PROFESSIONAL



Project management

Neville Steer

B

Tips from the toolkit: 5

Starting a practice is a complex undertaking requiring planning, resourcing, and management skills that lead to an 'up and running' medical business. Project management methods can be used to phase activities in a logical and coordinated sequence. This month, we use some examples of project management methods that can be used in setting up a practice or other complex projects. Like previous articles in this series, this article draws on The Royal Australian College of General Practitioners' 'General practice management toolkit'.

Keywords: general practice; practice management

Most general practitioners set up a practice no more than once or twice during their professional careers, and it is a daunting task. This article covers how to make a start in the complex process of launching a new medical practice using some project management principles.

Project scope

The project scope describes what you need to have achieved at the completion of the project (often referred to as the 'deliverables'). Examples include:

- a functioning e-health information system that includes data backup, diagnostic and pathology downloading, and Medicare online
- a vaccine handling and storage system that includes verification of 'cold chain', and
- a telephone system with after hours messages and message on hold.

Project team

After determining the scope of your project, you need to identify the team that can manage the project. For starting a medical practice, the team may include:

• some or all of the practice owners

- an administration person
- a business advisor, and
- a practice nurse.

In the first phase the team may be relatively small and expand as the project progresses.

Gantt charts

The visual display of information is an effective communication and decision making tool and helps to make relationships between tasks clear 'at a glance'. The Gantt chart uses a horizontal bar to demonstrate the anticipated duration of activity required for each task. The bar can be gradually filled in to demonstrate progress toward completion of tasks and can be listed in an adjacent column as a percentage. Open triangles designate planned start and finish times, which are filled on commencement and completion. Where tasks run over time, the additional time can be shown on the chart using a broken line.

Example

Dr Andrew Smith and Dr Katie Chan are setting up a new practice and have drawn up a Gantt chart to help manage the project (*Table 1*). They are currently working in different areas of Australia, so a simple wall chart would not work well to coordinate the various tasks.

For simplicity, the illustration is confined to the facilities fit-out. The task of setting up the facility has been allocated to Dr Smith (the nominated resource person). A start and end date is recorded and the expected duration is calculated as number of weeks.

Sequencing is important to coordinate the tasks and can be reflected in the chart. Ordering equipment and furniture needs to be early enough to allow at least 60 days for delivery. The selection of equipment and furniture is coordinated with the plans for fit-out to make sure there will be sufficient space for items such as refrigerators, examination beds, sterilisers, double

Table 1. Project management of clinic fit-out					
	Task	Resource	Start	End	Duration
1.	Facilities fit-out	K Chan			
1.1	Draft plans		1/06/2010	28/06/2010	4 weeks
1.2	Building contract		14/07/2010	30/08/2010	7 weeks
2.	Equipment	K Chan			
2.1	Select and order		1/06/2010	15/06/2010	2 weeks
2.2	Install and test		12/09/2010	20/09/2010	1.5 weeks
3	Furniture	K Chan			
3.1	Select and order		14/06/2010	28/06/2010	2 weeks
3.2	Install		07/09/2010	11/09/2010	0.5 weeks



sinks. In addition, the IT design task will also need to coordinate with the design of the fit-out and selection of furniture and equipment.

The table has been placed in a Gantt chart (*Figure 1*). Note in the chart, task 2.1 to select and order furniture overran (dashed line). Although the task has been completed, the allowance of 60 days for order is now critically close to the date for installing equipment. If there is a delay of more than 2 weeks in the delivery of the furniture, it may delay installation of equipment, resulting in slippage in the project.

Estimating time

Most people significantly underestimate the time taken to complete tasks, particularly new or unfamiliar ones. Anyone who has undertaken work with building trades has had experience with this in the same way that people often think 'it will only take the doctor a minute to do this'. When starting a new practice, take care to establish realistic time schedules and include a buffer for unexpected events.

The first step is to detail everything you know about the tasks required for the project. Greater detail allows more accurate time estimates. As many tasks will be performed by others, allowance for process delays is important. Planning and building permits take time; meetings and liaison with contractors and suppliers need to be factored in; unexpected problems can be encountered with refitting older buildings. Obtaining advice from people with experience managing similar projects is valuable. Once installed, equipment may malfunction and need to be replaced. A common mantra for renovations may apply – they take twice as long and cost twice as much as expected!

Resources

- State branches of the Australian Medical Association can provide practice management advisers to assist you with setting up a practice: www.ama.com.au/about/contact
- Further information on Gantt charts and PERT: www.netmba.com/operation
- Tutorials for producing Gantt charts using Microsoft Excel: http://office.microsoft.com/ en-au/excel/HA010346051033.aspx
- Project management software can save time in producing charts and managing information.
 Examples include Microsoft Project and Visio, and free and open source programs such as GanttProject: www.ganttproject.biz
- Taylor JC. Project scheduling and cost control, planning, monitoring and controlling the baseline. Ross Publishing, 2008.

Author

Neville Steer MBBS, FRACGP, DRANZCOG, FAIM, FAICD, is a general practitioner, and member, The Royal Australian College of General Practitioners National Standing Committee – GP Advocacy and Support, Victoria. n.steer@gpr.com.au.

Conflict of interest: none declared.