



CPMC Mission Bernal Campus Move Manual

August 2018

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Introduction

INTRODUCTION

On August 25, 2018 CPMC – St Luke's Hospital will relocate to a newly constructed replacement hospital named Mission Bernal located adjacent to the existing hospital on Cesar Chavez and Valencia Ave. Extensive planning and training has occurred to prepare team members for the transition to the new facility.

This document outlines the policies and procedures to support the relocation of the departments, as well as, the safe move of patients from the current facility to the new facility. This manual serves as the reference guide for all patient move procedures and any other move related activities. This plan has been developed to ensure the safe, efficient transfer of patients and services while minimizing the disruption to day-to-day activities and maintaining continuity of care during the transition.

CPMC anticipates sustaining a level of medical operations and accessibility to care that promotes patient safety consistent with patient needs and medical diagnosis throughout the transition to the new facility. To the greatest extent possible the hospital will control the census to reduce disruption and minimize risks to the number of patients that will require transfer. A decreased census promotes safe operations, expedites the move process, and allows the hospital to dedicate the maximum number of personnel and equipment resources to the acute patients and their families during the transfer. The hospital plans to reduce elective surgeries and procedures several days before the move in order to relocate services. Efforts will be made to ensure accessibility to appropriate medical care through a well-coordinated systematic relocation phase plan.

It is anticipated that the Certificate of Occupancy will be issued May 2018. A detailed occupancy plan has been developed to enable a successful transfer of all functions to the new facility in an organized and efficient manner, without interruption of services for patients or undue stress on team members.

This move manual will be available to all personnel prior to the patient move scheduled for August 25, 2018. Corrections, changes and/or additions to this manual should be directed to BenneyJK@sutterhealth.org.

Move Week Highlights

Monday

- No elective inpatient and outpatient OR procedures
- No elective interventional procedures

Tuesday

- Initiate OR moves

Wednesday

- Last day for scheduled obstetric procedures
- Emergent surgery, C-section and Radiology capability will continue until the last patient is moved
- Initiate Command Center operations
- Initiate daily Core Team meetings to assess patient census and potential move risks

Thursday

- Emergent surgery, C-section and Radiology capability will continue until the last patient is moved
- Assess patient census and potential move risks

Friday

- Minor ancillary services will continue until COB Friday
- Assess patient census and potential move risks
- Determine if hospital move is a "go" – "no go"
- Attending physicians assess all patients that will be moved

Saturday

- Direct ED ambulance admissions to the new facility starting at 0700
- Existing hospital ED closes to new admissions at 0700
- Existing hospital L&D closes to new admissions at 0700
- New hospital ED opens at 0700
- New hospital OR opens at 0700
- New hospital L&D opens at 0700
- Patient move begins at 0800
- Existing hospital ORs close after final patient is moved
- Initiate post-move huddles

Patient Move Plan

PATIENT MOVE PLAN

POLICIES

All patients will be moved with dignity, respect for privacy, confidentiality, safety and comfort. Every effort will be made to assure patients are not subjected to additional risk due to the transfer. The attending physician will be responsible for all clinical decisions related to the transfer of the patient.

Prior to any patient movement, the new facility systems and equipment will be inspected and operationally tested. Quality checks will be conducted by vendors, biomedical technicians and team members. Team members will be trained on new equipment. Departments will be stocked and ready to receive patients. All regulatory requirements will be met and regulatory approvals obtained prior to the patient move.

Team member education and move training will occur preceding the move to ensure everyone is aware of their individual roles and responsibilities associated with the move. Procedures will be defined to promote a smooth and seamless transition.

Saint Luke's Hospital plans to control the census to reduce disruption and minimize risks to patients. The hospital will be curtailing the elective surgical schedule starting the Monday prior to the patient move.

Patients will be moved by trained clinical team members dedicated to assuring safety and quality of care during the transfer to the new facility. The transfer process will be well coordinated among a team of professionals. The patient will be accompanied by a nurse during transport to the new facility. The physician will provide the necessary orders for the move, and will be kept informed of the patient's status, to include any changes in condition prior to the move or as a result of the move.

This manual, in addition to the physician's orders, is intended to ensure continuity of care before, during and after the move. All appropriate documentation will be completed to ensure a smooth patient transition. Additional clinical team members will be scheduled on the day of the move to provide individualized care to patients and their families minimizing stress and reducing anxiety associated with the move.

Communication before, during, and after the move will be essential to a successful transition. Communication methods will be maximized to ensure the safe transport of all patients. The public relations department will be responsible for all media communication.

GENERAL GUIDELINES

Patient

- 1 The attending physician will determine the patient's stability for transfer.
- 2 A patient move manifest (Attachment 1) will be created identifying all patients to be moved to the new facility. The manifest will identify the patient and attending physician, as well as, the personnel and equipment required for safe patient transport.
- 3 The attending physician will assess their patients the day before the move to determine patient move stability and will provide orders as needed for all move requirements (fluids, O2, monitoring, etc.).
- 4 The patient ID band will be used to identify the patient.
- 5 One family member for each patient moving will be identified as a primary contact.
- 6 Family members will be given information concerning the move and will be encouraged to participate in the move process to the greatest extent possible.
- 7 Expeditious internal move routes will be established to minimize travel time from current location in the existing facility to the destination department in the new facility.
- 8 Universal blood and body fluid precautions will be used throughout the move process.
- 9 Patient acuity and comfort will take priority and time delays may occur to assure patient safety.
- 10 Saint Luke's Hospital will provide medical equipment for the safe transport of patients based on medical condition and physician's orders.
- 11 There will be a plan to address all codes and any other emergencies during the move. The plan is defined in the Policy and Procedure section of this manual.

Equipment

- 1 All transport specific equipment (monitors, defibrillators, ventilators) will be properly serviced and inspected before the move.
- 2 Biomedical Engineering representatives will be available to conduct visual equipment checks, performance verification and corrective maintenance before, during and after the patient move day.
- 3 All supplies, furniture, equipment (including emergency equipment), medications, communication systems, and emergency systems will be available and operational in the new facility before patients are moved.
- 4 All life safety systems will be tested before the move.

Training

- 1 New facility preparation and training activities will begin approximately three months prior to the scheduled patient move day.
- 2 Transport team members will be deemed competent based on their license and job for which they were hired.
- 3 All move team and clinical care team members will receive training on move procedures.
- 4 Team members will receive an orientation to the move manual and move procedures – "Move School."
- 5 Move exercises will be conducted prior to the actual patient move.
- 6 All conditions for compliance will be met to include a training plan with review of all relevant standards.

Communication	
1	The Hospital Incident Command System (HICS) will be used for coordination & communication during the move.
2	The Command Center will have all decision-making authority during the move and will delegate responsibility as needed to resolve problems.
3	Team members will receive information concerning the move process through hospital publications and the move manual.
4	Information about the move will be distributed to patients and families the week prior to the move.
5	Patients will receive a thorough briefing about the move to include estimated time of move and assurance that all care needs will be met by a nurse and other members of the health care team throughout the move process.
6	Redundant communication systems will be used during the move to provide alternate communication methods in the event of a system failure.

DEPARTMENT OPERATIONS	
Operating Room (OR)	
1	The hospital will maintain a minimum of 1 OR in the current location until the last patient is moved from the existing hospital.
2	OR capability in the existing location will close after the last patient has moved.
3	The ORs will open in the new facility on Saturday AM prior to the patient move.
4	The last OR in the existing facility will shut down on Saturday after the final patient moves to the new facility.
5	All new hospital operating rooms will be staffed and fully operational on Monday following the patient move.
Emergency Department (ED)	
1	EMS will be requested to direct admissions to the new facility at 0700 on the patient move day.
2	The existing ED will close to new admissions on Saturday at 0700. If patients arrive at the existing ED after 0700 they will be assessed, and disposition will be determined and communicated to the Command Center.
3	The new facility ED will open to admissions on Saturday of the patient move at 0700.
4	The existing ED will remain staffed and will continue to care for patients in the ED until all ED patients are discharged, admitted to the new facility, or transferred to another facility.
5	Physician coverage will continue in the existing facility until all hospital patients have been moved to the new facility.
6	An ED physician will be assigned to the existing and the new ED on the patient move day.
Labor and Delivery (L&D)	
1	At least 1 OR and all L&D rooms in the new facility will be fully equipped and ready to accept all new laboring patients on Saturday of the patient move at 0700.
2	Patients in active labor on Saturday at the existing facility will not be transferred to the new facility unless ordered by the patient's physician.
3	If the patient is in active labor and cannot be transferred to the new facility, mother and baby will be transferred after delivery when approved by the patient's physician.
4	Urgent and emergent C-sections will continue as needed in the existing facility until all active labor patients at the existing facility have delivered and all antepartum patients have been transferred to the new facility.

5	Scheduled inductions will begin at the new facility at 0700 on the Monday following the patient move.
6	Scheduled C-sections will begin at the new facility at 0700 on Monday following the patient move.

MOVE OPERATIONS

General Guidelines

1	Hospital employees will be available as needed to support the patient move.
2	The facility will be staffed to support the clinical and operational needs of patients, families and team members.
3	All patients will be accompanied by a nurse throughout the move process.
4	All clinical support services will be operational and available during the move (Facilities Management, Imaging, Pharmacy, Environmental Services, Materials Management, etc.).
5	All departments will have a staffing plan to support move operations that includes: <ul style="list-style-type: none"> • Total numbers of team members • Department mechanism for requesting time off • Department mechanism for requesting additional resources
6	Clinical departments will ensure that there is a least one individual that has expert knowledge of the new facility on every shift the day of the move and a minimum of two weeks following the move.
7	Move teams will consist of trained hospital personnel.
8	All team members will be aware of their roles and responsibilities in support of the move.
9	All support equipment will be functionally tested and assessed for sufficient battery power prior to transport.

Patient Care

1	Continuity of care will be maintained before, during and after the move.
2	Move team personnel at the origination and destination units will be responsible for the communication and coordination of the patient move.
3	Every patient will be accompanied by a nurse.
4	The nurse will be the primary care provider during transport and will follow all patient care standards / protocols
5	Patients who are on ventilators or have airway management conditions (CPAP, tracheotomies, seizure disorders, comatose, etc.) will be accompanied by a respiratory therapist.
6	All patients will be assessed for stability by their attending physician prior to the move.
7	If deemed necessary by the physician, an MD in addition to the nurse will accompany the patient.
8	Patients will be transported with all equipment required to meet clinical needs.
9	All tubes and lines will be assessed for stability and security prior to the move.
10	All IV's with medications will be transported on IV pumps.
11.	Patient medications in the medication room (meds in bin) will be transported by the nurse with the patient.

Patient Preparation	
1	Patients will be seen and evaluated the day before the move by a physician.
2	The physician will complete any necessary paperwork and orders for transfer.
3	Nursing documentation prior to the transfer will include a complete patient assessment and will identify any problems that may be related to the transfer process, as well as, the interventions to resolve the problems.
4	Nurses will complete the "Patient Preparation Checklist" (Attachment 2) prior to the move from the existing facility, during transport and once the patient has arrived at the new facility.
5	Critical care and telemetry patients will have continuous cardiac monitoring throughout the entire move process unless otherwise stipulated by the physician.
6	Pulse oximetry will be provided based on diagnosis and physician order.
7	Patients undergoing emergency surgery on the day of the move that require post-operative critical care capability will be stabilized in the PACU and transferred when feasible.
8	All items and tasks on the patient preparation checklist (Attachment 2) will be completed prior to the transfer.
9	Patients will be transferred by gurney.
10	Patients and their family member will be briefed about the move.
11	Family members will be given move information and directions to access the new facility and will be notified once the patient has arrived at their designated room.
13	Family members will be asked to transport the patient's valuables/belongings.
14	Valuables/belongings that are not transported by family will accompany the patient at the time of the move.
Medical-Surgical Patients	
1	Medical/surgical patients will move with a nurse and any other designated clinical team members appropriate to the level of care required.
2	Additional care providers will be added to the team depending on physician's orders and / or patient diagnosis.
3	Monitoring / O2 requirements for transport will be determined by the physician the day before the move.
Critical Care Patients	
1	Critical care patients will move with a minimum of their primary care nurse. A respiratory therapist or intensivist will also accompany the patient if needed.
2	Patients will have an IV or saline lock for the transfer.
3	Critical care patients will have continuous cardiac monitoring throughout the entire move process.
4	Pulse oximetry will be provided when ordered by the physician.
5	Patients undergoing emergency surgery the day of the move that require post-operative critical care will have an ICU nurse and anesthesiologist to stabilize and transfer the patient to the new facility post-surgery.
Labor and Delivery & Mother/Baby Patients	
1	Patients in active labor will not be moved unless directed by the physician.
2	Undelivered, non-laboring or early OB patients will move if stable and approved by their physician.

3	Mother and baby couplets will be moved together.
4	Right before leaving the existing facility the nurse will remove the infant security band and leave the patient ID band on the baby
5	Upon arrival at the replacement hospital, the nurse will educate the mother that they should not separate from their baby until the new infant alarm is placed on the baby.
6	Upon arrival at the replacement hospital, the nurse will place the infant safety alarm on the baby.
7	After arrival the nurse will match the mother's ID band with the baby's ID band.
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Infectious Patients	
1	Isolation precautions consistent with the patient's diagnosis will be maintained while moving infectious patients.
2	Care during transportation of all patients will incorporate standard precautions.
3	All equipment will be disinfected between patient use.
4	Transport personnel will be responsible for cleaning equipment per facility policies and procedures.
5	Movement of isolation patients is defined in the Policy and Procedure section of this manual.
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Bariatric Patients	
1	Bariatric patients will be moved using appropriate specialty equipment.
2	Additional team members will assist with the transfer as needed.

Acute in-patient movement will begin around 0800. It is expected that the entire patient move process will take 6 -8 hours. There will be two transport teams responsible for safe patient movement – the Clinical Care Team and the Move Team.

CLINICAL CARE TEAMS

The clinical care teams will be responsible for all in-transit patient care (Table 1). Clinical care teams will consist of a nurse and will be augmented with respiratory therapists and physicians, as needed, based on the medical assessment and condition of the patient prior to the move.

There are four transport levels that will define the care providers and equipment required to accompany each patient.

Level 1 – Stable patients

Level 2 – Cardiac monitoring, continuous IV medications, airway management

Level 3 – Cardiac monitoring, vasopressors, mechanical ventilation, invasive monitoring

Level 4 – Antepartum and Labor patients

	Level 1	Level 2	Level 3	Level 4
No cardiac monitoring	■			
No continuous IV with medications	■			
No O2 or O2 (NC, re-breather, etc.) with normal O2 sat	■			
Cardiac monitoring with stable rhythm		■		
Continuous IV medications		■		
Tracheostomy, CPAP		■		
O2 support with below normal O2 sat		■		
Cardiac monitoring with arrhythmias			■	
Invasive monitoring			■	
Continuous IV vasopressors			■	
Ventilator			■	
IABP			■	
Antepartum and Labor patients				■

Table 1 – Clinical Care Teams

Type of Patient	Level	Clinical care teams	Equipment	Mode of Transport
Medical-Surgical				
	1	Nurse and Designated Transport Personnel	<ul style="list-style-type: none"> • O² if indicated • Pulse oximetry if ordered • IV pumps if needed 	Gurney
	2	Nurse and Designated Transport Personnel Other medical support as indicated	<ul style="list-style-type: none"> • O² • Pulse oximetry • IV pumps • Transport monitor 	Gurney
Telemetry				
	1	Nurse and Designated Transport Personnel Other medical support personnel as indicated	<ul style="list-style-type: none"> • O² if indicated • Pulse oximetry • IV pumps • Transport monitor if indicated 	Gurney
	2	Nurse and Designated Transport Personnel Other medical support personnel as indicated	<ul style="list-style-type: none"> • O² • Transport monitor • Pulse oximetry • IV pumps 	Gurney

Intensive Care				
	1	Primary care RN and Designated Transport Personnel Other medical support personnel as indicated	<ul style="list-style-type: none"> • O² if indicated • Transport monitor • Pulse oximetry • IV pumps • Ambu bag 	Gurney
	2	Primary care RN RT if indicated MD if indicated Other medical support personnel as indicated	<ul style="list-style-type: none"> • O² • Transport monitor • Pulse oximetry • IV pumps • Portable vent if ventilated • Ambu bag 	Gurney
	3	Primary care RN RT if indicated Other medical support personnel as indicated	<p>As needed based on patient condition:</p> <ul style="list-style-type: none"> • ACLS drugs • O² • Ambu-bag • Suction equipment • Transport monitor • Defibrillator • Pulse oximetry • IV pumps • Portable vent • Intubation box 	Gurney
Maternal - Child Health				
Mother	1	Primary care RN and Designated Transport Personnel	<ul style="list-style-type: none"> • Warm blankets 	Gurney
	2	Primary care RN and Designated Transport Personnel	<ul style="list-style-type: none"> • O² if indicated • Transport monitor • IV pumps • O² saturation monitor if ordered • Linen saver • Warm blankets 	Gurney
Baby	1	Primary care RN Other medical support personnel as indicated	<ul style="list-style-type: none"> • Equipment per hospital transport protocols 	Isolette
Antepartum patients Labor patients	4	L&D RN and Designated Transport Personnel	<ul style="list-style-type: none"> • Doppler • Bulb syringe • Oxygen if indicated • Suction source • Sterile exam gloves • Linen saver 	Gurney

MOVE TEAMS

Move teams will consist of personnel responsible for the smooth coordination and facilitation of patient movement from the originating unit to the destination unit (Table 2). Move teams will be assigned to a specific location either on the origination or destination unit. There will be one move team. In-patient units will be moved in accordance with the patient move schedule.

Table 2 - Patient Move Teams Roles and Responsibilities

Name	Description	Roles and Responsibilities
Origination unit move facilitator	Team leader Clinical provider	<ul style="list-style-type: none"> • Responsible for flow and timely patient movement • Validates patient move manifest • Notifies command center of any issues or discrepancies • Ensures patient is ready to move and patient preparation checklist is complete • Coordinates and communicates all patient movement with the unit manager • Directs other members of the team • Communicates to the command center when patient departs the unit
Staging area (hospital exit) move facilitator	Clinical provider	<ul style="list-style-type: none"> • Responsible for flow and timely patient movement to and from staging facility • Monitors patient condition • Checks patient name on departing patient move manifest • Ensures patient is comfortable and ready for move • Briefs patient about the transfer • Ensures appropriate medical personnel and equipment accompany the patient • Notifies command center of any patient care issues or discrepancies • Notifies command center when patient has departed the staging facility
Receiving area (hospital entrance) move facilitator	Clinical provider	<ul style="list-style-type: none"> • Triage patient at entry point • Checks name and unit destination • Directs patient transport team to ED if patient is in distress (L&D will go directly to unit) • Directs patient transport team to assigned unit if patient is in no acute distress • Communicates patient arrival to command center
Destination unit move facilitator	Team leader Clinical provider	<ul style="list-style-type: none"> • Confirms patient arrival to unit on patient manifest • Ensures patient has arm bracelet • Directs team members • Notifies command center of patient arrival
Patient lift/transport teams at origination unit	4 members at the origination location Trained in proper patient lift techniques	<ul style="list-style-type: none"> • Briefs patient about transfer to stretcher • Lifts and transfers patient from bed or stretcher • Ensures all equipment (O2, IVs, pumps, monitors, etc.) is properly placed on stretcher/gurney for transport • Ensures patient is properly positioned and covered for transport • Ensures patient belongings accompany patient • Ensures patient preparation list accompanies patient • Communicates patient ready for transport to facilitator • Assists with cleaning patient transport equipment

Respiratory therapist	Certified respiratory therapist	<ul style="list-style-type: none"> • Ensures patients have appropriate O2 for transport and pulse oximeter if required • Ensures patients with airway management issues are accompanied by appropriate medical personnel as determined by the physician • Disconnects flow meters, humidifiers, etc. and ensures equipment is transported with patient • Sets up O2 equipment at receiving in-patient location • Checks pulse ox for O2 saturation • Documents patient status before and after transport
Safety observers	1 individual at the origination and destination location	<ul style="list-style-type: none"> • Maintains situational awareness • Observes all activities and monitors body mechanics, safe patient movement and proper placement of equipment for ease of transfer • Documents any adverse incidents • Reports safety issues or violations to move facilitator
Traffic coordinator	1 individual at each exit and entry point	<ul style="list-style-type: none"> • Maintains situational awareness • Monitors traffic flow • Assists team members and family members as needed
IT personnel	As defined by IT team	<ul style="list-style-type: none"> • Disconnects and reconnects all IT equipment • Ensures computers, scanners, faxes, phones, etc. are operational • Troubleshoots IT problems • Reports issues to IT command center
"Clean-up" team	2 individuals at the origination location	<ul style="list-style-type: none"> • Gathers and bags all soiled linen • Assesses room and discards debris • Seals and collects needle disposal boxes • Checks closets and drawers for any items that may have been left behind • Tags items left behind with room number and consolidates items for pick-up • Assists in cleaning patient transport equipment

All teams will be trained on their roles and responsibilities in support of the patient move. A patient manifest (Attachment 1) will be created the day before the move that identifies each patient scheduled to be moved. Patients that have been examined by a physician and approved for transport will be on the manifest. The physician will reassess patients that have been identified as unstable for the move on the day of the move for a final determination. If the move is deemed life threatening the patient will remain at the origination unit until such time that the patient can be safely transported with the appropriate resources.

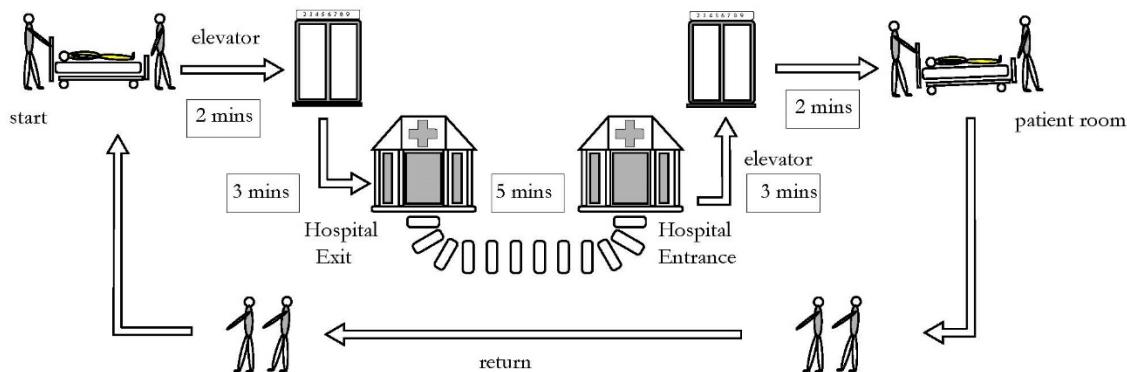
The origination move facilitator will ensure every patient on the manifest has departed the unit and will report to the Command Center when the last patient has moved. The Move Captain will remain on the unit and initiate the department closure checklist (Attachment 5). The Move Captain in coordination with Security will ensure that there are no patients or team members on the unit. At the conclusion of the move, Security will conduct a sweep of the entire building to include all stairwells and restrooms.

MOVE ROUTES

Adult patients will be transported from their room to the new facility via a gurney.

Infants will be transported in an appropriate bassinet or isolette from origination unit to destination unit.

Appropriate support equipment and medical personnel will accompany patients. There will be designated routes for patient movement. All move routes will be designed to maintain patient privacy, expedite the move process and minimize the amount of time in transit from room to room. Designated move routes are highlighted on floor plans attached to this manual (Attachment 3 and 4).



EQUIPMENT CLEANING

Existing equipment that is moving to the new facility will be cleaned by EVS personnel at the entry point of the new facility before being deployed to the destination department.

Equipment that is used to support the patient move (gurneys, portable ventilators, etc.) will be cleaned / disinfected between patient use.

- Equipment that is used to support the patient move will be cleaned between patient use by the move team members on the department. Equipment will be cleaned in accordance with the facility's infection control policy and Attachment 9 in this manual.
- Respiratory Therapy personnel will be responsible for the cleaning of transport ventilators between patient use.

PATIENT MOVE SCHEDULE

CPMC STL TO MISSION BERNAL CAMPUS PATIENT MOVE PLAN

Existing Hospital

Time		Patients Moving			Elevator	Comments
start	end		high	estimated		
7:00		ED				
8:00	8:30	LD	Level 3	3	3	
8:30	9:10	Maternity	Level 5	16	8	Includes moms & babies
9:10	9:30	Nursery	Level 5	12	1	
9:30	10:30	ICU	Level 11	10	5	
10:30	11:30	Med-Surg (TICU) Tele	Level 10	20	13	
12:00	3:00	Med-Surg	Level 9	34	18	
Total			92	48		

Replacement Hospital

Time		Patients Moving			Elevator	Comments
start	end		high	estimated		
		ED	Level 2			
8:45		LD	Level 7	6	3	
9:25		Maternity	Level 7	16	8	Includes moms & babies
9:45		Nursery	Level 7	4	1	
10:45		ICU	Level 4	10	5	
11:45		Med-Surg (Tele)	Level 4	20	13	
3:15		Med-Surg	Level 5	34	18	
Total			90	48		

Assumptions

- 1) Move all in-patient units the same day
- 2) Move 1 patient every 6-10 minutes (6-10 patients per hour)
- 3) All patients will move on a gurney.
- 4) Babies will move in a bassinet

PATIENT FLOW

The transport teams will be responsible for the safe and efficient move of the patients from the existing hospital to the new hospital.

The following table illustrates the exit points in the existing facility for team members and the patient.

L&D	Elevator # 3 to Level 2	ED ambulance exit
Maternity	Elevator # 3 to Level 2	ED ambulance exit
ICU	Elevator # 3 to Level 2	ED ambulance exit
Telemetry	Elevator # 3 to Level 2	ED ambulance exit
Med-Surg	Elevator # 3 to Level 2	ED ambulance exit
Discharges	Elevator # 1 to Level 1	Front entrance

The following table illustrates the entry points in the new facility for team members and the patient

L&D	Elevator # 1 to Level 7	27 th Street Plaza entrance
Maternity	Elevator #1 to Level 7	27 th Street Plaza entrance
ICU	Elevator # 1 to Level 4	27 th Street Plaza entrance
Telemetry	Elevator # 1 to Level 4	27 th Street Plaza entrance
Med-Surg	Elevator # 1 to Level 5	27 th Street Plaza entrance
Discharges	Elevator # 4 -5- 6 or 7 to Level 1	Cesar Chavez entrance

The exterior path of travel for patients will be covered to provide patient privacy and protection from inclement weather.

MOVE SIGNAGE

Signage and way-finding for team members during the patient move process is essential. All transport areas will be well marked for ease of way-finding. Public access to the move routes will be limited during the patient move. All hallways, exits, entrances and elevators will be clearly marked.

PATIENT AND FAMILY INFORMATION

Patient and family education is an important part of the move process.

Information concerning the move and patient / family responsibilities will be disseminated prior to the move.

Information packets will contain instructions for move day (maps, parking info and important phone numbers).

Social Services / Case Managers will be available to provide one-on-one consultation as needed before, during and after the move.

MOVE TIMELINE

Duties 5 months prior to the move include the following:		✓
	Validate move team members	
	Finalize all move checklists	
	Validate all move routes and means of transportation	
Duties 4 months prior to the move include the following:		✓
	Staffing schedules for move training	
	Staffing schedules for patient move	
	Create patient move material (information packets)	
Duties 3 months prior to the move include the following:		✓
	Designate an area to be used as a Command Center	
	Identify and validate all communication systems to be used to support the move	
	Initiate team member orientation of new facility	
Duties 2 months prior to the move include the following:		✓
	Continue team member orientation	
	Orient team members to move plan	
	Review and validate relocation/move schedule	
Duties 1 month prior to the move include the following:		✓
	Continue team member orientation	
	Review fire / safety / disaster plans for move day	
	Review procedures for codes with team members	
	Review checklist of items required for new facility and relocation	
	Review equipment inspection reports and certifications	
	Prepare and submit news releases	
	Initiate non-patient moves (office spaces) per the relocation plan	
	Create signage for move	
	Confirm move priorities	
	Ensure all departments have checklists and move guide	
	Distribute talking points for team members when communicating move information to patients and families	

Duties 3 weeks prior to the move include the following:		✓
	Continue team member orientation	
	Begin stocking new units with supplies	
Duties 2 weeks prior to the move include the following:		✓
	Review orientation checklists for completion	
	Review stocking and supply progress	
Duties 1 week prior to the move include the following:		✓
	Test Command Center communication systems	
	Validate that all units have checklists and move guide	
	Review special equipment requirements, supply requirements, and move team staffing for patient move based on anticipated census and patient acuity	
	Notify inpatients and families of upcoming move	
	Validate work teams and personnel to assist with move	
	Department managers will conduct new building "walkthrough"	
	Finalize stocking of new facility units with necessary supplies	
	Ensure all equipment is operational	
	Re-check staffing schedules for the move	
	Initiate daily Core Team meetings	
Duties 3 days prior to the move include the following:		✓
	Review inpatient census and prepare initial patient move manifest	
	Begin relocation of non-essential patient care items	
	Prepare the Command Center	
Duties 2 days prior to the move include the following:		✓
	Provide patients and families with information and instructions for move	
	Request that family members take home patient belongings such as clothing & valuables prior to move	
	Start to obtain written physician orders as needed for move care	
	Complete all patient specific move care plans	
	Test communication systems	
	Validate work teams and personnel to assist with move	

Duties 1 day prior to the move include the following:		<input checked="" type="checkbox"/>
	Update and finalize patient move list	
	Managers conduct new building "walkthrough" to ensure units are ready for patients	
	Assign patient room numbers	
	Organize patient's personal belongings, and other items for the move	
	Check clinical equipment transferring with the patient for adequate electrical charge and proper function	
	Notify physicians of patient's move time and new room number	
	Notify patient's family members of patient's move time and new room number	
	Confirm special equipment requirements, supply requirements and move team staffing for all patients	
	Test communication systems	
	Charge all cell phones/communication devices as needed	
	Test unit telephones (operational at both locations)	
	Post move routes and hang appropriate move signage	
	Locate and tag support equipment	
	Ensure all personnel are aware of meeting locations and roles & responsibilities	
	Confer with each department scheduled to move (any last minute changes)	
	Equipment checks	
	Finalize the patient move sequence	
	Assess staffing for all departments	
	Open the Command Center	
Duties the evening prior to the move include the following:		
	Place all patient belongings in a bag marked with patient's name	
	Family members encouraged to take home as many personal items as possible	
	Ensure all patients have necessary supplies to cover the time up until the patient is moved.	
	Review move process with all patients and reinforce applicable visitor restrictions (day and evening shift)	
	Charge Nurses will keep house supervisor, move facilitators, and physicians aware of changes in patient condition	
Duties the day of the move include the following:		
	Charge Nurses will ensure that all patients have an ID band in place with appropriate stickers	
	Ensure patients belongings are labeled and ready for transport	
	Serve morning meal prior to move if applicable	
	Confirm current and new room number	
	Prepare patient folder for transfer	

	Place patient preparation checklist in each patient folder	
	Check IV fluid levels	
	Obtain patient medications from medication room	
	Confirm transport ventilator and transport defibrillator operation	
	Confirm special equipment requirements, supply requirements & move team staffing for all patients	
	Check facilitator and Command Center communication systems	
	Have the following ready one-half (1/2) hour before scheduled move: <ul style="list-style-type: none"> ◦ Sending information and old chart, if applicable ◦ Complete the pre-move patient physical assessment on the move checklist and complete appropriate documentation in the electronic medical record ◦ Patient belongings ◦ Additional IV fluid bag if necessary 	
	Empty all Foley drainage bags	
	Administer pain medication as close to the actual move time as possible	
	Notify Command Center at time of transfer	
Post-move activities include the following:		
	Complete post-move patient physical assessment	✓
	Ensure patient has identification band	
	Review patient's orders	
	Ensure all equipment moved is operational in new space	
	Notify Command Center if clinical equipment is not operational	
	Orient patients to nurse call systems and new environment	
	Organize patient belongings, medications, etc.	
	Notify the family waiting area after patients are settled to allow family visitation	
	Notify patient family members that move is complete	
	Notify attending physicians that move is complete	
	Ensure all transport equipment has been returned	
	Complete patient preparation checklist and place with patient folder.	
	Complete department closure checklist on vacated department	

Day of Move

1. All move team members, clinical care team members and support personnel in place and prepared for the move.
2. All unit personnel report to respective units per staffing schedule and receive assignments.
3. Patient move commences. (See patient move procedure).

PATIENT MOVE PROCEDURE

1. Origination Move Facilitator identifies the patient to move from the patient move manifest.
2. The nurse briefs the patient on the move process.
3. The nurse ensures the patient preparation checklist is complete.
4. Lift team and nurse report to the patient room, review patient requirements and assist with transfer.
5. Lift team, along with the nurse, ensure accompanying equipment is secure.
6. Origination Move Facilitator goes to the patient's room and ensures patient is ready to move.
7. Clinical care team members depart for destination unit using designated internal move route.
8. The Origination Move Facilitator verifies the patient's identity verbally, checks the ID band.
9. Origination Move Facilitator annotates the time the patient departs the unit on the move manifest.
10. Origination Move Facilitator notifies Command Center that patient has departed the origination unit.
11. Hospital exit Move Facilitator verifies the patient's identity verbally, checks the ID band.
12. Hospital exit Move Facilitator annotates the time the patient departs the hospital on the move manifest.
13. Hospital exit Move Facilitator notifies Command Center that patient is in route to destination hospital.
14. The Receiving Move Facilitator verifies the patient's identity verbally, checks the ID band.
15. The Receiving Move Facilitator in the new facility directs team members to the elevator.
16. The Receiving Move Facilitator notifies Command Center that the patient has arrived at the destination hospital.
17. Clinical care team members proceed to patient room.
18. The Destination Move Facilitator verifies the patient's identity verbally, checks the ID band and directs the clinical care team personnel to the correct room.
19. The Destination Move Facilitator annotates patient arrival time on the manifest and contacts the Command Center that the patient has arrived at destination unit.
20. The nurse ensures all equipment is properly connected and operational post transfer.
21. Transport personnel depart with the gurney and any other transport equipment.
22. Hospital transport equipment is cleaned at the designated cleaning station.
23. Transport personnel return to origination unit to assist with the next patient move.
24. The nurse at the destination unit conducts a complete patient assessment, completes the patient preparation checklist and follows the designated procedure to allow family members to visit.
25. The nurse orients the patient and family to the new room.

FAMILY PROCEDURE

1. A central location (the Cafeteria) in the new facility will be established on move day for all family members and visitors.
2. Families that arrive at the existing hospital will be greeted by a family team member.
3. Families will be directed/escorted as necessary to the patient's location in the exiting hospital or the Cafeteria in the new hospital.
4. Visitors will be required to have a visitor badge issued at new hospital entry point.
5. Families will be asked to wait in the designated area (Cafeteria) in the new facility until their family member is transferred to the new room.
6. Information concerning the move will be provided to family members as needed at the central location.
7. Family members permitted to accompany patients during transport will be identified on a case-by-case basis.
8. If necessary, only one family member will be allowed to accompany the patient.
9. Family members will be notified once the patient is settled or when the unit has completed all transfer procedures.
10. Families and visitors will be escorted to the patient's room.

Command Center

COMMAND CENTER

A Command Center will be established in the new facility (Conference Room on Level 1) to monitor all move operations. An information technology (IT) Control Center will also be established in the adjoining Conference Room on Level 1 and will function under the direction of the Incident Commander (IC) and the Technical Chief. The Command Center will be operational 24 hours the day before and during the patient move. The Command Center and the IT Control Center will remain operational following the patient move until the IC determines Command Center operations are no longer necessary.

The primary purpose of the Command Center is to ensure patients are moved safely and all move issues are addressed expeditiously. The Command Center provides a central location for all decision making related to the move and will track move related issues, prioritizing issues that may jeopardize a smooth transition and potentially affect operations. The IT center will monitor and resolve all issues related to information systems.

The Command Center will be established in accordance with the Hospital Incident Command System (HICS). A modified version of the HICS will be employed based on identified requirements. Issues and problems associated with the move, to include patient movement, will be elevated to the Command Center through the appropriate communication chain.

The Command Center will be located in the Conference Room on Level 1 (Rm 1602) of the new hospital and will have one central number for issue tracking—**415-641-6503**. A pool of personnel located in the Conference Room on Level 2 (Rm 2910) will be responsible for answering phones, documenting the issue / problem and referring the call / information to the appropriate individual in the Command Center. Resources to include personnel and equipment will be allocated to assist with problem resolution. The Command Center will initiate operations on the Tuesday prior to the patient moves and will continue operations until the Incident Commander determines that the Command Center is no longer needed. Hours of operation and staffing requirements will be assessed and determined based on the level of activity by the Incident Commander or their designee. On the patient move day a key responsibility of the Command Center will be patient tracking. The Incident Commander will have visibility of all patient movement via the patient tracking board. Move facilitators will notify the Command Center when the patient has departed the origination unit, the origination facility, the destination facility and when the patient has arrived at the destination unit.

HICS 207 - HOSPITAL INCIDENT MANAGEMENT TEAM (HIMT) CHART

1. Incident Name	2. Operational Period (#) DATE: FROM: _____ TO: _____ TIME: FROM: _____ TO: _____
4. Current Hospital Incident Management Team (fill in additional positions as appropriate)	
<pre> graph TD Inc[Incident Commander] --- PI[Public Information Officer] Inc --- LS[Medical-Technical Specialists] Inc --- LO[Liaison Officer] Inc --- SO[Safety Officer] PI --- OS[Operations Section Chief] PI --- PS[Planning Section Chief] PI --- LS[Logistics Section Chief] PI --- FS[Finance/Administration Section Chief] LO --- St[Staging Manager] SO --- MC[Medical Care Branch Director] SO --- Inf[Infrastructure Branch Director] SO --- Sec[Security Branch Director] SO --- Haz[HazMat Branch Director] SO --- Bus[Business Continuity Branch Director] SO --- PFA[Patient Family Assistance Branch Director] PS --- RU[Resources Unit Leader] PS --- SU[Situation Unit Leader] PS --- DU[Documentation Unit Leader] PS --- DemU[Demobilization Unit Leader] LS --- SB[Service Branch Director] LS --- SP[Support Branch Director] LS --- EHWB[Employee Health & Well-Being Unit Leader] LS --- SUU[Supply Unit Leader] LS --- TU[Transportation Unit Leader] LS --- LCU[Labor Pool & Credentialing Unit Leader] LS --- EFCU[Employee Family Care Unit Leader] FS --- TUU[Time Unit Leader] FS --- PUU[Procurement Unit Leader] FS --- CUU[Compensation/Claims Unit Leader] FS --- CostU[Cost Unit Leader] </pre>	
Biological/Infectious Disease Chemical Radiological Clinic Administration Hospital Administration Legal Affairs Risk Management Medical Staff Pediatric Care Medical Ethicist	

Purpose: Display positions assigned to Hospital Incident Management Team (HIMT)
 Origination: Incident Commander or designee
 Copies to: Command Staff, Section Chiefs, Documentation Unit Leader, and posted in the Hospital Command Center (HCC)

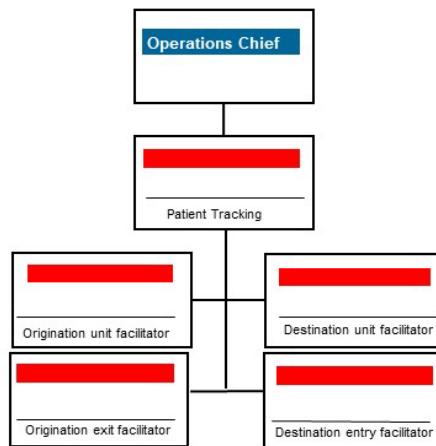


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Role	Mission	Responsibilities
Incident Commander	Organize and direct the CC. Give overall strategic direction for the hospital move and support activities, including issue resolution, emergency response and recovery.	<ul style="list-style-type: none"> <input type="checkbox"/> Assign roles and responsibilities <input type="checkbox"/> Manage overall operations in the CC <input type="checkbox"/> Monitor patient movement <input type="checkbox"/> Monitor all move related issues <input type="checkbox"/> Initiate Incident Briefing Form if necessary – nature of problem; injury/illness; safety of team members, patients and visitors; risks to personnel and need for protective equipment; risks to facility; estimated duration of incident; need for modifying daily operations; HICS team required to manage the incident <input type="checkbox"/> Brief all appointed team members of the nature of any problems & immediate critical issues - initiate plan of action <input type="checkbox"/> Receive status reports from Section Chiefs <input type="checkbox"/> Determine appropriate time to dissolve the CC.
Medical Director	Advise the Incident Commander and/or Operations Section chief on issues related to medical care and medical staff	<ul style="list-style-type: none"> <input type="checkbox"/> Advise IC of other medical resources needed <input type="checkbox"/> Communicate and provide direction to ensure adequate number of physicians to support the patient move as needed and respond to any medical related incidents <input type="checkbox"/> Monitor patient movement <input type="checkbox"/> Participate in briefings <input type="checkbox"/> Communicate additional areas of concern
Public Information Officer	Serve as the conduit for information to internal and external stakeholders, including team members, visitors and families, and the news media, as approved by the Incident Commander	<ul style="list-style-type: none"> <input type="checkbox"/> Establish a designated media staging and media briefing area away from CC <input type="checkbox"/> Contact external PIO from community and collaborate regarding media messages <input type="checkbox"/> Develop public information and media messages to be reviewed and approved by the IC before release to the news media and public
Safety Officer	Ensure safety of team members, patients and visitors, monitor and correct hazardous conditions. Have authority to halt any operation that poses immediate threat to life and health	<ul style="list-style-type: none"> <input type="checkbox"/> Appoint safety team if needed and brief <input type="checkbox"/> Determine safety risks to personnel, the hospital facility, and the environment. Advise the IC and Section Chiefs <input type="checkbox"/> Communicate with Logistics Chief to procure and post non-entry signs around unsafe areas <input type="checkbox"/> Initiate environmental monitoring if indicated
Operations Section Chief	Develop and implement strategy and tactics to carry out the objectives established by the Incident Commander. Organize, assign, and supervise hospital operations as they relate to the move. Supervise and direct operations associated with tracking the movement of patients	<ul style="list-style-type: none"> <input type="checkbox"/> Appoint personnel as needed to ensure safe move operations. <input type="checkbox"/> Participate in action plan prep, briefings and meetings <input type="checkbox"/> Obtain information and updates. <input type="checkbox"/> Receive unit move reports from origination and destination move facilitators - consolidate information and report to IC <input type="checkbox"/> Report patient care issues and patient move delays to the IC
Planning Section Chief	Oversee all incident-related data gathering and analysis regarding incident operations	<ul style="list-style-type: none"> <input type="checkbox"/> In consultation with IC, establish the move objectives and operational period.

	<p>and assigned resources, develop alternatives for tactical operations, conduct planning meetings, and prepare action plans as needed for each operational period.</p> <p>Ensure the move is executed as defined in the move plan.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Document all key activities, actions and decisions in an operational log (use HICS Form 214) on a continual basis <input type="checkbox"/> Ensure and maintain communications with Logistics Manager(s) to ensure accurate tracking of personnel and resources <input type="checkbox"/> Facilitate and conduct move/incident action planning meetings with Command Staff, Section Chiefs and other key positions to plan for the next operational period. <input type="checkbox"/> Ensure team members regularly update and document status reports from all section chiefs and unit leaders
Logistics Section Chief	<p>Organize and direct those operations associated with maintenance of the physical environment.</p> <p>Provide human resources, material, and services to support the move activities and facility issue resolution.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Brief on current situation and move objectives <input type="checkbox"/> Ensure resource ordering procedures communicated to appropriate sections and requests are timely and accurately processed <input type="checkbox"/> Maintain communications with Operations Section Chief, and branch directors to assess critical issues and resource needs <input type="checkbox"/> Direct Security to coordinate all activities related to personnel and facility security such as access control, crowd and traffic control, and law enforcement interface <input type="checkbox"/> Ensure monitoring and evaluation of campus in cooperation with Operations Chief <input type="checkbox"/> Coordinate activities with Operations Chief for Bio-med, HVAC, etc.
Finance Chief	<p>Monitor the utilization of financial assets and the accounting for financial expenditures.</p> <p>Supervise the documentation of expenditures and cost reimbursement activities.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Receive appointment and briefing from IC <input type="checkbox"/> Participate in move planning preparation, briefings, and meetings as needed, <input type="checkbox"/> Provide cost implications of objectives <input type="checkbox"/> Ensure move plan is within cost scope <input type="checkbox"/> Determine if any contractual arrangements are needed
Technology Chief	<p>Monitor technology interface.</p> <p>Ensure all new systems are operational.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Troubleshoot new technology issues <input type="checkbox"/> Ensure technology interface supports operations <input type="checkbox"/> Prioritize issues based on impact to safety and operations

patient tracking



Role	Mission	Responsibilities
Patient Tracker	Tracking and validating patient movement.	<ul style="list-style-type: none"> <input type="checkbox"/> Receives phone call reports regarding specific patient's move status <input type="checkbox"/> Annotations patient's origination unit departure time and destination unit arrival time on patient manifest <input type="checkbox"/> Monitors patient move progress <input type="checkbox"/> Refers requirements for patient care medical decisions related to the move to the Medical Director <input type="checkbox"/> Notes any issues that will cause delay in move and reports them immediately to the Operations Chief <input type="checkbox"/> Provides unit move reports to the Operations Chief
Origination move facilitator	Facilitate the organized move of patients	<ul style="list-style-type: none"> <input type="checkbox"/> Responsible for flow and timely patient movement <input type="checkbox"/> Validates patient move manifest <input type="checkbox"/> Notifies Patient Tracker of issues or discrepancies <input type="checkbox"/> Ensures patient is ready and patient preparation checklist is complete <input type="checkbox"/> Coordinates all patient movement with Unit manager <input type="checkbox"/> Communicates to Patient Tracker when patient departs unit <input type="checkbox"/> Sends completed patient move manifest to Patient Tracker
Origination exit move facilitator	Facilitate the organized move of patients and safe transfer	<ul style="list-style-type: none"> <input type="checkbox"/> Responsible for flow and timely patient movement <input type="checkbox"/> Monitors patient condition <input type="checkbox"/> Checks patient name on departing patient move manifest <input type="checkbox"/> Ensures patient is comfortable and ready for move <input type="checkbox"/> Briefs patient about the transfer <input type="checkbox"/> Ensures patient is safely transferred <input type="checkbox"/> Notifies Command Center of any patient care issues or discrepancies <input type="checkbox"/> Notifies Command Center when patient has departed the facility
Destination entry move facilitator	Quick assessment upon entry to new building	<ul style="list-style-type: none"> <input type="checkbox"/> Triage patient at new hospital entry point <input type="checkbox"/> Directs patient transport team to ED if patient is in distress <input type="checkbox"/> Directs patient transport team to assigned unit if no distress
Destination move facilitator	Patient reception	<ul style="list-style-type: none"> <input type="checkbox"/> Confirms patient arrival on patient manifest <input type="checkbox"/> Directs team members <input type="checkbox"/> Communicates to Patient Tracker when patient arrives on the unit <input type="checkbox"/> Notifies Patient Tracker of any issues or discrepancies <input type="checkbox"/> Ensures transport teams depart with all appropriate equipment <input type="checkbox"/> Sends patient manifest to Patient Tracker when all unit patients have arrived

Emergency Numbers

EMERGENCY NUMBERS

CPMC – Mission Bernal Campus

	Location	Phone Ext.
Command Center	Level 1 CR	415-641-6500
Incident Commander	Level 1 CR	415-641-6500
Issue Tracking	Level 2 CR	415-641-6503
Patient Tracking	Level 1 CR	415-641-6569
Satellite at existing hospital	Griffin Room	415-641-6917
Move Facilitator Origination	In-patient units	To be assigned
Hospital Exit Facilitator	Hospital exits	To be assigned
Hospital Entrance Facilitator	Hospital entrances	To be assigned
Move Facilitator Destination	In-patient units	To be assigned
Family & Visitor Waiting Area		To be assigned
Media Waiting Area		To be assigned

Department Move Relocation Plan

Department Move Sequencing By Phase - Version I, 10232017

Department	Existing Location	New Location	PHASE I Building Turnover	Phase II 4-6 Weeks Prior to Patient Move	Phase III 1-2 Weeks Prior to Patient Move	Phase IV Patient Move Weekend	Phase V Post Patient Move	Notes
Administration	1+C5:C40	3		X				
Patient Access / Registration	1	2				X		
Anesthesia	3	3				X		Confirm existing location with Dan.
Biomed	G (1970)	1		X				
Nutrition Services					X		X	
Kitchen	2	1						
Dieticians	2	1 & 6						
Cafeteria	2	1						
Cardiopulmonary						X		
Echo Room / Vascular	4 Monteagle	6						
EKG / Stress	4 Monteagle	6						
Case Management						X		
	SPMF Palliative NP - 2 (1912)	SPMF Palliative NP - 2						
	Palliative Care MD - 11 (1970)	Palliative Care MD - 3 (1912)						
	Sutter Care at Home - N/A	Sutter Care at Home - 2						
	Case Management - 4 (1912)	Case Management - 4 (1912)						
	Case Management - 6 & 11 (1970)	Case Management - 3 (1929)						
	Case Management - various locations	Case Management - 2, 5, 6						
	Does not exist today	AIM - 2						
	Does not exist today	ACE - 5						
	Does not exist today	Hospital Elderly Life Program (HELP) 2						
Central/Sterile Services	B (1970)	3				X		
Chaplain	2 (1912)	2 (1912)				X		
Classrooms								
Classroom	Griffin Room 1	1		X				
Classroom	ACR 1	1		X				
Classroom	ECR 1	1		X				
Classroom	Solarium 12	1		X				
Clinical Education/Support				X				
Clinical Research	4 (1912)	3 (1912)						
Computer Lab	Hartzell 1	Hartzell 1				X		
Emergency Services (ER)	2 (1957)	2					X	
Environmental Services offices	2 (1912)	1		X				
EVS Storage and break room	B (1970)	1						
Gift Shop	1	1 Monteagle		X				Move well before the hospital move
Health Care Clinic	11 (1970)	4 (1912)			X			9 employees
Health Information Management	1 (1957)	2				X		Office move only. No records will be moved.
Hospital ACE Program	Does not exist today	5				X		
Hospitalists	11 (1970)	6					X	
Hospitalist Admin	11 (1970)	4 (1912)						
Human Resources	N/A					X		
Infection Control	N/A					X		To be consolidated to the Pac campus
Interpreters	1 (1970)	B Monteagle						
IS Desktop support	1 (1957)	B Monteagle				X		
ICU	10 (1970)	4					X	
Lab	4 (1970)	3				X	X	X
Chemistry	4 (1970)	3						
Blood Gas lab/ICU	4 (1970)	3						
Hematology	4 (1970)	3						
Histology / Pathology	4 (1970)	3						
Pathology Office	4 (1970)	3						
Microbiology	4 (1970)	3						
Phlebotomy	4 (1970)	3						
Transfusion	4 (1970)	3						
PICC Lab/IV Services	4 (1957)	6608						
Outpatient Lab	1 Monteagle	1 Monteagle						
Linen	2 (1970)	1				X		
Mailroom	1 (1970)	1 (1957)						In 1970 and will end up in 1912 level 2 but they will have an interim move to 1 (1957) first.
Maternity							X	
Antepartum testing	5 (1970)	7						
Nursery	5 (1970)	7						
Labor & Delivery	3 (1970)	7						
Post Partum	5 (1970)	7						
Med / Surg							X	
Med / Surg	9	5					X	
Telemetry (TICU)	10	4					X	
Morgue	4 (1970)	1					X	
Nursing Administration	1	3			X			
PBX	1 (2333 Buchanan Pac)	1		X				Net new
Physician Lounge	1	1				X		
Pharmacy	B (1970)	1				X	X	X
PT, OT, Speech							X (Fri)	
Physical Therapy	11 (1970)	5						

Department	Existing Location	New Location	PHASE I Building Turnover	Phase II	Phase III	Phase IV	Phase V	Notes
				4-6 Weeks Prior to Patient Move	1-2 Weeks Prior to Patient Move	Patient Move Weekend	Post Patient Move	
Occupational Therapy	11 (1970)	5						
Speech Therapy	11 (1970)	5						
Physician's Quarters	3 (1970)	2, 4,5,7				X		Nothing to move, all net new
Plant Operations	Hartzell 1	Hartzell 1	X					
	B (1912)	B (1912)						
Workroom	B (1970)	1					X	
Quality	4 (1912)	4 (1912)			X			
Imaging / Radiology						X		
CT	4 Montegle	2						
MRI	2 (1912)	2						
Nuclear Medicine	NA							
XRAY - portables; c-arms	4 (1957)	2						
Ultrasound	4 (1957)	2						
Renal Dialysis	10 (1970)	5				X		
Respiratory Therapy	4 (1970)	4				X		
Revenue Cycle (S3)	1 (1970)	4 (1912)	X					
Patient Finance Counselor	1 (1970)	2 & 3 (1912)				X		
Cashier	1 (1970)	2				X		
Schedulers	1 (1957)	3 (1912)	X					
Security	4 (1912)	2	X					
Staff Development - RN Educator	10 (1970)	6			X			
Supply Chain			X				X	
Distribution	B (1970)	1						
Offices	2 (1970)	1						
Receiving	1 (1970)	1						
Surgical Services					X (WED)	X	X	
ACU	3 Monteagle	3						
Bronchoscopy lab	4 (1957)	3						
	3 Monteagle							
OR	3 (1957)	3						
PACU	3 (1970)	3						
Volunteers	1 (1957)	2 (1912)			X			
Wound & Ostomy Services	N/A	2			X			

Equipment

EQUIPMENT

A significant amount of required medical equipment for the new facility has been newly purchased and will be installed and tested prior to the patient move. There is existing medical equipment that will be relocated from the current facility to the new facility. The majority of existing equipment will move after operations are reduced or shut down. Equipment required to support dual operations in the laboratory, cardio-pulmonary services, imaging department, surgical services area and maternity will be phased appropriately before, during and after the move to ensure all patient diagnostic and procedural requirements are met during the transition. Phasing the move of existing equipment is possible due to the planned reduction of services several days prior to the move. The phasing plan for these services was detailed in the move highlights section and department relocation plan section of this manual. When necessary, equipment will be rented to facilitate the move and support operations. Equipment will be moved by a licensed and insured move relocation firm or medical equipment vendors contracted to support medical systems

REQUIRED TRANSPORT EQUIPMENT

Medical equipment required to support the patient move will be based on the patient's medical condition. Patients will be assigned a transport level by the clinical team member completing the patient manifest the day before the move. In addition to the patient condition, the transport level will dictate the type of equipment needed to accompany the patient. Emergency resuscitation equipment will be provided. In the event of inclement weather extra blankets and protective equipment will be available.

ADDITIONAL EQUIPMENT

Additional equipment that may be needed to support the patient move:

- Extra blankets, sheets and pillows
- Gloves, masks, gowns, tissues
- Trash receptacles including receptacles for hazardous waste
- Emesis basins or bags
- Respiratory carts - O2 equipment

EQUIPMENT FUNCTION CHECKS

Equipment, including any rented or leased equipment, to support the patient move will receive equipment function / safety checks. Biomedical Engineering will be on-site to provide equipment assistance throughout the move.

BED MOVE PLAN

Beds are new and will be prepositioned in the new facility.

PYXIS MOVE PLAN

Medication Pyxis machines are new. Pharmacy will be responsible for stocking all Pyxis machines at the new facility and will ensure the machines are ready prior to the patient move. IT will be responsible for all new IP addresses and will troubleshoot connectivity issues as needed.

EMERGENCY CART MOVE PLAN

A sufficient number of emergency carts will be prepositioned at the new facility to meet patient care requirements prior to the patient move. All in-patient departments will have at least one cart stocked and available to meet code requirements on the destination unit before moving patients. Pharmacy personnel will be responsible for ensuring medications are stocked on the crash carts. Materials Management personnel will be responsible for stocking supplies. Two emergency carts will be available for a potential in transit Code Blue during the patient move. One cart will be located at the existing facility exit and one cart will be located at the entry to the new facility. The move facilitator at the exit point and entry point will be responsible for monitoring the carts and returning the carts at the end of the patient move.

Move Policies and Procedures

MOVE POLICIES AND PROCEDURES

The following policies and procedures are the Hospital's approved guidelines to be followed

MOVE TRANSITION POLICY

- I. TITLE:** PROBLEM RESOLUTION PROCEDURES ON MOVE DAY
- II. POLICY:** ALL MEDICAL EMERGENCIES WILL BE REPORTED IN ACCORDANCE WITH STANDARD OPERATING PROCEDURES. MOVE MANAGEMENT AND FACILITY ISSUES WILL BE REPORTED TO THE COMMAND CENTER ESTABLISHED TO SUPPORT ALL MOVE OPERATIONS.
- III. PURPOSE:** To ensure all problems are appropriately prioritized and resolved during the patient move from the existing hospital to the new replacement hospital.
- IV. PROCEDURE:**
- Changes in patient condition and medical emergencies will be reported in accordance with normal operating procedures (i.e. contact MD, Rapid Response, Code Blue, etc.).
 - Changes in patient condition that may affect patient move status will be reported to the attending physician or their designee.
 - Patients with a change in status the evening before, or the morning of, the move will not be transferred until examined and cleared by the attending physician or their designee.
 - Changes in patient move precedence, as defined by the move manifest, will be reported to the Command Center.
 - The department manager will be responsible for problem resolution and communication with the Command Center as needed.
 - All medical problems and required actions will be documented in the patient record.
 - Facility systems, equipment and IT issues/problems will be reported to the Command Center, prioritized according to impact to operations, and delegated to the appropriate department for resolution.

MOVE TRANSITION POLICY

- I. TITLE** **TRANSFER PROCEDURES ON MOVE DAY**
- II. POLICY:** **HOSPITAL PATIENTS WILL BE TRANSFERRED FROM THE CURRENT FACILITY TO THE NEW FACILITY.**
- III. PURPOSE:** **To define the transfer procedures for staff members and physicians to follow on the day all patients are moved from the existing hospital to the new replacement hospital.**
- IV. PROCEDURE:**
- All patient moves will be considered a facility “bed-to-bed” transfer with no care level change.
 - Department Managers will identify patients that are expected to move to the new hospital and populate the Patient Manifest beginning three days prior to Move Day and adjust the manifest each day up to the night before the Patient Move.
 - The evening prior to Move Day, physicians will:
 - Write an order to “transfer patient to the new facility”
 - Sign and hold orders for transfer
 - Write any specific “move orders” required
 - Write a Progress Note stating each “patient has been evaluated for transfer” to the new hospital.
 - Department Managers will validate the patient manifest and determine the new room assignments the day before the move.
 - Patient Access personnel (in the Command Center) will receive a copy of the patient manifest.
 - Patient Access Services personnel (in the Command Center) will move the patient in EPIC into the assigned room number at the new facility provided on the patient manifest.
 - Changes/adjustments to the patient manifest will be made Saturday morning as needed.
 - Prior to the patient leaving the existing facility, the Primary Care RN will complete the pre-move patient assessment and document on the Patient Preparation Checklist document.
 - Move Facilitator will notify the Patient Tracker (in the Command Center) when the patient:
 - Leaves their room in the existing facility
 - Leaves the existing facility
 - Arrives at the new facility
 - Arrives in their room in the new facility
 - Patient Access Services personnel (in the Command Center) will “pull” the patient into the new bed in EPIC.

- The Primary Care Nurse will complete the post-move patient assessment upon patient arrival to the new environment and complete the Patient Preparation Checklist document.
- The primary care nurse will scan the Patient Preparation Checklist into the patient's EPIC chart under the nursing assessment section. This document will become part of the patient's permanent record.
- The primary care nurse will reconcile any transfer orders.
- The physician will complete a post move assessment and progress note.
- At least one individual from Patient Access will be in the Command Center during the patient move to reconcile exiting patient census list with patients moving to the new facility.
- Patients in the existing ED, requiring admission, will be moved to the designated unit, in the existing facility and moved to the new hospital with that department, when possible.
- Admission procedures for all new admissions on move day will be the same as the current process by Patient Access personnel.
- If a patient is to be discharged on Saturday and has not left the existing facility prior to the department's move time, the patient will move to the new hospital.
- Patients will not be transferred to a lower level of care until the move is complete.
- Patients requiring a higher level of care during the move process will be stabilized and transferred to the new ICU as soon as feasible.

MOVE TRANSITION POLICY

- I. TITLE:** **CARDIAC/RESPIRATORY ARREST OR OTHER CODE ON THE DAY OF THE MOVE**
- II. POLICY:** **IN THE EVENT OF A CARDIAC/RESPIRATORY ARREST OR OTHER CODE ON THE DAY OF THE MOVE, PROCEDURES WILL BE IN PLACE TO HANDLE PATIENTS IN THEIR CURRENT ROOM, IN TRANSIT TO THE NEW FACILITY, AND PATIENTS ALREADY LOCATED IN THE NEW FACILITY.**
- III. PURPOSE:** To define procedures team members will take in reporting codes during the move from the existing facility to the new replacement hospital.
- IV. PROCEDURE:**
- A. In the event of a cardiac or respiratory arrest on the day of the move:
 - 1. Procedure for patients still in their original rooms:
 - Follow the standard procedure for calling Code Blue.
 - 2. Procedure for patients in transit (within the building):
 - Call 55555 to report Code Blue
 - Identify exact location.
 - The code team will respond to all codes
 - Post-code adult patient will be transported to the ED,
 - 3. Procedure for patients located in the new facility:
 - Follow the standard procedure.
 - 4. Procedure for non-inpatients
 - Follow the standard procedure.
 - B. The Command Center will notify the patient's physician in the event of a Code Blue during the move.
 - C. Code Blue and Rapid Response Team Personnel will be available in both hospitals during the move. Code team will respond to the codes. A crash cart will be prepositioned at the exit point in the existing facility and the entry point at the new facility.
 - D. Standard procedures will be used to respond to all other codes/emergencies.
 - Call 44444 to report the code.
 - The Command Center will provide direction as needed.

MOVE TRANSITION POLICY

- I. TITLE** **RESPIRATORY-OXYGEN SUPPORT PROCEDURES ON MOVE DAY**
- II. POLICY:** **ALL PATIENTS REQUIRING O₂ SUPPORT OR DIAGNOSED WITH AIRWAY MANAGEMENT CONDITIONS WILL BE ASSESSED AND IF NECESSARY ACCOMPANIED BY A TRAINED RESPIRATORY THERAPIST (RT) WHEN MOVED FROM THE CURRENT FACILITY TO THE NEW FACILITY.**
- III. PURPOSE:** **To define and provide Respiratory Care Services (personnel and equipment) required to move all patients from the existing hospital to the new replacement hospital.**
- IV. PROCEDURE:**
- Respiratory Care Services will define personnel and equipment required to move all patients with the following needs:
 - Ventilation Support: invasive and non-invasive
 - Airway support: suction, humidification, emergency artificial airway equipment
 - Medication treatments while in transit
 - Actual patient volumes and equipment needs will be evaluated on a daily basis for several days prior to the move. RT leadership team will review the needs of all patients receiving RT services.
 - All patients receiving oxygen will have a RT evaluate their specific O₂ needs 24 hours prior to transfer. Physician orders will be written to reflect any changes in current orders.
 - **Equipment Needs:**
 - E cylinder Oxygen for single patient transport:
 - Total number of E cylinders that will be required will be determined prior to move. Air Gas will be responsible for transport of cylinders to the new facility.
 - Patient's requiring O₂ during transport will use a portable tank supplied by the Respiratory services.
 - Upon patient's arrival at destination unit, team members will reference written order for O₂ liter flow. Patient will be connected to wall O₂ and liter flow will be adjusted.
 - Airway support:
 - Portable suction equipment will be available.
 - Emergency Airway equipment: The RT will assess patients with artificial airways prior to transfer. RT will travel with the patient to the destination unit.
 - All patients with artificial airways (trach, ET tubes) will be transported with a spare airway, ambu bag/mask and other supplies to support patient needs.
 - Ventilator Support: invasive and non-invasive
 - Inventory of available equipment will be completed prior to the patient move to ensure there is a sufficient amount of respiratory/O₂ equipment to meet move requirements.

- Transport ventilators.
 - Adult vents
 - CPAP/BiPAP (non-invasive) – V60 and Trilogy
 - Patients transported on a portable ventilator will have an RT in attendance at all times during transport.
 - Non-invasive ventilated patients will be transported to the destination area on supplemental O₂. The RT and equipment will travel with the patient to their new room. CPAP/BiPAP will be applied once patient is in the new unit.
 - Non-invasive ventilated patients that cannot tolerate transport without CPAP/BiPAP will be transported using the V60 or Trilogy ventilation system.
 - Ventilated patients should be staggered if possible to ensure sufficient personnel and equipment are available for transport.
- Patient's RT supplies will be bagged and travel with the patient.
 - Flow meters and suction equipment will be set-up and tested in every patient's room prior to the patient move.
 - RT will have the move schedule and a list of all patient room assignments 1 day prior to the move. This will allow for the set-up of special equipment and supplies.
 - Vacated units will be checked for collection and consolidation of respiratory supplies and equipment.
 - Patients with chest tubes will have appropriate transport orders per the attending physician/surgeon.
 - RT will provide portable SPO₂ monitors as needed.

MOVE TRANSITION POLICY

- I. TITLE:** INFECTION PREVENTION PROCEDURES FOR THE TRANSFER OF PATIENTS ON MOVE DAY
- II. POLICY:** St. Luke's Hospital patients will be moved to the new Mission Bernal Hospital using Transmission based precautions in addition to Standard precautions.
- III. PURPOSE:** California Pacific Medical Center (CPMC) shall ensure that appropriate precautions are taken to protect the patient, staff, visitors, and healthcare environment by limiting infectious microbial pathogen exposure during the transfer of patients throughout the healthcare system.
- IV. SCOPE:**
- Transmission Based Precautions**
- Patients on Transmission Based Precautions will have the specific type of precautions documented in EPIC and on the transfer summary sheet/ticket to ride.
 - Staff shall adhere to and follow the current ***Infection Control Strategies - Hand Hygiene Policy #1715531*** with a focus on Hand Hygiene before and after patient contact.
 - Staff shall follow and adhere to the ***Infection Control Strategies – Guidelines for use of Transmission Based Precautions: Airborne, Droplet, Contract Precautions, and Enhanced Contact Precautions Policy #1733157*** – when interacting with patients or within the patient's immediate environment.
 - Patients whom are isolated with Transmission Based Precautions should not be cohorted, mingled or staged with other patients. Patients in Transmission Based precautions should not share elevators or other spaces with patients during the transfer process.
 - As isolated patients are transferred out of their existing room, the specific Isolation Precaution sign will be kept on the door to so that EVS knows the type of required PPE and room cleaning guidelines to follow.
 - Ensure the correct precautions sign is placed on the door in the new facility indicating the specific isolation precautions needed and the isolation cart / door caddy is pre-positioned at the destination.
 - Staff should not wear PPE, including gloves outside the patient's room unless they are actively providing direct and ongoing patient care required during the transfer.

Bio-Hazard Spill:

- In the event of a body substance spill or soiling of the healthcare environment. Staff shall follow – ***Infection Control Strategies – Bloodborne Pathogens Exposure Control Plan #3469820***: For small spills – Staff shall use PPE and contain the spill. Contaminated surfaces shall be cleaned and decontaminated with the approved hospital disinfectant immediately or as soon as feasible. For large spills – contain the spill and request EVS to respond to the location. Spill kits are located in soiled utility rooms and on EVS carts.

Equipment Cleaning/Decontamination:

- Patient care equipment shall be cleaned after each use using the hospital approved disinfectant. Refer to ***Infection Control Strategies – General Cleaning Policy # 3360941 (Attachment 9)***.
- *Ambulance Personnel shall be responsible for cleaning the transport gurney using the hospital approved disinfectant or disinfectant provided by the transport company. The ambulance interior shall be cleaned based upon the provider's policies.*

Patient Preparation Prior to Transfer:

- **Wounds** - shall have clean dressings applied and drainage must be contained.
- **Urine** – Ambulatory patients shall be encouraged to void before the transfer process.
- **Foley Catheter/Urine Drainage Devices** - bags shall be emptied before transport and devices secured to limit movement or accidental dislodgement. Bag shall remain below the level of the bladder at all times to allow free flow of urine.
- **Stool Incontinence** – For patients stooling frequently or unable to complete the transfer without soiling, Consider fecal management/containment devices and/or using additional containment measures on the transport gurney to contain liquid stool. Use of approved hospital disinfectants appropriate to the infecting pathogen should be used in the event of soiling of the environment.
- **Linen** - Soiled linen will be changed and replaced with clean linen before transfer.
- **Patient Gowns** - Patients will be changed into clean gowns before transfer.
- **Patient Hand Hygiene** - Patient shall perform hand hygiene if able to participate.
- **Central lines/IV's of any type** - ensure devices are secured to maintain integrity of line during the transport process. Site is clean and dressed per ***nursing procedure – Central Venous Catheter Management – Adult #3366892 & Central venous Catheter Management – Pediatric # 2048566***

PROCEDURE

Initiation of Patient Transfer & Completion:

Standard Precautions:

- Prior to patient contact – Transport staff shall perform Hand Hygiene.
- Patient prepared for transport –Review Patient Preparation Prior to Transfer.
- Staff shall utilize standard precautions as required as patient is transitioned to the transport gurney.
- Covering patient – a clean sheet and blanket will be placed over every patient before they leave their current room and will remain until they are in their new room.
- Perform Hand Hygiene upon leaving patient room or any time before or after direct patient care activity required during the transfer process.
- On arrival at the new patient room – Staff shall perform hand hygiene and utilize standard precautions as required. .
- Transport equipment shall be cleaned using the approved hospital disinfectant with adherence to specified product contact times.

Contact Precautions:

- o Prior to patient contact – Transport staff shall perform Hand hygiene.
- o Transport personnel will verify the type of Transmission Based Precautions signage outside the patient room and don the appropriate personal protective equipment (PPE).
- o Patient prepared for transport –Review Patient Preparation Prior to Transfer.
- o Patient is transitioned to the transport gurney.
- o Covering patient – a clean sheet and blanket will be placed over every patient before they leave their current room and will remain until they are in their new room.
- o Staff shall remove PPE at doorway before proceeding to transfer patient.
- o Perform Hand Hygiene upon leaving patient room or any time before or after direct patient care activity required during the transfer process.
- o On arrival at the new patient room – Staff perform hand hygiene and don PPE.
- o Transport equipment shall be cleaned using the approved hospital disinfectant with adherence to specified product contact times.

Enhanced Contact Precautions:

- o Prior to patient contact – Transport staff shall perform Hand hygiene.
- o Transport personnel will verify the type of Transmission Based Precautions signage outside the patient room and don the appropriate personal protective equipment (PPE).
- o Patient prepared for transport –Review Patient Preparation Prior to Transfer.
- o Patient is transitioned to the transport gurney.
- o Covering patient – a clean sheet and blanket will be placed over every patient before they leave their current room and will remain until they are in their new room.
- o Staff shall remove PPE at doorway before proceeding to transfer patient.
- o Staff shall perform hand washing upon leaving patient room and use alcohol based hand rub any time before or after direct patient care activity required during the transfer process.
- o On arrival at the new patient room – Staff shall perform hand hygiene and don PPE.
- o Transport equipment shall be cleaned using the approved hospital disinfectant (Bleach) with adherence to specified product contact times.

Droplet Precautions:

- o Prior to patient contact – Transport staff shall perform Hand hygiene.
- o Transport personnel will verify the type of Transmission Based Precautions signage outside the patient room and don the appropriate personal protective equipment (PPE).
- o Patient prepared for transport –Review Patient Preparation Prior to Transfer.

- o Patient shall be masked using a Surgical Mask before leaving the room. If patient is unable to tolerate a surgical mask, transport staff shall mask for duration of transfer and maintain 6 feet separation from others during the transfer process. Provide and educate patient to maintain Respiratory Hygiene practices during patient transfer to minimize droplet dispersal into the healthcare environment.
- o Patient is transitioned to the transport gurney.
- o Covering patient – a clean sheet and blanket will be placed over every patient before they leave their current room and will remain until they are in their new room.
- o Staff shall remove PPE at doorway before proceeding to transfer patient.
- o Staff shall perform hand washing upon leaving patient room and use alcohol based hand rub any time before or after direct patient care activity required during the transfer process.
- o On arrival at the new patient room – Staff shall perform hand hygiene and don PPE.
- o Transport equipment shall be cleaned using the approved hospital disinfectant with adherence to specified product contact times.

Airborne Precautions:

- o **Patients in Airborne Precautions shall be the last of the isolated patients to be moved off the unit.**
- o Prior to patient contact – Transport staff shall perform Hand Hygiene.
- o Transport personnel will verify the type of Transmission Based Precautions signage outside the patient room and don the appropriate personal protective equipment (PPE).
- o Patient prepared for transport –Review Patient Preparation Steps.
- o Patient shall be masked using a Surgical Mask before leaving the room. By masking the patient, staff do not need to wear an N-95 mask during transport. If patient is unable to tolerate a surgical mask, CONSULT INFECTION CONTROL BEFORE TRANSPORT.
- o Patient is transitioned to the transport gurney.
- o Covering patient – a clean sheet and blanket will be placed over every patient before they leave their current room and will remain until they are in their new room.
- o Staff shall perform hand washing upon leaving patient room and use alcohol based hand rub any time before or after direct patient care activity required during the transfer process.
- o On arrival at the new patient room – Staff shall perform hand hygiene and don PPE.
- o Transport equipment shall be cleaned using the approved hospital disinfectant with adherence to specified product contact times.

MOVE TRANSITION POLICY

- I. TITLE:** **SECURITY PROCEDURES ON MOVE DAY**
- II. POLICY:** **THE HOSPITAL WILL PROVIDE A SAFE AND SECURE ENVIRONMENT FOR PATIENTS, VISITORS, TEAM MEMBERS, AND HOSPITAL PROPERTY.**
- III. PURPOSE:** To define the requirements for a robust security plan to protect patients and hospital assets during the relocation from the existing facility to the new facility.
- IV. PROCEDURE:**
- Security Management Program will provide sufficient personnel to support day-to-day security services.
 - Access to the new building prior to the patient move day will be in accordance with security sign-in procedures.
 - The badge identification and access system will be in place for hospital personnel in conjunction with sign-in procedures to control building access in the existing hospital and new hospital.
 - Additional security personnel will be assigned to the existing hospital, new hospital, and key areas along drive lanes on the patient move day.
 - Heightened monitoring will be initiated at all identified high risk areas i.e. Maternal Child Health Unit, building entrances and exits, etc. during the patient moves.
 - Security will be responsible for safety procedures pertaining to the control of vehicle and pedestrian traffic flow during the move.
 - Pharmacy personnel will relocate narcotics from the existing hospital to the new hospital.
 - Advanced notification will be provided to EMS to assure inbound emergency vehicles utilize the new Emergency Department. Additional support will be provided to ensure self-presenting ED patients are directed to the correct Emergency Department on move day.
 - A parking plan will be developed to manage an anticipated high volume of vehicles on move day.
 - Security will provide assistance with visitor control as needed.
 - All existing hospital signage will be removed or covered at 0700 (ED entrance, Baby Surrender, etc.)
 - Security personnel will patrol vacated units in the existing hospital to prevent unauthorized access.
 - All security incidents that involve patients, visitors, team members and/ or property as a result of the move will be reported and investigated by the Manager/Director of Safety & Security or designee and reported to Senior Management

MOVE TRANSITION POLICY

- I. TITLE:** **BIOMED EQUIPMENT PROCEDURES ON MBC MOVE DAY**
- II. POLICY:** **ALL NEW AND EXISTING CLINICAL EQUIPMENT WILL HAVE THE APPROPRIATE BIOMED EQUIPMENT CHECKS/CERTIFICATIONS.**

- III. PURPOSE:** To define the process for ensuring all clinical equipment has the appropriate safety checks prior to patient use in the new facility.

IV. PROCEDURE:

- All rented and borrowed equipment to support the move will be tested in accordance with current practice.
- Normal department preventative maintenance checks will continue to occur every month as usual.
- All new equipment will be given a performance and electrical safety check.
- All medical equipment will have a current preventative maintenance inspection sticker prior to being placed into service in the new facility.
- New equipment:
 - A cursory operational check will be conducted on new equipment in the warehouse
 - All new equipment will be checked after it is placed in the departments and before the patient move day.
- The Biomed equipment database will be updated as equipment checks are completed.
- New mobile clinical equipment will have the Aeroscout tag attached at the warehouse prior to the move to the new facility.
- All existing clinical equipment will have an Aeroscout tag prior to the move to the new facility
- Additional equipment will be kept on-hand in units where equipment change outs will be needed. (Example: ICU patients on pumps).
- Biomed will provide an engineering staff member in the destination areas on patient move day to assist with on-site functional checks as needed.
- Biomedical engineers will be on-site at both facilities to provide equipment assistance.

MOVE TRANSITION POLICY

- I. TITLE:** **PACKING PROCEDURES FOR MOVE DAY**
- II. POLICY:** **EQUIPMENT WILL BE PACKED IN A MANNER THAT WILL PREVENT DAMAGE AND ENSURE SAFE TRANSPORT TO THE NEW REPLACEMENT HOSPITAL.**

- III. PURPOSE:** To define procedures team members will take in packing department specific equipment for the move from the existing facility to the new facility.

IV. PROCEDURE:

- Team members will be responsible for packing all items in their personal work areas.
- Team members will pack contents of personal desks, bookcases, credenzas and overhead bins.
- Team members will pack all common areas, supply cabinets, manual storage areas, nurse stations, storage rooms, lounges, shared work areas.
- Be sure that the tops of the crates are closed and flat. Do not over pack the crates. The crates you will be using **do not require sealing tape**.
- Label each and every item that is moving to your new location – floor number, department name, room number.
- Items too large to fit into a crate need to be labeled.
- Label move items with date to be moved and floor number, department name and room number.
- Use a marker (Sharpie pen-black) **not** a pen or pencil to write on the labels.
- Affix all labels on short end of the bin where the movers can easily view them – **never on top of bin**.
- Place a business card or sheet of paper inside the crate with name and destination room number.
- Floors will be color-coded. Place the correct color-coded label on the end of the crate. Do not put label on long side or top of the crate.
- For multi-phase moves place a “day of the week” label next to the color-coded label to indicate the day the crate or item should move. This will ensure that movers do not move the item before the planned move date.
- If you have fragile or breakable items, be sure to wrap them carefully in paper before packing into the crate, then mark the outside of the crate **FRAGILE**.

- Do not pack any computer equipment into crates (keyboard, mouse, cords, etc.)
- Electrical cords are to be wound and secured.
- Do not pack flammable liquids or chemicals.
- Take personal items home.
- Take plants home.
- Empty the crates immediately post move and place empty crates in the designated area for pick up.
- Contact the Move Firm for any questions or concerns about the process for packing department specific items.
- Refer to Move Guidelines provided by move firm for additional information.

Roles and Responsibilities of Each Department

ROLES AND RESPONSIBILITIES

ADMITTING / REGISTRATION

- Admitting personnel will assist with census verification before and during the move.
- Census reconciliation will occur when the last patient is moved from the current facility.
- Patients will be transferred from the current facility to the new facility.
- Transfer procedures defined for the move of patients from the existing facility to the new facility will be used.

ANESTHESIA

- The department of Anesthesia will provide sufficient personnel on the day of the move to support surgery in the existing and new facility as needed.
- The Director of the OR in collaboration with Anesthesia will ensure appropriate equipment is available in the existing and new facility to provide anesthesia as needed during surgery

BIOMEDICAL ENGINEERING

- Conduct functional and operational equipment checks in collaboration with vendors on all new equipment immediately following installation.
- Perform testing with IT/IS during installations, & assist with larger scale testing.
- Validate list of existing equipment that is scheduled to move to the new facility.
- Conduct equipment checks on all existing equipment as needed before the patient move day.
Includes verifying equipment has current inspection date.
- Biomedical engineering team members will be present at the destination unit on day of patient move to assist with on-site functional checks as needed.
- Nursing team members will assist with ensuring all patient equipment has been checked and labeled properly when patient arrives in the new facility.
- Nursing team members will contact Biomedical Engineering personnel if patient equipment is not properly labeled.

ENVIRONMENTAL SERVICES

- The new facility before the move day:
 - Floors will be cleaned.
 - Carpets will be vacuumed and extracted.
 - Windows will be cleaned and free from smudges.
 - All trash will be emptied 24 hours prior to doors opening.
 - All patient rooms will be cleaned and patient ready.
 - All areas – patient rooms, support areas, public spaces – will be stocked with appropriate supplies - hand soap, alcohol gel, paper products, trash liners, recycling liners, red bags.
 - Each clinical area will have the appropriate sharps containers, biohazard containers.
 - All cubicle curtains and shower curtains will be hung.
 - All units will have recycling containers available.
- Vacated units/departments post move:
 - All dispenser products (soap/paper towels/seat covers/alcohol gel) will be removed by EVS.
 - Trashcans will be emptied, and biohazard containers will be removed from vacated areas.
 - Sharps containers and shredded documents will be removed from rooms as soon as the unit is vacated.
 - Refrigerators will be emptied of all products and wiped clean after the move.
 - Cleaning carts and EVS closets will be cleaned and organized.
 - Cubical curtains and shower curtains will be removed,
- Environmental Services will be responsible for the disposition of all trash related to the move.
 - All trash will need to be bagged in appropriate trash liners.
 - Extra bins will be available to assist with trash removal.
- Linen
 - Linen will be fully stocked at normal par levels in the new facility.
 - Linen will be stocked at one day par level on move day for transferring units.
 - Extra sheets, blankets and scrubs will be available for move day transfers.
 - Soiled linen carts will be available and will be handled in the standard manner.
 - EVS team members will remove all remaining linen from vacated clinical departments upon completion of the unit move and will transfer the picked-up linen to inventory, recycle to unit or handle as soiled.
 - EVS team members and transport staff will clean all equipment between patient use per facility procedures.

FACILITIES MANAGEMENT

- Security assistance and lockup will be provided as needed for vacated units.
- Bio-medical equipment support will be provided as defined in the Biomedical Engineering plan.
- Will ensure all elevators are operating properly and will assist elevator maintenance crews as needed.
- Personnel will be on standby to assist with any facility issues during and after the move.
- Facilities Management will assist if needed with the consolidation of equipment and furniture remaining in the existing building.
- Deactivation responsibilities will begin as soon as all patients have been moved from the current facility to the new facility.

FOOD SERVICES

- Patient menu collection schedule will be based on the move schedule and will be coordinated with nursing.
- Breakfast will start at 7:00 and be completed by 7:30. The maternity department will be served first.
- Patient meals:
 - Typical breakfast – hot meal.
 - Lunch will be served in both locations depending on the patient move.
 - Dinner – hot dinner in the new facility. It will be a set menu on Saturday and Sunday.
 - A non-select diet will be used for breakfast, lunch, and dinner on the patient move day.
- Additional nutrition services team members will be available on the move day.
- The Cafeteria in the existing hospital and the new hospital will be closed on Saturday and Sunday.
- The Cafeteria in the new facility will open on Monday with a limited selection.
- There will be a plan to reduce perishable food stock to eliminate the need to transfer perishable food to the new facility.
- Non-perishable food in the existing kitchen will be moved to the new kitchen per the relocation plan.
- Pre-packaged formulas from nutrition services will be deployed from the new kitchen area.
- Water will be delivered to the exit and entry points of the existing and new facility on the patient move day for the move teams.
- Catering for designated areas such as the Command Center will be provided as directed by administration.
- Food from an outside catering agency will be provided to all staff on the patient move day.

HEALTH INFORMATION MANAGEMENT (HIM)

- HIM will provide old records to accompany patients if requested.
- The patient's current medical record and any old records on the unit will be transferred with the patient.

IMAGING

- Full services (Radiology, CT, MRI, Nuclear Medicine, and Ultrasound) will all be available in the existing facility until all patients have been relocated to the new facility.
- Both facilities will be staffed on move day.
- Supplies necessary for any procedure will be available up to and including move day.
- All scheduled imaging studies should be done prior to transfer.
- Emergency department and in-patient moves to the radiology department on move day will be coordinated by those departments.
- Portable machines and C-arms will begin to move after elective surgery has ceased, a sufficient number of portable x-ray machines will be available in the existing facility until all patients have moved.
- Information systems will be functional for exam orders / report.
- All new imaging equipment and PACS will be fully operational.
- All modalities will be available throughout the transition/move process.

INFORMATION SYSTEMS

- Information Technology (IS) will set up, maintain, troubleshoot, and repair all information technology devices (not vendor contracted) connected to the LAN (both clinical and office areas).
- There will be an IS Control Center operational 24 hours immediately before, during and following the patient move. Termination of the IS Control Center will be at the discretion of the Incident Commander.
- IS will triage calls and provide front line support to assist users with computer problems during the transition.
- IS support will be on clinical units during the move to assist with disconnections, reconnecting, reconfiguring, and troubleshooting computer problems.
- New computers will be installed before the move.
- Most offices and computers will be moved at least one to two weeks before the patient move.
- IS will be responsible for all computer system disconnects and reconnects.
- Telecommunication group under the direction of IS will be responsible for the move of phones and pagers.
- New wireless phones (Vocera) will be installed and tested prior to the move. All employees will be trained on the use of the wireless phones.
- Workstations on wheels will be configured and ready prior to the patient move.

INTERPRETER SERVICES

- Patients and family members who will require interpreter services will be identified prior to the move.
- Interpreter services will be used to ensure patients understand the move process and family members have information related to the move.
- Use of the interpreter phones will be available in the existing and new facility.

LABORATORY

- Laboratory Services will be available in the new hospital on move day.
- Results will be available to the physicians before the patient move.
- Lab orders for the morning of the move will be collected prior to the patient move.
- Transfusion Services (Blood Bank) will be available in both facilities during the move.

MATERIALS MANAGEMENT (Supply Chain)

- Supplies will be stocked at half the normal par levels (96 hour inventory will be available at MBC).
- The remainder of the par supplies will be moved after the patient move.
- Materials Management will be fully staffed on move day.
- Essential equipment will be available.
- Extra equipment (IV pumps and PCAs) will be available for move day transfers.
- Materials Management team members will remove all supplies and remaining Central Sterile movable equipment from vacated nursing units upon completion of the unit move.
- Supplies will be transferred to the new unit, added to inventory, or disposed as appropriate.

PHARMACY

- Pyxis will be stocked with medications at destination units before the patient move.
- Narcotics will be stocked 24-48 hours before the patient move.
- Medications will be available in Pyxis at the existing facility.
- All patients will be accompanied by a nurse during the move.
- Nurses will transport patient medications that are in the patient bin to the new department and will place the medications in the new bin.
- Pharmacy will be responsible for removing existing medications from the vacated units.
- Pharmacy will stock the medication room with medication supplies that are not in Pyxis.
- The pharmacy management team will ensure smooth transition of pharmaceutical care and address any patient care issues that arise to ensure patient safety.
- Emergency carts (crash carts) in the new facility will be stocked and ready by 0700 on the patient move day.

PBX (Switchboard)

- PBX will provide services in both facilities until the last patient is moved.

PUBLIC RELATIONS (PR)

- PR will be responsible for all community notifications concerning the move to include, dates of closure of services in the existing facility and the opening of services in the new facility.
- The media will be well informed of their primary contacts and designated meeting locations / times through information distributed and briefings held prior to the move.
- All media calls will be directed to and handled by PR.
- All media releases concerning the move will be reviewed and approved by PR.
- PR will escort media as needed on the move day.

REHABILITATION SERVICES

- Rehab will provide patient services as needed on the day of the move.
- Rehab personnel will assist as needed with observation of move activities to ensure appropriate safety practices are followed.

RESPIRATORY THERAPY

- Respiratory Care Services will define personnel and equipment required to move all patients with the following needs:
 - Supplemental Oxygen
 - Mechanical ventilation: invasive and non-invasive
 - Airway support: suction, humidification, emergency artificial airway equipment

SECURITY

- Personnel will assist with way finding for visitors and guests.
- Security or other trained personnel will provide direction to the new ED on move day.
- Personnel will assume responsibility for parking and traffic control functions.
- A staffing plan will be developed to address high risk areas during the move.
- Security will perform access control functions and assist as needed with issues pertaining to media and crowd control.
- Security will provide assistance as needed for routine issues.
- Security will maintain normal security patrols and it will be prepared to conduct sweeps of vacated areas and assist with lock down as needed.

SOCIAL WORK / CASE MANAGEMENT

- Personnel will be available on move day.
- The transfer sequence of patients will be provided to Social Workers / Case Managers.
- There will be no routine family conferences on move day (absolute necessity conferences only).
- Case Managers / Social Workers will serve as patient advocates and will assist with counseling the patients and their families, and will visit them to answer questions and, explain the new facility.

STERILE PROCESSING

- Essential equipment will be available.
- Case carts will be prepared for the new facility.
- Regular supply PAR levels will be maintained.
- Once all patients are moved, the remaining specialty supply carts / OR case carts / equipment and remaining supplies will be transferred to inventory, recycled or disposed of as appropriate.

SURGICAL SERVICES

- At least one OR will remain operational in the existing facility until the last patient is moved.
- There will be an OR team on-call for the existing facility and the new facility on the patient move day.

VOLUNTEERS

- Volunteers will be available to assist as needed and provide general information.
- Volunteers will help direct visitors and families to the appropriate areas.
- Volunteers will be assigned to specific areas and given tasks, such as visitor information, or family support.
- Volunteers will be assigned to act as couriers / messengers and will staff front lobby information desks to assist in directing families and visitors.

Roles and Responsibilities of Clinical Department Heads and Team Members

ROLES AND RESPONSIBILITIES

ORIGINATION UNIT CHARGE NURSE

- Coordinates activities on unit.
- Coordinate with the Manager to ensure ample staffing for the entire day.
- Confirm team member has been oriented to move processes and move manuals are available.
- Participates in the development of draft move manifest and sequence of move on day before the move.
- Assists with room assignments.
- Ensures patients and families are oriented to move procedures.
- Ensures physician transfer orders are written.
- In conjunction with the Move Facilitator, finalizes move manifest, move sequence, and receiving room numbers the morning of the move.
- Works closely with the Move Facilitator to ensure a timely, coordinated move process.
- Posts the move manifest.
- Ensures the timely preparation of patients for unit departure.
- Responsible for direct patient care issues prior to the move.
- Conducts unit-closing procedures (Attachment 5) in collaboration with the unit Move Captain.

DESTINATION UNIT CHARGE NURSE

- Communicates issues / problems to physicians and the Command Center.
- Coordinates activities on unit.
- Ensures patients are in the correct room.
- Ensures all patients have identification bracelets.
- Ensure family members or visitors have a "visitor" badge.
- Ensures patients and families are oriented to the new environment.
- Ensures physician's orders are completed.
- Confirms patient medications are available and administered on time.
- In conjunction with the Move Facilitator, responsible for review of the move manifest and confirmation that all patients have arrived safely.
- Responsible for direct patient care issues after arrival.
- Reports any issues with unit systems to the Command Center.
- Coordinates with manager to ensure there is sufficient staffing for the next shift.

PATIENT'S TRANSFERRING/RECEIVING NURSE

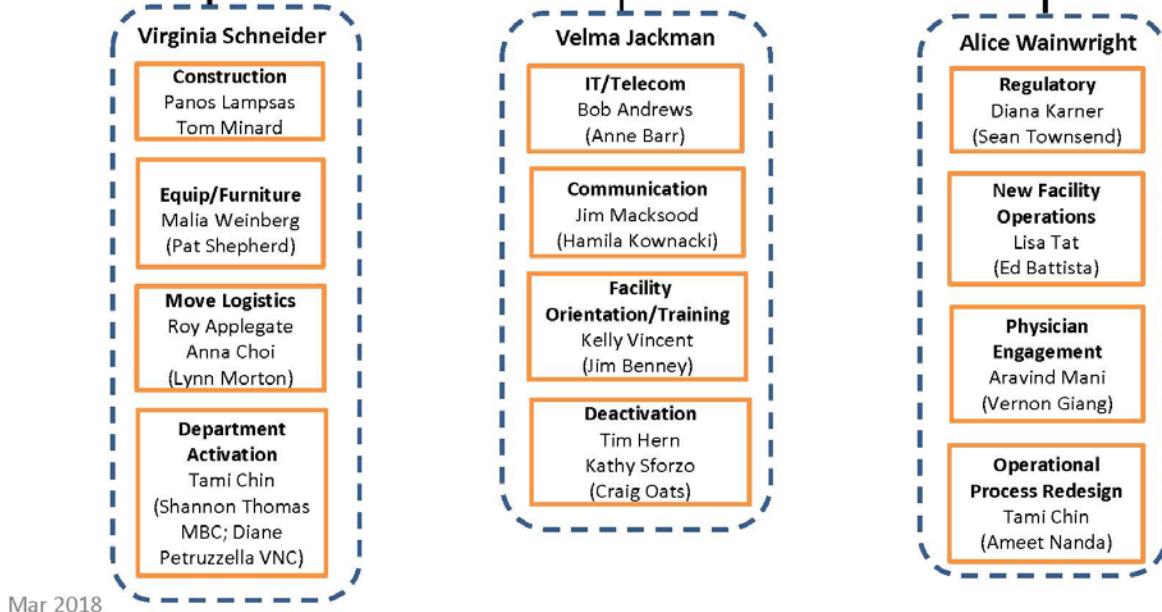
- Ensures patient is ready for transfer
- Completes patient preparation checklist.
- Provides family with instructions concerning the move.
- Places patient belongings (clothes, toiletries, dentures, glasses) in appropriate labeled container for transport.
- Ensures appropriate consents and forms accompany the patient.
- Educates patient about the move.
- Administers pain medication as ordered by the physician 30 minutes before patient's scheduled move time.
- Completes appropriate documentation.
- Accompanies the patient to the new unit with transport personnel or provide report to transport nurse that will accompany the patient
- Assists the patient from the gurney to the bed in the new facility ensuring patient comfort.
- Ensures patient has identification bracelet.
- Orient patient to new environment (Attachment 6).
- Completes "destination" portion of patient preparation checklist.
- Provides family with information as needed.
- Secures all valuables and patient belongings.
- Assesses patient for level of comfort.
- Completes appropriate EPIC documentation.
- Release orders.
- Ensures patient has received meals if appropriate.

Move Planning Organizational Chart

Transition Steering Committee

Anne Barr, Ed Battista, Jim Benney, Tami Chin, Scott Ciesielski, Mark Combs, Margo Cusack, Ed Eisler, Vernon Giang, Tim Hern, Hamila Kownacki, Mary Lanier, Jim Macksood, Ameet Nanda, Craig Oats, Diane Petruzzella, Kathy Sforzo, Pat Shepherd, Shannon Thomas, Sean Townsend, & Malia Weinberg

Transition Core Team Jim Benney and CRTKL



Attachments

Attachment 1 – Patient Manifest



HICS 254 – DISASTER VICTIM / PATIENT TRACKING

1. Incident Name												2. Operational Period (# _____)	
												DATE: FROM: _____	TO: _____
												TIME: FROM: _____	TO: _____
3. Area (Triage or Specific Treatment Area)													
MOVE NUMBER	MEDICAL RECORD NUMBER	NAME (LAST NAME, FIRST NAME)	SEX (M/F)	DOB / AGE	TRANSPORT LEVEL	SPECIAL NEED	Current Room #	New Room #	DEPARTED ORIG UNIT	DEPARTED STL	ARRIVED MBC	ARRIVED DEST UNIT	
4. Prepared by													
PRINT NAME: _____ SIGNATURE: _____ DATE/TIME: _____ FACILITY: _____													



Purpose: Records the triage, treatment, and location of victims/patients
Origination: Patient Tracking Manager or team
Copies to: Situation Unit Leader, Patient Registration Unit Leader, Planning Section Patient Tracking Manager, Medical Care Branch Director, and Documentation Unit Leader

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Patient Preparation Checklist

Unit _____ To Unit _____
 Room # _____ Moving to Room # _____
 Code Status: _____ Date: _____
 Departure Time: _____ Arrival Time: _____
 Sending MD name: _____ Cell #: _____

Apply Patient Label Here

PRE-MOVE ASSESSMENT (ORIGINATION)	Yes	No	NA	Comments
ID band on patient				
Fall and Allergy bands				Type of allergy:
Information on move manifest is correct				
Isolation Precautions				Type:
MD completed move orders and documentation in EPIC				
Vital signs 30 minutes prior to the move*				BP: _____ HR: _____ RR: _____ Temp: _____ *ICU/NICU patients – write initial vitals here
Cardiac Monitor/Telemetry				Rhythm:
Portable Oxygen				O2 sat:
If mechanically ventilated note settings in comments				
"Other" continuous monitoring				Type: ICU/NICU patients – see back of this form
Restraint documentation completed 30 mins prior to move				
Pain medication administered before moving				Type: Amt: Rte: Time:
Epidural /PCA (2-hour minimum volume)				Type: PCA or Continuous (circle one) Med: Rte: dose/min: Lock:
Continuous Intravenous IV medications during transport (min 2 hours)				Type:
**If previous two options noted O2 sat monitoring required during transport				O2 sat during transport:
Intravenous Fluid (minimum 2-hour volume)				
Patient had a meal before transfer				Time:
Tube Feedings – check MD order				Confirm MD order to clamp during transfer .
Foley emptied 30 minutes prior to move				Amt:
NGT output emptied prior to move				Amt:
Chest Tube(s) mark current output prior to the move				MD order to remove from suction during transfer.
Family member aware of patient's new room number				Name: _____ Cell: _____
Language barrier- Interpreter required				Language:
Mother Baby (MB)/Security tag removed immediately prior to departure				
Infant Security Band matches Mom Security Band				ID #:
Other:				

*Notified _____ of issues or discrepancies prior to move. RN initial _____

SEND WITH PATIENT	Yes	No	NA	Comments
Patient medications in Med Room				
Suction supplies (if required)				
O2/Nebulizer supplies (if required)				
Other patient specific supplies				
Ambu bag as needed				

PATIENT'S PERSONAL BELONGINGS	Yes	No	NA	Given to Family Member- Name or Relationship
Dentures				
Eye Glasses/Contacts				
Hearing Aids				
Jewelry				
Wallet/Purse/Money that is not in safe				
Cell phone				
Clothing/ shoes/slippers				
Religious Items				
Patient's equipment (Laptop, walker, prosthesis, etc.)				
Other:				

Scan the completed form into the Patient's Electronic Health Record

Patient Preparation Checklist

Primary RN Signature: _____

Other personnel accompanying patient: _____

INTRASIT (AMBULANCE) ASSESSMENT - Med-Surg /tele patients (*ICU/NICU patients – see below)

	Yes	No	NA	Comments
Vital signs PRN				BP: HR: RR:
Fetal Monitor				
Cardiac Monitor				Rhythm:
Portable Oxygen				O2 sat:
Epidural /PCA (2 hour volume)				
Continuous IV medications				
Pain assessment				
All lines intact				
Other:				

Transporting RN Signature: _____ Date: _____ Arrival Time: _____
Ambulance number _____

DESTINATION AREA ASSESSMENT	Yes	No	NA	Comments
ID band checked and compared with patient manifest				
Infant Security tag placed on infant				
Infant Security Band matches Mom Security Band				
Activate new infant security band				
Validate Fall, Allergy (as applicable) patient armbands				
If applicable, attach patient to monitor & validate device data				
Belongings Received (see list above)				
Confirm Isolation precautions supplies and signage				

POST-MOVE ASSESSMENT (DESTINATION)	Yes	No	NA	Comments
Full nursing assessment completed/documentated on arrival				Document in EPIC
Level of pain assessed and treated				Document in EPIC
Vital signs checked and documented				Document in EPIC
Perform inter-facility hand-off if applicable				
Order meal tray if applicable (ensure patient is not NPO)				
Orient patient and family to the new room				
Scan completed Patient Preparation Checklist into EPIC under the "*****" section				

Receiving RN Signature: _____

Date: _____ Time: _____

Apply Patient Label Here

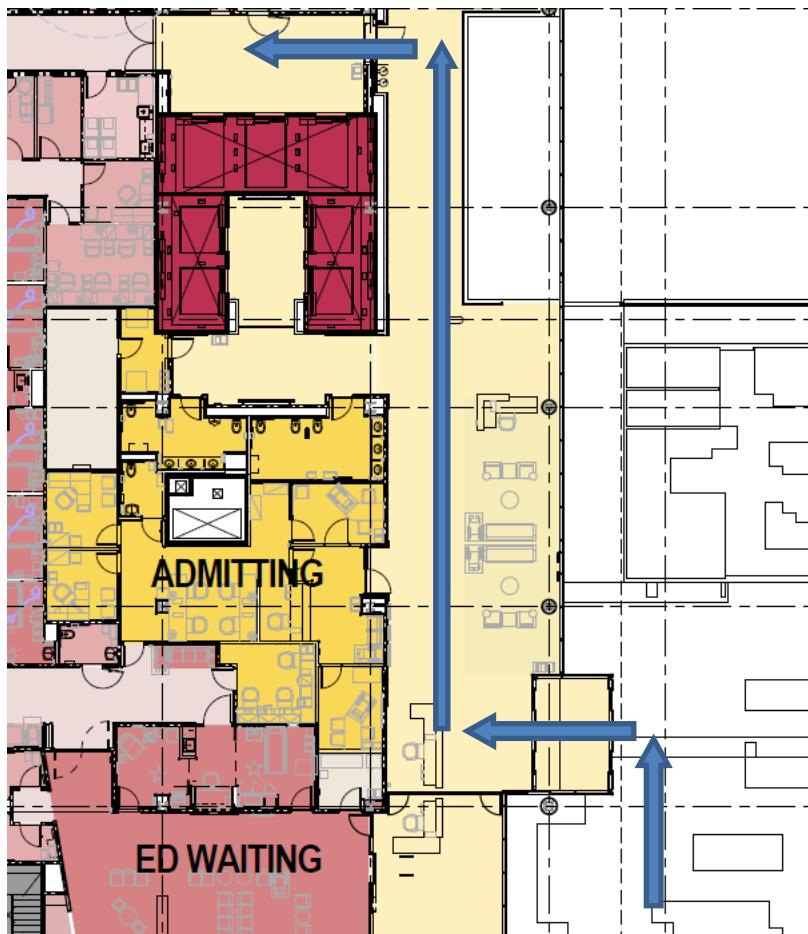
Continuous Monitoring:

Scan the completed form into the Patient's Electronic Health Record

Attachment 3 – Move routes – Existing Hospital – Second Floor



Attachment 4 – Move Routes – New Hospital



Attachment 5 – Department Closure Checklist

DEPARTMENT CLOSURE CHECKLIST

PRE-MOVE (app 1 week before the department/patient move)

	Department	✓	EVS	✓	Food & Nutrition Services	✓	Supply Chain	✓	Respiratory Therapy	✓	Pharmacy	✓	Safety/Security	✓
All Departments	Staff's personal items removed				Kitchen/catering supplies removed				Inventory par will be reduced - minimum to support patient needs					
	Files purged									Inventory and collect all extra respiratory supplies				
	Contents of cabinets packed or discarded													
	Contents of drawers packed or discarded													
In-patient Departments	Complete form to have chemicals or HAZMAT removed from inventory													
	Pt's items sent home with family				Nourishment room supplies reduced									

IMMEDIATELY POST MOVE (As soon as department is vacated)

	Department	✓	EVS	✓	Food & Nutrition Services	✓	Supply Chain	✓	Respiratory Therapy	✓	Pharmacy	✓	Safety/Security	✓
All Departments	Move Captain will ensure all items tagged for move were transported to new facility		Remove supplies from EVS closets						Assure all portable oximeters are removed from the building		Remove remote managers from medication refrigerators		Ensure department is secure post move	
	Ensure all cabinets and drawers are emptied								Consolidate all ventilators in a central location		Remove contents of medication refrigerators (if left behind)		Conduct building sweep to ensure all patients and staff have moved	
	IS will collect all CPUs		Remove and seal sharps containers. Place in soiled utility room. Conduct waste removal.				Collect rental equipment (beds) and return to vendor				Remove drug trays from existing carts		Check morgue and notify Command Center of any contents that need to be removed	
	Secure equipment that is not moving in a designated locked room		Remove chemical dispensing unit from EVS closet											
	Ensure all medical records & scanned documents were moved (if not removed call HIM immediately)													
	Empty refrigerators													
	Locker rooms clean and empty													
In-patient Departments	"Clean-up team" will bag all linen/pillows			Empty contents of nourishment room refrigerator					All O2 flow meters and O2 equipment removed					
	"Clean-up team" will collect all trash from patient rooms and place in soiled utility room			Remove unused supplies from nourishment room										
	Suction canisters removed and placed in trash in soiled utility room			Remove all meal trays										

POST MOVE (1-2 days after the department/patient move)

	Department	✓	EVS	✓	Food & Nutrition Services	✓	Supply Chain	✓	Respiratory Therapy	✓	Pharmacy	✓	Safety/Security	✓
All Departments				Ensure vending machines have been picked up			Remove all supplies that were not moved to new facility				Ensure all medications have been removed from the departments		Initiate Security procedures as defined in the Security and Safety	
													Remove chemicals/HAZMAT from inventory	

The origination department Move Captain will be responsible for the department closure.

The move captain will notify the Command Center when the department has been vacated.

Attachment 6 –Room Orientation Checklist

Room Orientation Checklist

ORIENT:	Patient	Family	Comments
Lights			
Bed Controls			
Nurse Call Light			
Room Temperature Controls			
TV Controls			
Patient Education Channels			
Visiting Hours			
Room Service / Menus			
Telephone			
White Board			
Hand Washing			
Bed Operations			
Bedside Report			
Hourly Rounding			
Waiting Areas			
Nearest Nurses Station			
Patient / Visitor Guide			
Other			

SIGNATURE: _____

DATE: _____ TIME: _____

Attachment 7 – Hospital Patient Transfer Checklist

Step #	Who	Source Documents	Task	When
1	Department managers	Manifest	Identify patients that are expected to move to the new hospital	3 days prior to the move
2	Department managers	Manifest	Identify patients that are expected to move to the new hospital	2 days prior to the move
3	Department managers	Manifest	Identify patients that are expected to move to the new hospital	1 day prior to the move
4	Physician	Medical record	Write transfer order: "Transfer patient to new hospital on xxxxx"	1 day prior to the move
5	Physician	Medical record	Write any specific "move orders" (i.e. - CT to H ₂ O seal for move)	1 day prior to the move
6	Physician	Progress note	Write progress note (pt has been evaluated for the transfer)	1 day prior to the move
7	Department managers	Manifest	Validate the patient move manifest	Move day
8	Nurse	Medical record Patient preparation checklist	Complete the pre-move patient assessment and document on the Patient Preparation Checklist	Move day
9	Nurse		Transport patient to new facility	Move day
10	Admitting and Registration	Patient tracking board	Personnel in Command Center will transfer the patient in EPIC upon arrival to the new facility.	Move day
11	Nurse	Patient Preparation Checklist	Complete the post-move patient assessment and document in the medical record and on the Patient Preparation Checklist	Move day
12	Nurse	Patient's chart	Reconcile any transfer orders	Move day
13	Physician	Progress note	Complete post move assessment and progress note	Move day
14	Nurse	Patient Preparation Checklist	Place the Patient Preparation Checklist in the patient's chart	Move day
15	Admitting and Registration	Patient tracking board	Census reconciliation	Move day

Attachment 8

Move School

Move School and the Move Manual outline the policies and procedures to support the relocation of the departments, as well as the safe move of patients from the existing facility to the new replacement hospital. Move school will familiarize team members with the contents of the move manual, educate team members on the move process and detail everyone's roles and responsibilities associated with the move.

This education program is approximately one hour and will be conducted several times a day to maximize participation and ensure clinical and non-clinical personnel working days, evenings and nights have an opportunity to attend.

This school is mandatory for all clinical personnel scheduled to work on the day of the move.

Move Exercises

Exercise 1

Objectives:

- 1) Educate move teams on roles and responsibilities during the move.
- 2) Review all move procedures.
- 3) Assess internal move routes including elevators & staging areas for distance, accommodation of gurney & patient move equipment.
- 4) Determine length of time required to move each patient to the new facility.
- 5) Transport simulated patients.
- 6) Review documentation tools to be used during the move.
- 7) Test Patient and Issue tracking.
- 8) Test communications between move facilitators and Command Center.

Exercise 2

Objectives:

- 1) Simulate actual move to the greatest extent possible
- 2) Student nurses to act as patients to enhance realism during the simulated move
- 3) Test Command Center operations
- 4) Move patients from two departments
- 5) Include move of at least one mother and baby
- 6) Practice infection control procedures and move at least one infectious patient
- 7) Inject emergency scenarios
- 8) Include processes for family members and visitors on the day of the move
- 9) Test the *Patient and Issue Tracking System*
- 10) Ensure that ALL move teams know their roles and responsibilities on the move day

Attachment 9

Equipment Cleaning Checklist
Everyone is Responsible for Cleaning Patient Contact
 Equipment Before Using on Another Patient

All Mobile Patient Care Equipment Hihglighted in Red Below Must Be Tagged Upon Sanitation Sanitizer Strip - Lawson #: 101217	
	

Patient Room (Including Negative Pressure Rooms)			
Equipment	Responsible	Frequency	Chemical Used
Chairs, Footstool, Floor, Television, Countertops	EVS	One Time Daily	Hospital Germicide
All High Touch Points: Bed Rails, Telephone, Call Light, Over Bed Tray, TV Control, Door Knob/Handle, Overbed Table, Bathroom, Sink	EVS	One Time Daily	Hospital Germicide
Patient Bed, Bed Side Table, Cribs, Pillows, Lift Bars, Warming Tables, Seizure Pads, IV Poles	EVS	At Discharge	Hospital Germicide
Privacy Curtains	EVS	When C. Diff Patient Discharged or When Visibly Soiled, and Bi-Annually	Sent out to be Laundered
Monitors, Keyboards, and other Electronic Devices	Nursing	One Time Daily, When Visibly Soiled	H2O2 Wipe

Hallways & Public Passageways			
Equipment	Responsible	Frequency	Chemical Used
Floors	EVS	Daily Sweep and Wash	Hospital Approved Detergent
Walls and Hand Rails	EVS	One Time Daily	Hospital Germicide
Fire Boxes	EVS	Weekly	Hospital Germicide

Public Restrooms			
Equipment	Responsible	Frequency	Chemical Used
Floors, Fixtures, Walls	EVS	At least Daily, More Frequently as Needed	Hospital Germicide

Nursing Units, Patient Care Areas			
Equipment	Responsible	Frequency	Chemical Used
Nurses Stations	EVS	One Time Daily and on call	H2O2 Wipe
Medication Rooms	EVS	Daily	Hospital Germicide
Patient Nutrition/Pantry, Soiled Utility Rooms, Clean Utility Rooms, Floors, Walls	EVS	At least Daily, More Frequently as Needed	Hospital Germicide
Ice Machines	EVS – Exterior and Drain Tray	Daily, At Preventative Maintenance	Hospital Germicide
	Facilities - Internal		
Medication Refrigerators	Pharmacy	As Scheduled	Mild Soap & Water
Patient Food Refrigerators	FNS; Nursing	Daily, When Changing Juice Canisters	Mild Soap & Water
Juice Machines			