



Asset & Patient Relocation Brief

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1.0 Introduction

The purpose of this document is to provide a brief narrative of transition (Asset Relocation) and decanting (Patient Relocation) services.

Medequip International is a North American leader in transition and decanting management services. It is through this experience that we offer the basic formula for a successful transition and decanting process.

Fundamental keys to success for a transition of this type must include:

- Strong, experienced leadership by the Transition Manager, taking ownership, across the entire transition program
 - o Medequip International works in this role as the leader of the transition
- Dedication of the Transition Internal Facility Team with executive representation and support
- Early engagement of the project (Pre-planning phase)
- Frequent and scheduled *Sub-Sub*-team meetings for task assignment/completion
- Documented schedule and action items with due dates
- Agreed-upon milestones
- Identified project risks with Mitigation Planning
- Early and often communication update dissemination

2.0 Background

There are two types of fundamental transition, regardless of the construction phasing model in which the facility is engaged:

1. Patient Relocation (also known as Decanting)
2. Asset Relocation (also known as Transition)
 - a. This is identified as all items within the four walls that are suitable for transition, regardless of construction phase. These items may include but aren't limited to:
 - i. All equipment (clinical and non-clinical alike)
 - ii. Personal assets
 - iii. Furniture/Wall hangings
 - b. This is also identified as items that are deemed as not suitable for transition (temporary or permanent) and will be salvaged or donated.

The Transition Advisor or Manager, which is the role of Medequip International on behalf of the owner, takes accountability and responsibility for the transition of all assets in the facility. Working with the clinical staff, Medequip International shares in the accountability and responsibility for the physical decanting of patients, coordinating all such activities.

3.0 Patient Decanting

Some fundamental steps to be lead and coordinated by the Transition Advisor on behalf of the facility should include the following at a minimum:

- Establish decanting schedule and outline Transferring Unit to Receiving Unit.
- Coordinate with Supply to ensure Receiving unit is equipped for patient
- Consulting with Clinical to identify patients, who may be discharged prior
- Move patients based on acuity level (high to low)
- Define the staff schedule prior to decant allowing for extra staff to be available
- Establish and communicate the Administration Guidelines

All interactions with patients (and family) should include consideration of clinical staff (ex. Nurse Manager) to ensure the health of the patient is held paramount.

4.0 Asset Transition

The Transition Advisor should have responsibility for the coordination of such activities. The assets are by default defined as every object inside the 4-walls of the facility. There will be special dispensations for items that will be assigned to salvage, some personal items of staff and patient and other items that will require specific planning and coordination (ex. Leased equipment or high-value artwork).

The equipment plan will be defined as part of the equipment planning scope and in conjunction with the transition plan.

Some fundamental steps to be lead and coordinated by the Transition Advisor on behalf of the facility should include the following at a minimum:

- Moving boxes are staged throughout the area.
- Relocation Handbook will be distributed
- Preprinted, personal labels and an inventory sheet will be provided to staff.
- Staff will be notified via Transition Advisor of the packing & staffing schedule
- The mover and Transition team will be designated by uniquely colored apparel
- The move schedule will be provided both as published paper and as electronic
- Staff will be provided label instructions as well as packing instructions.
- Furniture instructions will be made available to staff. This includes items such as:
 - Wall hung items (limited value and not personally owned by staff)
 - Telephones & Computer Equipment
 - Filing Cabinets & Desks/Credenzas (and keys)
 - Bulletin Boards and Materials Displays
- Personal items should be boxed separately and handled prior to transition by staff
- Post move activities should include but not be limited to the coordination of:
 - Establish box recycle area & coordination of movers to remove boxes
 - Fill out issues and punchlist form for post-move punchlist meetings
 - Establishment of the lost/found/reconciliation space

5.0 Conclusion

By having a qualified Transition Advisor manage and plan the transition and decanting, along with the support of the internal management and executive management teams, the transition and decant will be successful with both patients and assets moved with minimal disruption and maximum care.