

Intermountain Medical Center

The science of medicine, the spirit of caring, and the miracle of healing

Transition and Occupancy Planning

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Intermountain Healthcare



The Move to Intermountain Medical Center

--Outline of Presentation--

- 
- Objective
 - Infrastructure to Plan, Prepare, Complete
 - Moving
 - Equipment, Offices, Contents, etc.- “The Stuff”
 - Patients
 - Assistance (Our Movers)
 - Move Photographs
 - Video (Stacks to Stories)
 - Q&A

Transition and Occupancy Planning for Intermountain Medical Center

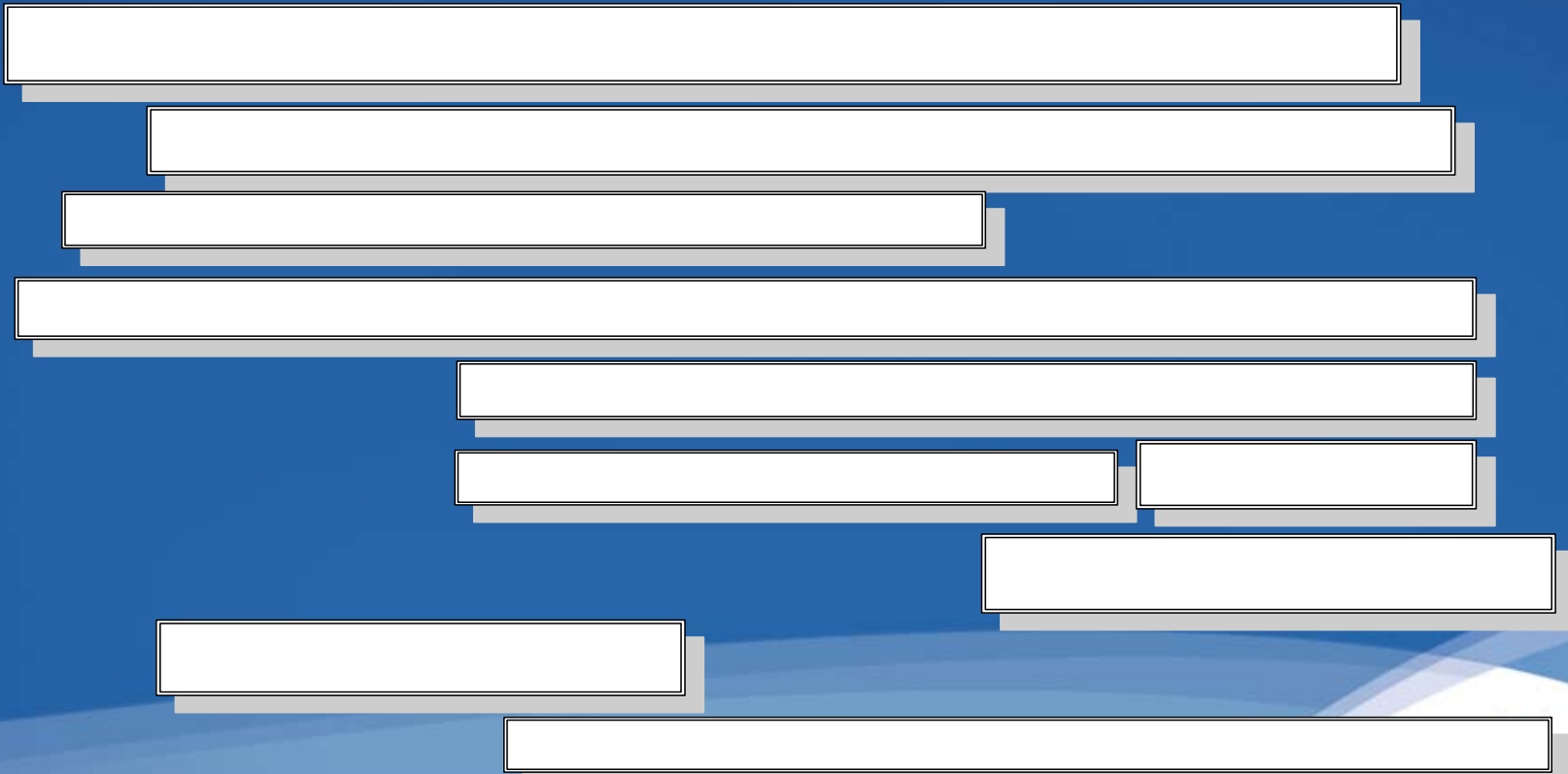
- The Objective
 - Plan, Prepare, and Complete the movement of...
 - Cottonwood Hospital, and
 - Approximately 30% of LDS Hospital

...to the new Intermountain Medical Center
 - Achieving the objective required significant Organizational Infrastructure

The Move to Intermountain Medical Center

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Intermountain Medical Center Planning Infrastructure: Teams and General Timelines



PLANNING

Intermountain
Healthcare

Healing for life™

Planning Activity

Construction

Organizational Infrastructure “Project Steering Committee”

- Scope of Service Changes, Facility Change Orders, Major Equipment, Project Budget
- Membership:
 - Urban Central Region, CEO
 - Urban Central Region, COO
 - Administrator, Intermountain Medical Center
 - Corporate Facilities
 - Construction Liaison
 - Corporate Architect
 - Urban Central Region, CFO
 - UCR Marketing and Public Relations
 - UCR Planning
 - Move Management Administrator (Ad Hoc)
- Started at groundbreaking-
October 2007 (Monthly to
Weekly)



Organizational Infrastructure

“Milestones Committee Teams”

- “The Workhorse of the Project”
 - 6 Teams—400+ Specific Milestones: 10-15 Frontline managers, operations leaders per team
 - Milestones = “Tip of the Iceberg”
 - Milestones assigned to each Committee
 - Start Date, End Date, Responsible
 - Progress Monitored monthly
- November 2005-October 2007 (Monthly)
- The 6 Milestone Committees—next slide



[Redacted]



[Redacted]

[Redacted]

IN OCCUPANCY AND MANAGEMENT

[Redacted]

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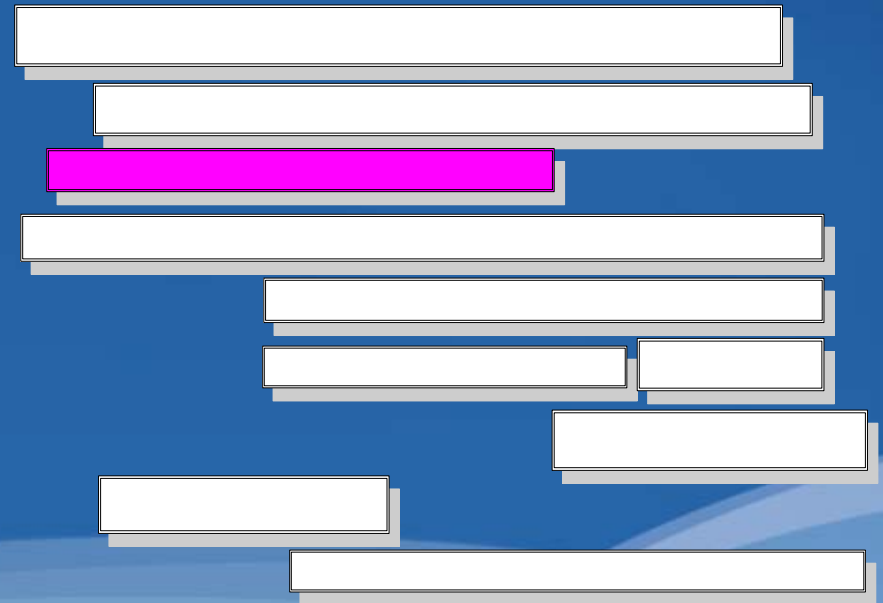
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Commitment

Organizational Infrastructure

“Huddle Team”

- Identification of operational issues at new facility and assignment of resource for resolution. Reported to Project Steering Committee
 - Administrator, Intermountain Medical Center
 - Move Management Administrator
 - Operations Officers
 - Information Systems
 - Ad Hoc Attendees
- November 2005-October 2008 (Weekly)



Organizational Infrastructure

“Equipment Planning & Acquisition Team”

- Management of equipment planning, acquisition, delivery, and installation...New versus Existing
 - Contracted with Equipment Planning Firm to assist in identifying projected equipment needs and existing equipment available for use
 - Reviewed and Managed Primary Equipment List, Additional (as scope of project changed) Equipment List
 - Coordinated with Corporate Sourcing and Supply Chain for acquisition
- January 2006-October 2008 (Weekly)



Organizational Infrastructure

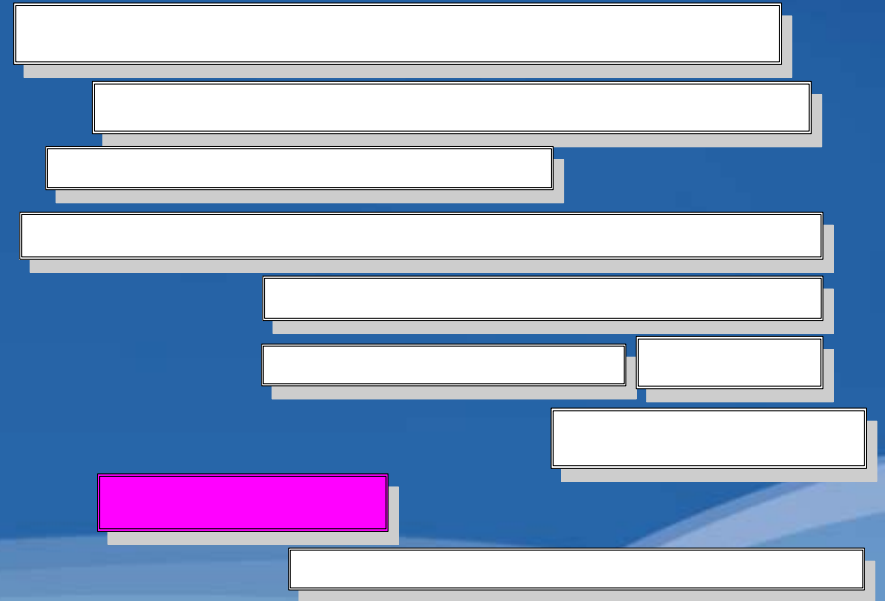
“Fit-Up Committee”

- Readyng the facility for occupancy, coordinating efforts, liaison for department managers
- MS Project Calendar development—dependency and predecessors management was key
 - Move Management Administrator
 - Director of Facilities—Owner Furnished/Owner Installed
 - Construction Liaison—With Oakland and Subs
 - Security—Protecting the campus/equipment as completed/installed
 - Food and Nutrition—Quick Chill and Retherm. (new process), events
 - Environmental Services—Floor Finishes, terminal clean, events
 - Materials Management—Warehouse and supply readiness, equipment
 - Information Systems—Devices, Systems (separate project plan)
 - Marketing & Public Relations—Public and Private Events
- December 2006-October 2007 (Bi-Monthly)



Organizational Infrastructure “Employee Preference Process”

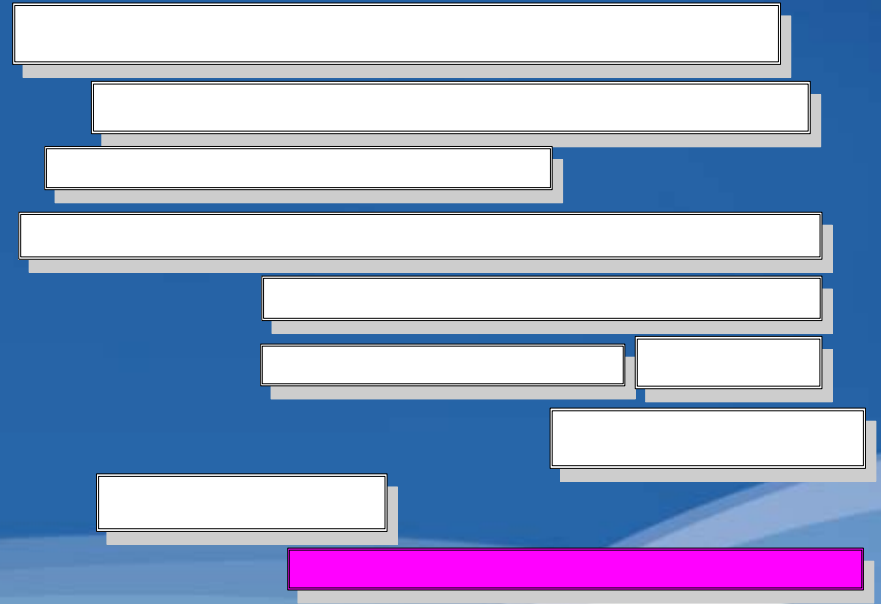
- Process/System to allow employees to state preference for the location that they wish to work (Int.Med.Cntr., LDSH, TOSH, Riverton)
 - UCR Director of Human Resources
 - Employee Assistance Director
 - UCR Human Resource Consultants
 - Department Managers
 - Staff
- March 2007-June 2007



Organizational Infrastructure

“Staff Transition Team Process”

- Team building events, orientation, process review, touring, familiarizing staff with new department
 - Department specific
 - HR Consultant as member
 - All staff members for each department
 - Team Building, joining culture (CWH and LDSH)
- June 2007-October 2007

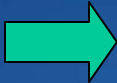


The Move to Intermountain Medical Center

- Objective
- Infrastructure to Plan, Prepare, Complete
- • Moving
 - Departments (staff, equipment, offices, “our stuff”, etc.)
 - Patients
 - Assistance (Our Movers)
- Move Photographs
- Video (Stacks to Stories)
- Q&A

Moving Hospitals

2 Major Elements

- 
- 1--Movement of “Our Stuff” and “Our Staff”
 - Department Move Plans
 - Department specific plans developed via interview with department manager
 - The...Who, What
 - Department Move Sequencing
 - Determining the correct order of department movement
 - The...When, From Where, and To Where
 - 2--Movement of Our Patients
 - Planning and Preparing for How we would move patients
 - Patient Move Sequencing
 - Complicated logistics associated with moving patients
 - How many patients will we move? How long will it take?

Department Move Plans

The Planning and Preparation to Move “Our Stuff” and “Our Staff”

- Topics Addressed
 - Date and Time of Move
 - **Labeling of items to be moved**
 - Multiple Phases of Move
 - Policy and Procedure
 - Equipment and Furniture
 - Staffing and Staff Movement
 - Patient Records
 - Surplus Equipment
 - Move Preparation
 - Special Licensure
 - Security of Old and New locations
 - Orientation of Staff (General and Dept. specific)
 - Information Systems
- Specific Activity for each topic
 - Start/End
 - Support Needed
- Developed 65 Department Move Plans for LDSH
- Developed 48 Department Move Plans for CWH

Department Move Sequence

The Master Schedule and Timing of the Physical Moves of Departments

- Department Moves
 - October 11 through November 2
 - Derived as a result of dependency of Patient Move Day—10/29
 - Department Order
 - Those furthest from Patient Care (Administration, Human Resources, etc.) moved first
 - Those closest to Patient Care (Imaging, Pharmacy, Nursing, etc.) moved just before, or on, Patient Move Day
 - 220 separate move events (excluding Pt. Move Day)
 - Sequence reviewed with Moving Company
 - Balance the workload on Movers with need to move departments to new locations

Example of Department Move Sequence

DATE	DEPARTMENT	PHASE	FROM	TO	CONTACT	NOTES
11-Oct	Administration CW		1st Floor CW	LL2 Women's Center	David Grauer	David Grauer/ Cindy, Nancy, Nan, Barbara, Shaunelle;
11-Oct	Administration LDS		1st Floor LDS	LL2 Women's Center	Mikelle Moore	Blair Kent/Sec./Viki Kershaw
11-Oct	Education Department		LDS --6th Floor	Education Center	Karen Shores	All office contents and equipment
11-Oct	Education Library	NEW	LDS--2nd Floor			Sandy Colletti x1054
11-Oct	Emergency Management	1	1st Floor CW	LL1 Main Tower	Ann Allen	Offices and some supplies
11-Oct	Imaging	1	LDS		Denise Rogers	Denise's office
11-Oct	CWH Imaging	NEW	CWH		Kerry Kuehn	Prelim Office moves
11-Oct	CWH Nursing Admin	NEW	CWH		Julie Higgins	CWH: 5th Fl -1 Ofc, 1st Fl-1 Ofc Admin??, 1st Fl-1 Ofc near HR
11-Oct	Public Relations	1	1st Floor CW/LDS	LL2 Women's Center	Dave Mitchen	4 Offices from LDS
11-Oct	Shirley Oberg		1st Floor CW near Risk Mgmt, near HR	IMED 7th Floor Nursing Manager	Shirley Oberg 314.2995, pager: 249.3606	Office contents
11-Oct	UCR Offices		2nd Floor LDS			Donna Harland, Bill Hamilton, Cheryl Freebairn...

Partnering with a Moving Company

An Experienced, Healthcare Focused Partner

- Allied Hospital Services, Inc.
 - Experts in Hospital Relocation
 - LDSH Team and CWH Team (approximately 40 staff)
 - Six, 26 foot, lift gated moving trucks
 - Library Carts, fixed dolly's, totes, boxes
 - Labels on all items to be moved
 - Approximately 4000 man-hours
 - Specific Role on Patient Move Day



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Moving Our Patients

Much to Consider and to Prepare for

- Patient Move Known's and Questions...
 - Cottonwood is closing, LDSH is shrinking
 - Should Cottonwood patients move first, or should we move all patients at the same time?
 - How many patients will we move?
 - What about Mom's and babies? What about Newborn ICU?
 - How can we manage the patient population inside each hospital?
 - What about patients arriving at the Emergency Room?
 - Appropriate Care at which site?
 - Where will the patient's physician be?
 - October 29th Condition of the patient (acuity)?
 - What method should we use to move patients?
 - How long will the movement take?
 - How many staff will we need to make this happen?
- All of these questions and others required a great deal of discussion
 - The need to establish principles by which to plan and perform the move
 - Logistics
 - Education of all participants
 - Practice

Patient Move Strategy

Focus on the safety of our Patients

- Principle Driven
 - 9 specific principles guided our strategy
 - Respect for the Patient (dignity, respect for privacy, safety)
 - Coordinate Care (before, during, after the move)
 - Meticulous Move Planning process (and contingency)
 - Communication: Medical Staff, Staff, Patients, Families, Public
 - Manage Patient Census in both hospitals to minimize the number of patients to move
 - Availability of Staff (controlling vacation time)
 - Highly Trained Staff to conduct the move
 - Sending and Receiving Facilities able to provide Emergent needs during move window
 - Non-Essential Services curtailed during patient move window
- Well Documented Processes and Plans
 - Separate Patient Move Manuals Developed for CWH and LDSH
 - Create and Document the Process & Activity to prepare patients for transport and the process to transport patients (consistency)
 - Educate and Communicate all stakeholders
 - Specific to each nursing unit (different patient populations)
 - Operating assumptions for all other departments
 - Activity in the days just before the patient move, on patient move day, and just following the patient move.

Key Patient Move Strategy Elements

- Control Patient Census as much as possible...
 - Operating Room rules intended to reduce census (Elective Surgery timing v. Emergent Surgery)
 - Labor and Delivery rules intended to reduce census (Elective C-Sections, Inductions timing v. Emergent and Indicated)
 - Newborn Intensive Care and Trauma Services (on divert for designated period)
 - Cardiac Cath. Lab (Elective v. Emergent)
- CWH Emergency Room closed at the same time that the Medical Center Emergency Room opens: 0600. LDSH ER open Trauma Divert
 - Patients in the CWH E.R. treated and released, or admitted and become a part of the patient move
 - LDSH ER open. Trauma designation moved at 0600 to Medical Center
- Practice—Mock Patient Moves
 - July: Practice Movement of 6 “Mock Patients” from both campuses
 - Cycle Times, Process Clarity
 - September: “Table Top” Exercise
 - All participants gain a sense for how the entire process works

The Patient Move

- Our Patient Move Partners
 - Life Flight Transport Teams (approximately 45 staff)
 - 14 Adult Transport Teams
 - 4 Newborn Intensive Care Transport Teams
 - Life Flight Helicopter dedicated to NICU Move
 - Gold Cross Services, Inc. (approximately 50 staff)
 - Free Patient Transport
 - 14 Ambulances
 - 45 Gold Cross Staff
 - UCAN (Utah Communications Agency Network—Emergency Communications)
 - 40 Hand Held Radios and 2 dedicated frequencies for Patient Move Day communication
 - Our Clinical Staff (all staff working on patient move day)
 - Patient Care Nurses
 - Ancillary Support Personnel
 - Our Movers (Allied Hospital Services)
 - “Hot Truck” to support the movement of patient specific equipment during patient move

The Patient Move Sequence

Initially developed on Saturday, reviewed Sunday

Finalized Monday 10/29 at 0330

Sequence Constraints:

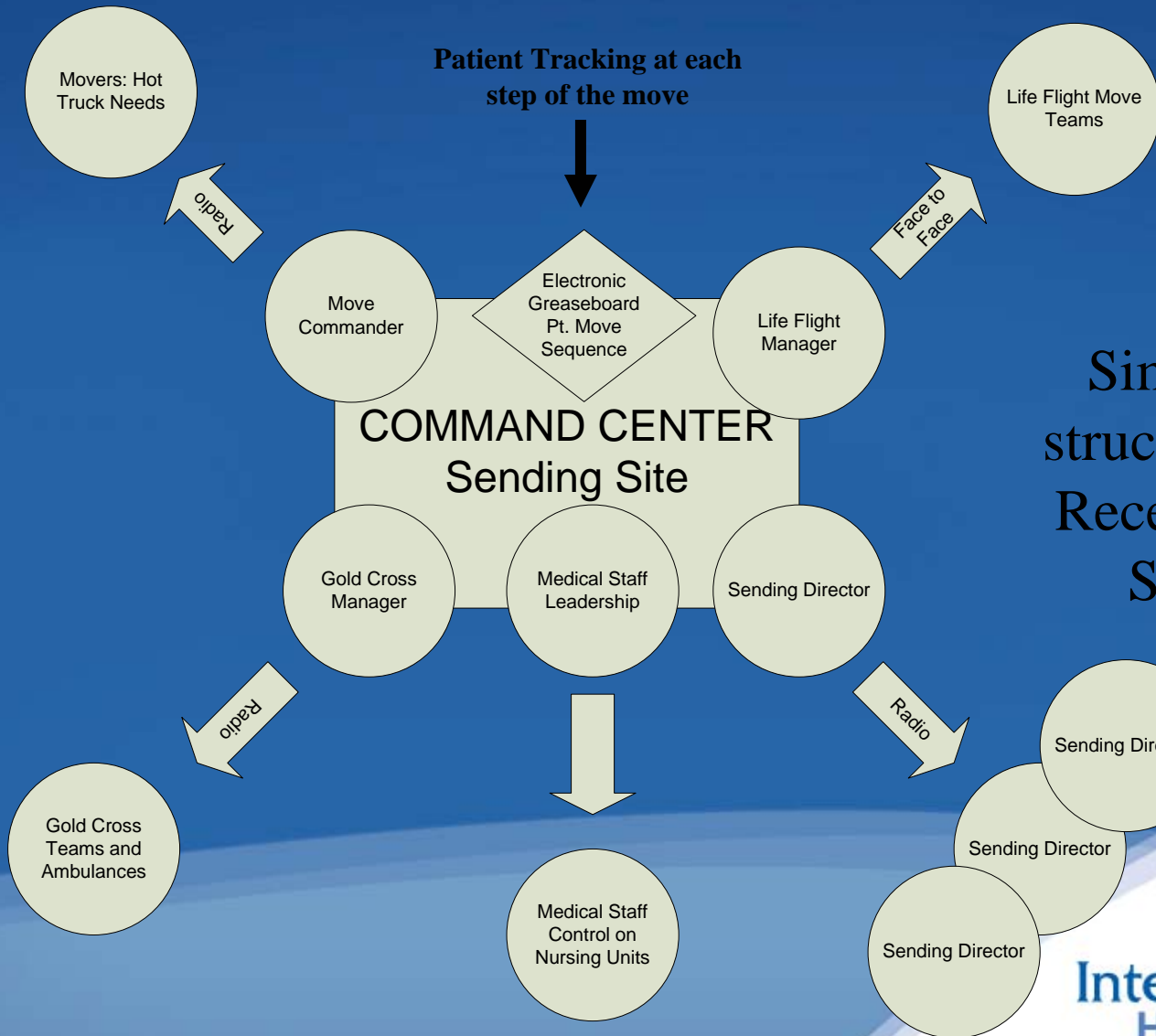
- Receiving Unit Impact
- Move Teams
- Life Flight Pack Assist
- Pack Time
- Isolation Concerns

Patient_Name	Unit	Bed	Physician	Diagnosis	Moving New_LDS Y or N Unit	IMED Dest_Unit	Bariatric Stretcher Unit #	Life_Flight Move_Team Y/N	Pack Y or N 1,2, 2.5, 3, 4	Pack_Time	Index	Sequence_Order	Notes
Patient A	STRI	E601	BELNAP, LEGRAND P.	LIVER TRANSPLANT	Y	STICU	5	N	y	2.5	20	222	1
Patient B	TICU	E705	MERRELL, STEVEN W.	AAA	Y	TICU	2	N	Y	2.5	60	234	2 Multiple drips
Patient C	W4	W423	ESPLIN, M. SEAN	MATERNITY LMP 3/11	Y	MAT	2.1	N	N	3	20	272	3
Patient D	TICU	E709	MERRELL, STEVEN W.	AAA RUPTURE LIFEFLIGHT	Y	TICU	2	N	N	2	45	238	4
Patient E	RSCU	C501	CHRISTENSEN, JOHN C.	PNEUMONIA	Y	RICU	4.2	N	Y	2	45	218	5
Patient F	E4	E404	PORTER, T. FLINT	SEVERE PIH LMP 02/23/2007	Y	MAT	2.1	N	N	3	20	13	6 To be determin
Patient G	W8	W802	AYERS, CHARLES M.	SOB	Y	8	8	Y		1	15	328	7 450# person
Patient H	W7	W703	ROKEACH, STEVEN A.	NEW A-FIB PULMONARY EDEMA	Y	CV3	3	N	N	1	15	291	8
Patient I	W7	W704	MAYER, DEAN A.	A-FIB, CHF	Y	CV4	4	N	N	1	15	292	9
Patient J	W8	W823	CHARDAK, MICHAEL R.	INFECTED LEFT ELBOW	Y	7	7	N	N	1	15	249	10 Dr. Chardack r

Patient V	ISU	W602	ROLLER, DEAN E.	HEMORRHAGIC CVA	Y	7	7			1	15	50	105 rotorest bed
Patient W	TICU	E717	WIRTHLIN, DOUGLAS J.	AAA	Y	TICU	2		N	2	45	241	106
Patient X	TICU	E704	REID, BRUCE B.	CP	Y	TICU	2		Y	2.5	60	233	107 Isolation
Patient Y	MICU	E640	REES, WILLIAM V.	POST OP SINUS INFECTION	Y	STICU	5		N	2	45	99	108 MRSA CONTACT
Patient Z	TICU	E702	MERRELL, STEVEN W.	TRIPLE A	Y	TICU	2		N	2	45	232	109 Isolation

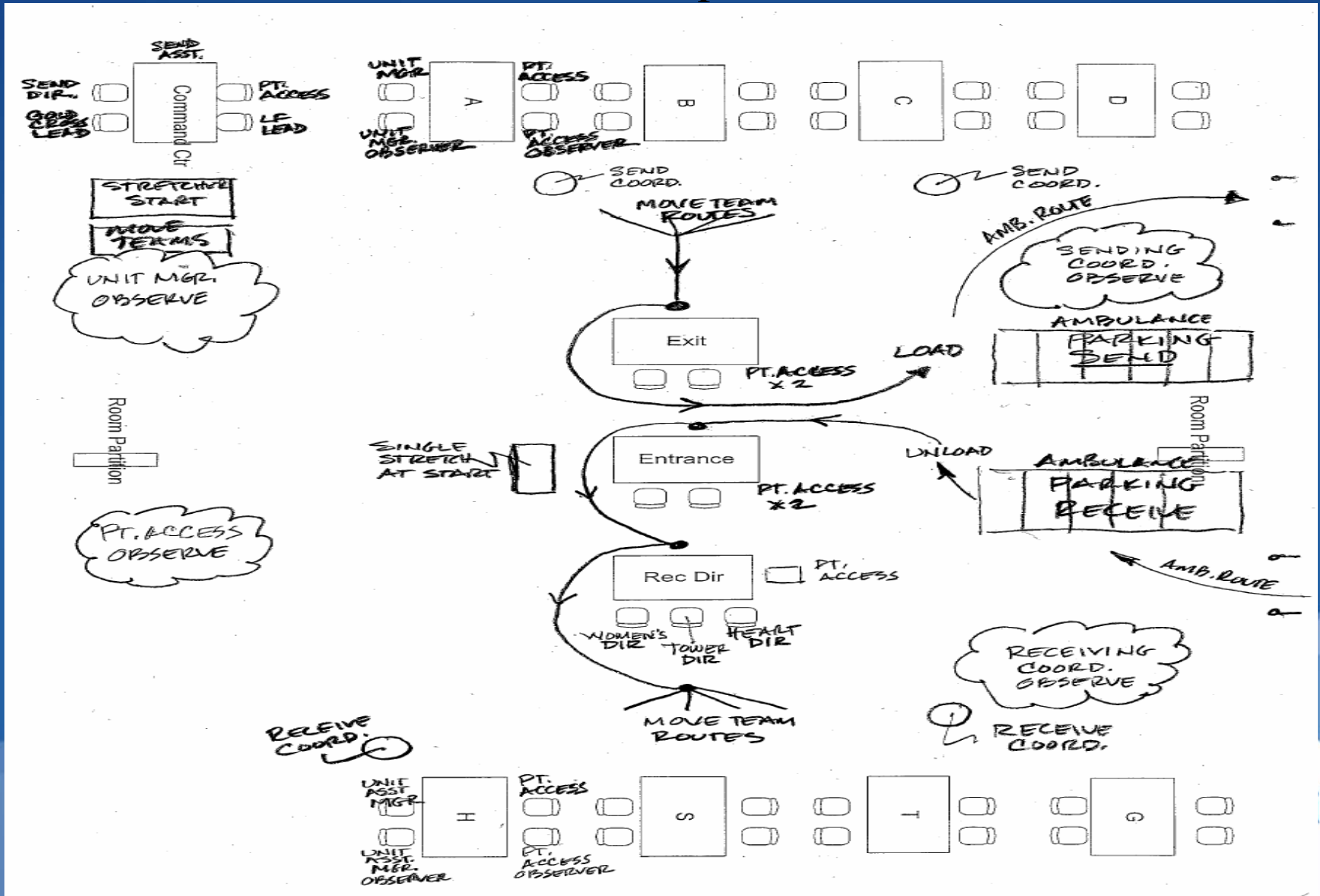
Organization for Patient Move

Sending Site Command Center



Schematic of the Patient Move

Used in Table Top Mock Move



Patient Move Photographs



Patient Move Photographs



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“Stacks to Stories”

Intermountain Medical Center

- Smelter Stacks Demolition
- Site Preparation
- The “Big Pour”—Footings and Foundation
- The “Topping Off” Ceremony
- Construction and Finishing
- Donor Events
- Community Open House
- The Patient Move

****Questions Following the 9 minute Video****

Intermountain Medical Center

(looking East)

Questions?



**Carolyn Barnes
Gardner
Women's and
Newborn Center**

**Doty Family
Education
Center**

**J.L Sorenson
Patient Tower**

**J.L Sorenson
Heart and Lung
Center**

**Jon & Karen
Huntsman
Cancer Center**

**George S. & Delores
Dore Eccles Outpatient
Care Center**

**South Office Building
Physician Offices and
Retail Space**

**Central Utility
Plant**

Central Lab



Intermountain[®] Medical Center

5121 So. Cottonwood Street (100 West)
Murray, UT

Operator: 801.507.7000

Patient Information: 801.507.6188

Parking shuttle information on back.
For convenient parking, watch for banners in the parking lot with corresponding building colors.

