Teaching Project Management to Healthcare Professionals: A Much Needed Skill

Kathy Schwalbe, Ph.D., PMP
Augsburg College

Cynthia LeRouge, Ph.D., MS, CPA
Saint Louis University
Objectives

• Describe the growing need for healthcare project management (PM)
• Recognize PM basic terms and processes
• Explain sample outputs applied to a healthcare project
• Review course approaches and nuances
• Identify next steps
Growing Need for Healthcare Project Management: Challenges & Opportunities
A project is a(n):

A. Temporary endeavor
B. Unique undertaking
C. Specific set of interrelated tasks, deliverables, and milestones
D. Change in the status quo
E. All of the above
• A **project** is “a temporary endeavor undertaken to create a unique product, service, or result.”*

• Projects end when their objectives have been reached, or the project has been terminated.

The Wizard of Oz
Healthcare Projects?

- electronic medical records
- improved patient experience
- evidence based medicine
- payer
- health reform
- health IT
- telemedicine
- increased quality of care
- accountable care organization
- community benefits
- centers of excellence
- health information exchange
- ICD 10
- EHR
- provider shortage
- insurance
- rising costs
- payer penalty
- health care
Healthcare Projects are Disruptive!!!

Physician

Diagnostic Station

Patients

EHR

Telemedicine

Specialist Network
Success Rates of Change Projects

Standish Group, Chaos Study (2011)
Why?

The Bull Survey 1998
Chaos Report 1995
OA SIG Study 1995
Gertner 2012
KPMG Survey 1997
Chaos Study 2011
Policy Changes

THE POLITICS OF POLICY CHANGE
Personal and Controversial

Your Personal Healthcare Manager
Intra & Inter Organizational
Grant Funding

Help your Project Grow
Measurement & Metrics

- **Improved Health**
  - Clinical outcomes
  - Increased medical compliance

- **Responsiveness**
  - Re-admit rates
  - Patient satisfaction

- **Lower Costs & Reduced Disparities**
  - Increased ability for self care
  - Cost savings from intervention

- **Service performance Metrics**
  - Decreased wait time
  - Patient tracking

- **Workflow**
  - Compliance
  - Diagnostic efficiency

- **Lower Costs & Reduced Disparities**
  - Decreased wait time
  - Patient tracking

- **Service performance Metrics**
  - Compliance
  - Diagnostic efficiency

- **Workflow**
  - Compliance
  - Diagnostic efficiency
Change management and project management methodologies; defined roles and responsibilities; and specific, measurable, attainable, realistic, and time-bound goals were used in the implementation. This process has supported organizational change, thereby promoting high-quality, safe, and equitable care through widespread expectations of culturally competent care delivery across the entire network.

Healthcare workers do not understand the differences between service work and project work. They understand activities to provide better service to patients, but they have not been trained to make more radical, disruptive changes that challenge the status quo.*

COMPETENCIES
Leadership

Commit to execution of strategy

Describe & apply change mgt. methods
Management

- Design & implement business plans
- Work with & through people to achieve org. goals
- Identify & apply planning tools
- Identify & address stakeholder needs
Communications

- Articulate information
- Identify & use communication strategies
Perform stakeholder analysis

Demonstrate relationship skills to address diverse needs
Critical Thinking

- Project future scenarios & prioritize alternatives
- Ask right questions
- Confidence to make decisions in uncertainty
- Identify & apply creative, flexible problem solving methods
- Learn from mistakes
PM Basic Terms and Processes
Project Management Framework*

*Note: This figure and sample documents are from *Healthcare Project Management* text by Schwalbe and Furlong (2013).
## Process Groups Matching Game

<table>
<thead>
<tr>
<th>Key Term</th>
<th>Definition or Characteristic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiating</td>
<td>A. Purpose is to guide execution</td>
</tr>
<tr>
<td>2. Planning</td>
<td>B. A project charter is created</td>
</tr>
<tr>
<td>3. Executing</td>
<td>C. Usually takes the most time and money</td>
</tr>
<tr>
<td>4. Monitoring and Controlling</td>
<td>D. Lessons learned and transition plans are created</td>
</tr>
<tr>
<td>5. Closing</td>
<td>E. Measure progress toward achieving project goals</td>
</tr>
</tbody>
</table>
## PM Tools and Techniques by Knowledge Area

<table>
<thead>
<tr>
<th>Knowledge Area/Category</th>
<th>Tools and Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Integration management</strong></td>
<td>Project selection methods, project management methodologies, project management plans, <strong>project management software</strong>, change requests, change control boards, project review meetings, <strong>lessons-learned reports</strong></td>
</tr>
<tr>
<td><strong>Scope management</strong></td>
<td><strong>Scope statements</strong>, work breakdown structures, mind maps, statements of work, <strong>requirements analyses</strong>, scope management plans, scope verification techniques, and scope change controls</td>
</tr>
<tr>
<td><strong>Time management</strong></td>
<td><strong>Gantt charts</strong>, project network diagrams, critical-path analyses, crashing, fast tracking, schedule performance measurements</td>
</tr>
<tr>
<td><strong>Cost management</strong></td>
<td>Net present value, return on investment, payback analyses, earned value management, project portfolio management, cost estimates, cost management plans, cost baselines</td>
</tr>
<tr>
<td><strong>Quality management</strong></td>
<td>Quality metrics, checklists, quality control charts, Pareto diagrams, fishbone diagrams, maturity models, statistical methods</td>
</tr>
</tbody>
</table>
### PM Tools and Techniques by Knowledge Area

<table>
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<tr>
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<th>Tools and Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Human resource management</strong></td>
<td>Motivation techniques, empathic listening, responsibility assignment matrices, project organizational charts, resource histograms, team building exercises</td>
</tr>
<tr>
<td><strong>Communications management</strong></td>
<td>Communications management plans, <strong>kickoff meetings</strong>, conflict management, communications media selection, <strong>status and progress reports</strong>, virtual communications, templates, project Web sites</td>
</tr>
<tr>
<td><strong>Risk management</strong></td>
<td>Risk management plans, risk registers, probability/impact matrices, risk rankings</td>
</tr>
<tr>
<td><strong>Procurement management</strong></td>
<td>Make-or-buy analyses, contracts, requests for proposals or quotes, source selections, supplier evaluation matrices</td>
</tr>
<tr>
<td><strong>Stakeholder management</strong></td>
<td>Stakeholder registers, stakeholder analyses, issue logs, interpersonal skills, reporting systems</td>
</tr>
</tbody>
</table>
Similarities in Healthcare Projects vs. Other Industries

- Projects still include all 10 knowledge areas and 5 process groups
- Projects have the same attributes and constraints
- The same tools and techniques apply
- Consumers keep expecting more for less
Scary Thought #137:
The NES came out over two decades ago. Those kids are all grown-ups now.

He’s going into cardiac arrest. Stand by for defibrillation.

Wait. First let’s try taking out the heart, blowing into the ventricles, and putting it back in.

Source: xkcd.com
What’s Different About Healthcare Project Management?

• There are two “camps” of people: clinical/philanthropic vs. enterprise marketplace viability and sustainability

• Projects often have separate phases – technical and clinical

• Project management is not as mature/practiced in healthcare

• Many projects affect workflow, and patient care must take priority
Make sure that the project does not break the current flow
Suggestions From Recent Study*

• We need to train healthcare workers in PM, emphasizing collaborating on achieving project goals and **understanding their roles on project teams**, which may differ from their roles in their day-to-day work.

• Management also needs to structure project teams by properly **planning workers’ time and payment to allow them to successfully engage in project work**.

# Healthcare PM Table of Contents

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<td>Chapter 2</td>
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<td>Chapter 3</td>
<td>Initiating Projects</td>
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<td>Chapter 4</td>
<td>Planning Projects, Part 1 (Project Integration and Scope Management)</td>
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<td>Executing Projects</td>
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<td>Monitoring and Controlling Projects</td>
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<td>Chapter 9</td>
<td>Closing Projects</td>
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<td>Chapter 10</td>
<td>Best Practices in Project Management</td>
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<td>Brief Guide to Microsoft Project 2013</td>
</tr>
<tr>
<td>Appendix B</td>
<td>Resources</td>
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</table>
Approach

- Opening case
- Explain key concepts
- Provide real-world examples with references of what went right, what went wrong, best practices, media snapshots, healthcare perspectives, and video highlights
- Apply concepts with samples from running case on Ventilator Associated Pneumonia Reduction (VAPR)
- Closing case
Sample Outputs in New Book

- Initiating: business case, stakeholder analysis, charter
- Planning: project management plan, scope statement, requirements traceability matrix, WBS, project schedule, cost baseline, quality metrics, human resource plan, project dashboard, probability/impact matrix, risk register, supplier evaluation matrix, stakeholder management plan
- Executing: deliverables, milestone report, change requests, project communications, issue logs
- Monitoring and controlling: earned value chart, accepted deliverables, quality control charts, performance reports
- Closing: project completion form, final report, transition plan, lessons-learned report, contract closure notice
Business Case Executive Summary

- **Background**
  - Ventilator Associated Pneumonia (VAP) has been identified by the IHI as a preventable condition
    - The IHI has developed a bundle of five care elements, that when followed in their entirety, has been proven in independent studies to reduce the incidence of VAP by at least 50%
  - CMS has adopted the CDC’s method for identifying patients with VAP and will no longer pay for the treatment of VAP, considering it a Hospital Acquired Condition (HAC)
    - Takes effect in 19 months
    - All major third party payers are expected to follow suite immediately thereafter
  - AHS identified 212 cases of VAP last calendar year
  - VAP rates have increased 8% over the past 5 years at AHS
  - VAP, or complications as a result of VAP, can result in death
    - for 17% of VAP patients over 65
    - for 8% of VAP patients under the age of 2
  - VAP is expensive to treat
    - The cost to treat VAP averages $17,000 per patient
    - The reimbursed charges to treat VAP averages $23,000 per patient
    - At 212 cases last year, we were paid $4.9M by payers, incurred $3.6M in costs, resulting in $1.3M in profit
  - If AHS has 212 cases again next year
    - 11 patients may die under our care (based on our patient demographic and the stated averages)
    - we will not receive $4.9M in revenue
    - it will cost us $3.6M in costs
    - it will result in AHS losing a total of $8.5M (cost to treat plus lost reimbursement)
    - we may be exposed to litigation if we can’t prove we are following the IHI ventilator best practices bundle

- **Solution**
  - Implement a reporting system that will alert caregivers on the floor when the IHI best practices are not being followed
  - Institute work flow changes that will hardwire the best practices into clinical care
  - Hold clinicians accountable for adhering to the best practices
  - Hold clinicians accountable for documenting adherence to the best practices

- **Cost**
  - $875,000 to $980,000 year 1
  - $0 subsequent years (support absorbed by current labor)

- **Payback**
  - Seven month payback period

- **Schedule**
  - Implemented in all units in one year
Stakeholder Analysis
Power/Interest Grid

- **High Interest/High Power**: Manage closely
  - 1
- **High Interest/Low Power**: Keep informed
  - 4
- **Low Interest/Low Power**: Monitor
  - 8
- **Low Interest/High Power**: Keep satisfied
  - 6

Points:
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
Project Charter
May 21

PROJECT TITLE
Ventilator Associated Pneumonia (VAP) Reduction – “VAPR”

PROJECT TIMELINE
Start: July 1       Projected Finish Date: June 30

PURPOSE
VAP costs AHS over $3.6M per year in costs, and puts our patients at risk for severe and sometimes fatal consequences. VAP is considered preventable by CMS, having worked with the Institute for Healthcare Improvement to develop a set of best practices that, if followed, has been proven to reduce VAP by 50% in other healthcare facilities. AHS will implement a system to collect and report compliance with the best practices in order to better manage VAP in order to better serve our patients healthcare needs. Since VAP is considered preventable, it is no longer reimbursable by CMS or major payers as of July 1, which will also put a financial burden on our organizations.

BUDGET
The VAPR project is expected to cost $980,000 over one year, with a total TCO of $980,000 over three years.

PROJECT MANAGER
VAPR has been broken down into two phases. The first phase is a proof of concept and the data collection/reporting system and will be managed by Jeff Birdwell, PMP from the PMO’s office. The second phase includes clinical process reengineering, training, and monitoring and will be managed by Pat Wager, RN, from the analytics department.
SUCCESS CRITERIA
This project will be considered successful if the sponsor rating is at least 8/10 upon project completion and VAP incidence rate drops by at least 50% within six months of implementation. Incidence rates will be determined based on the number of VAP events per 1000 ventilator days.

APPROACH

- All work to be completed by internal staffing, where possible.
- Project to be broken up into two major phases that will overlap their work, requiring the two project managers to work closely together throughout the project.

- Phase I, VAPRware, is concerned with the proof of concept, data collection and data reporting. It is primarily a technology project but will require the cooperation of and collaboration with analytics and nursing in order to identify the required data elements and their source systems.

- Phase II, VAPRflow, is concerned with clinical workflow reengineering, and is primarily a clinical project that will require working with the Nursing Documentation Committee and Medical Executive Committee in order to gain their input and support.

- Training to be developed and delivered by the Nurse Educator Team under the direction of the Phase II project manager. All training will be computer-based training (CBT) and will be included in annual training requirements for all clinicians.

- The cost of any work conducted on behalf of the project will be paid by the project budget, with the exception of the time nurses spend in training.

PROJECT LEADERSHIP (NAMES, ROLES, AND SIGN-OFF)
Work Breakdown Structure

Project scope/deliverables
<table>
<thead>
<tr>
<th>Activity Name</th>
<th>Duration</th>
<th>Man Days</th>
<th>Start</th>
<th>Finish</th>
<th>Predecessors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I</td>
<td>244 days</td>
<td>721</td>
<td>7/1/13</td>
<td>6/5/14</td>
<td></td>
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<tr>
<td>IHI VAP Bundle Definitions</td>
<td>19 days</td>
<td>28</td>
<td>7/1/13</td>
<td>7/25/13</td>
<td></td>
</tr>
<tr>
<td>Review IHI VAP bundle require 1 day</td>
<td>1</td>
<td>1</td>
<td>7/1/13</td>
<td>7/1/13</td>
<td></td>
</tr>
<tr>
<td>Review a min of six VAP bundle research studies that</td>
<td>9 days</td>
<td>9</td>
<td>7/2/13</td>
<td>7/12/13</td>
<td>3</td>
</tr>
<tr>
<td>Identify clinical discipline that typically provides each of the</td>
<td>10 days</td>
<td>10</td>
<td>7/2/13</td>
<td>7/15/13</td>
<td>3</td>
</tr>
<tr>
<td>Create VAP bundle definition c</td>
<td>6 days</td>
<td>6</td>
<td>7/16/13</td>
<td>7/23/13</td>
<td>4,5</td>
</tr>
<tr>
<td>IHI Bundle Buffer</td>
<td>2 days</td>
<td>2</td>
<td>7/24/13</td>
<td>7/25/13</td>
<td>6</td>
</tr>
<tr>
<td>IHI Bundle Defined</td>
<td>0 days</td>
<td>0</td>
<td>7/25/13</td>
<td>7/25/13</td>
<td>7</td>
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<tr>
<td>AHS VAP Bundle Data Sources</td>
<td>46 days</td>
<td>46</td>
<td>7/26/13</td>
<td>9/27/13</td>
<td></td>
</tr>
<tr>
<td>Review VAP bundle definition</td>
<td>2 days</td>
<td>2</td>
<td>7/26/13</td>
<td>7/29/13</td>
<td>8</td>
</tr>
<tr>
<td>Determine if VAP bundle elements are currently</td>
<td>4 days</td>
<td>4</td>
<td>7/30/13</td>
<td>8/2/13</td>
<td>10</td>
</tr>
<tr>
<td>Update VAP bundle definition document with corrected</td>
<td>3 days</td>
<td>3</td>
<td>8/5/13</td>
<td>8/7/13</td>
<td>11</td>
</tr>
<tr>
<td>Determine if the discipline documents the data</td>
<td>2 days</td>
<td>2</td>
<td>8/8/13</td>
<td>8/9/13</td>
<td>12</td>
</tr>
<tr>
<td>Identify the systems where the information is</td>
<td>3 days</td>
<td>3</td>
<td>8/12/13</td>
<td>8/14/13</td>
<td>13</td>
</tr>
<tr>
<td>Review systems and determine if the data is</td>
<td>12 days</td>
<td>12</td>
<td>8/15/13</td>
<td>8/30/13</td>
<td>14</td>
</tr>
<tr>
<td>Review extracted data sets for</td>
<td>13 days</td>
<td>13</td>
<td>9/2/13</td>
<td>9/18/13</td>
<td>15</td>
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<tr>
<td>Update VAP bundle definition document with system and</td>
<td>3 days</td>
<td>3</td>
<td>9/19/13</td>
<td>9/23/13</td>
<td>16</td>
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<tr>
<td>VAP Bundle Data Sources Buffe</td>
<td>4 days</td>
<td>4</td>
<td>9/24/13</td>
<td>9/27/13</td>
<td>17</td>
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<tr>
<td>Current Data Extracted</td>
<td>0 days</td>
<td>0</td>
<td>9/27/13</td>
<td>9/27/13</td>
<td>18</td>
</tr>
</tbody>
</table>
# Probability Impact Matrix

**Must identify risks to manage them**

<table>
<thead>
<tr>
<th>Probability</th>
<th>0-20%</th>
<th>21-40%</th>
<th>41-60%</th>
<th>61-80%</th>
<th>&lt;80%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Failure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
<tr>
<td>Severe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Minimal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**Impact**
## Project Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>Description</th>
<th>Status</th>
<th>How Measured</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope</td>
<td>Meeting project goals</td>
<td></td>
<td>Earned value chart</td>
<td>On target</td>
</tr>
<tr>
<td>Time</td>
<td>Staying on schedule</td>
<td></td>
<td>Earned value chart</td>
<td>Slightly behind schedule</td>
</tr>
<tr>
<td>Cost</td>
<td>Staying on budget</td>
<td></td>
<td>Earned value chart</td>
<td>Under budget</td>
</tr>
<tr>
<td>VAP Bundle</td>
<td>Identify AHS systems with required elements</td>
<td></td>
<td>Percent of elements</td>
<td>All elements identified and available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>identified in AHS</td>
<td>systems</td>
</tr>
<tr>
<td>VAP reduction</td>
<td>Reduce by 50% within six months</td>
<td>↔</td>
<td>Infection Control</td>
<td>Cannot collect until after implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>data</td>
<td></td>
</tr>
<tr>
<td>Percent of ICU</td>
<td>Train all ICU staff prior to go live</td>
<td></td>
<td>Training Management</td>
<td>Learning management system down for four days causing a delay in training. We expect to catch up quickly.</td>
</tr>
<tr>
<td>staff trained</td>
<td></td>
<td></td>
<td>System test results</td>
<td></td>
</tr>
</tbody>
</table>
Find root cause

- Database
  - Data pulled from wrong field in nursing system
  - Data type wrong in nursing system
  - Data type wrong in VAPR system
  - Nurses told to only collect at shift change
  - Nurses not trained correctly
  - Nurses don’t use the data so they don’t care

- Equipment
  - Different PCs used during shift changes
  - Data type wrong in nursing system
  - Checkbox does not turn on/off with click
  - Data being changed within interface
  - Cross reference tables invalid
  - Data being posted to wrong patient
  - Laptop screens too small
  - Font too small to read on screen

- Interfaces

- Potential Causes

- Effect

Invalid HOB Nursing Observations Except at Shift Change
Progress Report

Project Name: Ventilator Associated Pneumonia Reduction (VAPR) Project
Project Manager Name: Pat Wager
Date: March 3

Reporting Period: February 1 – February 28

Work completed this reporting period:
- Identified and gained approval from a high VAP-incidence critical care unit to participate in the VAPR pilot program.
- Recommended and gained approval for the rollout order for remaining ICUs.
- Developed a formal workflow transition plan.
- Transition plan approved by Med Exec Committee and Quality Council.
- Awaiting transition plan approval by Clinical Workflow Council. Expected March 5.

Work to complete next reporting period:
- Review transition plan with each discipline.
- Determine training requirements for clinicians.

What’s going well and why:
- Nurses and physical therapists have been engaged from the start due to the ongoing support by the CNO and CNIO.
- ICUs have been very cooperative regarding the pilot program.

Suggestions/Issues:
Engage the Executive Medical Director and Chief Medical Information Officer in order to help get the appropriate message to physicians about the benefits of VAPR. Our Phase II sponsor, Dr. Scheerer, is in the ideal position to work with these two physician leaders.

Project changes:
No major changes to report. The earned value chart in Attachment 1 shows planned value, actual cost, and earned value information to date. We are very close to our plans, running slightly ahead of schedule and a bit over budget. We expect to complete the project on budget and on time.
Earned Value Chart

Assess progress in meeting scope, time, and cost goals.
Best Practice- Earned Value Management

- The Centers for Medicare & Medicaid Services (CMS) manages approximately twenty percent of the entire Federal budget, so it is important that they use the taxpayers' dollars as efficiently and effectively as possible.

- “Once an investment—with its individual projects—is approved for funding, it falls to the investment manager and the project managers to insure that the projects are implemented successfully. Earned value monitoring and management provides early warning when a project is straying from its baseline plan, and shows whether actions taken to correct the situation are effective. Health and Human Services (HHS) requires that certain investments track and report on cost and schedule status monthly.”

Team Project Web Sites

Great communications tool

Google site from a class project. Team used Google docs to estimate and track hours, prepare charter, progress reports, etc.
<table>
<thead>
<tr>
<th>Tool</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder Analysis</td>
<td>Identify and assess risks</td>
</tr>
<tr>
<td>Work Breakdown Structure</td>
<td>Manage time/schedule</td>
</tr>
<tr>
<td>Gantt Chart</td>
<td>Change management/buy-in</td>
</tr>
<tr>
<td>Business Case</td>
<td>Scope/deliverables</td>
</tr>
<tr>
<td>Probability/Impact Matrix</td>
<td>Expectations/justification</td>
</tr>
</tbody>
</table>
Teaching Healthcare PM: Approaches and Nuances
### Approaches

<table>
<thead>
<tr>
<th>Length</th>
<th>Presence</th>
<th>Workgroup</th>
<th>Project Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation</td>
<td>Traditional</td>
<td>Team</td>
<td>Real Case</td>
</tr>
<tr>
<td>Seminar</td>
<td>Hybrid</td>
<td>Pair</td>
<td>Teaching Case</td>
</tr>
<tr>
<td>Full Course</td>
<td>Flip Course</td>
<td>Individual</td>
<td>Simulation</td>
</tr>
<tr>
<td>Compressed Course</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certification Interest
Challenges and Nuances

GOAL

Healthcare
Quality, real effect

Time
Group, you, client, breaks, graduation

Access to projects
Privacy, complexity, timeframe, prior knowledge

Little basis in topic
Students, some healthcare organizations, individual direction & interest, simulation, software access
Other Stuff

Simulation report
(strategy, what's different)

Readings & cases

Resources (past projects, templates, PMI, YOU)

Project Mgt. in my Future Interviews

Testing

Student feedback (value & timing)
Additional Concerns?
Next Steps
Next Steps

1. Decide if your students/employees would benefit from a course in project management
2. Talk to us!
4. Create syllabus/course
5. Improve healthcare, one project at a time!

You

1. Decide if your students/employees would benefit from a course in project management
Wrap Up
Objectives Review

- Describe the growing need for healthcare project management (PM)
- Recognize PM basic terms and processes
- Explain sample outputs applied to a healthcare project
- Review course approaches and nuances
- Identify next steps
Kathy Schwalbe  
schwalbe@augsburg.edu

Cynthia LeRouge  
lerougec@slu.edu
Blackboard Access

- https://blackboard.slu.edu/