

Facilities Management – Internal Service Request Management

A Holistic approach . . .

A Holistic approach can be loosely defined as “taking the whole into account” when doing something. It means having “no pre-determined formula” and having “no pre-determined outcome”. Now this is rather unsettling to someone like myself who is an Electrical Engineer and quite separately a Bio-Engineer.

<p>A Holistic approach taking the whole into account no pre determined formula no pre determined outcome Can be unsettling</p>

In this paper I don't intend to become any more meta-physical, but rather I will share with you my observations and examples of what I see is happening in the Bio Engineering / Facilities Management / Service delivery world. What I will be presenting is “not the truth” but a view and a description of what is happening out there.

The hospital is a factory . . .

The hospital can be looked upon as a factory – an infrastructure that supports the activities of physical and mental health assessment, diagnostics and service delivery.

<p>A hospital is a factory an infrastructure supports activitiesprovides services</p>
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There are many demands on “Infrastructure Services” (a very brief sketch of the services)

- Patient arrival, reception, management and possible housing
- Patient assessments and diagnostic processes
- Patient movements in the facility
- Staff arrival, working offices, labs, lunch rooms, etc
- Storage of pharmaceutical items and general goods

People working in hospitals delivering patient services or working in administration will themselves have service request needs. For example a WARD nurse can ask for some or all of the following services:

- additional tray of food for a patient
- cleaning service
- Bio-Medical technician to service patient connected equipment

- engineering to repair a plumbing problem
- an IT request to assist with a PC workstation or printer
- special medications from the pharmacy
- request for a porter to move a patient

The point I am making is that a WARD nurse can and does make many service requests, sometimes to the same service provider AND these service requests need to be communicated to others in the same work area. This communication should occur either immediately or be available for other people during the next work shift.

The view from the Service Requestor . . .

We have a relationship of:

- ONE person to MANY possible service providers
- ONE person to MANY local work colleagues (to be informed or involved)
- ONE person to MANY timeframes (now, today, next shift or some future date)

<p>ONE Service Requestor ...</p> <p>..... MANY service providers</p> <p>..... MANY local colleagues</p> <p>..... MANY timeframes to meet</p>
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How are these service requests handled ?

Email – is a popular method, but this method is generally used as point to point communication and is unstructured (the receiver has no control of what information they receive, therefore it may be incomplete and this prompts further phone calls, return e-mails etc for clarification. Also the local work colleagues of the requestor either are not informed or are OVER informed with a email CC of every back and forth transmission or even worse is that each subsequent email has embedded into it the questions and answers of previous e-mails.

Phone Calls – the mobile phone is the bane of all service providers. You will receive a call at the most inappropriate time and are expected to record who, what, when etc in a pocket notebook balancing the phone against your ear and writing down the details. After the conversation you need to generate an action for other service support staff. This involves transcription into a JOB Sheet or worse another phone call and a verbal directive. The receiver of course has the same problem you had; phone call is received on the hop, nowhere to record the details of the request and results of the action. Is it any wonder that service requests are “lost” or that delivery SLA (service level agreements) are not met ?

The requestor of course does not always remember the exact details of their request (I didn’t ask for that to be done on that day !). The requestor also may need to inform others in their work group. So the “Yellow stick-it notes come out”

The multi-part FORM – this is probably the most successful workflow, work management tool invented. It centralises the requests into a book, others in the work area can check the book for previous requests, each request can be signed off as completed and the request is generally readable by the service provider. The service provider also has some standard details available to them as a reference to call back and to keep the requestor informed of the progress of the job.

Memos, FAX, Letter – These are all a variation of the email and the multi-part form and are not generally popular by the requestor because it is time consuming for them for most simple requests.

Outbound Service Requests ...

..... **E-mails**
..... **Mobile Phones**
..... **Multi part FORMS**
..... **Memos, FAX, Letter**

The view from the Service Provider . . .

The service provider is faced with a never-ending stream of requests. Some of the difficulties they face are:

Is this a duplicate request ? – The service provider is not just one person but more commonly a group of people, so a newly arriving request needs to be checked to see if it is a duplicate of one that has already been received and acted on (rejected or in progress etc.)

How to record this request so that others know about it – The inbound request either must be duplicated or a record of the request must be held so that the request details can be passed on to the person or contractor carrying out the work.

The request must be allocated to a person, group or contractor – The allocation process is generally not a problem, however if multiple parties are involved or a quote needs to be obtained then the complexity of keeping track of the progress and keeping the original requestor informed becomes complicated.

Feedback to the requestor – The process of informing the requestor (and often their work group) is a continuous and time-consuming task.

Arriving Service Requests ...

..... **Is this a duplicate ?**
..... **How to record the request ?**
..... **Allocation of work !**
..... **Feedback to Requestor**

A better way, a holistic approach . . .

In many hospitals there have been numerous “service request” systems installed and commissioned.

Bio-Medical systems
Physical Engineering systems
Cleaning service requests
IT Support systems
Purchase Requisition systems

So what are the common things in all of these systems ?

- The requestor is the most obvious common component and the identification of that person is a common issue, access security for this person is a common issue
- The physical location of the requestors is common to all these systems
- The identification or validation of financial account codes may be common
- Most systems need a priority classification system
- All requestors have local work associates that want to be kept informed

What are the COMMON things ...

..... **The requestor**
..... **Access security & identification**
..... **The physical location**
..... **Requestor work associates**

What things are different ?

- The type of information or data that needs to be collected
- The specific actions that need to be taken by the service provider
- The work processes / workflows that must occur to deliver the service
- The physical nature of the service delivery (eg. tray of food versus a Bio-Medical service call)

What things are DIFFERENT ? ...

..... **Type of data to be collected**
..... **Specific actions / instructions**
..... **The work processes / workflows**
..... **The physical nature of the service**

The Convergence is happening . . .

We are seeing a convergence of many service request systems into one common platform for service requests and service delivery. The most common platform for this is the “Hospital Intranet”

We are seeing our WEB, Forms based, Engineering Service Request and Feedback system being taken up by non-Engineering service providers. These service providers are Bio-Medical Engineering, Cleaning, IT, Security and others.

We are seeing our WEB request system being adopted by Non-Facilities service providers...

Why is this happening ? The answer I think is that the Service Requestor has had a COMMON platform on which they have become very comfortable – E-MAIL. The Service Requestor has had one spot to dispatch their requests “OUTBOX” and one spot in which to look for the feedback to their requests. ”INBOX”. This is in spite of the fact that e-mail is very virus prone, non-collaborative and unstructured, but it is easy to use and does not require much training.

A specific example . . .

One of our large clients provides the WEB Remote Request function over their Intranet.

The Service Requestors are all identified in the system. The Service Requestor must first login. The login process will then default their physical location, name and contact details into a generic request form. The Service Requestor then has a choice (via a dropdown list box) if they want Physical Engineering services or Bio-Medical services. The user then continues to fill in the request form and submits the request.

The system is workgroup based so that the Service Requestor and all the associated workmates in the area see each other’s inbound requests and see the continuous feedback about these requests.

This arrangement provides the Service Requestor a single source for entry and tracking of service requests to MULTIPLE service providers.

The Service Providers get these service requests automatically dropped into their own virtual database environment (our term for this is a DOMAIN). Each Service Provider will see only their own requests and they can act on these requests in any way that is appropriate to their workflows and work practises. The system will automatically page the arrival of nominated, high priority requests to service personnel. Each virtual database is totally isolated except for the COMMON data elements like Building, Floor, Room, Department, Cost Centre, Contact Details etc.

How well does this work in practise ? . . .

Extremely well. For example one of our clients manages 57 hospitals nationally (in one database) across Australia with Bio-Medical and Physical Engineering being the two Service Providers. There are nearly 100 concurrent Service Providers logged in and over 2000 requestors entering service requests.

<p>How does it work ? 2 Service providers 57 hospitals in ONE database 100 concurrent users 2000 WEB requestors</p>
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The software architecture has been developed and polished for nearly 3 years and we are seeing very rapid “natural” take up of these functions by clients without our involvement.

Are there any problems ? . . .

Depending on who you speak with the feedback we get is that the Bio-Medical work functions of our current service model only meets between 60% and 80% of their requirements. Bio-Medical engineering people seem to be fiercely independent and we see that even they do not agree on their own requirements.

We are working with several Bio-Medical engineering groups that have high standing amongst their profession to challenge and examine their work practises and to try to define new, world class, service models. The physical implementation / development of these changes (after agreement) will be quite rapid – in the order of 3 – 4 months. We believe that in this virtual database world you can have any view or process you like in your own DOMAIN.

Conclusions ? . . .

<p>Be “Holistic” and don’t assume that tomorrow will be like yesterday or even today.....</p>
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Be “Holistic” and don’t assume that tomorrow will be like yesterday or even today. The Guttenburg Bible, the Desktop PC, the mobile phone and the Internet have massively changed our world. The multi-dimensional service request environment is here to stay.