

# Creating a smooth move for patients and staff

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**DURING FACILITY RENOVATIONS** or other major disruptions, how can you maintain the highest quality of care? Missouri Baptist Medical Center in St. Louis faced this challenge when it sought to simplify its levels of care from four to three, eliminating an intermediate intensive-care unit to improve overall quality of patient care. Led by the nursing staff, the initiative included relocating nearly 200 patients in a single day—a daunting task. But the hospital performed the feat safely and efficiently, with kudos from staff and patients alike. How did they do it? The nursing team took a project management approach, applying discipline and a rigorous process to ensure no detail fell through the cracks.

Here are three project management principles the medical center used to ensure smooth sailing.

## Ask the right people the right questions

Before plunging in, interview stakeholders to understand a project's true ramifications.

In collaboration with the nursing team, the lead project manager identified all stakeholders the move would touch. They extended well beyond the nursing staff to risk management, housekeeping, IT, patient advocacy, bed management, pharmacy, legal, clinical engineering and more. In-depth interviews revealed the range of challenges the move would present, both on the spot and downstream, such as:

- Was the staff equipped to handle multiple emergencies during the transfer?

- Could house keeping clean rooms quickly enough to accommodate such a massive turnover?
- With so many bed changes, could confusion ensue, leading to errors in treatment? In billing?
- Would nurses need retraining if moved to a new level-of-care unit?
- How would families find their loved ones? Physicians find their patients?

## Address each issue in advance

Detailed planning is a must. A project is a chain of interdependent activities. Unresolved, a single problem can snap the chain.

At Missouri Baptist Medical Center, cross-functional teams tackled each challenge they had identified (*see chart on this page*).

### Preventing systemic chaos.

The hospital's information systems had to be able to "find" each pa-

tient after the move. Originally thought a "plug and play" fix—just assign each patient a new room number—the reality was more complex. Not only were patients to be moved to new units, the units themselves were to be moved and renamed. Such a reshuffle (physically and electronically) required IT to rewrite algorithms for the hospital's information systems, supplying it with new "pointers" so that computers could match a newly moved patient to his or her newly named unit. Had stakeholder interviews not revealed this critical information early on, with enough time to adequately analyze requirements and recode, patient records could have become enormously confused.

### Minimizing mix-ups during transfer.

The team created a patient-relocation checklist, facilitated by the project manager, to ensure

## Missouri Baptist Medical Center relocation execution teams

### Roles

	Roles
Patient care	Accountable for relocating patients to their new units, including both transfer and monitoring.
Dedicated unit secretaries	Assist Bed Management in ensuring that all patients are accounted for after every transition.
Transport assistance	Serve as transport assistants and runners throughout the relocation process.
Elevator management (dedicated elevator "tenders")	Minimize wait time by ensuring availability and continued use of patient and public elevators.
Room-bed turnover	Clean rooms to allow rapid turnover for incoming patients.
Information support and clinical engineering	Ensure that information systems and clinical equipment are working properly during relocations.
Supportive administrators (organizational leaders)	Assist with the patient transfer process without predefined roles.

that everything in a patient's original room successfully made the transfer, from feeding tubes to hearing aids to get-well cards. The mover checked off each item to be transported, and the list traveled with the patient to the new room. On the receiving end, the head nurse for the unit verified that all had arrived safely (including the patient). The list also required confirmation that the patient's family, physician and monitor technician had been notified of the change in location. Both "sender" and "receiver" signed the checklist, providing accountability on both ends and a way to retrace steps, if necessary (see chart on this page).

**Ensuring room readiness.** A cleaning bottleneck would have slowed the transfer and left patients parked in corridors. The team calculated that moving 200 patients in one day required each room to be cleaned within seven minutes. That metric enabled housekeeping to make objective decisions on how to reallocate staff, even across hospitals, in order to clean all rooms within the day's stringent timeline.

Stakeholder interviews had provided the information needed to tackle these and other requirements for a transition that would least disrupt patient care and provide nurses necessary support. Activities included developing a retraining program for nurses assigned to a new level of care and a communications program to prepare patients and their families for the move. Even the date of the move was carefully calculated to fall on a specific weekend when census had been historically the lowest, right after the Easter holiday.

### Prepare for the worst

Determine everything that could go wrong. Plan for known risks—and how to handle surprises.

What if a patient went into cardiac arrest in an elevator? What if three patients in three elevators went into cardiac arrest? The staff needed

## Missouri Baptist Medical Center patient relocation checklist (abbreviated)

Patient Name:	Transferred from:	Received to:
Date:	Time:	Time:
<b>Mobility devices</b>		
Wheelchair		
Cane		
Walker		
<b>Medications</b>		
IV		
PO		
Medications from home		
<b>Charts</b>		
Current		
Thinned		
Old		
<b>Patient's belongings</b>		
Plants/cards		
Dentures		
Cell phone		
<b>Notifications</b>		
Family notified		
Physician notified		
Monitor tech notified		
<b>Signature</b>		
Hospital representative		
Patient or representative		

to prepare for all potentialities.

**Scenarios.** Plugging in the number and physical condition of patients to be moved, the project manager led the team in playing out best-, average-, and worst-case scenarios. What might happen? What personnel and equipment would they need? Through this exercise, the team identified the two floors at greatest risk, stationed a team of nurses to be at the ready, and borrowed emergency carts from other hospitals to meet worst-case need.

**Command center.** To oversee the move, the team created a command center manned by representatives across functions. Everyone had walkie-talkies. Bed management tracked the transfers real-time on computer screens. The role of the command center was to anticipate problems and resolve them quickly.

**Contingency plans.** The team considered risks far beyond the mechanics of the move itself. They included failure of the new IT system to function properly, a higher-than-anticipated move day census, and patient complaints. Each risk was quantified by likelihood and quali-

fied by its impact on project success. Mitigation plans were developed to address each one. The team also developed a process for handling unforeseen issues—how decisions would be made, by whom and using what criteria.

### Success

The relocation project plan included 275 separate line items, complete with schedule, milestones, critical tasks and individual responsibilities. As a result of careful preparation and rigorous execution, move day proceeded with barely a hiccup.

As a discipline, project management applies order to complexity and reduces risk, especially when implementing broad systemic changes. By harnessing a project management approach, the nursing staff at Missouri Baptist Medical Center was able to provide patients a smooth ride over what could have been a rough road. ★

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