

## The Enterprise Project Flu



**By Dick Billows, PMP, GCA**

**A humorous look at the problems organizations have in delivering consistent project success.**

Frail, feverish and feeble, the project rose at the nurse's beckoning and trudged into the project doctor's examining room. On the wall was an ancient scroll that said, "Consistent project success comes from effective organizational processes and good project management; alone, neither is sufficient."

In the examining room, the project flopped onto the table.

"You look ghastly," the physician said, placing a cool hand on the patient's sweaty forehead and noticing the not insubstantial "spare tire" around the project's middle. "How do you feel?"

"I have due dates throbbing in my head, my PM spends all day tracking down last week's sinus drips. My project team is trying to figure out which of their four project assignments are most important and when, if ever, the 80-hour weeks will end. We hatch a new litter of 50 projects each week, three of which are #1 priority. We'll be lucky to finish half of them and they'll be late, over budget and no one will be happy with the business value they produce. Other than that, I'm fine."

"I think you may have the enterprise project management flu. Do a lot of the other projects in your organization have the same symptoms?"

"Yes, doctor. Three projects died of it this week and there are four others that won't make it to Friday. We've all got the same bug."

"Yes, The EPM flu usually hits all the projects in an organization at once. What's been done to treat these symptoms?"

"Well, large doses of 'Yelling therapy' did nothing to improve project performance. They do make sure that all the PM's get plenty of exercise changing the scope of their projects each week we have all adopted the "just get it done" attitude which lets us ignore the realities of resource availability and work loads."

The doctor frowned for a moment and then asked, "Isn't there anything good about your organizational processes for project management?"

The project coughed in the doctor's face and said, "Well, we start work on new projects very quickly, sometimes the same day, and we pride



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ourselves on being responsive and flexible to any change that a user, client, stakeholder or pizza delivery boy wants to make. And there is no whining about changing budgets or due dates when the scope changes, we're team players right to the bitter end."

"Do any of the projects cross functional lines in the organization?"

"Oh yes, we talk a lot about matrix organizations but it's funny, those projects seem to go straight to intensive care. They bloat from the very first day, even with three or four project managers, one representing each functional unit. We can't seem to breathe life into them. Of course, when one of those projects goes to its final reward, we save the paperwork because we know we'll do it again with a different acronym. We've done some projects three times over the last five years because the business problem/opportunity never gets addressed "

The doctor glanced through the chart on yet another epidemic of the enterprise project management flu. The cure didn't come from flogging the PMs nor would new project management software, by itself, do anything. No, the only treatment for the EPM virus was changing the organization's project management processes.

## Blood-sucking leeches, shackles and water torture

The doctor knew it was time for a house call and possibly a bit of chainsaw surgery. The doctor started by explaining the process, "We'll start with your executives agreeing on a PM protocol for conceiving, planning, justifying, and tracking projects. Then we'll take that protocol and roll it down through the organization so everybody learns and then follows a methodology their boss has approved."

"We don't have time for that!" the executives chorused.

"OK," the doctor answered, "I'll comeback after a few more projects die from EPM flu."

"No, stay but couldn't you just give us some new PM software and we'll call you in the morning?"

"Maybe later," the doctor said, "First, we fix the business processes with a little surgery."

"Okay, what's in this protocol?" The executives asked.

"Agreement on how to exercise strategic control on projects, prioritize them, allocate resources and make cross-functional authority work."

"We do that!"

"Obviously not well or you wouldn't have the EPM flu?"

## The operating table

Donning a surgical mask and gown, the project doctor sliced open the organization to have a look inside. "Ahha." The doctor muttered, "Just as I expected. The functional "silos" are like feudal castles. With a chainsaw, the doctor deftly cut holes in the silo walls to let projects cross over functional lines.

Even through the anesthesia, the line managers screamed, "Those projects are already stealing too many of my people. My first-line supervisors are on so many projects they can't find their "home" departments!" Another said, "They take my technical specialists, never give them back and have them doing the wrong work." The anesthesia had a truth serum effect, triggering admissions usually hidden by "you have my full support." The line managers said, "My people work for me not some project manager! They'll do project work when we have nothing more important to do here." Another said, "The only people I let go to projects are those people whose absence actually increases our productivity."

The doctor muttered, "Oh, yes this is a matrix organization." Then with a large syringe, the doctor printed a large tattoo where all could see it. It said, "No resources are free." The cost accounting department groaned, "You mean we have to do project budgeting?"

"Are projects free?" The doctor asked and then continued, "In the olden days, we could treat projects and the resources they use as free when we did just a few small projects. But as the project density grows that fantasy has to be erased. If not, projects misuse resources and "lending departments" get no relief for the resources they give up. Cross-functional authority is hard enough without making lending departments pretend that losing 15% of their person-hours has no impact."

The doctor thought for a moment and then muttered, "I'll have to move on to the head to get rid of some other fantasies."

The doctor sawed the organizational skull open to get at the fantasy beliefs. Digging through the gray matter, the doctor found the resource allocation fantasy in the frontal lobes. It said, "We can do all the projects we want without any consideration of our capacity to get the work done." The chain saw roared as the doctor implanted a new belief. It said, "The way we ensure that the important projects produce results is to explicitly allocate resources to them."

Right next to the allocation fantasy was the priority fantasy. It said, "We can avoid making tough decisions and put 99.7% of the projects into priority #1 because our people will find a way to get them all done." After more cutting the doctor implanted, "We ensure that important project get done by explicitly deciding what's less important and allocating the resources accordingly."

## Therapy Session

The next day the good doctor was busy with several therapy sessions. The executives had seven large buckets of water on the floor with a different color of water in each. Around the big buckets were smaller project cups. The doctor scurried over to coach one decision-maker, saying, "No, no the red water is all gone so if you want another #1 project you must take red water from another project. There is only so much red water unless you hire more project people.

Across the gym, the project managers worked on three different sets of parallel bars. The lowest set was for departmental projects and these PMs learned the basics to fit into the overall act and went home early. The cross-functional project parallel bars

were a bit higher and these PM had to learn more and stay longer but they got nicer uniforms. The highest set of bars were for user/client projects and these PMs had to master many techniques but they nibbled on fine wine and imported cheeses between sessions.

As they left the treatment room, the doctor asked certain PMs from all three groups to step into the micro-manager's fitting room. There the doctor fitted them with special eyeglasses that allowed them to focus on the end results of projects not just the minutia. Even after the glasses were fitted the doctor used a bit of experiential training. The micromanagers went into a padded room where a speaker blared hysterical instructions at them at the rate of 1200 words a minute and checked their work minute-by-minute so they could experience what being micromanaged was like.

When all the preparatory training was done the doctor assembled everyone from executives to PMs around a long 6-foot high pipeline. The project managers fed their plans into the front of the pipe. Some project plans were big, others small but they all committed people to a business-relevant outcome, specified resource requirements and trade-offs on cost, duration and business achievement. If not, a large portfolio management guillotine sliced them into tiny pieces. Many "good ideas" and "technically elegant" solutions failed the business results test and the tiny pieces blew away in the wind.

Once accepted into the pipeline, the executives assigned a priority to each project's resource requirements, always operating within the available capacity. Then everyone working on projects got a newly updated schedule showing their work assignments across all projects. The executives scrutinized their project's progress through portholes in the side of the pipeline. If a project gained weight or slowed down during its march through the pipeline, a door opened ejecting the project. Portfolio knives slashed away unnecessary blubber by comparing the project's sequence of measured achievements to what was necessary to deliver the end result.

The projects that emerged from the far end of the pipeline were hail and hearty and all yielded significant business results. The doctor packed his instruments and slipped out a side door; the work here was done.

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