Name: Yuze Bob Ma

Course: ITWS-1100

Case: Surviving SAP Implementation in a Hospital

Date: Oct, 8th, 2016

Questions about the case:

1.What aspects of the implementation and subsequent use and improvement of the integrated information system did VLF handle well?

2.What could it have done differently?

3.If you were facing a similar situation, would you choose a phased implementation or a big-bang? Discuss the pros and cons of each.

Analysis:

Case analysis: Surviving SAP Implementation in a Hospital

From Herbert Hoover's "A chicken in every pot and a car in every garage" to Obama's healthcare speech, despite their political achievements, it is quite obvious that the concentration of the majority has transformed from eliminating hunger to maintaining health. In modern society, it is not very likely for an individual to starve, but it is of great chance for him/her to have other diseases such as diabetes. With the advanced technology, the death rate is largely decreased, which leads to the exponential growth of population. Hospitals, the agency of saving people from suffering, are facing the huge challenge of dealing with the exponentially growing number of patients. Located in Cali, Colombia, the Valle del Lili Foundation(VLF) handled this question pretty well.

On January 1st, 2011, VLF switched from paper to electronic documents. They use SAP as their ERP system to re-structure the process of solving health problem for patients to further improve service delivery and efficiency.

Take medical orders as an example. Before they make use of SAP, all of these medical orders and clinical notes are hand-written by the doctors and nurses. Drug allergy alerts were handwritten and attached to patient's chart, which leads to a relatively high risk of missing the alert.

With the help of SAP, both doctors and nurses need to type the record into the system, which makes the record traceable and legible. The alert is also automatically presented on the information page, which further ensures the security of patients.

Developed in Germany, SAP was known as a brilliant ERP system for administrative and operational support processes. However, its healthcare solution was developed for less clinically complex environments and health systems that differed greatly from Colombia’s. In other words, directly applying will not fit Colombia's health system. VLF handled this problem pretty well.

While they were applying SAP to VLF, they chose a local SAP partner firm Compunet to help VLF calibrate with SAP with less software developments while the other offer provide more than double software developments. As Hernando, head of IT, said: "With SAP, it’s better to integrate than to develop. When you integrate, you are adjusting to what the program offers, to what is there already, and when upgrading to a new version, you have no trouble. That is not the case for software you develop yourself."

On the other hand, VLF also made a lot of effort on communication about convincing and training their staff to get used to SAP. Managers of VLF did not simply require the staff to make the change, instead, they analyze the importance of applying SAP and how it can further help the hospital to the staff, which was a relatively gentle way. VLF took the change step by step without any rush, which is another huge reason why it could be done.

There could be more than one way of improving their efficiency, and it does not have to be done specifically by digitalizing their files and forcing all staff to make use of it. For example, they can also improve how they deal with their patients. They can expand the process into more parts to help doctors and nurses work together easier. They can also setup some basic logic flow for patients. To be more specific, they could let the patients choose what part of body they have problem and do the reservation online. With the logic flow, most sicknesses could be taken care of automatically. In that case, patients can basically help themselves out or settle down the real problem before they go in and talk to doctors. It could also be down by hiring some specialists for recording what the doctor said during the process. In that case, doctors do not have to learn how to use the new system.

If I were in a similar situation, I would like to choose the phased implementation rather than a big-bang, with trying to implement all of it at once. Both of these paths have their own advantages and disadvantages. As for phased implementation, it will be easier for others to accept, however, it may take too much time, which may leads to the collapse of the hospital. As for the big-bang path, it is quite obvious that the change could be done in a short period, however, the staff may not have enough time to get used to it, which may leads to worse problems such as giving out incorrect medical orders to patients. Compared with the big-bang path, it is more important to make sure the security and health of the patients.