



ACCELERATED HEALTHCARE TRANSFORMATION™
HONORING PROVEN PROJECT PRINCIPLES

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“It seemed like a good idea at the time.”

That is what we heard, more than once. But the conclusion we reached was simple: change management principles should not be compromised for sake of expediency. The reality is you don't always know at the outset of a major initiative what new information might complicate project plans. The best course is to make certain that proven project management and change management principles are thoughtfully considered and thoroughly executed.

INTRODUCTION

Healthcare organizations continuously pursue initiatives that lead to better quality, outcomes, and cost. Many deploy proven project management and change management principles to gain system-wide adoption of new processes or technology such as an electronic health record, OR redesign, or new ED patient flows. These principles or adoption factors are well known and include:

- Creating rational workflows
- Developing operational guidelines
- Designing an activation strategy to minimize disruption of patient care
- Training and support
- Measuring and communicating performance
- Standardizing the work
- Adjusting organization structure and decision rights
- Aligning individual skills and roles
- Modifying workplace design

Large change initiatives also require senior leader sponsorship, dedicated project management, sufficient resources, and a governance process.

The importance of honoring these principles is illustrated in the experience of one organization in implementing a new electronic workforce management system. The hospital decided to purchase new staff scheduling software to replace an internally developed system that enjoyed loyal adoption and popularity among users. However, limitations of the current system, including scalability, high maintenance costs, and its inability to support employee self-scheduling argued for an upgraded capability that could only be achieved through replacement.

With nursing labor as the single largest expense in any hospital it is imperative that labor resources be aligned with the dynamic demands for patient care. Anticipating the demand variations and flexing staff to match these demands requires integrated, robust, and effective workforce scheduling processes which a new system could provide.

BACKGROUND AND IMPLEMENTATION

An implementation team was formed comprised of representatives from Operations, HR, Finance, Business Intelligence, and IT. Three individuals were appointed as Project Managers (PMs): an operations director, an HR director, and an external consultant. A member of the senior management team served as Executive Sponsor. Dual communications lines with the vendor were established through both the local

PMs and project team to the vendor's PM and implementation team as well as through the Executive Sponsor to a vendor sales executive.

After seven months of development and preparation, 43 patient care units scheduling 2000 employees "went live" with the new system. While the initial implementation phase was accomplished very nearly on schedule and within budget, technical, operational, and governance challenges were encountered which provide a learning opportunity for future similar initiatives.

Project Planning. Management preference was for the new system to function like the current system. Users expressed satisfaction with the status quo and a desire to avoid big changes. While the project team took note of the organization's affinity for the legacy system, it assumed that when the features and benefits of the new scheduling system were unveiled and understood that it would be eagerly embraced. However certain implementation shortfalls mitigated against this hoped-for enthusiasm:

- First, training was conducted utilizing a boiler plate or generic system before the client's customized system configuration was complete. Later when testing their own departments for functionality, managers became confused by the differences.
- Second, technical issues and system downtime often prevented managers from familiarizing themselves with the new workflows on their own time.
- Third, scheduling guidelines had not been historically uniformly applied across the organization. Departmental customization was common and tended to "fly under the radar". Moves to standardize these guidelines, particularly employee self-scheduling rules, were met with some resistance.
- Finally, the project team failed to effectively engage all levels of the organization in addressing the operating decisions necessary to nail down the workflows. While it seemed expedient at the time to avoid inconveniencing all the directors with these issues, some felt out of the loop.

Organization and Governance Roles. With three people assigned the role of Project Manager, additional time and effort was expended in aligning objectives between these parties, communicating upward to Sponsors and senior executives, and delivering consistent messaging to project team members and users. Executive Sponsors had also established a vertical relationship between themselves wherein the principal Sponsor communicated with a secondary executive Sponsor.

Project Resourcing. Through its experience with implementing the software, the vendor provided a chart outlining the roles and expected time commitments for each member of the client's project team. These suggestions included a recommendation for dedicated time for certain project team members. However, the client elected to address this need by assigning several people part time to these roles. As a result, the link between role and responsibility became less clear. Dedicated resourcing for Project Manager, System Administrator, and Scheduler Liaison proved to be essential. The most successful project managers tend to "think about it all the time".

Decision to Pilot or Go "Big Bang". Earlier versions of the new software solution had been demonstrated successfully at other similar organizations. Based upon the supplier's track record, the latest software release was purchased along with vendor development support. Consideration to pilot the software on a small number of units was given but not accepted due to the increased lead time for full implementation across the house. What was not understood at the outset was the scope or implications of the multitude of decisions affecting configuration and workflow that would need to be made during implementation. Moreover, the new release displayed significant technical instability for much of the development period. These two issues served to distract and frustrate users and required a great deal of attention from local and vendor resources for problem solving.

SUMMARY AND LESSONS LEARNED

Some of the most important lessons learned were:

- If stakeholders tell you at the outset that they are skeptical, make certain they are kept especially well informed. Assume resistance will occur. Energize your plan for keeping everyone well informed of issues, corrective actions, and how each can help going forward.
- Establish at the outset very clearly delineated leadership and managerial roles and responsibilities to include decision rights.
- Heed the counsel of experience and expertise in allocating and selecting project resources. While sharing the workload seemed like a sound idea at the time, the responsibilities accompanying the roles were unclear and evolving.
- A “model cell” approach with a narrower, more manageable scope should have been more carefully weighed as an alternative.
- Plan to pilot complex new systems vs. implement via a “big bang”. Pilots provide an opportunity for more efficient problem solving, address early objections, and set the stage for stronger adoption.

The commitment to implement improvement initiatives faster with the least resources is admirable and necessary at times. However, be critical of ideas that compromise a proven change management principle. It could be the one that puts your critical improvement at risk!

A popular insurance commercial says, “We know a thing or two because we’ve seen a thing or two.” Let our advisors share other lessons learned in driving positive change with your team.

MEET OUR EXPERT



Bill Booth, Senior Director, is a practitioner of the Toyota Production System and certified by the American Society for Quality, Association for Manufacturing Excellence, and Society of Manufacturing Engineers as a Lean Sensei. He works with clients to improve client operations by applying Lean principles and Galloway’s methods and tools. Bill’s hands-on experience includes redesign of emergency patient care, design of medical-surgical inpatient care models, critical care patient flows, readmission prevention, and Lean workforce management models.