BY TIM SHAEFER

There are many moving parts to activating new facilities. While building preparation is paramount, consideration must also be given to the function and flow of the new space. In addition, plans will be significantly altered depending on whether services and employees are relocating to the new space or if the facility will require all new users, furniture, fixtures and equipment.

Similar to transitioning a large hospital, activating a neighborhood ambulatory care center will involve three major components. Focusing on operational readiness, facility readiness and move logistics will minimize disruptions and ensure a successful opening.

**Operational readiness**

Operational readiness involves preparing all administrative and clinical processes and functions performed on a day-to-day basis. This component focuses on policies and procedures, staff orientation and training, new systems and equipment, life safety, patient communication, public relations, branding and advertising. The orientation and training plan ensures staff is completely prepared to care for patients upon opening day. Sufficient time must be spent in the new facility to orient the team as to the new layout and workflow. Practice sessions should be conducted utilizing all technology and equipment. And, most importantly, all new policies and procedures must be reviewed and communicated.

Having been involved in the design and layout for the new space, the team responsible for orientation and training must remember the original vision. Was the facility designed to incorporate a new paradigm of practice? Are new services being introduced to the public? Is existing staff relocating or will a new team be hired? These factors will influence the means and methods of training. The human resources department will play a significant role in the activation process to ensure adherence to schedule. If a large number of new hires will be joining the team, ample time must be factored in. Training new employees will take more time than relocating existing team members.

**Facility readiness**

This component should be managed and coordinated with the general contractor for the physical facility preparedness. Any third-party building owners and operators should be included in the process and aware of the occupancy schedule. Unlike most hospital moves, some ambulatory care centers may not be owned by the organization that will be using the facility. This is important to consider in the activation planning as it is vital to have building owners/landlords, third-party maintenance staff and any other non-organization parties well informed. Another responsibility is to guarantee all licensing and certifications are in place before opening day. This is necessary for any modality with licensing/certification requirements, e.g., pharmacy, imaging, Medicare and third-party payers.

**Move logistics**

A major emphasis of hospital transition planning is placed on the patient move and the continuum of care necessary to transfer patients. This is not required for a neighborhood ambulatory care center as care is delivered on an outpatient basis. However, this component must still be strategically planned and executed in regard to the coordination of furnishing and equipment deliveries, installation and preparation for “going live.”

Coordination with the third-party building owner is critical to planning the move logistics. Whether the building is solely occupied by the ambulatory care facility, or if shared among other tenants, will have a major impact on activation activities. The landlord/building owner may have
limitations on access, use of elevators and other restrictions needed to be known early in the planning process. The building owner will want to make sure the occupancy planning does not disrupt the other tenants if applicable.

Teams and committees are the engine that drives the activation process continually toward the final goal — first day of operations. Project task force teams should be created to address the multi-faceted activities involved in planning and preparing the new facility. The teams are responsible for developing the detailed unit/facility-specific education, orientation, training, move logistics and activation plan. These teams should meet regularly on an established timeline and report progress to leadership.

For best success, organizational leadership must be involved throughout the process. A successful project is one in which the owner is committed to applying the necessary resources to achieve outcomes on schedule and within budget. It is a good idea to establish an “activation steering committee” that can meet on a regular basis. This committee, made up of subcommittee chairs, will be responsible for providing overall guidance, decision-making, conflict resolution and direction.

A cadence of regular meetings should be established for the activation steering committee to allow all task force teams to track activities, as well as the activities of other teams. Activation steering committee meetings enable the C-Suite sponsor and/or the project champion to track progress or identify issues.

One of the most important things an organization can do to ensure activation success is to name a project champion. The project champion should serve as the in-house team leader for the entire facility activation planning process. This individual should be someone very familiar with the organization’s processes and procedures; ideally they would have been involved in the planning phase of the project. This individual should be well known throughout the organization and be empowered to make decisions and hold team members accountable.

In addition, a C-Suite sponsor should be identified to provide senior leadership. This individual will serve as the escalation point for items that cannot be resolved in the planning committees or by the project champion. He/she will have budget authority, address issues or project changes and be empowered to make final decisions regarding direction. The C-Suite sponsor does not need to be a full-time project position, but should receive regular project briefings from the project champion and be an ad hoc attendee of project planning meetings.

The teams, task forces or committees created to assist in the activation process should be guided by the components previously mentioned to build their structure. Planning efforts by these groups will ensure the facility is functionally and physically ready for use. Suggested team structures should be tailored to accommodate the new facility’s modalities. Responsibilities parallel their roles and should be inclusive of their appropriate licensure and certifications. Suggested task forces include:

**Operational readiness** is responsible for all clinical and support services for the new facility. These responsibilities include policies and procedures, staff orientation and training, new systems and equipment, life safety, patient communication, public relations, branding and advertising. This task force will serve as a steering committee for the relevant operational subcommittees. Team members should include the chief operating officer, chief nursing officer, director of support services, director of PR/marketing and director of education.

**Education/orientation** is a subcommittee under operational readiness and is responsible for managing the process whereby facility staff is oriented to the new space and is trained on systems, equipment and methods of operation associated with the project. This team will develop training manuals, tours and classes to ensure that high levels of productivity will be maintained as the new facility is activated.

**Workflow** is a subcommittee under operational readiness and is responsible for identifying and documenting all processes for the new facility. If relocating from an existing facility, these processes may be new and time must be dedicated to reorienting existing staff.

**Public relations/communications** manages information and publicity related to the activation process. This team will develop and control external communications, such as press releases and community tours, as well as internal communications to facility staff.

**Facility readiness** is responsible for managing a smooth transition and ensuring the physical plant is ready for occupancy. Team members should include materials management, environmental services, biomedical engineering, nursing management, medical equipment planner, interiors/furniture/artwork, security, infection prevention, construction manager, pharmacy, PR/marketing, IT/telecom, lab, radiology and central sterile.

**IT/telecommunications** is responsible for managing the planning, procurement, installation, testing and coordination of staff training on the new electronic data processing and telephony systems. Team members should include chief information officer, telecommunications manager, registration staff representative, finance/billing staff representative, information desk representative, health information management, clinical management, biomedical engineering and pharmacy ad hoc.

With thoughtful planning and investment from the organization’s leadership, users and peripheral support departments, the activation of a local ambulatory care facility can be a smooth and seamless endeavor. Establishing teams staffed with various subject matter experts will provide the foundation to develop a comprehensive plan to enable a timely and successful first day of operation.

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