Program/Project Description.
On October 25, 2006, the Western Maryland Health System broke ground on the construction of a new hospital. The new facility consisted of 7 floors with 585,000 square feet of space and would require careful planning and preparation regarding the movement of patients from two separate facilities to one location. It was extremely crucial that employees become familiar with the physical environment so that disruptions in patient care would be minimized. In addition, approximately twenty new pieces of equipment were purchased that would require coordination of education and training of staff.

Before any equipment training was initiated, goals were developed to help guide the process. The short term goal to be achieved by April 2007 was to have an idea of what equipment was being requested, moved or left behind. The mid-term goal was to ensure the timing of new equipment ordering to coincide with delivery time in regards to construction. The long-term goal was to ensure that every service had the equipment/furniture that would be needed in the right place at the right time.

We also obtained training materials and networked with key staff from other institutions that had recently experienced a move to a new facility. They shared information that was very beneficial in helping us prepare for the move. However, our situation was unique since we had the added challenge of moving two hospitals instead of one. Therefore, no baseline data or program existed that would entirely meet our training needs.

Process.
The first steps in planning the education and training of staff were to survey Department Directors regarding their needs. This survey was conducted approximately 18 months prior to the move. Survey Monkey was utilized to assist with tabulating responses. In determining what Human Resources information we needed to include for new general hospital orientation, the topics currently covered were reviewed and new information was incorporated. Key members of leadership identified critical processes or new equipment that would require staff education and assisted with development of content.

A list of all equipment and contact information for vendors was obtained from Materials Management. The focus was primarily on identifying new equipment that required general staff training. For each new system or piece of equipment, an “action owner” and team were identified to ensure that the design, procurement and installation were completed within the specified timeline. Each low voltage team supplied the Education Department with the following information in order to assist them with the development of training: target audience, time required for training, content/applications to be included in the training, and proposed date that training should occur prior to the move to the new hospital.

Next, a theme was selected that would be displayed on written materials, communication/flyers, and giveaways throughout the training period. Since we would be bringing two hospitals together, we selected a space shuttle theme. The two solid rocket boosters represented Braddock and Memorial hospitals that would provide the main thrust to lift the shuttle. One rocket was no greater or more important than the other and was a metaphor for the best of both institutions. Once the rocket boosters had separated, the shuttle remains signifying “One Destination.” Much new technology originated through the space program and the new hospital would be acquiring state of the art technology to improve patient care and safety. An opening and closing video was created using an actual space shuttle launch and was personalized to reflect the importance of each hospital to the community and the journey we had taken together to reach a new destination.

Solution.
A PowerPoint presentation for general orientation to the new hospital was developed and attendance was mandatory for all employees. Some of the topics included were the physical décor and layout, emergency procedures, security measures, infection prevention and control, food and nutrition services, and the Joint Commission survey plan. Photos of new equipment, exterior and interior of the new hospital, and parking areas supplemented the didactic. Shuttle buses were utilized to transport staff to and from the sessions since parking availability was limited. Although physicians were encouraged to attend one of the sessions, a study packet was developed for them to review.

Sixty general orientation sessions were scheduled for over 2000 employees and were presented by the Education & Project Management Department. Staff throughout the hospital were identified to assist with teaching the sessions and later served as resource staff when the hospital opened. The orientation presentation was videotaped so that staff unable to attend could obtain the information. Hospital tours and scavenger hunts were scheduled just prior to the move so that staff could become acquainted with their new surroundings. Maps were provided to illustrate each floor and department.
Directors and Managers assumed responsibility for tracking the attendance of their employees at training sessions that were required for their position. Attendance sheets were scanned and placed on the universal drive for easy access. A passport listing all the educational sessions that were presented was developed and given to each employee to record their attendance.

Equipment training occurred in several phases and was conducted both off-site and in the new facility. Staff education for technology that was critical in providing safe patient care such as the Nurse Call system, bed alarms, and infant security system, occurred at the new facility just prior to the move. For other pieces of equipment, staff were identified to serve as train-the-trainers and provided training for the staff in their unit or department. Clinical and non-clinical orientation checklists were developed to assist the Managers and Directors with conducting tours for their staff. Inpatient and Outpatient mock runs were held the weekend prior to the move date. A committee developed patient scenarios that represented the various types of patients, points of admission, physician orders, expected tests and treatment plans. Staff performed a simulation of receiving, providing care, and discharging patients. All equipment and alarms were tested. Local Boy Scout Troops volunteered to be “patients” for the inpatient mock run. Wrap-up sessions were held at the end of each day to identify areas for improvement.

**Measurable Outcomes.**

Movement of patients from each hospital to the new facility occurred seamlessly and the last patient was transported ahead of schedule. Staff functioned efficiently and there were no unexpected surprises. Nursing students from Allegany College were available on each nursing unit to stay with patients when they were taken to their rooms. Due to the extensive amount of equipment training that was done prior to the move, it was anticipated that staff may not be able to recall all the specific details of some of the new technology. Vendors were on site during the move and for several days afterwards to provide technical support. Additional training days for certain pieces of equipment were scheduled as a “refresher” for the staff once they became acclimated to their units and processes. Some of the lessons we learned from this experience:

- Communicate, communicate, communicate!
- Ensure adequate number of training days when signing contracts for new equipment purchases
- Train-the-trainers need to be given adequate time on their units to train other staff
- Don’t tell volunteers to “push all buttons” during mock drills
- Scale down number of staff participating in mock drills to minimize confusion
- Scavenger hunts – ensure that staff prepping areas have access to all areas
- Ask for help…especially volunteers for packets, giveaways, etc.
- Storage – secure lots of space!

**Sustainability.**

The Western Maryland Maryland Health System (WMHS) continues to be the largest employer in Western Maryland. By moving to one facility with advanced technology and numerous specialty centers, we have been able to provide ease of access to a coordinated network of services that addresses the needs of individuals and families. Utilizing the Pillars of Excellence, the WMHS has developed strategic priorities that will enable us to improve our services and achieve our vision of sustaining a health care system that advances the health and well-being of the communities of the Tri-State region. The WMHS has embarked on an intensive marketing campaign to identify opportunities to increase volumes to all service lines through promotion of services and improving the network of referring physicians.

**Role of Collaboration and Leadership.**

The entire organization was engaged in preparing for the move to the new hospital. Over 300 physicians and employees participated in planning the design and layout of their work areas. A foundation logo was created that encompassed the vision for success: One Dream, Promise, Hospital.

Employees, vendors, the public and physicians were given an opportunity to partner in the construction of the new hospital by making a monetary donation to the Capital Campaign. Over 2000 community donations were received, many of which memorialized or commemorated an individual, family or group for a specific room or area of the new hospital. A donor wall on the second floor of the hospital displays the names of contributors. Members of executive leadership and the WMHS Foundation attended numerous community events and meetings prior to and throughout the construction phase to educate the public about the need and benefits of building a new facility. The Board of Directors, many of whom are business owners, also played an integral role in soliciting community support.

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