

Lessons learned from 20 years at Erasmus MC

TRANSITION MANAGEMENT

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EHD London, June 17, 2019



Erasmus MC
Erasmus Universiteit Rotterdam



Introducing - Liesbeth van Heel MSc

Trained in Facility Management and Business Economics

Started at Erasmus MC in 1992 as management trainee

Involved in the New Building project while on the staff of the Executive Board

> 10 years manager of Expertise group and member of the Management Team of the Corporate Real Estate Department

From 2001 -2015 Project secretary New Building (incl. PR & communication)

Research coordination & membership of (inter)national knowledge networks

From 2014 – 2018 Program secretary Transition Organization Our New Erasmus MC (ONE)

Senior policy advisor Corporate Real Estate Department

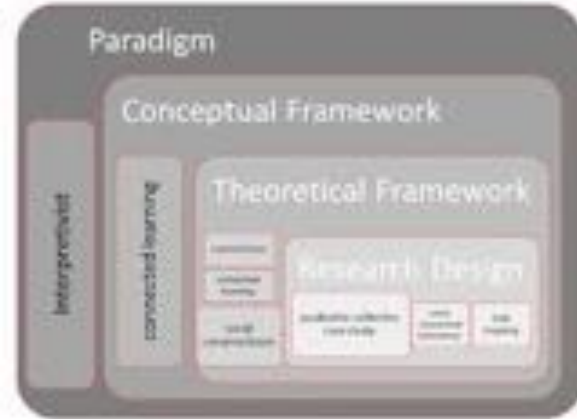
Started part-time PhD on the New Building and Transition project, its process and outcomes this year



Personal transition management



Personal transition management



Erasmus MC's commitment to scientific evaluation

Program Evaluation Our New Erasmus MC (ONE)

- WELCOME study (outcomes on single room wards)
- MOVE study (infection control)
- **CHANGE study**

Project evaluation for the hospital construction project

- timeline and research questions
- interviews and documents analyzed
- conclusions and lessons learned



pe·one

Program Evaluation Our New Erasmus MC



Erasmus MC



Our timeline

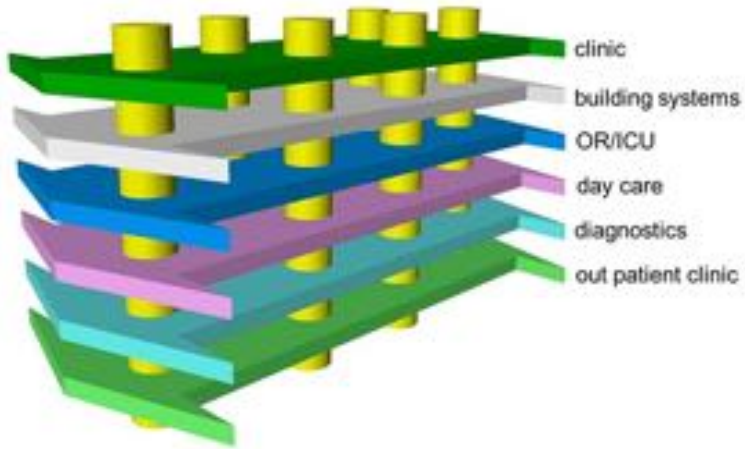
- 1998 Concept for a patient focused and sustainable hospital plan
- 2000 Proposal to the government
- 2003 First approval by government
- 2004 Approval for Phase 0
- 2007 Approval for Tranche 1

- 2008 Commissioning construction
- 2009 Contracting & starting work
- 2013 Eastern part ready (and in use)
- 2017 Western part & extension ready

- 2018 Transition to the new building



Phase 1: 1998-2007



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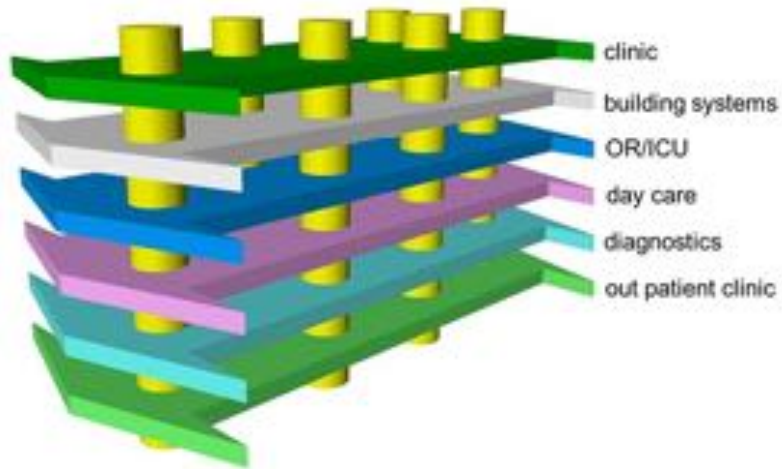
2006

2007

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Phase 1: 1998-2007



Consultant driven and architect enabled dialogue to develop the 'business case'

Top level commitment

Stakeholder management aimed at governmental permission (maximizing sqm and €)

1998

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2007

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Phase 1: 1998-2007



1998

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Phase 1: 1998-2007



Integrated approach to concept, workprocesses and design

Competition between themes to be the first in the new build

Uncertainty regarding governmental permission

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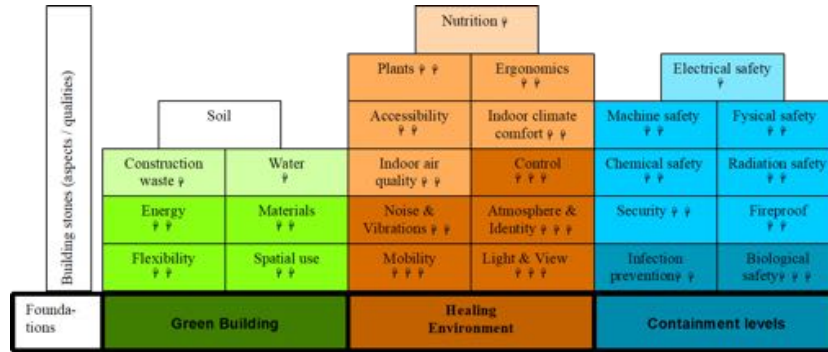
2004

2005

2006

2007

Phase 1: 1998-2007



Phase 1: 1998-2007



Using the available time to learn from others, and to study and prioritize building qualities

New approach: separating design of shell and phased interior development and construction

Professional project organization: transparent (decision making) processes

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Phase 1: 1998-2007



Steering committee installed, top level commitment and all themes represented

User coordinators help develop processes and studies for generic layouts and templates

Exchanges with local external stakeholders

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Phase 1: 1998-2007



1998

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Phase 1: 1998-2007



Procurement strategy defined

Full scale mock-up of the single room is visited by many (2007)

Change in leadership at top level: commitment to concepts and principles confirmed

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Phase 2: 2009-2017



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2017

Phase 2: 2009-2017



While highest point was being reached, options were still open for design of many outpatient and inpatient functions

This delay creates an opportunity to build state of the art laboratories / facilities

Resilience of the organization tested during pole-driving

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2017

Phase 2: 2009-2017



Separate IT-program starts, to have a paperless hospital in 2015

Adaptation of new technologies, facilitating the patient centered workprocess

Tight budget: the program has been intensified with expensive hot-floor functions

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Phase 2: 2009-2017



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Phase 2: 2009-2017



Expansion of the project with another theme

A chance to introduce an innovative waste(water) treatment plan

First part of the building coming into use (and first POE)

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Phase 2: 2009-2017



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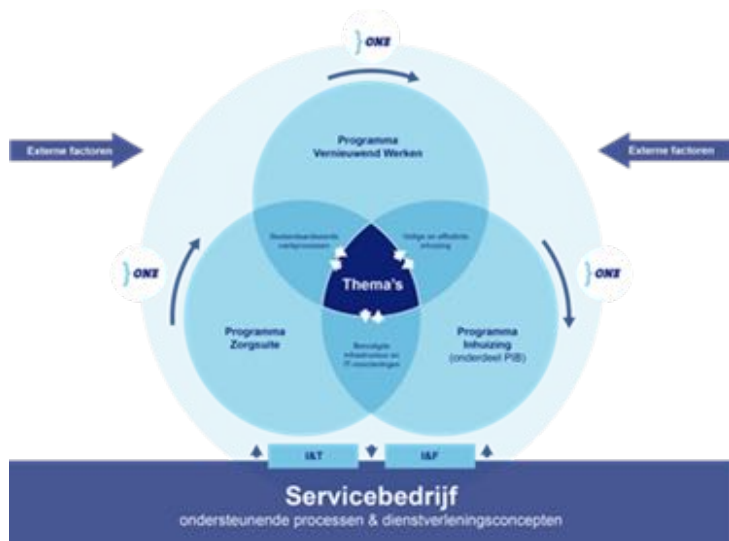
2014

2015

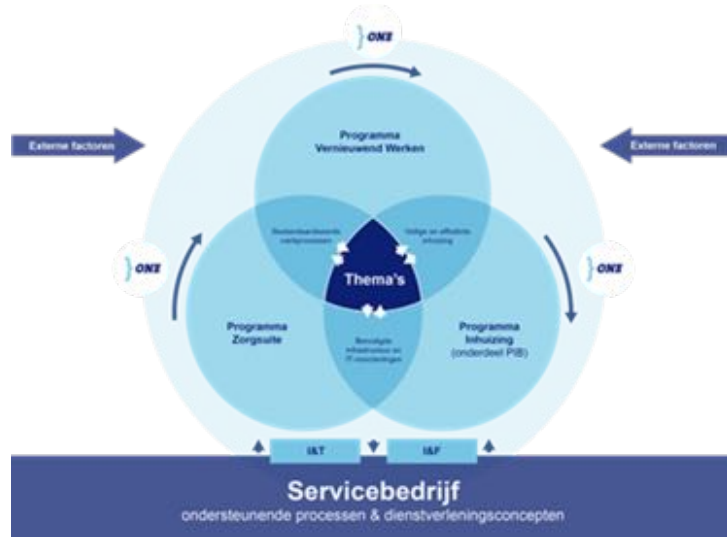
2016

2017

Phase 3: 2014-2018



Phase 3: 2014-2018



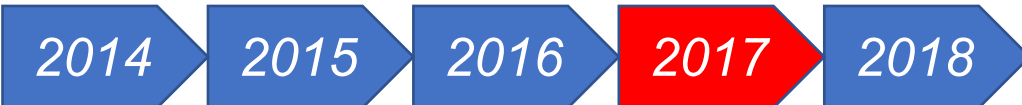
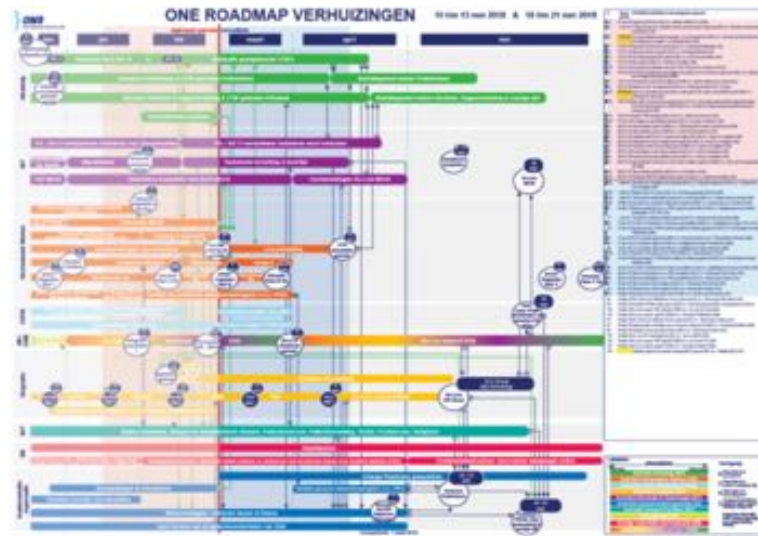
Ownership of changing ways of working and services difficult to establish

Effort for generic solutions for all themes, which places ownership of equipment and furniture in other hands

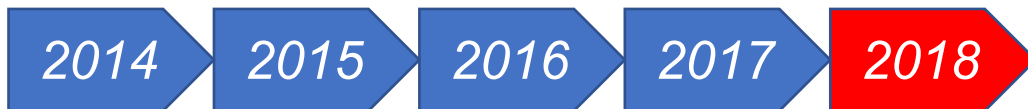
The IT-program makes a new start as well; an off the shelf product must be implemented in 18 months



Phase 3: 2014-2018



Phase 3: 2014-2018



Change agents in the construction project

In the client's project organization:

An expertise group as front runners for the concept through

- International orientation (reference projects, EBD)
- National validation (reference projects)
- Local consolidation (small research projects)

-> **Helping to be an informed client**

In the design team:

- Architect helping to visualization of conceptual choices
- Hospital planners with specific expertise

Project team level:

- Various disciplines and backgrounds
- Young people (capacity to grow during the project)
- Commitment to the concept and core values of the project; eagerness to learn and become prepared for next phases

Change agents in the transition project

In the transition organization:

A supporting Program Management Office, taking care of

- Governance (organization, project control, communication)
- Logistical support to education / HR support to programs
- Support teams after the 'go-live' and relocation dates

-> Helping to coordinate over the 5 programs

Within the themes:

- User coordinators, often also implementation leaders
- Key- and Expert users
- Middle management (when known)

Project team level:

- Many outside consultants
- Many 'ownership' debates
- Integrated planning of key resources and interdependencies
- Useful to share one large program space (the ONE-Hub)

Knowledge dissemination (1)

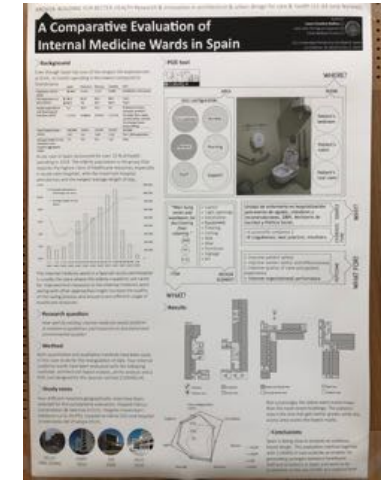
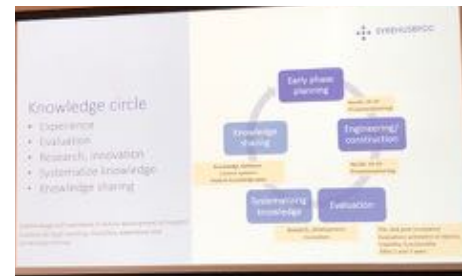
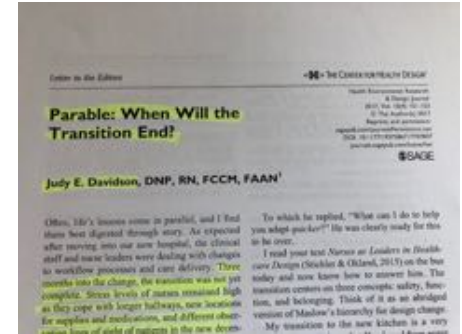
The client needs to become an 'informed client' at various levels at different stages of a project:

- Setting out the integrated business case – requires a boardroom counterpart (now often consultants, banks, PFI/PPS consortia)
- External support in review sessions or second opinions – using the knowledge, experience and lessons learned from other hospitals (technical requirements, masterplan, contract documents)
- Evaluation of the finished product and benefits realization management as part of the project – to give impulse to innovation and quality improvement



Knowledge dissemination (2)

- Who has time to read the research? Junior consultants?
- Why are new fields explored in literature 'just after you need them'? E.g. on communication in teams working with decentralized nursing stations
- Who has time to do the research (and have you started in time to collect data prior to the relocation)?
- How do we proceed from anecdotes to research questions?
- Can we close the 'knowledge circle' and bring internationally acquired knowledge back to the industry



Conclusion

Having travelled on this road for 20 years, I am glad that there are:

- institutions like Erasmus MC offering funding to researcher with different backgrounds,
- enablers like the Centre for Healthcare Design,
- podia like EHD, ARCH, the EuHPN-workshops to share stories,
- and researchers to build the frameworks, publish in HERD, etcetera

And I hope to be one of them, one day
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Borrowed from the presentation of Ellen Taylor at ARCH19