclusion or Implications	The use of simulations can improve healthcare design by ensuring care spaces are optimally designed to deliver needed care with attention to space, equipment, and operations. Simulations in space planning allow for optimal interprofessional practice incorporating diverse stakeholders and partners. Ongoing assessment is necessary to determine strengths and weaknesses of simulation activities, and to allow for opportunities for improvement. Simulation used for space planning requires minimal resources outside of physical space, and the time and input from provider, staff, standardized patients, and patient advocates. Findings from simulations in space planning should be summarized to inform C-suite on next steps in facility and space planning.
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