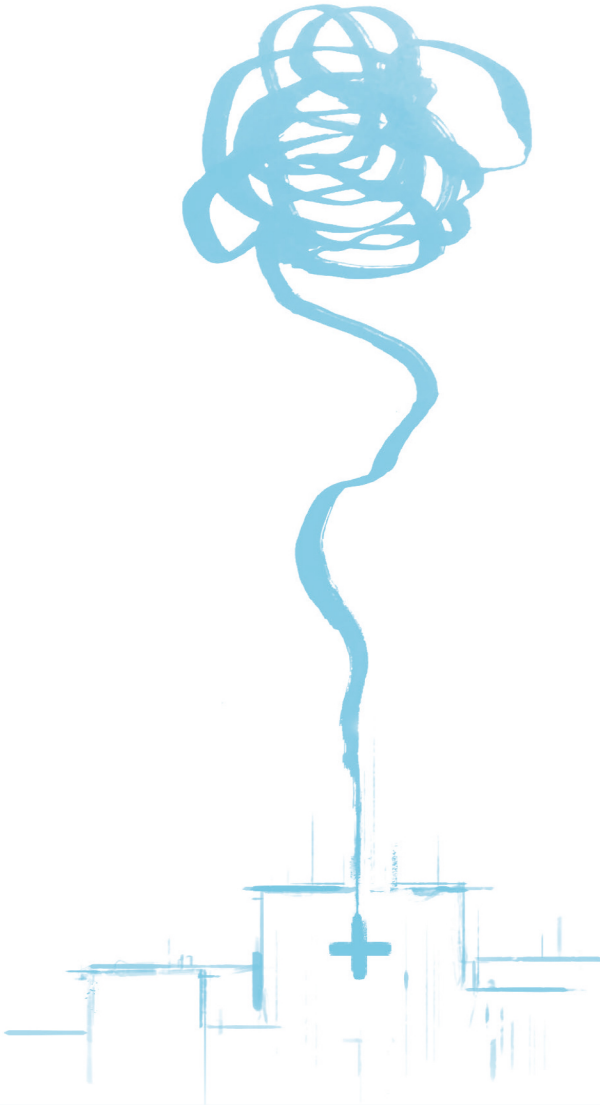


A GUIDE TO HEALTHCARE FACILITY DRESS REHEARSAL SIMULATION PLANNING



Simplifying the Complex

YELLOW BRICK CONSULTING, INC.

A Guide to Healthcare Facility Dress Rehearsal Simulation Planning

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A Guide to Healthcare Facility Dress Rehearsal Simulation Planning: Simplifying the Complex

BY

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Acknowledgments

This guide was made possible by a dedicated group of healthcare project managers who wanted to share knowledge and expertise in the planning and facilitation of Dress Rehearsal events within healthcare facilities. At the end of 2018, we identified a gap in our industry in the lack of a standardized Transition and Activation Planning approach. We challenged ourselves to share the methodology we had established through our years of collective experience managing projects. *Simplifying the Complex: A Guide to Transition and Activation Planning for Healthcare Construction Projects* was published in April 2020, an output of our dedication to furthering our profession within the healthcare industry. The response was positive, and immediately following its publication, we received numerous inquiries about the process and resources required to implement Dress Rehearsal events. Recognizing the benefit of sharing our approach, our team went back to the drawing board and spent much of our time during the COVID-19 quarantine to begin planning for the guide you now hold in your hands.

I want to acknowledge our authors and contributors, Jeff Agner, MaryAlice Agner, Lynn Aguilera, Ann Ahmadi, Jonathan Ahmadi, Ali Broders, Alyson Cole, Erica Dickey, Linda Guzman, Lisa Martinez, Erika Meredith, Christina Olivarria, Carole Snyder, Kim Scurr, Connie Senner, Sicy Simoes, Kathy Stevenson, Nick Tran, our project specialists, the rest of our Yellow Brick team, and our clients, for committing the time to share their perspectives, best practices, and expertise. Dress Rehearsal is one of our team's favorite activities. It allows us to work with our client partners to test our plans within the new healthcare setting before Day 1 Activation and showcase our team's incredible efforts to reach this point in the project.

We hope you find value in what we have developed and that it serves as a compass on your next Transition and Activation Planning journey.

If you have knowledge, let others light their candles in it. – Margaret Fuller



Kelly Guzman
President & CEO
Yellow Brick Consulting, Inc.

Preface

The Purpose of this Guide

The opening of a new healthcare facility is a once-in-a-lifetime opportunity for most healthcare leaders. The experience gained from each activation that can be applied to “the next one” is often lost because the focus quickly shifts from the planning and activation of the new space to managing the day-to-day operations. As a result of this rapid shift in activities, healthcare leaders transition to their new priorities and may fail to share the knowledge garnered through Dress Rehearsal. We have gathered our collective experiences and lessons learned to develop best practices for application in healthcare projects. This guide details a clear process to instruct the reader to implement an effective Dress Rehearsal program.

This step-by-step framework can be applied to coordinate a Dress Rehearsal event for a project of any size. The tools and processes are scalable and can be tailored to any patient population and acuity level. New healthcare facility projects are complex and require an experienced team with the skills, knowledge, and expertise to facilitate simulations to prepare staff for Day 1 Activation. We recommend that the leaders of the Dress Rehearsal events have experience in education and training as well as in-depth knowledge of the new facility’s planned operations. An adept team is an integral component of the foundation for an organization’s journey in executing successful Dress Rehearsal events.

Paving a New Path to Activation

In 2009, our team was composed of three consultants, green to the consulting industry, with a passion for healthcare operations. One of our first projects included preparing our client to license and activate a newly acquired 143-bed hospital in 90 days. While we had frontline experience in hospital operations and experience with past healthcare facility activations, the challenge of rapidly preparing for Day 1 Activation was something new to us. We asked ourselves, “How do you open a hospital in 90 days?” and even if we managed to prepare the space for opening, “How would we know the staff was ready to care for patients in the new environment?”

After conducting a literature review of various methodologies, we came across the concept of “Day in the Life” simulations used by the military to prepare for Day 1 Activation of their field hospitals. We thought, “If this works for the

military, we can make it work for us!” Blending the concepts of “Day in the Life,” adult learning principles, and the Hospital Incident Command System (HICS),¹ we drafted the first iteration of our process to validate the new facility readiness for Day 1 Activation.

Our team’s first “Day in the Life” event involved loosely written, unit-based scenarios, and uncoordinated activities with the clinical ancillary and support teams. Our scenarios included frontline staff’s daily activities with many unplanned “drop-in” emergent situations, simulated lab draws, imaging orders, food delivery, code blue events, and fire drills. We planned for an 8-hour day of scenario sessions. However, the day ended at noon due to the unplanned chaos of running simultaneous scenarios and the failure to account for a process to manage identified issues centrally. Staff members were sent back to their departments to work on the issues identified during the scenarios, and the administrative team began triaging more than 200 documented issues. The IT/IS department collected their issues concurrently using a separate process. Despite the less than stellar launch, the staff was resilient and willing to try again. We ultimately completed eight “Day in the Life” events before Day 1 Activation, with each event becoming more streamlined and effective, and the hospital successfully opened in 90 days.

We concluded that the activation was successful and the staff was prepared to perform their jobs in the new facility; however, we knew there had to be a better way to organize these events. Our team grew, and we continued to ask questions and search for best practices. We discovered that several of our team members who had worked as clinical nurses had moved into new spaces without training or practicing in their new environment. These experiences were traumatic for team members as they were frequently losing their way in the new facility and were unfamiliar with the new locations of essential equipment and supplies required to care for patients. We committed to improving the process for staff moving into new facilities.

The move from one 24-bed unit to a new 24-bed unit may seem operationally insignificant on paper, but the level of change associated with new equipment, supplies, and paths of travel are substantial and often underestimated. When introducing the concept and rationale for conducting Dress Rehearsal events, we relate the experience of working in a new space to cooking in someone else’s kitchen. You know how to cook in your kitchen because of your familiarity with the area and flow. Thus, whipping together a meal is second nature as you do not have to think about the location of supplies or ingredients. However, you might become frustrated in a new kitchen because you do not know where the ingredients or cooking utensils are located or how to use the appliances or equipment.

¹HICS is a national incident management system used to assist hospitals in improving their emergency management planning, response, and recovery process.

In a healthcare setting, staff can become frustrated if they cannot find supplies or equipment, especially during an emergency. The situation can quickly become dangerous to the patient or staff. Providing staff with the tools and training required to perform their jobs successfully is critical. Dress Rehearsal supports staff in feeling safe and prepared to care for patients in the new environment.

Our Journey

Having facilitated over 300 events for our client partners to date, our team has grown and has gained tremendous experience since our inaugural “Day in the Life” exercise. The term “Day in the Life” was changed to “Dress Rehearsal” in 2018 to provide a more descriptive and precise definition of the activity. When introducing the Day in the Life concept to a new team, “Dress Rehearsal for Day 1 Activation” was always part of the explanation. With that description, heads would nod and light bulbs would illuminate, so we updated the name to reflect the event more accurately.

Yellow Brick has facilitated Dress Rehearsal events throughout North America in healthcare facilities of all sizes and services, including critical access hospitals, clinics, ambulatory and outpatient facilities, community hospitals, specialty hospitals such as children’s hospitals and behavioral health facilities, and large, academic medical centers. We have conducted lessons-learned sessions and developed best practices that we have shared at national conferences, through webinars, on our blog, and in the article, *Using Interdisciplinary Dress Rehearsal Events to Ensure Staff Readiness When Opening a New Healthcare Facility* (Aguilera, Dickey, & Guzman, 2019). We continue to lead the industry to establish best practices that we share with our clients and the healthcare community.

In our experience as Transition and Activation Planners, we find that many healthcare leaders do not have the knowledge or internal expertise to lead and manage the Transition and Activation Planning activities required for a new healthcare facility. The transition to a new facility or department is not as simple as switching off the lights in one facility and turning them on in another. Hospitals operate 24 hours per day, 7 days a week, and cannot pause operations or patient care to activate a new facility. The notion that staff will be performing the same job in the new facility and do not need training or Dress Rehearsal simulations in their new space is simply not accurate. There are always unexpected findings and “ah-ha” moments that require additional consideration or training.

One of the most common staff comments during Dress Rehearsal is, “I’m so glad this isn’t Day 1.” Dress Rehearsal events increase staff familiarity with the new space and provide confidence to care for patients in their new environment. We hope you apply our lessons learned and best practices to your healthcare project to support a safe and successful Day 1 Activation, and we wish you the best on your journey.

How to Use this Guide

This guide was developed for use as a resource throughout your Dress Rehearsal journey. Each chapter builds on the previous chapter and should be read in succession. This introduction outlines how to navigate through this guide and make the best use of each chapter.








Chapter Structure

Each chapter is structured using the following format:

- Chapter Objectives
- Introduction to the Subject
- Content
- Summary of Key Points.

Margin Assists

The following icons are placed throughout the guide to assist with learning and to reference the content:

	Definition – Explanation of a term or concept
	Key Point – Important concept
	Tool – Aid to organize or manage work
	Sample – Model to help understand the concept
	Principle – Foundation of a system
	High Risk – Hot topics or critical issues
	Reminder – Provides context to the subject

Establishing a Baseline



This guide will provide recommendations for a Dress Rehearsal framework scalable to any size project. To provide context and a standard throughout the guide, the recommendations are based on the following project assumptions:

- 150-to-200-bed community hospital.
- 24-month Transition and Activation Planning timeline.
- 12-month Dress Rehearsal timeline (from the start of planning to the first Dress Rehearsal event).
- All departments that will support or relocate to the new facility will participate in Dress Rehearsal.
- *Patient Care Department Names:* Behavioral Health, Critical Care Units (Intensive Care Unit (ICU), Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU)), Emergency Department, Labor and Delivery Services (Antepartum, Labor and Delivery, Nursery, Post-Partum), Medical/Surgical, Pediatrics, Perioperative Services (Operating Room (OR), Preop, Post Anesthesia Care Unit (PACU), Cardiac Catheterization Lab (Cath Lab)/Electrophysiology (EP), Gastrointestinal (GI) Lab, Interventional Radiology), Step-Down, Telemetry.
- *Clinical Ancillary Department Names:* Admitting and Registration, Blood Bank, Cardio diagnostics (Stress Test, Echocardiogram (Echo), Electrocardiogram (EKG)), Chaplain, Child Life, Dialysis, Dietitians, Food Services, Imaging (Computed Tomography (CT), Diagnostic Radiology, Fluoroscopy, Magnetic Resonance Imaging (MRI), Ultrasound), Infection Prevention, Laboratory, Medical Staff (Anesthesiologists, Physicians, Providers, Radiologists), Pathology, Pharmacy, Perfusion, Respiratory Care, Social Work, Sterile Processing Department (SPD), Therapies (Occupational Therapy, Physical Therapy, Speech-Language Pathology), Volunteers.
- *Support Department Names:* Clinical Engineering, Education, Environmental Services (EVS), Facilities, Human Resources, Information Technology/Information Systems (IT/IS), Linen, Marketing and Communications, Parking, Security, Supply Chain, Telecom, Transport.

Before implementing any of the tools presented in this book, an evaluation should be conducted to ensure the content, level of detail, participants, and schedule are appropriate for the given project. Not all tools are applicable or required for every project, so it is crucial to assess and apply what makes practical sense for your project and organization. A larger and more complex project will require additional time, effort, and resources, and the planning efforts should be adjusted accordingly.

Why this is Important



Capital projects are strategic initiatives that are high-risk and problem-prone due to the various moving pieces and the nature of construction projects.

Much consideration goes into the design and construction process and the resources required to manage the process (hard costs). Equal attention and resources are needed for the transition and activation of the building (soft costs). The activation of a new healthcare department or facility presents a unique opportunity to improve the status quo by implementing innovative approaches and best practices. These projects typically cannot stop operations to orient and train everyone to the new facility at the same time. Developing and implementing detailed plans, including a train-the-trainer model for the Dress Rehearsal events, must account for parallel operations with shared staff and contingency plans for high-risk situations in the new facility.

Facilitating a well-planned and organized Dress Rehearsal event promotes staff confidence through increased exposure to the new space. The opportunity to practice new workflow processes, hear new alerts and sounds, and walk new paths of travel supports the learning experience. These activities allow the organization's leadership team to assess the training program's effectiveness and identify additional training requirements. This guide provides the framework to coordinate a Dress Rehearsal event in a new healthcare facility.

Dress Rehearsal Framework

The Dress Rehearsal framework uses principles from the *Project Management Book of Knowledge* (Project Management Institute, 2017), the nursing model “Assess, Plan, Implement, and Evaluate,” and simulation-based training techniques from the Interactive Sociotechnical Analysis (ISTA) model (Harrison & Koppel, 1970). The ISTA model focuses on the interaction between people and technology in a healthcare setting. We have expanded on the ISTA model to include interactions between people and a new environment. Together, these methods have proven to be successful in developing a Dress Rehearsal program that can be scaled to support projects of various sizes. By creating a framework with recommended timelines, resources, tools, and outputs, the owner has a consistent method to manage the process and evaluate progress towards People Readiness for Day 1 Activation.

The framework for the Dress Rehearsal plan was developed based on the following assumptions:

- The responsibility for the leadership and oversight of Dress Rehearsal is commonly delegated to the Chief Clinical/Nursing Officer or the executive responsible for Education and Training.
- The work associated with Dress Rehearsal planning is typically in addition to the already busy schedules and heavy workloads of those identified to support the Dress Rehearsal activities.
- Not all healthcare leaders are trained or skilled in project management or education and training methodologies.
- Champions who participate in the Dress Rehearsal events must be competent in their department operations and should be positive and resilient team members. Seniority is not always a factor.





- A Champion is an individual selected from their department to participate in the Dress Rehearsal events to enact the scenario, validate planned workflow, and test the new environment, equipment, and systems.
- An easy-to-follow guide with a roadmap, plan, and tools to execute a Dress Rehearsal event is essential.

These assumptions are the basis for creating the framework and the recommendations presented in this guide. They should be considered when determining the overall project approach, a timeline, and the resources required to manage a project.

Dress Rehearsal Events versus In Situ Simulations

In situ simulations are patient simulator training events in a clinical environment used to assess staff competency and response to high-risk situations. Many of our clients have asked, “Where do in situ simulations fit into the Dress Rehearsal program?”

In situ can be used successfully with new graduates and novices to test the clinical theory with human patient simulators. In our experience, the goals of in situ simulations and Dress Rehearsal events are different. In situ simulations focus on improving the staff’s response, reliability, and safety in high-risk situations such as cardiopulmonary arrest. Dress Rehearsal events do not test the clinical skills of staff. Dress Rehearsal events involve competent staff who are resilient and internal leaders to validate their ability to perform their jobs in the new facility.

We recommend planning and conducting these events separately. Resource requirements and timing should be considered in relation to the other organizational competing priorities.

Transition and Activation Planning: Where Does Dress Rehearsal Fit in the New Facility Project Lifecycle?



Understanding the continuum of a new facility capital project and its lifecycle is essential to understanding the scope and resources required for a Transition and Activation Planning project, including the Dress Rehearsal activities. The traditional architectural and construction phases and their relationship to Transition and Activation Planning activities are highlighted in [Fig. 0.1 New Facility Project Lifecycle](#). The Dress Rehearsal planning activities, including the budget development, occur during the transition planning phase, and the implementation of the Dress Rehearsal events occur during the activation phase.

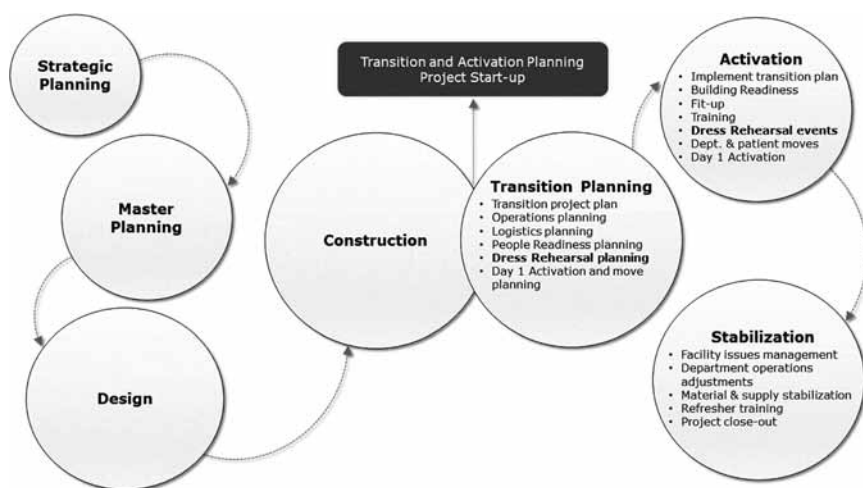


Fig. 0.1. New Facility Project Lifecycle.

The Transition Planning Phase

The transition planning phase occurs in parallel to the construction of the new facility. It includes engaging stakeholders to plan and validate Building Readiness, People Readiness, and Documentation Readiness. The transition planning phase begins approximately two years before Day 1 Activation, and Dress Rehearsal planning activities start 1 year before the first Dress Rehearsal event. Outputs from the transition planning phase that impact Dress Rehearsal include the Transition and Activation Budget, new operational plans and workflow processes, equipment and system procurement, the orientation and training plan, Dress Rehearsal scenario writing, the fit-up plan, and the communications plan. This phase also involves regular meetings with the construction project team and leaders from within the organization to prepare for the Dress Rehearsal events.



The Activation Phase

During the activation phase, the focus changes from “planning” to “doing” and begins 6–8 months before Day 1 Activation. This is when the building transforms from a construction project into a live, interactive healthcare facility.



This phase actively engages end-users in implementing and executing the various plans developed during the transition planning phase, including the Dress Rehearsal events. Dress Rehearsal events typically begin three months before Day 1 Activation. This phase is the busiest time of the project for the organization and requires additional, dedicated full-time resources to support the new facility’s activation.

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Overview of Chapter Content

Chapter 1 introduces the various types of Dress Rehearsal events. It explains the inputs required to build a Dress Rehearsal program and provides the components of a Dress Rehearsal Project Plan.

Chapter 2 defines each Dress Rehearsal role and the associated responsibilities. It includes recommendations for the quantity and types of participants as well as candidate selection criteria.

Chapter 3 provides an overview of the scenario development process, including the timeline, resources required, and types of actions to include in a scenario. Best practices for managing the scenario development process are included.

Chapter 4 describes the process of obtaining Contributing Departments' input in scenario development (Round Robin). Recommended approaches are shared for the planning, coordination, and execution of an effective Round Robin event.

Chapter 5 defines Building Readiness and People Readiness for Dress Rehearsal. The goals of the Dress Rehearsal Readiness Team, the recommended membership, and meeting structure are included.

Chapter 6 describes the process to plan, coordinate, and execute an effective Tabletop Exercise. It provides the recommended timeline, goals, participants, and materials required for implementation.

Chapter 7 describes the timeline, goals and objectives, and materials required for each type of event, including department-specific and interdisciplinary Dress Rehearsals #1, #2, and #3.

Chapter 8 recommends a process to identify, document, review, prioritize, and resolve issues discovered during Dress Rehearsal. It defines the Issues Center structure, participants, and required equipment and supplies.

Chapter 9 explores how to conduct a post-event assessment by following up on issues identified, processing participant feedback, and evaluating the results of the Dress Rehearsal event's objectives.

xx Overview of Chapter Content

Chapter 10 details the Dress Rehearsal budget and resource planning process. It explains the major components of the Dress Rehearsal budget and items for inclusion.

Chapter 11 explores special scenarios for consideration in Dress Rehearsal or during a separate event using the same methodology. Special scenarios include active shooter drills, surge drills, fire drills, infant or child abductions, and electrical power outages.

Chapter 12 concludes the guide with considerations for internal versus external support of the Dress Rehearsal program. Stories from Dress Rehearsal experiences are shared.