

HOW PHYSICIANS AT MUNICH'S MAX PLANCK INSTITUTE ARE  
FINDING MORE TIME TO TREAT PATIENTS

# SATISFIED PATIENTS ARE A BETTER RETURN

If you ask doctors at hospitals what they find annoying, chances are they'll say bureaucracy and outdated organizational structures. They'd rather spend their time healing patients. A head physician in Munich has tackled this matter and found that small steps, too, lead to success.

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**B**ack in the summer of 2014, when Professor Martin E. Keck started his job as medical director and head physician for psychiatry, psychotherapy, psychosomatics, and neurology at Munich's Max Planck Institute of Psychiatry, he found two things. One was top-level international research closely related to the excellent clinical treatment of psychological and neurological conditions. He also found obsolete administrative and organizational processes, some of which dated back to the first generation of computer applications in the 1990s. "I knew the institute from my early days as a doctor around 20 years ago," he says. "It was top-notch in medical terms back then too. But its organization and administration had hardly changed."

Keck—who had previously worked at the University of Zurich and subsequently directed a private clinic in Switzerland where he had successfully introduced lean management—didn't waste any time on assuming his new position in Munich. On his first day of work he commissioned Porsche Consulting to transform the institute into a lean hospital. The mission: to identify and eliminate waste in order to gain more time for the core activities of research and treatment.

"Every minute we save behind the scenes means more time available for treating our patients," says Keck, who also does research. So the hospital, which has approximately 120 beds, special outpatient departments, day units, and its own general and clinical research facilities, is being brought up to speed to meet the economic demands of the future. "While we still have time to do so," he says. Instead of waiting until planned regulations →



Accumulated knowledge: Professor Martin E. Keck, medical director and head physician, in the archives of the Max Planck Institute of Psychiatry. "Just because something was helpful in the past doesn't necessarily mean it still is," he says.

such as the new lump-sum remuneration policy for psychiatric and psychosomatic treatments (PEPP) threaten the institute's very existence with its deep cuts in funding, Keck wants to utilize existing potential in advance. He notes that key financial indicators have very different relevance in commercial businesses and places like his hospital, but then adds: "If we see that a process doesn't make sense, if it isn't helping our patients or promoting our research, then we shouldn't be doing it anymore."

With this in mind, Keck and his colleagues went through the daily routines at the hospital step by step in search of outdated processes and waste. With assistance from Porsche Consulting, several years of performance data were evaluated, and processes were analyzed and audited. This was followed by workshops for staff members from nearly every department. Pathways were examined, files and phone calls counted, means of improvement discussed, solutions tried out, and unsuccessful attempts discarded. "It might sound trite, but the most important thing is to seriously question everything," Keck observes. "Just because something was helpful and made sense in the past doesn't necessarily mean that it still does today."

Their efforts have paid off. Where dictation machines with cassette tapes once dominated everyday routines, professional voice recognition software will be used in the future. This makes it faster and more efficient to write medical reports. Where several doctors used to be involved in admitting patients and communicating with their referring physicians, these tasks have now been centralized. Patients, relatives, and referring physicians will now always have one and the same contact. Where finalizing admission dates often used to require time-consuming coordination among individual hospital departments and their medical personnel, available spaces in every unit can now be viewed electronically. This means admission dates can be proposed immediately to everyone involved. Where hospital routines tended to revolve around doctors' rounds, medical staff have now agreed on set daily schedules. This makes it easier for everyone to plan and organize their days—an advantage that makes up for the initial hurdles in coordination. And the time gained is invested in more important activities, because "research results and patient benefits are our return," explains Keck.

The solutions themselves are impressive, but so too is the speed with which they are put into practice and the pace at which changes are being made at the Max Planck Institute. At many hospitals, projects of this type falter after the analysis and design stages—but precisely here is where the one in Munich seemed

to pick up steam. In no time at all, sub-projects were defined and responsibilities assigned, a well-functioning organization was put into place, and a central management structure was established. A specially designed newsletter promptly began informing staff about the progress of the initiative. Most of the ideas for improvement had been conceived, developed, tested, adjusted, and implemented by the sub-project leaders and team members themselves. "We have an advantage here," says Professor Keck in explaining the secret to success. "A lot of what people learn about 'change management' in seminars at universities and business schools is basic knowledge in behavior therapy. There too it's not a matter of presenting pre-existing solutions but rather of developing ways to achieve something together. And that helps us, of course." ←

**Martin E. Keck with his colleague Christine Melchner: to gain more time for patients and research, administrative areas have also been optimized just like the processes at inpatient and outpatient departments.**

