

STRATEGIC PLANNING AT THE RIGHT LEVEL

We need to accomplish three things to avoid the activity trap:

- ❑ We need to gain access to, and time from, upper-level decision-makers
- ❑ We need to secure their commitment to the measured definition of project success, the MOST™
- ❑ We need to get their formal approval of a network of business achievements (HLA™) that will yield that end result.

GAINING ACCESS

In many healthcare organizations, gaining access to upper-level decision-makers is difficult. In these formal hierarchical organizations, people at that level may not be accustomed to spending time with low-ranking project managers. There may be organizational culture norms of executives working primarily with their peers and subordinates, not lower-ranking people from other organizational units. There are also cultural issues about physician involvement in what they regard as “administrative” efforts as well as resistance to the involvement of “lay” person in patient care issues. We can also add turf issues between various “silos” in the organization where cross-functional efforts are viewed as an intrusion of outsiders at best. Second, on previous projects, HC project managers may have trained administrators and physicians to avoid project planning meetings like the plague. If these stakeholders have experienced planning sessions consisting of nothing but technical mumbo jumbo and detail, they very reasonable have little interest in attending another. With that sort of prior experience, we should not be surprised when executives insist on delegating the planning chore to lower-level decision-makers or even hire the own interface people so they don't have to sit through all the technical talk that is irrelevant to the pressures they face.

If we have these access problems, we can use three techniques. First, we might directly approach the key decision-makers from both the Administration and Medical Staff and ask for time to do strategic project planning. In some organizations, this direct approach would be a “career-ending move.” In other, usually smaller, organizations it might be accepted. However, in most HC organizations pecking order and status issues cause decision-makers to be very sensitive to having their toes stepped on. For example, a project manager who approached several radiologists without going through the Chief of Services and the manager of that department might cause great offense to those people who would feel that the PM had “gone around them.” If we can directly approach the decision-makers, we ask for a limited amount of time for strategic project planning, using phrases like, “I need strategic direction on where you want this project to go.” Or, “Before I can get started, I need to understand how you will evaluate the results of this project and exactly what business results you want to

buy." We also might try, "I'll certainly be working with your people on the details but I need to start with an understanding of your strategic vision of where this project will take (the company, your division, this department)."

The second option for gaining high-level access is to work our way up the decision-making hierarchy. This route is much more time-consuming than trying for direct access to the executive but is politically safer in the sense that we don't cause resentment on the part of bypassed decision-makers. The other difficulty with working our way up the hierarchy is that we can easily be blocked. We may encounter a stakeholder who will not facilitate our taking the next step up. Their reasons for blocking our access to higher levels may be rooted in a concern that they will look like they "can't do their job." Or they may feel they gain power and influence by restricting others' access. So working our way up the stakeholders' decision-making hierarchy can consume a great deal of time and still cause us to fail to reach the executive-level decision-makers.

Our third tactic is to use our own organizational superiors. Because of their higher rank, they may have a better ability to reach stakeholder executives than we do. With this alternative, we have to work through another person and possibly suffer the clarity problems that result from this indirect process of information translation.

Let's see how we might gain access in our People's HealthCare project.

PEOPLE'S HEALTHCARE CASE: GAINING ACCESS

We left Kelly, our project manager, in the CFO's office pointing out the impossibility of proceeding without senior decision-maker evaluation, commitment and approval. They were discussing how important it was to get a clear sense of direction from the executives. Lane wanted Kelly to start now and plan later. Knowing that directly contacting the Medical Director or Administrator was forbidden in this culture, Kelly decided to push Lane rather hard on the access to the executives. It's better to have Lane a bit angry now than furious when the project fails.

Kelly said, "The sure way for us to fail is to start work without getting senior management to consider and decide on the strategic issue we face."

Lane lamented, "You need to understand that I'm having trouble getting anyone involved. All I'm hearing is that they're all too busy to sit through another of those endless project meetings that their subordinates can handle. Plus, we always have a hard time getting physicians to come to any meetings."

"Well the dumbest thing I could do now would be to start work or even the detailed planning until the strategic decisions are made; and that is not something their subordinates can handle. How about if I, or you and I, meet directly with your new boss, K.C. Johnson?"

“That’s not such a good idea because I’ve been appointed the project sponsor and K.C. is still trying to get settled in. Why don’t you start work on the detailed requirements for the project and I’ll work on getting the docs and other execs together for a meeting.”

Kelly responded with a grunt and said, “Then both of us will get blamed when the project fails, as it surely will if we don’t get a strategy approved. And if the docs and execs see that we’ve started without their having to cope with the tough issues, you’ll never get them to come to a meeting. Even getting time from K.C. is not enough. I have to have the physicians involved or we’re nowhere. Is there a physician that I might be able to work with now?”

”Ok, I’ll set it up for you” Lane said, “Call Dr. Janet Simms tomorrow. She heads up Pediatrics and has been in on a lot of our technology projects. She might be good entree to the medical staff.”

“Great,” Kelly responded. “I’ll get that ball rolling and please see if you can’t get us some time with your boss. A short session with K.C. might save both of our hides on this.”

“Okay, let me see what I can do.”

TRYING ANOTHER APPROACH

Our project manager has pushed the issue of strategic planning pretty hard with the CFO. If that avenue doesn't create the necessary access, Kelly might pursue working up the physician area hierarchy. The tactics to use when we pursue this alternative are based on building some shared concern with lower-level decision-makers about the high odds of project failure if we don't know the end business result both the Administration and Medical Staff want and will support. Specifically, we need to talk about the fact that we are flying blind in terms of how upper management will evaluate the success of the project. This sets up a situation where we really can't proceed with the detailed specifications until we understand what upper management wants to achieve. The sessions are often difficult because our contact people don't like to admit to a project manager that they don't know the specific objectives upper management has in mind. They also resist going back to their boss for additionally information, thinking that it indicates a lack of capability on their part to manage the project. The fact is that most projects are poorly defined at the outset and we need to press for clear measurable business outcomes before we proceed.

We need to create a community of interest where we understand the different ways we can engage the various groups of stakeholders and gain their commitment. While our project will have one measure of success and achievement network, that does not mean that each stakeholder will perceive the same benefits as other stakeholders. Accordingly, we need to be sensitive to these differences in perception and not assume that we can gain every stakeholder's commitment with the same set of benefits. Let's see how Kelly uses this technique when working up the Medical Staff hierarchy.

PEOPLE'S HEALTHCARE CASE - WORKING OUR WAY UP THE HIERARCHY

Kelly waited for 30 minutes beyond the appointment time before Dr. Janet Simms rushed into her office and tossed a Palm handheld and a cell phone on her desk as she smiled and sat down behind it.

"It's one of those days, I've only got ten minutes," Dr. Simms said and then grinned, "So you're the project manager from hell who's going to turn all us docs into data entry clerks."

Kelly laughed, not surprised that rumors were already circulating among the Medical staff and decided that the direct approach was best, "Then I'll get right to the point. There seems to be a lot of resistance to using portable devices rather than the old transcription-proofreading process. Nevertheless, it seems to offer physicians significant time savings and a way to improve the billing problems they face. Also, I'm not sure how we're going to be able to meet the MHCBC requirements if we must hire so many new secretaries that we bankrupt the organization."

Dr. Simms responded, "Well, I'm all for it. It will save me time because I won't have to proofread the secretary's transcription. Overall, we'll save time and money. But don't lose sight of the really big benefit. On orders and notes, we have 90-95% accuracy but even that level still represents a significant patient care risk for everyone on the medical staff. Eliminating the transcription and proofreading cycle may well let us get the accuracy much higher. So, I'm for it but I'm computer literate. Not everyone on the medical staff is."

Kelly, nodded and said, "You make a great case for the portable electronic devices and terminals. How do we overcome the resistance?"

"You won't have much trouble with many of the staff, frankly, but you also won't get any support from Dr. Ellsworth, the chief of the medical staff. He'll hide in his office when the staff starts complaining rather than shoulder any of the blame."

Kelly was surprised at Dr. Simms frankness and it must have shown because Dr. Simms said, "Oh, I tell him the same thing to his face. We don't have strong medical staff leadership."

"I can't even get him to come to a meeting to plan the strategy and this sure as heck will affect the medical staff."

Dr. Simms frowned, "It sure will. But Ellsworth's normal behavior is to ignore programs like this and then criticize them later...maybe even complain about having no input."

"So how can we encourage this change in the medical staff? Can you get me in to see Dr. Ellsworth?"

Dr. Simms smiled at the "we" and then said, "I will support this but we're talking about a major cultural change. Let me think about it and about approaching Dr. Ellsworth...maybe I'll talk to some other people."

Dr. Simms' handheld chimed and she rose and said, "Saved by the bell. We'll talk more later."

Kelly followed her out, turned a corner and literally ran into Lane Larson. Kelly described the meeting with Dr. Simms and Lane said, “Sounds like you did a good job. I had a message from K.C. who has okayed an executive planning session.”

“That’s great! I hope K.C. understands how important it is for the Medical Staff to be represented in the planning,” Kelly remarked.

Lane confirmed, “Oh yes, K.C. mentioned that Dr. Ellsworth will be involved. Do you know him?”

Kelly chuckled, “Only by reputation.”

Working our way up the hierarchy is difficult. We need to convince each level of management in the stakeholder hierarchy to help us gain access to the next level. The important point to remember is that each time we move up a level in the hierarchy we are better off than if we had limited our strategic planning to lower-level decision-makers. In some project situations, none of the tactics we have discussed for reaching up to executive-level decision-makers may work. However, even if we only make it halfway to the top, we are far better off than if we must do all our planning with the lowest level decision-makers.

We've explored some different tactics for getting to executive decision-makers. It may seem that we have spent too much time on this point. However, it's better to push hard up front because the other choice is to wait until we near the end of the project and learn what they really wanted by listening to the litany of business results we didn't help them accomplish.

When we do gain access to executive decision-makers, the way we conduct the meeting is very important.

THE STRATEGIC PLANNING SESSION

Once we gain access to the “right” executive-level decision-makers, administrative, technical and medical staff, it would be ideal if the meeting were limited to these executives and the project manager. The more typical situation is that the strategic planning session is a large group meeting. Executives often feel the need to include their subordinates who are “more familiar with the details.” HC project managers add to the crowd by bringing team members. In addition to the general problems we're all familiar with in trying to make decisions with a large group, we need to avoid the activity trap or we will lose the executive involvement.

We've worked very hard to gain access to our strategic decision-makers and the last thing we want is to have this meeting sink into the activity trap discussion of minutia. That will cause the stakeholders to either leave or vow never to attend one of these sessions again. When we have lower-level supervisors, technical experts and middle managers in the sessions, they often fall prey to wanting to impress the boss with their knowledge. Our own HC project team members may also see this