

DURING HOSPITAL CONSTRUCTION, LEAD WITH TRANSITION PLANNING

BSA



MHP Major Health Partners | Shelbyville, Indiana

If anything ever proved that the old adage, “by failing to prepare, you are preparing to fail,” it is the monumental task of transitioning to a new health care facility.

Anyone who has participated in this complex experience — not only hospital leaders and staff, but also patients and their families — values the unique opportunity presented by this transition phase.

For many health care facilities, including hospitals and ambulatory care centers, a move can be an opportunity to transform and improve operations to correlate with the new facility. Testing and careful vetting processes conducted during this transition bring clarity and improvement to care delivery. Lean principles maximize operational efficiency and provide performance metrics to enable continuous improvement.

Just as building and engineering commissioning verifies and documents the facility systems to ensure they are

planned, designed, installed, tested and maintained to owner specifications, human commissioning ensures that people understand protocols and processes and are prepared for operations. Human commissioning is the development of operational processes, verification and documentation of workflows to ensure that the building performs and is used as intended. Preparing staff for change is at the core of transition planning to work efficiently and safely on day one in the new facility.

By working with health care decision makers, departmentally and cross-functionally, project team leadership aims to move staff from “current state” to “future state,” bring drawings to life by documenting all processes and flows for staff training, ensure the original intent of the project is carried through to operations and prepare for day one readiness. People are creatures of habit, and, given the opportunity, staff will take old habits to the new facility. Effective transition planning ensures that new processes take hold in the new facility.

Here are key considerations, tools and insights into transition planning for health care leaders.

Synergy & Improvement

The transition planning process involves understanding current state processes, identifying what is changing and creating future state process flows. This means developing leadership teams, identifying key operational goals, prioritizing operational initiatives, forming cross-functional transition teams and facilitating team efforts.

A focus by leadership on the patient and staff experience orients the transition team to think more broadly about multi-disciplinary collaboration — how staff delivers care and their processes — rather than the narrow, vertical silo perspective so common in health care today.

To prepare staff for day one of the move, it is critical to begin by charting components of process change at least nine to 12 months in advance. Key components include care model integration, flows within and among departments, medication, equipment and materials flow, new process flow maps, staff and public paths of travel, and department utilization and fill strategies.

In this process, cross-functional teams come together to improve the entire facility and its operations. A work plan can be used to manage participation among diverse teams. A work plan can make sure the process from facilitation to deliverable is scheduled, illustrating the time period for individual project phases. Detailed schedules and timelines are developed nine to 12 months prior to opening to ensure efficient, effective and on-time activation and occupancy. The work plan is extremely effective in lean planning where phases often overlap, and many people are working simultaneously to meet a shared launch date.

Perhaps the most significant aspect of transition planning is weaving together the many layers necessary to prepare staff to work in a new environment with new processes. During the transition-planning phase, disparate departments and people are brought together, often for the first time. They are tasked with hearing how departments can work to create ideal future state processes. The goal is to achieve a balance between individual departmental needs and overall concerns, such as patient safety, infection control and supply inventory. All processes are assessed; nothing is left behind.

One successful project was at Major Hospital in Shelbyville, Ind., which was completed in January 2017 by

Cincinnati-based general contractor Messer Construction Co., and BSA LifeStructures, based in Indianapolis, which provided architecture, interior design and civil engineering.

“**At Major Hospital, we saw an opportunity to turn our new building into more than just a physical setting. We asked, ‘Could we deliver improved care to our community using transition planning?’ In the end, we found our once silo-based departments became a connected system where communication and processes were improved.**

Linda Wessic
COO, CNO, Major Hospital

From the start of the project Wessic explained that the hospital's goals were clearly defined from a patient perspective through a process that engaged all parties.

“Hospital operations and our model of care were translated into real-life practice,” said Wessic.

The task of compiling, organizing and interpreting the transition and move can seem almost herculean in its complexity and scale. Process maps and graphical paths of travel present critical information for easy reference by the staff. Staff must understand their individual roles in the larger effort. Too much information and too many new processes introduced at once can be overwhelming. Prioritizing the scale of the transition and move — as well as trialing and testing some of the new processes in the current facility — can alleviate this.

Approximately three months prior to the move, the work of transition planning and its deliverables are transferred to education teams to begin training for all staff. How and when new processes are integrated can significantly optimize a harmonious transition and how well changes will be effectively adopted over time. In the period following a move, transition teams should remain integrated for at least six months to ensure that teams can finely tune processes as a collective body.

Efficient Processes

One major process that comes up in almost every transition planning engagement includes more effective and better ways to deliver medications to patients while minimizing unnecessary steps for the nursing staff. The patient needs to receive the right drug, at the right time, in the right dose and route, every time. From the nursing perspective, medications need to be easily accessible, as close to the bedside as possible and available when needed. Pharmacists are concerned about the appropriate storage, accurate dispensing and controls to the distribution point of care. Balancing the needs of these various group to find a solution that works for everyone is possible if the right processes are employed.

Testing new processes through mock scenarios and drills is also integral to effective transition planning. These drills help to test the new processes to assure that they fit the design of the new facility. Typically, mock drills and simulations are staged approximately two-three weeks prior to activation after all equipment and supplies are in place. Those processes with the most change are tested and simulated with staff to ensure correct understanding of location of critical equipment, supplies and flows of patients, visitors and staff.



At Castle Rock Adventist hospital, the transition team managed the process beautifully. “In working through transition planning for the opening of our new acute

care facility, the Transition Team provided the detailed guidance needed in designing an operation plan,” says Vicki Mettlach*, Project Manager/Director of Quality Resources. “This involved creating policies and procedures, developing process flow and testing mock patient scenarios. This was very beneficial to us in our preparations to open successfully and smoothly by keeping us on track and on top of the overwhelming details that could otherwise be overlooked.”

Lean tools are the root of effective transition planning. Without good tools, it is impossible to create customer value, eliminate waste, promote flow, or test processes, all steps that are instrumental in eliminating waste. The process map is an important tool that transition teams employ to establish roadmaps and guides for decision making in multiple healthcare processes and procedures.

Enthusiasm, Energy + Improved Care Delivery

Working hard to ensure the smoothest transition, a large proportion of staff will have put in extraordinary time in the months prior to the move. Day one is a time to celebrate. But in the months and years that follow, real success will always be measured by the care that is given. How seamless that care is, and its delivery will depend on the work that was done in the transition planning phase from the old facility and to processes in the new. The net result – patient safety, patient satisfaction, and operational efficiency – is ultimately the chief goal.

Optimizing the value of transitioning with all attendant changes is a significant moment in an institution's history, which can depend not only on unique talent and expertise, but also extraordinary levels of enthusiasm and energy. Health care leaders can decisively include transition planning in their project scope from the outset, leveraging the excitement as well as bringing clarity and improvement to new facility processes.

*Vicki Mettlach was formerly the Project Manager/Director of Quality at Castle Rock Adventist Hospital. She is now an Operational Planner with BSA LifeStructures.

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