University of Southern California
School of Policy, Planning and Development

PPD 604 - Seminar in Hospital Administration

COURSE SYLLABUS
Summer 2012

Instructor: Earl Greenia, PhD, FACHE
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Meeting Time and Location:
Thursday, June 14, 9AM to 5PM, RGL 101
Friday, June 15, 9AM to 5PM, RGL 101
Saturday, June 16, 9AM to 5PM, RGL 101
Sunday, June 17, 9AM to 5PM, RGL 101

Thursday, July 26, 9AM to 5PM, RGL 101
Friday, July 27, 9AM to 5PM, RGL 101
Saturday, July 28, 9AM to 5PM, RGL 101
Sunday, July 29, 9AM to Noon, RGL 101

Course Description

This course provides students with a broad examination of issues and practices critical to successful hospital management. Particular focus is directed towards understanding theory and evidence-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, exercises, style and skill inventories will be used as an integral part of the seminar.

Course Objectives

This course is designed to help students attain the knowledge and skills associated with contemporary hospital management. Emphasis is placed on 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 hospitals.
- Describe the principle responsibilities of hospitals and administrators.
- Examine effects of changes in environmental conditions on hospitals, its core business strategies, practices and level of performance.
- Evaluate strategies used by hospitals and managers 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 or innovative hospitals, programs and managers.

- Evaluate the role, function and appropriateness of hospital strategic planning
- Define characteristics and develop systems to assure quality of clinical services.
- Respond to personal and organizational challenges in the pursuit of excellence.

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. It is recommended that you read the assigned materials in the order listed 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.

Course Outline:

Session 1	June 14 AM	Governance and Governing Boards
Session 2	June 14 PM	The CEO
Session 3	June 15 AM	Medical Staff Organization
Session 4	June 15 PM	Medical Staff Development
Session 5	June 16 AM	Provision of Care I
Session 6	June 16 PM	Provision of Care II
Session 7	June 17 AM	Organizational Performance Management
Session 8	June 17 PM	Patient Safety
Session 9	July 26 AM	Licensing & Accreditation
Session 10	July 26 PM	Human Resources Management
Session 11	July 27 AM	Cost Management
Session 12	July 27 PM	Information Systems
Session 13	July 28 AM	Organizational Strategy I
Session 14	July 28 PM	Organizational Strategy II
Session 15	July 29 AM	Leadership, Innovation & Transformation

Course Evaluation/Grading:

Participation	15%
Group Project (Paper and Presentation)	15%
Case analyses (4 formal write-ups required)	70%

There is no extra credit

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

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 on 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, drawing parallels from previous discussions and sharing "real world" experience.

Group Project – Teams (approximately five students per team) 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. Most will be discussed as part of the seminar activity. See "Learning Through the Case Method" later in this syllabus. Length should be 5-10 pages (excluding title page) and focus on the critical issues and demonstrate an understanding of the relevant concepts. Each student must submit **four** case study reports from the list below. There are four groups – **you must select one case from each group**. The report must be submitted **before** the case is discussed in class. A timetable is provided for your convenience:

Session		Case	Date
Group 1 (All students must select the one case from this group)			
2		Whose Hospital?	
Group 2 (Must select one case from this group)			
3		State of Emergency at Mercy Hospital	
7		Intermountain Health Care	
8		Children's Hospital Boston	
Group 3 (Must select one case from this group)			
5		Patient Flow at Brigham & Women's Hospital	
11		Unhealthy Hospital	
12		Stanford EMR	
Group 4 (Must select one case from this group)			
13		Children's Hospital of Philadelphia: Network Strategy	
13		MedCath Corp	

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 brief lecture explaining and amplifying key points from assigned readings. Lectures 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 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 since 1983. His first "job" was as a volunteer paramedic (EMT) on his hometown rescue squad. Most recently, he served as CEO of Gold Coast Health Plan, a public entity HMO that serves the Medi-Cal population of Ventura. Previously, he served as the CEO for the Hawaii Health Systems Corporation - West Hawaii Region (2 hospitals, a medical group and an ambulatory surgery center) where he led a successful financial turn-around (from annual losses of $7 million to a $4.5 million excess), significant improvement in physician satisfaction and clinical quality (core measure scores increased from 69% to 97%), as well as adding new services (notably, the Kona hospital was the first in the state to begin functioning as a Level-3 trauma center). He has held positions in operations, quality and strategic planning with Tenet Healthcare, Sharp Healthcare, UCLA Medical Center and Childrens Hospital Los Angeles. He earned a BA from the University of Vermont, a Master of Health Administration and a Ph.D. in public administration from the University of Southern California. A Fellow of the American College of Healthcare Executives, 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. The submitted report must be action oriented. A concise, cogent report will provide: 1) Identification of Key Problems with brief background information (2-3 pages); 2) Recommended course of action with justification as to why this course was selected over other alternatives (2-4 pages) and 3) the Implementation plan (2-3 pages). Please double space and include a cover sheet. Please, no plastic covers – a single staple will suffice.

Required Materials

Cases:

Bohmer, Richard, Amy C. Edmondson, Laura R. Feldman. 2002. Intermountain Health Care. Harvard Business School. Product Number: 603066.

Delong, Thomas. 2010. State of Emergency at Mercy Hospital. Harvard Business School. Product Number: 409048.

Garvin, David A. and Michael A. Roberto. 2003. Paul Levy: Taking Charge of the Beth Israel Deaconess Medical Center (A, B and C). Harvard Business School. Product Numbers: 303008, 303080 and 303081.

Herzlinger, Regina. 2002. MedCath Corp. (A). Harvard Business School. Product Number: 303041.

Kovner, Anthony. 1991. "Case of the Unhealthy Hospital". Harvard Business Review.

Kovner, Anthony. 2004. "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.

Mendelson, Haim. 2010. Electronic Medical Records System Implementation at Stanford Hospital and Clinics. Stanford Graduate School of Business. Product number: OIT103.

Porter, Michael. 2011. The Children's Hospital of Philadelphia: Network Strategy. Harvard Business School. Product number: 710463.

Snook, Scott. 2010. Children's Hospital Boston (A). Harvard Business School. Product Number: 411041.

Tucker, Anita and Jillian A. Berry. 2010. Patient Flow at Brigham and Women's Hospital (A) Harvard Business School. Product Number: 608171.

Other:

Paul Levy: Taking Charge of the Beth Israel Deaconess Medical Center (Multimedia Case). 2009. Harvard Business School. Product Number: 303058-MMC-ENG. Note: You must order this directly from HBS – it is not included in the reader. Be sure to review the case (A, B, C) and multi-media product by July 27.

Recommended

Students with little understanding of hospitals should obtain:

Griffin, Donald J. 2012. Hospitals: What They Are and How They Work (fourth edition). Sudbury, MA: Jones and Bartlett Learning, LLC. ISBN: 978-0-7637-9109-4.

Session 1: Introduction and Course Organization
Governance and Governing Boards

READINGS

- John Blum. 2010. The Quagmire of Hospital Governance. Journal of Legal Medicine 31 (1): 35-57.
- Jeffrey Alexander. 2006. Does Governance Matter? Board Configuration and Performance in Not-for-Profit Hospitals. Milbank Quarterly 84 (4): 733-758.
- 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.
- Robert Blomberg, et al. 2004. One More Time: Improve Your Board through Self-Assessment. Hospital Topics 82 (1): 25-29.

RECOMMENDED READING: Griffin, Chapters 1, 2, and 3.

LECTURE TOPICS

- Board roles and responsibilities
- Characteristics of effective governing boards
- Measuring board effectiveness
- Building boardroom culture

SKILL/STYLE INVENTORY

1. Review ACHE's Healthcare Executives Competencies Assessment Tool (2012) 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: The Chief Executive Officer

READINGS

- Papadimos, Thomas J. and Marco, Alan P. 2004. “Machiavelli's Advice to the Hospital Chief Executive Officer.” Hospital Topics 82 (2): 12-17.
- Freshman, Brenda; Rubino, Louis. 2004. “Emotional Intelligence Skills for Maintaining Social Networks in Healthcare Organizations.” Hospital Topics 82 (3): 2-9.
- Shelly Ameduri. 2008. Interview with Earl Greenia.
- Khaliq, Amir A.; Thompson, David M.; Walston, Stephen L. 2006. “Perceptions of Hospital CEOs about the Effects of CEO Turnover.” Hospital Topics 84 (4): 21-27.
- Garman, Andrew and J. Larry Tyler. 2004. CEO Succession Planning in Freestanding U.S. Hospitals: Final Report. American College of Healthcare Executives.

LECTURE TOPICS

- Characteristics of effective executives
- Governance-Management Relationship
- CEO Turnover and Succession Planning

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 the skills an effective CEO needs and Wherry’s mistakes and the reasons behind them. What could Wherry have done differently to preserve his job and yet move the hospital forward? What conflicts might arise between hospital governance (the board) and management (the CEO)? How could they be avoided or resolved? What should Tony DeFalco and the board have done differently?

Session 3: Medical Staff Organization

READINGS

- Lynk, William. 2007. The balance of power in hospital staff privileges disputes. The Antitrust Bulletin 52: 3: 371-391.
- Darr, Kurt. 2001. “Credentialing: The Special Problem of Locum Tenens Physicians.” Hospital Topics 79 (2): 33-36.
- 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.
- Leape, Lucian and John Fromson. 2006. “Problem Doctors: Is There a System-Level Solution?” Annals of Internal Medicine 144 (2): 107-116.
- Yeon, Howard B. et al. 2006. Physician Discipline. Journal of Bone & Joint Surgery 88 (9): 2091-2096.
- 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.

RECOMMENDED READING: Griffin, Chapter 5.

LECTURE TOPICS

- The Organized Medical Staff
- Medical Staff Bylaws and Rules & Regulations
- Privileging, Credentialing and Ongoing Professional Practice Evaluation
- Impaired and Disruptive Physicians

CASE: State of Emergency at Mercy Hospital.
Dr. Scott Gabu, Chairman of the Emergency Department of the world-renowned, university-based Mercy Hospital, was deeply disturbed when he read the letter from the family of John Samson, a patient who had come to the emergency room one week earlier, that described an incident that occurred at the hospital in which Dr. Jason Diliper, the attending Chief Resident in charge of Mr. Samson, irresponsibly threatened Mr. Samson's health by leaving his bedside while Mr. Samson was having difficulty breathing. Diliper had been a rising star at the hospital, but lately a number of reports about his behavior had concerned Gabu. What should Gabu do?

Session 4: Medical Staff Development

READINGS

- Waldman, JD, Howard L. Smith, and Jacqueline N. Hood. 2006. "Healthcare CEOs and Physicians: Reaching Common Ground," Journal of Healthcare Management 51 (3): 171-184.
- McAlearney, Ann Scheck, et al. 2005. "Developing Effective Physician Leaders: Changing Cultures and Transforming Organizations." Hospital Topics 83 (2): 11-18.
- Cohn, Kenneth H. 2009. Field-Tested Strategies for Physician Recruitment and Contracting. Journal of Healthcare Management 54 (3): 151-158.
- Berenson, Robert, Paul Ginsburg and Jessica May. 2007. "Hospital-Physician Relations: Cooperation, Competition or Separation?" Health Affairs 26 (1): w31-43.
- Curtis, Robert S. 2001. Successful Collaboration Between Hospitals and Physicians. Hospital Topics 79 (2): 7-13.
- Holt, Ann. 2006. "Improving OB/GYN Physician Coverage Through a Redesigned Call System." Journal of Healthcare Management 51 (2): 137-140.
- Moy, Mark M. 2008. EMTALA Answer Book. Chapter 6: EMTALA and On-Call Physicians.

LECTURE TOPICS

- Physician Engagement
- Physician Contracting
- ER Call Coverage
- Physician Leadership Development

CLASS DISCUSSION

After graduating from USC, you've landed a job as an Associate Administrator in a 100-bed acute care hospital. The hospital has not had to pay for call. At least not up until now. At the most recent general meeting of the medical staff, the membership voted to change the medical staff bylaws – the proposed change eliminates all requirements for specialists to take call. For the change to become effective, the Board of Directors must also approve the change. Your CEO is concerned that Pandora's box has been opened, and that all on-call specialists will form a line and ask for contracts to be paid for call. He asks you to research the issue and to prepare some key points for consideration and exploration. You scratch your head knowing the cost could be significant if the Board accepts the bylaws change. You run home looking for your course reader from the Hospital Administration elective you took during your MHA program. With the Chief of Staff on the Board, you know she will make a sound argument in support of the change. You start thinking of the argument against the change. You also start thinking about the types of specialists that should be compensated as well as the amount.

Session 5: Provision of Care I

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.
- Vega, Victoria; McGuire, Stephen J. J. 2007. “Speeding Up the Emergency Department: The RADIT Emergency Program at St. Joseph Hospital of Orange.” Hospital Topics 85 (4): 17-24.
- Baugh, Christopher W. 2011. Emergency department observation units: A clinical and financial benefit for hospitals. Health Care Management Review 36(1):28-37.
- Leach, Linda Searle; Myrtle, Robert C. 2009. Assessing the performance of surgical teams. Health Care Management Review. 34(1):29-41.

RECOMMENDED READING: Griffin, Chapters 4, 6-14.

LECTURE TOPICS

- Hospital Structure and Care Delivery
- Capacity Management and Improving Patient Flow

CASE: Patient Flow at Brigham & Women’s Hospital.
Brigham and Women's Hospital challenged a team of physicians to improve patient flow from the Emergency Department to Intensive Care Units (ICUs). One of the team members, Selwyn Rogers, Director of the Surgical Intensive Care Unit (SICU) at Brigham and Women's Hospital, encountered workarounds by two physicians attempting to transfer their patients to the SICU because the other ICUs were full. Reflecting on the wasted effort and confusion caused by the workarounds, Rogers sent an email outlining the situation to the team. His email generated a negative backlash and chain of defensive emails from involved staff who felt criticized.

Session 6: Provision of Care II

READINGS

- Radcliff, Tiffany A.; Côté, Murray J.; Duncan, R. Paul. 2005. "The Identification of High-Cost Patients." Hospital Topics 83 (3): 17-24.
- White, Kenneth R. et al. 2002. Hospital provision of end-of-life services: who, what, and where? Medical Care 40 (1): 17-25.
- Dopson, Sue. 2002. No Magic Targets! Changing Clinical Practice To Become More Evidence Based. Health Care Management Review 27(3):35-47.
- Chou, Ann F. 2011. Implementation of evidence-based practices: Applying a goal commitment framework. Health Care Management Review 36(1):4-17.
- Exline, Joan L.; Topping, Sharon; Baxter, Cathy. 2004. "CEO's Perceptions of Hospitalists: Diffusion of the Strategy." Hospital Topics 82 (1): 8-24.
- Studer, Quint. 2003. "How Healthcare Wins with Consumers Who Want More," Frontiers of Health Services Management 19 (4): 3-16.
- Quinn, Gwendolyn P., et al. 2004. "Real-Time Patient Satisfaction Survey and Improvement Process." Hospital Topics 82 (3): 26-32.

RECOMMENDED READING: Griffin, Chapters 15-19 and 28.

LECTURE TOPICS

- Clinical Guidelines, Protocols and Evidence-based Medicine
- Physician Profiling
- Managing High-Cost Admissions
- Patient Satisfaction
- Service Excellence & Service Recovery

CLASS DISCUSSION

The CEO just assigned you to serve as the executive liaison to the Utilization Review Committee (a medical staff committee). For years, the committee has reviewed physician-specific length of stay data. Two of the physicians consistently keep many of their patients in the hospital longer than the average LOS for several DRGs. When confronted, they claim that their patients are sicker and older and that they are practicing higher-quality medicine than their colleagues. The CEO has asked you to "look into this" and to think about developing a formal approach to reducing length of stay while maintaining quality.

CLASS DISCUSSION

In your first six months as the Associate Administrator, you've achieved super-star status with your boss and many members of the medical staff. Nothing can stop you now! The recently elected President of the Medical Staff (Chief of Staff) has only met you once before and decides to pay you a visit since you're in charge this week while the "old man" is on vacation in Napa. She stops by at lunch time to tell you that many members of the medical staff are unhappy about your recent attempts to implement cookbook medicine (clinical guidelines), economic credentialing (use of physician utilization profiles) and meddling with patient flow. She tells you, "We doctors believe in the separation of church and state, and that management should not practice medicine." You reluctantly call your CEO on his cell phone, even though he asked you to call when anything "hot" comes up. He says, "Welcome to my world," and tells you not to worry about it – but instead to develop some ideas to better engage the Chief of Staff (and other members of the Medical Staff Leadership) in the hospital's PI (Performance Improvement) Program.

Session 7: Organizational Performance Management

READINGS

- Griffith, John R and White, Kenneth. 2005. The Revolution in Hospital Management. Journal of Healthcare Management 50 (3): 170-190.
- Carman, James M. 1995. Keys for successful implementation of total quality management in hospitals. Health Care Management Review. 35(4):283-293.
- Spaulding AC. 2010. Studer unplugged: identifying underlying managerial concepts. Hospital Topics 88(1): 1-9.
- Alexander, Jeffrey A, et al. 2006. "The Role of Organizational Infrastructure in Implementation of Hospitals' Quality Improvement," Hospital Topics 84 (1): 11-20.
- 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.
- Inamdar, Noorein and Kaplan, Robert. 2002. "Applying the Balanced Scorecard in Healthcare Provider Organizations," Journal of Healthcare Management 47 (3): 179-195.

RECOMMENDED READING: Griffin, Chapter 27.

LECTURE TOPICS

- Quality Models
- Organizing for Quality
- Using information strategically
- Balanced Scorecard
- Change Management

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.

Session 8: Patient Safety

READINGS

- Bohmer, Richard. 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.
- Olden, Peter C.; McCaughrin, William C. 2007. “Designing Healthcare Organizations to Reduce Medical Errors and Enhance Patient Safety.” Hospital Topics 85 (4) 4-9.
- Hosford, Steven B. 2008. “Hospital Progress in Reducing Error: The Impact of External Interventions.” Hospital Topics 86 (1): 9-20.
- Helmchen, Lorens A. 2011. Successful remediation of patient safety incidents: A tale of two medication errors. Health Care Management Review 36(2):114-123.
- Singer, Sara. 2009. Identifying organizational cultures that promote patient safety. Health Care Management Review 34(4): 300-311.

LECTURE TOPICS

- Human Error
- Root Cause Analysis
- Proactive Risk Analysis and Reduction
- JCAHO and IHI Patient Safety Goals

CASE: Children's Hospital Boston

Five year old Matty died at Children's Hospital Boston as a result of elective neurosurgery to "cure" his epilepsy. The organizational system, not the surgery, had failed. During post-operative recovery, he experienced a prolonged seizure that resulted in his death. Confused leadership, organizational differentiation, structurally induced silence, and organizational mis-alignment contributed to the death. How could this happen in such a world class medical facility?

Session 9: Accountability, Licensing & Accreditation

READINGS

- ❑ Review the JCAHO Survey Activity Guide posted on Blackboard.
- ❑ Review the Staff Education Newsletters posted on Blackboard.
- ❑ Review the CMS Conditions of Participation posted on Blackboard.

RECOMMENDED READING: Griffin, Chapter 22.

LECTURE TOPICS

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

DISCUSSION QUESTIONS

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

Each team will be assigned a different Survey Report (document can be found in the Session 9 "Group Exercise" folder). These are actual reports 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, their staff and physicians. 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: Human Resources Management

READINGS

- Myron Fottler, Robert Phillips, John Blair and Catherine Duran. 1990. "Achieving Competitive Advantage Through Strategic Human Resource Management," Hospital and Health Services Administration 35 (3): 341-363.
- Khatri, Naresh. 2006. “Strategic Human Resource Management Issues in Hospitals: A Study of a University and a Community Hospital.” Hospital Topics 84 (4): 9-20.
- Chandra, Ashish. 2006. “Employee Evaluation Strategies for Healthcare Organizations--A General Guide.” Hospital Topics 84 (2): 34-38.
- 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; 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.
- Chandra, Ashish; Willis, William K. 2005. “Importing Nurses: Combating the Nursing Shortage in America.” Hospital Topics 83 (2): 33-37.
- Cordova, Richard D., Christy L. Beaudin, and Kelly E. Iwanabe. 2010. “Addressing Diversity and Moving Toward Equity in Hospital Care,” Frontiers of Health Services Management 26 (3): 19-34.

RECOMMENDED READING: Griffin, Chapters 20-21.

LECTURE TOPICS

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

CLASS DISCUSSION

Through hard work, some luck, and solid mentoring from your CEO, you’ve survived your first year as an Associate Administrator! Hoping to be rewarded with a Vice President or Chief Operating Officer title soon, you’re eager to take on more. And your wish is about to come true. Although you were minding your own business, you couldn’t help but notice that the Human Resources Director (HRD) left the CEO’s office crying. He calls you in. A little nervous, you sit down and can tell that your mentor has something on his mind. He tells you that the HRD has been dismissed and until a replacement has been hired – which will take about three months – you’re now responsible for the function. Fortunately, you decided not to sell your HR textbook back to the bookstore when you graduated, and started looking at it again. Just two days pass, when an employee from the business office comes to speak with you privately. He tells you that he was elected by his peers to meet you to let you know that they feel employee evaluations are unfair and poorly executed and used as an excuse for not paying higher salaries. You know that the hospital is committed to employee development and that the strategic plan supports a culture that values its people. You’ve learned that your boss expects you bring alternative solutions to the table when you want to discuss problems with him.

Session 11: Cost Management

READINGS

- Langabeer, J. 2008. “Hospital Turnaround Strategies.” Hospital Topics 86 (2): 3-12.
- Tozzio, Mark; Rowe, Gary; Cook, Robert; and Griffith John. 2003. “Strategic Planning for a Turnaround,” Health Progress 84 (3): 35-40.
- 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.
- Weil, Thomas. 2003. “Hospital downsizing and workforce reduction strategies: some inner workings.” Health Services Management Research 16 (1): 13-23.

RECOMMENDED READING: Griffin, Chapters 25-26.

LECTURE TOPICS

- Strategic Cost Management
- Workforce Reductions
- Financial Turn-Around

CASE: The Unhealthy Hospital

Blake Memorial Hospital was in poor financial health, due to rising costs and stagnating revenues. The hospital's quality of care was also a major problem, and its clinics were losing over $250,000 a year. As the new CEO worked on the 1992 budget, he saw he would have to cut some services in order to fund others. One service he was considering cutting was the clinic program. Experts from public service and health care comment on the issues.

Session 12: Information Systems

READINGS

- Bernstein, Mariel L.; McCreless, Tamuchin; Côté, Murray J. 2005. “Five Constants of Information Technology Adoption in Healthcare.” Hospital Topics 85 (1): 17-25.
- Saleem, Naveed, et al. 2005. “Forming Design Teams to Develop Healthcare Information Systems.” Hospital Topics 84 (1): 22-30,
- Brigl, B, et al. 2005. “Preparing strategic information management plans for hospitals: a practical guideline.” International Journal of Medical Informatics 74 (1): 51-65.
- Cohn, Kenneth, et al. 2009. “Engaging Physicians to Adopt Healthcare Information Technology,” Journal of Healthcare Management 54 (5): 291-300.

RECOMMENDED READING: Griffin, Chapter 17.

LECTURE TOPICS

- Data Management and Decision Support
- Electronic Medical Record

CASE: Electronic Medical Records System Implementation at Stanford Hospital
In 2005, Stanford Hospital and Clinics (SHC) was internationally recognized as a leading medical institution in terms of its clinical capabilities and specialty expertise. However, the organization was lagging many of its competitors in terms of its operations and information technology (IT). While other major health care providers of a similar caliber had begun to transition to integrated electronic medical records (EMR) systems, SHC was using a patchwork of disjointed and outdated software programs to manage inpatient and outpatient care, as well as its back office functions. Dr. Kevin Tabb, who was the chief quality and medical information officer at the time, along with other executives within the organization, recognized the importance of adopting an EMR system. Yet the implementation of such a system would require a sizable investment over multiple years and would necessitate a major organizational disruption. In parallel with building a business case to justify the cost of the new system, Tabb and his colleagues had to think carefully about the implementation strategy that would lead to the successful adoption of the EMR system. This case explains EMR systems, describes SHC's vendor selection process, introduces Epic System Corporation's EMR offering, and explores the key issues that SHC considered in developing its implementation strategy, including the appropriate rollout approach and timing, how to manage system configuration and customization, and how to most effectively staff the project.

Sessions 13-14: Organizational Strategy I and II

READINGS

- Farkas, Charles M. and Suzy Wetlaufer. 1996. Ways Chief Executive Officers Lead. Harvard Business Review May 01, 1996. Product number: 96303.
- Watkins, Michael D. 2009. Picking the Right Transition Strategy. Harvard Business Review, Jan 01, 2009. Product number: R0901C.
- Zuckerman, Alan. 2006. "Advancing the State of the Art in Healthcare Strategic Planning," Frontiers of Health Services Management 23 (2): 3-15.
- Begun, James W.; Hamilton, James A.; Kaissi, Amer A. 2005. "An Exploratory Study of Healthcare Strategic Planning in Two Metropolitan Areas." Journal of Healthcare Management 50 (4): 264-274.
- Nutt, Paul C. 2004. "Expanding the search for alternatives during strategic decision-making." Academy of Management Executive 18 (4): 13-28.
- Goldman, Ellen F.; Dubow, Mark J. 2007. "Developing and Leading Successful Growth Strategies." Healthcare Executive 22 (3): 9-13.
- Budetti, P. 2002. Physician & Health System Integration. Health Affairs 21 (1): 203-210.
- Shortell, Stephen M. 1989. The Keys to Successful Diversification: Lessons from Leading Hospital Systems. Hospital & Health Services Administration 34 (4): 471-492.
- Sinay, Tony. 2002. "Strategies for More Efficient Performance Through Hospital Merger," Health Care Management Review 27 (10): 33-49.
- Blair, J. and Savage, G.. 1990. "Hospital-Physician Joint Ventures: A Strategic Approach for Both Dimensions of Success," Hospital & Health Services Administration 35 (1): 3-26.

RECOMMENDED READING: Griffin, Chapters 23-24.

LECTURE TOPICS

- Strategy and Environment
- Strategic Planning Methods and Approaches
- Developing and Managing Strategy
- Multi-institutional models and relationships
- Diversification, Mergers and Joint Ventures

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: Children's Hospital of Philadelphia: Network Strategy
In 2009 Children's Hospital of Philadelphia (CHOP) had been recognized as the best children's hospital in the country for 6 years in a row; but leadership saw CHOP as more than the large main campus in Western Philadelphia. Beginning in the 1990s, CHOP created a large network of Primary Care Providers, Specialty Care Centers, Ambulatory Surgery Centers, and community hospital affiliations. CHOP leadership wanted to ensure that the quality they had demonstrated at CHOP would translate out to these facilities, and more, that the combination of many parts could actually work together to provide quality care.

*** Be sure to review the Paul Levy multi-media product **by July 27*****

Session 15: Leadership, Innovation & Transformation

READINGS

- Fahey, Daniel F.; Burbridge, Gregory. 2008. "Application of Diffusion of Innovations Models in Hospital Knowledge Management Systems: Lessons to Be Learned in Complex Organizations." Hospital Topics 86 (2): 21-31.
- Tucker, Anita L.; Edmondson, Amy C. 2003. "Why Hospitals Don't Learn from Failures." California Management Review 45 (2): 55-72.

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).

DISCUSSION QUESTIONS

*** Be sure to review the multi-media product **by July 27** ***

1. How would you describe the situation Levy inherited at BIDMC? What challenges did he face? Why did previous turnaround efforts fail?
2. 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? What was distinctive about the way Levy went about formulating, announcing, and executing the recovery plan?
3. How did he overcome resistance? How did Levy tackle the problem of the BIDMC's "curious inability to decide?"
4. 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?