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Project Report on Change Management
“Paperless Practice”

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Data-based process support – introduction of a paperless practice in dialysis

There are three Thilo Menzer dialysis centres in the north of the German state of Hessen, each with an associated specialist medical practice. The centres are located up to 40 km apart in a rural region, and are connected by a data network. During recent years they have all been either newly built or modernised, and equipped with ultra-modern dialysis machines. The doctors, nursing staff and doctor's assistants are all peripatetic. The medical devices in all the centres are standardised, so the staff can move from one facility to another without any problem. At the beginning of 2014 it was expected that the health insurance providers would reduce the patient-staff ratio for the coming year. A decision was taken to examine the efficiency of the centres to ensure that the business could continue on a profitable basis. Thilo Menzer commissioned flow consulting gmbh to support the team in introducing a paperless practice. The project uses not only classical project management instruments, but also process-oriented procedures. During the project, alongside planned effects unexpected ones also appeared which make a major contribution to the success of the project.

Background: Dialysis

Dialysis practices treat people with kidney failure as out-patients.

These patients attend haemodialysis centres to have their blood "cleansed". Special dialysis machines remove waste substances from the blood – the job that would normally be done by the kidneys. Dialysis treatment can take up to five hours. During this period, the patients are connected to the machines and are treated while lying down. During dialysis the patients are cared for intensively by doctors and nursing staff.

Dialysis clinics offer a varying number of beds and as a rule work several shifts: one group of patients can be treated in the mornings, and another in the afternoons.

A certain patient-staff ratio is determined for dialysis practices: the remuneration from the health insurers depends on the ratio of patients to the nursing staff allocated to them.

Ulla Thöne during dialysis works

Since dialysis practices have developed as a speciality within the field of internal medicine, dialysis centres and internists' practices are generally found together under one roof.

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However, the doctor's practice and the dialysis clinic have different tasks and their employees require different basic medical qualifications.

In the dialysis centres, the employees are nurses specialised in haemodialysis and working under the supervision of a nursing care manager. In the medical practices the employees are trained doctor's assistants, some of whom have special functions, working under a practice manager. Doctors work both in dialysis and in the medical practices.

The dialysis section and the medical practice operate as a joint business unit with a large number of organisational connections. For example, administrative tasks in dialysis and services for patient management are covered by the practice.

Project objectives

At the beginning of 2014, it was expected that the health insurance companies would reduce the patient-staff ratio for the coming year. In order to continue working profitably in the future, it was decided to examine the efficiency of the centres.

Almost all the nursing, medical and administrative procedures in both the dialysis and the practice sections are highly standardised and the schedules are tight. As professional routines have developed over a period of years, the individual professional groups regard the processes as already exhausted, offering little potential for optimisation.

Despite investment in modern dialysis machines with network capability, many tasks in patient management have still been performed manually over recent years. The potential for automation and networking of the medical equipment had developed in parallel to the existing working procedures and was not being sufficiently exploited by the old working routines.

OBJECTIVES

1. Improving profitability by further optimising the processes.
2. Networking medical equipment expediently with existing work processes.
3. Creating options for more flexible deployment within each facility and between them.
4. Reducing fear of new technology.

The management team consisting of doctors, nursing staff and administrative employees decided to examine the existing workflows within the practice and dialysis sections, and the cooperation between the two.

A project was created entitled "Introduction of a paperless practice" with the aim of using the employees' working time more efficiently and integrating the potentials of the new machines into the existing workflows. Optimising the processes should mean that unnecessary work is recognised as such and consequently avoided.

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The change process should enable any free time that emerges to be exploited by deploying the employees more flexibly both between the dialysis station and the medical practice at one and the same site, and between the three sites.

The project promised to counteract the announced reduction in the patient-personnel ratio and to work more profitably with the same number of staff (dialysis and medical practice).

At the outset of the project, the participants' willingness to tackle IT-related changes in their day-to-day work varied enormously. Some employees found it very easy to use PCs, while others were very wary of these modern tools. The nursing staff in particular have reservations: they are worried about additional burdens involving work that has little to do with human beings or with nursing care.

Our approach

New processes demand clear and unequivocal target processes, which have to be defined on the basis of existing working processes. The employees need to be willing to integrate the new processes into their everyday work as new requirements.

For this reason change processes must not be drafted detached from reality, but should be planned and realised in consideration of the company's specific initial situation. The existing structures, the work culture and the self-image of the various professional groups all have key roles in the process.

Two approaches are combined

Given the complexity of the starting point described above, we decided to combine two approaches:

1. The existing processes were recorded in an Excel-based analysis table. This formed the basis for carrying out various types of evaluation of the business performance indicators.

2. The employees and their process expertise were involved in the change project right from the outset. They were given an opportunity to talk openly about their views, potential problems and risks they see associated with the changes, and to be involved in shaping the necessary implementation steps. Throughout the project special attention was paid to employees' acceptance of the new processes and integration of them into their daily workflows as new requirements.

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“Paperless Practice” project

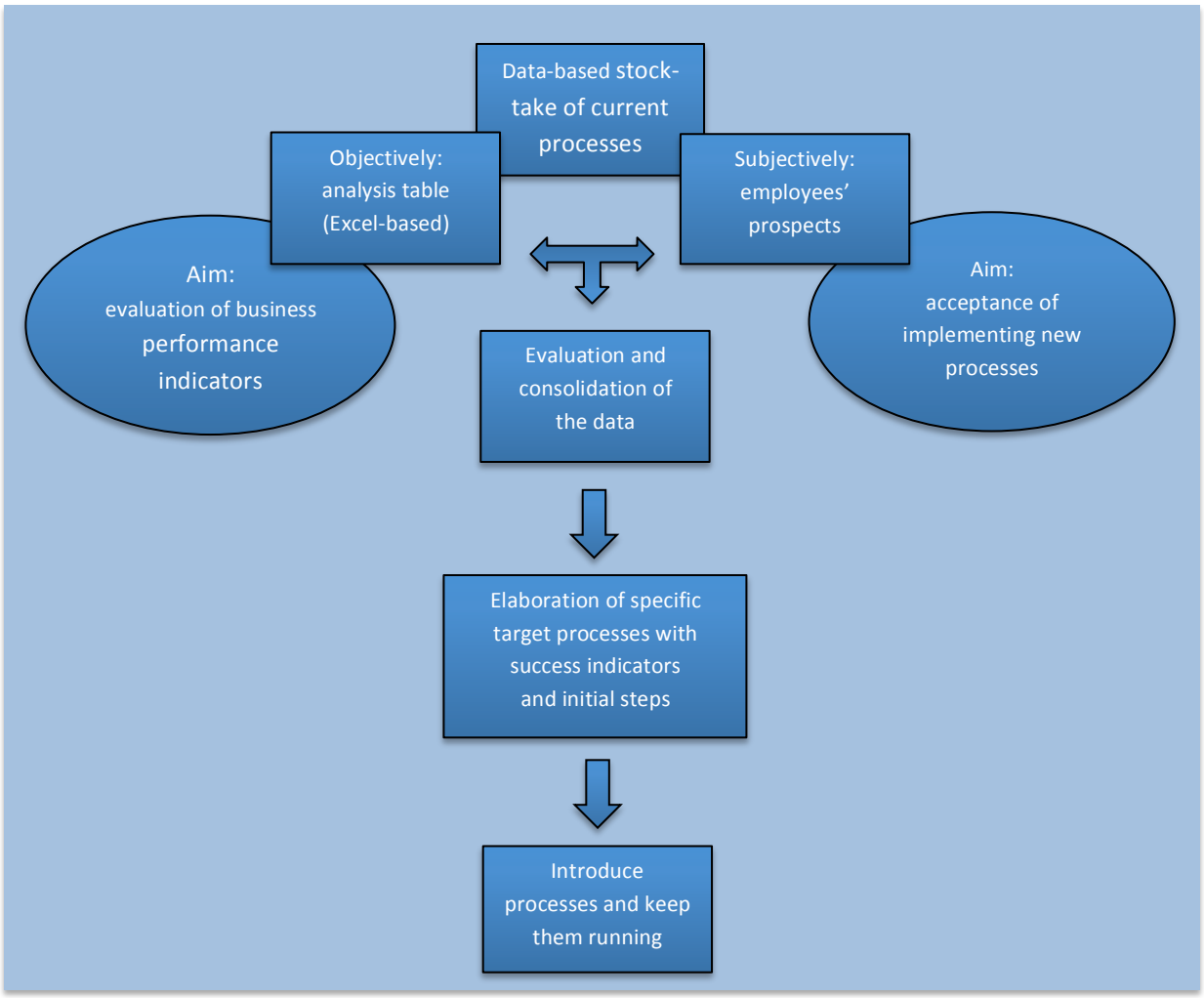

Fig. 1: Basic project design

Step 1: Creating a data-based record of existing processes

Individual program for stock-taking

The existing work processes were recorded to generate a clear picture of the initial situation. To this end, flow consulting programmed a survey tableau based on an Excel file with survey categories worked out in consultation with the facility manager.

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With the aid of the tableau, employees could record all their activities throughout a day in five-minute increments. These activities were allocated to basic categories such as work with patients or patient management. Internal and external interfaces were also surveyed, such as the specific use of software and PCs.

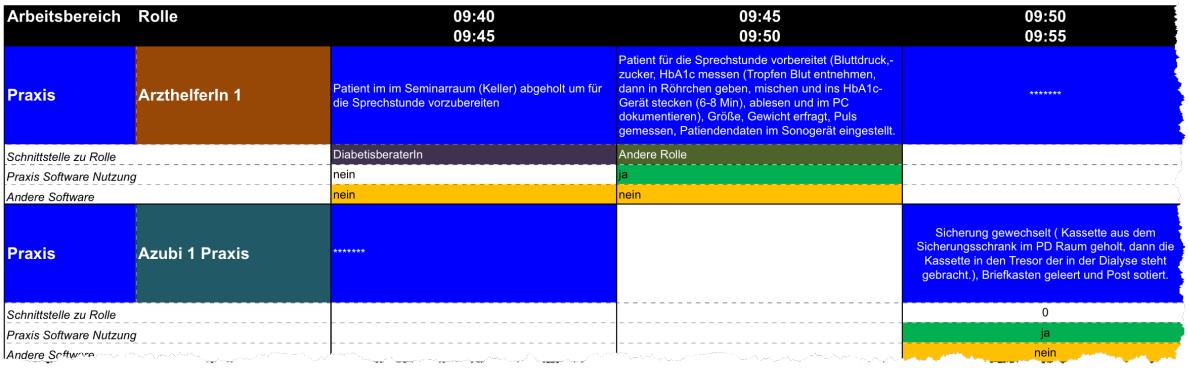

Fig. 2: Data-based recording of current processes (selection)

Personal records of current processes

After receiving brief instruction, staff members in the various work functions filled out the Excel tableau independently. The employees described the type and duration of their activities during a typical working day, and allocated them to the basic categories previously determined jointly with the facility manager and flow consulting.

Summe der Zeit pro Arbeitsbereich und Rolle

Arbeitsbereich	Rolle	Patient	nderes	Verwaltung Patient	Ve	Summ	In Prozent
Praxis	ArzthelferIn 1	1:	0:50:00	5:40:00		0	:00
Praxis	Azubi 1 Praxis	1:	1:10:00	3:00:00		0	:00
Praxis	DiabetisberaterIn	6	0:00:00	1:25:00			:00
Praxis	PraxismanagerIn	0	1:10:00	0:00:00			:00
Dialyse	Andere Rolle	2	0:00:00	0:00:00			:00
Dialyse und Praxis	Arzt	8:	0:30:00	1:00:00			:00
Dialyse	Pflegedienstleitung	0:	1:00:00	3:10:00			:00
Dialyse	Pflegekraft 1	6	1:45:00	1:25:00			:00
Dialyse	Pflegekraft 2	6	2:55:00	1:25:00		0	:00

Fig. 3: Statistical evaluation of the processes recorded (selection)

In terms of method, the stock-take of the existing processes was carried out by the staff keeping individual records of how they spent their day. The inaccuracies that might possibly result were accepted with good reason in this project: firstly, with this procedure we very rapidly obtained a good general overview of the underlying processes in the dialysis station and the medical practice.

Secondly, our approach did not overload the employees with unnecessary detail. And thirdly, we were

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able to approach the staff as needed at any time during the course of the project, to obtain any additional information required.

Data evaluation and consolidation

Our aim was to give the data collected a critical check, in order to obtain a reliable picture of the current work processes which we could use for the project. To this end, the process data were printed out on large paper walls up to 15 m in length, and evaluated in cooperation with the medical management and the manager of the respective section. All the employees' processes were displayed in parallel on the paper walls, just as they had been described in the survey, to provide a general overview.

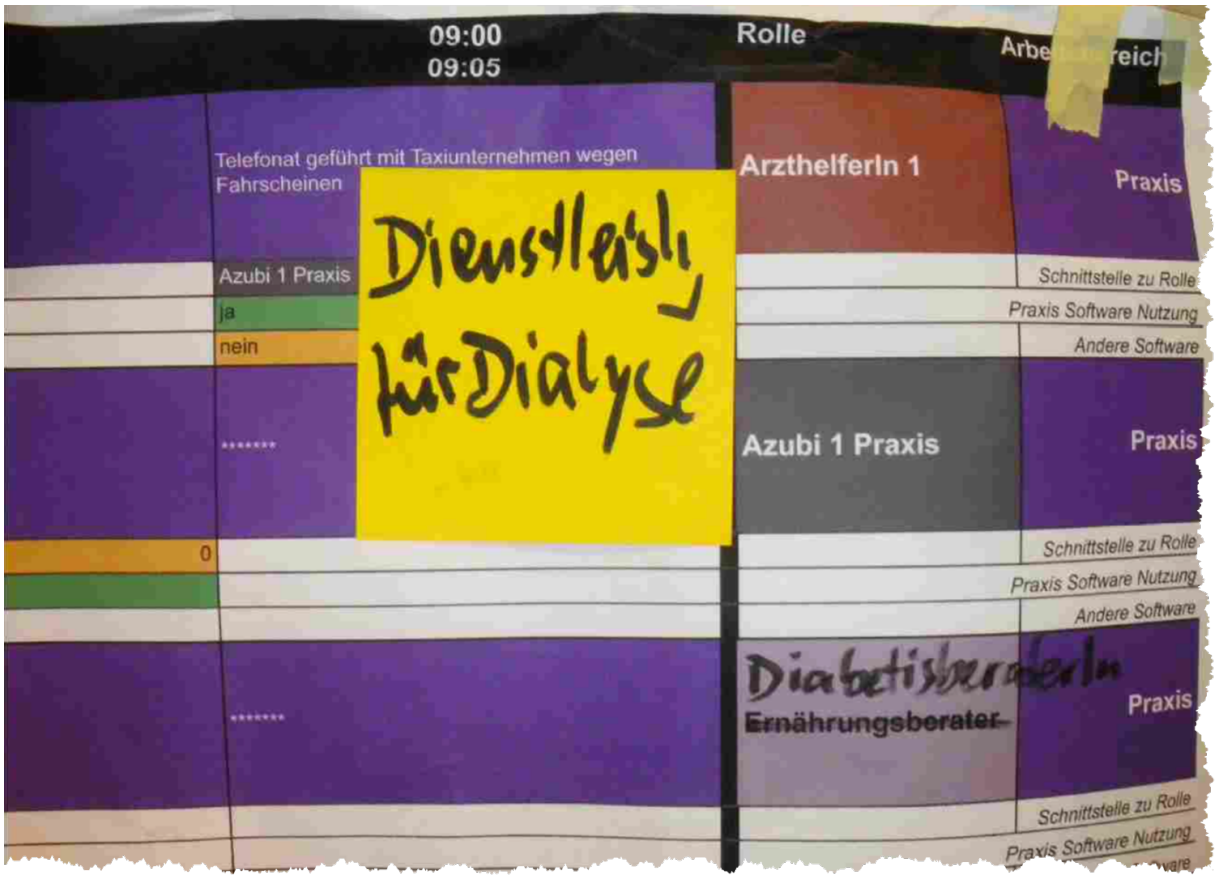

Fig. 4: Paper wall showing current processes (selection)

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In the evaluation discussions, corrections were noted on yellow adhesive notes and stuck directly onto the paper walls. They were then added to the evaluation. So the existing processes were corrected by removing errors and incorrect assessments, and documented for further work later on. All the evaluation results were visualised. This resulted in future requirement profiles and initial proposals for the new workflows in a “paperless practice”.

As many of the work processes had been adapted over recent years with small changes and spontaneous “local” solutions, and optimised by the employees, the evaluation of the process stock-take created a good overview of the status quo of workflows in the dialysis stations and the practices.

At all times, it was possible to discuss and tackle work processes that did not function smoothly.

These preparations gave us a realistic picture of the work processes, which we used as the foundation for our further project planning. In addition, we learned about key aspects of the existing work culture.

Step 2: Target processes are elaborated

Following the process analysis, the next step was to extend participation within the facility and to include the expertise of the employees for defining the target processes of a “paperless practice” in the project.

Alongside the chief physician, the nursing care manager and the practice manager, now the extended management team held meetings including all the doctors and persons from the dialysis stations and the medical practices who stand in for others.

EVALUATION RESULTS

Realistic current processes: The information from the employees‘ individual notes was checked for consistency and correctness. Realistic current processes were elaborated.

Neutralising effect of the database: The database revealed workflows and the “organisational culture” of work processes, some of which had been known for a long time to be problematic. This enabled joint reconsideration and assessment of the employee logic behind the processes. This understanding made a significant contribution to not personalising existing workflow problems and to creating a realistic description of target processes in the “paperless practice”.

Updated business processes: The stock-take and the general overview of key workflows led to an update of the business processes. This makes it possible to update the processes specified in the ISO handbook.

Clarity concerning new processes: We identified which of the existing processes should in future be changed for a “paperless practice”, and which new processes have to be introduced to achieve this objective.

Co-ordination of objectives: After joint discussion of the results with the medical management and the section management we were able to specify the project’s objectives in more detail and co-ordinate them. Both understanding and acceptance of the project’s objectives increased in comparison to a top-down approach.

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The analysis results are presented to an extended circle

In the first working meeting of the extended circle, the objective of the "paperless practice" was again presented and the steps already derived from the survey and the data analysis were explained. The results from the process analysis were pre-sorted by work focus: dialysis, practice and facility management. The managers were tasked with formulating specific, feasible target processes with their staff.

At this meeting, the actual project was presented and discussed in a larger circle of managers for the first time. The transparent objective that had been elaborated jointly, the chance to express worries, and the offer of actively working together to shape the new work processes, all led to a constructive working atmosphere. The participants discussed initial approaches to implementation for the networks between the dialysis station and the medical practice. In particular the members of the management who had previously been very sceptical about IT changes were keen to take part.

A new understanding of roles develops

In the past a very hierarchical system coupled with orientation on doctors had frequently resulted in very reluctant transfer of managerial responsibility (for the whole operation, also for non-medical topics) to the other managers.

In the project, several members of staff took on the new roles very successfully in the management team. This included a different way of handling IT. The attitude of "Yes, I can do it, I just might need a bit more time," led to important and motivating attitudes in relation to the change process.

Dr. Thilo Menzer carrying out an ultrasound examination

Employees whose strengths had previously been in patient care were entering "new territory" and embraced the project objectives. They put the project over to other colleagues in a very authentic manner and early on made efforts in the management team to bring about appropriate qualification conditions during the implementation phase.

Target processes are defined jointly by all stakeholders

The managers of each section presented the project to their employees in staff meetings, and they also defined the future target processes with them. For this purpose all the sections also filled in a form on their target processes as suggested by flow consulting. It contained a brief description of the target process, its success indicators and the necessary steps for implementation.

Under flow consulting's guidance, the management team met again after six weeks and the formulated target processes were presented. The target processes were modified wherever this was generally deemed necessary. Then all the steps necessary for implementation were prioritised. The facility

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management gave the green light for measures that could be realised directly. Responsibilities and time horizons were determined then and there.

It was decided to appoint an IT co-ordinator within the team, who could be contacted by the staff members during the changes. She was also to collect all the IT questions associated with the introduction process and pass them on to the corresponding trouble shooter.

The intensive process analysis and communication with employees produced a clear picture of where facilities differed and where parallels existed. For example, solutions from other dialysis clinics were considered critically and carefully transferred to the specific situation in the Thilo Menzer dialysis centres, instead of just blindly copying them.

CHANGES OCCUR EVEN WITHOUT A MASTER PLAN

As described here, the approach taken may well correspond to the expectations of pragmatic project managers. In addition, during this stage some exciting developments occurred even though they were not planned.

More recognition for people who deputise:	**Direct changes without a project plan**	**Using best practices**
People standing in for others generally had a supporting function in daily business. They were closely integrated into the operating business. They assumed managerial tasks only to a very limited extent, e.g. when deputising for mangers who were sick or on holiday. During the course of the project they received more recognition and took part in the discussion on an equal basis.	Discussing the target processes in the separate sections was a way of tackling changes for the “paperless practice” without a formal request. For instance, unused functionalities of medical devices were activated and integrated into the daily routine. And new solutions were found for the division of labour between the dialysis section and the medical practice – without any kind of steering from the project. In the past this had been the subject of long, fruitless debates between the sections. For example prescriptions for the patients are now printed out directly by the dialysis personnel without needing to go via the medical practice.	Working on the project topic led to networking with other facilities: contacts were forged with practices that had already introduced paperless systems.

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Keeping the process going

Following the description of the target processes, it was necessary to keep the newly introduced processes going so they could become established and the team would not return to old routines. During this step, the managers generally took on tasks in the field of hardware requirements for the "paperless practice" and clarified legal issues regarding mandatory documentation and patient data security.

After a period of three months, the management met once again and discussed the current status of the implemented agreements. As agreed, an IT co-ordinator had been found from among the employees; her role and tasks within the project had been discussed with her.

At the time when this report was written, the project was not yet completed. Work on it is progressing step by step in order to draw ever closer to the vision of a "paperless practice", and so that the profitability of the whole business continues to improve.

The data-based process analyses at the beginning of the project will enable a direct comparison with the new target processes at the end of the project. The potential savings realised can therefore be presented in a "before-and-after" view.

Project success factors

Change projects are put into practice by moving forward, and understood by looking back. Their continuing forward development requires certain general conditions for gearing the actions of the organisation's members to the desired goals. At the same time, it must be ensured that the participants are receptive to unplanned developments.

If a change project concentrates solely on planning this leads all too quickly to a state of technocracy. Exclusive concentration on being receptive to all development processes easily leads to arbitrary results. Something similar applies to defining the objectives: an excessively one-sided orientation on objectives leads to tunnel vision, but a lack of objectives leads to a lack of orientation. Realistic and sustainable change can only arise if orientation on objectives and openness towards objectives act in concert.

The success of the project "paperless practice" so far is due to the integration of differing basic principles in the overall change concept. We have applied data-based procedures such as process analysis along with process-oriented, open procedures such as moderated discussions and employee participation. The open procedures (e.g. the employee survey) and closed-loop procedures (e.g. management defining the overall conditions) complemented one another.

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SUCCESS FACTORS

Data as basis

At the start of the project we applied data-based process description to achieve a fact-oriented analysis of the initial situation. On this basis it was possible to undertake a range of different assessments such as time analyses, and to identify economic weaknesses. At the beginning the data analysis markedly accelerated the discussions and formed the foundation for a rapid project launch.

Clear objectives and simultaneous receptiveness to unplanned developments

The process of formulating objectives for the target processes, in which the employees were involved, generated clear objectives for the overall project. Involvement of the staff motivated them to work independently on the project and to inject their own changes into the process.

Self-organisation needs co-ordination

If people organise themselves, there is a tendency to implement what is obvious and generally well-known, and to leave out anything that is difficult or as yet undeveloped. For this reason, the process had to be co-ordinated without limiting motivation. The project path was therefore adjusted and adapted by iteration in short learning loops.

Participation and decisions

Including the staff on all levels improves acceptance of the changes. Simultaneously, clear decisions from the management are needed to provide orientation and eliminate uncertainties. In our opinion, the combination of open and closed-loop procedures was crucial to the success of the project:

- categories in the stock-take of processes are pre-defined by the management
- process stock-take includes all members of staff
- management team complements the process stock-takes
- involvement of stand-ins and decision by the managers
- integration of the employees in the staff meetings on the target processes
- rapid decisions on employees' ideas concerning immediate implementation by the facility management.

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