

14TH NATIONAL EMERGENCY MEDICINE CONGRESS

5TH 19-22 April 2018 Kaya Palazzo Golf Resort Hotel
INTERCONTINENTAL EMERGENCY MEDICINE CONGRESS
INTERNATIONAL CRITICAL CARE AND EMERGENCY MEDICINE CONGRESS



Management instruments in the ED

Antalya, April 2018

Dr. med. B. Hogan, MBA

Past President DGINA



Past President EuSEM





Speaker: Barbara Hogan

Title: Management instruments in the ED

Member of a scientific committee

NO

Speaking or writing in exchange for remuneration

NO

Travel expenses and/or registration to congresses or other events covered

YES

If so: ... [as invited speaker](#)

Leader of research of clinical study

NO

Agenda

1

Determinators for operational dynamics in the hospital sector

- The moments when change is necessary

2

Management Instruments in the ED

- SWOT Analysis, Lean Management, TQM, BSC, Process Management
- Strategic Personnel & Competence Management
- Change Management, Project Management
- Syntegration – in the ED as Complexity Management
with development of interprofessional synergies through
Process, Structure and Integration of Leadership competences
- Start of Reorganisation of the hospital
- Impact of optimized ED processes on hospital productivity

Agenda

1

Determinators for operational dynamics in the hospital sector

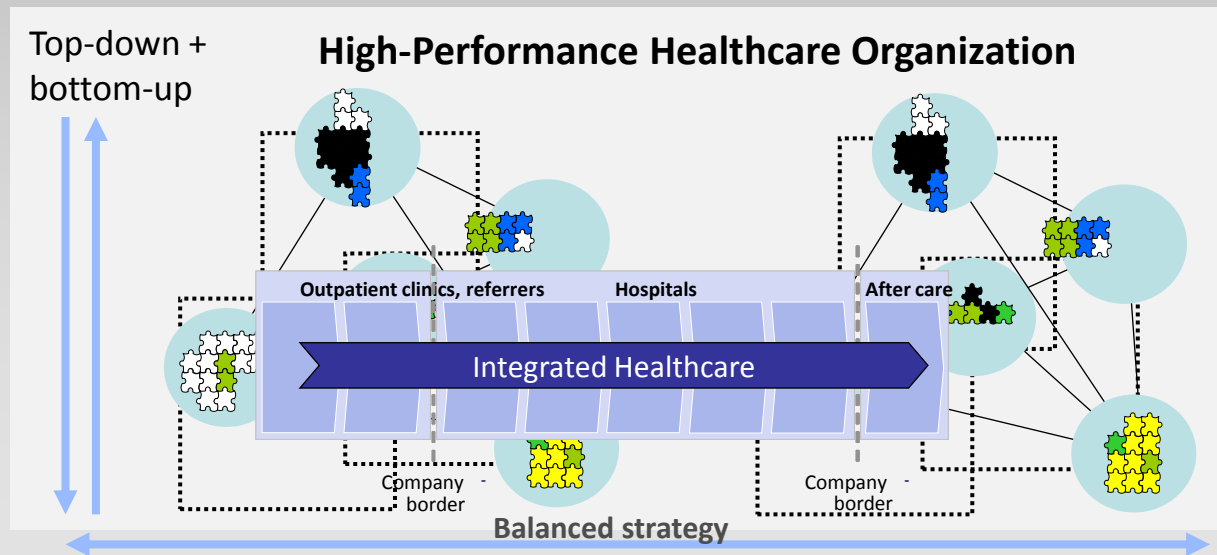
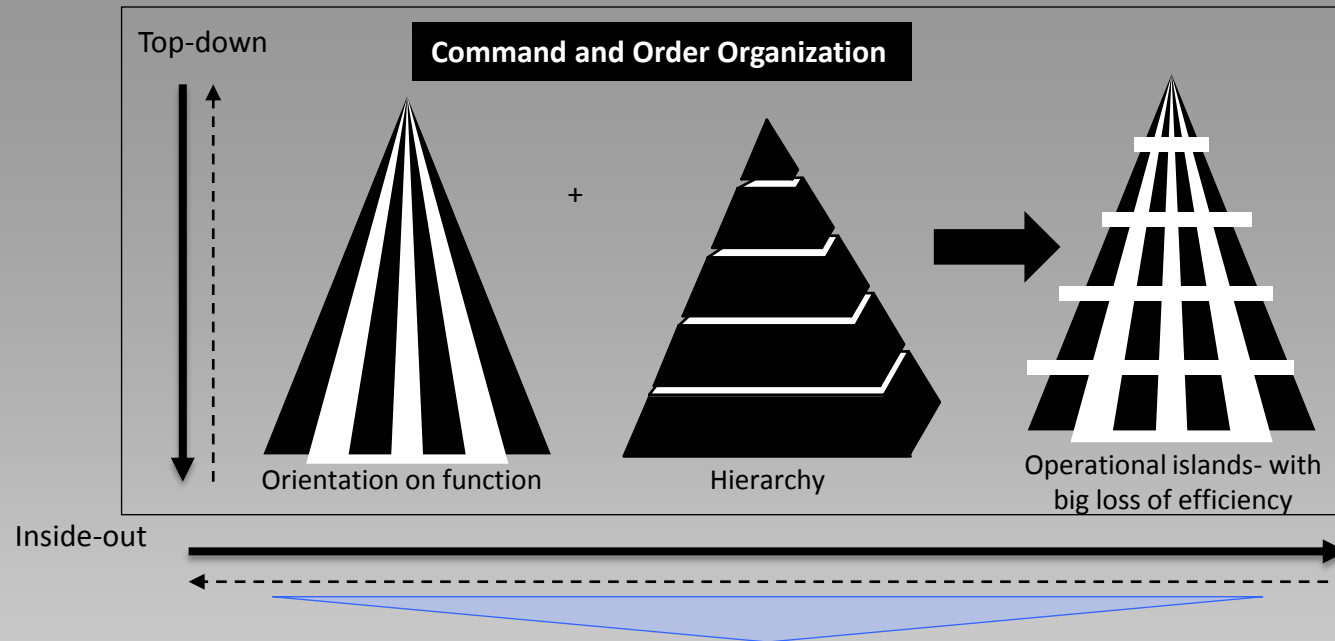
- The moments when change is necessary

2

Management Instruments in the ED

- SWOT-Analysis, Lean Management, TQM, BSC, Process Management
- Strategic Personnel & Competence Management
- Change Management, Project Management
- Syntegration – in the ED as Complexity Management
with development of interprofessional synergies through
Process, Structure and Integration of Leadership competences
- Start of Reorganisation of the hospital
- Impact of optimized ED processes on hospital productivity

Transformation hierarchy “Silo hospitals” to process-oriented and patient-centred expert organisations



Agenda

1

Determinators for operational dynamics in the hospital sector

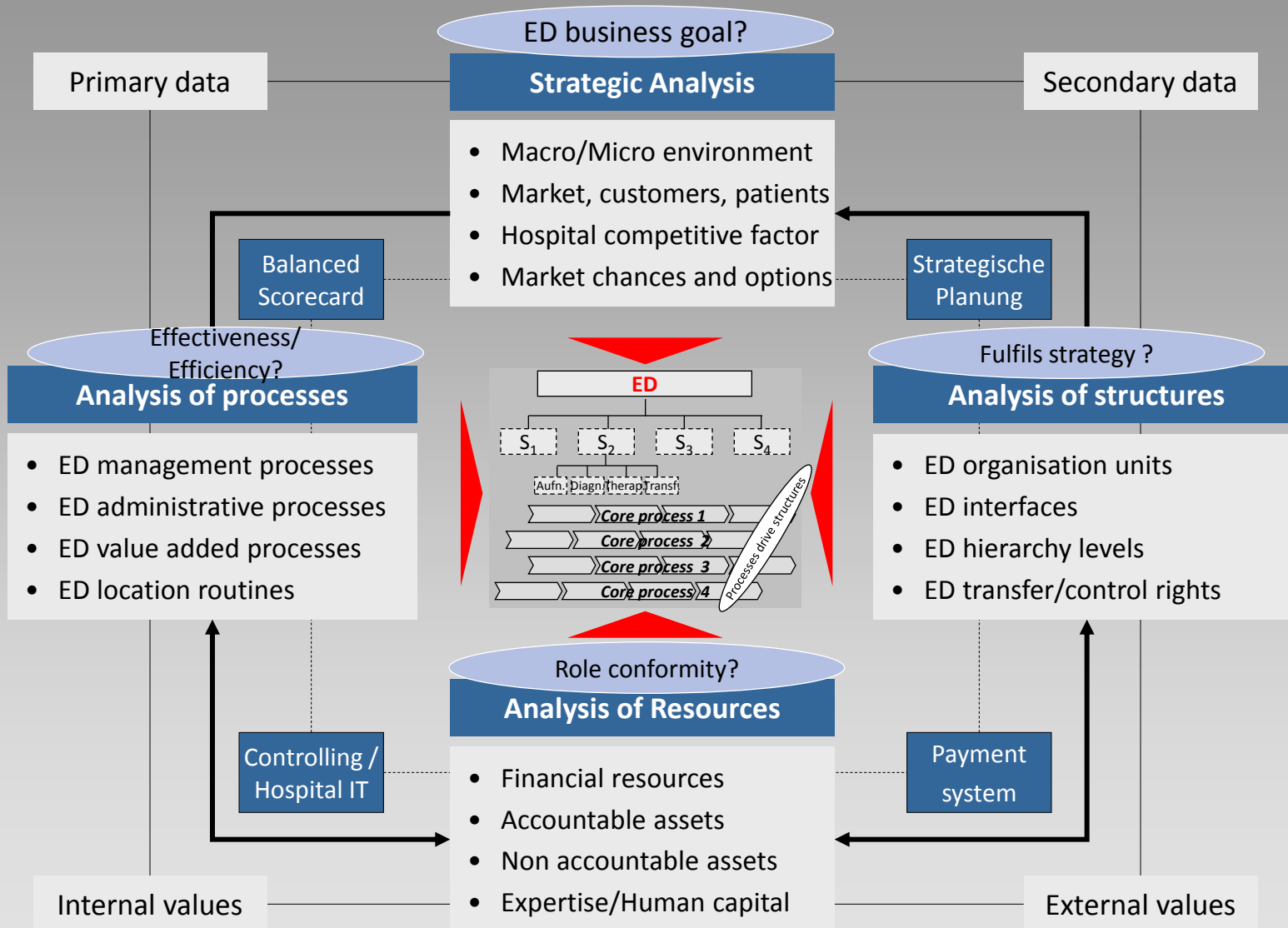
- The moments when change is necessary

2

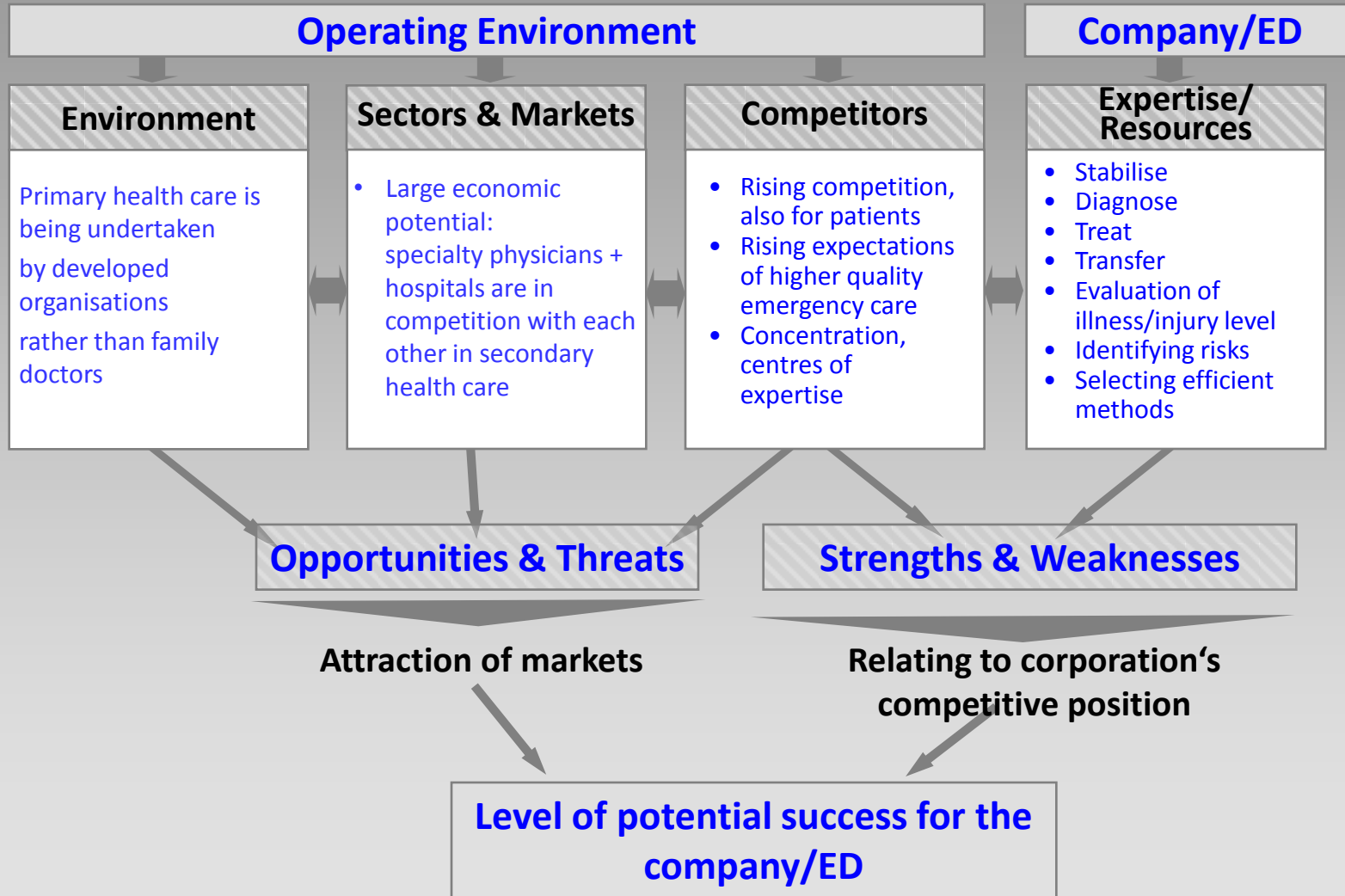
Management Instruments in the ED

- SWOT Analysis, Lean Management, TQM, BSC, Process Management, Strategic Personnel & Competence Management
- Change Management, Project Management
- Syntegration – in the ED as Complexity Management with development of interprofessional synergies through Process, Structure and Integration of Leadership competences
- Start of Reorganisation of the hospital
- Impact of optimized ED processes on hospital productivity

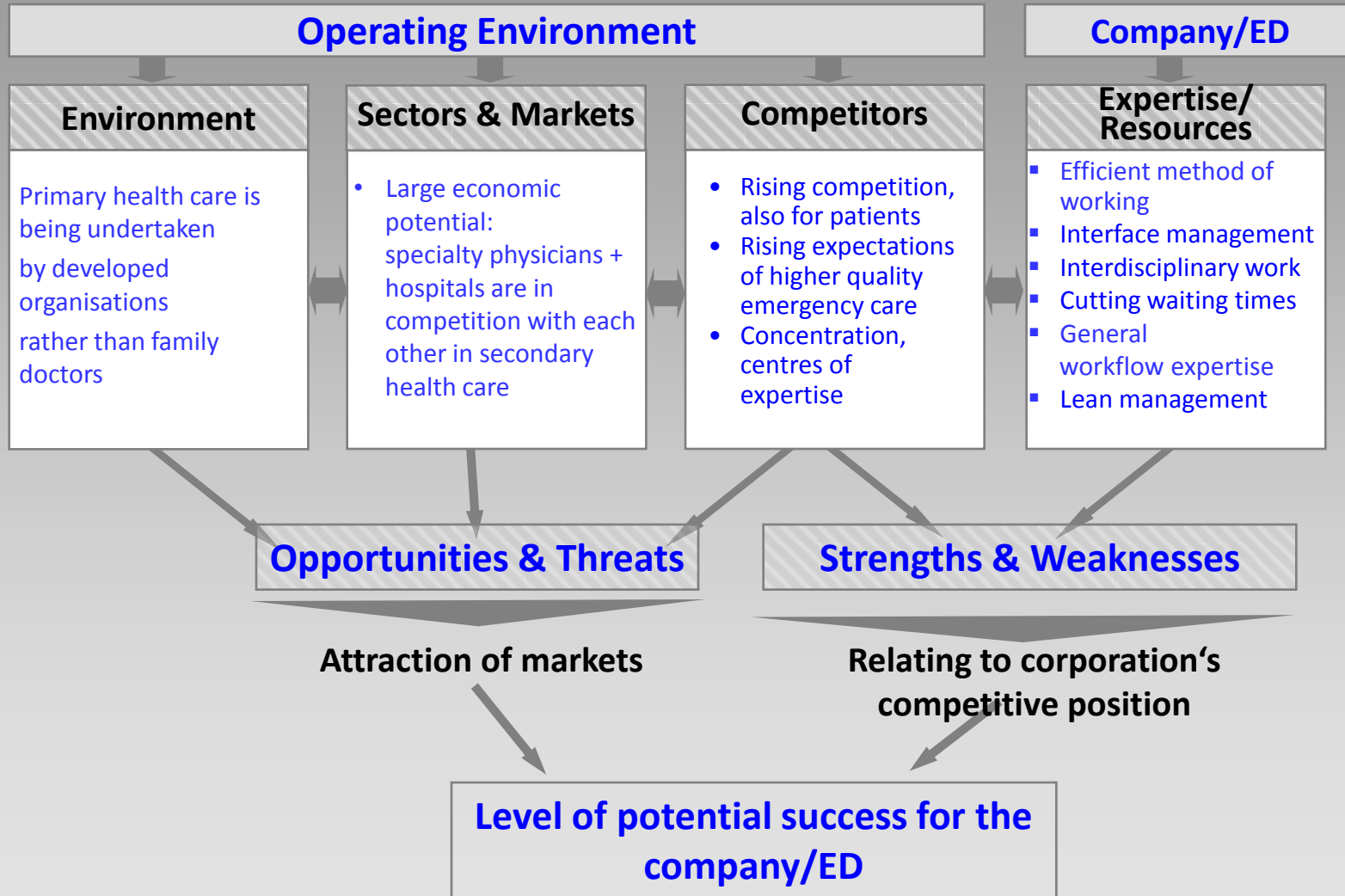
Analysis sectors for mobilisation of hidden performance reserves



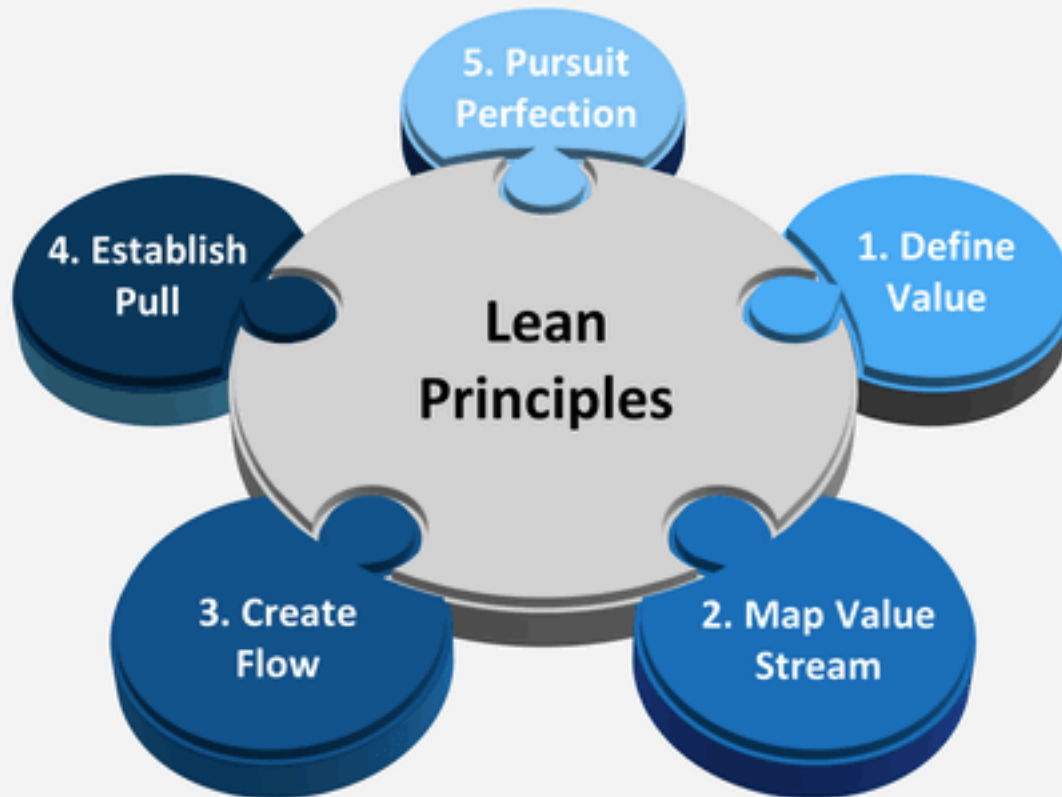
ED SWOT analysis



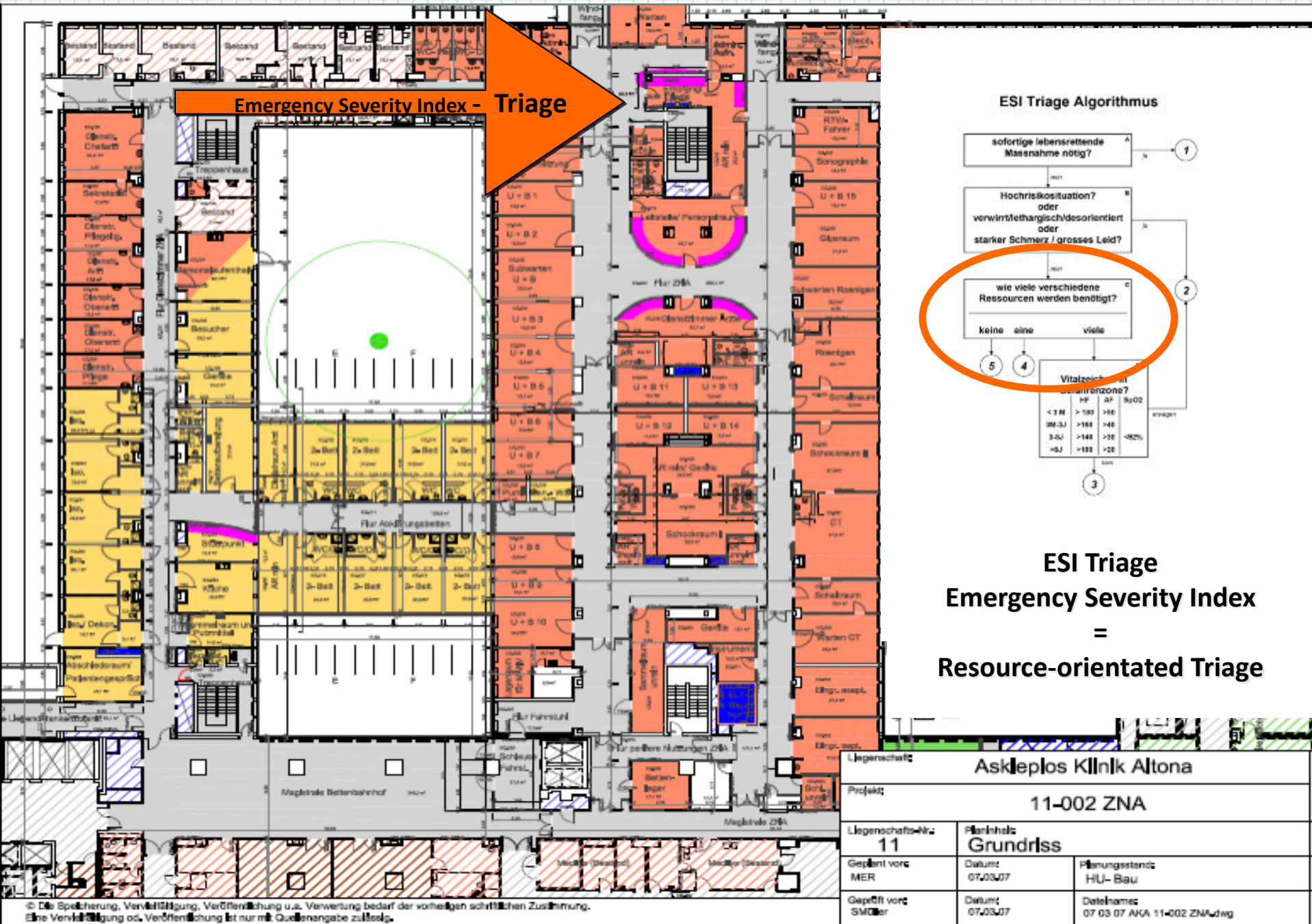
ED SWOT analysis



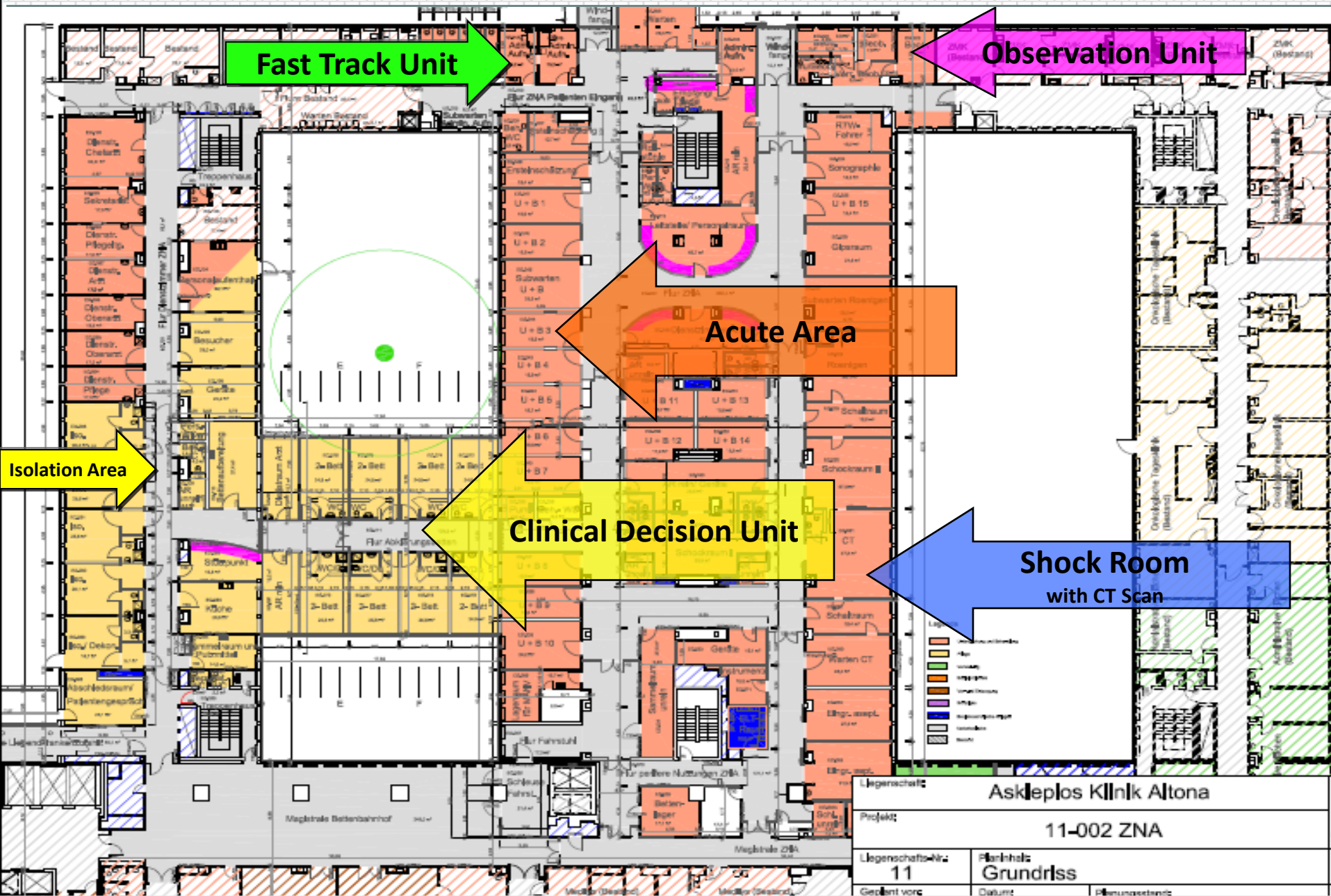
Lean management principles



Lean management by using triage systems



Patient categories according to treatment required



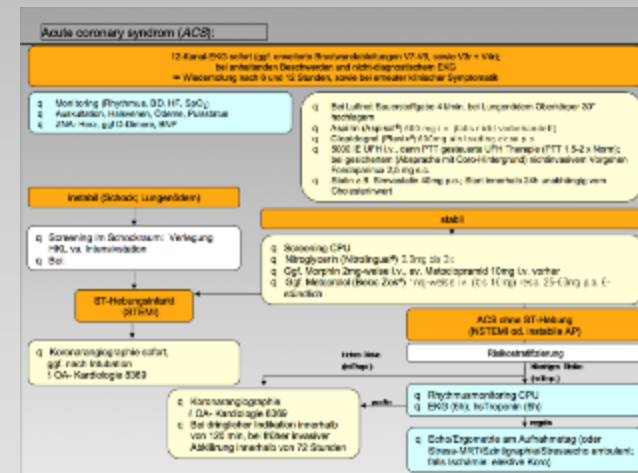
Lean management by using triage systems

Efficient Interdisciplinarity: High-Performance Teams as a living reality



Efficient Interdisciplinarity: High-Performance Teams as a living reality

- Interdisciplinary diagnostics at a high service level
 - Interdisciplinary (decision) ward round
 - with agreed, standardised quality
- With use of treatment pathways
 - Reliable, as previously agreed
 - standardised, as scope agreed



...improves treatment quality, process efficiency and patient orientation

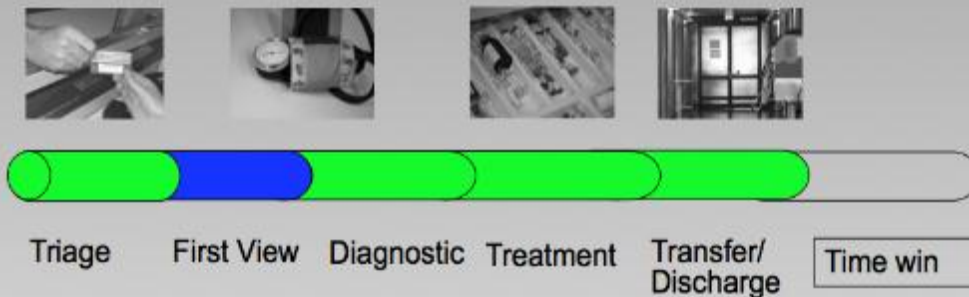
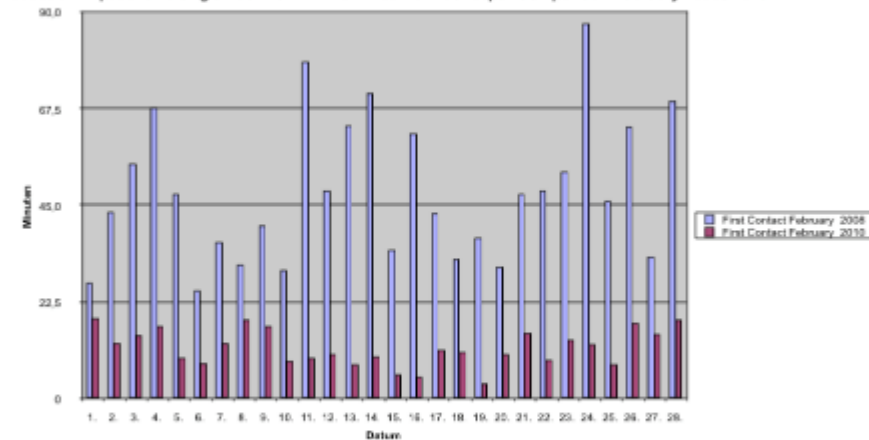
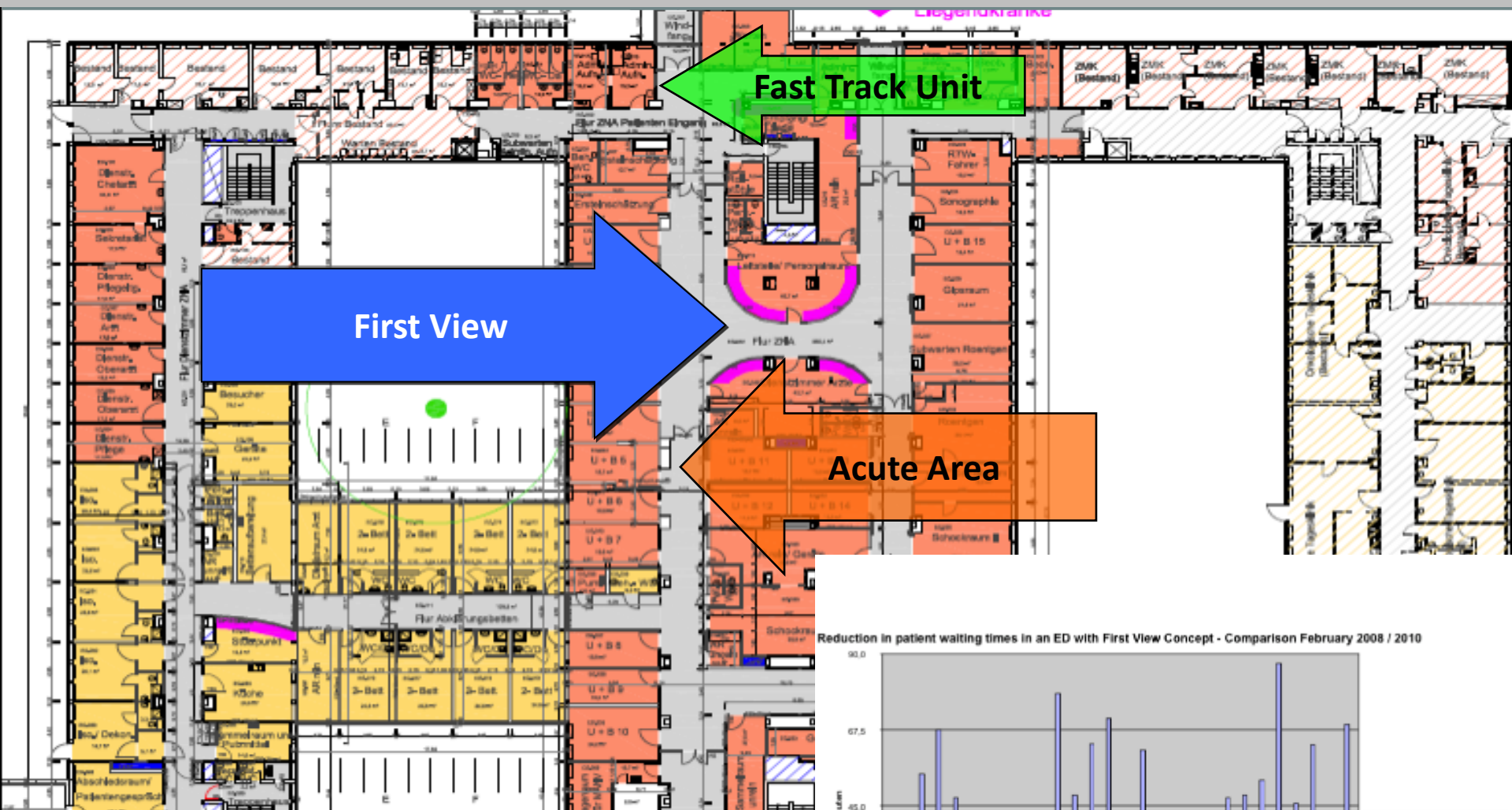
Optimisation of value-added processes through efficient choice of method



Optimisation of value-added processes through efficient choice of method



Lean management process through using the First View Concept



Continuous supervision of the workflow & patient flow



...supported by intelligent technology management



Waiting room Pre-hosp 0

1155	BADLUCK STEVE M	ORT
1159	UNKNOWN2	
1122	SPEARS BRIT... F	
1122	EGLESIAS CA... M	



1	VANPIMORLU BOND JAMES	10:03	Confused	PSY	41
2					
3	VERLU/MORLU COOLS TOM	DIA 11:34	pain feet	ORT	38
4					
5					

7	MORLU DENS KRIS	12:03	poly trauma	PED	39
---	--------------------	-------	-------------	-----	----

91	AERMAADRE MAES BERT	DIA 11:50	cardiac	SPD	42
92					
93	MORLU MARX KARL	13:02			31
94					

4

2

External service

10:46	CAESAR JU...	CONS PSY-pol
10:54	WUYTS PI...	CONS PNEUMO

Fast track

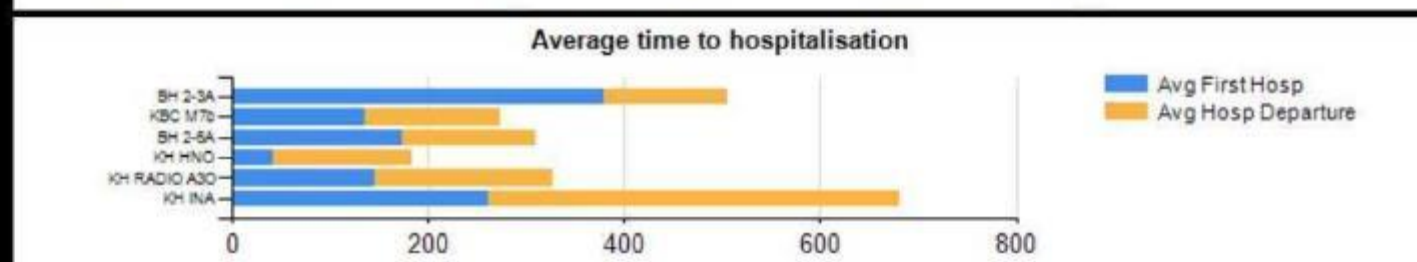
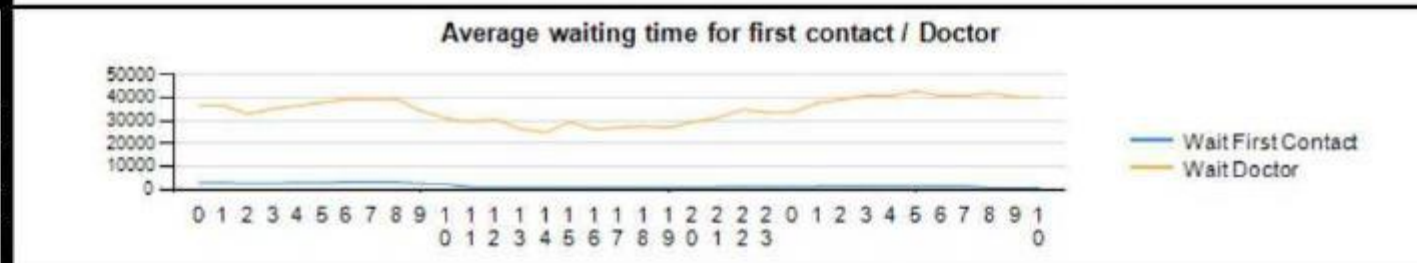
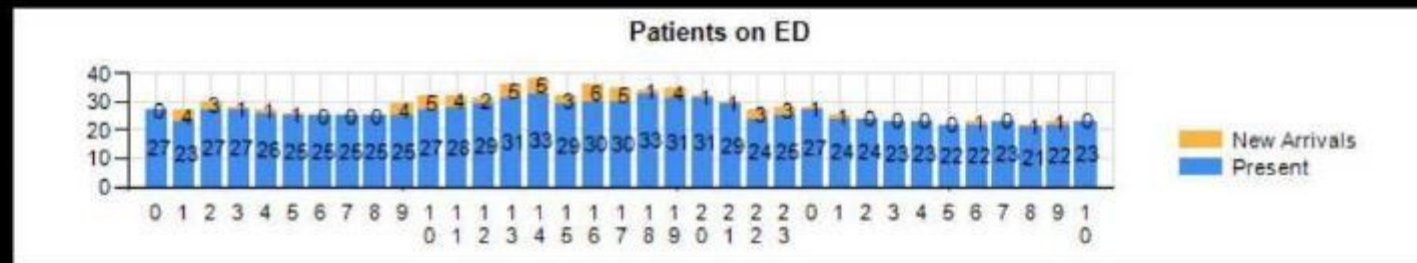
Hosp 1

incl. helping to optimize time resources for all diagnostic and therapeutic processes

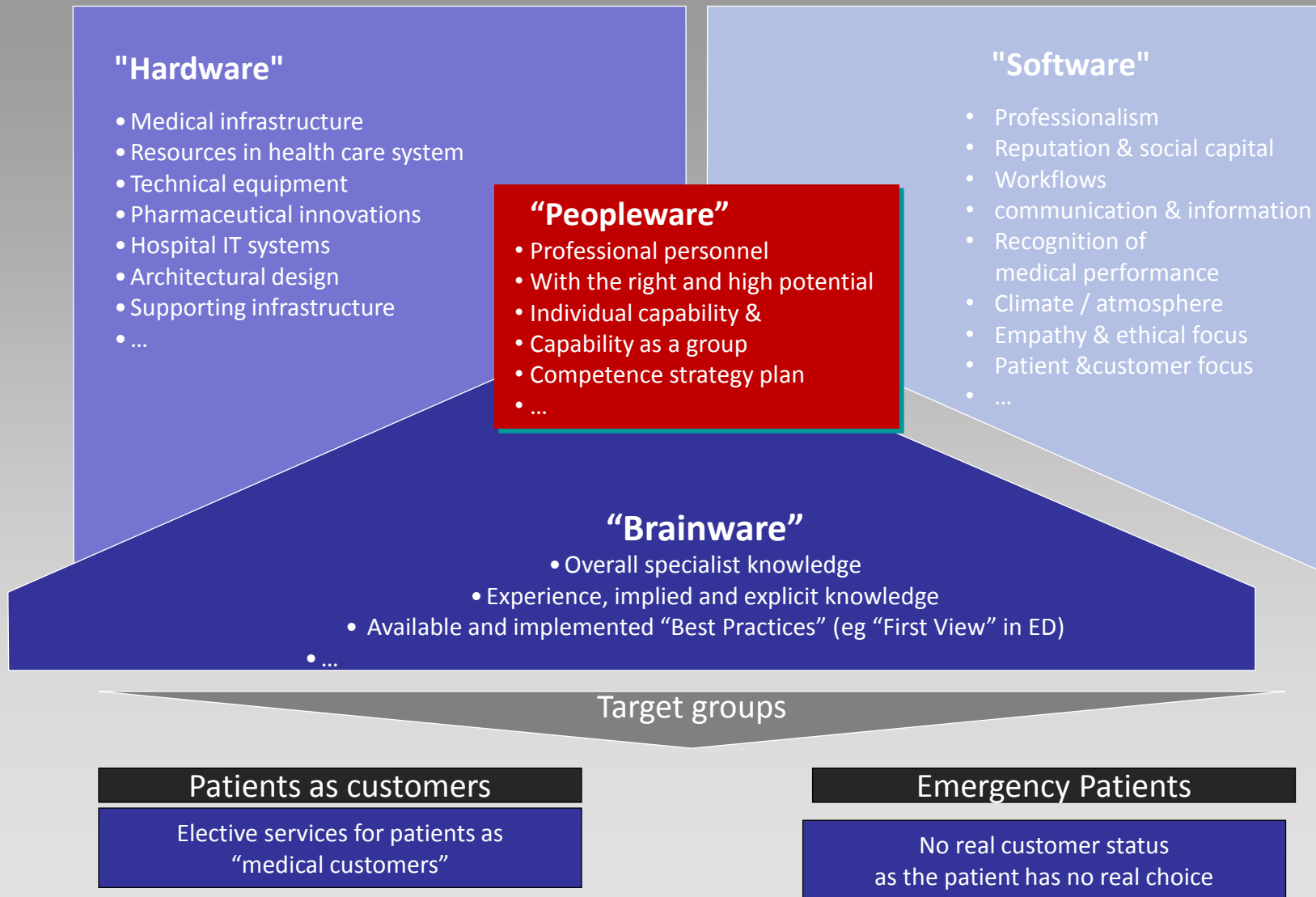
...with illustrations of all processes / services / costs



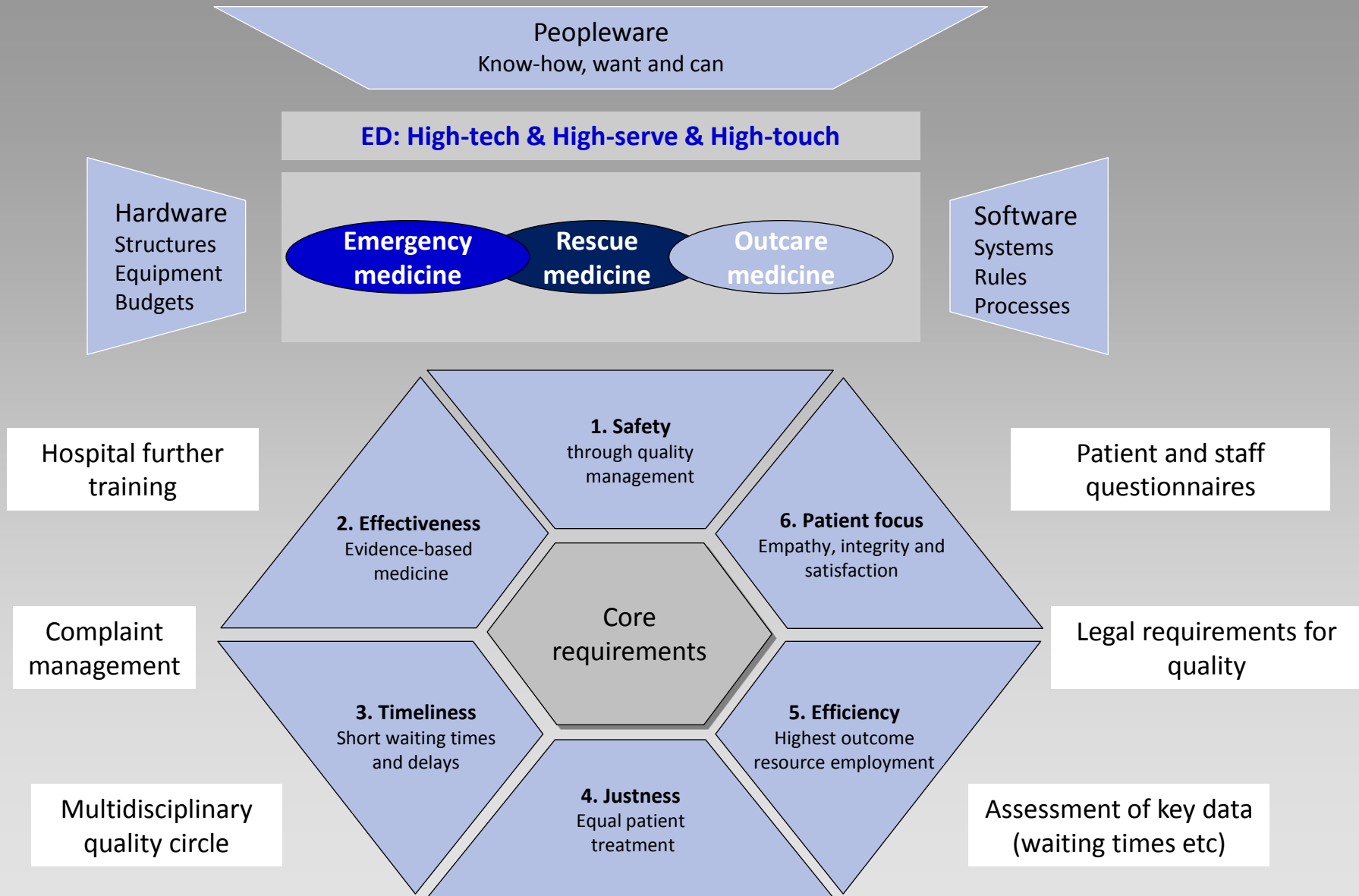
	Last Month	6 M +/-	6 Month	Last Year
Visits/day	55	-7	62	57
Visits/day OUT	37	-10	47	44
Visits/day IN	18	4	15	14
Visits/day IN %	33%	6%	24%	24%
Door to First contact	99	212	318	517
Door to Doctor	39	2	41	52
Length of Stay	270	292	562	830
Length of Stay OUT	227	348	575	863
Length of Stay IN	360	158	518	714



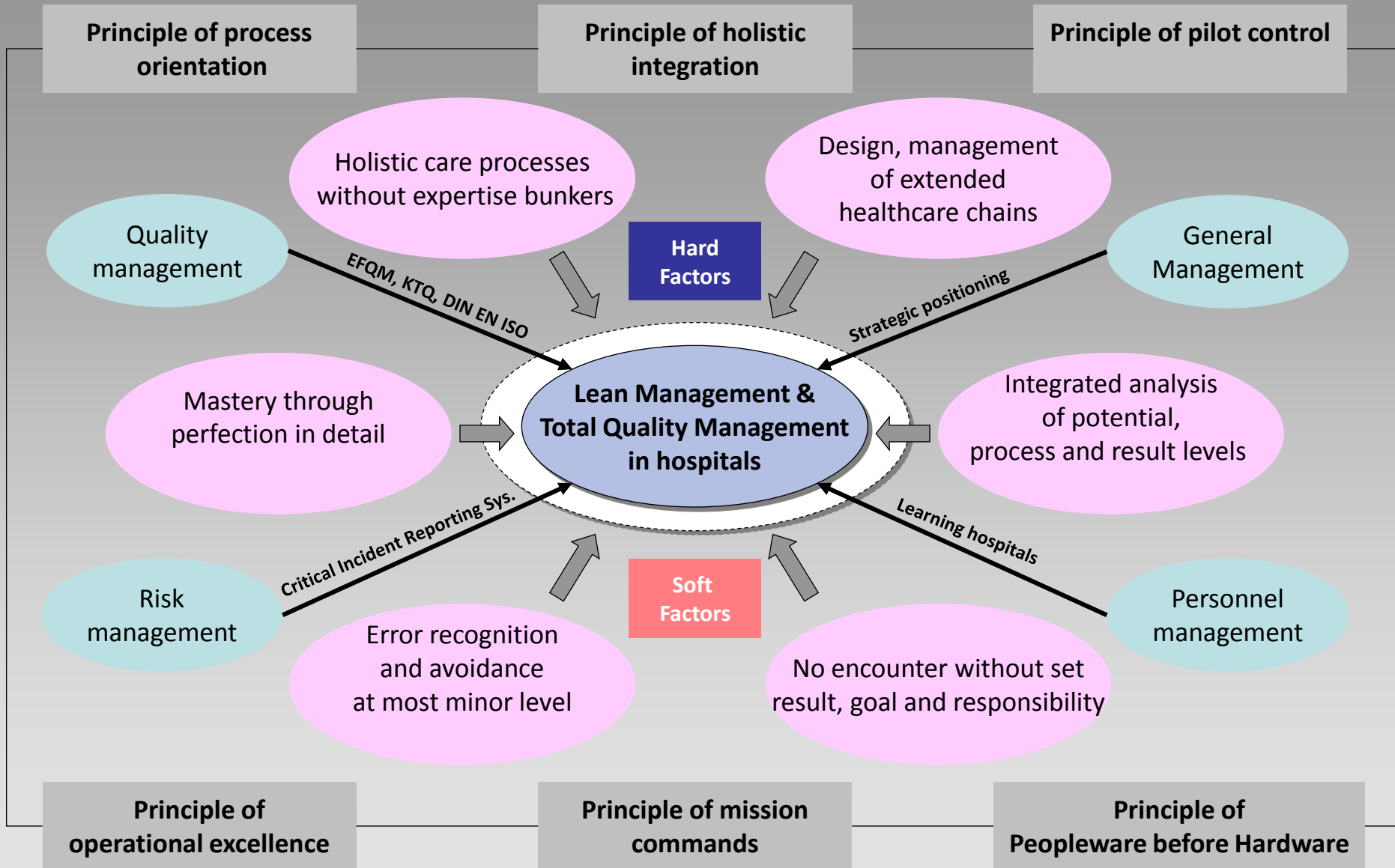
Mobilising resources through personnel and organisational development



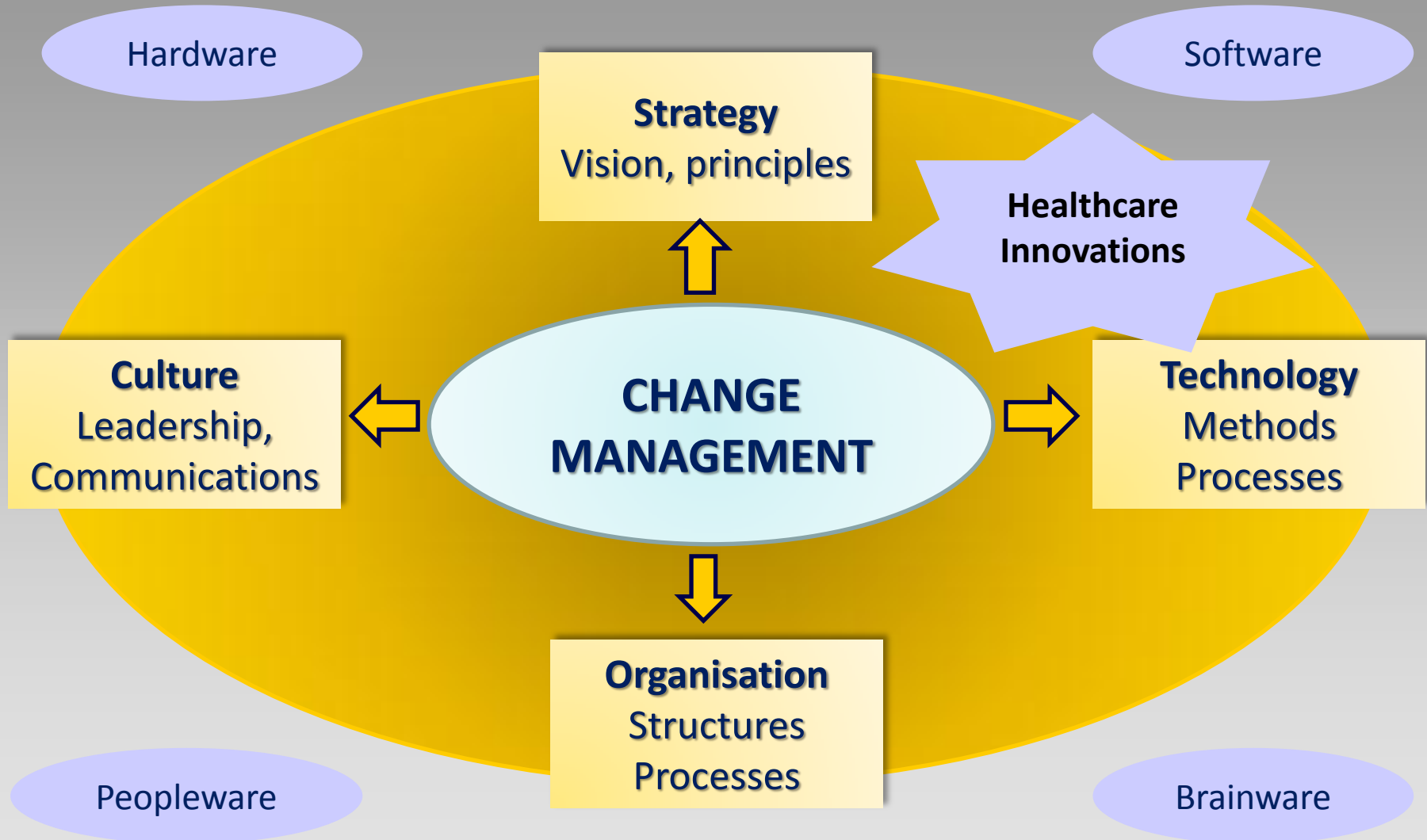
The ED as a complex system of “hard” and “soft” success factors: Peopleware is a neglected potential for success



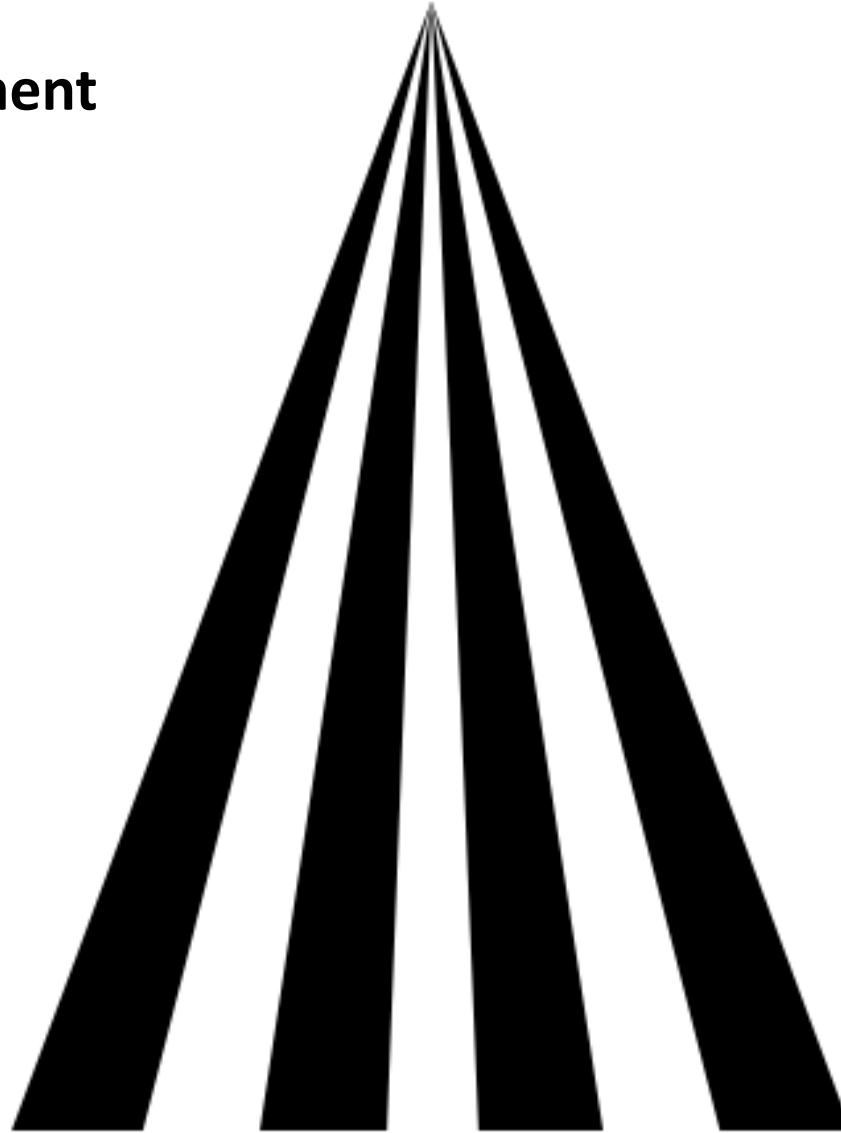
Adapted implementation and use of the principles of Lean Management in hospitals are...



The dimensions of Change Management according to Vahs & Leiser

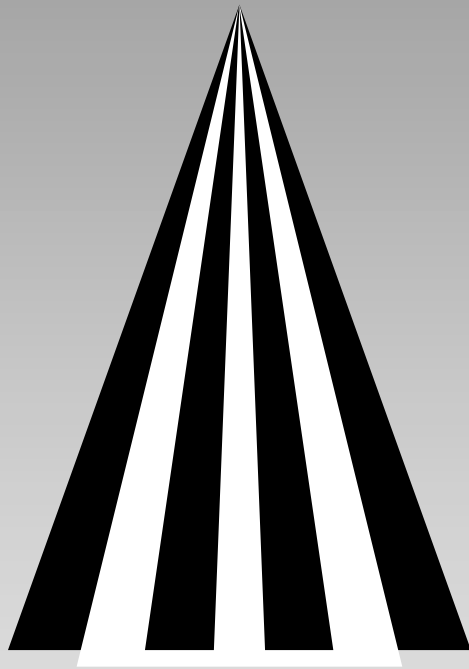


Emergency Department

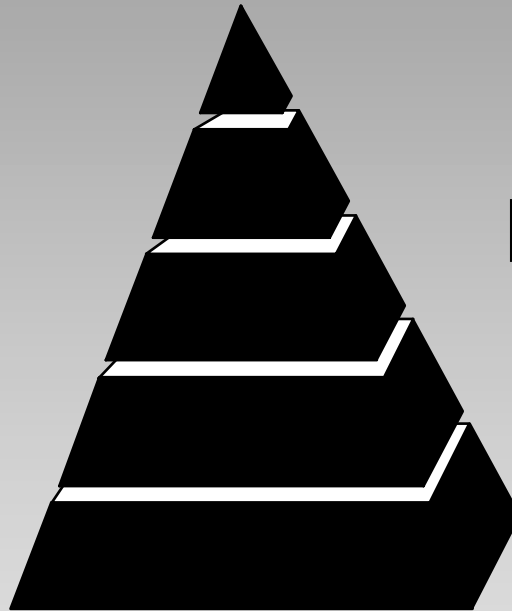


Orientation on function

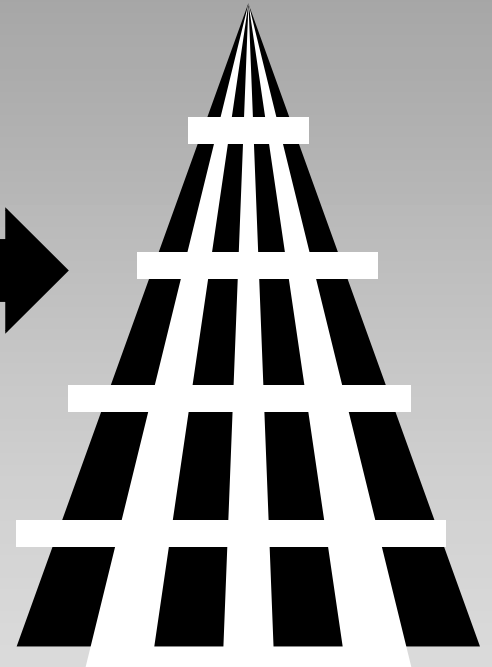
**Other hospital departments as
“Specialist bunkers”**



Orientation on function



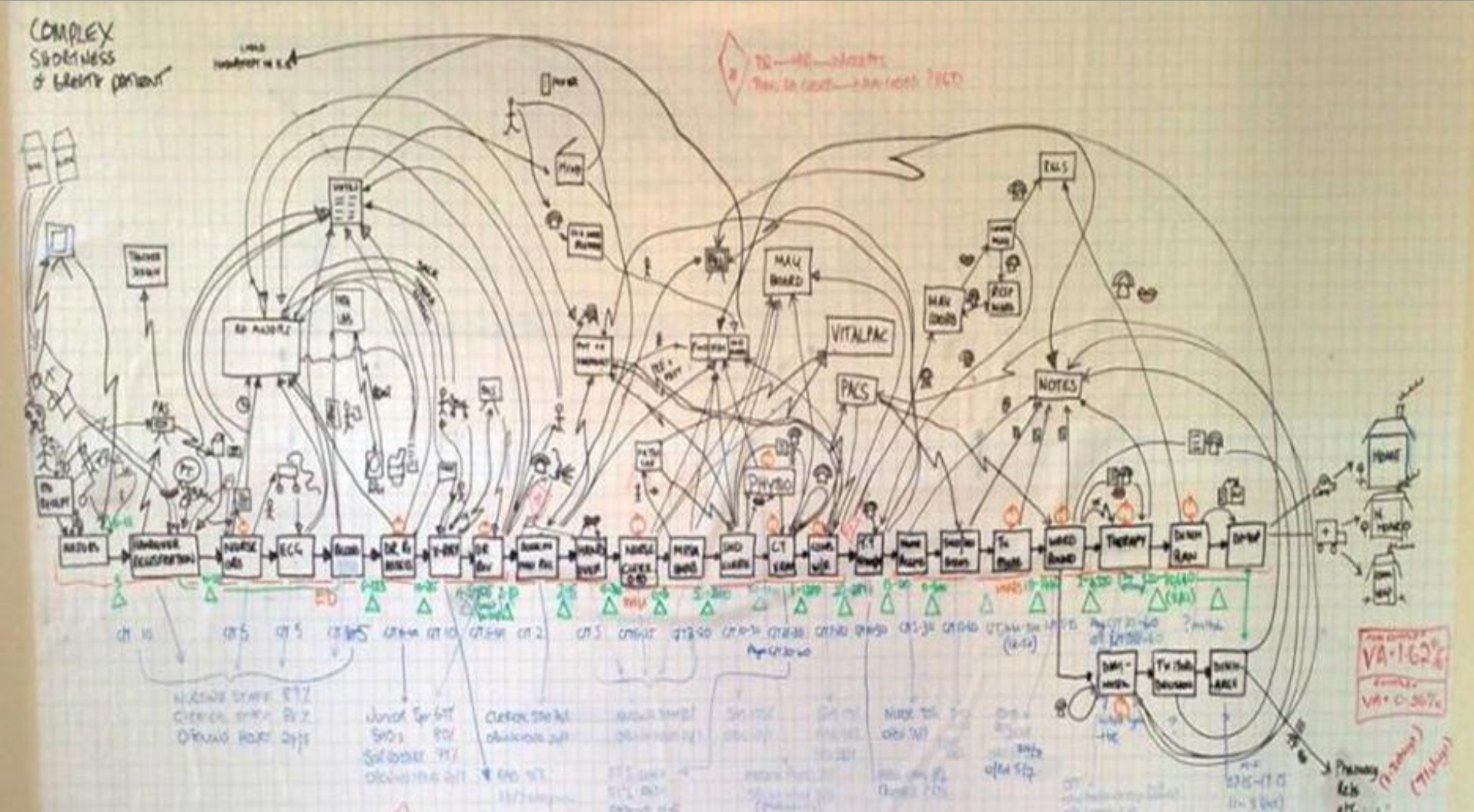
Hierarchy



**Operational islands
with big loss of efficiency**

Handwritten: $\frac{1}{2} \log \frac{1}{2}$

Every speciality department lives, preserves and defends its working processes

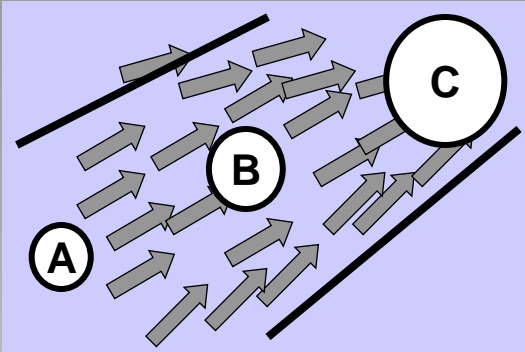


But the result of operational islands with high efficiency loss:

Unstructured working processes

Areas of action for change managements and basic pattern for organisational change

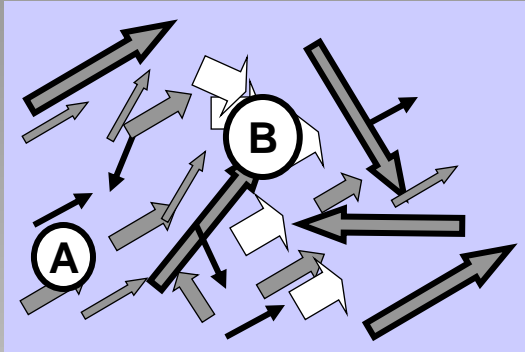
Linear change



Ideal model

- Clear inter-relation of action
- Top-down direction without feedback
- Stable planning framework correct forecasts
- Org. Change through control/anticipation

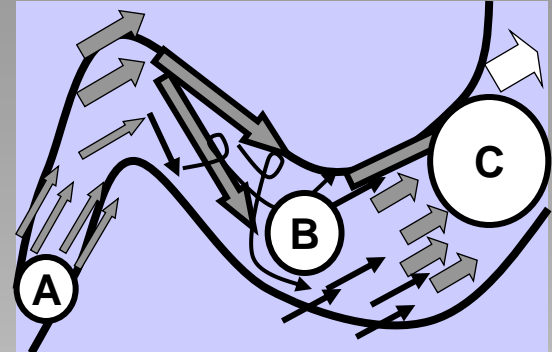
Non-linear change



“Chaotic” model

- Diffused interrelation of action
- De-central coordination through reflexive learning
- “Chaotic “ planning framework
- Org. change through self direction

Guided change

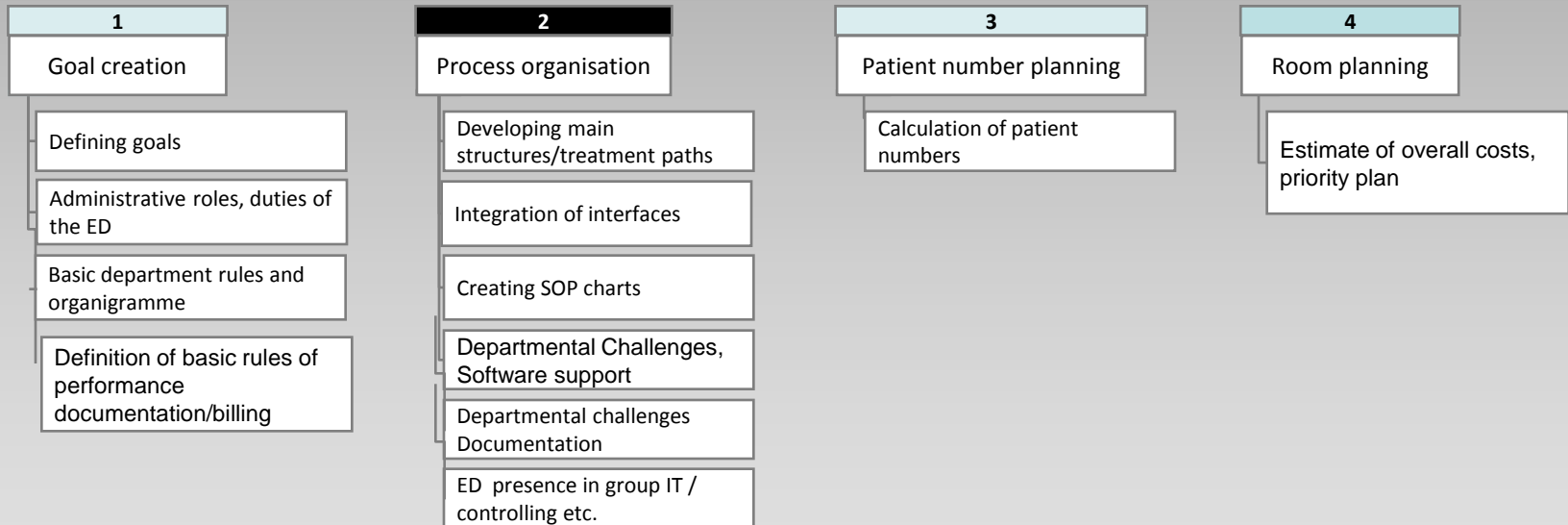


Robust model

- Recursive/ indirect actions
- Wide corridor for progress via meta goals
- Volatile environment with uncertain scenarios
- Org. Change through robust-adaptive planning

Project Management

Structure in development of an ED



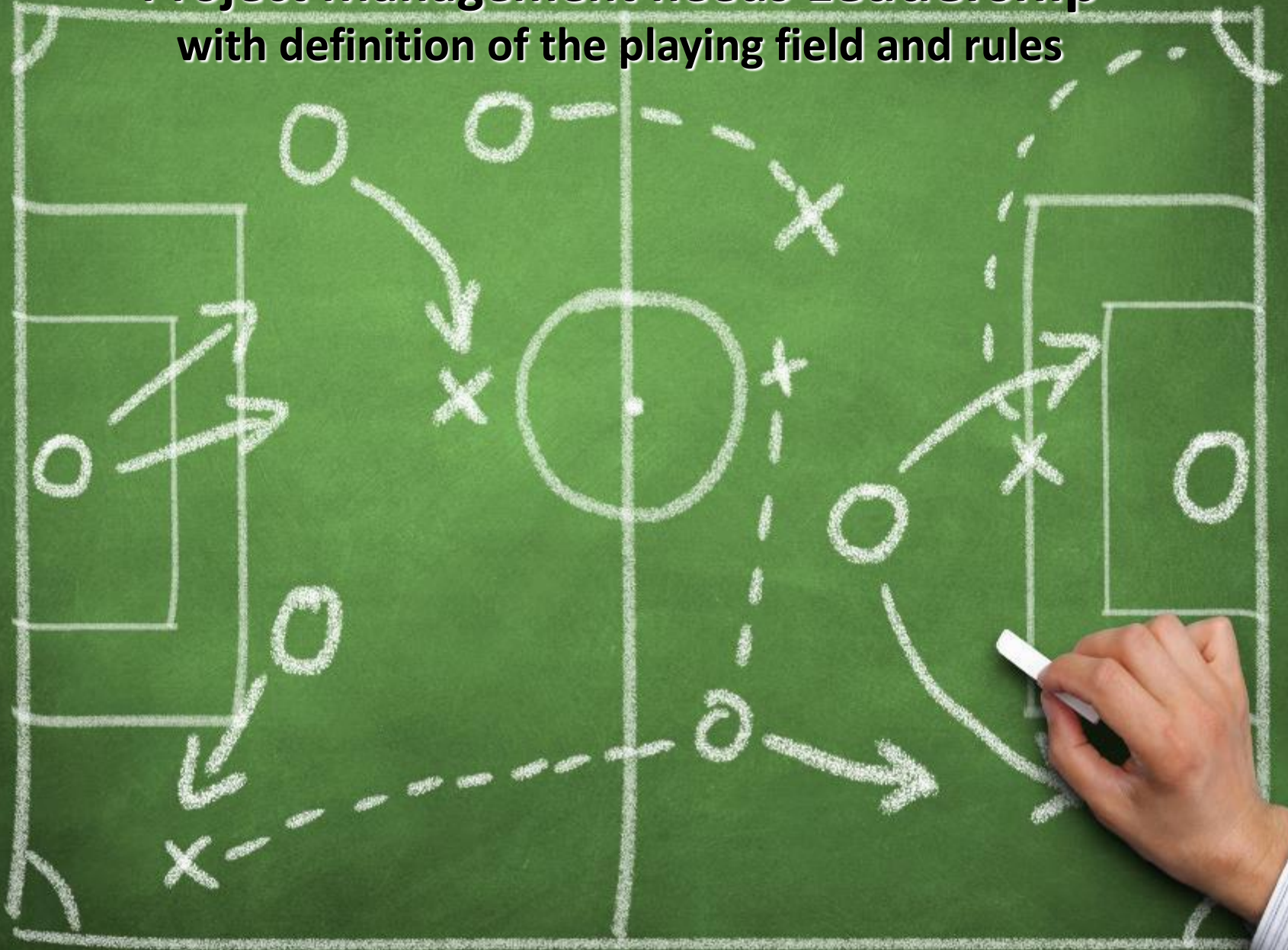
Project Management

Detail action plan

Projektleiter/In Dr. Barbara Hogan			Projektstatus		x/Abst immu x/Abst immu			
Projektstart 14.04.2015			67%					
Heute 15.04.2016			P 0		Projektblatt			
Projektende 14.04.2020			84%		Konzernebene (P 0)			
Pos.	Kat.	Aufgabe	Bearbeitet	Fortsch.	Status	nen	Hinweise	Anmerkung/Erläuterung
MKK		Projektdauer Gesamtprojekt		67%	In Bearbeitung			
P 0		Projekt KNA - Konzernebene		84%	In Bearbeitung			Zeitplanung und Fortschritt gemäß Angaben aus Workshop erstellt
P 1		KNA - Standort Minden		65%	In Bearbeitung			Zeitplanung und Aufgaben abgestimmt / Zeitplanung bis Projektende - 5 Jahre
P 2		KNA - Standort Bad Oeynhausen		71%	In Bearbeitung			Zeitplanung bis Projektende - 5 Jahre
P 3		KNA - Standort Rahden		60%	In Bearbeitung			Zeitplanung bis Projektende - 5 Jahre
P 4		KNA - Standort Lübbecke		56%	In Bearbeitung			Zeitplanung bis Projektende - 5 Jahre
1		Ziele & Leistungen		95%	In Bearbeitung			
1.1		Zieldefinition		100%	Abgeschlossen			
1.1.1		Entwicklung der Ziele für die KNA der MKK	Hogan	100%	Abgeschlossen			Konzept vom 28.02.2014 liegt vor und PPT KNA 2020
1.1.2		Abstimmung der Ziele mit Geschäftsleitung/Vorstand MKK (Strategiekonferenz)	Hogan	100%	Abgeschlossen			Strategiekonferenz 29.09
1.1.3		Verschärfung der Ziele, Unterziele und Mission	Hogan	100%	Abgeschlossen	x		
1.1.4		Erarbeitung Struktur zur Umsetzung inkl. Berichtsstruktur	PM	100%	Abgeschlossen			PPT KNA 2020 - Struktur vom Vorstand freigegeben
1.2		Ableitung Grundregeln & Organigramm		91%	In Bearbeitung			
1.2.1		Ableitung Hauptleistungen und Kennzahlen aus den Zielen	Warda	50%	In Bearbeitung			
1.2.2		Definition Belegungsrichtlinien (BLR) aus der KNA in die Standorte	BL	100%	Abgeschlossen	x		BLR existieren
1.2.3		Entscheidung über BLR	GF	100%	Abgeschlossen			Ist als VA verabschiedet, liegt vor
1.2.4		Entwicklung Aufbauorganisation KNA für alle Standorte	Hogan	100%	Abgeschlossen			
1.2.5		Entscheidung über Aufbauorganisation	GF	100%	Abgeschlossen			
1.2.6		Aktualisierung und Einstellung Organigramm für jeden Standort	Frederking	75%	In Bearbeitung			Ist für LUR abgeschlossen, in BOE in Abstimmung, für JWK in Erstellung
1.2.7		Definition MKK admin. Aufnahme Notfallpatienten	Hogan	100%	Abgeschlossen			KVP
1.2.8		Entscheidung Pflege integriert in KNA-Struktur	GF	100%	Abgeschlossen			Ergebnis: Pflege in Linie - MA PD unterstehen PDL / Standort. Damit auch Verantwortung für Bearbeitung der Aufgaben Pflege bei PDL Standort
2		Ablauforganisation		95%	In Bearbeitung			
2.1		Hauptstrukturpfade Notfallpatienten		100%	Abgeschlossen			
2.1.1		Verschärfung des Muster-Versorgungsprozesses Regeldienst/ Kernarbeits	Hogan	100%	Abgeschlossen			Konzept Notfallpatienten-Management
2.1.2		Erstellung Muster-Versorgungsprozess außerhalb Regeldienst/ Kernarbeits	Hogan	100%	Abgeschlossen			JWK 24 Std Betrieb, ansonsten wechsel der Zuständigkeit in Fachabteilungen - Erwart
2.1.3		Information in Chefarztunde	Hogan	100%	Abgeschlossen			
2.2		Erstellung SOP-Charts / Abläufe Notaufnahme		62%	In Bearbeitung			
2.2.1		Umwandeln bestehender SOPs in MKK-Format	Frederking	10%	In Bearbeitung			
2.2.2		Bewertung / Adaption der KNA-SOPs durch TaskForce (TF)	TF	100%	Abgeschlossen			
2.2.3		Erstellung von MKK-SOP durch TaskForce	TF - Garrido	75%	In Bearbeitung			SOP Kopfschmerz, Brustschmerz, Rückenschmerz sind fertig, Bauchschmerz noch o
2.3		Integration Schnittstellen		100%	Abgeschlossen			Arbeitsgruppe Konzern ist eingerichtet
2.3.1		Festlegung zu definierender Schnittstellen zu Fachabteilungen Stationen je	Hogan	100%	Abgeschlossen			Festlegung 03.08: Die FA definieren ihre Inhalte in den FA, Dr. Hogan definiert die Inha

Project Management needs Leadership

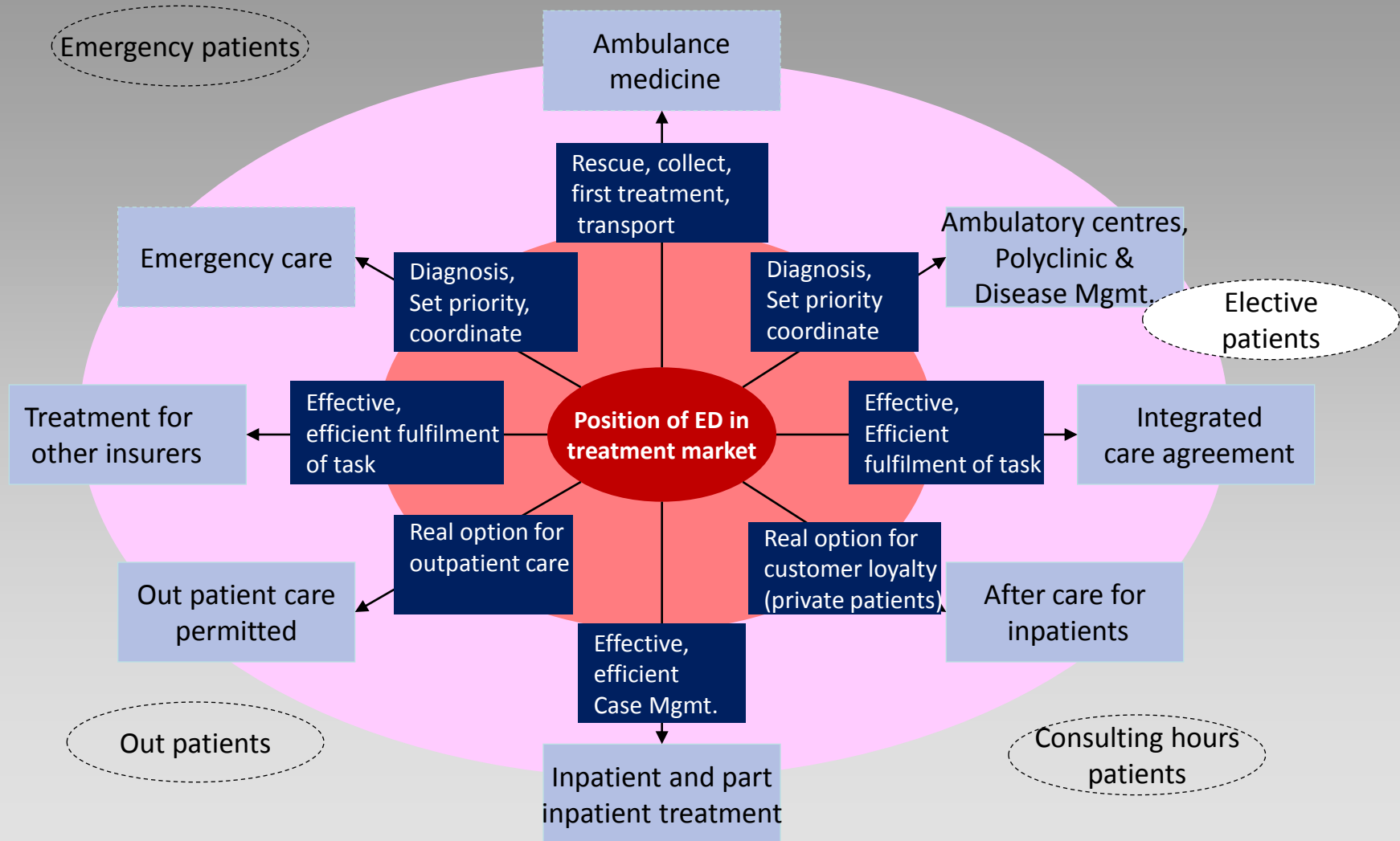
with definition of the playing field and rules



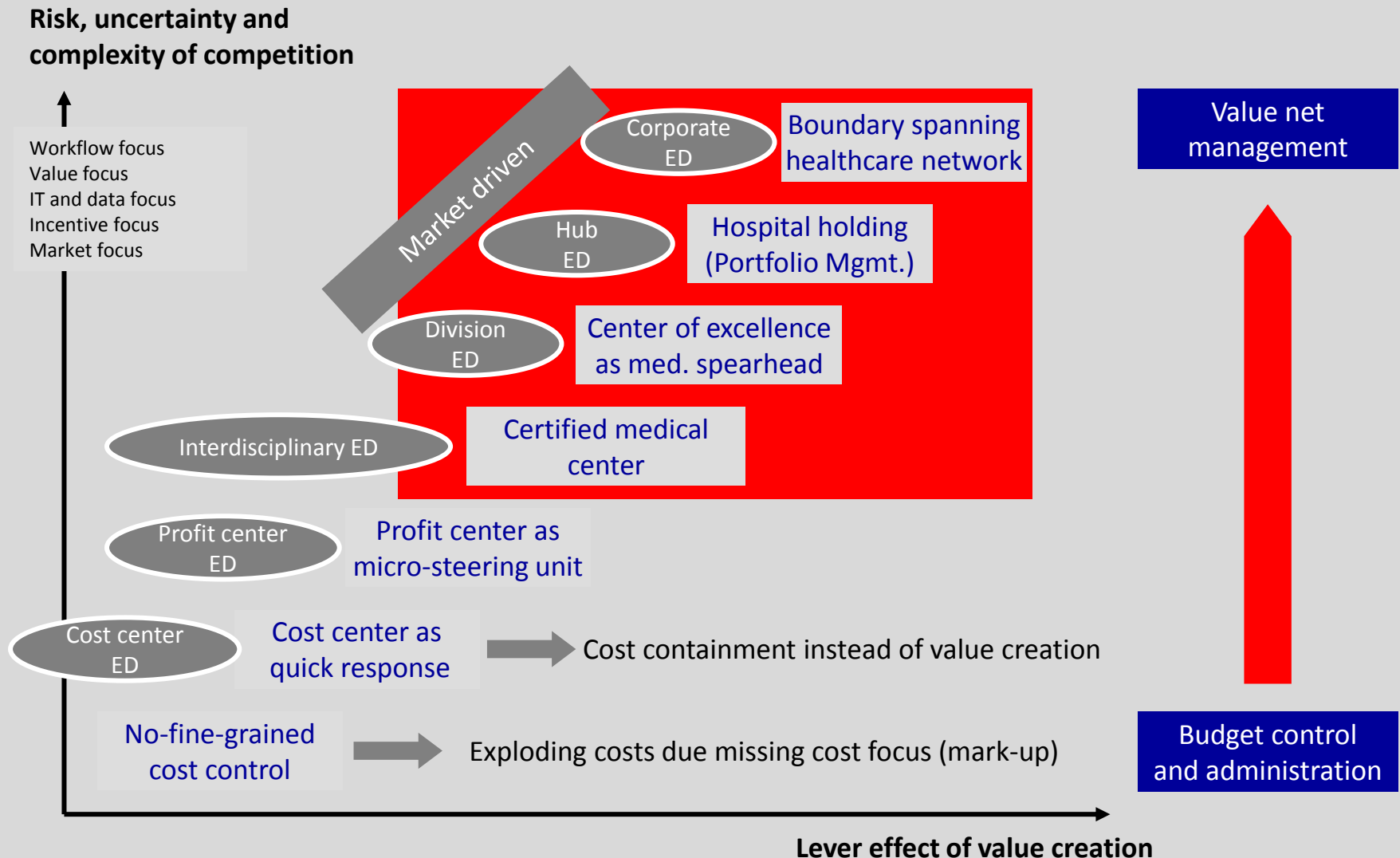
Leadership and Management are dual requirements!



ED as centre to lead processes: From functioning as bunker medicine to the heart of patient-orientated workflow medicine

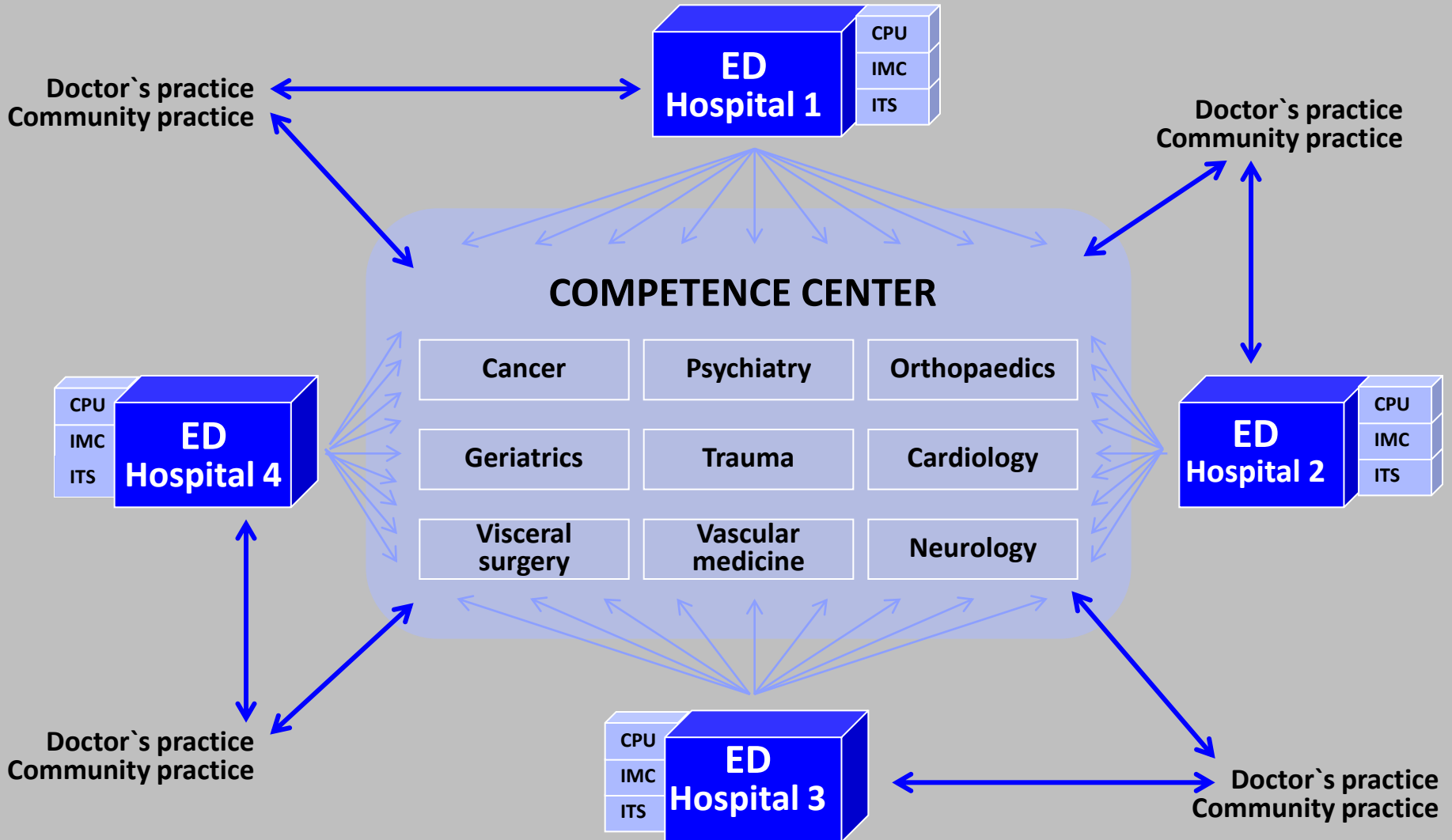


From Budget control to value net management...

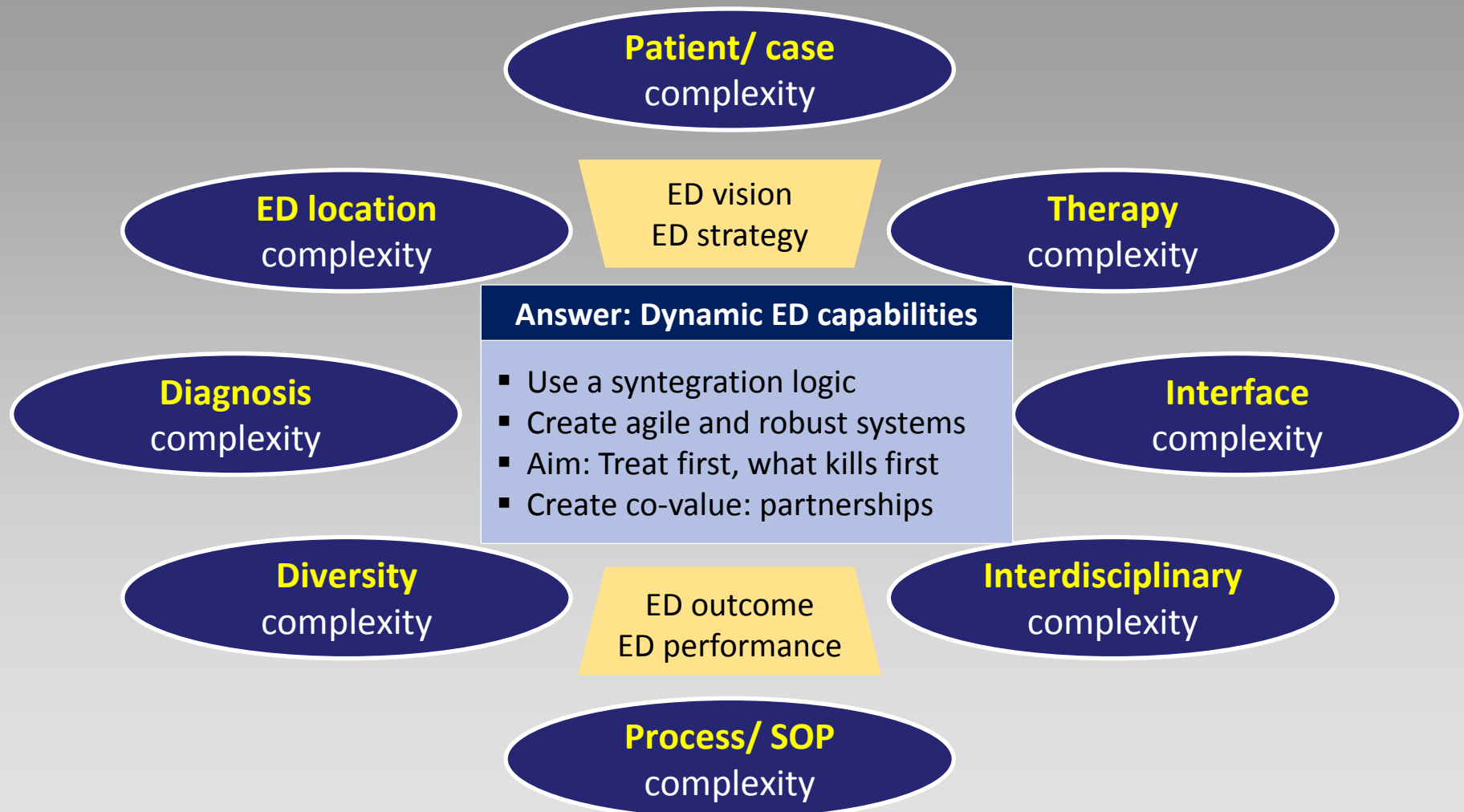


Value net management:

Emergency medical care: Provision of coordinated hospital group network healthcare



ED complexities as a fact: But how to manage them?



Synteegration to add value in ED management

What is SYNTEGRATION ?



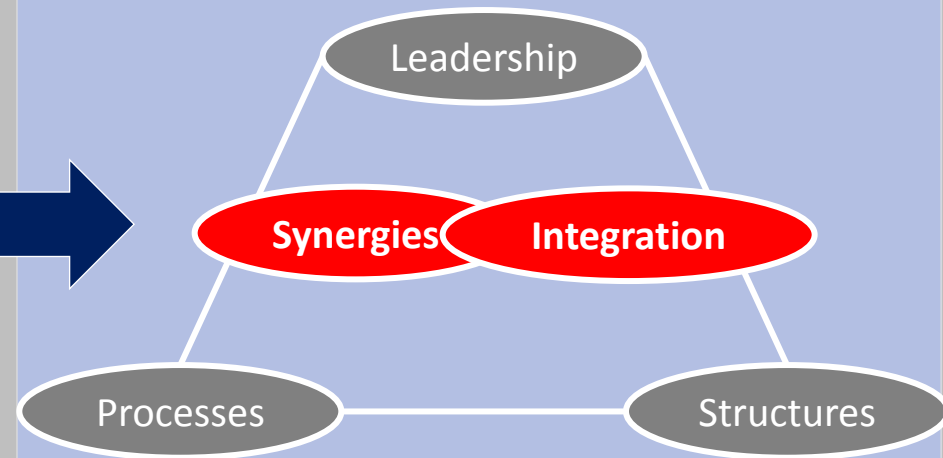
Anthony Stafford Beer

Making use of:

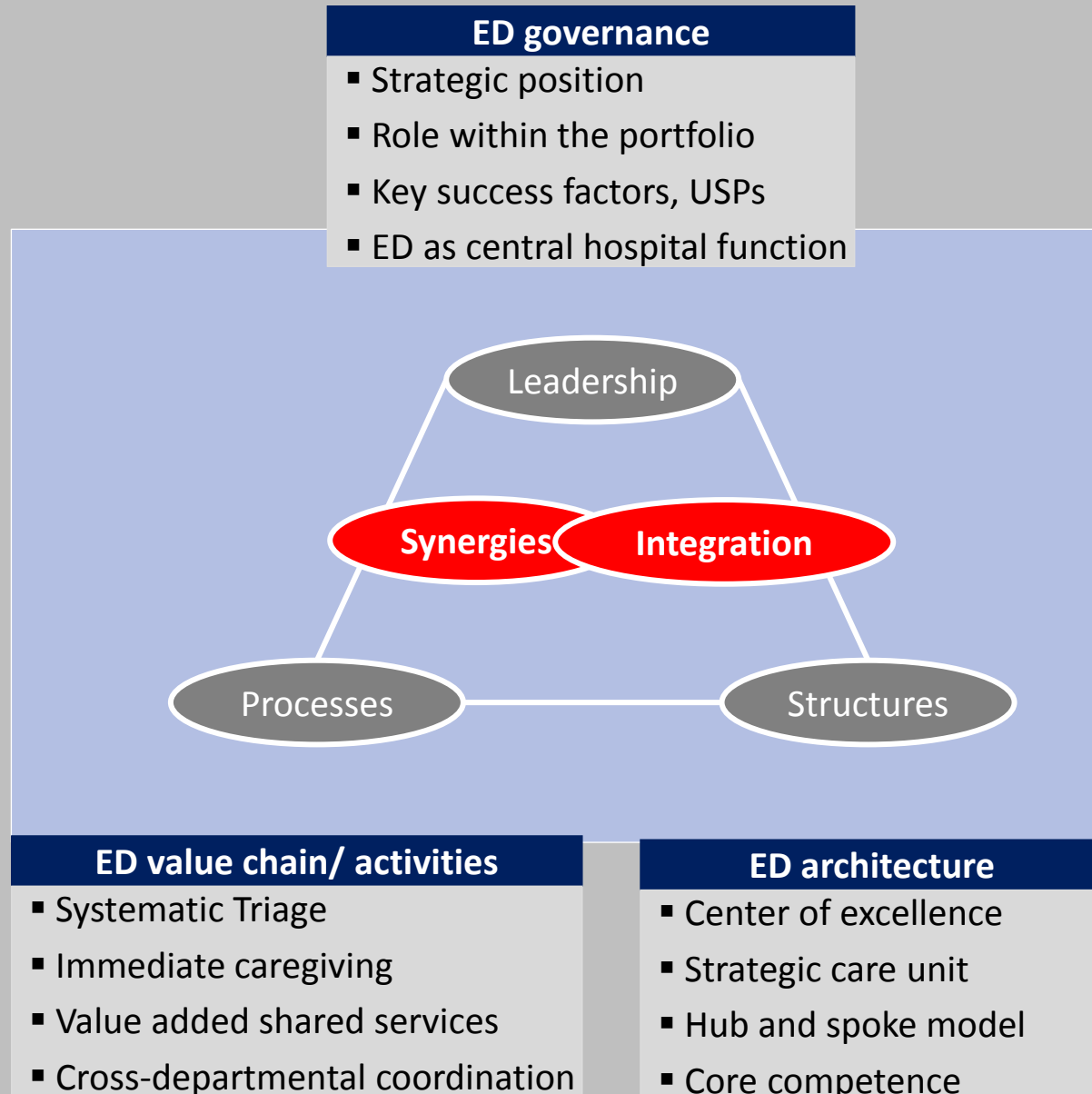
- Networking
- Complexity
- Agility
- Communications
- Empowerment
- Self reflection
- Creative tensions
- Multi-tasking



SYNTEGRATION in EDs

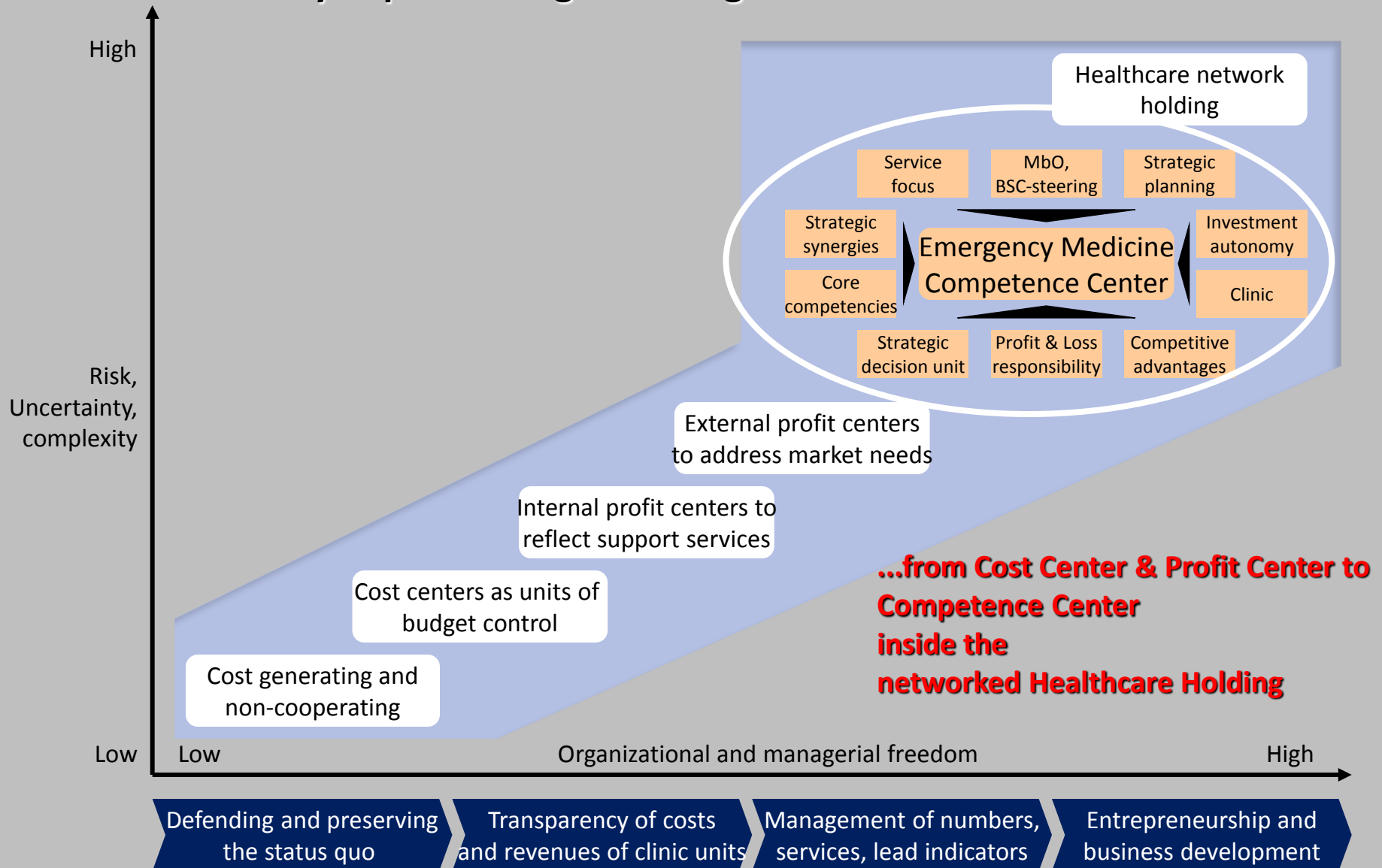


Applying Syntegration to Emergency Departments



EDs as CoE can create shared value

by implementing all management instruments





Thank you!

THE EUROPEAN EMERGENCY MEDICINE CONGRESS

EUSEM 2018
GLASGOW, 8-12 SEPTEMBER

Save the date



The Royal College of
Emergency Medicine

PEOPLE
MAKE
GLASGOW



www.eusem.org

f
ie



www.eusem.org