

# New HSC Winnipeg Women's Hospital



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## Activation Bulletin

July 30, 2019

# Simulating work scenarios in the new facility

Testing all aspects of a brand new healthcare facility is crucial to confidently providing safe patient care. Simulating high-risk and everyday work scenarios provides an opportunity for staff to rehearse workflows in the new space, identify risks and find ways to reduce them prior to December 1.

## What is clinical commissioning?

Clinical commissioning refers to the series of processes to confirm if the new facility and its systems perform as intended, and fit our daily workflows and clinical requirements. It's a multi-step process, which first tests systems or equipment for functionality (does it work as expected?), followed by testing how one system works together with the rest (is any piece of the puzzle out of sync?), and finally, the process tests day-to-day workflows and processes (is this how we envisioned patient care in the new facility?).

During clinical commissioning, our teams will be able to check for building and operational readiness, identify issues and make changes prior to the start of training, ensure that planning integration has been completed between programs and services, and implement improvements to support safe patient care.

## What is involved in clinical commissioning?

Very soon, the new facility at 665 William Avenue will undergo clinical commissioning. NICU and Women's Health have identified a number of scenarios for each unit with participation of necessary support teams.

Simulating high-risk and everyday scenarios allows our teams to validate patient care models and workflow processes. Deliberately rehearsing high-risk scenarios will allow thorough testing of the new space and put its systems under intense stress and extreme demand.

Participating departments should familiarize themselves with their units ahead of time in order to perform efficient simulated scenarios.

## What does clinical commissioning look like?

Various conditions will be examined during the simulations, for example, timing, inter-team communication, physical spacing, and location of important items and supplies. At the end of these simulated scenarios, staff may find something needs to be fixed, additional training is needed or workflow processes may need to be modified.

As an example, high-risk simulated scenarios may look like this:

- *EMS Infant Born Before Arrival (BBA) - Full resuscitation of newly born infant in the triage infant management area:* In this case, the teams include newborn response team RN, RRT and MD, triage nurse, NICU-CRN, NICU nursing assistant, HSC paging and EMS paramedics.

### Clinical commissioning dates

#### NICU

- August 13-14, and August 28-29

#### Women's Health

- September 10-13

Continued on page 2...

Continued from page 1...

- *Chemo spill at patient bedside:* The teams include nursing, a patient, and housekeeping.
- *Code Silver, armed intruder at the clinic:* The teams include staff, social work, physicians, security, paging, patients, and an intruder.
- *Obstetrical 25 in parkade:* The teams include a manager/supervisor, CRN, RN, support staff, security, paging, obstetrical 25, physicians, residents, patients, support persons, and clinical engineering.

These simulated scenarios will ensure the new facility and its systems are working properly to support clinical workflows the way our teams envisioned and make sure it works for you.

## Clinical commissioning leads

### NICU

- Nicole Sneath, manager of patient care

### Women's Health

- Heather Elands, ambulatory care and fetal assessment unit
- Sara Cranwill and Aly Rodewald, labour and delivery
- Laurel Flaming-Deimler, mother baby unit
- Lynn Kurylko, women's surgical unit
- Sheresse Weekes, antepartum/gyn

# Move planning officially launched in June

Health Care Relocations (HCR) spent three days meeting with and surveying staff, touring and assessing departments, and conducting "mock patient moves" (simulated transport of patients) from the three NICUs and current Women's Hospital to the new facility.

Joe and Drew from HCR held a general session with clinical, allied health, and support staff to present an overview of the move structure and introduce their specialized and proven move equipment and processes.



They also fielded questions such as, "can you really move Women's and NICU in one day?" (Yes! they've moved larger facilities in a day, and our patient transfer will actually be a half-day), and "are you prepared for cold?" (Yes! Weather contingencies are part of move planning; HCR is a Canadian company so they understand our weather - and they've moved facilities as far north as Sweden in winter).

HCR collected a large amount of information, right down to the exact timing of the elevators at each end of the move. HCR is now developing and refining the move sequence, which will be validated through the detailed move planning which we will prepare over the next four months and in consultation with our stakeholders.

The resulting detailed move plan will be our guide when we relocate NICU, Women's Health, and the other occupants to 665 William Avenue later this year.

Please contact your manager if you have any questions.

18 weeks until First Patient Day!



Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec 1