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

• Katherine Pakieser-Reed, PhD, RN
• Sally Black, MSN, MBA, RN, OCN, NEA-BC
• Emily Lowder, PhD, RN, NE-BC
The University of Chicago Medicine
## Faculty Disclosure

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<tr>
<th>Faculty Name</th>
<th>Katherine Pakieser-Reed, PhD, RN</th>
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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
University of Chicago Medicine (UCM)

- 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
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.
“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!
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.
Selected References


Acknowledgments

• University of Chicago Medicine
  – Center for Nursing Professional Practice and Research
  – Megan Miller, MD
  – Operational Excellence Department
  – Organizational Development Department
  – Senior Leadership
Thank you!

Questions?

- Katherine Pakieser-Reed, PhD, RN
  Katherine.Pakieser-Reed@uchospitals.edu
- Sally Black, MSN, MBA, RN, OCN, NEA-BC
  Sally.Black@uchospitals.edu
- Emily Lowder, PhD, RN, NE-BC
  Emily.Lowder@uchospitals.edu