

Tips on managing an oversupply of urgencies

Written by Dr. Jay S. Mendell
and Hank Sarkis

In strategy making, attention to the emergency of the moment often prevents action on important long range issues. Action on a life-or-death issue may be deferred for the moment, sometimes deferred for moment after moment after moment -and never attended to.

Simply because they are so busy coping with the urgent that they never get around to dealing with the important companies now and then disappear.

Health care management is an example of a field plagued by an over-supply of urgencies and an under-supply of action - action on factors that will transform and restructure the field. Health administrators are being crushed by federally-dictated cost-cutting regulations and physicians are being attacked by lawyers, on one hand, and the public, on the other. These are the painful distractions that prevent action on other important issues that history may record as more important.

New technologies are appearing (robotics and artificial intelligence) that promise to dramatically cut costs.

The U.S. population is aging; and Florida's ethnic character is altered by migration and the 'influx of non-English speaking patients.

The educational system is sputtering and may not be a reliable source of doctors, nurses, administrators and technicians. And the supply rate may not match the demand rate.

To make the important prevail over the urgent usually requires the dedicated persistence of an activist, or issues champions, who takes it on himself to:

- ...explain why some opportunity must be exploited without delay;
- ...calculate and communicate the benefits that will be lost by failing to act on opportunity;
- ...furnish enough information' to convince reasonable people that action can advantageously be taken at once;
- ...explain in detail what must be done to exploit the opportunity;
- ...and, finally, do as much work as possible to make subsequent action easy for others.

Several months ago, Broward Community College challenged the Silicon Beach Consultancy Inc., to stop complaining about the health care system in South Florida and do something about it. In collaboration with Broward Community College, we set up the Health Care System Issues Management Group to show health institutions how to deal with the impact of robotics, computers, biogenetic engineering, life extension technology, aging of the Population, migration, and countless other factors.

Health, administrators find it difficult to deal with these classic examples of the important-but-not-painful. The issues require attention, exactly when other matters seem even more pressing. Further, robots, Haitian and Hispanic immigrants, super-intelligent computers, and other revolutionary issues are, by and large, unfamiliar to

the health care system. Third, if taken seriously, their cumulative impact is so radical that it implies a self imposed revolution in health care management, a revolution that may be too big for any one administrator to cope with.

The Issues Management Group is run by the Community College and our Consultancy, with support from participating organizations -Pembroke Pines Hospital, the Visiting Nurses Association, the North Broward Hospital District, Holy Cross Hospital, Health America, AvMed, and the County Health Department.

Today, the Issues Management Group is small. But it has been growing quickly, despite the natural tendency of beleaguered people to dig in and deal with the pressing issues of the moment. It is sustained by a number of healthcare professionals who take an interest in shaping their future.

We have been collecting information on fields of great interest to the membership, and by the time this article reaches print we will have held a meeting on robotics and will be planning a meeting on the immigration of non-English speaking people into Broward.

Our objective is to provide our members with exactly the information they need to decide whether they might advantageously act on leading edge issues.

In the case of robotics in the health care system, we have prepared a briefing that covers:

...What today's industrial robots look like and what they do.

...How robots are being used today in the health care system. (Believe it or not, we discovered that the Jewish Home and Hospital in Miami is experimenting with a food service robot prototype and that the Japanese are already using robots in hospitals.)

...What robots may be expected to do in one year, three years, and five years. For instance, will they be able to see, talk, and navigate in a hospital?

... Where might robots have most favorable application in Broward hospitals? -In the kitchens? The laundry rooms? The operating rooms?

...In dollars and manpower, what will be the savings achieved by robotization?

...What will it cost to buy and maintain robots?

...How can non-engineers (administrators and board members) analyze the technical and economic factors setting?

Our findings are that Star Wars-type androids will find little early application in hospitals. Though hospitals are badly in need of the kind of cost reduction that high tech robots can provide, chances are that robots will

Surviving in a high-tech economy

have to be kept far away from the patients and installed in such locations as highly automated laboratories, commissaries, laundry rooms, and engineering departments, locations which may be off-limits to humans.

There are several reasons to keep robots away from patients: first, because sick people deserve to be attended to by humans, and second, because robots can work faster if people are not allowed to wander into their workplace.

If robots are allowed to penetrate hospitals, the use of computers is bound to increase in every aspect of the hospital, because robotization works best if it is closely integrated- into accounting and scheduling. Industrial experience in the U.S. and Japan proves this.

Health care is experiencing a major transformation, and we cannot imagine that hospitals will remain unchanged. By examining the transformative technologies and demographics, Broward Community College and the Silicon Beach Consultancy expect to provide the lead time required to benefit by change. ■

Dr. Jay S. Mendell is a professor at Florida Atlantic University in Boca Raton and editor of Nonextrapolative Methods in Business Forecasting, (Greenwood Press, 1985). Hank Sarkis is an advisor to the Silicon Beach Consultancy Inc., in Boca Raton.