

# **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

**YELLOW BRICK CONSULTING, INC.**

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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),<sup>1</sup> 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.

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<sup>1</sup>HICS 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:

	<b>Definition</b> – Explanation of a term or concept
	<b>Key Point</b> – Important concept
	<b>Tool</b> – Aid to organize or manage work
	<b>Sample</b> – Model to help understand the concept
	<b>Principle</b> – Foundation of a system
	<b>High Risk</b> – Hot topics or critical issues
	<b>Reminder</b> – 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?”

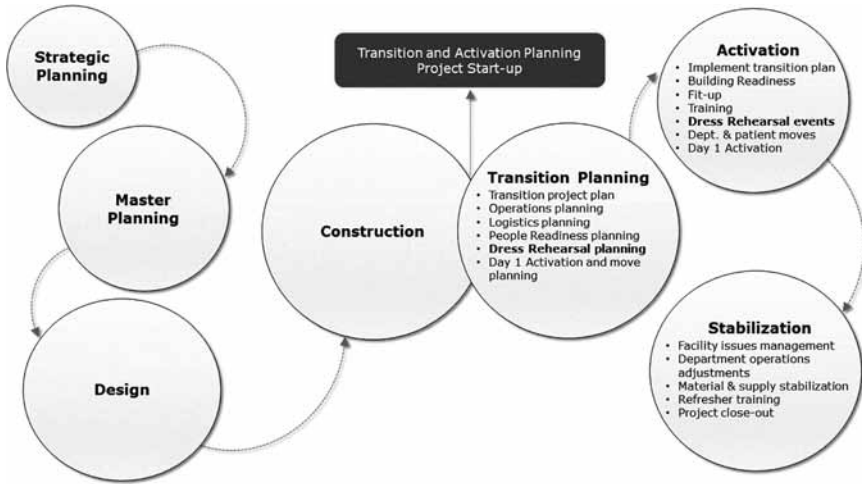
In situ can be used successfully with new graduates and novices to test the clinical theory with human patient simulators. In our experience, the goals of in situ simulations and Dress Rehearsal events are different. In situ simulations focus on improving the staff’s response, reliability, and safety 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.

# Chapter 1

## Getting Started

*Christina Olivarria*

Upon completion of this chapter, the reader will be able to:

- Define Dress Rehearsal.
- State the goals of Dress Rehearsal.
- Summarize the phases of the Dress Rehearsal timeline.
- Distinguish how Dress Rehearsal fits into the overall Transition and Activation Timeline.
- List the required inputs to build a Dress Rehearsal program.
- Recognize the organizational factors that affect Dress Rehearsal planning.
- Name the major categories included in the Dress Rehearsal Project Plan.

### Introduction

When activating a new healthcare facility, most of the staff's anxiety and resistance to the new space stem from fear of the unknown. Although teams are excited about working in a new and modernized environment, there are often concerns about how the "new and different" will change daily workflows and the ability to care for patients. Although healthcare organizations' primary focus tends to be on the physical layout, systems, and construction of the new facility, operations management must be equally important. After all, construction ultimately ends, but operations will continue long after the facility opens its doors.

This chapter provides the reader with a high-level introduction to the Dress Rehearsal program and describes the types of events and the associated goals. The content presents an overview of how Dress Rehearsal fits into the overall Transition and Activation Planning schedule, including the required inputs from other Transition and Activation phases. Important considerations such as resources and culture affect an organization's approach to planning, so they are vital to assess at the start of the project. Lastly, this chapter provides an overview of the Dress Rehearsal Project Plan, including inputs, milestones, and descriptions of the significant program planning categories.

## What is Dress Rehearsal?



Dress Rehearsal is a simulation-based event conducted before Day 1 Activation that involves departments using scenarios to validate new workflow processes and space functionality. Providing an opportunity to work in the new healthcare facility in advance of Day 1 Activation prepares staff to safely and confidently care for patients. There are three types of Dress Rehearsal events: Tabletop Exercises, department-specific Dress Rehearsals, and interdisciplinary Dress Rehearsals. [Fig. 1.1](#) provides a summary of the different types of Dress Rehearsal events.

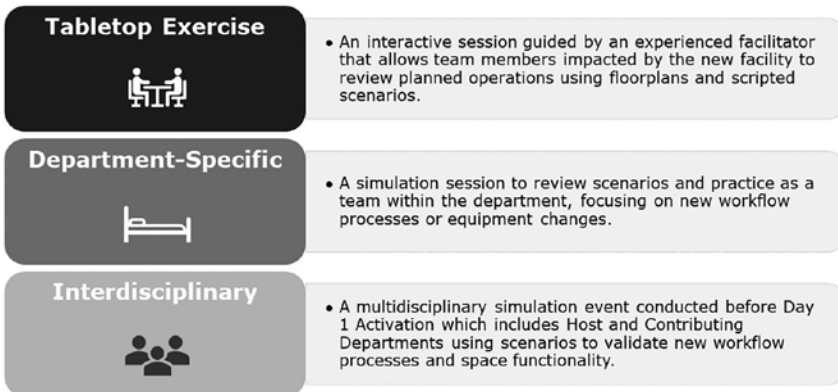


Fig. 1.1. Summary of Dress Rehearsal Events.




The primary objective of Dress Rehearsal is to ensure that the staff and the facility are ready for Day 1 Activation. Testing equipment, systems, and technology with scenarios allow teams to validate functionality assumptions and uncover gaps that may have otherwise gone unnoticed. Additionally, the organization can evaluate training effectiveness and amend training plans if required. Lastly, by identifying issues before Day 1 Activation, the organization can prioritize, manage, and develop action plans to resolve high-priority items that impact operations, patient care, and staff satisfaction. The goals of Dress Rehearsal are listed in [Fig. 1.2](#).

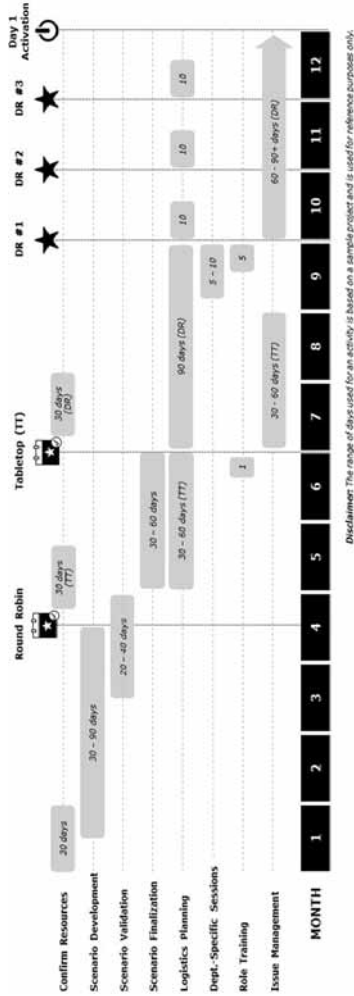
All organizations are unique in culture and composition, so it is essential to conduct an early assessment of the individual and organizational factors that can affect the Dress Rehearsal program. Observing a Dress Rehearsal event at another organization and speaking with peers who have already activated their new facility are practical first steps for an organization to understand what will be required to make the event successful. All types of healthcare settings conduct Dress Rehearsals, from large academic medical campuses to small individual clinics. When reaching out to another organization for guidance, it is beneficial to understand its Dress Rehearsal program needs. Conducting an internal assessment allows the organization to tailor the material presented in this guide to suit the project's needs.



Fig. 1.2. Dress Rehearsal Goals.

An organization activating a 150- to 200-bed community hospital should begin Dress Rehearsal planning one year before the first Dress Rehearsal event, as shown in Fig. 1.3. This runway provides the organization with the time required to plan and coordinate Dress Rehearsal and its preceding activities. The significant Dress Rehearsal activities include scenario development, readiness planning, Dress Rehearsal events, and the issues management process. 

- *Scenario development* begins nine months before the first Dress Rehearsal event. This activity focuses on creating and reviewing standardized action lists used during the Dress Rehearsal sessions in Host Departments. Scenarios guide teams through the activities typically conducted in the department to validate planned workflow processes and to test the space.
- *Dress Rehearsal Readiness Planning* begins six months before the first Dress Rehearsal event. Readiness planning focuses on coordinating Tabletop Exercises' logistics, department-specific, and interdisciplinary Dress Rehearsals, including overall readiness, event planning, contingency plans, and the issues management process.
- *Tabletop Exercise(s)* takes place approximately three months before the first interdisciplinary Dress Rehearsal event.
- *Department-specific Dress Rehearsal* events occur about two weeks before the first interdisciplinary Dress Rehearsal. Departments that are experiencing significant change in the new environment should consider these events.
- *Interdisciplinary Dress Rehearsal* events begin three months before Day 1 Activation. Dress Rehearsal events are an excellent method to prepare the organization, facility, and staff for any required regulatory surveys. Events should be scheduled to occur before regulatory inspection(s) when possible.
- *Dress Rehearsal Issues Management* begins after Tabletop Exercise and will continue post-activation. During each event, issues are documented, prioritized, and assigned for resolution.



Disclaimer: The range of days used for an activity is based on a sample project and is used for reference purpose only.

Fig. 1.3. Dress Rehearsal Timeline.

## Dress Rehearsal Inputs

Before beginning Dress Rehearsal planning, it is necessary to understand where Dress Rehearsal falls in the Transition and Activation Planning continuum. Fig. 1.4 displays a sample two-year Transition and Activation timeline.

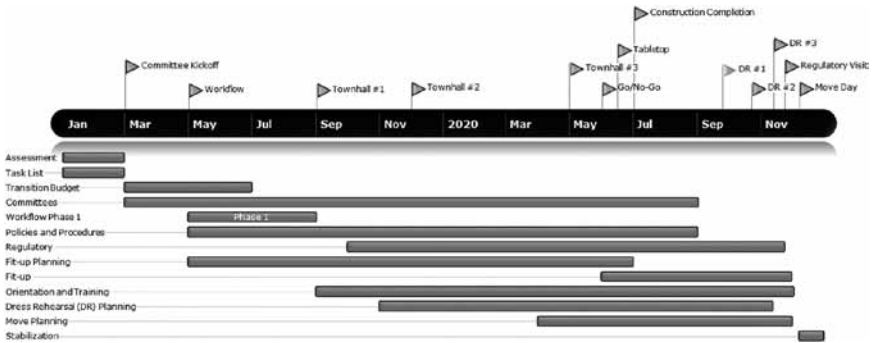


Fig. 1.4. A Sample Two-Year Transition and Activation Planning Timeline.

It is important to note the various activities before Dress Rehearsal as they impact an organization's Dress Rehearsal planning efforts. The three primary inputs required for Dress Rehearsal planning are service line placement, equipment, system and technology decisions, and workflow plans. The Dress Rehearsal program incorporates these inputs, specifically in the scenario validation steps. Failure to dedicate time to these components will have downstream impacts such as rework, additional training, and post-occupancy issues.



### *Service Line Placement*

A requirement for Dress Rehearsal planning is deciding which services will be relocating to the new space. Departmental adjacencies, distance from support departments, and general space layouts impact day-to-day operations. For stakeholders to appropriately plan department-specific workflows, communicate service line placement decisions early in the transition planning phase. Often there is a false assumption that if the plan is for the same departments to occupy the new space, then the transition from the existing location to the new will be seamless. Failure to account for departmental adjacencies and space layout changes will impact future operations and pose post-occupancy challenges. The development of a stacking diagram and a floor-by-floor department list will allow end-users to plan for future operations properly. Additionally, time studies evaluating new distances to commonly traveled existing locations, such as the lab or imaging, can provide insight for teams planning new workflow processes and staffing assumptions.

### ***Equipment, Systems, and New Technology Planning***

Upgrading medical equipment, systems, and technology are standard when designing and building a new healthcare facility. The development of a list of the new and different equipment, systems, and technology is typically completed during the project's design phase. An early review of this list provides the organization an understanding of the training that will be required and an opportunity to assess how new equipment, systems, and technology will integrate with the existing. Additionally, it is essential to understand which departmental stakeholders will utilize the equipment and in what capacity. For example, if an organization plans to purchase wireless communication devices for end-users, it is beneficial to document this decision and any device assumptions. Decisions and assumptions regarding new technology and devices, such as type, functionality, planned integration with other systems, and end-users on Day 1 Activation, will guide teams in determining what to include in the Dress Rehearsal scenarios.

### ***Workflow Planning***



Workflow planning is perhaps the most critical input required to build a Dress Rehearsal program. A review of the delta between the current-state and planned future-state provides a solid foundation for the healthcare facility's operations. Workflow planning also allows organizations to assess process improvement strategies to refine inefficient or outdated processes into lean and ideal future-state workflows. [Table 1.1](#) summarizes key workflows to review when activating a new healthcare space.

When reviewing the list of topics and other critical workflows in [Table 1.1](#), the question that should be at the forefront of planning is, "What will be different as a result of the new facility?" The incorporation of this exploratory work's outputs as validation points is part of the scenario development process.

## **Organizational Factors Impacting Dress Rehearsal**

Organizational factors, such as having an engaged Dress Rehearsal Lead, the organization's leadership support, and evaluating competing priorities, directly impact Dress Rehearsal planning.

### ***Dress Rehearsal Lead and Readiness Team***



An internal resource should be selected to lead the Dress Rehearsal activities due to the project's unique and temporary nature. The responsibilities of the Dress Rehearsal Lead include the planning and execution of the Dress Rehearsal events. The Dress Rehearsal Lead should also facilitate an evaluation of the physical space (Building Readiness) and Human Resource components (People Readiness) to support the events. Even when an outside consultant is engaged to assist with the coordination and facilitation of Dress Rehearsal, an internal resource is needed to keep the project on track, to ensure tasks are completed, and to manage internal resource teams. Dress Rehearsal planning is a full-time role that requires

**Table 1.1. Common Workflow Topics for a New Facility**

Workflow Topic	Description
New facility access	The development of a facility access plan, including hours of access by location, door hardware, and access requirements for each building entrance and any restricted areas
Paths of travel	The planning of routes for staff, vendors, inpatients, outpatients, and visitors, considering onstage (public) and offstage (back-of-house) areas. Planning should also establish routes for distributing materials, supplies, medications, and food along with the removal of soiled items and waste streams from units and departments
Patient flow	The documentation of the planned patient flow steps, including admission, registration, unit to diagnostics, transfer, and discharge
Medication management	The review of medication delivery and administration procedures, considering medications at the bedside, automated medication dispensers, documentation, and locations of equipment and supplies
Supply chain	The review and standardization of supply receipt, delivery, stocking methods, PAR levels, use of automated guided vehicles (AGVs), supply rooms, and locations
Food delivery	The ordering, staging, and delivery of trays in the department and to the patient
Communication	The review of planned communication processes, including device integration, features for alarm notifications and escalations, and downtime plans for each type of communication device
Code response	The documentation of the process to activate and respond to each medical and nonmedical code in the new facility
Start-of-shift and unit readiness	The validation of the processes at the beginning of the staff shift, including clock-in procedures, locker assignments, staff assignments, change of shift report, hand-off, changing into scrubs, use of staff lounges, and break schedule

a dedicated resource to ensure the events are successful. Failure to identify a dedicated person or group responsible for the program can result in rework, increased project costs, and schedule impacts.

An internal team is required to support the Dress Rehearsal Lead as the facility prepares for the events. The Dress Rehearsal Readiness Team will coordinate logistics for the events, including the overall preparations, development of contingency plans, and issues management. The Dress Rehearsal Lead is responsible for managing this team and may engage additional members such as administrative

support, project managers, and clinical department representatives as needed. The Dress Rehearsal Lead is responsible for validating the Dress Rehearsal Readiness Team's roles and responsibilities and establishing a meeting cadence. This team will coordinate and schedule the Dress Rehearsal activities while keeping the organization's leadership team abreast of the plan.

### ***Leadership Support***



An active and engaged leadership team invested in Dress Rehearsal's success will positively impact the overall Dress Rehearsal program. Timely decision-making regarding staffing, budget, and schedule keeps the Dress Rehearsal program on-track. Developing a streamlined method to present and fast-track Dress Rehearsal decisions is often beneficial. This process enables leaders to focus their attention on the high-priority items that are necessary to move the program forward. Additionally, leaders must set the tone and model the way. By prioritizing meeting attendance, enabling two-way communication, and supporting department training efforts, organizational leaders demonstrate that Dress Rehearsal is a high-priority initiative. It is the best practice for leaders to maintain this level of engagement throughout the project. Regular communications through multiple channels keep staff invested in the Dress Rehearsal program's success and build excitement for the project.

### ***Competing Priorities***

Due to healthcare's ever-changing nature, there will undoubtedly be multiple priorities that an organization will need to balance throughout the project. Electronic medical record upgrades, changes to regulatory requirements, new services, and accreditation surveys are just a few of the many competing priorities that organizations often undertake while planning to activate a new healthcare project. The organization should attempt to control the number of change initiatives scheduled simultaneously with the Dress Rehearsal events. In recent years, there has been an increased focus on the need to embed change management processes into projects, focusing specifically on the emotional impacts that change can have on teams. By evaluating competing priorities and rescheduling projects that can be completed either before or after the Dress Rehearsal events, the organization increases the likelihood of end-user support and buy-in. Prioritizing new initiatives mitigates the amount of change occurring at once, thus combating the change fatigue that plagues many projects.

### **Dress Rehearsal Project Plan**



After establishing baseline assumptions for the Dress Rehearsal program, the Dress Rehearsal Lead can begin planning the events. The Dress Rehearsal Project Plan guides the program's implementation, management, and control process. The plan includes activities, responsible owners, start and end dates, and status. Developing and managing the project plan is the responsibility of the Dress Rehearsal Lead. There are numerous platforms available to healthcare leaders to build a project plan. A best practice is to use a web-based platform that supports multiple user access and simultaneous updates. The Dress Rehearsal Project Plan