

# Managing Implementation Tool

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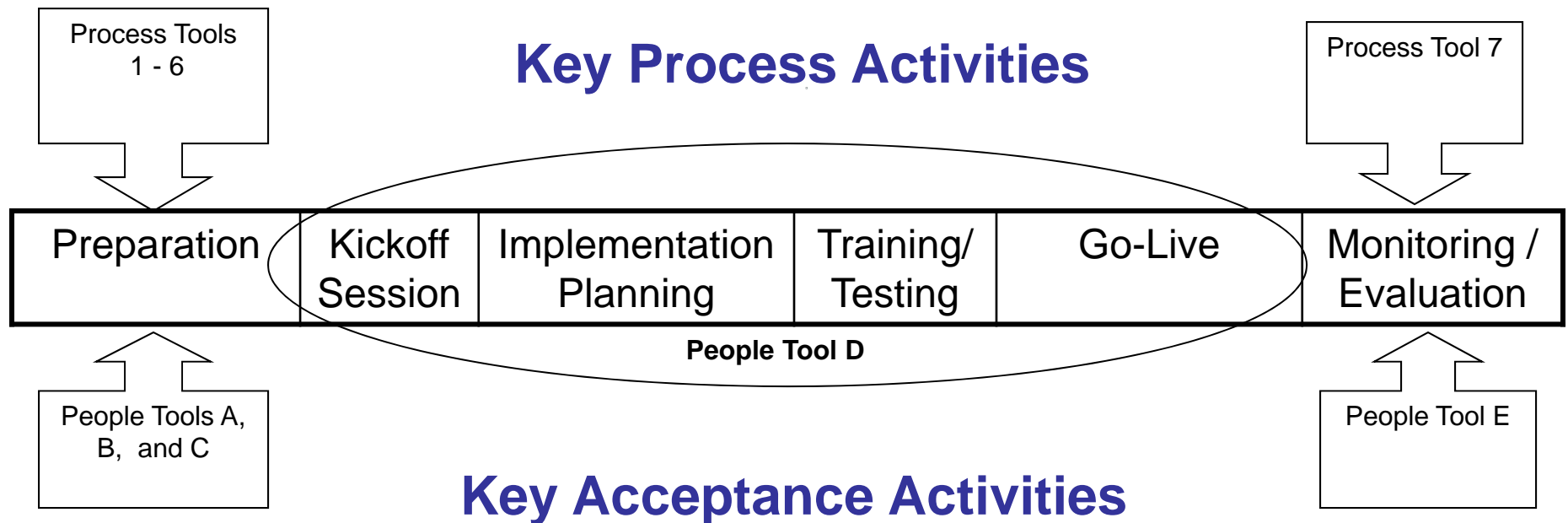
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# Acceptance Goals

- With this tool, the user will be able to answer the question: “How is the implementation of D2D best managed?”
- This decision is based on using project management concepts and techniques. It includes involving stakeholders to identify implementation steps and assures successful completion.

# Implementation



Implementation of D2D begins with a “Kick-Off” session for stakeholders, and continues with implementation planning, training and ends with “go-live”, and assumes that the analytical and acceptance work in Process Tools 1 – 6 and People Tools A – C have been completed.

# Kick Off Session

## **A meeting of stakeholders including Leadership, Implementation Support, and the Implementation Team**

- Current shortcomings and future vision presented
- Project charter<sup>[1]</sup> finalized
  - Expectations
  - Critical success factors
  - Project scope
  - Resources
  - Roles and responsibilities
    - Leadership, Support, and Implementation Team
- Next steps described
  - Logistics
  - Processes for addressing issues

# Implementation Planning

- Done by the Implementation Team with help from the Support Team
  - *Important note: If volume is sufficient for “split flow”, Tools 3, 4, 5, and 6 must be completed to provide information critical to this planning, such as size requirements for Intake and Acute ED along with staffing levels*
- Planning is based on project management work breakdown structure<sup>[2]</sup>
  - Develop a task list of things that need to be done
  - Divide into appropriate categories
- Results in a project plan
  - Integrate tasks to assure completion of the overall project
  - Determine interdependencies
  - Estimate time requirements
  - Show the sequence of events in a schedule

# Sample Task List

TASK	TASK DESCRIPTION
<b>1</b>	<b>PATIENT and WORK FLOW</b>
1.1	EMERGENCY DEPARTMENT
1.1.1	Review changes required in current processes
1.1.2	Create supplementary Patient and Work Flow Process Map
1.1.3	Integrate into Training and Communication Plans
1.2	SUPPORT SERVICES
1.2.1	Identify key changes for Support Services Process Flow Assessment
1.2.2	Create supplementary Work Flow and Process Map
1.2.3	Integrate into Training and Communication Plans
<b>2</b>	<b>STAFFING</b>
2.1	ED NURSING and SUPPORT STAFF
2.1.1	Review current staffing versus modeled staffing
2.1.2	Develop new staffing plans
2.1.3	Integrate into Training and Communication Plans
2.2	ED PHYSICIAN STAFF
2.2.1	Review current staffing versus modeled staffing
2.2.2	Develop new staffing plans
2.2.3	Integrate into Training and Communication Plans
2.3.4	Incorporate staffing for D2D into Physician Contracts
<b>3</b>	<b>PHYSICAL LAYOUT/CONSTRUCTION SERVICES</b>
3.1	Conduct assessment of layout for D2D
3.1.1	If necessary, complete work orders for structural modifications
3.1.2	Submit work orders for structural modifications
3.1.3	Work orders completed for structural modifications
<b>4</b>	<b>INFORMATION TECHNOLOGY</b>
4.1	Review current IT Technology for changes required to implement D2D
4.1.1	If necessary, complete specification for IT change request
4.1.2	Submit IT change request
4.1.3	Change request completed

<b>5</b>	<b>EQUIPMENT/SUPPLIES</b>
5.1	Conduct assessment of equipment and supplies for D2D
5.1.1	If necessary, complete orders for equipment and/or supplies
5.1.2	Submit orders for equipment and/or supplies
5.1.3	Equipment and/or supplies received
<b>6</b>	<b>POLICIES</b>
6.1	Review current policies for changes required to implement D2D
6.1.1	If necessary, complete policy revisions
<b>7</b>	<b>TRAINING / EDUCATION</b>
7.1	EMERGENCY DEPARTMENT STAFF TRAINING
7.1.1	Schedule ED Staff Training
7.1.2	Develop Training materials
7.1.3	Conduct ED Staff Training
7.1.4	Operationalize Training Materials with New Staff Training
7.2	OTHER STAFF TRAINING
7.2.1	Schedule Other Staff Training
7.2.2	Develop Training materials
7.2.3	Conduct Other Staff Training
7.2.4	Operationalize Training Materials with New Staff Training
<b>8</b>	<b>COMMUNICATION</b>
8.1	EMERGENCY DEPARTMENT STAFF Communications
8.1.1	Schedule ED Staff Communications
8.1.2	Conduct ED Staff Communications
8.1.3	Integrate into New Staff orientation
8.3	EMERGENCY DEPARTMENT PHYSICIAN STAFF Communications
8.3.1	Schedule Physician Communications
8.3.2	Conduct Physician Communications
8.3.3	Integrate into New Physician orientation
8.4	GENERAL Communications
8.4.1	Develop general Communication Plan that focuses on awareness
8.4.2	Deliver general communications

# Implementation Planning Logistics

- Scheduling options
  - Hold shorter meetings over a longer period of time (eg, weekly 4 hour meetings across 2 months)
    - Can be integrated into regular schedules
  - Hold concentrated planning session (eg, 5 full days)
    - Builds on enthusiasm and conveys sense of urgency
- Engaging physicians
  - Ask for their participation at key times
  - Present progress and get input from their perspective
  - Pay them for their time
  - Use data
  - Describe why it is important to them

# Training/Testing

- Conduct training for key stakeholders, such as:
  - Quick Registration/Quick Look processes
  - Joint medical screening exam
- Do “walk-throughs” or “test runs” as part of the training
- Identify and address resistance
- Consider a “letting go”<sup>[3]</sup> exercise to mark the change

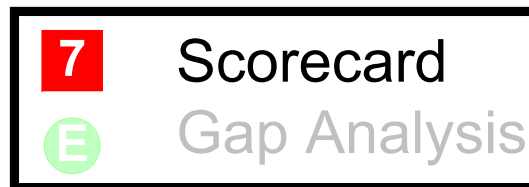


# Go Live

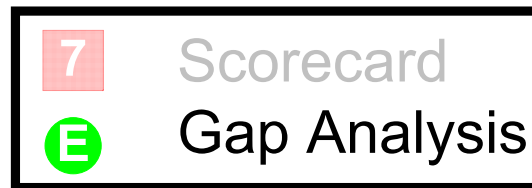
- Assign staff as process monitors to help with early implementation
  - Share results
  - Celebrate
- Status Meetings
  - Review the progress of the project with the team
  - Track tasks and deliverables
  - Take corrective action (when needed)
  - Manage change with change request process
    - Make no changes for the first 30 days, except for safety, so that staff get a chance to learn the process
    - Create suggestion box to capture ideas for review and later consideration

# Next Steps

- Measure results using Tool 7, Scorecard



- Use Tool E, Gap Analysis, for ongoing process control



- After go live, evaluate the “implementation” project for lessons learned

# References

- [1] Martin P, Tate K. *Project Management Memory Jogger*. NH: GOAL/QPC; pp. 37-41. 1997.
- [2] Lewis J. *Fundamentals of Project Management*. NY: AMACOM; 1995.
- [3] Bridges, W. *Managing Transitions, Making the Most of Change*. MA: Da Capo Press; pp. 23. 2003.