CALIFORNIA STATE UNIVERSITY, NORTH RIDGE

THE USE OF A PROJECT MANAGEMENT SYSTEM IN COORDINATING A HOSPITAL MOVE OPERATION

A project report submitted in partial satisfaction of the requirements for the degree of Master of Science in Health Science

by

Richard Harvey Booth

May, 1975
The project report of Richard Harvey Booth is approved:

________________________
Committee Chairman

California State University, Northridge
April, 1975
Acknowledgments

I am greatly indebted to Dr. Donald M. Hufhines, whose assistance, guidance and encouragement made these endeavors possible. To Professor Alfred M. Feiler of UCLA, and Mrs. Evelyn Cederbaum of LOG/AN, Inc. for their time and support I am deeply grateful. Finally, I am most indebted for the comfort and understanding offered by my beloved Michelle.
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ABSTRACT

THE USE OF A PROJECT MANAGEMENT SYSTEM IN COORDINATING A HOSPITAL MOVE OPERATION

by

Richard Harvey Booth

Master of Science in Health Science

May, 1975

This study describes the use of a project management system by hospital administration in controlling, scheduling and assigning activities related to the preparation and implementation of the transition from an existing hospital to a newly constructed hospital of nearly equal size. The project being reported covers a span of several years and involved over a thousand tasks.

The system being studied was developed by Professor Fred M. Feiler of UCLA and LOG/AN Inc. of Los Angeles, California. It is a relatively simple and inexpensive management system available to small organizations involved in projects of construction, expansion and development.
Definition of Terms

activities - tasks to be performed.
activity code - six character code representing hospital department and department cost center.
activity criticality - relative importance of a task to the overall project.
activity schedule - computer printout of activities.
CPM - Critical Path Method.
critical path - path of activities most relevant to the completion of the project at a given point in time. Activities which cannot be delayed without incurring a measurable risk of delaying project completion.
earliest start date - date on which an activity could commence.
earliest start time - same as earliest start date.
expected activity duration - length of time in days an activity was expected to require.
finish time - completion date.
input variances - overlapping of activities by a responsibility rendering the activity's completion subject to question.
milestones - significant activities along the path of the project.
network - project as displayed in computer model.
network analysis - computer analysis of project variables.
owner - hospital.
output report - printout.

PERT - Program Evaluation and Review Technique.

PROMAP - Project Management Program.

Project management system - organized approach to the
management of project—in this instance a computerized network of activities.

responsibility - individual or individuals designated as responsible for the completion of tasks.

risk - in this context it is the degree or percent of probability that an activity will delay the overall project completion. A 10% risk, for example, means that 10 out of 100 times the activity was run through the computer, the activity would delay the entire project by one day. Conversely, a 10% risk means that 90% of the analyses showed the activity to be non-critical (not in a position to delay the project completion date).
CHAPTER I
INTRODUCTION

This paper reports on a project management system used to coordinate the transition of a 300 bed acute care facility into a newly constructed building. The project commenced shortly after excavation and superstructure had been completed and proceeded through demolition of the vacated building.

The facility being replaced was a 48 year old multi-level structure originally established as a community hospital in a large metropolitan area of Los Angeles, California. Over the years, however, the trend had been away from the community type of general acute care to that of highly specialized surgical care. The new structure reflected this trend by having significantly large surgical, diagnostic and treatment areas specifically dedicated to the intensively ill patient.

The fact that considerable time had elapsed between development of working drawings and actual start of construction (6 years) presented some special problems to planners at the completion end of the project because so
many middle managers who were involved in developing the initial plans were no longer on board. Although large numbers of tasks had been performed by certain exceptional individuals both within the facilities management and from others involved in the project, no formal method had been established by management to coordinate the project activities until six months into the twenty-four month construction effort. In June, 1973, a decision was reached to establish a formal project management program (PROMAP) through the auspices of Professor Alfred M. Feiler of UCLA and Log/An Inc. and the author was designated to coordinate the program. The goal of the PROMAP effort generally stated, was to identify, coordinate and direct all activities necessary to effect occupancy of the new building by March of 1975. Paramount to this task, however, was the consideration that this must be accomplished without interrupting any phase of actual construction. Or, in other words, "keep the contractor on the critical path."

The lines of communication throughout the project varied somewhat but are best reflected in the following chart (Chart 1):
CHART 1

1. PROMAP ORGANIZATION CHART

- EXECUTIVE DIRECTOR
- Hospital Construction Representative
- Contractor & Architects
- HOSPITAL ADMINISTRATOR
- Project Coordinator
- PROMAP Consultants
- LINE AND STAFF PROJECT ACTIVITIES
CHAPTER II
LITERATURE REVIEW

The conclusion of the author after spending many hours in the reading of various documents, is that very little reference material can be found which deals with the use of a network planning system such as PROMAP by a hospital on a project of the nature described in the report. Much of the material reviewed recommends the use of various network planning systems, such as PERT and CPM, but virtually no published information could be found which described the use by hospital management of any computer system in a project of this type.

The general thrust of the literature available is in the direction of total hospital development programs, and massive construction projects of the future for hospital corporate planners and health care service planners.

The author's overall impression of the literature is one of concern for hospital administration, since it is evident that large planning agencies, architects, and construction planners are utilizing these 20th century tools, and it behooves the hospital managers to develop the expertise to plan and control their own activity from
within. To do otherwise places the manager at a distinct disadvantage.
CHAPTER III

PROMAP

Network analysis, although a mere twenty or so years old, has become an accepted fact of life. From polaris missiles (PERT) to chemical plant overhauls (CPM) the application of seemingly complex mathematical formulae have been used with varying degrees of success to plan and control projects. Estimates vary among management professionals regarding the number of different varieties and acronyms of PERT and CPM that are in evidence today. The important aspects of planning, scheduling and controlling are available in nearly all of the members of the PERT/CPM family, but the choice of systems will, no doubt, be determined by availability, both physical and economic.

The system available and, ultimately used in the project which is the subject of this report, is designated PROMAP. In contrast to conventional critical path techniques which possess serious shortcomings—they produce project schedules and budgets which are invariably optimistic and can lead to significant project overruns in time and cost—PROMAP was developed under the sponsorship of the Federal Government as a risk management technique
which has the capability of producing realistic schedules and budgets.

PROMAP is the first Project Risk Management technique available "on the shelf" and well proven by numerous successful applications.

PROMAP is unique as a critical path technique, in that it allows the project manager to account for the many project uncertainties on project schedule and cost. Accounting for uncertainty makes it possible for the project manager to make project decisions based on acceptable levels of risk. By using PROMAP's predictive capabilities, he can provide for the impacts of uncertainty sufficiently early in the project, when many options are still available, thereby avoiding the costly "fire-fighting" which has become characteristic of so many projects.
CHAPTER IV
OBJECTIVES
PROJECT MANAGEMENT SYSTEM
ST. VINCENT MEDICAL CENTER

1. GENERAL

The general objectives of the St. Vincent Medical Center Project Management System were to assure project performance in accordance with approved schedules and budgets.

Specific objectives were:

A. Minimize delays to the General Contractor resulting from interface owner-responsible activities.

B. Minimize any elapsed time between completion of the General Contractor's contract and effective start of hospital operations at the new facility.

C. Provide information, as required, for timely decisions and implementation of owner-responsible activities, consistent with the objectives stated above.

D. Assure a smooth, efficient and orderly
transition from old site to new site.

Certain criteria were established to control the progress of the project in relation to the objectives stated above. Since it was recognized early in the project plan that the hospital could only delay the overall project in a couple of major areas, the control criteria were simple to include in the system. It was observed, for example, that the proper and timely processing of "owner purchased-contractor installed" equipment was a major interface between the owner and the contractor. In order to provide for the proper control of this group of activities, and others similar to these, certain "milestones" were selected and levels of risk were determined by the hospital administration. The series of activities involving this equipment included such specific tasks as: prepare specifications, establish lead times, prepare bids, select bids, determine delivery times, submit orders, receive and inspect equipment. Of this series perhaps two, prepare bids and submit orders, would be chosen as milestones (significant activities along the path of the network), and acceptable levels of risk were established. For example, 10% risk was considered acceptable. This meant, then, that the hospital could accept a 10% level of risk that the failure of completion of these activities would delay the project by one day. Each time a computer analysis of the network was prepared, these milestones were
identified and the level of risk in evidence at that period of time was reflected in the data presented. It became a somewhat simple task on the part of administration to pursue the action necessary to insure the completion of the milestone activities within the acceptable risk levels. The actions required reassignment of resources in terms of personnel, time, etc.

This type of control was established throughout the network in a variety of paths (see Appendix A for a sample of schedule risk report). This allowed for effective control and response to the successful completion of the overall project and objectives A and C specifically. In order to insure achievement of objectives B and D, milestones were selected along the network path, which in the judgment of administration, would best assure the qualitative results indicated in those objectives. Since these objectives were qualitative and would not in fact actually delay the physical completion of the project, higher levels of risk were tolerated (20% to 30%). Suffice it to say, however, that these activities were approached with considerable enthusiasm since individual and organizational pride and sense of significant accomplishment influenced the people involved.

The basic functions of the project management system were:

Planning  Resource Allocation
Scheduling Project Control

The mechanism or elements of the system were:

Project Plan
Activity Assignment Reports

Computer Output Reports Activity Status Reports

The operation and maintenance of the Project Management System was under the cognizance of the hospital Administrator. An Administrative Assistant was assigned the coordination responsibilities with a part-time secretary providing clerical support.

2. PROJECT PLAN

The Project Plan was described by the project activity network which was posted in the Administrative Assistant's office. The network was, in effect, the project "road map," identifying each of the activities which had to be accomplished if the overall project were to be successfully completed, together with the sequential relationships indicating which activities are dependent upon prior completion of others, and so forth.

The formalized Project Plan showed as its start, the award of the general contract for construction of the new facility, and as its completion, the demolition of the old facility. Between these milestones were well over a thousand individual tasks (called activities) which had to be accomplished in order to attain overall activities. It was anticipated, in the beginning, that as the project progressed, still other activities would become identified
as being required. Such was indeed the case and these activities were entered as required at various stages of implementation of the total plan.

The overall Project Plan (see Figure 1) consisted of several interactive sub-plans:

- Precontract Award Operations
- General Contractor
- Hospital Operations Planning
- Equipment and Supplies
- Staffing
- Move Operations (see Figures 1.1, 1.2, 1.3)
- Start-up Operations

Each sub-plan was shown on a separate section of the posted Project Plan, together with interface designation. The components of these sub-plans consisted of the following:

<table>
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<th>SUB-PLANS</th>
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<tr>
<td>Hospital Operations</td>
<td>Included the development of operating concepts, plans and procedures for each of the operating entities of the hospital.</td>
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<tr>
<td>Equipment and Supplies</td>
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<td>Staffing</td>
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Move Operations

and requisitioning, hiring, training of any new staff.

Included all tasks required to accomplish the move from the old facility.

Start-up Operations

Included all post-move tasks associated with placing the new facilities into full operation.
PROJECT PLAN
(CRITICAL PATH NETWORK)
FIGURE 1
**Figure 1.2**

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**Sample Network**
FIGURE 1.3
MOVE OPERATIONS - SAMPLE NETWORK
3. COMPUTER OUTPUT REPORTS

The PROMAP System produced a number of computer output reports which contained information essential to project management and control.

A schedule of the information reports assigned to each responsibility (person assigned to perform a task or "activity") was provided in three (3) different formats, all of which contained identical information (see Appendix B):

   a. Activity schedule selected for responsibility (Listed according to activity code - a three (3) digit cost center number combined with a three (3) letter abbreviation of the department or responsibility function).

   b. Activity schedule selected for responsibility (Listed according to earliest start times).

   c. Activity schedule graph for responsibility.

An explanation of these reports are as follows:

   i. Activity Schedule Selected for Responsibility

   This activity schedule contained a listing of all project activities and events which were assigned to single responsibility, together with a set of schedule dates for each. Each activity was designated by a specific Activity Code. Two sortings of this activity schedule
were provided; one by activity code and one by earliest start date.

All schedule dates were shown in terms of the number of workdays, following the date of award of contract to the General Contractor (workday #1).

The schedules were shown in terms of:

Start Times: Earliest
Expected
Latest

Finish Times: Earliest
Expected
Latest

Also shown were:

Expected Activity Duration
Activity Criticality (percent)

If an activity or event was completed at the time of presentation of an output report, there would be single start and finish times—recording actual start. If the activity was underway at the time of the report, a single (actual) start time would be shown, but there would be separate finish times representing the earliest, expected and latest dates.

ii. Activity Schedule Graph

The Activity Schedule Graph presented in bar graph form the same schedule information as the activity schedule tabulations (described above),
for each activity.

iii. Definitions

Activity Start and Finish Times

Earliest
There is no significant probability that the activity can start (or finish) before this date.

Expected
There is an average likelihood of the activity starting (or finishing) by this date.

Latest
There is no significant probability that the activity will start (or finish) after this date.

Expected Activity Duration

The average likelihood number of workdays that the activity will require for completion.

4. ACTIVITY ASSIGNMENT REPORT (See Appendix C)

This report was the means with which the start of each activity was "triggered." The "Assignment Report" for an activity was sent by the Administrative Assistant to the individual responsible for proper execution of the activity, at the appropriate time for the start.

The "Assignment Report" contained the appropriate description of the activity, together with the pertinent
schedule dates. When the activity was completed, the Responsibility made the appropriate entries on the Assignment Report, signed it, and returned the original to the Administrative Assistant.

The Assignment Report thus served as the basic communication for triggering the start of an activity and denoted its completion.

A master file of assignment report for both underway and completed activities was maintained in the Administrative Assistant's office. This file constitutes a complete history of the total project.

5. **ACTIVITY STATUS REPORT** (See Appendix D)

This report was used to obtain additional information on an activity progress, once it was underway. The Status Report was sent by the Administrative Assistant to the individual responsible, requesting an indication of the rate of progress of the work.

The Responsibility completed the status report immediately upon its receipt and returned it to the Administrative Assistant.

The Status Report was the basic communication denoting the status of underway activities. A master file was maintained in the Administrative Assistant's office.
CHAPTER V
METHODOLOGY

Implementation of PROMAP involved some procedures which deserve brief description.

Task or Activity Determination

As has been indicated in the previous chapters, more than a thousand activities were identified in the course of this project. The process employed by the hospital administration to identify these activities was that, basically, of brainstorming. Few people had actually participated in an effort of this magnitude in their work experience, so considerable effort was expended in searching out other hospitals recently involved in new expansions and construction, gleaning from conversations with key individuals the activities required to effectively complete this project. Sessions were held with each department head, supervisor, and a variety of consulting agencies involved with the project. This included Architects, Interior Designers, Construction Representatives, and so forth.

From these sessions, and other sources, the activities were identified and entered into the PROMAP system. Frequently throughout the project, new activities were
identified and old activities were expanded when necessary. **Responsibility Assignment**

Although there were numerous "natural" task assignments in the course of the project, often the Administration of the hospital would make task assignments on the basis of capability, availability, or other criteria. It might be noted here that determinations of task assignments often were made with the data presented in the PROMAP print-outs which clearly showed involvement in the project at any given point. It was found that making these assignments at the higher administrative levels provided a certain amount of enthusiasm toward the task that is consistent with current management philosophies, stressing agreement between the goals and objectives of the individuals in the management chain. Also, in respect to the overall project, all persons involved reported essentially to the hospital Administrator or Executive Director. The end result appeared to be a better than expected enthusiasm to the tasks at hand. **Activity Start and Finish Times**

Once an activity had been identified and the responsibility assigned, the determination of the start and finish times was required. The responsibility assigned to the task was interviewed regarding his/her opinion as to when he/she could start, how long the activity would take, based on similar experiences in day to day activities,
availability of clerical support, etc., and when the activity would be completed.

This information was then fed into the network and an analysis made of its impact on the overall project completion. Any discrepancies were pinpointed and negotiations commenced to resolve the input variances to fit effectively into the system.
CHAPTER VI
CONCLUSIONS

1. OBJECTIVES - SPECIFIC

Specific objectives, as stated in Chapter IV, related to time schedules and efficiency of the operations dealt with in the program.

Objective A - "Minimize delays to the General Contractor resulting from interface owner-responsible activities."

Although there is no hard data to support the contention by the author that this objective was reached totally, subsequent review of the specific objectives and their success should lend credence to the contention that at no time during the course of this project was the owner (Hospital) responsible for any significant delays of the overall project completion. This statement is offered inspite of the fact that the record shows that one full day's delay was experienced as a result of the owner's zealous efforts to meet the necessary deadlines by commencing installations in accordance with schedules established, but not in accordance with a certain labor union's interpretation on when that work could proceed. The delay was short and not significant.
Objective B - "Minimize any elapsed time between completion of the General Contractor's contract and effective start of hospital operations at the new facility."

Completion of the General Contractor's responsibility is signalled by the receipt of the various clearances by city and state agencies charged with inspection responsibilities of the work performed. Although this function became hectic and disorganized toward its completion, the specific date and time that it was resolved is a matter of record. On Friday, March 21, 1975, at 4:45 P.M., word was received by Hospital Administration from the Los Angeles County Public Health Department, Licensing Division, that all requirements had been met and occupancy was authorized.

On March 23, 1975, at 9:30 A.M., the first patient entered the new structure. By 12:30 P.M. all patients had been moved to the new facility and hospital operations were proceeding in a relatively normal manner.

Since barely 42 hours had elapsed between receipt of license and patient occupancy, the author is not reluctant to consider this objective as being reached totally and completely.

Objective C - "Provide information, as required, for timely decisions and implementation of owner-responsible activities, consistent with the objectives stated above."

By the very nature of the PROMAP system, information
is generated and available in considerable volume on virtually a moment's notice. (See section 3, Chapter III.)

**Objective D** - "Assure a smooth, efficient, and orderly transition from old site to new site operations."

The qualitative aspects of this objective are difficult to deal with, but the author offers the premise that the fact that the patient move, involving nearly 140 patients, was accomplished in approximately three hours, and the fact that hospital operations were in progress in barely 42 hours, contributes significantly to the acceptance of the statement that this objective was reached.

Further support of the conclusion reached above is presented in the following graph entitled "Daily Census, March 1975." Although the graph illustrates a census drop of from 275 on March 20 to 206 on March 23 (Patient Move Day), the overall picture of the entire month would make it difficult to identify the patient move activity as the culprit in comparison to other factors which might have influenced fluctuations in patient census in the course of the month. Although statistical significance may be present in the fluctuations illustrated in the graph, practical significance to the hospital is minimal, especially in light of the recovery indicated in the census on days following patient move.
GRAPH
1. DAILY CENSUS - MARCH 1975

MARCH 1975
2. CONCLUSION

The preceding analysis of objectives and their satisfactory conclusions, leads the author to believe that this project was indeed successful. The number of details, deadlines and activities which must be considered in an operation of this scope are, at the very least, magnanimous. The availability and versatility of the project management system reported herein were an invaluable asset to the successful completion of the project. That is not to say that complete utilization of the system was implemented or even approached, but the more than satisfactory conclusion of nearly ten years of planning and effort leads the author to conclude that this system has a significant role to play in similar efforts within the health care industry.
Bibliography


Hanson, Roland S. *Moving The Hospital To A New Location*, unpublished, St. Vincent Hospital, Portland, Oregon, 1971.


### APPENDIX A

#### SCHEDULE RISK REPORT

**ST. VINCENT'S HOSPITAL MOVE NETWORK RUN 31 DEC 74**

**SCHEDULE RISK REPORT**  
(Listed according to Activity/Milestone Code)

- **@** Approved Schedule Date  
- **R** Activity Beginning Date  
- **C** Activity Completion Date  
- **M** Milestone Date

**DATE OF CURRENT REPORT 31 DEC '74**

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**ACCEPTABLE RISK LEVEL**

- **@** (Surplus) = The date of meeting acceptable risk level is (earlier) than approved schedule date
- **@** (Deficit) = The date of meeting acceptable risk level is (later) than approved schedule date
### ST. VINCENT’S HOSPITAL MOVE NETWORK RUN 31 DEC 74 APPENDIX B - MOVE NETWORK RUN PAGE 22

**ACTIVITY / MILESTONE SCHEDULE LISTED ACCORDING TO ACTIVITY / MILESTONE CODE**

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Submit this report along with all appropriate documents which have been prepared in connection with this assignment. Report the completion of this assignment by filling in the appropriate information on this form and returning the Canary copy.

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To be completed by responsible person as indicated above:

- **Actual Start Date**
- **Actual Finish Date**

**REMARKS:**
1. Scheduled and Actual start dates.
2. Scheduled and Actual finish dates.

**SIGNATURE OF RESPONSIBLE PERSON**

**DATE SUBMITTED**

**ATTACHED DOCUMENTS**

**ASSOCIATED SOLICITATION WITH NUMBER**
APPENDIX D
PLANNING ACTIVITY STATUS REPORT

ST. VINCENT'S HOSPITAL
PLANNING ACTIVITY STATUS REPORT

Immediately report the status of this assignment by filling in the appropriate information on this form and returning the White copy.

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<th>ACTIVITY CODE</th>
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<td>DURATION (WORK DAYS)</td>
<td>SCHEDULED FINISH DATE</td>
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ACTIVITY DESCRIPTION:

| joints responsibility on activity |

To be completed by responsible person as indicated above.

| ACTUAL START DATE | ESTIMATE PERCENT COMPLETE | CLASSED WORK DAYS SINCE START |

| ESTIMATED WORK DAYS TO COMPLETION | PESSIMISTIC | MOST LIKELY | OPTIMISTIC |

REMARKS: Explain any differences between:
1. Scheduled and actual start dates.
2. Scheduled and actual finished dates.

| SIGNATURE OF RESPONSIBLE PERSON | DATE SUBMITTED |

STATUS REPORT REQUESTED BY: