

Activation Planning: Preparing a Workforce for Expansion into a New Healthcare Facility

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Goals

- Identify strategies and guidelines on transitioning to a new hospital facility
- Describe how our organization adapted the strategies to the expansion of our adult hospital



Objectives

- Identify at least three steps to effectively plan staff, patient and facility transitions in a hospital expansion project
- Describe at least two ways to implement staff, patient and facility transitions in a hospital expansion project



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- The University of Chicago Medical Center
 - Center for Care and Discovery
 - Bernard Mitchell Hospital
 - Comer Children's Hospital
 - Duchossois Center for Advanced Medicine
- University of Chicago Pritzker School of Medicine
- Biological Sciences Division
 - Knapp Center for Biomedical Discovery
 - Gordon Center for Integrated Sciences



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The addition of a new healthcare facility, the Center for Care and Discovery, brought the need to train an entire workforce to be competent to work in this new facility.



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Key Aspect of Planning

“Activation planning involves anticipation of and control over two types of issues: logistical and operational” (Wilson, Hejna & Hosking, 2004, p. 359).



Step 1: LEAN Events

- A series of *Kaizen* Events held over several months to:
 - Design physical space
 - Determine detailed layouts
 - Determine paths of travel
 - Look at current state workflows
 - Develop future state workflows
 - Validate equipment and supply needs
 - Develop Standard Work

Step 2: Identify Clinical Areas

- Adult Medical-Surgical
 - Oncology, Cardiac Surgery, Neurology, Surgical
- Adult Critical Care
 - Medical, Surgical, Neurology, Cardiothoracic
- Perioperative Services
 - Operating Room, Pre- and Post-operative
- Procedural Areas
 - Gastrointestinal, Interventional Radiology, Radiology, Prep-Recovery



Step 3: Identify Workforce Roles

- Nurses
 - Inpatient, ICU, Operating Room, Procedural
- Nursing Assistants
- Unit Secretaries
- OR Surgical Techs
- Physical/Occupational Therapists
- Respiratory Therapists
- Case Managers, Chaplains and Social Workers
- Support Services
- Managers
- Directors



Step 4: Create Training Plan

- Two-phased training approach
 - Phase One: Equipment and safety training
 - Phase Two: Department-specific training
- Six weeks per training phase
- Department-specific training occurred closest to the move date
- All employees attended mandatory Service & Standards Training



Step 5: Identify Training Strategies



- Tours
- Hands-on training sessions
- Self-guided stations
- Mock patient rooms
- On-line learning modules



Step 6: Simulation - Day In The Life

- Following the completion of both phases of training, two “Day in the Life” simulation sessions allowed staff to test the systems and workflows they had been trained on



- Multidisciplinary scenarios were written to test equipment, paths of travel, emergency response, workflows and common procedures in and across units/departments



- The scenarios were designed to “stress” the system and identify issues
- Issues that were identified from these simulations were then systematically logged and prioritized
- Resolutions were prioritized as:
 - Critical: Life Safety or Code
 - Prior to move
 - Not Critical: review/re-prioritize after move (30, 60, 90 days post-move)



Step 7: Assess Clinical Training Effectiveness

Measured by patient safety outcomes:

- No sentinel events
- Move In Day effectiveness -157 patients moved in 6 hours 58 minutes!



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Clinical Training Data

- Over 200 educators, vendors and internal clinical experts assisted in designing the training program
- Completed education of 2,300 clinical and procedural staff, utilizing 173 learning pathways
- The training program came in under-budgeted training hours; reduction of hours without loss of content occurred as the program continued and was refined



Post-Move Training Enhancements

- Unit Secretary refresher training on phones, nurse call system, and paging system
- Cardiac monitoring In-services for new telemetry staff
- Equipment providers visited with the staff to assist with equipment issues and knowledge



Changes to Mitchell Hospital

- Over several months, 5 units were reopened in the original hospital – Mitchell Hospital to provide adult care
- Staff received specialty specific training for their units using the same strategies as preparing for the new hospital
- We did not repeat Day in the Life simulation
- Cross training continues between the two hospital facilities



Lessons Learned

- Simulations are helpful
- Multiple methods of training decrease cost and improve time effectiveness of training
- Input of department leaders is important for designing the necessary training for staff
- Post-training, pre-move walk-throughs of the building and training help staff “own” their new space and become familiar with it.



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Thank you!

Questions?

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