Leading move of Children’s Hospital doesn’t faze administrator
By Karen Robinson
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Cassandra Church faces a daunting task in the next 240 days or so.

She is charged with overseeing the monumental move in November of patients and staff from Women & Children’s Hospital of Buffalo to the new John R. Oishei Children’s Hospital on the Buffalo Niagara Medical Campus.

And she doesn’t seem the least bit fazed by the challenge.

Kaleida Health recently hired Church – who has an extensive nursing, educational and administrative background – as clinical project move manager and director of Children’s Hospital’s neonatal intensive care unit. Her stint in Buffalo runs through December.

When she talks about her newest mission, she does so with unwavering confidence.

In late fall, after months of preparation with staff, Church will execute the big move from the 125-year-old Children’s Hospital on Bryant Street to the 185-bed Oishei Children’s Hospital nearing completion on the Medical Campus.

The move won’t be the first for Church. She charted and played an integral role in the move of five inpatient pediatric units to a new hospital tower within Inova Fairfax Children’s Hospital in Falls Church, Va.

Church got her start in nursing before moving into education and then management.

Church, 35, relishes the challenge and work that goes into coordinating the moves of medical facilities. “My ideal would be to do this all over the country,” she said. “I’m very organized and a Type A personality.”

As head of the neonatal intensive care unit, she also will work with the team to support a smooth transition to single-room care, including the integration of technology and change in workflows leading to improved patient care and outcomes.

Church says she’s loving Buffalo – for its “nice people,” ease to get around, great food and festivals she’s excited to check out. “They’ve put in a pitch here to keep me here full-time,” she said, grinning.

Q: What lessons did you learn in the Virginia move that you’ll apply here?
Practice makes perfect. As far as the actual move goes, we will practice it and consider that like a dress rehearsal. We call it a mock move, but it’s literally going through the motions of moving. In terms of orientation and training, we are teaching people who are established clinicians. They’ve been nurses for 10, 20, 30, some of them 40 years. And, doctors, in the same sort of set of tenure. We want to take their strengths and make them comfortable in the new space, so all of our education is going to be scenario-based – meaning we will take something that we already know how to do, with our eyes shut here, and practice doing it somewhere else so they know the way around.

Q: How soon does that start?

A: The orientation and training is going to start late summer, early fall. And then our practice move will be mid-fall.

Q: Will there be one major practice move or will there be several dress rehearsals?

A: Probably one major one. The rest of them will be table top, meaning we’ll sit in a conference room and we will move ourselves around to practice. And then once we think we know this is our plan, then we will actually do a mock move. At Inova, one of the really fun things we did is we involved a lot of our families. Some were part of the family advisory council – which we have a very active group of parents and families, here, as well – and we included them.

Q: How long is the real move supposed to take?

A: Our goal is to get it done in a day. And in my opinion, that means a shift – so hopefully, sun up to sun down.

Q: What do you think will be the most challenging part of this move?

A: It’s always the emotions. People have history in this building. They don’t want to say goodbye to it. They have built best friends, marriages, everything. A lot of our staff have even had their own children here and cared for their own children here. It’s saying goodbye to the history.

Q: How do you handle transporting critical care patients?

A: Right now, we already have in-house a neonatal intensive care transport team, both ground and flight, as well as a pediatric transport team, ground and flight. So, luckily, for our most critical care patients, this isn’t new and unique to us. We go to our sister hospitals and other referring facilities to pick up these kids, already. It’s just staying with our own team, campus to campus. They will go by ambulance. And every level of care a patient needs, the team that transports them will be designed specifically for that.

Q: Outline some of the most immediate steps leading to the big move.
A: The building is 85 percent complete, which is amazing. So first, people really want to see their new spaces. So, we’ll start tours. Then all of our training will take place in the new building – so everything from how do I get from the parking garage to my new unit or how do I get from my new unit to where I can get a cup of coffee. All of that will be trained in simulation.

Q: How do you tackle such a monumental task?

A: You have to be incredibly organized and meticulous. You want to make sure every person is included, from our volunteers to our longest-standing physician. Our role is to ensure that they know that they’re not leaving history behind, they’re not leaving their knowledge behind. They can do their job everywhere. It’s just a new set of walls, and my job is to make sure that they’re comfortable in their space and that they know where their tools are.

Q: This is an incredible responsibility that you’re tasked with. How do you stay calm and focused?

A: Perspective is everything. ... This isn’t my first rodeo, as they say. To know I’ve done it before with fewer team members and less system-level support, if you will. Here, I actually have a group of about eight people from the system that are going to come and help us accomplish all these goals, not to mention every manager, leader and clinical educator here on campus. So I think I have a bigger group of people to coordinate all this with. At the end of the day, we’re going to move. And my job is to make sure we do it the right way. If I step back and I know I’m doing the right thing for every nurse and clinician ... then they are going to be able to do everything for the kids and the moms.