

Taking a Stopwatch to the Annual Checkup

Professor Klaus Hekking went for his annual checkup—and the course of events left him less than enthused. Since then, the jurist and CEO of SRH Holding, a Heidelberg-based health and educational service provider, has made it his mission to track down time traps and outdated structures in hospitals. If it will aid the cause of optimization, then Hekking redesigns entire hospitals from top to bottom. In an interview, he explains how to implement impersonal concepts such as efficiency and process optimization in the very personal environment of a hospital.

□ BETTINA LANGER

📷 ULRIKE HABIB



Professor Hekking, how are you doing? How is your health?

Couldn't be better. Also thanks to preventive checkups.

When did you have your last checkup?

I have a checkup every year right after my birthday, which is in February. So the last one was six months ago.

You are known for having your checkups in SRH Holding hospitals, and then taking a detailed look at the processes.

That's absolutely right. You hear that board members should stay out of their own hospitals, but I am really enthusiastic about doing precisely that. My first checkup accompanied by a stopwatch was just under four years ago, at our Karlsbad-Langensteinbach clinical center. It took 182 minutes from start to finish, only 90 of which were—in my opinion—value adding in terms of medical findings or treatment.

And where did you spend the remaining 92 minutes?

Either waiting, or en route to one examination or another...

... Something that all too many patients grumble about.

And rightly so. My first stop was to check in. And that is the point at which things first started to get out of hand. I had to navigate half the building before I even got to the admissions area. Generally, the patient's next step is to take a seat and wait. In itself, a breather like this is not a bad idea; it gives you a chance to settle down a bit. But if patients then end up waiting simply because everyone has been given an appointment for the same time, then you are wasting patients' time.

Did you have to wait for a longer time?

Well, I have what you might call a certain home advantage. The thing that wasted the most time was that my physician, who handled the initial consultation, was interrupted a number of times with phone calls concerning other patients. Such interruptions are not only time-consuming, but also lead to errors. In my opinion, doctors must be allowed to focus their entire attention on the patient in their office, without interruption. Following our conversation, the physician brought me to the next stop on my checkup schedule. This was a nice gesture on his part, but again, one which took time, and would

both of which created additional delays. To my way of thinking, everything should be ready before the patient enters the room.

Your summary scarcely sounds encouraging so far. What was the reaction of the employees involved?

During the checkup itself, I made a note of all waiting times and sketched my zig-zag route through the building. I then presented my findings at a lean hospital conference. The response was the usual one in such cases. First, disbelief: "We never noticed that." This is followed by attempts at justification along the lines of "that's just the way



Professor Klaus Hekking (right) and Cornelius Clauser, a partner at Porsche Consulting, in pursuit of time drains

have been unnecessary if the checkup had been organized so that the next step could have taken place right next door.

But at some point you did have your first examination.

Yes, a lung function test. A clamp is placed on your nose, and you blow into a mouthpiece. The assistant who did the test, a young man doing his civilian service at the hospital, first had to find a new mouthpiece and attach it, and then enter my data on the PC,

it is; we can't do anything about it." It's really no different from other business operations. Hospital employees are frequently ensnared by their work routines and become blind to shortcomings in work procedures. For this reason, the first step on the road to optimization is to visualize processes.

You then drew conclusions.

Once I have achieved transparency with regard to the processes, I can begin to restructure them. Here, the initial objective is to ensure that employees →

are working in positions suitable to their training and capabilities, and are relieved of unnecessary duties which eat up their time. Our physicians are often saddled with tasks which actually have nothing to do with their profession, such as writing reports, coding, and so on. One consequence is hiring coding technicians and prescription medicine control technicians to assume administrative tasks such as these.

This means the creation of entirely new occupational fields?

Yes. And established occupations are changing. Take a look at therapist professions. Let's say you have been in an accident and suffer from complex trauma. In a rehab program, what often happens is that you are first treated by a physical therapist, then by an occupational therapist, and still later perhaps by a speech therapist. So the end result is that three therapists work with you, in a more or less coordinated fashion, with interruptions and time-consuming transfers. What I would like to know is why, for example, there is no neurological therapist specializing in all of the neurological diseases or an orthopedic therapist specializing in each of the orthopedic diseases so that these therapeutic measures could be combined to offer integrated treatment.

So in your pursuit of greater efficiency, your top priority is to have your staff revise old habits and be ready to meet new challenges?

Not only that. From our perspective as an organization or owner, we must ensure that the structures surrounding our work are appropriate.

What does that mean specifically?

That means, for example, that the physical structures of a hospital should

be process-oriented and not determined according to general guidelines or abstract agendas regarding space and function. For instance, the space in Karlsbad-Langensteinbach Clinical Center is being reorganized. We started by making a model of the Center's current layout, using different colors to indicate which departments are using which areas. The result was a patchwork effect; imagine a map of Germany after the Thirty Years' War. In other words, various little kingdoms all over the building. Everyone who saw this agreed that this was not the most practical approach. We also used threads to measure routes throughout the model. Beforehand, I had everyone involved guess the average number of meters a patient has to walk during a checkup. Most of them estimated 200 meters, but in reality it comes to 800.

What should a sensible reorganization include?

First, the admissions area should be in a central location, which means as close to the entrance as possible so that patients don't have to roam the length of the building. And that is why we arrange each of the other functions in the order that they take place during a medical exam. Since so many patients have to make stops at points throughout the clinic, it is particularly essential to keep the distances short. If new building construction takes place, we want to keep the spatial structure as flexible as possible, so that conversion can be easily made to meet any changing user requirements.

A flexible hospital?

Yes, because medical advances are now occurring at such a rapid rate that we have to continuously modify the building. Take radiology, for instance. 40 years ago, we only had

x-ray equipment. Then came computer tomography, followed by nuclear spin tomography, and most recently digital subtraction angiography, which is a special x-ray technique used for examining blood vessels. Where once a single piece of equipment stood, there is now an entire battery of equipment. One of the methods employed is to construct long-span ceiling systems with only drywall partitions underneath, which facilitates alterations in rooms. If this is not done, you end up with what I call a "cheese wedge method"; in other words, annexes and reconstruction which in turn lead to inefficient processes and ultimately to the chaos we found in Karlsbad.

That sounds pretty persuasive. What increase in efficiency do you expect to gain from all of these measures being implemented in Karlsbad?



They often say, “You can always increase your efficiency by ten percent, and that is just at first glance. The consultant’s actual work begins after that.” I believe that twenty percent and more are well within the realm of possibility. Whenever I say that, people immediately start thinking of job cuts. But that isn’t the point. Because of demographic changes and an increasing number of alternatives available in medicine, demand is increasing as well. This leads to long waits for medical care in highly specialized areas such as spine operations. Greater efficiency enables us to treat a greater number of patients and to avoid waiting lists if possible. The quality of the public health sector can be also judged by whether patients have to wait for essential treatment, and if so, for how long.

But that also means a greater workload for individual employees.

Needless to say, we have to demand a great deal from our staff if we hope to offer patients efficient, comprehensive medical care. But that is why it is so critical to improve processes, and eliminate time drains and workarounds. This will give people more time to accomplish their actual tasks, and this in turn will have a positive effect on their motivation.

How efficient was your most recent checkup?

This time I didn’t bother with the stopwatch. However, it was considerably shorter than in the past. My doctor is very capable, and he can also think in terms of efficiency, act on suggestions for improvement, and put them into practice.

Were you satisfied overall?

Yes I was, even if not everything was quite perfect. But we are not looking for absolute perfection. Physicians, health-care workers, and patients are not machines functioning like clockwork. You always need to make time for what I call the “human time slip”: to take a moment to think, to chat, to gaze out the window. Older patients in particular would like a chance to just sit down for a moment and say, I need a second to collect myself—and we need to make time for that, too. So in a hospital, there are natural limits to optimization. But of course, I also took advantage of this visit to talk with colleagues about ways in which we can become more competitive. ←



PHOTO BY SHUTTERSTOCK

Infobox on Manager Checks

Physicians particularly recommend that men and women in high-stress positions have regular checkups. The Ulm Institute of Occupational Medicine recommends regular checkups starting at age 35 to 40. Most physicians recommend a basic checkup once a year. At a minimum, this generally includes an ECG, a lung function test, an ultrasound of organs and the thyroid. Moreover, a complete blood count is taken, and liver, kidney, and gout values are examined in the lab.

The basic checkup can take anywhere from two to four hours. Beginning at age 45, says Agnes Beltz of the Institute, additional exams such as a colonoscopy should be added. If results are negative, the exam need only be repeated every seven years. Other areas to be examined depend on the person’s overall health and previous medical history, and should be discussed together with the physician.