



Case Study: NeuroDiagnostic Institute Relocation, Project Management

CHALLENGE

In 2014, the State of Indiana began an effort to integrate a statewide network of six (6) facilities for the treatment and care of persons with mental illness along with other elements of the public health system into a comprehensive, integrated mental health network. The State planned to replace one of the existing facilities, Larue Carter Hospital in Indianapolis, with a cutting-edge institute to complement the development of a state-operated facility network and improve the quality of care for all patients. The state contracted with a Community Health Network partner for the development of the new NeuroDiagnostic Institute (NDI), to be constructed on the grounds of Community Hospital East (CHE) in Indianapolis.

PROBLEM

The leadership of the Family and Social Services Administration (FSSA) and Division of Mental Health and Addiction (DMHA) lacked insight into the progress of overall project performance in the following areas:

- The physical building construction
- New technology planning
- Staff training needs
- Migration of existing IT systems from Larue Carter to the NDI
- Building activation, including equipment and furniture installations
- Contract negotiations with the partnering hospital, CHE, for food services, trash disposal, security personnel, facilities, and parking

In addition:

- Consistent communications and messaging to both internal and external stakeholders had not been clearly defined or developed
- The State elected to go live with an Electronic Medical Record (EMR) system during the same time period. This added another layer of planning and considerations as Larue Carter had used paper records previously



PROBLEM (Continued)

- The NDI utilized a new primary communication method called Vocera. The Vocera design and training had to occur prior to having access to the NDI, which created challenges with determining call flow designs, effective staff training, and the ability to build comfort around the new devices before the hospital's opening
- Due to construction delays and constraints, the timeframe to furnish and make the building "move-in" ready was restricted to a short window

SOLUTION

Due to the company's experience in managing complex projects, the State selected netlogx to provide 26 months of planning, preparation, transition, and implementation activities to support FSSA and DMHA in the development and activation of the NDI.

Our methodology included:

Planning: Although the project had been underway for several years when netlogx became the Project Manager, we began by assessing the current state of the project, as we would at the start of any new Project Management initiative.

Next, we quickly moved to apply Project Management Body of Knowledge (PMBOK) methodologies to provide a standard framework for managing and assessing project health.

We also began to develop a project management plan, which we later presented to the client for approval.

Project Initiation: After reviewing the available information, we met with Project Leadership to explain our project methodology, introduce netlogx project staff, and explain their roles. We also utilized the meeting to identify the most critical project needs, establish a schedule for meetings and reporting, and review next steps, including immediate deadlines.



SOLUTION (Continued)

The critical needs we established included:

- Creating an easy-to-understand project schedule
- Developing reports that provided the needed level of information to stakeholders throughout the life of the project
- Establishing a schedule of meetings to monitor and control project progress and to identify and mitigate risks and issues

Project Execution: We incorporated all of these needs into our Project Management Plan and presented it to the client. Following approval of our plan, we quickly moved to:

- Work collaboratively with the hospital staff, hospital leadership, contractors, vendors, and applicable State Agencies to provide:
 - Enterprise view of project workstreams
 - Independent view and assessment of the project
 - Tracking of risks, major milestones, and action items
 - Meeting facilitation
 - Healthcare Subject Matter Expertise input

As part of our Project Management responsibilities, we:

- Conducted regular meetings and produced reports to inform project leadership of project progress
- Tracked and managed risks and issues through resolution
- Facilitated contract negotiations with CHE for Food Services, Waste Disposal, and parking
- Coordinated the move of furniture, computers, printers, supplies, equipment, medications, and records from Larue Carter to the NDI



SOLUTION (Continued)

- Prepared staff for NDI opening by:
 - Providing Cerner training support for behavioral health recovery attendants (BHRAs) by attending Trainer classes and training BHRAs during end-user classes
 - Ensuring patient units had appropriate safety documentation and protocols in place prior to being populated with patients
 - Brainstorming with staff to produce solutions for how to use the space effectively in the new building
- Developed various formal communications targeted to different stakeholders:
 - Vocera training announcements and updates for internal audience
 - General NDI informational documents for external audiences
- Supported hospital opening by:
 - Working in the “command centers” the day patients were moved to the NDI to help support communication and tasks needed throughout the day
 - Developing and managing a process for staff to report on building issues identified during the first two months of the building’s operation. Issues were consolidated in a “Punch List” that netlogx used to track, prioritize, and manage the more than 500 identified items. netlogx migrated the items into a new maintenance tracking system when it was ready for use at the NDI

Project Closeout: We presented a final report summarizing our activities and findings, including “Lessons Learned.”



RESULT

The hospital opened on March 20, 2019, with all furnishings, systems, and support services in place. A building inspection conducted two (2) weeks after the building opened resulted in no major findings or corrective actions.

ADVANTAGES

As the project manager, netlogx:

- Developed and defined a list of priorities by facilitating regular Executive Steering Committee meetings with Hospital Leadership, Human Resources, various hospital department directors, transformation partners, and the FSSA Communications Team
- Managed the development, design, and implementation of Vocera, a new communication device used by hospital staff. In addition, netlogx also provided justification and worked with the Vocera vendor to modify the scope of work to adjust the training plan and equipment purchased to better align with the client's requirements. Four (4) months after the hospital opened, NDI Leadership noted the use of Vocera as a top five (5) positive finding of their move to the new facility
- Relocated approximately forty (40) youth and adult patients to the new facility without incident
- Finalized food services agreement with CHE. The patients at the NDI expressed that they enjoy the food significantly more than the food at Larue Carter