Operational Readiness and
Transition Planning

A New Model At Work

Halton Healthcare Services –
New Oakville Hospital

Denise Hardenne, April 2013
Overview

• Background
• Magnitude of Change
• Operational Readiness Risk
• Governance Model
  Operational Readiness & Transition Planning Framework (ORTPF)
• Tools and Templates
• Moving Forward
Background
HHS Capital Projects

• Georgetown Hospital

• Milton District Hospital

• Oakville-Trafalgar Memorial Hospital
New Oakville Hospital

• 15th largest Canadian infrastructure Project
• One of largest in Ontario
• $2.7 billion nominal DBFM
• Hospital Infrastructure Partners
• State-of-the art facility
• 50-acre site
• December 2015 opening
• McMaster Clinical Education Center
Our Partners

HIP
Hospital Infrastructure Partners Inc

EllisDon
We build on great relationships™

Carillion

Fengate Capital Management Ltd.

Scotia Capital
Development Team

Hospital Infrastructure Partners Inc

EllisDon
We build on great relationships™

carillion

FENGATE CAPITAL MANAGEMENT LTD.

PARKIN ARCHITECTS LIMITED

Stephenson Engineering Ltd.
Consulting Structural Engineers

Crossey Engineering Ltd.

Mulvey+Banani 50 years

adamson associates
A Partnership of Cooperatives

rjc Read Jones Christoffersen
Consulting Engineers

Honeywell

Halton Healthcare
Magnitude of Change
Impact at-a-Glance

Service Impact
- 52 Departments/Programs
- 17,000 Admissions
- 56,000 Emergency visits
- 190,000 Ambulatory visits
- 23,000 Surgeries
- 2,300 Births

Human Resource Impact
- 1,489 Full Time Equivalents (FTEs)
- 1,968 Headcount
- 455 Physicians
- 770 Volunteers
Change Challenge Snapshot

- 310 Beds
- 475,000 sq. ft.
- 20% single patient rooms
- Centralized Food/Nursing Stations/Registration

- 607 Bed Capacity
- 1.6 million sq. ft.
- 80% single patient rooms
- Decentralized Food/Nursing/Registration
Change Challenge Snapshot

- **Separate Ambulatory Care Clinics**
  - Combined Ambulatory Care Clinics

- **38 Emergency Stretchers**
  - 66 stretchers/ Clinical Decision Unit/ Rapid Assessment and Treatment Zone

- **10 Child and Adolescent Beds**
  - 16 Beds and Intensive Care Unit

- **Traditional Medication Management**
  - Automated Dispensing Units,
    - Unit Dose, Robotics
## Clinical Service Change
### Challenge Snapshot

<table>
<thead>
<tr>
<th>Traditional Nurse Call System</th>
<th>New Services</th>
</tr>
</thead>
</table>
| • Integrated bed alarms, mobile phone integration & telemetry monitoring | • Cancer Clinic, Radiation Clinic  
  • Ambulatory Procedures Unit, Child & Adolescent Day Program |

<table>
<thead>
<tr>
<th>1489 FTEs (FT/RPT)/1968 Headcount</th>
<th>770 Volunteers</th>
<th>455 Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 2400 FTEs (FT/RPT)/ 2900 Headcount</td>
<td>• 1140 Volunteers</td>
<td>• 475 Physicians</td>
</tr>
</tbody>
</table>
NOH Equipment & Technology Snapshot

• 3 MRIs & 2 CTs
• Decentralized Telemetry
• Fetal Monitoring System
• Pneumatic Tube
• Identity/Access Management/Wayfinding
• Decentralized registration kiosks
• Medication Management System
• Nurse call system/Patient Entertainment
• Patient flow systems (Bed/ED/OR)
Failure Risks

Clinical
- Unsafe workflows
- Inadequate infection control processes
- Lack of human resources
- Unfamiliarity with equipment
- Unsafe response to emergencies
- Impact on clinical outcomes

Financial
- Increase financial demand
- Deficit operations/system costs
- Impact on Local Share

Reputational
- Decreased access
- Loss of confidence HHS/MOHLTC/LHIN
- Donor commitment
Operational Readiness Preparations
Research Invested

- Literature review of:
  ~ Change management theory
  ~ Project management principles
  ~ Operational readiness best practices
- Assessment of change required
- Survey of healthcare peers
Building On Lessons Learned

• Lack of consistent planning approach
• Underestimation complexity of change
• Extensive time required to plan and implement
• ICT planning is a critical success factor
• Delayed initiation of work
• Limited ability to monitor progress
• Informal patient and equipment move planning
• Poor cost tracking
• Inadequate transition funding
Planning A Must

• Roadmap for operational readiness
• Shifts focus from construction to operations
• Standardized planning process
• Continuation of safe, quality patient care
• Implement early to mitigate risk
• Track & monitor progress
• Plan & track costs
Operational Readiness Planning To Date

- Governance model
- Project Management Office
- ORTPF developed
- Operational charter(s)
- Opening Day Vision(s)
- Transitions budget & review
- Gap analysis & work plans
- Reporting & monitoring tools
- Georgetown Hospital Pilot
Operational Readiness
Governance
Governance & PMO Structure
Operational Readiness & Transition Planning Framework (ORTPF)
ORTPF Foundation

Change Management

Project Flow Map

Project Management Principles
ORTPF Foundation

Shared Understanding

Speed

Critical Mass

Start

Opening Day View

Budget

PMO

Implement

Evaluate

Close

Initiating

Planning

Executing

Monitoring

Closing
Planning/Executing
Framework Tools & Templates

• Opening day view
• Program gap analysis
• Program charters
• Change Heat Map
• Program work plans
• Risk registry
• Budget Template
• Change Management Toolkit
• Workforce planning tools
Framework Tools & Templates

• SharePoint; communications & documents
• ToR templates (Project Council, Planning Groups, Project Teams)
• Status Reports
• Master Schedule template
• Information Needs List template
• Training and education plan
• Orientation Checklist
• Purge/Move Plans
• Lessons Learned
Workplan – Maternal Childcare Example
# Change Map Legend

<table>
<thead>
<tr>
<th>Impact/Volume of Change (what does it affect)</th>
<th>Severity of Change/Complexity (how does it affect)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High (affects enterprise-wide)</td>
<td>Low (minimal changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>Minimal change/complexity; and if not done well, impact will be high (3)</td>
</tr>
<tr>
<td></td>
<td>Some change/complexity; and if not done well, impact will be high (6)</td>
</tr>
<tr>
<td></td>
<td>Multiple changes/complexity; and if not done well, impact will be high (9)</td>
</tr>
<tr>
<td>Medium (affects multiple departments)</td>
<td>Low (minimal changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>Minimal change/complexity; and if not done well, impact will be medium (2)</td>
</tr>
<tr>
<td></td>
<td>Some change/complexity; and if not done well, impact will be medium (4)</td>
</tr>
<tr>
<td></td>
<td>Multiple changes/complexity; and if not done well, impact will be medium (6)</td>
</tr>
<tr>
<td>Low (within a specific area or department)</td>
<td>Low (minimal changes/complexity)</td>
</tr>
<tr>
<td></td>
<td>Minimal change/complexity; and if not done well, impact will be low (1)</td>
</tr>
<tr>
<td></td>
<td>Some change/complexity; and if not done well, impact is low (2)</td>
</tr>
<tr>
<td></td>
<td>Multiple changes/complexity; and if not done well, impact is low (3)</td>
</tr>
</tbody>
</table>

- **High**: Enterprise-wide change affecting multiple departments, if not done well, high impact (3, 6, 9).
- **Medium**: Multiple departments, if not done well, medium impact (2, 4, 6).
- **Low**: Specific area or department, if not done well, low impact (1, 2, 3).
## Change Map – Program Example

<table>
<thead>
<tr>
<th>Program</th>
<th>Department / Program</th>
<th>Scope of Service</th>
<th>System-Wide Changes (impacts other sites or LHIN)</th>
<th>New Model of Care/Service</th>
<th>Volumes</th>
<th>Financial Impact</th>
<th>People</th>
<th>Process</th>
<th>Technology &amp; Equipment</th>
<th>Facility</th>
<th>Operation Communications</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Child Program (incl Inpatient Paediatrics)</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

- **Change in Service**: scope of service consistent with current.
- **System-Wide Changes**: New LBRP, Midwifery, Paed short stay in ED, Physician on call planning.
- **New Model of Care/Service**: Potential increase in volumes due to new building, however population growth in MDH greater than in Oakville.
- **Volumes**: Slight increase in funding required.
- **New Processes / Process Re-engineering / Process Improvement (Lean)**: Change in job descriptions due to LDR model.
- **Major Training & Education Needs**: Retrain all staff on new model.
- **Major IT Changes**: Redesign new processes based on new model and accommodation of location of office spaces.
- **Major Equipment Changes**: New fetal monitoring system.
- **Major Space Adaptation Changes**: No new equipment.
- **Operation Communications Changes**: New geographic layout and offices.

**Total Score**: Uncertainty of potential volumes.
<table>
<thead>
<tr>
<th>Program</th>
<th>Financial</th>
<th>People</th>
<th>Process</th>
<th>Technology &amp; Equipment</th>
<th>Facility</th>
<th>Operational/Communications</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,2,8,9 Adult and Child/ Adolescent Mental Health Program - Inpatient/Outpatient Services</td>
<td>New PICU, new day hospital, expanded mental health hours in ED</td>
<td>Integration with ED, Paeds and LHIN initiatives</td>
<td>New PICU, new day hospital, expanded mental health hours in ED</td>
<td>Integration of Dorval staff, staffing model to match ORN funding</td>
<td>New training, may have new security system</td>
<td>New equipment list</td>
<td>Adult unit now has 8 units, structural plan for deployment of patients and staff required, communication with external partners and ORN</td>
</tr>
<tr>
<td>3.6 Chronic Disease Management - Hypertrophy, Diabetes, Health Promotion and Disease Prevention</td>
<td>Expanded dialysis volumes and confirm scope of service of mobile diabetes team</td>
<td>Coordination with Chronic care, potential changes to dialysis service delivery from ORN</td>
<td>Potential changes to dialysis service model from ORN</td>
<td>Potential change to ORN funding model, Assuming status quo volumes for others</td>
<td>Integration of Dorval staff, staffing model to match ORN funding</td>
<td>Require training and orientation of current off-site staff who will be integrated at NOH</td>
<td>Confirm ORN reporting requirements, new dialysis machines requiring training</td>
</tr>
<tr>
<td>4 Medical Day Care and Cancer Clinic</td>
<td>Cancer Clinic new service and Medical Day will undergo multiple changes</td>
<td>Impact to support services (Ph, Lab, D, ED repl, etc)</td>
<td>New model of care for HHIS</td>
<td>New budget required, however supported through COO</td>
<td>New staff and alignment of existing</td>
<td>New training, new software, ORN, radiology, etc</td>
<td>New equipment, new space</td>
</tr>
<tr>
<td>5 Medical/Surgical Clinics and Procedures</td>
<td>New clinics - neurosurgery and wound</td>
<td>Confirm service delivery from specialists and family MNA's with special privileges</td>
<td>New clinics and consider current demographics to project volumes. Assuming current volumes upon opening</td>
<td>Staff Integration plan for new clinics</td>
<td>Staff Integration plan for new clinics</td>
<td>New training, new software, reporting requirements (CCO, etc)</td>
<td>New equipment, new space and ORN block scheduling</td>
</tr>
<tr>
<td>6 outpatient Rehabilitation Services</td>
<td>Confirm scope of service for Hospital Clinic, pool program, outreach service</td>
<td>Potential changes from the LHIN, regarding Central Inpatient Process</td>
<td>New services such as pool program</td>
<td>Potential increase in volumes for Ward, Geriatric, Physiatry and Step Up</td>
<td>New budgets required</td>
<td>Staff Integration plan for new clinics</td>
<td>EMR, Registration, OR Manager, New equipment</td>
</tr>
<tr>
<td>10, 14 Complex Continuing Care and Inpatient Rehab</td>
<td>Additional palliative beds, and potential higher acuity of patients (i.e. Cancer and ventilated patients)</td>
<td>Possible reorganization of the CCC program</td>
<td>Potential impacted by new space design and larger scope of service</td>
<td>Additional staffing and patients for palliative bed</td>
<td>Higher acuity patients mean appropriate off-site staff mix required</td>
<td>Opportunity to improve external process, new equipment list</td>
<td>New geographic layout</td>
</tr>
</tbody>
</table>
## Change Map – Program Ranking

<table>
<thead>
<tr>
<th>Functional Program</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Day Care and Cancer Clinic</td>
<td>96</td>
</tr>
<tr>
<td>ICT Applications</td>
<td>79</td>
</tr>
<tr>
<td>Pathology and Laboratory</td>
<td>74</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>72</td>
</tr>
<tr>
<td>Business Development</td>
<td>66</td>
</tr>
<tr>
<td>Diagnostic Services - Cardio respiratory, DI, Neurophysiology, Specimen Collection Services</td>
<td>66</td>
</tr>
<tr>
<td>Medical/Surgical Clinics and Procedures</td>
<td>66</td>
</tr>
<tr>
<td>Surgical Services - Surgical Day Care, Surgical Suite (OR, PACU), Ambulatory Proc Unit</td>
<td>66</td>
</tr>
<tr>
<td>Adult and Child/ Adolescent Mental Health Program - Inpatient/Outpatient Services</td>
<td>65</td>
</tr>
<tr>
<td>Emergency (including Observation Unit)</td>
<td>64</td>
</tr>
<tr>
<td>Chronic Disease Management - Nephrology, Diabetes, Health Promotion and Disease Prevention</td>
<td>59</td>
</tr>
<tr>
<td>Facility Maintenance</td>
<td>59</td>
</tr>
<tr>
<td>Complex Continuing Care and Inpatient Rehab</td>
<td>57</td>
</tr>
<tr>
<td>Food Services</td>
<td>56</td>
</tr>
<tr>
<td>Critical Care Unit</td>
<td>55</td>
</tr>
<tr>
<td>Human Resources</td>
<td>55</td>
</tr>
<tr>
<td>Medical/Surgical Units</td>
<td>55</td>
</tr>
<tr>
<td>Admin - Professional Staff (Physicians)</td>
<td>54</td>
</tr>
<tr>
<td>Outpatient Rehabilitation Services</td>
<td>54</td>
</tr>
<tr>
<td>Parking, Grounds and Security</td>
<td>53</td>
</tr>
<tr>
<td>Housekeeping and Linen Services</td>
<td>50</td>
</tr>
<tr>
<td>Volunteer Services</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional Program</th>
<th>Total Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Child Program (incl Inpatient Paediatrics)</td>
<td>49</td>
</tr>
<tr>
<td>Biomedical Engineering</td>
<td>48</td>
</tr>
<tr>
<td>Organizational Learning &amp; Professional Practice Development</td>
<td>47</td>
</tr>
<tr>
<td>Patient Registration (ER and Admitting) and Clinical Information Services</td>
<td>40</td>
</tr>
<tr>
<td>Public Areas - Public Relations</td>
<td>39</td>
</tr>
<tr>
<td>Finance, Decision Support</td>
<td>35</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
<td>35</td>
</tr>
<tr>
<td>Materials Management</td>
<td>35</td>
</tr>
<tr>
<td>Medical Devices Processing (Central Sterile Processing)</td>
<td>35</td>
</tr>
<tr>
<td>Admin - Redevelopment Administration</td>
<td>34</td>
</tr>
<tr>
<td>Environmental Services - Administrative Centre</td>
<td>33</td>
</tr>
<tr>
<td>Admin - Program Administration</td>
<td>31</td>
</tr>
<tr>
<td>Spiritual Care</td>
<td>31</td>
</tr>
<tr>
<td>Public Areas - Library</td>
<td>29</td>
</tr>
<tr>
<td>Admin - Quality, Risk and Patient Relations</td>
<td>25</td>
</tr>
<tr>
<td>Diagnostic Services - Cardio respiratory</td>
<td>25</td>
</tr>
<tr>
<td>Public Areas - General</td>
<td>24</td>
</tr>
<tr>
<td>Public Areas - Patient Discharge Centre</td>
<td>24</td>
</tr>
<tr>
<td>Admin - Corporate Administration</td>
<td>22</td>
</tr>
<tr>
<td>Foundation</td>
<td>17</td>
</tr>
</tbody>
</table>
## Operational Readiness Executive Status Report

**Functional Program Dashboard**

<table>
<thead>
<tr>
<th>FP #</th>
<th>Ambulatory / Inpatient</th>
<th>Jan 13</th>
<th>Feb 13</th>
<th>Mar 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, 2, 8</td>
<td>Mental Health</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3, 5</td>
<td>Chronic Diseases</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Med Day Care &amp; Cancer</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Med Surg Clinic &amp; Proc</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Outpatient Rehab</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10, 14</td>
<td>Critical Care</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Maternal Child</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Med/Surg Units</td>
<td>G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FP #</th>
<th>Clinical and Diagnostic</th>
<th>Jan 13</th>
<th>Feb 13</th>
<th>Mar 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Diagnostic Imaging</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>DI - Cardiorespiratory</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Emergency</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Infection Prev &amp; Control</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Pathology &amp; Laboratory</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Pharmacy</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Spiritual Care</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Surgical Services</td>
<td>G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FP #</th>
<th>Customer Staff Services</th>
<th>Jan 13</th>
<th>Feb 13</th>
<th>Mar 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Food Services</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Foundation</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24, 39</td>
<td>HR/Staffing/Occ Health</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Org Learn, Prof Practice</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Patient Registration</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Public Areas (General)</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Library</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Patient Discharge Centre</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Public Relations</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Volunteer Services</td>
<td>G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FP #</th>
<th>Support Services</th>
<th>Jan 13</th>
<th>Feb 13</th>
<th>Mar 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>29a</td>
<td>Admin - Corporate</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29a</td>
<td>Admin - Redevelopment</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29b</td>
<td>Admin - Program</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29c</td>
<td>Admin - Professional Staff (Physicians)</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Biomedical Engineering</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>MDR</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Clinical Info Services</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Environmental Services</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Facility Maintenance</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Finance/Decision Support</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td>Business Development</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Housekeeping &amp; Linen</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>ICT</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Materials Management</td>
<td>G</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Security, Parking, Grounds</td>
<td>G</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Communications

Leader's Corner - Denise Hardenne

Introducing Operational Readiness

Constructing the physical buildings for our three redevelopment projects is just one part of the work ahead of us. Another important component is the operational readiness of the people, processes and technology that are going to occupy the new spaces...

Corporate Initiatives

- Accreditation 2013 - Check it out!
- Operational Readiness
- SAP/SSW Implementation
- Workforce

Clinical & Diagnostic

Ambulatory & Inpatient Services

Support Services

Customer & Staff Services
Change Tools

**Change Toolkit: How to Implement**

**POP (Purge or Preserve) Day**

**Purpose:** The POP (Purge or Preserve) Day is about tackling the clutter in your department. It will establish what needs to be transported to the new space and what can be discarded. This is also an important opportunity for staff to prepare themselves mentally for the move.

**Implementation:**
1. Order large shredding bins and moving boxes from Environmental Services prior to your POP day. Block off a half day for staff to participate in the POP day.
2. Secure the “TO BE PURGED” and “TO BE PRESERVED” signs (provided) to the appropriate bins and boxes.
3. Make your POP day a team event by giving a prize for the person who purges the most or the most enthusiastic POP-er!
4. You will be given an artifacts box, which can be filled with items of sentimental value to the team. Your items MUST fit in the box provided. These artifacts will have a place of honour in your space.

**The Rumour Box**

**Purpose:** The rumour box is a confidential way for staff to pose questions or concerns about moving to the New Oakville Hospital. It’s a tool to properly address the rumours in circulation.

**Implementation:**
1. Place your Rumour Box (provided in toolkit) in a location with high visibility, place slips of paper (also provided) next to the Rumour Box.
2. Explain to staff that the Rumour Box is a confidential way for them to pose questions/concerns about the move.
3. Every Wednesday empty your Rumour Box and send all paper located inside of the box to the Change Champion.
4. The Change Champion will review all questions and post answers on Connections by Friday. Link will be called “Let’s Move! Staff Q and A”. Advise staff to check Connections site on Fridays for the weekly Q and A updates.
5. Please print and post a copy of the “Let’s Move! Staff Q and A” update for staff without internet access.

**Staff Change Toolkit: How to Implement**

**Change Rolodex**

**Purpose:** The change rolodex is a tool to help you deal with transitional unease. During this period of change, your staff may exhibit various emotional reactions and behaviours in anticipation of the move. This tool will help you to identify the behaviours and provide suggestions of how you can help combat their anxiety.

**Implementation:**
1. Keep the Change Rolodex (provided in toolkit) on your desk or in a safe place.
2. When you notice an employee exhibiting one (or more) of the reactions or behaviours listed in the Change Rolodex refer to the flip side of the paper for suggestions of how you can help them through the process of change.
Moving Forward
The Change Formula

Redesign + Stabilize services prior to move = Avoid clinical risk
Change on a Timeline

Critical Dates
- Blackout
- Sept., 2014
- Substantial Completion
  - July, 2015
- Opening Day
  - December, 2015
Required before “Burn-In”

• Significant workflow redesign
• Develop and train on new clinical processes
• Pilot ICT technology and make decisions early
• Implement new technology
• Training on equipment
• New program development
• HR Planning & Recruitment
• PCOP & Budget Planning
• Front-end load changes & stabilize
“Burn-in” Activities

July/15 to Dec/15

- Facility commissioning
- User acceptance testing (UAT)
- Cleaning
- Stocking
- Training
- ICT install
- Equipment delivery & training
- Clinical calibration
- Testing emergency response
- Move planning & purge
ORTPF Attributes

• Based on change management model
• Integrates project management discipline
• Scalable to project size
• Modular components
• Adaptable to project complexity
• Risk mitigation
• Comprehensive
• Innovative
Caring Today. Growing for Tomorrow.

Halton Healthcare