

Professional Development of Staff Moving To A New Hospital

Presented by

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University of Texas Medical Branch Galveston, Texas

- First academic health center in Texas and home to the state's first schools of medicine, nursing, and allied health sciences
- 3 hospitals on Galveston campus; Level 1 trauma center
- 681 beds
- 79, 289 ED visits
- 32,317 hospital discharges
- 3,302 students (4 schools- nursing, medicine, health professions, and graduate school of biomedical sciences)
- 3 other hospitals in the region (League City, Clear Lake, Angleton Danbury)



University of Texas Medical Branch Galveston, Texas

- Joint Commission
- Magnet Recognition
- 2018 Vizient Bernard A. Birnbaum, MD, Quality Leadership Award (Ranked #4).
- Other accreditation, certification, and/or awards:
 - resuscitation performance
 - stroke (comprehensive)
 - COPD
 - ventricular assist device
 - adult burn care
 - cardiac rehabilitation
 - breast imaging/care
 - neonatal intensive care



Objectives and Conflict of Interest

Objectives:

1. Describe current literature on preparing staff to move to a new hospital
2. Identify the multistrategic approach taken by one organization for professional development of staff prior to the move
3. Discuss outcomes and implications for organizations opening a new hospital

Conflicts of Interest and Support: Odette Comeau and Dora Kuntz have no conflicts of interest; no sponsorship or commercial support has been provided.

Background

- Qualitative study (focus groups and interviews) prior to move
- Identify challenges perceived by staff when relocating to a new intensive care unit
- Recommendations published using Structures, Processes, and Outcomes categories

Background

- Study (mixed methods) comparing the effectiveness of 2 wayfinding methods
- Nurses (n=30) randomized to each group: virtual environment versus paper floor plans for a new hospital building
- No significant difference between the 2 methods in performance skills or post intervention confidence
- Qualitative: advantages to both methods

Background

- Simulation scenarios to prepare ICU staff for patient care in a new facility
- Pre/post surveys (n=39)
- Improvement in perceived confidence and readiness.



Project Background

- On April 20, 2012 UTMB hosted a groundbreaking ceremony to build a new 438 million hospital which officially opened in 2016 (13 floors, 316 beds, 20-bed operative suite)
- Fall of 2015: preparing bedside clinicians for the move *and* caring for patients in the new hospital initiated
- Preparation for the move included “practice” transports and tabletop exercises working through “what if” exercises

Project Background: Move Preparation



Project Background: Move Preparation

- “What if” the elevators go down on move day
- “What if” a patient codes while in transport

Jennie Sealy Hospital - Move Day Scenario		
Evaluator:		
Scenario #29: Elevator Goes Down During Move Day		
Patient Name:		
Patient Type:		
Scenario	Step #	Situation
29	1	Transport team is transferring ICU patient to new unit in Jennie Hospital.
29	2	Transport team with ICU patient at elevator banks in new building. Unable to access; elevators are not working.
29	3	Transport team and Elevator team call command center to inquire about outages. Remain in place for now. Patient is stable.
29	4	Command Center contacts BOAF; request urgent evaluation of elevators
29	5	BOAF and elevator team evaluate outage and verifies that no one is "stuck" in an elevator currently
29	6	BOAF communicates findings to command center
29	7	Command Center rapidly disseminates information about the elevators to all departments. PRIORITY notification is to the staff and patient in the elevator banks and staff/patients who may be stuck in an elevator
29	8	Command center and transport team determine best course of action for patient. Options include a.) wait further, b.) proceed to half-way patient stabilization station, or c.) return back to old unit in Towers
29		With extended outage, TDCJ PACU team to bring swappable batteries and supplemental gas sources for patients trapped in the elevator once access is restored
29	9	With extended outage, all patient movement to new hospital ceases until further notice
29	10	BOAF to notify command center when elevators are functional again
29	11	Command Center rapidly disseminates information about elevators being back up to all departments
29	12	Patient transfers resume

Jennie Sealy Hospital - Move Day Scenario		
Evaluator:		
Scenario #10: SICU Patient Codes While in Transport		
Patient Name:	Mr. S, 68 year-old with congestive heart failure	
Patient Type:		
Scenario Description:	patient transfer from SICU to Jennie Sealy	
Scenario	Step #	Situation
10	1	68 year old moving from SICU to Jennie Sealy
By 10pm night before move, primary nurse:		
10	2	Ensure charge nurse provided information on titratable infusions (to fax to pharmacy by 11:00 PM)
10	3	Physician note available in EPIQ; if not, notify charge nurse
10	4	Begin work on ticket to ride checklist
10	5	Begin gathering all patient belongings
By 5am on the morning of move, primary nurse		
10	6	All narcotic infusions changed to new bags
10	7	Ticket to ride checklist completed
10	8	Ensure all patient belongings are packed and ready for transport
Bedside Shift Report/ Handoff @645		
10	9	Primary night nurse handoff to primary day nurse: Ticket to ride reviewed in report by both nurses for verification of completion and revise if needed. Belongings verified packed and ready for transport.
30 minute notice to move time		
10	10	Team captain to complete brief re-evaluation of patients with unit staff
10	11	Secure all tubes and lines for transport
10	12	Pull cube from wall monitor for transport
10	13	Medications collected per nursing move plan process
10	14	Safety huddle performed by team captain, patient, primary RN, move team
Immediately prior to move:		
10	15	Final verification that Jennie Sealy room is prepared and ready to receive patient
Patient Move to Jennie Sealy		

Project Background: The Move



Needs Assessment

Target audience: nursing and non-licensed staff who worked for nursing service and would be moving to the new hospital

Information for needs assessment :

- Nurses who worked with the construction team (new equipment)- ceiling lifts, new beds, telephone system
- Regulatory requirements (fire, security)
- Feedback from other newly opened facilities (workflow exercises)

Strategies

Internal Communication

Staff meetings

Equipment training

Self-paced workbook with workflow exercises

Electronic resources

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Strategy: Staff Meetings



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Strategy: Equipment Training

- 1 week prior to move
- New equipment: Lights and boom, supply cabinet, ceiling lift, beds, nurse call system, bladder scanner, self paced station (fire-safety, patient door signage, lockable cabinets, tube station)
- Training provided by vendors
- 11 sessions over 1 week; each 4 hours in length (morning and afternoon)
- Class size limited to 30 (to facilitate hands-on); 450 staff trained
- Training varied based on clinical area (ICU, Med-Surg) and employee classification (RN, patient care tech, unit clerical support)

Strategies

Internal Communication

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Equipment training

Self-paced workbook with workflow exercises

Electronic resources

Strategy: Self Paced Workbook

- 45 exercises
- Scavenger hunt and workflow
- Available starting 7 weeks prior to move

Exercise 1	You are taking care of a patient in room 1. Go to room 1. Your patient requests a carton of milk. Go to the unit galley (fridge) to retrieve the milk and bring it back to the patient.
Exercise 2	Go to room 7. You are completing your patient teaching when all of a sudden the patient becomes unconscious. He has no pulse or respirations. Find the following: a. Emergency call light system b. Closest phone to call a code c. Location of code cart
Exercise 3	The family in room 11 wants to take a shower. Take them to the family shower room on your floor.
Exercise 4	Your patient in room 8 needs to be transported to the OR a. Where is the closest/best elevator to transport your patient b. What's the best/shortest route to transport the patient to the OR?

Strategies

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Strategy: Electronic Resources

- Equipment training videotaped (1 session)
- Nursing Service Website: Adult Critical Care and Medical-Surgical Nursing
- Used for refresher or for staff who were not present
- Documents (quick references) also linked

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Nursing Service
The University of Texas Medical Branch

Home

Councils & Committees (Patient Care)

Councils & Committees (Shared Leadership)

Departmental Resources

Departmental Resources Home

Adult Critical Care

Ambulatory

Angleton - Danbury Campus

Blocker Burn

Care Management

Geriatric

Hospital Galveston (HG)

Labor, Delivery, Recovery, and Postpartum (League City Campus)

Labor & Delivery/ High Risk OB

Medical/ Surgical

Mother-Baby

Neonatal Intensive Care Unit (NICU)

Perioperative

Education & Resources

UTMB Home / Nursing Service / Home

NURSING QUALITY MEASURES

2017 RN Survey Reports

Hand Hygiene

Blood Bank Specimen Rejections

Nurse Sensitive Indicators

ADC

Ambulatory

APCS

ED

HG

LCC

Periop

WIC

Patient Satisfaction

Ambulatory Surgery

CGCAHPS

HCAHPS

HCAHPS Education

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Behavioral Rapid Response Team (BRRT) Updates and Resources

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Videos Menu (partial)

Express In-Service

Leadership

Magnet Recognition®

Nurse to Nurse Blog

Policies & Procedures

Professional Practice & Advancement

Professional Practice Model (PPM)

Quality & Safety

Camino Bolt

CPOT: How to Use it in the ICU (Funded/Produced by Kaiser Permanente Northern California Nursing Research)

CRRT - NoStage *

CRRT - Using the Flowchart *

CVP Monitoring

Declothing Catheters

Discontinuing Epicardial Pacer Wires

Esophagogastric Tamponade Tube (Blaikemore Tube) *

High Level Disinfection (HLD) Pre-cleaning

Induced Hypothermia *

Intra-Abdominal Pressure Monitoring *

Intra-Aortic Balloon Pump *

Intrascapular Catheters *

Jennie Sealy Hospital

- Bariatric Bed
- Bladder Scanner
- Ceiling Lift 600 & 1000
- Fire Doors (Won Doors)
- KilLock Cabinet Locks
- Light / Boom
- Maximize
- Maxsky
- Med / Surg Bed
- Nurse Call System
- Oxyflex
- Sara Steady
- Tube System

MEDRAD Continuum IV Pump (MRI Pump)

NeuroOptics Pupillometer Device

Nutrition PEPUP Protocol

PCEA - ITM *

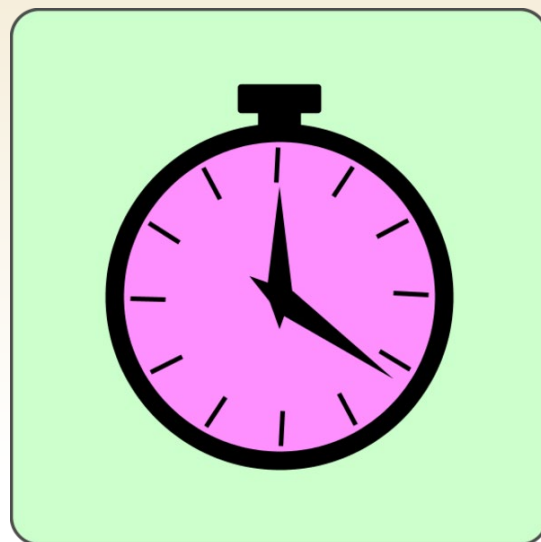
Peripherally Inserted Central Catheter (PICC) Line

PICC02

PleurX (Indwelling Pleural) Catheters

UTMB Opens Jennie Sealy Hospital

- On April 9, 2016, Jennie Sealy Hospital opened
- 191 patients were moved from the old hospital to the new in approximately 7 hours from 15 patient care units (3 adult ICU, 1 intermediate, and 11 medical-surgical units)
- No patient complications
- Post move: minor follow-up (example- dissemination of a directory for tube stations, minor plumbing repairs)



Staff Survey

Staff survey 8-12 weeks post move (n=436)

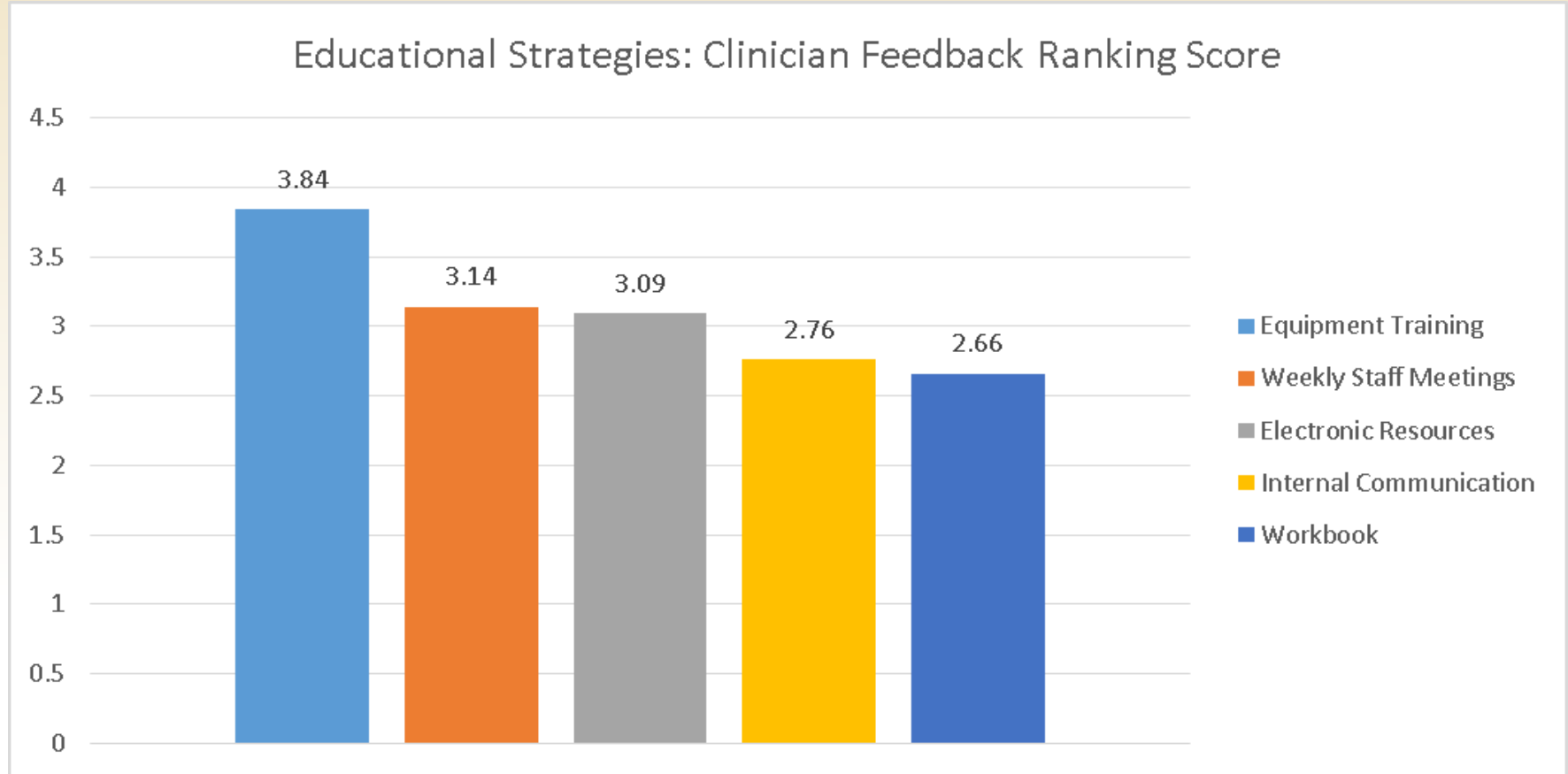
Survey consisted of their perceptions regarding educational preparation to move to a new hospital

Survey was very short to encourage participation

Free text comments encouraged

126 responses received (28.9% response rate)

Outcomes: Ranking



Outcomes: Free Text

47 clinicians shared additional information

Positive Comments

“went smooth”

“it was well organized and highly beneficial”

Opportunities for Improvement

“more information about how to use telephones and calling different areas in the hospital”

“too much information in a short time frame”

“new equipment training took far too long”

Implications

- Survey was useful feedback
- Results used to guide plans for additional training (example: new beds in medical-surgical units)

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Questions or more information

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