

*Healthcare and Project Management*¹

Healthcare Projects in a Global Perspective (Part II)²

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Abstract

The global healthcare system is perpetually set up for new challenges that test its resilience. These challenges trigger innovative healthcare delivery developments for improved health outcomes. Changes in consumer preference, digital health, including the rapidly growing AI-enabled technologies, integration of life sciences and healthcare, globalization policies related to healthcare, public health, availability of healthcare workforce and their training, healthcare delivery models including public health, and clinical leadership are well poised to shape the future of healthcare. The COVID-19 pandemic has accelerated their momentum. With increased automation of projects, the human side of global health project management is poised to gain importance.

Artificial intelligence (AI) and its capabilities are set to transform how global healthcare is visualized, operated, and monitored. We will likely see more organizations lending themselves to the disruptive forces of AI-enabled healthcare.

In this article, the second and concluding part, we explore additional attributes of global project management in healthcare, such as migrant health, risk management, disaster healthcare management, and similar programs/projects aligned to the strategic objective of universal healthcare for all.

Key terms: Global healthcare project management; migrant health; healthcare emergencies; healthcare information technology; medical tourism; portfolio management; risk management

Mary*: Good morning, doctor. How are you today? I have a guest with me today, and she would like to join our conversation.

Author: Oh, that's excellent. Would you mind introducing her?

Mary: Jane* is my colleague with over five years of experience managing projects for a multinational company in the information technology sector. She arrived from Turkey two

¹ Editor's note: This series of articles about project management in healthcare is by Dr. Deepa Bhide, a practicing pediatrician with additional experience in information technology and project management. She has recently experienced healthcare from a patient's perspective while recovering from a broken ankle. In this series, Dr. Bhide reflects on programs, projects and project management in all aspects of healthcare from industry, provider and human patient perspectives. Learn more about Dr. Bhide in her author profile at the end of this article.

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days ago after completing her volunteering stint for the **ongoing disaster relief** due to the recent earthquake. We discussed her stories about relief operations, and I thought it would be good for her to join our conversation on global project management. Would you like to add to this, Jane?

Jane: Thank you. I am happy to participate in your discussions. Mary has informed me about the depth and variety of healthcare concepts you discussed.

I volunteered as a part of the ABC* team for the search and rescue operations in Turkey, and the situation there is nothing but horrific. The scale of destruction was unimaginable. Nearly two million people were displaced, and fifteen million were affected (as of April 2023) by the 7.8 Richter scale earthquake that jolted Syria and Turkey. After the first few days of the search and rescue activity, our team was deputed to the makeshift surge center to establish basic IT infrastructure for creating medical documentation for the victims. We worked with the local team managing the hospitals, the healthcare staff handling these centers, and our global center. I returned after completing the first phase.

Author: That's incredible. I am humbled to know about your experience. Can you talk about how project management activities were performed? Also, what was the story from the healthcare point of view? We will be interested to hear.

Jane: Project management formed the backbone of rescue operations, and healthcare was its integral part. With the essential life-saving equipment, the Healthcare workers (HCWs), Emergency Medical Teams (EMTs), and the volunteer workforce evacuated the survivors to surge hospitals and what had been left of hospitals.

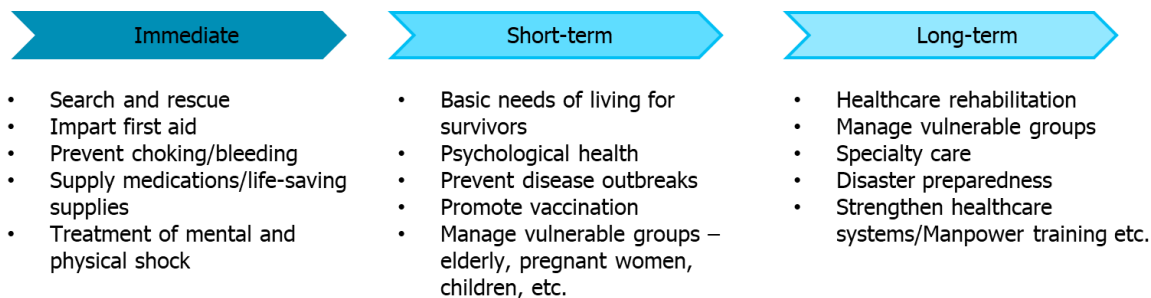


Fig 1: Emergency Disaster Management Project - A step-wise approach

At the initiation of the activity, we were given an orientation on the disaster relief measures that needed to be undertaken and clear guidance on our tasks. These sessions, which were highly useful to us, were conducted by the incident manager on duty. He briefed us about the threats to the survivors (in the appendix) and the components of healthcare disaster management. In this case, initiation was quick to get started to save lives. There was no time for elaborate discussions, documentation, training, etc. I found this different from the customary initiation activity of any project.

Planning was different, too. The operations were divided into immediate, short term and long-term phases to have the proper focus and plan better. There was a rough plan

around resources, activities, skills, procurement, risk, and communication. The communication plan formed a critical part of the overall project management plan. It was necessary to have quick, timely communication to ensure we shifted the victims to a safe place. Time and risk management were of the essence, too. We alerted our teams of emergency callouts to seek help and keep the group posted.

The operation was an agile-driven approach. Things were in flux. We had to make quick changes to the project plan and adapt ourselves. We used to have a short meeting in the morning called a “sit-rep,” – meaning a situation report. This enabled coordinating downstream and upstream activities and course correction if needed. I particularly noted how risk around shortages of resources or equipment was handled. The world had come together to support this disaster, and relief aid was flowing in from around the globe.

The situation was monitored at multiple levels, from global to local. The incident managers and those at the site made various reports available that clarified the situation’s status at these earthquake sites.

The following illustration gives a good picture of the various facets of project management activities and components.

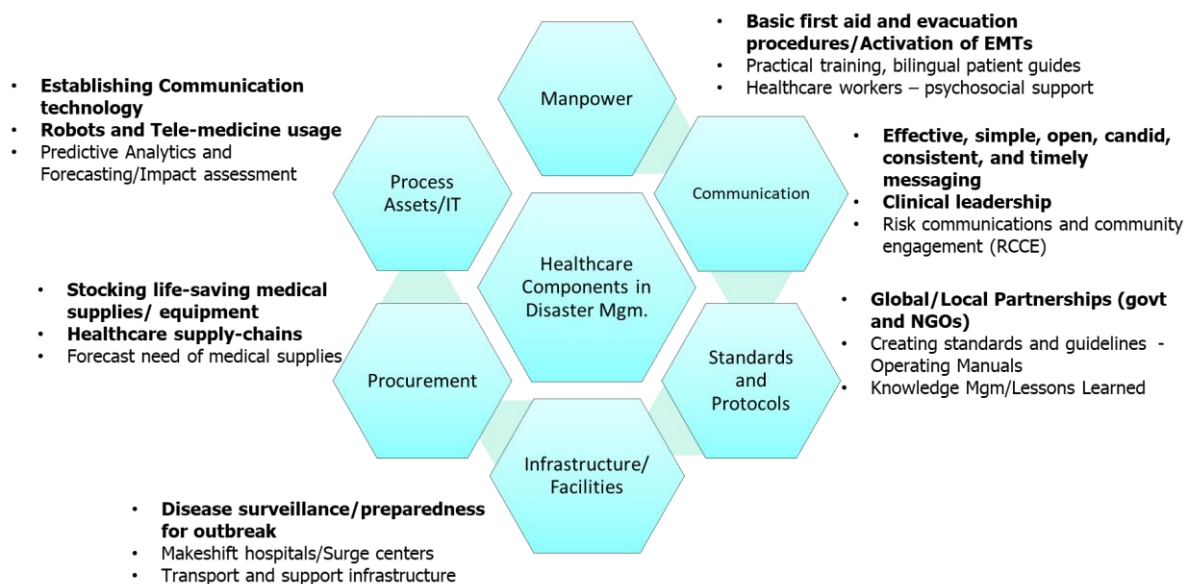


Fig 2: Healthcare Components in Disaster Management

During the operations, we noted that many victims were migrants from other countries, and this disaster was a double whammy for them.

Author: This opens yet another critical topic that fits in global healthcare. Have you worked with migrant/refugee health, Jane?

Jane: Yes, in the past, I have volunteered to rehabilitate refugees.

Author: You seem to be a seasoned volunteer. Can you talk about refugee health?

Jane: Refugee or migrant health is not a new phenomenon. According to the World Health Organization (WHO)¹, globally, there are some 1 billion migrants, about 1 in 8 of the global population. Data from the United Nations High Commissioner for Refugees (UNHCR)² states that millions of refugees could be worldwide. Refugee and migrant communities face innumerable hardships that ultimately impact their health. Socio-economic crisis, arduous journeys, poor living conditions, language barriers, cultural differences, the stigma of discrimination, and limited access to primary healthcare (antenatal care for pregnant women, low vaccination rates, and risk of developing psychological problems, etc.) significantly impact their overall health. These conditions are often compounded by poverty and being victims of violence. According to WHO, the most common healthcare threats to the survivors include gastrointestinal infections, upper respiratory infections, burns, dangerously low body temperatures, and skin conditions, including scabies, due to lack of hygiene. Since managing basic needs takes precedence, management of non-communicable diseases (NCDs) such as hypertension, diabetes, etc., is overlooked, increasing their severity and, at times, resulting in premature death.

Mary: That's scary. What role does global healthcare play in such situations?

Jane: A lot is going on at various levels from international to community from a healthcare standpoint to support **refugees and migrant population**. WHO's Health and Migration Program (PHM) works on this issue with countries to promote equitable access to health services with social and financial support. The five-year Global Action Plan (GAP) "Promoting the health of refugees and migrants, 2019-2023" was adopted by the World Health Assembly on May 27th to support universal healthcare for all by including the migrant population in health systems. In addition, the GAP endorses a refugee and migrant health toolkit – a platform of tools and resources to support global, regional, and national refugee rehabilitation efforts. The toolkit³ consists of modules for each of the six priorities of the GAP program, such as short- and long-term public health measures, mainstreaming refugee and migrant health, tackling social determinants of health, increasing community engagement, and fostering global partnerships.

Other than WHO, international and national agencies such as the International Red Cross, Centers for Disease Control, and similar work towards refugee and migrant health at global, national, and local levels.

These agencies have a program that addresses short- and long-term rehabilitation measures such as establishing a framework for collaborative action, strengthening the public health system, advocating the right to health for the refugees, reducing risks of non-communicable diseases, etc. It also includes educating and training healthcare workers and improving health information and communication. Migrant healthcare is a critical piece of global healthcare.

Mary: How about cross-border healthcare projects that support individual patients? Do they exist? Are national regulations/HC industries hindering collaboration? Can HC capability travel easily?

Author: Good point. Cross-border healthcare is on the rise. The past two to three decades have accelerated the global **medical tourism** industry. It facilitates healthcare when people travel across international borders to seek healthcare services. Low cost of treatments abroad, availability of qualified healthcare professional services in a specific destination, insurance incentives for medical tourism by some health plans, clubbing of tourism with medical care, etc., are a few benefits of medical tourism. Considering these benefits, many countries have regulations that facilitate medical tourism. For example, India has a particular category of visa (medical visa) to cater to such a segment of visitors. However, international and national regulatory models must be explored as this intersection of domestic and international medical tourism needs to facilitate universal healthcare coverage and minimize existing inequities in the global distribution of health. Portfolio and program management play a role here by influencing de-globalization through sanctions, removing trade barriers, etc.

Mary: I can now see the role of global PMOs discussed earlier in these situations. The Global PMO framework works towards aligning project work to the strategic objective. I see how its functions, such as project integration, communication, risk, and resource management, must be helpful in disaster management and migrant rehabilitation programs.

Jane, was your organization involved in these disaster relief efforts? Or was volunteering your initiative?

Jane: Initially, I was involved as a volunteer, but later, as I continued to share my experiences with my manager and leadership, our organization started to get involved as an enabler of IT services. The disaster relief program was rolled in as corporate social responsibility for our company.

Mary: That is good to know. What was the scope of your organization's support for the relief operations?

Jane: My organization is an IT services shop catering to worldwide healthcare markets. The team works with core healthcare workers on various projects, from patient care to public health, including mobile health projects, employee health, and more. I am involved in a few of them as a business analyst.

Author: That's a good segway to discuss IT in healthcare. Jane, would you mind telling us more about your experience in healthcare IT?

Jane: Sure, I'd love to. The use of IT in healthcare has been around for over a decade. As you know, **Health Information Technology** (HIT) refers to the electronic systems healthcare professionals use to store, retrieve, share, and analyze health information to make decisions. HIT is not limited to healthcare professionals alone but is increasingly

used by other stakeholders such as patients, caregivers, administrative staff, government, and regulatory officials⁴. Electronic Health Records (EHRs), Personal Health Records (PHRs), Electronic prescribing (E-prescribing), Computerized Clinical Decision Support Systems (CDSS), Big Data, Computerized Disease Registries, Telehealth, and so on. HIT also includes systems maintaining privacy, confidentiality, and security around healthcare data. We have noted immense benefits of using HIT, such as better coordination of care, availability of updated and complete information at the point of need, secure sharing of healthcare information, and so on.

Mary: Good to know that. I had a question about the role of Artificial Intelligence (AI) in healthcare or project management.

Author: It seems like that's the new-found buzzword as of now. I have a slightly different opinion on the use of AI. With the decision-making algorithms, transactional activities relating to delegation, interlinking, supply chain, allocation, resource mapping, administrative and clerical activities, etc., can be handled well. Depending on the project's complexity, they may reduce the effort by >10% to 50%.

However, assessing its value in the human side of project management is essential, and healthcare is necessary. No tool ever developed and will be developed can completely take care of the human element. Humans execute projects. Patients are also cured by a human team, not applications or algorithms. Humans only take support from ancillary systems such as IT, robots, and so on. The human side is complex, uncertain, and sensitive. A nano-agility must be exercised to move projects/patients from a human side. I don't see a defined role for these AI-enabled engines on the human side. Human emotions cannot be outsourced, judged, or mapped. Emotions fuel the passion for an activity needed when caring for the patient (or a project!). They could interfere with interpretations or perceptions of the team/team member/patient, creating an impediment in normal working relationships and proving detrimental to the human side of treating patients. PMI's talent triangle with its "Power Skills" tries to address this side of project management.

Jane: I agree with you. I have seen multiple conflicts arising out of decisions born from an algorithm. I was deputed as a project manager to work on a project to create a mobile-enabled decision support system for administering medications. The application would dish out a medication plan based on a few basic parameters about the patient and their diagnosis. The project involved coordinating with healthcare professionals, pharmacists, drug suppliers, etc. In the first phase of the go-live of this product, I noted deviations that the physicians had made from the application-derived plans. During the status meetings, the physicians explained the patient's physical and psychological condition and the need to deviate from the plan.

Author: Isn't that interesting? It's essential to consider the human side of healthcare projects. How was it to work with the stakeholders, especially the healthcare professionals.? I am curious to know.

Jane: Well, I think I got to work with highly dedicated professionals (Subject Matter Experts – SMEs such as physicians, nurses, pharmacists, laboratory staff, case managers, public health experts, and so on) who were knowledgeable and engaged in the process from start to end. We noted that stakeholders' buy-in is essential for this group to accept change suggestions for timely care delivery. Despite their busy routines, they were available to discuss requirements, test, and validate the deliverables. Our team followed an agile approach for the project, and throughout, we received committed support from these SMEs. I also noted that the SMEs started to learn on the job and were ready with their suggestions, even on technical and new activities.

Knowing the project was to benefit millions of patients directly and indirectly, working on this project was one of the most satisfying experiences for me. I felt proud that I could contribute, even if a fraction, to support healthcare in its mission.

Author: Thanks, Jane, for that note. I am sure you got to learn from the healthcare team, too. There is a lot to talk about HIT^{5,6,7}, and most of it is known to you from the types of applications used. I could speak more from a healthcare professional's perspective on how they view HIT. Do you think that's a good idea?

Mary: I agree. That will be something new to us.

Author: Firstly, other than the HIT applications that you mentioned earlier, newer ones such as predictive diagnostics, wearable sensors, video-conferencing supporting telemedicine visits, e-learning and data sharing tools, language modules such as open AI-based ChatGPT, a language module, is a new entrant in this field, promising activities such as clinical documentation, patient education, creation of clinical references, acting as a medical chatbot, and so on. Other tools on the radar are based on cloud technologies, the Internet of Things (IoT), natural language processing (NLP), machine learning (ML), etc.

There is thus a deluge of these digital applications to help healthcare professionals deliver cost-effective and safe healthcare with improved quality of care. Technology experiences of healthcare providers could provide valuable insight and a basis for further improving this space. While most healthcare professionals have reported positive experiences using these applications with benefits for themselves and their patients, opinions have been mixed. The healthcare team has come a long way in the comfort of using these applications, from none to using the most sophisticated applications in their day-to-day use. For healthcare professionals, a few key benefits of using HIT applications are as follows.

- Increasing efficiency and productivity of healthcare workers
- Accurate, actionable, and accessible information for timely decision-making
- Patient information availability in emergency and disaster relief situations
- Flexibility in working hours/places to support activities such as clinical documentation/saving travel time and cost
- Access to evidence-based medicine guidelines for treatment

- Enhanced communication and shared decision-making/improved collaboration
- Build social support networks for patients and healthcare workers

Ease of use, learning support, comfort with the system/platform or features of the applications, quality of these applications, and customer care support have added to the convenience of using digital applications by healthcare workers.

However, as I mentioned, healthcare professionals feel digital interactions with patients are inferior to in-person interactions. They lack the personal touch to establish rapport with the patients and their families. Safety and privacy concerns, connectivity issues, lack of technical support for upgrading the digital equipment or learning, and lack of comprehensive documentation can add to the dissatisfaction from both sides, according to a review article titled “Healthcare Professionals’ Experience of Performing Digital Care Visits—A Scoping Review” by Leva Lampickienė and Nadia Davoody*⁸. Much of the diagnosis depends on non-verbal clues, body language, and the physical touch of the patient. Physicians rely on these to finetune the interpretation of the patient and accurate diagnosis of the patient’s condition. The physician group agrees that decisions are sometimes complex, and they follow a specific protocol in decision-making. All digital applications may not be suitable for all types of care (for example, pediatric cases or support in surgical treatments, chronic disease management, palliative care, etc. There is no one-size-fits-all approach that can be taken. Applications need to be tailored to such unique situations. You can relate to the medication management project that Jane was involved in. I have encountered an exciting application called Complementarity-Driven Deferral to Clinical Workflow (CoDoC)⁹; an AI model that helps decide on relying on the existing tools and deferring the decision to a clinician. I am sure more such applications will be developed that support accurate clinical decision-making.

The healthcare professionals would like the HIT development/maintenance team to understand their core needs and workflows to develop something they can use in their work. They know it’s a change management process and are ready to go for it once they see the positive impact of these applications in their daily lives. Unfortunately, the medical school curriculum does not cover the use of HIT. I think it should happen as HIT is one of the critical enablers of patient care.

Mary: Thanks for shedding light on this. As we cover varied facets of global healthcare project management, is global healthcare a program or a portfolio?

Author: Global healthcare is an umbrella topic; we probably have scratched the surface. As per PMI’s *The Standard for Portfolio Management – Fourth Edition*, a portfolio is a collection of projects, programs, subsidiary portfolios, and operations managed to achieve a strategic objective. I view this as **Portfolio Management**, where organizations strategically aim to support Universal Health Coverage (UHC). UHC is a resolution passed by the United Nations General Assembly in 2012 and endorsed by world leaders in 2019. According to the World Health Organization¹⁰, UHC implies “all people have access to the full range of quality health services they need, when and where they need

them, without financial hardship. It covers essential health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.” As discussed earlier, we know of SDG:3, Ensuring healthy lives and promoting well-being, which is a part of the United Nations Sustainable Development Goals.

Governments, national and international bodies, civil societies, non-governmental organizations (NGOs), the private sector, academia, and media committed to supporting these goals form critical stakeholders of this portfolio. Regardless of whether the component projects, programs, or operations are related or unrelated, dependent or independent, they must function to achieve the strategic objective of the portfolio.

Mary: That’s an exciting way of looking at this. What are the fundamental principles of portfolio management that are essential in this scenario? Who is the portfolio manager?

Author: I think organizations such as the UN, WHO, CDC, and others act as the global headquarters of this portfolio. They oversee the aggregate portfolio at the highest level. I also don’t think one portfolio management body has a portfolio manager(s) responsible for global healthcare. Other stakeholders at various levels of the hierarchy who subscribe to healthcare as their strategic objective create portfolios per their organization’s vision and mission, which in most cases aligns with what these global bodies endorse. Generally, the component bodies coordinate with global organizations and their regulations. Healthcare regulations percolate from a global/international level to care at an individual patient level. For example, healthcare organizations endorsed, tailored, and implemented WHO guidelines for chronic disease management at regional, national, community-based, and individual hospital setups. A few important principles are aligning strategy and governance, prioritization, transparency, risk management, monitoring projects, and benefits.

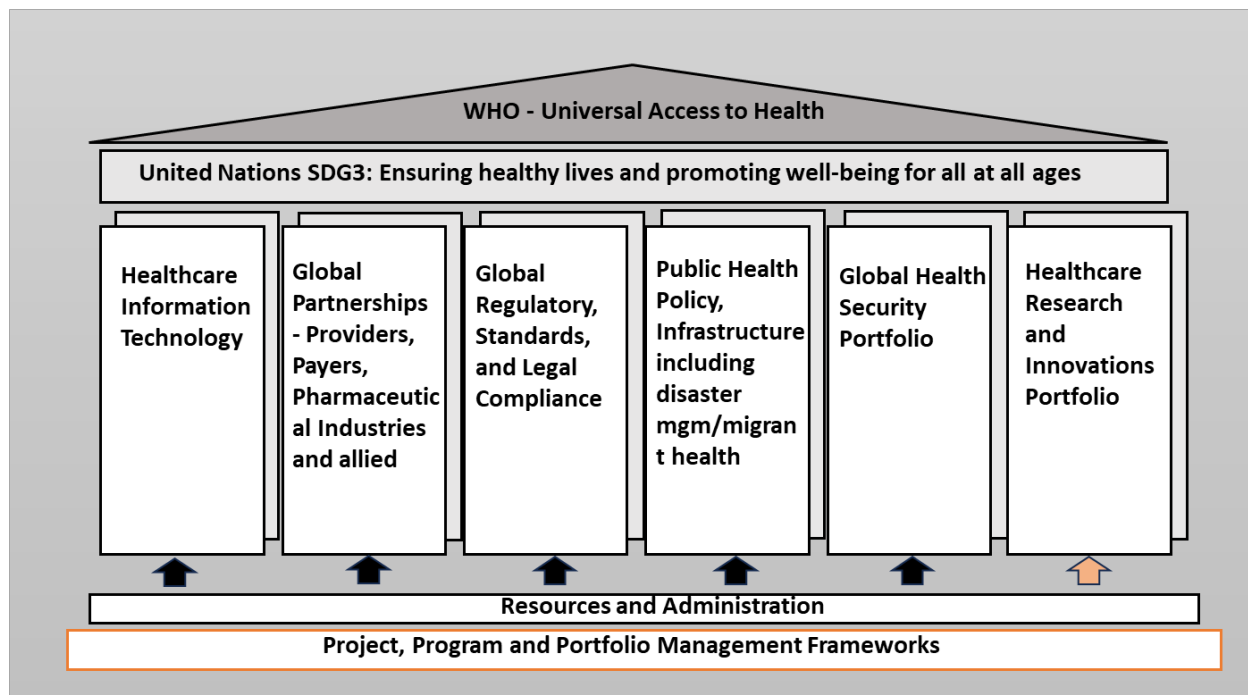


Fig 3: Representative illustration of Global Health Portfolio with component programs (Indicative list only, created by the author)

Mary: You bring up a good point on risk management. Where do risks occur in healthcare?

Author: I request you recall our discussion on the project, program, and portfolio from a healthcare industry standpoint. Also, recall examples of projects at each of these levels. At these varied levels, **risk management** practices with marginal differences are similar. From a portfolio standpoint, risks that can typically impact the availability of resources (healthcare shortages during COVID-19), conflicting objectives of component programs or projects (for example, developing a vaccine versus new drugs for the COVID-19 pandemic), change in business need or context (for example, create policies to import drugs versus developing them in-house). Complexity is a vital attribute of a program, and risk management needs to address the risks triggered by program activities, their interdependencies, and those related to the constituent components of the program. For example, for a community health program, effective processes must be in place to manage the risk life cycle for each element (e.g., health delivery infrastructure, medications, vaccines, healthcare workforce, IT applications, training services, legal and regulatory departments, etc.). The risk management plan documents risk identification, analysis, response strategies, and program risk implementation and monitoring. Risk management is embedded in the program and portfolio to ensure the delivery of the end objective.

Mary: How do healthcare organizations deal with risks? What are the different risks in a healthcare organization?

Author: Well, it's not that bad. I agree that the healthcare domain is a prime target for cybercriminals due to its vast PHI in the electronic health records generated. Unscrupulous elements can use this data for unethical practices. Traditionally, when considering healthcare risks, one tends to think of patient safety risks or those related to medical errors and medical negligence. However, risk management has evolved over the last few decades, and its scope has expanded beyond these. We have discussed risk management specific to healthcare shortages earlier. The goals of Enterprise Risk Management (ERM) practices, also called "medical risk management," encompass prevention/reducing medical errors, catching near-misses/good catches, risk awareness, compliance reporting, investing in risk management information systems, etc. The risk management approach has changed from retroactive to proactive, with more healthcare organizations trying to invest in early detection, planning, tracking, and documenting risks. A NEJM article titled "What Is Risk Management in Healthcare?" mentions eight risk domains: operational, clinical and patient safety, strategic, financial, human capital, legal and regulatory, technological, and environmental- and Infrastructure-based hazards. American Society for Healthcare Risk Management (ASHRM)¹³, founded in 1980, is chartered to promote effective and innovative risk management, implement safe patient care practices, promote financial health, and maintain safe working environments. Global organizations and those at the national level have dedicated or subsidiary departments that take care of this critical aspect of risk in the healthcare industry.

The COVID-19 pandemic unearthed many gaps in the existing public health system and other operational entities with a shortfall of oxygen cylinders, medications, life-saving equipment such as ventilators, first-aid kits, blood, and blood substitutes, and more that challenged the lives of millions. A sound risk management strategy is crucial in managing or working around these shortages. The goal of any healthcare risk management should be to focus on non-compromising patient care. Using existing models (what-if scenarios) deployed in healthcare emergencies, creating a demand-supply forecast, centralized stockpiling and distribution system creation, and resource allocation plan is essential to keep the system prepared to tackle similar situations. These are examples of risk management in pandemics.

This is also an excellent place to think of the globalization of healthcare training through medical, nursing, and allied practitioner schools. Globalization of medical training that includes standardization of curriculum and accreditation is yet to pick up momentum and continues to be a felt need. Merging global standards of care while adapting training to local conditions is essential. Training must be imparted on generic and focused topics aligned with international training standards through fellowships, exchange programs, certifications, and workshops.

Mary: I agree with you. Global healthcare project management is a vast topic, and I am happy we got through some key concepts. Regardless of the project and its domain, individual team members are responsible for project outcomes. Team management is an

essential concept in project management and is even more critical in healthcare projects. I would like to know more about team management.

Author: Yes. That is a good topic for our next session. Before we close this session, I would like you to reflect on the impact of AI on global healthcare projects and project management. AI has become ubiquitous in the last decade and more so after the intrusion of ChatGPT. Do you think it has a role in global healthcare project management? Based on our conversations, what parts of healthcare project management will simplify or facilitate? What are some challenges in adopting AI-enabled technologies in global healthcare project management?

Mary: Those are interesting questions to think about and contemporary, too. I am going to learn more about AI in healthcare. The internet is flooded with AI and its benefits for healthcare. My organization has been talking about enabling hospital operations with AI technology. I am looking forward to AI in action!

Author: Sure! Good day, ladies, and talk to you next week.

Conclusion

Regardless of the type of project management efforts, it is essential to have a coordinated view of the global healthcare landscape and conceive, plan, direct, and monitor steps toward global well-being. Frameworks such as change management, the consumer (patient) experience journey, software development lifecycle (SDLC) integrated with patient care experience, risk management, adoption of IT product management into blended project/program, and portfolio management are necessary to keep the healthcare system agile, scalable and future-proof. In designing these frameworks, it's essential to keep the interests of global healthcare professional communities and, most importantly, patients in mind. More needs to be done on these concepts as a part of international healthcare project management.

In the first article¹⁴ of this mini-series about global healthcare, we discussed components and challenges in managing international healthcare projects, the role of mergers and acquisitions, outsourcing in healthcare, PMO frameworks, along with concepts such as decision-making, volunteering, and collaboration in healthcare projects operated on a global level. The second article concluded with views on disaster healthcare management, migrant health, healthcare information technology, WHO UN global portfolios, and healthcare risk management, with questions about using AI-driven technologies in global healthcare projects.

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15. PMBOK® Guide – Seventh Edition

* - Name changed to protect privacy

Glossary

AI: Artificial Intelligence

ASHRM: American Society for Healthcare Risk Management

CDC: Centers for Disease Control

EMT: Emergency Medical Teams

ERM: Enterprise Risk Management

HCW: Healthcare workers

HIPAA: Health Insurance Portability and Accountability Act

HIT: Health Information Technology

NCD: Non-communicable diseases

NGO: Non-governmental Organizations

PHI: Protected Health Information

PMBOK®: Project Management Body of Knowledge

PM: Project Management

PMI: Project Management Institute

PMO: Project Management Office

SDG: Sustainable Development Goals

UN: United Nations

WHO: World Health Organization

Appendix

Infectious Diseases	<ul style="list-style-type: none">• Water-borne diseases – Cholera, diarrheal diseases, Hepatitis A• Leishmaniasis – spread by sandfly• Overcrowding – measles, Covid-19, respiratory illnesses
Wound Infections	<ul style="list-style-type: none">• Minor cuts and bruises to fractures, crush injuries and burns• Effects of inhaling large amounts of dust and debris.
Chronic Conditions	<ul style="list-style-type: none">• Increase incidence of stroke, heart attack• Loss in control of hypertension, diabetes, and cardiac disorders
Healthcare Disruptions	<ul style="list-style-type: none">• Destruction of medical facilities, roads, and bridges• Interruption of medical chain supplies• Pregnant women – a vulnerable population/preterm labor
Psychological Trauma	<ul style="list-style-type: none">• Anxiety, low mood, emotional ups and downs, and poor sleep• Long-term mental health problems - Depression or post-traumatic stress disorder (PTSD), suicidal thoughts
Financial Instability	<ul style="list-style-type: none">• Poverty/Loss of bread-winner• Financial de-stabilization/loss of business

Fig 4: Threats to the survivors in disasters (in this example, an earthquake)

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About the Author



Dr. Deepa Bhide

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Dr. Deepa Bhide, MBBS, DCH, PMP, has over 20 years of professional experience where she has blended medical practice and research with IT and Project Management. She juggles consulting, training, and operations and is proficient in clinical medicine, project management, and healthcare information technology. Starting her career as a medical practitioner, she has worked with varied organizations before her current stint as director and clinical expert for Inventurus Knowledge Solutions.

Deepa's growing interest and work in these areas, born from her day-to-day patient interactions, helped her view Project Management as a backbone of progressive healthcare. Her paper on "Patient Care - A Project Management Perspective" has received global recognition and acclaim. With a physician background as a solid foundation to leverage IT/PM skills and knowledge, Deepa has blended her broad-based experience and learnings to present a unified, holistic, and wholesome view of Project Management and Healthcare, a cross-domain confluence. Through various webinars, events, talks, and writings across platforms, Deepa has been an evangelist in championing global project management during the COVID-19 pandemic.

A Gold medalist from Osmania University for standing First in the MBBS course, she pursued her DCH in Pediatrics and Child health. Deepa has served various roles in local and global Project Management Institute (PMI) regions. She remains actively engaged with PMI and has been a participant and speaker for various national and global meetings and online events.

Deepa lives in Hyderabad, India, and loves traveling, singing, and experimenting with global cuisine. She can be contacted at deepa.bhide@gmail.com.