

# Friends & Neighbors

updates about our new hospital and health campus

## The Key to Success . . . Good Planning

The scale and scope of the building plan for the new hospital and health campus requires professionals with vast experience from all over the country. The people and organizations have



been identified (see "Question Corner"). Now how do they begin to work together?

On Nov. 29, 2005 all the major players in the construction process sat down together for the first time. They spent a day at RMH working on a "Project Success Plan," led by Carol Viveiros, a Bovis Lend Lease organizational manager.

"Project Success Planning is an exercise we've done as a company for more than 20 years," said Viveiros. "It won't eliminate all potential problems, but it's a way of setting a base for clear expectations and good communication between all parties involved in the building process."

Participants divided into three groups for discussions: owner (RMH), designer (architects and engineers) and construction manager (Bovis Lend Lease). Each group shared its expectations with the others about how they would work together.

By the end of the day, participants had created a mission statement to guide their work over the coming months and years:

*"The RMH construction project will be a high-quality, well-coordinated, cost-effective process, completed on schedule and profitably for all stakeholders. The project will be completed in a safe environment using effective communication and demonstrating good stewardship of community resources, in a manner that supports the RMH mission and advances RMH as the community's provider of choice for the next century."*

The day included a lunchtime visit from several Rockingham County officials. The time allowed participants to meet and discuss how they can manage their work and requests for permits in a manner that is time-sensitive and helpful to all.

## Question Corner

*What are the major project milestones on your construction timeline?*

- Winter/Spring 2006 – Take down existing structures on new site, begin clearing brush and debris
- Late Summer 2006 – Begin to move earth for site work
- Early 2007 – Building construction begins
- Mid-2009 – Substantial completion
- Early 2010 – Move into new building

*Who are the major players in the building process?*

- **Dennis Coffman:** Director, Facilities Planning and Development, RMH
- **Scott Campbell:** Senior Project Manager, RMH
- **Bovis Lend Lease:** Construction managers overseeing all subcontract relationships.
- **Earl Swenson Associates (ESa):** Architectural firm from Nashville, Tenn.
- **Smith, Seckman and Reid (SSR):** Mechanical, electrical and plumbing engineers, also based in Nashville, Tenn.
- **Mitchell Associates:** Medical equipment planners, based in Richmond, Va.
- **Hurt and Proffitt:** Civil engineers of Lynchburg, Va.

*I heard that some services will be located on the new campus and some will be located off-site.*

*What are they (and why)?*

Due to budgetary restraints, not all departments will move to the new campus in 2010. However, RMH currently owns or leases other properties off-campus that can house services that do not need to be at the main hospital site. The properties include: The Atrium (411 Stone Spring Road), the RMH Wellness Center (501 Stone Spring Road), 98 South Liberty, 532 S. Main, 544 S. Main, 640 S. Main, 1790 E. Market, and 1070 Virginia Avenue.

Services expected to be off-site include: Accounting, Business Office, Center for Corporate Health, Center for Sleep Medicine, Central Scheduling, Child Care Connection, Decision Support, Facilities Planning, most of Health Information Management, Home and Community Health, Hospice, Image Recovery Center, most of Information Systems, Marketing and Communications, Outpatient Lab and Radiology Services, Outpatient Rehab, Physician Practice Management and Physician Billing, Planning and New Business Development, Printing, Pulmonary Associates, Rehab Administration, RMH Wellness Center, School of Laboratory Technology, School of Radiologic Technology and Valley Health Plan.

## Operational Planning Update **Interventional Services: 3 = 1 in New Facility**

*This article is the first in a series of reports on how we may be changing the way we work as we prepare to move into a new facility. These “operational model” reports will explain some important, unique organizational processes that are each being reviewed by a team of “stakeholders” who have knowledge of the process and are impacted by it in some way.*

*Each model is based on our current and future space needs and practices and takes into account current national trends, evidence-based design findings and input from RMH clinical and administrative leadership.*

The new facility may bring with it some new math. Three may become one when the new hospital opens, if plans move forward as hoped by Heather Wood (Director, Perioperative Services), Judy Budd (Director, Imaging Services) and Dave Grembi (Director, Heart and Vascular Services).

**Three** refers to the three current configurations of RMH services in interventional radiology, interventional cardiology and perioperative services (operating room). Currently, each of these specialties has its own procedure rooms, pre- and post-operative space and specialized staff.

**One** refers to an interventional suite concept, which pulls together procedure rooms into one centralized location (as opposed to three locations, as is the case now) and combines pre- and post-operative services. This means that all three services will be able to share rooms and staff.

The change from “three” to “one” will create efficiency, improve patient safety and put RMH in line with national trends, say the three directors.

An interventional suite offers efficiency by centralizing like functions and combining resources. For example, it will eliminate the need for multiple nurses to provide care for one patient in three different procedure areas, as sometimes happens now. And it will allow staff to move from room to room, rather than having to move patients from room to room. The interventional suite will allow procedures and follow-up to take place in one centralized area.

Patient safety will be improved because all of the procedure rooms will be built to the same

standards, allowing specialized staff to move comfortably from one room to another to work. The closeness of procedure rooms to one another will also increase safety.

Many details remain to be ironed out. An interventional team that includes physician advisors will oversee the process of making the suite concept operational, functional and satisfactory to all – patients, physicians and staff. “We want to plan in such a way that physicians will have access to the appropriate room at the right time and that physician and staff concerns are addressed,” he says.

Some of the details to work through include deciding how post-operative space will be flexible, yet allow for noise reduction and visual privacy for all patients. They also want to assure that specific patient needs can be met. For example, having an interventional suite will not mean that all patients will be intermingled; cardiac patients will remain separated from general surgery recovery patients.

### **Watch for a Sign!**

In late December we finalized our purchase of the land for the new hospital. Soon we will be placing signs near Port Republic Road and Reservoir Street on the property with the message “Future Home of the New RMH Hospital and Health Campus.” Watch for the sign!



### **Neighborhood Meetings**

We are making plans for our neighborhood meetings to be held in late winter or early spring. We will give you ample advance notice so that you may plan to attend a meeting to be kept abreast of our construction schedule, meet some of the key leaders in the project, and ask questions. Please watch for more information to come very soon.

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**Questions/feedback? Email us at [destinationhealth@rhcc.com](mailto:destinationhealth@rhcc.com).**