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Hospital Information Systems

## Issues affecting implementation

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In my last 22 years of experience as management consultant to a cross section of businesses and industries, I have seen that most people in India go through four phases during the course of implementing IT solutions as described below, although very few industry segments have reached Phase 4.

**PHASE 1 QUESTION :** "To computerise or not to computerise that is the big question"

**PHASE 2 QUESTION :** "Computerise yes but what to computerise is the big question"

**PHASE 3 QUESTION :** "There is no alternative (TINA factor!) to IT but how to computerise effectively such that it improves customer satisfaction & productivity and reflects on our bottomlines"

**PHASE 4 QUESTION:** "How can I use IT (and streamlined business processes) as a strategy to be the best in my class .... worldwide !! So when I was asked for my opinion on issues affecting successful implementation of Hospital Management Systems (HMS) in India I was pleasantly surprised. Does it mean that the healthcare industry has already reached Phase 3 in its evolution or are they merely rephrasing the Phase 2 question to sound good?"

The Govt (State and Central) and the Municipalities in India are by far the largest healthcare providers in the country and they are not even at Phase I. I think they are all currently asking a very different question

"To privatise and how to privatise without creating a public hue and cry!". After the Govt comes a large segment of charitable trust hospitals, private hospitals and nursing

homes, which are somewhere between Phase 1 and Phase 2. There are few privately run hospital chains, which one can count on one's hand, who are aggressively pursuing the phase 3 question. Thankfully, we also have at least 2 or 3 corporate groups in India, which are entering into the healthcare business asking the Phase 4 question.

Every Hospital Management should indulge in some serious introspection and decide at what phase they are in and what they should be doing to be where they should be. I would like to kick off this discussion on "Hospital management System - Do's and Dont's for Successful Implementation " with an old joke.

The joke is about a person going to the optician for getting a pair of reading glasses. He tells the optician - "I hear you are the best optician in town and have helped the worst effected people to read. Hence I have come to you to get a pair of reading glasses so that I can read even the small print in English newspapers." The optician started testing the person's eyesight with the reading charts. He started with the small letters and on being told that he cannot read, he went on increasing the size of the letters till he came to the largest size letters. Still the person said he was not able to read. The optician then carried one of the charts close to the patients nose and got the same response. Finally the perplexed optician exclaimed, "Sir, if you cannot read even these largest size letters you must be bat blind!" To which the man exploded, "That's absolute hogwash! There is nothing wrong with my eyesight ... the real problem seems to me that you don't have any reading glasses which can read English; why would I come to you if I had learned to read

and write English in school?" and walks out in a huff!

### **Issue No 1: Define clear goals to be achieved from it strategy**

The situation is somewhat similar when it comes to many hospitals implementing HMS in India. Very few Hospital Managements give IT and HMS the priority that it deserves and very rarely spell out the goals they hope to achieve from a comprehensive IT strategy even if the implementation is phased out. It is almost like constructing an entire hospital without an architect and then asking an interior decorator or contractor to fit in the various requirements of the hospital like OTs, ICCUs, Wards, etc. as and when you feel the need for it. Very rarely do we see foresight in the way IT is deployed in Indian hospitals.

### **Issue No 2: The HMS selection process**

The next big hurdle is the way Hospital Managements handle the process of selection of the HMS and the Consultants who would implement the HMS. Most hospital managements believe, through sheer ignorance, that an HMS is a capital asset, which is to be purchased like any other equipment or asset purchase. They delegate the purchase decision to the EDP manager or a finance/administration manager. The concerned manager usually invites all and sundry, from an out-of-job programmer who has written a few lines of HMS code in his last job to Tata Consultancy Services (India's No 1 Software exporter) to quote their best prices along with their "HMS brochures" giving "specifications" of their products!

He then goes through comparison of the features, functionalities, technology, price, a quick demo and a site visit and then recommends what he believes are the best three choices to the hospital management. Usually "vendors" who show the highest level of pliability in carrying out customisations are considered very favourably. After a round of "negotiation with the vendor" which is usually centred around price and payment terms and free services like implementation and customisation, a decision to place an order is taken. Very rarely do they discuss the business processes (or SOPs) that the HMS supports, the roles and responsibilities of the consultants and hospital designated team and

a clear-cut implementation plan with a implementation methodology that would be followed. Even rarer is any escalation methodology in case of important processes requiring change. After the procurement decision, the EDP manager or the finance manager (as the case may be) advises the "HMS supplier/vendor" which module should be installed where and introduces him to the individual users in different departments to coordinate with for installing different modules. Just as he would instruct the supplier of the Doppler Machine or the X ray machine or the Blood Analyzer. It is quite common to find in many Hospitals, an HMS "being implemented" over many years with no apparent emergency plan to have a fully integrated HMS running throughout the hospital. Mindless customisations are carried out by the "Vendor's" programmers taking instructions directly from a departmental user without anybody higher up in the Hospital or the Vendor's company knowing what's happening at the site.

The above scenario describes what is generally happening today in the healthcare industry. In spite of the presence of top class professionals in the form of doctors and surgeons associated with the sector, I still consider it an "unorganised sector". It is not very different from the unorganised Entertainment Sector, which has its own share of stars and gods to contend with.

What the Healthcare sector really needs is a healthy dose of professionalism and good managerial talent to get its house in order. With the corporate sector getting into the act and the opening up of the insurance sector, which should stimulate and streamline the medical insurance business, I am very optimistic of a major change in this direction in the next 2-3 years.

To summarise, the following important steps are essential for successful implementation of an appropriate HMS in any hospital:

- Define a clear goal for the IT strategy which is aligned with the vision/mission of the hospital
- Define a realistic phase wise implementation plan, which takes into account budgetary allocations and constraints, staffing quality, organisation structure and culture.

- Define the criteria for selection of the HMS... In addition to the features, functionalities, technology employed and price of the HMS, give due weightage to the depth in management, the domain expertise, the implementation approach and methodology, quality of user documentation and quality of service provided by the HMS consulting company and the profile of their existing users.
- Finally, if there is any one thing more important than the HMS software itself, it is the implementation methodology and the implementation consultants.

fully committed, if not fully involved, to the Implementation Process and are willing to take hard decisions. A sample of tried and tested Implementation Process is shown below :

- Team Formation
- Gap Analysis
- Change Management
- CRP (HMS IMPLEMENTATION PROCESS CHART)
- User Training
- Parametrisation, Masters creation, Data Migration
- Parallel Run
- Cutover to live
- Review

### Issue No 3: HMS implementation methodology

Having been personally involved a large number of ERP implementations in the Corporate and the SME (Small and medium Enterprises) sector, I see a great similarity in structure, management style and staff capabilities of the typical Hospital and the SMEs. It is a time tested statement when I say that only those implementation are successful where the top managements is

The HMS implementation process will be discussed in depth in the final concluding article.

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