University of Southern California
School of Policy, Planning and Development

PPD 604 - Seminar in Hospital Administration
Intensive Semester

COURSE SYLLABUS
Summer 2008

Instructor: Earl Greenia, PhD, FACHE
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Meeting Time:
June 5, 6, 7, 8; July 24, 25, 26, 27
Class begins at 8:30 AM each day and ends at 4:30 PM
A one-hour break for lunch will be provided, generally around noon.
Location: RGL ???

Course Description

This course provides students with a broad examination of issues and practices critical to the successful hospital management. Particular focus is directed towards understanding theory and practice-based management strategies for responding to critical organizational challenges and opportunities. Problem-based learning activities are used to bridge the gap between theory and practice to strengthen your leadership and management skills. Cases, experiential exercises, management style and skill inventories will be used as an integral part of the seminar.

Course Objectives

This course is designed to provide students with knowledge, skills and principles for contemporary hospital management. Emphasis is placed on developing an understanding of managerial roles and responsibilities, particularly in relationship to ethical, professional and quality of care responsibilities, customer and market expectations, and competitive challenges and opportunities.

Satisfactory performance in this class will provide the student with the skills and abilities to:

- Describe strategic and operational problems and issues facing health care organizations.
- Describe the principle responsibilities of health care organizations and administrators.
- Examine effects of changes in environmental conditions on the organization, its core business strategies, practices and level of performance.
- Evaluate strategies used by managers and organizations to address environmental opportunities and problems.
- Develop innovative or effective strategies for responding to changing economic, social, technological and political conditions.
- Develop strategies for fact-finding, performance measurement, and analytical activities related to planning, marketing, finance and information needs.
- Identify characteristics of effective organizations, programs and managers.
- Identify characteristics of effective or innovative managers and their organizations.
- Evaluate the role, function and appropriateness of strategic planning in health care organizations.

- Analyze and define responsibilities related to human resources, physical plant, and support services.
- Define characteristics and develop systems to assure quality of clinical services.
- Respond to personal and organizational challenges in the pursuit of excellence in the health care industry.

General Requirements

Satisfactory performance in this class requires the student to:

- Attend all class sessions (poor attendance will affect final grade).
- Review materials or websites posted on Blackboard for each session prior to the meeting.
- Read and interpret all materials assigned for each class session prior to the class meeting. Note: It is recommended that you read the assigned materials in the order presented in the session descriptions.
- Analyze all assigned problems and case studies with sufficient preparation to engage in critical thought and discussion.
- Effectively contribute to class discussions and group activities.
- Make professional-level oral and written presentations of assignments.

Intensive Semester

This course is offered using the intensive semester format. While this provides the student with greater flexibility in the learning process, it also requires more individual and independent preparation than is the case for the regular semester formats. Thus, the educational experience begins prior to the first class meeting. During this period students are expected to read **all assigned materials and complete all class assignments.** Learning also takes place in the classroom where students explore the material in some detail, analyze and evaluate case material, and relate the assigned material to their work situations. Between the scheduled class sessions, students must continue their preparation as described in the syllabus. Following the completion of the formal classroom sessions, students reflect on the material presented and complete the remaining assignments.

Course Outline:

Session 1	June 5 AM	Governance and Governing Boards
Session 2	June 5 PM	Executive Roles and Responsibilities
Session 3	June 6 AM	Medical Staff Organization & Physician Relations
Session 4	June 6 PM	Human Resources Management
Session 5	June 7 AM	Organizational Strategy
Session 6	June 7 PM	Information Systems
Session 7	June 8 AM	Efficient Delivery of Care
Session 8	June 8 PM	Provision of Care
Session 9	July 24 AM	Licensing & Accreditation
Session 10	July 24 PM	Managing Organizational Performance
Session 11	July 25 AM	Quality and Patient Safety
Session 12	July 25 PM	Cost Management
Session 13	July 26 AM	Facility Planning & Disaster Readiness
Session 14	July 26 PM	Supply Chain Management
Session 15	July 27	Innovation & Transformation

Course Evaluation/Grading:

Participation and Discussion Question Responses	20%
Group Project (Paper and Presentation)	20%
Case analyses (3 formal write-ups required)	60%

Final Grade Assignment

95 -100 = A	76 - 79 = C +
90 - 94 = A -	73 - 75 = C
86 - 89 = B +	61 - 72 = C -
83 - 85 = B	51 - 60 = D
80 - 82 = B -	00 - 50 = F

Description of Assignments

Discussion Questions - Discussion questions/topics are included at the end of each session description to stimulate thinking. Students are required to formally answer these questions before the class session. For **each** discussion question, the student must prepare a written response of 100-200 words. Your answers need not be detailed but should highlight key points covered in the readings and should critically evaluate the concepts and apply them to a "real-word" setting. A brief format using bullet-point format is preferred.

Participation - Open discussion and debate is encouraged. Students are encouraged to share their real-world experiences and perceptions. Each student will be evaluated and graded by the depth, scope, and quality of their discussion participation. Quality is much more important than quantity; only those students who lead the class to higher levels of discussion can expect to receive a high score on this requirement. This involves things like applying conceptual material from the readings or lectures, doing some outside readings and applying them to the discussion, integrating comments from previous classes and concepts from other courses into the current discussion, taking issue with a classmate's analysis, pulling together material from several sources, and drawing parallels from previous discussions.

Group Project – Teams (approximately five per group) will be formed for the "Responding to a JCAHO Survey." Details about this assignment are provided in the Session 9 description.

Case Reports – There are ten cases assigned as part of the formal course requirements. Each student must be prepared to discuss each case at the time scheduled in the syllabus. Some will be completed as part of the seminar activity. Three (with some selection permitted by the student based on their interests) must be completed outside of the classroom and formally submitted for grading at the start of the session. (See "Learning Through the Case Method" later in this syllabus). Length should be 5-10 pages and focus on the critical issues and demonstrate an understanding of the relevant concepts.

Each student must submit three case study reports from the list below. There are three groups – **you must select one case from each group**. Note the report must be submitted **before** the case is discussed in class. A timetable is provided for your convenience.

Session		Case	Submit by
Group 1 (Must select one case from this group)			
2		Whose Hospital?	6/5 8:30 AM
4		Performance Pay for MGOA Physicians	6/6 8:30 AM
12		Tufts Health Plan	7/25 8:30 AM
Group 2 (Must select one case from this group)			
5		ThedaCare	6/7 8:30 AM
5		MedCath Corp	6/7 8:30 AM
15		Paul Levy: Beth Israel Deaconess Medical Center	7/26 8:30 AM
Group 3 (Must select one case from this group)			
6		Mount Auburn Hospital: Physician Order Entry	6/7 8:30 AM
7		Process Improvement in Stanford Hospital's OR	6/8 8:30 AM
10		Intermountain Health Care	7/24 8:30 AM
11		Dana-Farber Cancer Institute	7/25 8:30 AM

Grading of Written Work

One of the most important skills anyone can take to a job is the ability to write clearly and persuasively. The grading of written work will be based on two basic ideas: decision-makers value good writing and inept writers lose credibility. Students must demonstrate that they have analyzed the situation and have used the knowledge gained from this course to explain and predict in response to the call of the question. There will likely be several different approaches to take; however, consideration of certain pieces of evidence, or certain theoretical approaches, may be essential. Failure to consider the evidence or approaches may constitute a major flaw and could result in the deduction of 10 to 20 points, depending on the importance of the information.

An “A” response will apply the concepts and tools learned in class to carefully analyze the problem or issue. It will provide a detailed and logically coherent argument that fully addresses the question. Further, it must combine concepts in creative and unanticipated ways.

A “B” response will have some analysis of the problem, but will likely not fully address all the issues raised by the question or will have gaps or holes in the analysis.

A “C” response will contain some analysis, and will demonstrate a basic knowledge of the concepts relevant to the problem set out in the question.

A “D” response will have no, or severely flawed, analysis, or will have omitted vital information that the student should have known. The essay fails to demonstrate a basic grasp of the concepts relevant to the problem set out in the question. Mere repeating of material from the texts or lecture notes will result in a “D.”

An “F” response will fail to address the call of the question, or will contain no analysis and little indication that the student understood the question.

Class Format

Sessions will consist of a variety of activities, and generally will begin with a brief review (5-10 minutes) of the topics from the previous class and clarification of any difficult or complex issues. Most sessions will include a lecture explaining and amplifying key points from assigned

readings. Lectures will also include material that is not covered in the readings. Sessions will include student discussions, in-class exercises and group activities that will provide hands-on experience applying the various concepts. Breaks will be taken as needed.

Academic Integrity

All students are expected to abide by the standards set forth in *SCampus*. The following activities are prohibited and may result in failure of the course, and/or expulsion from the University: Copying answers from other students on exam; allowing another to cheat from your exam or assignment; possessing or using material during exam (notes, books, etc.) which is not expressly permitted by the instructor; removing an exam from the room and later claiming that the instructor lost it; changing answers after exam has been returned; possession of or obtaining a copy of an exam or answer key prior to administration; having someone else take an exam for oneself; plagiarism (use of someone else's work without citation); submission of purchased term papers or papers written by others; submission of the same term papers to more than one instructor, where no previous approval has been given; unauthorized collaboration on an assignment; falsification of data or using fictitious data. Any instance of academic dishonesty will be dealt with as severely as university policy allows.

Academic Accommodations based on a Disability

Any student requesting academic accommodations based on a disability must register with Disability Services and Program (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP, located in STU301, open 8:30 AM to 5:00 PM Monday – Friday, phone number (213) 740-0776. The letter must be given to the instructor as early in the semester as possible.

Instructor's Profile

Earl Greenia has worked in healthcare administration for over twenty years; he is currently employed by Hawaii Health Systems as the Regional Chief Executive Officer for the West Hawaii Region. A Fellow of the American College of Healthcare Executives, he holds a BA (Political Science) from the University of Vermont, a Master of Health Administration and a Ph.D. (Public Administration) from USC. His professional, teaching and research interests include strategic planning, operations management and quality management.

LEARNING THROUGH THE CASE METHOD

The case-study method is an innovative approach to supplementing traditional educational experiences with real-world situations. This method, employed widely in curriculums of major business schools, will be used to evaluate your understanding and application of the concepts and tools learned in class. It is by no means a be-all end-all approach to education; nor is it an easy one. The method is demanding and time-consuming, but when used effectively, it can enrich your learning experience.

Sufficient time must be spent to carefully analyze the case and to present findings in a manner that reflects careful assessment of the problem and sensitivity to the issues and contexts involved. One way to ensure that your analysis is on target is to take the time to fully understand the important issues. A good strategy is to first preview the case, noting any issue, situation, or fact that deserves closer attention. With these points in mind, carefully reread the case to gain a clear understanding of the issue that is being presented. This should provide you with a sense of the root problem and the important factors to be considered - either in the problem definition, alternative development, or solution selection stages. Be aware that problems emerge in contexts and that solutions must similarly be sensitive to those contexts. Thus, part of your analysis should focus on issues or factors that impinge on the problem or its solution. A useful place to begin is the goals and objectives of the organization or its key policy makers. Other factors that may affect your decision include organizational restrictions and constraints, and strengths and weaknesses.

If you have looked at the situation from multiple perspectives, you should be able to clearly state the problems to be addressed. At the same time, you should also be able to explicitly identify the criteria for selecting the most preferred solution. With the completion of these steps, attention can focus on the development of alternative ways for resolving the issue or problem. Since most problems have more than one solution, be sure that your analysis has developed more than one realistic and viable alternative. The next step is to assess the extent to which each of the alternative solutions satisfies the various criteria. Frequently, no single alternative completely meets the criteria developed. In these situations, new alternative development and assessment should be continued until a preferred solution evolves. The final step is to develop an action plan to bring about the changes needed, and to establish a mechanism for evaluating and sustaining the selected solution.

In writing your analysis it is not necessary to detail each step. Rather, the intent is to capture the essential elements in the analysis, including your recommendations and plan for implementation and evaluation. There is no best way to do this. The submitted report should begin with a title page, a table of contents, a one page executive summary highlighting the main points contained in the report, and the report itself which contains: 1) Background information, 2) Statement of problems being addressed, 3) Description of criteria used to evaluate alternative solutions, 4) Alternatives considered, 5) Assessment of the alternatives, 6) Recommended action, 7) Implementation plan, and 8) Mechanisms for evaluation.

Required Materials

Readings:

Agee, Charlie. 2007. Professional Review Committee Improves the Peer Review Process. Physician Executive 33 (1): 52-55.

Alexander, Jeffrey A, Lee S., and Bazzoli, G., 2003. “Governance Forms in Health Systems and Health Networks,” Health Care Management Review 28 (3): 228-242.

Alexander, Jeffrey A, et al. 2006. “The Role of Organizational Infrastructure in Implementation of Hospitals’ Quality Improvement,” Hospital Topics 84 (1): 11-20.

Amalberti, René et al. 2005. “Five System Barriers to Achieving Ultrasafe Health Care,” Annals of Internal Medicine 142 (9) 756-W167.

Batalden, Paul and Mark Splaine. 2002. “What Will it Take to Lead the Continual Improvement and Innovation of Health Care in the Twenty-first Century?” Quality Management in Health Care 11 (1): 45-54.

Berenson, Robert, Paul Ginsburg and Jessica May. 2007. “Hospital-Physician Relations: Cooperation, Competition or Separation?” Health Affairs 26 (1): w31-43.

Berry, Leonard et al. 2004. “The Business Case for Better Buildings,” Frontiers of Health Services Management 21 (1): 3-24.

Blair, John D. & Savage, Grant B., 1990. "Hospital-Physician Joint Ventures: A Strategic Approach for Both Dimensions of Success," Hospital & Health Services Administration 35 (1): 3-26.

Bohmer, Richard and Carin-Isabel Knoop. 2007. The Challenge Facing the U.S. Healthcare Delivery System. Harvard Business School. Product Number: 9-606-096.

Bohmer, Richard and Melanie Harshbarger. 1999. Note on Physician Compensation and Financial Incentives. Harvard Business School. Product Number: 9-699-151.

Bohmer, Richard. 1999. Note on Managed Care. Harvard Business School. Product Number: 9-698-060.

Bohmer, Richard. 2000. Changing Physician Behavior. Harvard Business School. Product Number: 9-699-124.

Bohmer, Richard. 2000. Complexity and Error in Medicine. Harvard Business School. Product Number: 9-699-024.

Brigl, B, et al. 2005. “Preparing strategic information management plans for hospitals: a practical guideline.” International Journal of Medical Informatics 74 (1): 51-65.

Buddress, Lee and Alan Raedels. 2000. “Essential tools of supply chain management.” Hospital Materiel Management Quarterly 22 (1): 36-41.

Budetti, Peter et al., 2002. “Physician and Health System Integration,” Health Affairs 21 (1): 203-210.

Buerhaus, Peter, et al. 2006. State of the Registered Nurse Workforce in the United States. Nursing Economics 24 (1): 6-12.

Buerhaus, Peter; David Auerbach and Douglas Staiger. 2007. Recent Trends in the Registered Nurse Labor Market in the U.S: Short-Run Swings on Top of Long-Term Trends. Nursing Economic$ 25 (2): 59-67.

Carnett, William G. 2002. Clinical practice guidelines: A tool to improve care. Journal of Nursing Care Quality 16 (3): 60-70.

Cleverley, William, 1995. “Understanding your hospital’s true financial position and changing it,” Health Care Management Review 20 (2): 62-73.

Cleverley, William and Cleverley, James, 2005. “Scorecards and Dashboards: Using Financial Metrics to Improve Performance,” Healthcare Financial Management 59 (7): 64-69.

Dick, Richard S et al. 1997. The Computer-Based Patient Record: An Essential Technology for Health Care, Revised Edition (Free Executive Summary). National Academies Press. From: http://www.nap.edu/catalog/5306.html

Dowling, William L. 2002. *Chapter 10, Hospitals and Health Systems* in Introduction to Health Services, 6e. Stephen J. Williams and Paul Torrens, editors. Albany NY: Delmar. (ISBN: 0766836118).

Dreachslin, Janice. 2007.”Diversity Management and Cultural Competence: Research, Practice and the Business Case,” Journal of Healthcare Management (52) 2: 79-86.

Fisher, Elliot et al. 2007. “Creating Accountable Care Organizations: The Extended Hospital Medical Staff,” Health Affairs 26 (1): w44-57.

Fottler, Myron and Ford, Robert. 2002. “Managing Patient Waits in Hospital Emergency Departments,” Health Care Manager 21 (1): 46-61.

Fottler, Myron D., Phillips, Robert L., Blair, John D., and Duran, Catherine A., 1990. "Achieving Competitive Advantage Through Strategic Human Resource Management," Hospital and Health Services Administration 35 (3): 341-363.

Gautam, Kanak. 2005. “Transforming Hospital Board Meetings: Guidelines for Comprehensive Change,” Hospital Topics 83 (3): 25-31.

Graham, Jim, Martha S Brewer and Valencia Theresa Byrd. 1999. “Automating the supply chain in the OR.” Association of Operating Room Nurses. AORN Journal 70 (2): 268-276.

Gregory, Douglas; Walter Baigelman and Ira Wilson. 2003. Hospital Economics of the Hospitalist. Health Services Research 38 (3): 905-918.

Griffith, John R and White, Kenneth. 2005. “The Revolution in Hospital Management,” Journal of Healthcare Management 50 (3): 170-190.

Haraden, Carol and Roger Resar. 2004. “Patient Flow in Hospitals: Understanding and Controlling It Better,” Frontiers of Health Services Management 20 (4): 3-15.

Hayward, Cynthia. 2006. Chapter 2, Understanding Your Current Facility in HealthCare Facility Planning: Thinking Strategically, 1e. Chicago: Health Administration Press. (ISBN: 9781567932478)

Hayward, Cynthia. 2006. Chapter 5, Identifying Facility Needs and Establishing Priorities in HealthCare Facility Planning: Thinking Strategically, 1e. Chicago: Health Administration Press. (ISBN: 9781567932478)

Henderson, Diana, Christy Dempsey and Debra Appleby. 2004. “A Case Study of Successful Patient Flow Methods: St. John's Hospital,” Frontiers of Health Services Management 20 (4) 25-30.

Herzlinger, Regina E. 2006. “Why Innovation in Health Care Is So Hard,” Harvard Business Review 84 (5): 58-66.

Herzlinger, Regina E. and Seth Bokser. 2006. Note on Accountability in the U.S. Health Care System. Harvard Business School. Product Number: 9-302-007.

Inamdar, Noorein and Kaplan, Robert. 2002. “Applying the Balanced Scorecard in Healthcare Provider Organizations,” Journal of Healthcare Management 47 (3): 179-195.

Katzorke, Michael and William B Lee. 2000. “Creating world-class supply chains.” Hospital Materiel Management Quarterly 22 (1): 1-9.

Kovner, Anthony, Wagner, Robert F and Curtis, Robert S. “Better Information for the Board,” Journal of Healthcare Management 46 (1): 53-67.

Leape, Lucian and John Fromson. 2006. “Problem Doctors: Is There a System-Level Solution?” Annals of Internal Medicine 144 (2): 107-116.

Lauve, Richard. 2006. Peer Review and Privileging: One pill cures all-but it's tough to swallow. Physician Executive 32 (4): 40-45.

Lewis, Audie G. 2001. Chapter 14, Special Concerns: Drive Out Waste in Streamlining Health Care Operations. San Francisco: John Wiley & Sons, Inc. (ISBN: 0787955035)

McMahan, Eva M and Kathleen Hoffman. 1994. Physician-nurse relationships in clinical settings. Medical Care Research & Review 51 (1): 83-112.

Nelson, Eugene et al. 2004. “Good Measurement for Good Improvement Work,” Quality Management in Health Care 13 (1): 1-16.

Rivard-Royer, Hugo, Sylvain Landry and Martin Beaulieu. 2002. “Hybrid stockless: A case study: Lessons for health-care supply chain integration.” International Journal of Operations & Production Management 22 (4): 412-424.

Rodríguez, Havidán; Aguirre, Benigno E. 2006. “Hurricane Katrina and the Healthcare Infrastructure: A Focus on Disaster Preparedness, Response, and Resiliency,” Frontiers of Health Services Management 23 (1): 13-24.

Rundall, Thomas; Shortell, Stephen and Alexander, Jeffrey. 2004. “A Theory of Physician-Hospital Integration,” Journal of Health and Social Behavior 45: 102-117.

Shortell, Stephen M., Morrison, Ellen, and Hughes, Susan, 1989. "The Keys to Successful Diversification: Lessons from Leading Hospital Systems," Hospital & Health Services Administration 34 (4): 471-492.

Sinay, Tony and Campbell, Tony. 2002. “Strategies for More Efficient Performance Through Hospital Merger,” Health Care Management Review 27 (10): 33-49.

Solomon, Mildred Z et al. 1993. Decisions near the end of life: Professional views on life-sustaining treatment. American Journal of Public Health 83 (1): 14-23.

Studer, Quint. 2003. “How Healthcare Wins with Consumers Who Want More,” Frontiers of Health Services Management 19 (4): 3-16.

Swearingen, Sandra and Liberman, Aaron. 2004. “Nursing Generations: An expanded look at the emergence of conflict and its resolution,” Health Care Manager (23) 1: 54-64.

Thompson, Nancy and Christopher Van Gorder. 2007. “Healthcare Executives Role in Preparing for the Pandemic Influenza Gap,” Journal of Healthcare Management 52 (2): 87-93.

Topor, Edward. 2000. “Supply chain assessment methodology.” Hospital Materiel Management Quarterly 22 (1): 15-24.

Tozzio, Mark; Rowe, Gary; Cook, Robert; and Griffith John. 2003. “Strategic Planning for a Turnaround,” Health Progress 84 (3): 35-40.

Waldman, J. Deane, Howard L. Smith, and Jacqueline N. Hood. 2006. “Healthcare CEOs and Physicians: Reaching Common Ground,” Journal of Healthcare Management 51 (3): 171-184.

White, Kenneth R. et al. 2002. Hospital provision of end-of-life services: who, what, and where? Medical Care 40 (1): 17-25.

White, Kenneth R. et al. 2005. Does Case Management Matter as a Hospital Cost-Control Strategy? Health Care Management Review 30 (1): 32-43.

Williams, Betsy W. 2006. The Prevalence and Special Educational Requirements of Dyscompetent Physicians. Journal of Continuing Education in the Health Professions 26 (3): 173–191.

Yeon, Howard B. et al. 2006. Physician Discipline. Journal of Bone & Joint Surgery 88 (9): 2091-2096.

Young, Gary J. 2000. Managing Organizational Transformation: Lessons from the Veterans Health Administration. California Management Review. (Available from Harvard Business School, Product Number: CMR187).

Zinkovich, Lisa, et al., 2005. “Bioterror Events: Preemptive Strategies for Healthcare Executives,” Hospital Topics 83 (3): 9-15.

Zuckerman, Alan M. 2006. “Advancing the State of the Art in Healthcare Strategic Planning,” Frontiers of Health Services Management 23 (2): 3-15.

Cases:

Barro, Jason R., Aaron M.G. Zimmerman, and Kevin J. Bozic. 2003. Performance Pay for MGOA Physicians (A). Harvard Business School. Product Number: 9-904-028.

Bohmer, Richard and Nancy Dean Beaulieu. 1999. Tufts Health Plan. Harvard Business School. Product Number: 9-699-160.

Bohmer, Richard and Ann Winslow. 1999. The Dana-Farber Cancer Institute. Harvard Business School. Product Number: 9-699-025.

Bohmer, Richard, Amy C. Edmondson, Laura R. Feldman. 2002. Intermountain Health Care. Harvard Business School. Product Number: 9-603-066.

Garvin, David A. and Michael A. Roberto. 2002. Paul Levy: Taking Charge of the Beth Israel Deaconess Medical Center (A, B and C). Harvard Business School. Product Numbers: 303080, 303081, and 303058.

Herzlinger, Regina. 2002. MedCath Corp. (A). Harvard Business School. Product Number: 9-303-041.

Kovner, Anthony R. “Whose Hospital,” in Health Services Management: Readings, Cases and Commentary (8th Edition), Anthony R. Kovner and Duncan Neuhaser, eds. PP 341-360. Chicago: Health Administration Press, 2004.

McAfee, Andrew, Sarah Macgregor, Michael Benari. 2002. Mount Auburn Hospital: Physician Order Entry. Harvard Business School. Product Number: 9-603-060.

Porter, Michael, Sachin Jain. 2007. ThedaCare: System Strategy. Harvard Business School. Product Number: 9-708-424.

Zenios, Stefanos, Kate Surman, and Elena Pernas-Giz. 2004. Process Improvement in Stanford Hospital's Operating Room. Stanford University. Product Number: OIT41.

Other:

Paul Levy: Taking Charge of the Beth Israel Deaconess Medical Center (Multimedia Case). 2003. Harvard Business School. Product Number: 9-303-058. Note: You must order this directly from HBS – it is not included in the reader.

Session 1: Introduction and Course Organization
Governance and Governing Boards

READINGS

- Richard Bohmer and Carin-Isabel Knoop. 2007. The Challenge Facing the U.S. Healthcare Delivery System. Harvard Business School. Product Number: 9-606-096.
- William L. Dowling. 2002. *Chapter 10, Hospitals and Health Systems* in Introduction to Health Services, 6e. Stephen J. Williams and Paul Torrens, editors. Albany NY: Delmar. (ISBN: 0766836118).
- Jeffrey A. Alexander, Lee S., and Bazzoli, G., 2003. "Governance Forms in Health Systems and Health Networks," Health Care Management Review 28 (3): 228-242.
- Kanak Gautam. 2005. "Transforming Hospital Board Meetings: Guidelines for Comprehensive Change," Hospital Topics 83 (3) (Summer 2005): 25-31.
- Anthony Kovner, Wagner, Robert F and Curtis, Robert S. 2001. "Better Information for the Board," Journal of Healthcare Management 46 (1): 53-67.

LECTURE TOPICS

- Governing board relations
- Board roles and responsibilities
- Characteristics of effective governing boards
- Building boardroom culture
- Supporting the board's decisions
- Measuring board effectiveness
- Preventing governance failures

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. Who are the stakeholders for a community hospital? What kind (or scope) of influence does each have? If you were a hospital executive, how would you monitor this influence in the community?
2. What does a corporate (non-healthcare) governing board do?
3. What does a hospital board do that is different from corporations in general?
4. Why should the governing board evaluate its own performance? How does a board "build in" evaluation so that it is not overlooked?

DISCUSSION QUESTIONS (Written Response Required)

1. Review ACHE's Healthcare Executives Competencies Assessment Tool (2008) available at: http://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf
2. Complete the modified Healthcare Executives Competencies Assessment Tool posted on our blackboard site. Bring the last page to class on day 1.

Session 2: Executive Roles and Responsibilities

READINGS

- Griffith, John R and White, Kenneth. 2005. "The Revolution in Hospital Management," Journal of Healthcare Management 50 (3): 170-190.
- J. Deane Waldman, Howard L. Smith, and Jacqueline N. Hood. 2006. "Healthcare CEOs and Physicians: Reaching Common Ground," Journal of Healthcare Management 51 (3): 171-184.

LECTURE TOPICS

- Characteristics of effective executives
- Roles and responsibilities
- Skills of effective executives
- Governance-Management Relationship

DISCUSSION QUESTIONS (Written Response Required)

1. Why is the primary function of the executive office to "lead" rather than to "command" or "control"? What is the implication of this approach on executive behavior and worker response (e.g., leading as empowering)?
2. What are the critical skills a CEO brings? What are the professional obligations of the CEO? How does the board know that those skills are present and those obligations fulfilled? What makes the relationship effective, and what erodes the relationship?
3. What conflicts might arise between hospital governance (the board) and management (the CEO)? How could they be avoided or resolved?

CASE: Whose Hospital?

In evaluating this case, focus on Ken Wherry competence as a CEO and the Board's decision to terminate his employment. Your analysis should review Wherry's mistakes and the reasons behind them. What could Wherry have done differently to preserve his job and yet move the hospital forward? How does this hospital board differ from the "ideal" described in the Griffith and White article? What should Tony DeFalco, the board chair, have done differently?

Session 3: Medical Staff Organization & Physician Relations

READINGS

- Yeon, Howard B. et al. 2006. Physician Discipline. Journal of Bone & Joint Surgery 88 (9): 2091-2096.
- Agee, Charlie. 2007. Professional Review Committee Improves the Peer Review Process. Physician Executive 33 (1): 52-55.
- Lauve, Richard. 2006. Peer Review and Privileging: One pill cures all-but it's tough to swallow. Physician Executive 32 (4): 40-45.
- Williams, Betsy W. 2006. The Prevalence and Special Educational Requirements of Dyscompetent Physicians. Journal of Continuing Education in the Health Professions 26 (3): 173–191.
- Fisher, Elliot et al. 2007. "Creating Accountable Care Organizations: The Extended Hospital Medical Staff," Health Affairs 26 (1): w44-57.
- Berenson, Robert, Paul Ginsburg and Jessica May. 2007. "Hospital-Physician Relations: Cooperation, Competition or Separation?" Health Affairs 26 (1): w31-43.

LECTURE TOPICS

- Physician Organization
- Medical Staff Bylaws and Rules & Regulations
- Credentialing and Peer Review
- Physician Contracting

DISCUSSION QUESTIONS (Written Response Required)

First, download and review the UCSD Medical Staff Bylaws and Rules & Regulations available for free at: http://medinfo.ucsd.edu/medstaff/documents/

1. One way to look at the medical staff bylaws is as a large set of contracts with independent agents. Does UCSD's seem complete to you? What other topics should their bylaws cover? Why is approval of the bylaws vested in the board? What might happen if the medical staff did not participate in designing the bylaws?
2. Why are physicians credentialed under formal peer review and board approval?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. Many primary care physicians claim that they no longer need medical staff membership or hospital privileges to take care of their patients. They feel it is an inefficient drain on their time, and it is difficult for them financially. Should the hospital ignore their concerns and let them drift off from the organization? If not, what should the hospital do to make affiliation attractive?
2. Some flash points in physician relations are recurring and predictable. How would a well-managed hospital deal with the following:
    a. Interspecialty disputes: orthopedics and imaging, surgery and anesthesia, primary care and specialists?
    b. Emergency referrals: providing specialist care to emergency patients, who often arrive at inconvenient times and without insurance or financing?
    c. Impaired physicians?

Session 4: Human Resources Management

READINGS

- Myron Fottler, Robert Phillips, John Blair and Catheine Duran. 1990. "Achieving Competitive Advantage Through Strategic Human Resource Management," Hospital and Health Services Administration 35 (3): 341-363.
- Sandra Swearingen & Aaron Liberman. 2004. “Nursing Generations: An expanded look at the emergence of conflict and its resolution,” Health Care Manager (23) 1: 54-64.
- Buerhaus, Peter, et al. 2006. State of the Registered Nurse Workforce in the United States. Nursing Economics 24 (1): 6-12.
- Buerhaus, Peter; David Auerbach and Douglas Staiger. 2007. Recent Trends in the Registered Nurse Labor Market in the U.S: Short-Run Swings on Top of Long-Term Trends. Nursing Economic$ 25 (2): 59-67.
- Dreachslin, Janice. 2007.”Diversity Management and Cultural Competence: Research, Practice and the Business Case,” Journal of Healthcare Management (52) 2: 79-86.

LECTURE TOPICS

- Employee empowerment and participatory management
- Labor relations
- Workforce Shortages
- Cultural and Generational Diversity

CASE: Performance Pay for MGOA Physicians (A)
Examines the transition of an orthopedic surgical group at a premier teaching and research hospital from a system in which the surgeons are compensated with flat salaries to a system where they are compensated based on profitability. Allows for an examination of several critical issues in incentive strategy, including pay-to-performance in a not-for-profit environment, whether a compensation system is truly aligned with value creation (issues of quality of care and research time), and the difficulty in designing a compensation system in a competitive labor market when the objectives of the institution extend beyond pure profit maximization.

DISCUSSION QUESTIONS (Written Response Required)

1. What are the issues in attracting and keeping a workforce motivated to provide excellent care? What part of these issues is appropriate for a support unit called human resources?
2. Complete the “Implicit Social Cognition on the Internet” survey. This study examines cognitive processes related to attitudes, preferences, and beliefs. You will answer some questions and complete two categorization tasks. The study requires approximately 15 minutes. The survey is available at https://implicit.harvard.edu/implicit/ Select “Research” then register and complete the survey. Print your results and bring to class.

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. Suppose an organization’s workforce plan called for a 10% reduction in force over two years. List the devices the organization might use to achieve this goal. Identify the kinds of costs that are associated with each (precise cost estimates are usually difficult), and use these to rank order the devices, developing a strategy to meet the goal.

Session 5: Organizational Strategy, Alliances and Diversification

READINGS

- Alan Zuckerman. 2006. “Advancing the State of the Art in Healthcare Strategic Planning,” Frontiers of Health Services Management 23 (2): 3-15.
- Peter Budetti, et al. 2002. “Physician and Health System Integration,” Health Affairs 21 (1): 203-210.
- Thomas Rundall, Shortell, Stephen and Alexander, Jeffrey. 2004. “A Theory of Physician-Hospital Integration,” Journal of Health and Social Behavior 45: 102-117.
- Shortell, Stephen M., Morrison, Ellen, and Hughes, Susan, 1989. "The Keys to Successful Diversification: Lessons from Leading Hospital Systems," Hospital & Health Services Administration 34 (4): 471-492.
- Sinay, Tony and Campbell, Tony. 2002. “Strategies for More Efficient Performance Through Hospital Merger,” Health Care Management Review 27 (10): 33-49.
- John Blair, and Grant Savage. 1990. "Hospital-Physician Joint Ventures: A Strategic Approach for Both Dimensions of Success," Hospital & Health Services Administration 35 (1): 3-26.
- Tozzio, Mark; Rowe, Gary; Cook, Robert; and Griffith John. 2003. “Strategic Planning for a Turnaround,” Health Progress 84 (3): 35-40.

LECTURE TOPICS

- Strategy and Environment
- Strategic Planning Methods and Approaches
- Developing and Managing Strategy
- Multi-institutional models and relationships

CASE: MedCath Corp (A).
MedCath is a horizontally integrated chain of heart hospitals that partners with local cardiologists and claims that its focus leads to better and cheaper results than those of a general hospital. What are the benefits and costs of their focused approach from the perspectives of the patients, providers, rival hospitals, insurers, and society as a whole? Community hospitals generally oppose their entry into a new area. What options does MedCath have?

CASE: ThedaCare: System Strategy.
Over the 1980s and 1990s, America's changing health care payer environment resulted in mergers of numerous community hospitals into hospital systems. ThedaCare stood out among community hospital systems in its pursuit of service rationalization, clinical quality improvement, and value-based delivery. Driven by determined leadership, ThedaCare began site-based service line rationalization and introduced innovative care delivery models. The case illustrates the challenges faced by a typical health care system beginning to focus on transparently improving the value of care and strategically rationalizing its service lines.

DISCUSSION QUESTIONS (Written Response Required)

1. What are the various ways that an organization can focus? What are the benefits and limitations of focus? What does a focused organization have to do well to succeed?
2. What are some critical successful factors for hospitals in a capitated environment?
3. How does an “integrated delivery system” differ from the traditional structure of health care delivery?

Session 6: Information Systems and Management

READINGS

- Dick, Richard S et al. 1997. The Computer-Based Patient Record: An Essential Technology for Health Care, Revised Edition (Free Executive Summary). National Academies Press. From: http://www.nap.edu/catalog/5306.html
- Brigl, B, et al. 2005. "Preparing strategic information management plans for hospitals: a practical guideline." International Journal of Medical Informatics 74 (1): 51-65.

LECTURE TOPICS

- Data Management and Decision Support
- Electronic Medical Records

CASE: Mount Auburn Hospital: Physician Order Entry.
Mount Auburn Hospital is preparing to introduce a physician order entry (POE) system throughout the hospital, starting with the labor and delivery ward. POE systems replace paper-based and oral medication ordering processes with an information system; the physician uses the system to enter medication orders, which are then transferred to the hospital's pharmacy. As the implementation team leader, you must determine how best to introduce this complex technology to the physicians and other personnel who will use it.

DISCUSSION QUESTIONS (Written Response Required)

1. Your organization is opening a new clinic using the same EMR and information systems as your existing clinics. Clerks, nurses, and physicians will all input information to the EMR and several management systems. What should the IS training program for new associates include? How would you accomplish that training economically?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. One clinical service line wants to invest in wireless laptops to make record keeping easier, faster, and more accurate. They say they know they must submit to IS planning review. They would like advice on how to prepare a successful proposal. What do you tell them?
2. The finance committee of a large hospital has set a limit of $50 million per year on new capital investment. Conversion to the EMR will be expensive—at least $20 million per year for three years. The CIO has asked you to help develop a case for the investment. What are the next steps?

Session 7: Efficient Delivery of Care

READINGS

- Haraden, Carol and Roger Resar. 2004. “Patient Flow in Hospitals: Understanding and Controlling It Better,” Frontiers of Health Services Management 20 (4): 3-15.
- Henderson, Diana, Christy Dempsey and Debra Appleby. 2004. “A Case Study of Successful Patient Flow Methods: St. John's Hospital,” Frontiers of Health Services Management 20 (4) 25-30.
- Fottler, Myron and Ford, Robert. 2002. “Managing Patient Waits in Hospital Emergency Departments,” Health Care Manager 21 (1): 46-61.
- Studer, Quint. 2003. “How Healthcare Wins with Consumers Who Want More,” Frontiers of Health Services Management 19 (4): 3-16.

LECTURE TOPICS

- Capacity Management and Improving Patient Flow
- Patient Satisfaction
- Service Excellence & Service Recovery

CASE: Process Improvement in Stanford Hospital's Operating Room.
In June 2004, members of the Material Flow Committee at Stanford Hospital and Clinics were faced with the challenge of implementing important process improvements in the operating room. Though notable progress had been made in the recent past, complaints from surgeons, nurses, and technicians regarding the availability of surgical instrumentation had reached an all-time high. Finding a solution was urgent, but opinions varied widely regarding the best course of action. Some individuals believed that instrumentation sterilization and processing should be adopted as a core competency (and made central to employee training and compensation). Others felt the hospital should invest in additional instruments and information technology to improve efficiencies. A third faction believed that instrumentation issues resulted, in large part, from low morale and a lack of cross-functional camaraderie and teamwork within the operating room. A decision had to be made to devote Stanford's limited time and resources to the solution that would have the greatest, most immediate impact on its operating room effectiveness.

DISCUSSION QUESTIONS (Written Response Required)

1. What should be some key considerations when developing a hospital “service excellence” program?
2. Many major hotel chains strive for perfect consistency, down to the words used by the registration clerk and the pointed fold of toilet paper in each guestroom. What are some of the specific things they do to achieve consistency?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. In reviewing the sample hospital patient satisfaction report (to be provided in class) what should the hospital focus on? How can they improve their scores?
2. How can a customer-service attitude be “hard-wired” into the organizational culture?

Session 8: Provision of Care

READINGS

- McMahan, Eva M and Kathleen Hoffman. 1994. Physician-nurse relationships in clinical settings. Medical Care Research & Review 51 (1): 83-112.
- Carnett, William G. 2002. Clinical practice guidelines: A tool to improve care. Journal of Nursing Care Quality 16 (3): 60-70.
- White, Kenneth R. et al. 2005. Does Case Management Matter as a Hospital Cost-Control Strategy? Health Care Management Review 30 (1): 32-43.
- Gregory, Douglas; Walter Baigelman and Ira Wilson. 2003. Hospital Economics of the Hospitalist. Health Services Research 38 (3): 905-918.
- Solomon, Mildred Z et al. 1993. Decisions near the end of life: Professional views on life-sustaining treatment. American Journal of Public Health 83 (1): 14-23.
- White, Kenneth R. et al. 2002. Hospital provision of end-of-life services: who, what, and where? Medical Care 40 (1): 17-25.

LECTURE TOPICS

- Patient care systems
- Managing clinical support and nursing services
- Clinical Guidelines, Protocols and Evidenced-based Medicine

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. What is the contribution of a patient management protocol? When is compliance incorrect? How is compliance improved with protocols? How do the answers to these questions differ for functional protocols?
2. Should a service line administrator be a nurse? If all nurses are organized along clinical service lines, what would be the role of the CNO? What are some potential conflicts that might arise between the traditional nursing organization hierarchy and service line management? How would you resolve these?
3. A small hospital in a well-managed healthcare system can consider three ways to obtain service. It can “stand alone,” hiring its own professionals. It can “outsource,” buying service from a local provider that would otherwise be a competitor. It can “affiliate,” arranging for training, procedures, and supervision through its system or one of its larger affiliates. How should it decide what to do? Who should be involved in the decision?

Session 9: Accountability, Licensing & Accreditation

READINGS

- ❑ Regina E. Herzlinger and Seth Bokser. 2006. Note on Accountability in the U.S. Health Care System. Harvard Business School. Product Number: 9-302-007.
- ❑ Review the JCAHO 2008 Survey Activity Guide posted on Blackboard.
- ❑ Review the Staff Education Newsletters posted on Blackboard.
- ❑ Review the CMS Conditions of Participation posted on Blackboard.

LECTURE TOPICS

- JCAHO Accreditation
- California Title 22
- CMS Conditions of Participation
- The Survey Process

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. Is accreditation really voluntary?
2. Given that JCAHO surveys are all unannounced, how can a hospital be "always ready" for the survey?

GROUP PROJECT – Responding to a JCAHO Survey

Review the Survey Report document found in the Session 9 "Group Exercise" folder. This is an actual report from JCAHO, with the organization's identifying information removed. There are two components for this assignment:

1. Develop a 5-10 page (double-spaced) written action plan that provides specific, tactical actions that the organization will implement to address the opportunities identified by the JCAHO. The audience for this document is the hospital's Executive team and Medical Staff Leadership.
2. The group will make a presentation (not to exceed 30 minutes) that explains the survey outcomes and the hospital's plan to address the findings. The audience for this presentation is the hospital's department managers and their staff. Some specific items that you should address include:
    a. System changes required to address the findings (such as policy and procedures, forms, etc)
    b. Engaging staff and physicians in the change
    c. Monitoring Progress and Plan Adjustment
    d. Ensuring Success

Session 10: Organizational Performance

READINGS

- Alexander, Jeffrey A, et al. 2006. "The Role of Organizational Infrastructure in Implementation of Hospitals' Quality Improvement," Hospital Topics 84 (1): 11-20.
- Inamdar, Noorein and Kaplan, Robert. 2002. "Applying the Balanced Scorecard in Healthcare Provider Organizations," Journal of Healthcare Management 47 (3): 179-195.
- Richard Bohmer. 2000. Changing Physician Behavior. Harvard Business School. Product Number: 9-699-124.

LECTURE TOPICS

- Empowerment and Accountability
- Control models and methods
- Forms and types of organizational controls
- Minimizing stress and conflict
- Using information strategically
- Balanced Scorecard

CASE: Intermountain Health Care.
Dr. Brent James' goal is to focus management attention both physician decision-making and care processes, with the aim of boosting physician productivity and improving care quality, while saving money. Evaluate the structure, implementation strategy, and assess whether it can be achieved in other health systems. You should also examine the benefits and costs of standardization against the high variability and need for customized service delivery faced by health care delivery organizations.

DISCUSSION QUESTIONS (Written Response Required)

1. How do you set expectations for measures? What is the role of the "constraints"? What happens to an organization that fails to meet constraints? That exceeds constraints?
2. Why are multiple dimensions of measurement (balanced scorecard) necessary? Are the dimensions discussed the right ones? Is anything left out that should be included? Included that should be left out? Why do the dimensions differ between strategic and programmatic levels, and how do you cross-walk between the two?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. Much inefficiency and quality loss in care occurs at "handoffs," interactions between the doctor and the clinical support services (CSS) or between CSSs, including nursing. Explain in terms a physical therapy manager or other CSS manager would appreciate the responsibility of the CSS unit in dealing with "handoff" problems.
2. As protocols are developed and implemented, doctors treating those patients generally move toward compliance. What would be a good program for those few physicians who remain substantial outliers? How does credentialing relate to this problem? Would you suggest that the medical staff discontinue privileges for physicians in this group?

Session 11: Quality and Patient Safety

READINGS

- Batalden, Paul and Mark Splaine. 2002. "What Will it Take to Lead the Continual Improvement and Innovation of Health Care in the Twenty-first Century?" Quality Management in Health Care 11 (1): 45-54.
- Nelson, Eugene et al. 2004. "Good Measurement for Good Improvement Work," Quality Management in Health Care 13 (1): 1-16.
- Leape, Lucian and John Fromson. 2006. "Problem Doctors: Is There a System-Level Solution?" Annals of Internal Medicine 144 (2): 107-116.
- Richard Bohmer. 2000. Complexity and Error in Medicine. Harvard Business School. Product Number: 9-699-024.
- Amalberti, René et al. 2005. "Five System Barriers to Achieving Ultrasafe Health Care," Annals of Internal Medicine 142 (9) 756-W167.

LECTURE TOPICS

- TQM/CQI Overview
- Physician Profiling
- Patient Safety

Special Note: Be sure to review the "Paul Levy: Taking Charge of Beth Israel Deaconess Medical Center (A, B, C)" case <u>and multi-media product</u> on or before July 27.

CASE: The Dana-Farber Cancer Institute
Evaluate how this medical error lead to the death of a cancer patient in one of the nation's premier cancer treatment centers. What organizational and process characteristics contributed to the medical error? How can organization structure, culture and processes be designed to reduce the occurrence of sentinel events?

DISCUSSION QUESTIONS (Written Response Required)

1. Why should clinical performance be focused on outcomes? Why is it necessary to differentiate the concepts of quality, appropriateness, economy, and efficiency? Why is it important that medical decisions involve probabilities?
2. When do you hold "the system" responsible for medical errors? When do you hold individuals responsible for medical errors?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. Why should clinical performance be focused on outcomes? Why is it necessary to differentiate the concepts of quality, appropriateness, economy, and efficiency? Why is it important that medical decisions involve probabilities?
2. What is the role of individualized patient care plans and case management? How can these functions improve patient safety?

Session 12: Cost Management

READINGS

- Cleverley, William, 1995. "Understanding your hospital's true financial position and changing it," Health Care Management Review 20 (2): 62-73.
- Lewis, Audie G. 2001. Chapter 14, Special Concerns: Drive Out Waste in Streamlining Health Care Operations. San Francisco: John Wiley & Sons, Inc. (ISBN: 0787955035)
- Cleverley, William and Cleverley, James, 2005. "Scorecards and Dashboards: Using Financial Metrics to Improve Performance," Healthcare Financial Management 59 (7): 64-69.
- Richard Bohmer and Melanie Harshbarger. 1999. Note on Physician Compensation and Financial Incentives. Harvard Business School. Product Number: 9-699-151.
- Richard Bohmer. 1999. Note on Managed Care. Harvard Business School. Product Number: 9-698-060.

LECTURE TOPICS

- Activity based costing, Cost accounting, Cost systems
- Budgeting, Financial Planning and Decision Making
- Strategic Cost Management

CASE: Tufts Health Plan.
This case illustrates the challenges of managing financial risk in the Medicare population and the relationship between the health plan and physicians. Evaluate how physicians respond to financial incentives and how managed care arrangements impact the hospital-physician relationship.

DISCUSSION QUESTIONS (Written Response Required)

1. Why are the numbers so complicated? Concepts like "cost per case" or "percent post-operative infections" seem simple enough. Why must we adjust the numbers, use FASB rules, do statistical analyses, and maintain internal and external audits? What would happen if we did not do these things?
2. How would you respond if a service line reports that that is unable to improve its costs next year because the burden of transfer charges and allocated overhead is too great? These managers have improved their internal operations, but the total cost is still substantially below benchmark.

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. What is the difference between fixed and variable costs, and why is that difference important in managing operational units?

Session 13: Plant Operations & Disaster Readiness

READINGS

- Hayward, Cynthia. 2006. Chapter 2, Understanding Your Current Facility in HealthCare Facility Planning: Thinking Strategically, 1e. Chicago: Health Administration Press. (ISBN: 9781567932478)
- Hayward, Cynthia. 2006. Chapter 5, Identifying Facility Needs and Establishing Priorities in HealthCare Facility Planning: Thinking Strategically, 1e. Chicago: Health Administration Press. (ISBN: 9781567932478)
- Berry, Leonard et al. 2004. "The Business Case for Better Buildings," Frontiers of Health Services Management 21 (1): 3-24.
- Zinkovich, Lisa, et al., 2005. "Bioterror Events: Preemptive Strategies for Healthcare Executives," Hospital Topics 83 (3): 9-15.
- Rodríguez, Havidán; Aguirre, Benigno E. 2006. "Hurricane Katrina and the Healthcare Infrastructure: A Focus on Disaster Preparedness, Response, and Resiliency," Frontiers of Health Services Management 23 (1): 13-24.
- Thompson, Nancy and Christopher Van Gorder. 2007. "Healthcare Executives Role in Preparing for the Pandemic Influenza Gap," Journal of Healthcare Management 52 (2): 87-93.

LECTURE TOPICS

- Facilities Planning & Operations
- Managing Construction Projects
- Responding to Disasters

DISCUSSION QUESTIONS (Written Response Required)
First, go to: http://training.fema.gov/IS/crslist.asp to complete the following free on-line FEMA courses and bring your completion certificates to class:

a. IS-100.HC - Introduction to the Incident Command System for Healthcare/Hospitals
b. IS-200.HC - Applying ICS to Healthcare Organizations

1. Why might leadership roles in hospital ICS activation during a real disaster deviate from the established organizational roles?
2. If you were asked to develop an ICS training program for your hospital what would be the key elements? How would the training differ for executives, managers and line staff?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. To accommodate a rapidly growing and aging community, it is necessary to expand capacity for long-term care by constructing a new wing. What are the primary health concerns for this population, and how would your plan and design meet their medical needs and improve their satisfaction?
2. Your community hospital is in a large coastal city and in hurricane territory. What issues should your disaster plan address, and how does the hospital create one?

Session 14: Supply Chain Management

READINGS

- Lee Buddress and Alan Raedels. 2000. “Essential tools of supply chain management.” Hospital Materiel Management Quarterly 22 (1): 36-41.
- Michael Katzorke and William B Lee. 2000. “Creating world-class supply chains.” Hospital Materiel Management Quarterly 22 (1): 1-9.
- Edward Topor. 2000. “Supply chain assessment methodology.” Hospital Materiel Management Quarterly 22 (1): 15-24.
- Jim Graham, Martha S Brewer and Valencia Theresa Byrd. 1999. “Automating the supply chain in the OR.” Association of Operating Room Nurses. AORN Journal 70 (2): 268-276.
- Hugo Rivard-Royer, Sylvain Landry and Martin Beaulieu. 2002. “Hybrid stockless: A case study: Lessons for health-care supply chain integration.” International Journal of Operations & Production Management 22 (4): 412-424.

LECTURE TOPICS

- Supply Chain Management Concepts
- Defining Supply Chain objectives
- Resource Planning

DISCUSSION QUESTIONS (Written Response Required)

1. Explain the contention that, “Whichever firm has the superior supply chain will win in the marketplace.” Do you think this is relevant in healthcare?
2. Who are the supply chain “customers” in a hospital?

IN-CLASS DISCUSSION QUESTIONS (Written Response Not Required)

1. What are some of the major unique challenges in managing the hospital supply chain?
2. How might a hospital create a strategic approach to supply-chain management?

Session 15: Innovation & Transformation

READINGS

- Herzlinger, Regina E. 2006. "Why Innovation in Health Care Is So Hard," Harvard Business Review 84 (5): 58-66.
- Young, Gary J. 2000. Managing Organizational Transformation: Lessons from the Veterans Health Administration. California Management Review.

LECTURE TOPICS

- Environmental dynamics and organizational strategies
- Managing transformational processes
- Future organizations and future managers

CASE: Paul Levy: Taking Charge of Beth Israel Deaconess Medical Center (A, B, C).
*** Be sure to review the multi-media product on or before July 27 ***
How would you describe the situation Levy inherited at BIDMC? What challenges did he face? Why did previous turnaround efforts fail? How did Levy get started in his new job? What were his objectives and accomplishments prior to his first day of work, on his first day of work, and during his first week? (3) What was distinctive about the way Levy went about formulating, announcing, and executing the recovery plan? How did he overcome resistance? How did Levy tackle the problem of the BIDMC's "curious inability to decide?" He speaks of the "CEO as teacher." How does he define that role? Why has he chosen to focus on it? What skills does it require? In what settings is it likely to be useful? Should Levy assume new roles in the months ahead?

IN-CLASS DISCUSSION QUESTION (Written Response Not Required)
The Young article serves as a capstone exercise to highlight lessons learned from the highly successful transformation of the Veterans Health Administration (VHA) from a health care delivery system emphasizing inpatient-oriented tertiary care to a health care delivery system that can meet the growing needs of veterans for outpatient-oriented primary care. Managing an organizational transformation is a risky and difficult endeavor. In the case of the VHA, what are some implications for:

a. Selecting leaders,
b. Developing plans,
c. Managing external changes to complement internal ones,
d. Employee training and education,
e. Communication with frontline employees, and
f. Balance between centralized control and operating unit flexibility.

Student Profile

Name: _____

Mailing Address: _____

Primary E-Mail: _____

Home Phone: _____ Work Phone: _____

Program (MHA, MBA, etc): _____

Expected Graduation from USC: _____

Previous Academic Preparation (School, Degree):

Current Job/Residency (Where and What):

Other Work Experience:

Short-term (1-5 years) Career Goals:

Long-term (5-10 years) Career Goals:

Personal Interests / Hobbies: