

Masthead Logo

Virginia Commonwealth University
VCU Scholars Compass

The Grace E. Harris Leadership Institute
Publications

L. Douglas Wilder School of Government and
Public Affairs

2010

VCU Internal Alignment Project

The Grace E. Harris Leadership Institute at Virginia Commonwealth University
Virginia Commonwealth University, gehli@vcu.edu

Mark Jacubec
Virginia Commonwealth University

Alicia Hodges
Virginia Commonwealth University

See next page for additional authors

Follow this and additional works at: https://scholarscompass.vcu.edu/gehli_pubs

Part of the [Public Affairs, Public Policy and Public Administration Commons](#)

Downloaded from

https://scholarscompass.vcu.edu/gehli_pubs/57

This Research Report is brought to you for free and open access by the L. Douglas Wilder School of Government and Public Affairs at VCU Scholars Compass. It has been accepted for inclusion in The Grace E. Harris Leadership Institute Publications by an authorized administrator of VCU Scholars Compass. For more information, please contact libcompass@vcu.edu.

Authors

The Grace E. Harris Leadership Institute at Virginia Commonwealth University, Mark Jacobec, Alicia Hodges, Anne Hawkins, Leonard Dilligard, and Bonnie Brown

Phase I Report for VCU Internal Alignment Projects (2005-2009)

19 May 2010

Team Members:

Mark Jacobec, Director, Capital Program

Alicia Hodges, Coordinator, International Admissions

Anne Hawkins, Director of Nursing, Patient Care Services

Leonard Dilligard, Police Lieutenant, VCU Police Department

Bonnie Brown, Professor & Associate Chair, Department of Biology

Project Description:

We contacted others who we personally knew that were on the Project Teams of six prior projects that related to VCU Infrastructure (a.k.a. VCU Internal Alignment projects). Interestingly, in many cases these alumni volunteered input and constructive feedback on the Institute as well. The projects included Campus Pride (2005), VCU Center for Research Excellence (2005), Monroe Park Fall Festival (2006), MERCI (2006), University Link Tank (2008), and The Next Generation (2009). All of the projects were drafted and presented in completion at the end of GEHLI. To our knowledge, none of the projects was completed entirely during the 10-month GEHLI; however, Campus Pride was partially implemented during the Institute. Only one project, Monroe Park Festival, was subsequently implemented in full.

Project Goals:

Work effectively together as a team and come up with a meaningful project that could be pushed forward toward implementation.

Strategies:

We first looked through the projects and evaluated which alumni each of us knew that had participated. We each agreed to meet or talk via phone interview and to transcribe our findings onto a Wiki. We held a discussion where each of us related the major findings of our interviews. Based on alumni input and the hurdles remaining toward implementation versus the merit of the project goals, we selected a single project with significant potential for implementation. We brainstormed on how to overcome the impediments that were conveyed by the project participants and came up with a list of potential actions geared toward ultimate implementation.

Action Steps:

Assignments, conduct interviews, create an interactive Wiki, input interview results and impressions then revise per discussions, meet @ VCU Police Station (938 W Grace) to finalize recommendations 6 May @3PM, prepare report.

Outcomes:

Of the six projects evaluated, the MERCI project was the one considered most likely to be fully implemented and most helpful to the University community. The MERCI team identified a lack of basic first response equipment (AED) for cardiac emergencies throughout numerous facilities at VCU. The American Heart Association (AHA) uses 4

links in the “chain of survival” to illustrate the time-sensitive actions required for victims of Sudden Cardiac Arrest:

- (1) early recognition of the emergency and activation of emergency medical services (EMS),
- (2) early bystander cardiopulmonary resuscitation (CPR),
- (3) early delivery of shock(s) from a defibrillator if indicated, and
- (4) early advanced life support and postresuscitation care.

Immediate bystander recognition of the emergency and EMS activation are critical. In many communities, however, these actions may be followed by significant delays, because the time interval from activation of EMS to arrival of these medical personnel may be 7 to 8 minutes or longer. Therefore, initial care in the first minutes is critical and generally includes performance of CPR and potential use of an automated external defibrillator (AED), depending on the actions of people near the victim (AHA guidelines).

Process Assessment:

Despite all the positive aspects of this project, follow through was lacking. Even though the group participants led by example (got trained in CPR), the project nevertheless was not perpetuated with enthusiasm. One group member pursued the issue on both campuses but did not achieve what likely could have happened if all of the group had put in similar effort. Perhaps we need a campus-wide suggestion box (and of course, that would need to be monitored). However, we observe that although the University is trying to foster unity across the campuses, until VCU expands east and west so that the two campuses merge, the intervening gap will be a continual obstacle. In fact, of all the projects that we noted were implemented, the Monroe Park Campus seemed to be the focus, rather than both campuses simultaneously.

Based on the previous research, we know that the MCV Campus has a total of 14 AEDs spread through only 3 buildings. However, it is unclear if the Health System buildings were included in the count; not all of the Health System buildings have a Code Blue (heart attack) response team assigned to it. At the Monroe Park campus, there are only 13 AEDs spread throughout only seven buildings. Placing AEDs in leased spaces such as the Biotech Center creates potential issues in that approval from the landlord may be required. Specifically, if VCU has an AED just inside their office door and a visitor from another tenant codes outside, how would we expect our employees to respond? What if they are in a meeting and unable to assist? The complete package costs approximately \$1,800 (includes a CD for training purposes).

Process Observations:

Despite all the positive aspects of this project, follow through was lacking. Even though the group participants led by example (got trained in CPR), the project nevertheless was not perpetuated with enthusiasm. One group member pursued the issue on both campuses but did not achieve what likely could have happened if all of the group had put in similar effort.

Plan:

Team C's suggestion is that strategically placed AEDs will increase rapid response capability and enhance safety for faculty, students, employees, and customers in the event of on site cardiac emergencies. The MERCI proposal has so much potential and so few impediments that we believe this project should and could be implemented throughout the University with very little effort. As this is a Health and Safety issue, we believe that it would be prudent to have the Fire Safety group responsible for monitoring the status of the devices as they are installed in the field. The AED's could be mounted in close proximity to an existing fire extinguishers or if a more secure site is desired, it could be mounted at the fire control panel located near the main entrance to each building. The fire extinguishers are checked once a month; it would be a simple step to check the status of the device if it were mounted adjacent to the extinguisher. If the AED needs service, a simple work request could be initiated to correct any problems. Or, to maintain coverage once the problem is identified, a spare unit could be switched for the damaged unit. Another maintenance alternative would be to enter into a service agreement with the manufacturer of the devices. The wall-mounted cabinet is also locally alarmed such that it signals when the unit is pulled out of the cabinet. With a few minor modifications, these units could send a trouble signal to a monitored station such as the VCU Police so that help could be dispatched immediately to that location when it is pulled from the cabinet. As most University buildings have a floor marshal, or at a minimum, a building manager, these individuals could be easily trained and certified for less than \$75. If a more universal approach is taken, the requisite five-hour course could be taught to each new employee during the new employee orientation process or could be incorporated as part of departmental orientation programs.

Recommendations:

Because the University has grown considerably since the project was proposed, the building where the AEDs are most needed should be identified. The original plan should be revised with regard to phasing in installations. Current cost to purchase and certify and train building managers/floor monitors should be determined. Permissions should be obtained (Plant Ops/Physical Plant) for installation and monthly checking should be scheduled concurrent with fire extinguisher inspections. Letters of commitment/agreement from Plant Ops /Physical Plant and Safety Director Office(s) would serve best to expedite these processes.

We recommend continuation of MERCI by building a support relationship with VCU's Fire Safety Team and with training from the Education Department.

Conclusions:

Based on research supported by the American Heart Association, decreased morbidity from sudden cardiac arrest is achieved with early EMS activation, CPR, and use of AEDs. Successful implementation of the MERCI plan on the MCV and University campuses could therefore save lives. We learned from the previous team members that if this plan is to be fully implemented, time, effort, and some additional negotiations outside the group would be required.