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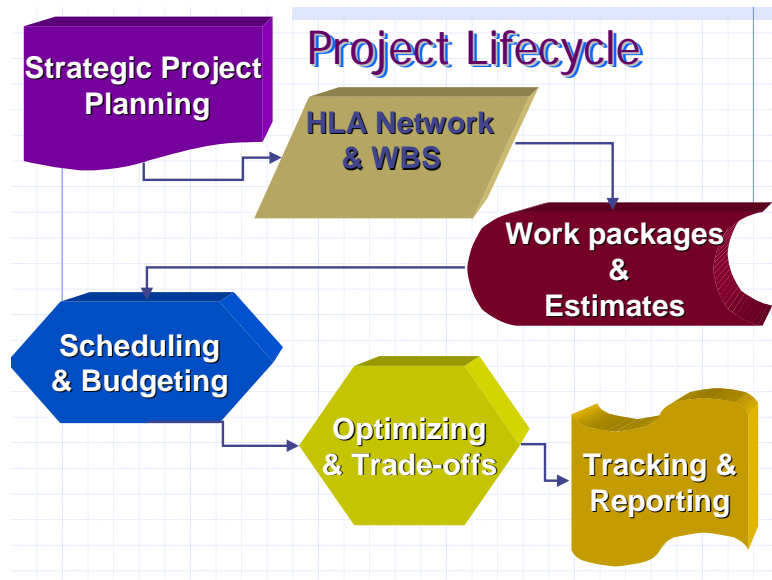
7 Sample Pages

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Managing HealthCare Projects



By Dick Billows

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Published by The Hampton Group, Inc.

For credit card orders: The Hampton Group, Inc. <http://www.4pm.com>

3547 South Ivanhoe Street

Denver, Colorado 80237-1122

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Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

Library of Congress Catalog Card Number: 94-96302

ISBN: 0-9679761-8-9

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1 – Lessons Learned

We will begin by sitting in on a "lessons learned" meeting for a failed project in a medical center. Though a gloomy way to introduce the topics we're going to cover in this book, it gives us an inventory of many of the PM problems that are all too typical in today's project management environment. After all, the point of this book is to help you avoid each one of them.

Our project manager doodled with a green fountain pen in the margin of the blank "Lessons Learned" document, sketching figures of project managers hanging from a noose. The PM had notified all the project's players of the meeting but everyone was late, just like during the project. A few of the project team members straggled in. The PM received crisp nods from some team members but many just went to their seats, eyes downcast. They'd all worked pretty hard. Oh, there were a couple that goofed off and played some games with duration estimates. However, the team members' hard work had produced nothing for them except association with a failed project. The resentment on most of their faces clearly signaled that they blamed the PM for the failure.

Some Administrative Staff members tromped in as a group led by the VP of Operations who'd had almost no involvement at the beginning of the project and whose time investment grew exponentially as deadline after deadline was missed. They were followed by supervisors from the Laboratory and X-ray departments. Last to enter were the team members from the Information System department who looked like they were marching to the guillotine for beheading.

"My gosh, yet another meeting," the VPO sneered. "We're still trying to fix the mess upstairs! If anything, the number of patient complaints and billing errors are even worse than before we started this disaster. And the Medical Staff is upset as the errors are affecting them too!"

At those words, a silver haired physician in surgical blues strode into the room, fixed the VP of Finance with a cold stare and literally sneered at the project manager. Dr. Jacobs, Chief of the Medical Staff had always been too busy to attend even a high-level planning meeting, as had the other Chiefs of services. Nevertheless, they were never too busy, or so it seemed, to complain about the results.

Dr. Jacobs said, without sitting down, "This latest disaster is affecting the quality of patient care and neither I nor the Medical Staff will tolerate that. It must be fixed immediately."

Then Jacobs glanced around the room and a thin smile came to his face, "I'm not a business manager. All I want to do is practice medicine and treat my patients. So you people will have to work very hard to fix this and please do it quickly, people's lives depend on this."

With that, Dr. Jacobs turned and left the room.

In the silence that followed Jacobs' departure, the PM capped the fountain pen, thinking that this was a wonderful way to begin the meeting and said, "Well, the idea of the "lessons learned" meeting is to try to identify what went wrong so we can improve the way we do projects."

"You people," the VPO snapped, looking around at everybody in the room, "have to do a lot better! We cannot keep having these project disasters."

"We delivered every requirement you specified even though the software you and Dr. Jacobs picked was crap," barked a member of the Information Systems staff, already red in the face.

The VPO snapped back "Go tell that to the patients who are still complaining about our billing system and how long it takes us to straighten out problems."

The PM knew it was time to regain control of the meeting. "One of the problems with our planning was that we didn't focus on reducing the number of complaints. In the beginning, we only talked about the new fancy reports that everyone wanted. Then the list of requirements kept growing every week."

From the expressions on the faces of the first-line supervisors from Lab and X-Ray, the PM knew the last comment was a mistake.

"It kept growing because you never gave us what we wanted," one of the supervisors said.

The VPO pushed back from the table and stood up, "This is getting us nowhere!" Then the VPO pointed a finger at the PM's face and said, "You were seven months late and \$300,000 over budget and we still have the same problems."

The VPO turned and took two steps toward the door before whirling back and saying, "And what I like the least about the way you people do projects is that all the bad news always comes at the end, when we can't do anything about it!"

BAD SURPRISES WHEN IT'S TOO LATE

As the project team and some Administrative Staff members continued the debate, the PM thought about the VPO's last words. There had been a lot of bad news late in the project. Sure, some of it could be attributed to overly optimistic estimates and some to scope creep. However, as the completion date kept getting pushed out, people got very nervous about reporting any more slippage. Whenever they did, the sky fell on them from all quarters. Including, the PM had to admit, from the project manager. Although they should have been honest enough to

We "frame" the project within business requirements that link departmental achievements within measured business results