

A blurred photograph of a hospital room. In the background, there is a whiteboard on a stand, partially covered by red curtains. The foreground shows a dark surface, possibly a desk or counter. The overall lighting is dim, and the image has a soft, out-of-focus quality.

“Hospitals Will Have to React More Quickly”

He still considers the German healthcare system one of the best around—and that’s why he’s calling on German hospitals to display a willingness to adopt new approaches. Professor Dr. Friedhelm Beyersdorf, medical director of cardiac and vascular surgery, set a good example and opened every door to the consultants. This turned improvements into visions.





Preparing for the OP: The...



... professor washes and...



... disinfects his hands,...

Professor Beyersdorf, is the German healthcare system really in a poor state of health?

Professor Dr. Friedhelm Beyersdorf: “With all the discussions surrounding the health service reform and with everything that has been written in recent months, you could almost gain the impression that medical care in Germany is really poor. In fact, the opposite is true. Our healthcare system is still one of the best in the world.”

Well, that's a very novel way of looking at things...

Beyersdorf: “... and one which can very easily be backed up with evidence. In Germany, there is no patient who does not receive treatment. There are virtually no waiting times. Services are provided incredibly close to where people live and the standard of medical care is very high. There are hardly any other countries in which the system works as well as it does in Germany.”

But a number of hospitals have already had to close, others are sounding the alarm bell and complaining about an acute shortage of money, which is seriously jeopardizing the provision of proper medical services.

Beyersdorf: “We are in fact reaching a point where we no longer know how long we will be able to pre-

serve the excellent situation we currently have. In the long run, there is a question about the financial viability of the whole system.”

What is your response to the accusation that mismanagement is rife in many German hospitals?

Beyersdorf: “You have to be careful there. Today if it takes longer for a patient to recover than was envisaged, the hospital pays extra. Despite this, no hospital will send a patient home before they are ready to go home. So if you just base your arguments on financial aspects, this can have far-reaching consequences. In Norway, for example, hardly any heart operations are now carried out. Patients are given €20,000 for the procedure which is required and they can then have it carried out wherever they want. More and more patients from Sweden are coming to Germany to have operations carried out for which they would have to wait two years in their home country. I don't think we want a situation like that. In addition, here in Germany many hospitals have to grapple with the disadvantage of being in a poor location which makes successful economic management almost impossible. One thing is clear though: German hospitals must open themselves up, adapt to changes and rethink the way they are organized. And



... has his gown put on...



... and secured and finally...



... the gloves are slipped on

they should do this now because we currently enjoy reasonably good conditions. This is why we were delighted that Porsche agreed to finance this project.”

But honestly: Is it not very painful when the basic principles of lean management and the interests of a hospital collide?

Beyersdorf: “It was not painful for us in any way. We wanted outside assistance even though our previous experiences with consultants had tended to be bad. But the twin pairing of McKinsey and Porsche Consulting provided the ideal combination of vast experience in hospital consulting and a new, very practical approach. We consistently opened ourselves up to this. This enabled us to improve our organization at the places where in our opinion all was not running smoothly. Although this has not solved all of our problems, we can be very happy with the results. The goal of the project has been achieved. Cardiac and vascular surgery now operates even more efficiently—and this benefits doctors, the nursing staff and above all the patients.”

Does this mean that your department has reorganized itself and is now in a Continuous Improvement Process?

Beyersdorf: “The supply of medical services is very

complex and cannot be managed in such an exact fashion as the process of manufacturing an automobile, for example. Nevertheless, it has become apparent that in dealing with patients, there are also areas in which, figuratively speaking, you can operate with concepts such as added value. If you draw the right conclusions, and in particular implement the necessary measures consistently, you will obtain positive results very quickly. It has taken all of our energy to achieve this. We now strictly adhere to the changes, and constantly monitor ourselves. This in itself represents a very good development.”

How do you assess the way that the project has progressed and the work of the consultants?

Beyersdorf: “Let me use an example to explain that. Before you can carry out a heart operation on a patient, many requirements have to be met and a number of investigations have to be carried out. It is difficult to manage this from the cardiac surgery department. As a result, we occasionally used to encounter unwelcome surprises with new patients which led to delays in the operating schedule. That’s not easy to make up, because you can only carry out an operation if you know that afterwards there will be a bed in the intensive care unit ▶

for the patient. The new patient management system has enabled us to standardize certain procedures, so that the overall passage of patients is more transparent, and planning is easier and more accurate. This is very important for us. Although we had identified the deficiencies, we simply lived with them because you get used to them over time. Without Porsche Consulting, we would never have found this solution. And this is to be expected, of course. We are medical specialists and not experts in organization management.”

Is it not particularly difficult for a doctor to have an outsider tell him how to do his job?

Beyersdorf: “In our case, things were actually not that bad beforehand. Quite the reverse in fact. But what is the problem with admitting that improvements can be made in a few places? You do have to bring along a willingness to embrace change—and accept that the suggested solutions may come from external experts without expertise in the specific area.”

How was the project received in the other departments at the university hospital?

Beyersdorf: “Every sentiment from rejection to curiosity was in evidence. And when we presented the results to the hospital board at the end of July, the excitement was huge. But it is difficult simply to transfer our changes as they are to other departments with different specific requirements and problems. This is why we’re just at the start of the journey, but we’re heading in the right direction.”

Do you feel like you are a pioneer in implementing lean processes in the hospital?

Beyersdorf: “Lots of trials are currently taking place. There are widely differing opinions on what needs to be done. A model that is to be introduced elsewhere is rather reminiscent of the processes associated with a conveyor belt. A patient’s stay in hospital is divided up ▶







Professor Dr. Friedhelm Beyersdorf: “When we presented the results to the hospital board, the excitement was huge”

into various stages: admission, preliminary investigations, the operation, and the recovery phase. The patient is treated by different doctors at each stage. I don't think that is such a good thing. A patient should have fixed points of contact during their stay in hospital. I don't see how the current model can provide that.”

How do you view the increasingly prevalent trend toward mergers between different hospitals?

Beyersdorf: “If they are really situated close to one another, this may make sense. They merge together in order to specialize. But sometimes, it's not entirely apparent who is specializing in a specific field for what reason as a result of this merger. This is not a simple matter either. A few years ago, a hospital that just carried out hip operations was considered to be extremely lucrative. Today, the money is in fact to be made in an eye or skin hospital. So how am I supposed to know what the situation will be five years from now? How-

ever, the German university hospitals have also already talked about specializing. Let's just take Freiburg as an example. We have fifty-six different departments and cover the entire medical spectrum, including training and research. It is logical and sensible therefore for us to create a better network by forming centers.”

Despite the difficult climate, one does not necessarily have the impression that all hospitals are pulling in the same direction.

Beyersdorf: “No, in contrast to days gone by, there is now great competition, a real battle to win patients. Just have a look on the Internet. Every hospital claims to be the best and tries to offer the best treatment. Things which were never previously mentioned are now used to promote the hospital: The furnishings in the rooms or the food, for example. It is almost expected that the level of service is right, patient surveys are conducted all the time, and a type of quality control has become es-

tablished almost everywhere. For the patient, this is of course comforting, but it will not solve the basic problem of hospitals in the long run.”

To what extent can these results be utilized?

Beyersdorf: “They show that there is still potential for improvement. After all, in a relatively short period of roughly three months, we’ve achieved tangible improvements in a fairly small unit. Taking account of the specific requirements, this in itself could be transferred to other departments and entire hospitals. With the knowledge of lean processes and the experience they gather from us, the consultants could continue to work in this direction. And there’s one other thing you shouldn’t forget: All improvements and savings have been achieved so far without challenging the basic structure of the hospital. That will have to change. I believe

that we need such experts from the outside, people with entirely fresh ideas.”

So you believe that a hospital, in the form it is organized today, no longer has much of a future?

Beyersdorf: “Well, let’s look at the facts and figures. By 2008, Germany’s university hospitals alone need to make savings running into tens of millions of euros. This is a major challenge, to put it mildly. In addition, the age structure of the population will change fundamentally. Every other girl born today will live to the age of 100, and every other boy will reach the age of 94. That means that the healthcare system will have to continue to adapt in the future as well. Hospitals will have to react increasingly quickly in the future. This is the yardstick by which they will have to measure themselves.” ◀

Personal details

“Hospitals need to accept the changes and adapt,” believes Professor Dr. Friedhelm Beyersdorf, who has himself moved around a great deal on his way to becoming a university professor. Born in Bochum in 1954, he dropped his internship to become an orthopedic technician shortly before the examination in order to start his medical degree in Frankfurt in 1975. From there, his passion for cardiac and vascular surgery repeatedly took him to the USA. He studied at John Hopkins University in Baltimore and Thomas Jefferson University in Philadelphia. In the 1980s, he passed the American medical state examinations National Board, Parts I and II. In between, he completed his doctorate in Frankfurt with *summa cum laude*. At the end of the 1980s, he again interrupted his further training and specialist training and also his role as a lecturer at Johann Wolfgang Goethe University in Frankfurt to spend two years in the cardiac surgery department of the University of California in Los Angeles. He has been a university professor at Albert Ludwig University in Freiburg since 1994, and runs the department of cardiac and vascular surgery at the university hospital there.