

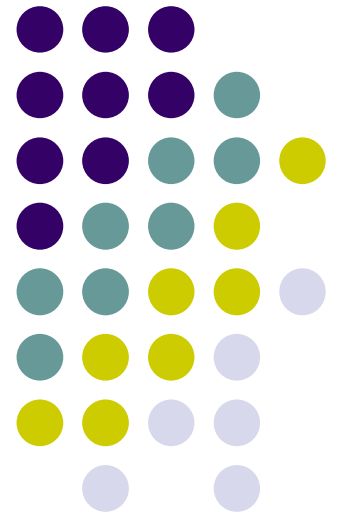
# PROJECT MANAGEMENT AS A TOOL TO INSTITUTIONAL CHANGE MANAGEMENT

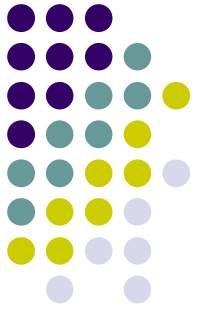
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## THE CASE OF ACADEMIC HOSPITALS IN SERBIA

Dr. Ivan Jekic

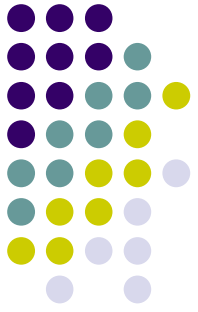
Dr. Leslie T. Szamosi





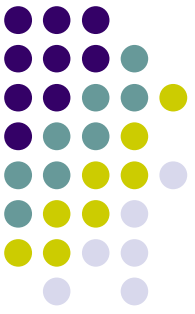
# Overview of Our Discussion

- Background to the project
- Project management literature in relation to the case study
- Four phases of the project and their integration
- Limitations / obstacles faced thus far
- Some final thoughts



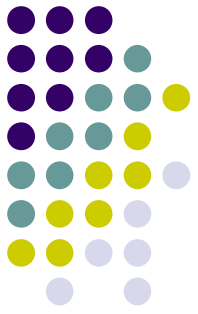
# Background to the project

- The most intensive and all encompassing health care overhaul in all of SEE, perhaps anywhere
- Two components:
  - Hard-infrastructure side
    - Complete reconstruction and equipping of four (4) big university hospitals representing 20% of the health care system
  - Soft process side
    - Hospital business planning – organizational change management at the institutional level, and,
    - Tertiary health sector policy at the systems level

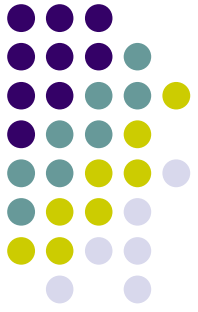


- Need to redefine:
  - Processes from the ground up
  - Managerial roles
  - Professional roles
  - Improved hospital operations
- Need to rethink:
  - Hospital processes and operations
  - Patient flow
  - Employees and goods
  - How to adapt to future changes
- Need to retrain (understanding, knowledge skills):
  - Management
  - Staff

# Project management literature in relation to the case study

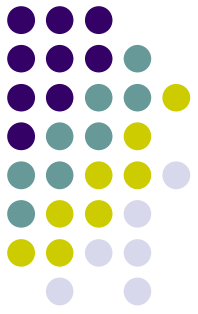


- Vast amount of literature available on PM from across the globe
- Wide literature related to the skills of successful project managers (communication, team building), project problems (resourcing, deadlines)
  - Interesting, literature points out that most problems are more human oriented than technically oriented



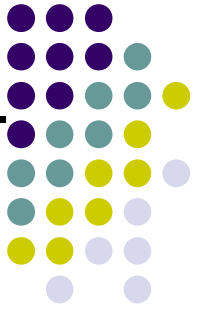
- Knowledge management represents a critical issue within organizations and PM teams
- PM and change management links need to be enhanced: break project into sections
- PM related to levels of resistance to change
- PM tools play critical roles in success – GANTT charts, Ishikawa diagrams, Pareto rules etc.

# Four phases of the project and their integration



- Phase I: negotiations and project financing – 9 months
  - Involved pre-work in the other phases to come
  - Evaluation of all hospital sites
  - Agreements on proposed improvements, standardize approaches – “form follows function approach”
  - Strong justifications necessary at both national and international stakeholder levels
  - Variety of working groups formulated
  - Resulted in international financing approval and loan arrangements as well as governmental consent

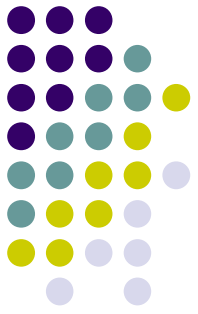
- Phase II: structure and design the project 12 months



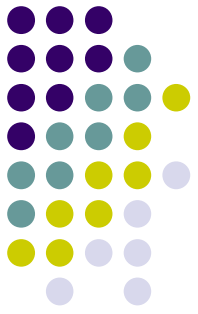
- Train the trainers approach followed
- Tendering procedures undertaken
- Knowledge transfer between the various teams formulated and the international stakeholders
- Initial business planning and change management orientations take a lead role
  - 6 major hospital patient flows focused on:
    - Emergency, outpatient, in patient, day patient, OR/ICU, hospital management
- roll-out system put in place



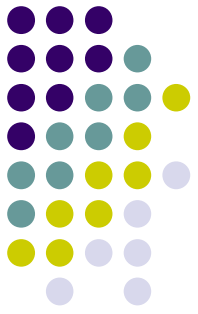
- Phase III: master plan, preliminary design and detailed: design 9-12 months
  - Review future hospital modernization
  - Review future population needs
  - Infrastructure and modernization planning integrated through change management
  - Purchasing capital equipment
  - Reconstructing existing, building new, facilities
  - Additional stakeholder input and development including: kitchen, parking, road access, laundry, thermoenergetics



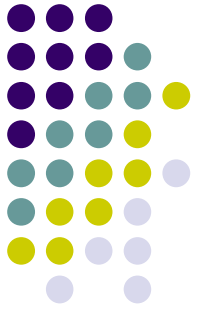
- Phase IV: infrastructure 2-3 years to implement
  - Ongoing construction of new facilities
  - Reconstruct old facilities
  - Major and portable equipment installation
  - Integrated implementation of fully functioning hospitals
  - Adjustments in training and personnel required



# Limitations / obstacles faced thus far



- PM activities had limited presence in the health care system literature and the country
- Health care is limited in terms of radical change orientations – tends to be evolutionary / life cycle oriented
- Future infrastructure is based on today's problems thus predictions are difficult to integrate
- Multiple stakeholder perspectives difficult to manage



# Some final thoughts

- The integration of hard and soft components of PM is difficult to undertake simultaneously
- PM is key, however, to health care reform
- There is much more that can be added to the PM literature when looking at pseudo-governmental initiatives with multiple stakeholders and lives hanging in the balance

