



Pulling together:

The art of stakeholder management in hospital planning

The project of creating and equipping a new or refurbished hospital space is highly complex and is shaped by many different actors and interests. Achieving optimal results is therefore inherently difficult and subject to multiple risks. Stakeholder management is an approach that explicitly addresses the different perspectives of different actors in complex project situations and offers hospital planners powerful tools in their role as facilitators. The simple and yet effective techniques can help in keeping all of the project participants on the same page and moving towards a common goal in the planning process.

1. Project definition

The first step is to clearly define the project goal. Stakeholders are analysed and managed in terms of their varying relationships to this goal, so a clear and detailed view of what this goal is and what it will entail in all its various aspects is a key prerequisite to beginning to understand the stakeholders.



2. Stakeholder determination

There is a dizzying array of different persons involved in building a new hospital space or substantially renovating an existing one. For a hospital planner aiming to effectively manage and influence the overall process, a second basic step is to get a clear picture of who these different actors and affected persons are.

Speaking generally, we can identify the following groups that would typically be involved in a hospital planning project, having either an active role or being significantly affected by the project in a more passive manner:

- Physicians, nurses and other healthcare personnel providing care
- Hospital administrators managing money and organisation
- Hospital funding sources handling budgetary matters
- Architects, building contractors, equipment suppliers providing diverse technical services
- Politicians representing various governmental institutions
- Regulatory authorities
- Local community representatives

A preliminary breakdown of this sort must be supplemented by a highly specific identification of the groups and individual actors belonging to these different categories. The resulting stakeholder catalogue then serves as the starting point for analysing the stakeholders in a mapping process and engaging with them in the ongoing implementation of the stakeholder management strategy.

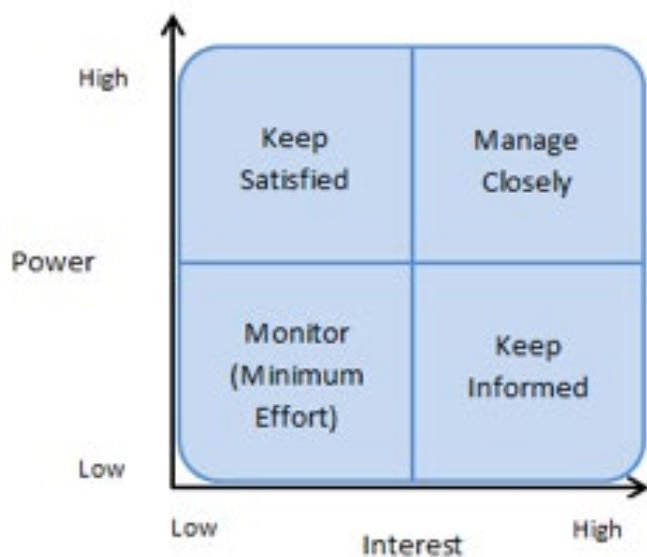
3. Stakeholder mapping

Once the important stakeholders have been identified, it is necessary to analyse their respective relationships to the project goal. Three factors are commonly identified as the critical aspects for understanding the relationship that a stakeholder may have to a project:

- **Power:** This is the degree of influence that a stakeholder has within the context of the project work.
- **Interest:** This is the level of concern that the stakeholder has regarding the activities and outcome of the project.
- **Attitude:** This is the basic stance of the stakeholder towards the project goal (supporting or resisting).

The factors of Power and Interest can be usefully (and simply) mapped together and individual stakeholders can be placed in one of the four quadrants in a power-interest grid, each of which identifies a basic approach towards the style of engagement that should be pursued in regard to that stakeholder:

The third factor of Attitude will help to refine the engagement strategy – with supporters being developed as allies to promote specific aspects of the project plan and resisters being managed to minimise negative effects that they might exert.



4. Identifying common principles

In their central facilitating role, hospital planners can use the techniques of stakeholder mapping to produce a snapshot of their various counterparts in a hospital planning project. In a further step, the identification of a unifying basis for appealing to these various stakeholders can be crucial for successfully aligning their interests in connection with the project goals.

An approach to finding this common basis in managing healthcare supply chains and procurement is offered by the so-called “Cost, Quality and Outcomes Movement” (CQO) advocated by the Association for Health Care Resource Management & Materials Management. This approach aims to integrate the factors of cost, quality and outcome by explicitly joining the “care-centred concerns of clinicians with the more financially oriented focus of hospital administrators”. (1)

The connection is made through the expertise of hospital planners and supply chain managers. Their technical knowledge and procurement-oriented involvement with both clinicians and administrators can be used to develop “an interdisciplinary partnership to deliver patient care”. This is achieved “through assimilation and coordination of clinical and supply chain knowledge data and leadership”. The desired result of this partnership as formulated by the CQO is the provision of “care across the continuum that is safe, timely, evidence-based, efficient, equitable and patient-focused.” (1)

Stakeholder management offers hospital planners the means of engagement to leverage their access to both clinicians and administrators to work for the implementation of solutions that are in keeping with a shared vision of what care should be.

5 Stakeholder engagement

Once stakeholders have been identified and their level of power, degree of interest and basic attitude have been analysed and mapped, individual plans of engagement need to be developed that correspond to the characteristics of each stakeholder.

Typically this will result in a four-tier hierarchy of engagement that is oriented around the differing degrees of involvement that need to be pursued with the different types of stakeholders.

- **Informational contact**

Stakeholders with low power levels but higher levels of interest/legitimacy need to be kept informed about decisions that will be of relevance to them. In a hospital planning project this might concern patient groups or local representatives who are not directly involved in the technical details of the planning but who have a legitimate interest in the outcome.

- **Consulting contact**

These are stakeholders with medium degrees of power but lower degrees of interest. They need to be kept informed so that they have a positive attitude towards the project work and their potential power does not impede the progress of the project. For hospital planning, some types of political representatives might fall into this category.

- **Involvement contact**

These are stakeholders with high power levels even if they have only a formal interest in the content of the project work. They have to be successfully involved in critical decisions so that their veto power is not used to impede project progress. Hospital planning stakeholders with direct control over funding and regulatory matters belong in this group.

- **Collaborative contact**

These are stakeholders with high levels of power and interest who need to be deeply involved in decisions and who are critical assets in providing input about the content of the planning. Caregivers who will be using new facilities belong in this category as do other critical project participants such as architects and suppliers. This is the core team that a hospital planner needs to be interacting with in order to get the desired results.

Using communication resources effectively

In today's highly networked world with its tendency to information overload, hospital planners need to carefully assess which of the many available channels of communication (regular emails, phone calls, blog posting, community meetings, business meetings to mention just a few) will serve to keep stakeholder relationships functioning successfully. In any case, making a conscious, proactive communication plan for the important stakeholders based on the results of the mapping and engagement hierarchy is a key part of the stakeholder management process.



Hospital planners: Uniquely well situated to put stakeholder management into practice

The distinctive role and skill set of the hospital planner offers the possibility of serving as a sort of honest broker among different stakeholder groups. The broad expertise of planners – with their awareness of technical issues, their everyday involvement with budgetary matters, and their close contacts with physicians and nurses and their clinical requirements – gives them the chance to take on a key facilitating role in implementing solutions that satisfy diverse requirements in the best possible way. Adding the compact analytic approach of stakeholder management to the hospital planner's toolbox can make for even better results.

Sources:

1 See "Cost, Quality and Outcomes (COQ) Summit: COQ and the clinically integrated supply chain." Report of the Association for Health Care Resource & Materials Management, 2018. Link for download: <http://www.ahrmm.org/knowledge-center/resources/report-study/2018-ahrmm-cost-quality-and-outcomes-cqo-report-on-the-clinically-integrated-supply-chain>

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