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Medequip International

Transition & Relocation Services Brief

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1.0 Introduction

The purpose of this document is to provide a brief narrative of transition services offered by Medequip International to our clients.

Medequip International is a North American leader in transition and relocation management services. We have provided this service for decades. It is through this experience that we offer the basic formula for a successful transition of both assets and patients.

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

- Strong, experienced leadership by the Transition Advisor, taking ownership, across the entire transition program
- Dedication of the Owner's Transition Sub-Committee and executive representation
- Early engagement of the project (Pre-planning phase)
- Frequent and scheduled *Sub-Sub-Committee* Meetings for task assignment/completion
- Documented schedule and action items with due dates
- Agreed-upon milestones
- Identified Risks with Mitigation Planning
- Early and often communication update dissemination

2.0 Background

There are two types of fundamental transition, regardless of the phasing model:

1. Patient Transition
 - a. Moving of the patient with support of clinical staff
 - b. Notifications to family
 - c. Clearly modeled "from-to" transition
 - d. Supply support in the "from – to" locations
2. Asset Transition
 - a. This is identified as all items within the four walls that are suitable for transition, regardless of phase. These items may include:
 - 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

Though the Facility typically takes on the accountability associated for the physical transition of patients, the Transition Advisor should have responsibility for the coordination of such activities.

3.0 Patient Transition

Some fundamental steps to be lead and coordinated by the Transition Advisor on behalf of the Facility should include the following at a minimum: (Note: every transition is unique)

- Establish transition 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 transition 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: (Note: every transition is unique)

- 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 Medequip International as your Transition Advisor to manage and plan the transition, along with the support of the various working sub-committees and executive management, the transition will be successful with both patients and assets moved with minimal disruption and maximum care and maximum return on investment.

Medequip International is the pioneer in medical equipment and relocation management services, both here in North America and abroad. Founded in 1977, Medequip International was the first firm to offer this type of professional consulting service to architects, contractors, and medical facilities. We designed the industry-accepted standards for master and equipment planning, budgeting, purchasing, installation, and inventory control.

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