Transition and Operational Readiness Planning
April 26, 2017
Transition & Operational Readiness Planning

Includes all tasks and deliverables for the activation and occupation of the new facility, in a timely, safe, and cost-effective manner, consistent with Design Output Specifications

- Clinical
- Technical
- Hard FM
- Soft FM
Operational Readiness

Clinical Commissioning
- Emergency Management Plans
- Occupational Health and Safety
- Building Systems
- Integrated Technology
- Clinical Equipment

Clinical Transition Planning
- Training
- Education
- Orientation

Technical Commissioning
- Building Systems
- HVAC
- MEP
- IMIT

Service Delivery
- Hard FM
- Soft FM
### P3 Risk Transference

**Traditional: Design-Bid-Build**

<table>
<thead>
<tr>
<th>OWNER’S RISKS</th>
<th>BIDDER’S RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design</td>
<td>Construction</td>
</tr>
<tr>
<td>Financing</td>
<td></td>
</tr>
<tr>
<td>Lifecycle</td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>Performance</td>
<td></td>
</tr>
<tr>
<td>Asset Value</td>
<td></td>
</tr>
<tr>
<td>Facilities Maintenance</td>
<td></td>
</tr>
</tbody>
</table>

**P3: Design-Build-Finance-Maintain**

<table>
<thead>
<tr>
<th>OWNER’S RISKS</th>
<th>BIDDER’S RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Output Specifications</td>
<td>Design</td>
</tr>
<tr>
<td>Financing</td>
<td></td>
</tr>
<tr>
<td>Lifecycle</td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>Medical Equipment</td>
<td></td>
</tr>
<tr>
<td>Performance</td>
<td></td>
</tr>
<tr>
<td>Asset Value</td>
<td></td>
</tr>
<tr>
<td>Facilities Maintenance</td>
<td></td>
</tr>
<tr>
<td>Construction</td>
<td></td>
</tr>
</tbody>
</table>
Transition and Operational Readiness Risks

Clinical Commissioning

- Inadequate Infection Control Processes
- Clinicians not effectively trained to safely operate clinical equipment
- In-effective Clinical Equipment Integration and Coordination with Building Systems and Operations
- Clinical Systems/Equipment not certified
- Healthcare programs not aligned with region/state wide Healthcare programs and procedures
Transition and Operational Readiness Risks

Clinical Transition Planning

• Unsafe Clinical Workflows
• Unsafe response to emergencies
• Negative Impact on Clinical Outcomes and Adverse Events
• Clinicians not prepared to deliver healthcare
• Clinical Teams not familiar with Operational Protocols and Procedures
• New Clinical Staff not familiar with healthcare delivery and operational protocols/procedures
Transition and Operational Readiness Risks

**Technical Commissioning**

- Building Operators unfamiliar with Building Systems
- In-effective Coordination and Integration of Building Systems
- Building Systems not fully certified, compliant or operational
- Technical Deficiencies not managed effectively
Transition and Operational Readiness Risks

Service Delivery

- Service Commencement to Start-up difficulties
- Misinterpretation of the contract
- Disagreement with Responsibilities
- Performance Management misunderstood
- Relationship Management not effectively aligned
- Hard and Soft FM unfamiliar with facility design, clinical flow and clinical/operational procedures
Transition and Operational Readiness Risks

Clinical Commissioning – Clinical Transition
Technical Commissioning – Service Delivery

• Buildings simply not ready to support health care
• Clinicians not ready to provide health care
• Integrated Technology not aligned with building systems - clinical legacy systems - building/clinical operational procedures
  • Electronic Health Records (EHR) not effectively communicating with other healthcare systems
Clinical Work Breakdown Structure of High-Level Operational Readiness Deliverables

WORK-IN-PROGRESS

1.0 PROJECT STRUCTURES

1.1 PROJECT ORGANIZATION/GOVERNANCE

1.1.1 PROJECT VISION

1.1.2 PROJECT CHARTER

1.1.3 PROJECT GOVERNANCE

1.1.4 PROJECT MANAGEMENT

1.1.5 PROJECT RESOURCES

1.1.6 PROJECT EXECUTION PLAN

1.1.7 PROJECT RISK MANAGEMENT

1.1.8 PROJECT DOCUMENTATION

1.2 ORGANIZATION WIDE INTEGRATION

1.2.1 CORPORATE ADMINISTRATION

1.2.2 FINANCE & DECISION SUPPORT

1.2.3 COMMUNICATION & PUBLIC RELATIONS

1.2.4 HUMAN RESOURCES

1.3 CAPITAL INTEGRATION

1.3.1 FURNITURE & EQUIPMENT

1.3.2 STRATEGY

1.3.3 OCCUPANCY & MOVE

1.3.4 MANAGING THE PROJECT AGREEMENT

1.3.5 VACATION SCHEDULE

1.3.6 MOVE COMMUNICATIONS

1.3.7 OCCUPATIONAL HEALTH & SAFETY

1.4 CLINICAL AREAS

1.4.1 ACUTE MEDICAL/SURGICAL INPATIENTS

1.4.2 WAYFINDING & SIGNAGE

1.4.3 AMBULATORY CARE

1.4.4 RETENTION & RECRUITMENT

1.5 CLINICAL SUPPORT SERVICES

1.5.1 CLINICAL NUTRITION

1.5.2 MEDICAL IMAGING

1.5.3 LABORATORY MEDICINE

1.5.4 PHARMACY

1.6 NON-CLINICAL SUPPORT SERVICES

1.6.1 ACADEMIC SUPPORT SERVICES

1.6.11 PROTECTION SERVICES

1.7 OTHER PROJECTS

1.7.1 STRATEGIC PRIORITIES

* Each work plan is developed with detailed deliverables and dates
Clinical High Level Timeline

- Draft Transition and Operational Readiness Plan (TORP) - Dec 2015
- Current State and Clinical Gap Analysis - Jan 2016
- Draft Master Project Plan (MPP) - Jan 2016
- Learning Plan - Apr 2016
- Finalize Union Staff Transfer - Sep 2016
- Add Work Plan Milestones - May 2016
- SJGH Legal Transfer Agreement Finalized - Apr 2016
- Workflow Planning - Sep 2016
- Physician Recruitment - Nov 2016
- Physician Transfer Plan - June 2016
- Clinical Commissioning - Jan 2017
- Site Orientation & Training Begins - May 2017

2016:
- Section 54 Notice Filed for Union Staff - Feb 2016
- Master Acute Care Service Plan - Mar 2016
- Final Master Project Plan (MPP) and Transition and Operational Readiness Plan (TORP) - Mar 2016
- Initiate Move and Facility Readiness Plan - Sep 2016
- SJGH New Staff Orientation Complete - April 2017

2017:
- Baseline Measurements - March 2017
Closing Remarks

1. Thorough understanding of the complexity of a PPP project
2. Compliance Based Design is the cornerstone of the RFP and PA
3. Importance of needs analysis and clinical input during Compliance design process
4. Design and Construction the easy part
   Transition – Operational Readiness critical – **People – People – People**
5. Communication – Collaboration – Relationship Management
Tom Sparrow is the Chief Project Officer for the North Island Hospitals Project. Mr. Sparrow has a long history of success and experience working as the project lead for many Canadian government projects including most recently as Project Director for the Fort St. John Hospital and Peace Villa project, and as Chief Project Officer for the Iqaluit International Airport Improvement Project.

Mr. Sparrow also provides Advisory Services to the Auditor General of Canada in addition to providing guidance and support to other Canadian Provincial and Territorial Agencies and private sector healthcare related companies.

Mr. Sparrow is a Certified Project Manager (PMP), holds an MSc. Health Information Sciences from the University of Victoria and an MBA from Athabasca University. He has also been actively involved with the Project Management Institute and lectures at the University of Victoria and healthcare conferences throughout North America.

Master of Science, Health Informatics
University of Victoria

Master of Business Administration, Information Technology Management
Athabasca University

Graduate Diploma, Public Sector Management, Public Administration
University of Victoria

PROFESSIONAL AFFILIATIONS
Project Management Institute