

Lessons Learned from Move Day

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A new era in pediatric and adolescent healthcare was born in Southern California on July 17, 2011. Children's Hospital Los Angeles carefully moved 191 inpatients into its new 317-bed, \$636 million state-of-the-art hospital building, the Marion and John E. Anderson Pavilion.

For more than a year, the hospital staff planned the move down to the minute for each of the 191 patients, safely and efficiently transporting them from the existing hospital to the new Anderson building over an eight-hour period. It was an amaz-

ing display of coordination, synchronization and care, as doctors and nurses wheeled tiny babies in neonatal incubators, many of them hooked up to IVs and monitors, at an average of one patient every 2 ½ minutes. Amazingly, every aspect of the move went smoothly.

How did we execute Move Day without a major hitch? During the previous year, our entire hospital team planned and coordinated the synchronization of this tremendous task. We conducted drills called a 'day in the life' training that reflected protocol like routine patient flow, learning the location of key equipment and supplies, dealing with potential emergency situations on nursing floors, and making sure daily items that are part of the typical responsibilities become routine. Because once you have patients in the new building, there's no time for training.

On Move Day, I was confident the plan would work. I have experienced staff I can trust, an outstanding team that allowed me to sleep well at night. We hit our timing on the patient moves right down to the minute. The idea was to approach Move Day using an incident command infrastructure similar to what

is used in an emergency disaster response. We set up one of our large conference rooms as a command post for the coordination of staffing, problem solving and communications, and we used this base to oversee and manage the entire operation. We had dedicated clinical teams guiding our physicians, nurses and patients each time they moved a child to a new room.

Nevertheless, we had some challenges. The main issue was the one-time cost associated with the move; no matter how carefully you plan, it's difficult to anticipate the actual start up and training costs. My advice is that you can't underestimate the expense when it comes to a building-to-building move, so plan accordingly, be creative and flexible, and have reserve funds to cover unanticipated expenses.

It also has been a learning process. One of the things we discovered was that it took longer than we expected for our nurses to feel comfortable in their new surroundings. We had to be patient with our staff and we did whatever we could to help our teams adjust to the new environment. Don't expect people to get used to a new building in just a week. It takes time.

Once we were settled, there were many changes to absorb. In most areas, care had been decentralized and was more private. For example, our neonatal unit previously consisted of several large rooms holding 10 to 15 babies in individual neonatal incubators, which was typical of most neonatal units around the country. Today, our neonatal unit consists of individual rooms with no more than two patients in a room. While this is better for patient privacy – our priority – we had to factor in additional hours of care per patient to cover things like nursing staff breaks, transports and safe nursing coverage of the larger floor space.

How did the patients react to the new surroundings? Our families were overwhelmingly positive right away, and our staff has been enthusiastic as well. The Anderson Pavilion's aesthetics offer a warmer and friendlier environment and nearly all of our new patient rooms are private and feature warm colors that convey a congenial and healing atmosphere. Most have computers with Wi-Fi to keep patients and families connected to loved ones during their stay. Daybeds

allow for parents to comfortably stay overnight with their children. We're all very proud of this wonderful new building and the great services we can provide.

One of the other big changes is that the new building allows us to have as many as 50 additional patients in the hospital on a daily basis. However, it's extremely difficult to predict what the census will be six to 12 months down the road. Today, for example, we're challenged by our capacity to onboard and precept new nurses with our existing workforce, which must balance their time between instructing new hires and caring for their patients in a new environment with new technology.

My advice for another organization planning a move like this is the need to be ready to make changes on the fly. Again, when moving to a new environment, staff preparation can't be underestimated. We responded extremely well, mainly because of the training, preparation and education that we provided to our teams in advance of the move. The word that comes to mind to describe this herculean

achievement is 'pride' – for our entire organization.

As president and chief executive officer of Children's Hospital Los Angeles, Richard D. Cordova, FACHE brings more than 35 years of diverse healthcare experience to one of the best children's hospitals in the nation. Cordova assumed his current role in 2006, a year after he became president and chief operating officer. He also serves as a member of the hospital Board of Trustees. He was selected "CEO of the Year" by the Los Angeles Business Journal in 2011 and Modern Healthcare magazine has twice named him one of the "Top 25 Minority Executives in Healthcare" and also named him one of "The Most Powerful People in Healthcare." He has been honored as one of America's "Top 100 Most Influential Hispanics" by Hispanic Business magazine, and was named Alumnus of the Year by California State University, Los Angeles in 2010 and received the Distinguished Alumnus Award from the Graziadio School of Business and Management at Pepperdine in 2006.

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