Prescription: Office Automation

Jean Gaylord, Roberta Jordan, and Meredith Kualness

The mission statement of Minneapolis Children's Medical Center reads, in part, "Mindful of the unique characteristics of children, MCMC's mission is to provide a team of health care professionals attuned to the special needs of the total child, at all ages from prenatal through adolescent, in a uniquely designed facility." Therefore an "open" professional staff, rather than a medical staff, was established consisting of physicians, dentists, and other health professionals with advanced degrees at the master's level or above, including, but not limited to, psychologists, social workers, clinical nurse specialists, chaplains, audiologists, and speech pathologists. This professional staff has grown to 650 members, extremely large for a 122-bed hospital. The professional staff office needed help in managing the volume of information associated with this large staff. To meet that need, in addition to the needs of other hospital areas, MCMC's administration made the decision to purchase office automation equipment and established a committee of hospital-wide users, rather than managerial staff, to survey their own needs, select vendors, and make the final recommendation. The word-processing system selected now maintains 650 physician profiles, each with 44 variables. Whereas prior to automation 25 separate lists needed to be updated each time a professional staff member was either added or deleted, now only individual physician profiles need to be adjusted. Programs were then designed to automate the many reports that must be done. In this paper we propose to describe this selection process and relate how the system developed has streamlined and simplified the work of the professional staff office to enable it to increase its output by over 300% without adding staff.

In 1982 Children's Health Center, Inc. (now Minneapolis Children's Medical Center), a 10-year-old, 107-bed pediatric specialty hospital, needed help for its secretarial staff. The existing staff was badly overextended, and new and proposed programs were asking for more and more secretarial support, which was becoming increasingly expensive and hard to find. Even space to house new staff was at a premium. Office automation seemed to offer a ready answer to this problem, and departments began budgeting for and buying small computers, electronic typewriters, and word processors.

Hospital managers were, of course, aware of the problem. In fact, one of the clearest examples of overextension was in the administrative area. To address the problem and to prevent a proliferation of potentially incompatible equipment, supplies, training, and service contracts, management elected to centralize the study of office automation. A task force was appointed and a study was announced at the January 1982 department head meeting.
Now, there's nothing unusual about this so far. Secretarial support is becoming a problem throughout the economy in the 1980s as former secretaries seek the managerial positions that are beginning to open up, and task forces are appointed every day in business. What was unusual about this one was that it did not consist of three managers and a consultant, or of five department heads. It consisted of five secretaries. No titles, no postgraduate degrees; rather, 20 years of combined experience at Minneapolis Children's, and an interest in technology and job efficiency, backed by a committed and supportive management.

One of the first conclusions of the task force was not to recommend the development of a centralized word processing center but rather to continue MCMC's practice of supporting departmental autonomy. They decided to recommend a stand-alone automation system, and at the same time to encourage centralized purchasing from a recommended vendor.

They began by surveying the needs of their peers, other secretaries, and support staff. Meetings were held to describe automation possibilities because many potential users were unfamiliar with it.

The task force completed its study of the potential use of word processing at Minneapolis Children's by early 1983. Many hours of studying, surveying, and analyzing went into the report. The result of this study found a high level of possible utilization and benefit in five departments, and a moderate level in another six departments.

The next problem was to select the vendor that would suit the most departments, thereby encouraging equipment compatibility and cross-training, and allowing for the best pricing of equipment, supplies, and service. Again, it was the secretaries, the potential users, not their managers, that planned and executed the vendor search, attended equipment demonstrations, wrote a definitive report recommending their choice, and presented it to the hospital's administrative council and department heads as an aid in their 1983 budgeting decisions.

The administrative council gave approval to install word processing in the initial five departments in its 1983 budget. Funds to hire a consultant to review the word-processing requirements as determined by the task force study, and to design the appropriate configuration of word-processing equipment for Administration, Finance, Medical Records, Laboratory, and Mental Health, were also included in the 1983 budget.

That consultant had to meet the following criteria: (1) success of the consultant—he/she must have acquired sufficient experience to provide knowledgeable objectivity for a thorough analysis; (2) specialty—for our needs we gave emphasis to specialization in word processing; (3) experience—he/she must understand the many elements of a hospital and its business environment; (4) independence—the consultant must not be selling hardware or software in addition to his/her consulting business; (5) references—he/she must have 6 to 12 references from other companies who have used the consultant's services with possible hospital or health care work; (6) personality—consultant must be able to work with both end users and managers; and (7) monies—in researching different firms, we found consultants charging from $200 to $2,000 a day.

On the basis of the above, a Minneapolis area consulting firm was chosen with the following proposed work statement:

Task No. 1—Requirements Review. The word-processing requirements of the five departments will be reviewed and a specific configuration of word-processing equipment will be recommended.