

Hello Again, Scripps Prebys!

An Interview with Kimberlee Roberts, MPH and Kathy Stevenson, BSN, RN

By: Brenda de Borja

The Scripps Prebys Cardiovascular Institute is a 383,000-square-foot, 168-bed expansion. The Institute includes 108 medical/surgical beds, and 60 intensive care beds, 4 state-of-the-art cardiovascular operating rooms, hybrid operating suites, genomic medicine, and 4 cardiac catheterization labs.

Towards the end of 2016, HTS contacted Kim Roberts, Project Manager for Scripps Prebys Cardiovascular Center, a previous client of HTS Transition Planning. The facility opened a year and a half ago. We touch based with Kim to find out how Scripps is doing, what has changed, and what has stayed the same. We also spoke with Kathy Stevenson, the Lead Project Manager for Scripps, and posed the same questions that were given to Kim. It is interesting to note how similar most of their answers are.



How is Scripps doing since it opened? What's new?

Kim: Scripps has increased its volume to about 20%. We have consolidated two of our hospital cardiac care lines in the new facility. We have an enhanced reputation, and increased national attention due to the hospital's architecture and design. We've had a multitude of visitors coming through to see the facility. We have been asked how we like the new facility, and how we transitioned.

HTS shared many tools with Scripps during preparations to activate and occupy the new facility. Are there specific HTS tools and/or processes, that in your opinion, helped facilitate a smooth Day 1 of operations. Are these tools still relevant to the staff in the present?

Kim: Certainly, the initial tools: Budget Assumptions for training was very helpful at projecting our expense level. The Critical Task Log is an absolute requirement to do this kind of work. It helped us stay on point, and allowed us to look at a level of detail we wouldn't have considered without HTS. The issues log we continue to use to this day. I ended up transitioning without HTS for Prebys for the Surgical ICU, the ED, Trauma department, and half of Imaging. I used the same tools. We brought HTS back for the opening of the John R. Anderson V Medical Pavilion. The Day in the Life building scenarios were very helpful. We made staff walk through the steps, recognizing that the devil is in the details. Your perception, in terms of the new space, is very different – you make assumptions about how it's going to be, and you can be dead wrong. Making people walk the steps helped us recognize workflow and timing issues in terms of patient care.

Kathy: Use of the Critical Task Log was integral in assisting Scripps in identifying all tasks that needed to be completed prior to move. Licensing scripting helped staff prepare for the CDPH licensing visit and to feel comfortable with process. The Issues list started during Day in the Life was used for many months following the move to continue to resolve issues as they arose and to track accountability and progress

There are certainly instances when the staff does not realize with urgency that critical tasks need to be completed before the hospital is operational. If you had experience this during your transition, at what point did you notice that your teams taking ownership of their tasks by a marked change in knowledge, skills, and confidence?

Kim: It is unit-dependent. The Cath labs and Procedural areas got it from the get-go. They realized they had to work on these tasks – because they're task-oriented. With the Patient Care units, probably about 4 months into the Move-in, after substantial completion and Day in the Life.

Kathy: At Scripps, the committee members and task leaders were very engaged from the beginning. Kim lead meetings for the committees in between the HTS lead meetings. This assisted in making sure the tasks were completed as scheduled.



How has the HTS Orientation and Training process impacted the new facility? Has your staff done anything differently since the move?

Kim: I'd like to stress that we wouldn't have been successful without the New Facility Orientation, and the Day in the Life. Day in the Life allowed each of the units to be successful both initially and over the long term. We still use some of the tools when we moved departments. We modified the tools that helped us be successful for the new area. The checklists were critical. Even though people thought there was redundancy when they were checking the rooms, sure enough, they

would find things on the sixth time, and this allowed for an incredibly safe patient transition. The FreightTrain maps, after we have moved in, were all taken by our managers and tacked in their offices for training new hires. It is especially helpful in a large facility such as ours, for wayfinding and training. They use some of the same tools, and modified them for new facility orientation for new hires. There were tools that HTS educated us on which we thought weren't as critical, but ended up paying off in a big way.

Certainly, as we prepared for our second tower, having been a Project Manager for the first, I unequivocally said, "I won't do this unless we hired HTS". On a side note, I presented this (transitioning to a new facility) with the Scripps CEO at the American College of Healthcare Executives. Consequently, I've had 7 people contact me, and 3 visited here. My understanding is that one of those who was at the conference and who contacted me, went for Day in the Life at the John R. Anderson V Medical Pavilion, and ended up signing a contract with HTS.

Kathy: Use of the nurses stations needed to be altered from the original planned workflow. The hospital was busier than expected almost immediately and changes were made to assist the staff in these areas

Does the hospital measure the impact of training on day-to-day operations, and in the long term? Do you think measuring the impact of training is helpful to your staff and facility operations?

Kim: HTS helped us recognize the broader training requirements for a new facility. There are more competencies in a new environment, not just training for new equipment but for the new building – the physical plant. HTS helped us develop competency requirements, train our staff, and hold them accountable to these competencies. If after training, something is done inappropriately, we sit down with the staff, and review the misstep. If more training is needed, we will provide it, and they then sign a written clarification of expectation.

We train people on a list, but HTS engaged us in understanding future workflow, and the competencies around it – not only the equipment but how to work in the new environment.

Kathy: Yes, this would be helpful to use as best practice for HTS to assist both the facility in developing future training as well as assisting HTS to focus clients on the most efficient and meaningful methods of training

How has mindfulness of your organization's core values helped in the activation and occupancy of the new hospital?

Kim: There is a very clear expectation of patient and staff safety in the new environment. HTS helped us focus on a new world order, and HTS was good at framing that for us.

Kathy: the leadership at Scripps kept the focus on the core values of the organization.

Drawing from your transition experience, what best practices/lessons learned can you share with other facilities that are transitioning or will be transitioning into their new workspace? How vital is getting the team engaged in the process, from the Executive team, all the way to the staff?

Kim: I was identified as a project manager (for the hospital transition), and was part of the team that interviewed the three companies vying for the contract, including HTS. After we made the decision for HTS, I remember saying that R&D does not necessarily mean Research and Development. It means Run and Duplicate. These people (at HTS) have designed these tools, and they've been effective. Use the Tools; Follow the Plan. I have never bifurcated from that. I have always said we're going to do it this way. Even if there was pushback, I explained that we've never done this before, and they have. Use the tools and see if they're efficacious. If down the road we realize they're not, we will get rid of them. There is a logic to the transition process. Even if it's tedious from the current to the future workflow, you must get people from one point to the next. Towards the end, everybody was so annoyed with my "Use the Tools" mantra, but everything worked out.

Leadership sets the tone on how to be successful and supportive. Leadership sets the expectation as well. This goes downstream. As the Project Manager, you can't underestimate. You must be diligent, and follow up on every item, regardless of how small. The small nuances will quickly become big issues in a new facility if you don't pay attention.

When we did the budget assumptions for training, HTS helped us build in meeting time. This gave the team members, our frontline people, the support they needed to participate. Our staff had time set aside to test the future workflow, the environmental processes, to make sure they work.

Kathy: Engagement by everyone is best practice. Having key leaders involved from the beginning of transition helps with cutting through red tape and making timely decisions that need to be planned for.

Is there anything you would like to add?

Kim: It is clearly apparent that the processes and tools HTS has developed are effective, efficient, and allow for successful transition, if you utilize them. In addition, in California, given the prescriptive and intricate licensing process, HTS's knowledge was invaluable for our incredibly successful licensing surveys. After HTS left and we moved in, I was still transitioning the ED from a 4,500-square foot, 19-bed location to a 33,000-square foot, 51-bed brand new ED. It was so smooth a transition; people were stunned. I said I just used the tools and followed the plan from the last building. We used everything we've learned from HTS.

I am grateful that our patients have this incredible experience because we used HTS. I am lucky that HTS trained me and I feel I have the skills that I wouldn't have otherwise.



Kimberlee P. Roberts (KR), MPH was the Project Manager for the Scripps Prebys Cardiovascular Center transition and occupancy project. She was also the Scripps liaison to the Scripps Clinic, John R. Anderson V Medical Pavilion Move. She has been in healthcare administration for over 30 years, and with Scripps Health for 17. Kim has been an HTS team member for Day in the Life events for about a year now. She says she does this to pay it forward. With the lessons learned from transitioning her own hospital, she works with other facilities to help them to ensure a successful transition of their own. On the personal side, Kim says that her family is her priority. She enjoys hiking and the beach which is not surprising if you're familiar with the beautiful hilly seaside destination that is La Jolla, CA.



Kathy Stevenson(KS) was the HTS Lead Project Manager for the Scripps Prebys project. She has 30 years of industry experience and has been with HTS for five years. Kathy is responsible for the ongoing development and implementation of HTS's facility activation processes, and is HTS's subject matter expert for Day in the Life, a simulation activity of which she has facilitated over 60 to date across the United States and Canada. Before joining HTS, Kathy was the Patient Move Coordinator for CHLA's replacement hospital where she developed the patient move plan, and coordinated the implementation of the building and licensing readiness plan with the hospital's transition team. Kathy has also collaborated with county agencies to develop and provide hospital disaster management training courses.