Instructor Resources Sample

This is a sample of the instructor materials for *Dunn and Haimann's Healthcare Management, Eleventh Edition* by Rosemarie T. Dunn, FACHE.

The complete instructor materials include the following:

- Syllabus planner
- Test bank
- Presentation PowerPoint slides for each chapter
- Suggested class activities
- Answers to end-of-chapter review questions and activities

This sample includes the syllabus planner for chapters 8–9 and the PowerPoint slides, suggested class activities, answers to the end-of-chapter review questions and activities, and recommended case study for chapter 8.

If you adopt this text, you will be given access to the complete materials. To obtain access, e-mail your request to hapbooks@ache.org and include the following information in your message:

- Book title
- Your name and institution name
- Title of the course for which the book was adopted and the season the course is taught
- Course level (graduate, undergraduate, or continuing education) and expected enrollment
- The use of the text (primary, supplemental, or recommended reading)
- A contact name and phone number/e-mail address we can use to verify your employment as an instructor

You will receive an e-mail containing access information after we have verified your instructor status. Thank you for your interest in this text and the accompanying instructor resources.

Digital and Alternative Formats

Individual chapters of this book are available for instructors to create customized textbooks or course packs at XanEdu/AcademicPub. For more information about pricing and availability, please visit one of these preferred partners or contact Health Administration Press at hapbooks@ache.org.

Unit 4: Planning I

Unit Learning Objectives

- UO 3: Analyze the management function of planning, including its specificity to managers, strategies, tools, and time use.
  - Describe the planning function and its importance as a primary management tool.
  - Assess the need for and extent of forecasting, which provides the background for managerial planning.
  - Distinguish between strategy and planning.
  - Explain the various planning steps.
  - Relate goals and objectives to organizational planning.
  - Describe how management by objectives can be used to implement plans.
  - Recognize the role of change agent.
  - Describe strategies for resource planning.
  - Explain how planning requires attention to other elements, including timing, resource utilization, financial considerations, and safety.
  - Identify approaches to planning for the proper utilization of materials, machinery, and employees.

Readings

Read: Chapters 8–9, Appendices 8.1, 8.2

Unit Activities

Content Outline: Session 1 Planning I

Unit Objectives:

- Describe the planning function and its importance as a primary management tool.
- Assess the need for and extent of forecasting, which provides the background for managerial planning.
- Distinguish between strategy and planning.
- Explain the various planning steps.
- Relate goals and objectives to organizational planning.
- Describe how management by objectives can be used to implement plans.

15–20 min

Instructor PowerPoint slides:

Chapter 8: Slides 1–23

Note: Sessions 1 and 2 cover Chapter 8, and Session 3 covers Chapter 9.

Topics:

- Planning: the most important and the first managerial function; focus on future survival
    - (1) Form a *strategy*: a plan to solve a problem or achieve a goal.
    - (2) Establish *objectives*: "[c]ritical success factors or key performance indicators." (p. 199)
    - (3) Determine how to achieve objectives.
    - Specialists—*management engineer* uses analytics to improve processes; *project manager* plans and executes a project; *project management professional* (PMP) provides skills and organization
    - Four phases of the project (Harvard Business Review 2014):
        - *Planning*: define problem, identify stakeholders, establish goals, collect resources needed
        - *Buildup*: assemble team, delineate tasks, develop schedule, confirm budget
        - *Implementation*: undertake project
        - *Closeout*: complete project, handoff, document
    - Business intelligence: using "information to improve business decisions" (p. 201)
    - Business analytics: using data to describe a situation, predict the future, and suggest a plan; can use data repository contributory systems
    - Exhibit 8.1: Data Repository Contributory Systems (p. 202)
    - The data repository is tapped by decision support staff and management for many reasons, including to:
        - Populate dashboards
        - Identify priorities
        - Understand frequency of events and review historical experience to use for decision making
        - Evaluate the success of a project
        - Plan future initiatives
    - Strategy: "doing the right things" vs. planning: "doing things right" (p. 203)
- The Nature of Planning
    - Necessary for effective organizing; a continuous process
    - "Planning is the job of every manager." (p. 203)
        - The administrator focuses on the whole organization's future.

        - Managers focus on the development of their department or area.
        - Need to seek advice from others
- Forecasting Trends
    - Managers must make assumptions about the future despite uncertainties and disruption.
    - Essential for the planning process
    - External environment conditions may drive much of an organization's future planning, but in a reactive rather than proactive way (e.g., competitive activities between healthcare organizations serving the same region).
    - Administrators consider "general economic, political, labor, technological, social and competitive climates in which the healthcare institution must operate during the next few years." (p. 205)
    - Executives use data published in government (legislation, census data, reports, etc.) and trade publications or made available by hospital or healthcare organizations, healthcare system research staffs, and other experts in various fields.
    - *Benchmarking:* "Establishing goals by comparing performance to others" (p. 205)
    - Exhibit 8.2: How Likely Is It That the Following Will Happen by 2023? (p. 206)
    - Exhibit 8.3: Health System Benchmarking (p. 206)
    - *Disruptor:* "An organization that changes the traditional way an industry operates, especially in a new and effective way" (p. 207)
    - Exhibit 8.4: Baby Boomer Bulge (p. 207)
    - Managers need to monitor "age and race demographics" and the five determinants: 1) Economic Stability, 2) Education, 3) Social and Community Context, 4) Health and Health Care, 5) Neighborhood and Build Environment (p. 208)
        - These determinants are linked to underlying factors such as food and housing insecurity, lack of education, discrimination, etc.
- Supervisory Forecasts
    - Scientific and technological developments: a supervisor should forecast those factors that affect the future of the department (e.g., trends, growing need for different skill sets, etc.)
    - Employees and skills: what types of employees needed in future? What skills will employees need?
- Benefits of Planning

  - Minimize costs, reduce waste, optimize use of resources
- Strategic Planning Process
  - Managers may be asked to contribute information during strategic planning sessions.
  - *Long-range planning*: plan for "accomplishing a goal or set of goals over… several years" (p. 211)
  - *Strategic planning*: must be responsive to a dynamic, changing environment and stress the importance of making decisions that will ensure the organization's ability to successfully respond to changes
  - Outcomes: (1) an actual strategic plan document—lays out a roadmap for the future, and (2) the "process of engaging key stakeholders in strategic debate" (p. 212)
- Validating the Mission
  - *Mission statement:* a "description of what the organization does, what its purpose is, or why it exists" (p. 213)
    - May change over time with mergers or new services
  - Once an organizational mission is established, departmental missions can be created.
  - *Environmental assessment:* "comprehensive analysis of conditions inside and outside an organization,… from politics to finances" (p. 213)
    - *PESTHR analysis*: "political, economic, social, technological, human resource, and regulatory forces" (p. 213)
    - Too much data can be overwhelming—managers need the right data to make informed planning decisions.
    - *SWOT analysis*: examination of strengths, weaknesses, opportunities, and threats an organization faces
    - To address more dynamic forces in the industry, managers must also look at competitors' strengths and weaknesses.

In-Class Discussion

- The first sentence of this chapter declares, "Planning is the most important managerial function" (p. 199). What makes it "most important"? 15–20 min

- Do you think hardcopy planners (such as weekly or monthly booklets) or technology (like smartphone calendars or specific apps) can be more useful to healthcare managers/ supervisors? Why?

In-Class Activity

Activity: Plan Ahead 15–20 min

Divide students into pairs or trios, and instruct each small group to investigate some of the possible materials or products managers—particularly healthcare managers—can use in the workplace. Students may focus on project management planning instruments, for instance.

Note: This activity requires students to use the institution's library or computer lab either in person or online. For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Content Outline: Session 2 Planning I

Unit Objectives: 15–20 min

Instructor PowerPoint slides:

Chapter 8: Slides 24–39

- Describe the planning function and its importance as a primary management tool.
- Assess the need for and extent of forecasting, which provides the background for managerial planning.
- Distinguish between strategy and planning.
- Explain the various planning steps.
- Relate goals and objectives to organizational planning.
- Describe how management by objectives can be used to implement plans.

Topics:

- Creating the Vision
  - *Vision statement:* description of "where the leadership sees the organization going in a designated period of time; hence, the vision is time bound"; "should be clear and concise, and ideally it should be a single sentence" (p. 215)
  - Exhibit 8.5: Vision Statements (p. 215)
  - Prioritize those actions so the organization continues to succeed and deliver its mission as it progresses toward its vision.

    - Each department manager will be responsible for developing action plans to reach the vision.
    - Next, administrators must "establish broad strategic thrusts to achieve the vision." (p. 216)
    - Exhibit 8.6: Strategic Planning Model (p. 216)
- Determining the Critical Success Factors or Objectives
    - Environmental assessment identifies *critical success factors* (CSFs) or *organization goals.*
    - Operating plans: detailed subgoals of a plan, monitored to measure overall progress
- Other Planning Considerations
    - *Planning horizon:* "length of time for which a manager should plan" (p. 217)
        - Short-term planning (up to one year)
        - Intermediate planning (one to five years)
        - Long-term planning (beyond five years)
    - Exhibit 8.7: Planning Terminology and Definitions (p. 218)
    - A supervisor's focus is on short-term planning, but occasionally they may be asked by their superiors to become involved in longer-term planning.
    - "[L]ong-term plans also may indicate that subordinates with completely new skills and education are needed and that a search for… [them] must start immediately." (p. 220)
- The Integration and Communication of Plans
    - "Integrating, coordinating, and balancing long-term, intermediate, and short-term plans are essential." (p. 220)
    - Plans "should be communicated and fully explained to subordinate managers" so that they and their departments are prepared. (p. 220)
    - Innovation and plan building should come from all staff members; organizations need a culture of creativity and collaboration.
- The Use of Objectives in Planning
    - *Goals* or strategic thrusts "support the vision and define results." (p. 221)
    - *Objectives* or critical success factors "set targets and describe how the goals will be achieved." (p. 221)
    - Effective management is management by objectives.
- Primary Objectives

    - Goals and objectives related to business practices (e.g., for healthcare centers: providing primary, secondary, or tertiary care)
    - Less tangible goals—*values statement*: "statement that defines what an organization holds important" (p. 222)
    - Exhibit 8.8: Values Statements (p. 222)
    - Difficulty lies in ranking, balancing the different goals
- Secondary or Departmental Objectives
    - Goals specific to departments
    - Narrower in scope than primary goals
    - Specific to the department, but contribute "to the achievement of overall institutional goals" (p. 223)
- Developing Objectives
    - "Objectives must be flexible and adaptable to changes in the internal and external environments." (p. 224)
    - "Objectives should be measurable targets that lead to the achievement of a given goal." (p. 224)
    - Should be SMART (specific, measurable, attainable, result oriented, time limited)
- Monitoring the Effectiveness of the Strategic Plan
    - Performance management (PM): "process of monitoring implementation and effectiveness of plan"; "collects data to monitor whether the CSFs of the plan were achieved as intended" (p. 224)
    - Critical success factors (CSF): subgoals of a plan
- Management by Objectives (MBO)
    - A management system in which managers and subordinates set goals and use progress towards those goals as measures of success
    - Used to achieve specific results from setting these departmental objectives
    - Integrative management concept containing elements of planning function together with participative management, collaboration, motivation, and controlling
    - Top administration must communicate the reason that MBO has been adopted.
    - The program must start at the top of the organization and must project expected results.
    - A manager at any level and his or her immediate subordinate jointly develop departmental goals and jointly review the results.
    - Exhibit 8.9: Management Objectives (p. 227)

- Alternative to MBO: Objectives and Key Results (OKR), which focuses on employees working on what matters most

In-Class Discussion

- Should all healthcare facilities have vision statements? Why or why not? 15–20 min
- What should a healthcare center's vision statement include? Why?
- As a manager, how will you approach short-term and long-term planning?

In-Class Activity

Activity: Stay Objective I 15–20 min

Divide students into small groups, assigning each group a different type of healthcare facility (group practice, large hospital, etc.). Acting as supervisors from different departments of their assigned facility, the groups should discuss their facility's possible goals and then write objectives related to those goals. Give students example goals of your own or use the following example goals: (1) reduce emergency room wait times by 25 percent; (2) implement a new service line, such as a cardiac catheterization lab, and reach/maintain national benchmarks; and (3) obtain magnet designation.

- Each group should write one primary objective for the facility using SMART: the "acronym SMART indicates the steps to writing strong objectives—specific, measurable, attainable, result oriented, time limited (Allen 2000; Harvard Business Review 2014)" (Dunn, p. 224).
- Then, still using SMART, each group member should write at least one departmental objective as a secondary objective for the group's primary objective.
- Finally, the groups should examine all of their objectives against SMART.
- Collect the groups' objectives and save them to use in an in-class activity in Unit 10, Session 2. The groups should record their healthcare facility type and goals along with the objectives.

Note: For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Content Outline: Session 3 Planning I

Unit Objectives:

15–20 min

- Recognize the role of change agent.
- Describe strategies for resource planning.
- Explain how planning requires attention to other elements, including timing, resource utilization, financial considerations, and safety.
- Identify approaches to planning for the proper utilization of materials, machinery, and employees.

Instructor PowerPoint slides:

Chapter 9: Slides 1–23

Topics:

- Change agent: "A person who introduces and makes changes to an organization by encouraging those affected by the change to modify their behavior or opinions in support of the change" (p. 237)
- The Supervisor as a Change Agent
  - (1) Convince employees.
  - (2) Gain their willingness.
  - (3) Prepare them.
  - (4) Mobilize them.
  - Must have strong communication skills; workers must understand the "why" behind a change
  - *Tactical approaches*: short-term actions leading toward goals
- Planning Strategies
  - Prompt vs. wait-and-see
  - *Concentrated mass offensive*: "strategy of pulling together all resources and taking sudden, radical action to quickly solve a problem" (p. 238)
  - *Team involvement*: "strategy involving employees using various techniques to solve what-if questions" (p. 239)
  - *Reciprocity*: "tactic that involves giving a colleague something in return for something" (p. 239); also called "you scratch my back and I'll scratch yours"
- Utilization of Resources
  - The 3 Ms:
    - Materials
    - Machinery
    - Manpower
  - Equipment requires proper maintenance, efficient use, and replacing old outdated systems.
  - The "supervisor must ensure that the department is properly maintained." (p. 240)
- Safe Environment

    - Decrease liability and eliminate safety hazards.
    - Protect patients and employees from violence, shooting incidents, and workplace injuries.
    - Every manager's responsibility
- Utilization of Space
    - Existing space used effectively: create layout of department; show work paths; determine if additional space is needed; prioritize flexibility (e.g., flex space, collaboration, etc.)
- Utilization of Materials and Supplies
    - Appropriate use
    - Security
    - Conservation
    - *Pocket loss*: "accidental loss of supplies that leave the hospital in the pockets of employees' work clothing" (p. 245)
- Utilization of the Workforce
    - Developing methods for recruiting good employees
    - Enhancing employee satisfaction
    - Working for retention
    - "[O]ngoing search for the best ways to group employee activities and to train, supervise, and motivate" (p. 246)
    - Acknowledging good performance

In-Class Discussion

- What worries (if any) or questions do you have about being a change agent (as manager/supervisor)? 15–20 min
- What makes a healthcare facility's space poorly planned? Why?
- What can make it well-planned, and why?

In-Class Activity

Note: The incidents listed in this activity are violent and may trigger emotional distress for some students. Approach this activity with care and ensure that each student feels comfortable with the activity before continuing. If, for any reason, this activity is not appropriate, use the alternative activity listed below. 15–20 min

Activity: Anticipating Against Workplace Violence

Break the class into small groups. Assign each group one of the incidents of "workplace violence" listed on p. 242:

- "A patient's son shot a physician at Johns Hopkins Hospital in Baltimore (Meyer 2011)."
- "In Indianapolis, a patient being transported threw a heavy box of medical supplies and then lunged from an ambulance bed and struck the paramedic with her fist (Martin 2017)."
- "An Illinois hospital nurse was raped at gunpoint and beaten for hours after being taken hostage by a jail inmate who had been brought to the hospital for treatment. The inmate reportedly was left unshackled to the bed after a visit to the restroom and took a gun from the corrections officer who had been assigned to guard him; the nurse survived, but the inmate was fatally shot by a SWAT team officer (NBC5 Chicago 2017)."
- "In Missouri, a gunman held his ex-girlfriend hostage, called her three sons to tell them what he was about to do, and then shot and killed her at the urgent care center where she was a lab technician (*Campus Safety* 2008)."
- "A former Alaska hospital worker shot two of his former supervisors, killing one, a day after being fired (D'Oro 2008)."

Have the group members discuss the incident. During this discussion, each member should ask how, as a supervisor, they "could have planned for security or protective measures to protect the individuals involved" (p. 242).

Then, return students to a single large group and ask them to discuss their ideas about the assigned incidents.

Note: For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Note: To extend this activity, conduct it in the library or computer lab. Have group members begin by researching the incident as cited in *Dunn and Haimann's Healthcare Management*.

Alternative Activity: Change Agents

Divide students into two groups. Both groups should come up with a scenario where a department at a hospital will be experiencing a large departmental change. They should include details about the department size, resources, workforce, and space. Instruct them to write down the scenario (on a piece of paper or online document) and give it to the other group.

With their new scenario, each group should imagine how they would approach managing the change as a supervisor. What planning strategies and tactical approaches should they use?

How should they utilize resources, space, and materials? The groups should design a detailed plan of action, then present it to the class.

Note: For online courses, have students complete this activity using the available technology of your choice (e.g., through a discussion board or in a video or text chat).

Outside of Class Work (Homework)

Individual Work: Planning I Writing Assignment

In Microsoft Word, complete the following Chapters 8 and 9 questions. For each question, write a thorough and well-reasoned response. Support your response by citing the textbook or Internet research.

1. Which managers are responsible for planning?
2. What does a business intelligence analyst do?
3. What kinds of forecasts do supervisors need to make?
4. How can supervisors use management by objectives to implement plans?
5. How can a supervisor function as a change agent?
6. What safety issues are of greatest concern in today's healthcare environment? Where does the responsibility for safety lie?
7. In what ways must a supervisor plan to accomplish the most effective utilization of space in the department?
    - UO 3: Analyze the management function of planning, including its specificity to managers, strategies, tools, and time use.

Discussion Board Questions:

- Imagine you are a high-level manager at the facility indicated in both Appendix 8.1 and Appendix 8.2: "[A]ppendix 8.1 shows the input obtained from the managers of a healthcare facility prior to the board's strategic planning session. Appendix 8.2 displays the board of director's SWOT findings from its planning session" (Dunn, pp. 214–215). Using information from each appendix—both the ideas from the other managers and the board of directors' SWOT—propose and explain primary objectives or goals for three areas of the facility. How will your objectives/goals make use of the other managers' ideas? How will your objectives/goals respond to the board's notes on the facility's strengths, weaknesses, opportunities, and threats?
    - UO 3: Analyze the management function of planning, including its specificity to managers, strategies, tools, and time use.

- Chapter 9 discusses how "space planning should be done keeping flexibility in mind to allow employees to work in ways that make them most productive and satisfied as well as to allow for changes in technology, volume, or use of the space" (p. 244). Describe how you would plan the space or portion of a facility of which you are the manager/supervisor. What are the pros and cons of "free desking" and other flex space options in various types of healthcare facilities?
    - UO 3: Analyze the management function of planning, including its specificity to managers, strategies, tools, and time use.

Dunn and Haimann's Healthcare Management

CHAPTER 8

MANAGERIAL PLANNING

Managerial Planning

Right Data, Formulate Strategy, and Establish Objectives

- Strategy – method or plan chosen to bring about a desired future, such as achievement of a goal or solution to a problem
- Objectives – critical success factors or key performance indicators
- SMART goals
- Use
  - Management engineer – an individual who uses data and analytics to improve processes
  - Project manager – an individual who has overall responsibility for the planning and execution of a project
  - Business intelligence analyst – an individual who collects data through various approaches, including data mining

The Nature of Planning

Department

- Manager needs to plan for the department
- Continuous process
  - Anticipate future problems
  - Analyze issues
  - Determine probable impact
  - Choose best course of action

Planning – Job of Every Manager

- From CEO to supervisor – all must plan
- Planning at all levels
  - Administration – more strategic
  - Lower levels – narrower and more detailed
- Consult
  - Project managers
  - Business intelligence

Forecasting Trends

Forecasts

- Disruptions – an action preventing expected results
- Predictions
  - Based on assumptions
  - Scan external and internal environments
    - Statistical analysis
    - Research

Comparability

- Benchmarking – establishing goals by comparing performance to others
- Look at changes over time
  - Baby boomer bulge
  - Growing diversity

Healthy People 2020

- Determinants:
  - Economic Stability
  - Education
  - Social and Community Context
  - Health and Health Care
  - Neighborhood and Built Environment
- Factors:
  - Unemployment or underemployment, poverty, housing instability, food insecurity
  - Lack of access to educational opportunities (e.g., early childhood education, higher education
  - Discrimination, incarceration, little to no civic participation, lack of social cohesion
  - Inadequate access to healthcare services, low health literacy
  - Crime and violence in neighborhood, poor-quality housing, lack of access to foods that promote healthy eating patterns

Supervisory Forecasts

Scientific and Technological Developments

- Supervisors have narrower focus
  - Higher management – overall demand for services
  - Supervisor – skills required in the future
- Future predictions based on past events
- Stay attuned (professional journals, conferences, webinars, etc.)

Employees and Skills

- Forecast types of employees/skills needed
- How to handle shortages
  - New types of work schedules
  - Cultivate staff and engage workforce demands
- Develop education programs
- Monitor performance

Benefits of Planning

Benefits of Planning

- Establish objectives
  - Deciding on strategies, tactics, and activities to achieve them; and
  - Formally documenting expectations
- Effective use of resources

The Strategic Planning Process

Supervisors and Managers

- Strategic planning can occur at any level
- Supervisor can apply strategic planning steps to team's work
- Managers contribute information to strategic planning sessions

Long-Range Planning

- Component of strategic planning
- Over several years
- Use current knowledge about the future
- Assumes organization and environment are constantly changing

Document and Process

- Document – lays out road map
- Process – engages key stakeholders
- Fundamental questions
  - What are the most important challenges we'll face in the foreseeable future? (Strategic issues)
  - What do we aspire to be? (Vision)
  - What are the most important things we need to do to become what we aspire to be? (Strategies)
  - How do we intend to accomplish our strategies? (Tactics and action plans)
  - How will we know how we're doing? (Measurement)

Validating the Mission

- Mission statement – a concise description of what the organization does, what its purpose is, or why it exists
- May change over time
- Departmental mission should support the organization's mission

Environmental Assessment

- A comprehensive analysis of conditions inside and outside an organization, ranging from politics to finances
- Needed in order to plan effectively

- Includes:
  - Customers
  - Competitors
  - Societal changes
  - Industry indicators
  - Regulatory and accreditation changes
  - Credit market conditions
  - Organizational performance

PESTHR Analysis

- PESTHR – political, economic, social, technological, human resource, and regulatory forces
- Part of environmental analysis

SWOT Analysis

- SWOT analysis – the strengths, weaknesses, opportunities, and threats an organization faces
- Evaluates the internal organization based on its
  - strengths compared with regional competitors and community needs and demands;
  - weaknesses compared with competitors, and patient and staff satisfaction surveys, or based on staff's perceptions of the organization's internal functions;
  - opportunities for advancing ahead of competitors, serving a patient population not served or underserved currently; and
  - threats from external or internal competitors or agents that could stymie the organization's success.

Creating the Vision

- Vision statement – concise description of an organization's strategy for the future
- The strategic plan prioritizes the steps to achieve the vision.
- The planning group not only sets the vision but also identifies various routes for management to take.

Determining the Critical Success Factors and Objectives

- Critical success factors (CSFs) – subgoals of a plan, monitored during performance management
- After identifying the CSFs, senior management can identify the objectives.
- Supervisors
  - Define objectives for the department
  - Impact on daily work
  - Interdepartmental relationships impacted
  - Along with others, create operating plans

Other Planning Considerations

- Planning horizon – the length of time for which a manager should plan
  - Short-term – up to 1 year (most supervisory planning is short-term)
  - Intermediate – 1–5 years
  - Long-term – over 5 years
- Actions plans – created to achieve measurable targets

Supervisor's Role in Long-Term Planning

- Start by asking questions
- Analyze impact on subordinates (new skills, education, etc.)
- Even though technology is available now, plans may be considered long-term because of
  - Time, or
  - High costs (capital expenditure).

The Integration and Communication of Plans

- Short-term planning, intermediate planning, and long-term planning should be similar processes and support the same goals.
- Knowledge gap – top-level and front-line managers
  - Some information is confidential.
  - Supervisors should be given information when possible.
- Supervisors and staff must understand objectives and goals.

The Use of Objectives in Planning

Goals and Objectives

- Goals support the vision and define results.
- Objectives set targets and describe how the goals will be achieved.

Primary Objectives

- Healthcare objectives
  - Primary objective – providing care, etc.
  - Other objectives – may tie to organization's values
- Values statement – defines what an organization holds important
- Ranking and balancing primary objectives

Secondary or Departmental Objectives

- Departmental objectives – *secondary*, *operative*, *supportive*, or *derivative*
- Narrower in scope
- Contribute to organizational goal

Developing Objectives

- Need to be flexible and adapt with the plan
- SMART
  - specific,
  - measurable,
  - attainable,
  - result oriented, and
  - time limited

Monitoring the Effectiveness of the Strategic Plan

Performance Management (PM)

- Performance management – process of monitoring the implementation and effectiveness of a plan
- Monitor the critical success factors (CSFs)
- Make any necessary revisions to achieve the goals

Management by Objectives (MBO)

- Introduced by Peter Drucker (1954)
- Integrative management concept, containing elements of the planning function together with participative management, collaboration, motivation, and controlling
- Everyone needs to be educated on MBO
- Dashboards – monitor progress

Setting Objectives

- Manager and subordinate should agree on and establish goals
  - Subordinate defines objectives
  - Quantitative indicators measure the work
- Goals should be
  - Specific
  - Concise
  - Time frame

Summary

Planning

- What is to be done in the future
- Function of every manager
- Supervisor level – shorter time period
- Use forecasts
- Organization sets strategy
- Creates objectives
- Prioritizes the objectives

Dunn and Haimann's Healthcare Management, **Eleventh Edition**

Additional Activities for Select Chapters

CHAPTER 8

1. Ask the class to develop a SMART goal for academic success.
   (Managerial Planning, intro)
   SMART goals should be *specific*, *measurable*, *action oriented*, *realistic*, and *time limited* (or *specific*, *measurable*, *attainable*, *result oriented*, and *time limited*).

   Answers will vary.

   - Goal: Do well in the class.
   - Specific: Master the subject matter.
   - Measurable: Score 90 percent or better on tests and get an A in the class.
   - Action oriented: I will attain this by studying nine hours a week.
   - Realistic: I want to accomplish this goal to advance my career.
   - Time limited: I will do this by the end of the course.

   Thus: I will do well in the class by mastering the subject matter and achieving a 90 percent or better on tests. I will achieve the goal by studying nine hours a week. I want to accomplish this goal to further my career, and it will be complete by the end of the semester.

2. Refer to the discussion earlier in the chapter about the expansion of the outpatient surgical center. What are some of the short-term measurable targets or objectives for the team? Delineate the specific tasks or actions for achieving the targets. Do the tasks or objectives change if the goal stated by administration is "to increase volume of outpatient surgical procedures by 25 percent"? How so? What needs to be considered by the team? Create an action plan.

   Consider some of these items for inclusion in the action plan:
   1. Determine the demand for surgical center services within the organization's service area by C date.
      a. Create and distribute RFP for vendors to conduct a demand analysis by A date.
      b. Complete contract with vendor to conduct the analysis by B date.
      c. Vendor completes and reveals results to organization by C date.
   2. Based on demand analysis, ensure the surgical specialties required to conduct surgeries are at the center by F date.
      a. Identify surgical specialties required to conduct surgeries by D date.
      b. Assess whether all specialties are available on the medical staff by E date.
      c. Recruit providers in the specialties by opening day of the center.
   3. Create and distribute RFP for architectural firm to design surgical center by ___ date.
      a. Etc.

4. Create and distribute RFP for construction contractor to build surgical center by ___ date.
    a. Etc.
5. Furnish and equip the facility by ___ date.
    a. Etc.
6. Secure inspections and licenses by ___ date.
    a. Etc.
7. Recruit and onboard additional needed staff for the center by ___ date.
    a. Etc.

Increase the volume by 25 percent:

Consider which outpatient surgery deficits exist in the community served. Focus on the deficit areas. Evaluate the potential revenues versus costs and income stream. Assess whether surgeries performed in the hospital may be transferred to the surgery center. Determine if volume increase is realistic and discuss findings with leadership.

3. Separate the students into groups. Have them create an organization mission statement for a critical access hospital in the Midwest. (The statement should be one sentence and address the organization's commitment to care and define the community it serves.)

    (Validating the Mission)
    A mission statement is a concise description of what the organization does, what its purpose is, or why it exists.

    Answers will vary. Example: "ABC hospital is committed to serving the residents of ABC by providing high-quality affordable care."

Dunn and Haimann's Healthcare Management, **Eleventh Edition**

CHAPTER 8

Answers to End-of-Chapter Review Questions

1. Which managers are responsible for planning?
    a. All managers, regardless of title and position within the organization, are responsible for planning. The only differences are the time horizon of and the individuals impacted by the plan.
2. What does a business intelligence analyst do?
    a. Indeed, the recruiting site, states that a business intelligence analyst's main role is to analyze data with the purpose of identifying areas where an organization can improve. They also gather and analyze data with the purpose of providing solutions to potential organizational obstacles. (https://www.indeed.com/career-advice/careers/what-does-a-business-intelligence-analyst-do#:~:text=What%20does%20a%20business%20intelligence,solutions%20to%20potential%20organizational%20obstacles)
    b. Within the chapter, a similar description is offered stating that the business intelligence analyst is an individual who collects data through various approaches, including data mining an organization's electronic systems; monitors and compares the organization's data with that of competitors and industry trends; and displays the data in a meaningful presentation for leadership to understand.
3. What kinds of forecasts do supervisors need to make?
    a. Forecasts for supervisors or managers should correlate with the scope of their plans. This means that a first-line supervisor is typically planning for the resources he/she needs for a short horizon, such as the next two weeks or month, to accomplish the work on the schedule. The forecast responsibilities of the first-line supervisor may include adjusting labor for planned staff vacations or ordering certain supplies to complete a project. For a manager or director, the planning horizon may be longer, for example, a year or 18 months. Forecasting vacations, holidays, and unexpected absences is more difficult. Forecasting supplies needed for projects planned on the horizon may allow the manager to consider alternative sources of the supplies. Finally, forecasting the impact of regulatory change during the next 18 months will allow the manager to alter labor, expense, and capital needs. The administrator's planning horizon is three to five years; therefore, he/she must forecast the labor, expense, and capital needs for the organization as well as regulatory, industry, population, and healthcare need changes that may occur in the community/region.
4. How can supervisors use management by objectives to implement plans?
    a. All managers, regardless of title, have certain goals to achieve in order to support the organization's overall goals and vision.
    b. Objectives set targets and describe how the goals will be achieved. In essence, management by objectives provides the road map for the supervisor to follow to achieve the goals assigned to him/her.

c. Preparing detailed action steps to support the objectives will require the supervisor to consider what needs to occur (step-by-step) to provide a more detailed map to follow as the plan is implemented.

Answers to End-of-Chapter Class Activity

Refer to the discussion earlier in the chapter about the expansion of the outpatient surgical center. What are some of the short-term measurable targets or objectives for the team? Delineate the specific tasks or actions for achieving the targets. Do the tasks or objectives change if the goal stated by administration is "to increase volume of outpatient surgical procedures by 25percent"? How so? What needs to be considered by the team? Create an action plan.

Consider some of these items for inclusion in the action plan:

1. Determine the demand for surgical center services within the organization's service area by C date.
    a. Create and distribute RFP for vendors to conduct a demand analysis by A date.
    b. Complete contract with vendor to conduct the analysis by B date.
    c. Vendor completes and reveals results to organization by C date.
2. Based on demand analysis, ensure the surgical specialties required to conduct surgeries are at the center by F date.
    a. Identify surgical specialties required to conduct surgeries by D date.
    b. Assess whether all specialties are available on the medical staff by E date.
    c. Recruit providers in the specialties by opening day of center.
3. Create and distribute RFP for architectural firm to design surgical center by ___ date.
    a. Etc.
4. Create and distribute RFP for construction contractor to build surgical center by ___ date.
    a. Etc.
5. Furnish and equip the facility by ___ date.
    a. Etc.
6. Secure inspections and licenses by ___ date.
    a. Etc.
7. Recruit and onboard additional needed staff for the center by ___ date.
    a. Etc.

Increase the volume by 25 percent:
Consider which outpatient surgery deficits exist in the community served. Focus on the deficit areas. Evaluate the potential revenues versus costs and income stream. Assess whether surgeries performed in the hospital may be transferred to the surgery center. Determine if volume increase is realistic and discuss findings with leadership.

Case Questions

1. Who should be responsible for coordinating Molly's treatments?
2. If the patient navigation program had been operating properly, what might have been different in Molly's experience?
3. If SMH had used an electronic health record, what might have been different?
4. In what ways should the organization be responsible for coordinating cancer care?
5. As a manager of the Breast Clinic at SMH, what processes would you propose to improve coordination of breast cancer care?

CASE 32

Getting from Good to Great: Nursing and Patient Care

Wilhelmina Manzano and Anthony R. Kovner

Part 1, 2007: Nursing at University Health System

The Question

"How do we get from 'good' to 'great'?" Andrea Rogers, chief nursing officer (CNO) of University Health System (UHS), asked Clark Kaplan, a nursing management consultant, in spring 2007.

UHS is a health system located in a large eastern city, and at the time of this conversation, it consisted of five hospitals with a budget of $4 billion. It was highly ranked nationally by *U.S. News & World Report*. "Of course, we think we're great now," Rogers continued, "but we wish to be—and be perceived as—the nation's leader in nursing."

"Whatever that means," Kaplan replied. "Do you provide the best nursing care and the best patient care, or does the nursing division feature the most focused accountability with transparency of results?"

"We've kept the focus on nursing and had to deal with competing priorities. It's easy to lose sight of the main thing and 'putting patients first' when you have to plan one, three, or five years out," Rogers noted.

Strategic Planning at UHS

Kaplan had been hired to work with Rogers on strategic planning within nursing. His first task had been to try to evaluate the effectiveness of the existing process. He chose the following criteria for his evaluation: (1) patient and staff satisfaction, (2) nursing vacancy and turnover rates, (3) investment in and support for nursing by top management at UHS, and (4) focused accountability of the 100 patient care managers for patient care outcomes and nursing satisfaction. All of these metrics had to be taken into account across the five hospitals that made up UHS.

Rogers began by pointing to accomplishments in strategic planning during her three years as CNO. Nursing had established a hospitalwide nursing board similar to the UHS medical board that set standards of practice, governance, structure, and communication. She had also formed the Center for Nursing Excellence, which encompassed education, research, practice, professional development, credentialing, and nursing informatics. Leadership development had become a priority, and incentive performance targets had been recently implemented for staff nurses. The brand and reputation of nursing were very strong, both within and outside UHS. The president and executive vice president of UHS supported the role of nurses in taking care of patients and recognized the importance of nurses to the continued success of the organization.

Gerry Winograd, director of the Center for Nursing Excellence, explained the strategic planning process as follows: "We started in the summer of 2005, when we were evaluating whether to pursue Magnet status. The main areas we fell short in were staffing, recruitment and retention, cultural diversity, care models, and shared governance. UHS then had six initiatives for 2007, and nursing aligned itself with all of these initiatives: people development, quality and safety, serving the community, partnerships, financial and operating strengths, and advancing care." (See exhibit 32.1 for a summary of the Magnet Recognition Program.)

Top nursing leadership at UHS—a group of about 15 people, including nursing vice presidents (VPs) and the Center for Nursing Excellence staff—began meeting quarterly. With respect to shared governance, UHS developed a means by which staff nurses can participate actively in the decision-making process for patient care. Termed "patient-centered care," the model called for dialogue to be directed at the unit level concerning what staff nurses need to support their professional practice.

Perspectives About the Strategic Planning Process

Winograd, the facilitator of the strategic planning process, coordinated stakeholders and resources. She had been in the position for seven years. Two program directors assisted her—one focusing on education and practice and

EXHIBIT 32.1
A Summary of Program Review for the Magnet Recognition Program

The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that demonstrate nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies.

Focusing on high-quality patient care, nursing excellence, and innovations in professional nursing practice, the Magnet Recognition Program provides consumers with the ultimate benchmark for measuring the quality of care that they can expect to receive. When *U.S. News & World Report* assembles its annual showcase of "America's Best Hospitals," an ANCC Magnet designation is considered a key competence indicator for quality of inpatient care.

The Magnet Recognition Program is based on quality indicators and standards of nursing practice as defined in the revised third edition of the American Nurses Association *Nursing Administration: Scope & Standards of Practice* (2009). The *Scope & Standards* and other foundational documents form the base on which the Magnet environment is built. The Magnet designation process includes the appraisal of qualitative factors in nursing. These factors—the "Forces of Magnetism"—were first identified through research done in 1983. The full expression of the "Forces" is embodied in a professional environment guided by a strong visionary nursing leader who advocates and supports development and excellence in nursing practice. As a natural outcome of this effort, the Magnet program elevates the reputation and standards of the nursing profession.

The Magnet application and appraisal process is designed to bring recognition to a healthcare organization's attainment of standards of excellence in nursing. The process is long and thorough, and it demands widespread participation from the applicant organization's nurses. However, it also serves as a valuable educational experience for an organization seeking focus and direction for growth and development. Healthcare organizations find the journey to be a revealing self-assessment, creating multiple opportunities for organizational advancement, team building, and enhancement of individual professional self-esteem.

Source: American Nurses Credentialing Center (2008, 2017).

the other dealing with practice and with obtaining Magnet status. The nursing department leaders had mixed feelings about the costs and benefits of obtaining the Magnet designation. Some argued that Magnet status was not a reliable and valid measure of quality of patient care, whereas others believed that Magnet status was worth obtaining, even at high cost, because of perceptions in the field and for competitive reasons. According to Winograd, the most important priority for nursing in 2007 was recruitment and retention, which she said was highly dependent on nurse manager performance. Also, the division placed a high priority on increasing the time the nurse spends at the bedside, as this time leads to increased professional satisfaction and better patient care.

Ella White, VP for patient services at the North Division, suggested that the value added from centralized strategic planning for the nursing division was that "we get and give advice on best practices, collaborate, and support each other." She added, "In my job, I don't get much strategic or reflective time. Everything is a crisis, and we are always at meetings." White added that, rather than beefing up the centralized quality assurance office, the organization should place a higher priority on creating decentralized quality and safety data analyst positions. Quality and safety at UHS were centralized at the system level and across disciplines under the supervision of a physician. White needed a person dedicated to quality at North Division who worked with nurse managers at the unit level, to do the "think" work and the "look" work. The other person she needed was a safety person (for analysis of hygiene and identification and administration of medications). White argued that her administrative support was too light as a result of UHS's prioritizing heavy investments at the bedside, adding capital equipment (e.g., ultrasounds on units for insertion of lines in intensive care units, cooling blankets) and technology. Volume had increased, acuity had heightened, and patient turnover had become quicker. The state regulators, White said, want to "suck the profits out of healthcare." She concluded that strategic planning was a good, solid process in nursing at UHS but could be improved. As she noted, "We weigh, rank, and come back to the 'main thing,' but there are too many things on our list, too many priorities."

White stated, "Every nurse needs to be engaged and focused on the idea that 'It's all about the patient.' Nursing has to do better. Nursing has to raise the bar. Nursing needs to be clear about expectations. Nursing needs to understand better how we can get there. Nursing leadership will partner with staff nurses and help them achieve the UHS goal. But all nurses need to show up, participate, contribute, and be engaged in the process."

Shirley Apple, service line manager in oncology, South Division, was one of four service line directors. Her units included medical and surgical oncology (72 beds), outpatient infusion (25 chairs), radiation oncology, nurse walk-in clinics with fellows, and a few nurses who gave chemotherapy to patients not on a unit. Apple had been in her job for 12 years.

Apple participated in strategic planning in the following ways. She attended the local practice council of 10 or 12 staff. Each staff member nominated two of the nurses who served on this council, and they met 30 times a year. About 20 percent of their meeting time was spent on strategic planning. Apple also attended monthly nurse leadership meetings for the South Division, which were attended by approximately 30 nurse leaders. This group similarly spent about 20 percent of its time on strategic planning.

Apple also attended South Division nursing meetings on a division "relation-based" initiative with six other unit leaders. These nurse managers focused on raising patient satisfaction scores using a primary nursing care

philosophy. After the recent implementation of the initiative on the seven units, Press Ganey patient satisfaction scores had risen significantly from the 70s to the 80s. The divisions of UHS had chosen different ways to accomplish patient care goals, and the ways were becoming more data and research driven. Children's used a family-centered model. West Division used the Planetree model. North Division used a bedside strategy. Apple observed, "This all involves a lot of hard work, and it takes a lot of time to reorganize work."

Apple was interested in ways to make nursing staff more autonomous, to increase professionalism, to encourage personal growth, and to improve management. In oncology, nurses attended education programs organized by the clinical nurse specialists and the nurse educator. Annually, 15 to 20 nurses attended the National Congress on Oncology Nursing for four days. When they returned to UHS, nurses made presentations to staff and presented seminars on what they had learned. Oncology nurses were incented to achieve oncology certification (the current certification rate is 10 percent among the 80 nurses).

Nursing leadership wanted to empower nursing managers. But Apple asked, "Does medical leadership want this goal too?" She wanted senior nursing leadership to better appreciate the amount of work that nursing and service line directors did to achieve new goals after the leadership made decisions. For example, nursing leadership initiated an anonymous, online survey on how staff nurses felt about working in the hospital; the survey took 20 to 25 minutes for each nurse to complete. During the same week that Apple had to make sure the staff nurses completed the survey, she also had to see that all nurses got their flu shots, perform evaluations for 110 people, and implement all of the special initiatives in addition to her regular work. Apple concluded, "We don't have the support we need to get the work done." But she hastened to add, "The new initiatives to put patients first do make our work so exciting!"

Part 1 Case Questions

1. How is professional integration related to nursing division performance?
2. Why doesn't professional integration have a higher priority within the strategy planning process of the nursing division?
3. What would be a rationale for giving higher priority to professional integration in the nursing division?
4. Discuss opportunities for improving professional integration in the following areas:
   a. Among the nursing departments in the five hospitals of UHS
   b. Between doctors and nurses in the individual hospitals
   c. Between nursing and finance in the individual hospitals

Part 2, 2011: The Nursing Division at UHS—The End of the Beginning?

Professional Integration Progress

"What has happened in the last four years?" Andrea Rogers, CNO of UHS, asked herself, resuming her dialogue with Clark Kaplan, the nursing management consultant, in the spring of 2011.

She began to summarize: "The health system has done a lot of work responding to challenges—market share, engaging physicians in different service lines, planning a response to healthcare reform. We have more data. Our financial condition is stable, and last year was our best operating year in the past five years. In nursing, we looked at the hospital's strategic goals and asked how we can support them. We have 4,800 nurses on staff today. Our three- to five-year plan has become an eight- to ten-year plan. How do we transform care at the bedside by looking at practice? How do we care for patients safely and compassionately? How can we educate nurses at the bedside? Staff nurses must understand the context underlying what we're asking them to do."

Rogers continued: "At the same time, key issues remain:

1. Workforce issues—recruiting, retaining, and determining the right amount of staffing. The data we get are not consistent or standardized, most notably from the National Database of Nursing Quality Indicators. These data are not risk adjusted.
2. How do we partner with schools of nursing so that nurses are receiving the right educational preparation for the future? We are now affiliated with more than 20 schools of nursing. More than 1,000 nursing students were placed here last year. We seem to agree with the schools so far on what we need to do, but not on how we do it.
3. How do we respond to quality mandates from external agencies, such as The Joint Commission? How can we be 'survey ready' all of the time?
4. Financial constraints—We are asking questions about productivity and value. Can we do more in nursing for what we spend?"

Pursuing Magnet Status

Kaplan was intrigued. "Where are you now about pursuing Magnet status?" he asked. "I've never been convinced about its scientific validity."

Rogers responded: "National best hospital rankings include Magnet status as one component now. Here we are always being asked, 'Are we going to be designated?' Only 7 percent of US hospitals have Magnet status. Our goal is to continue to get better in recruiting and retaining the best workforce, ensuring that our patient outcomes surpass all benchmarks and that patient satisfaction continues to improve. That's what is important."

The Challenge of Accountability

"For me," Rogers continued, "a particularly important issue now is nursing manager accountability for unit performance. We're not there yet. We have top performers who buy in, and their unit outcomes show it. Yet the larger pool of nursing managers needs to understand what it means to run a service and take ownership as if this were a business. We need agreement about roles, responsibilities, partnerships, and infrastructure that support such accountabilities. And for some, their span of control is too wide for them to reasonably be accountable for all staff performance—more than 100 staff nurses report to them."

Physician–Nurse Relationships

Kaplan interjected again. "How about the relationships between physicians and nurses? Are physicians a key barrier in empowering patient care directors to take accountability for unit performance?"

Rogers paused before replying. "We've seen tremendous improvement over the years at UHS with respect to the relationship between physicians and nurses. This starts at the top with the attitudes of the clinical chiefs. I've met with each of them to find out what they needed from nursing. We have seen great teamwork in areas where we have improved communication and handoffs. In general, I think physicians feel they need nurses, they value nurses' roles and contributions, and they are more involved and aware. The leaders don't just talk; they also do things to support nurses. I guess I would say that the culture at UHS has definitely changed."

Looking Ahead

Rogers continued: "Our goals for the next three years focus on improving nursing practice, especially by continuing to review relevant and current practice and providing nurses with the necessary knowledge and tools to do their jobs successfully. We are also working to stabilize and right-size the workforce. In addition, we will continue to focus on nurse competencies to make sure staff keep up with the latest technology. Healthcare is so far behind other sectors, such as the financial sector. How do we get IT [information technology] to support the nurse? More specifically, how can we use IT to reduce the amount of time nurses spend walking around as opposed to at the bedside?"

Nursing Division Performance Metrics

Rogers concluded, "The key metrics we now use in evaluating nursing division performance are (1) recruitment and retention rates and turnover rates of new graduates; (2) educational preparation of workforce and certification; (3) diversity demographics given the populations that we serve; and (4) relevant quality indicators such as rates of hospital-acquired pressure ulcers, falls with and without serious

injuries, urinary tract infections, and ventilator-associated pneumonia. We also look carefully at the new HCAHPS [Hospital Consumer Assessment of Healthcare Providers and Systems] measures on patients' perceptions of care, such as nurse responsiveness, explanation of procedures, pain management, and cleanliness."

Part 2 Case Questions

1. What changes in the environment have important implications for professional integration within the nursing division?
2. What would you recommend to Rogers about pursuing Magnet status?
3. What should Rogers do to focus on nurse manager accountability for unit performance?

Part 3, 2016: Are We Great Yet?

UHS has grown greatly since 2007 and now comprises eight hospitals. It has remained one of the top 12 hospitals in the United States as ranked by *U.S. News & World Report*. Andrea Rogers, the chief nursing officer, has turned her attention to nurse engagement, assuming it to be associated with better patient experience and higher nursing performance. UHS does not score as highly in national rankings for nursing engagement as it does for patient safety and the quality of the patient experience.

This part of the case covers two discussions—in 2015 and 2016—between Rogers and Clark Kaplan, the nursing leadership consultant.

The 2015 Interview and Discussion

"How can we improve conversations with nursing staff who don't meet goals, especially when it is difficult to recruit their replacements?" Rogers asked Kaplan. Rogers felt that a key challenge now was achieving consistency in benchmarked performance across all nursing units. Equally important was getting consistency among interdisciplinary teams within and across units.

The 2015 Nursing Strategic Plan

Nursing initiatives support the mission and vision of the health system, and nursing must be able to show that what nurses do is good for UHS. The strategic planning process for nursing is a group responsibility led by a nurse director, and it has resulted in the decision to focus on six areas:

1. Quality and patient safety
2. Advancing care and shared governance

3. Operational excellence and budget
4. Technology and innovation
5. Patient and staff experience
6. Professional development and education

As part of the annual review process, nursing managers match performance against strategic goals, but the process is difficult.

According to Rogers, "The nurse leaders and I struggle with holding people accountable. We're not very good at having critical conversations with staff. We don't replace poor performers quickly enough. When do I know it's time to tell one of them that 'This might not be the right job for you'? My question is, 'Are our nurse leaders having those crucial conversations down the line?'"

A Meeting to Discuss Nurse Leader Engagement

In August 2015, Rogers and Kaplan met with Rogers's colleagues Nell Keller and Harry Hargle to discuss accountability and factors that might influence nurse leader engagement. Keller was the former director of nursing education and now ran special projects, and Hargle was the new UHS senior VP for human resources. A portion of their conversation follows.

Rogers: So what is the accountability challenge that we can respond to, as you see it?

Keller: UHS has made tremendous progress. Nursing is doing a terrific job. We've also made changes in senior nursing leadership, recruiting largely from the outside, and we've continued to support and develop talent from within. Nursing needs to be more proactive in making sure we are focused on and measuring the right leadership outcomes, and that we are continuously improving. The answerable questions from a strategic perspective are "How do we fairly measure nurse leader performance based on unit outcomes?" and "How do we appropriately reward nurse leaders based on achievement of those outcomes?"

Hargle: I see the answerable question as, "How can we recruit better nurses and nursing managers to make sure the 'retain' rate climbs from, say, 50 percent to 75 percent each year, assuming performance metrics in the strategic plan are met?" We should take the money and the time we are spending on performance appraisals and invest in better recruitment strategies, starting with an objective appraisal of what we do now and how we measure what we are looking for in new recruits. We should steal nurses who are dissatisfied working in other centers and encourage them to work here, not because we are paying them more money and benefits, but because it's a better place for nurses

to work. For most of our nurses, their goals are mutually aligned with ours, they embrace our culture, they respect and admire their supervisors and colleagues, and they are passionate about improving patient care at UHS.

Kaplan: I think the answerable question is, "How should staff be organized to meet the goals in our strategic plan?" I would focus on accountability at the unit level for all providers, including doctors, nurses, housekeepers, social workers, and clerks. The nurse manager of the unit has developed clear objectives during the past period, based in part on input from her team, and has agreed to expected unit goals and measurable performance objectives. She gets the timely data she needs to measure outcomes and be held accountable, and she gets the support she needs from central headquarters for support services such as IT and biomedical engineering, environmental services, and food service. The nurse manager decides which problems have top priority based on present performance relative to expectations. She gets the best evidence from the scientific literature, learns from best practice at leading institutions, keeps developing leadership skills, and partners with her peers at like institutions to keep up with the scientific literature that will help her and her colleagues in leadership make better decisions in managing to achieve better outcomes.

Rogers: That sounds great, Clark, but the problem with this description of how things ought to be is the difficulty in focusing our priorities across boundaries. We always have too many new initiatives that have to be launched, and this creates pressure because there is too much to do and because some priorities compete with each other. We also have trouble getting reluctant nurse leaders to change when they feel threatened by the change or overconfident about the status quo.

The 2016 Interview

One year later, Kaplan interviewed Rogers again about her reflections on accountability and how UHS was doing with nurse engagement. This follow-up interview touched on a number of topics.

Rogers's Philosophy of Accountability

Rogers summed up her philosophy as follows: "Accountability is taking ownership of decisions. Accountability doesn't require someone checking your work. Accountability reflects your commitment and engagement, your responsibility for your actions and outcomes. You own it. It's not about excuses and looking at what someone else has done. Yes, there are many things outside of your control. But does this mean you drop the ball and walk away? What actions do you take when you are accountable?"

Challenges Leaders Face in Being Accountable

"Performance is the bottom line," Rogers continued. "Sometimes, there is a lack of clarity about objectives. Is the team sufficiently engaged? Or are they waiting for strategic direction from above, or for human resources to make the first big move? I suggest leaders focus on what they can do locally. While they are waiting for others to initiate change, they have the ability to do some things without asking for permission, in the short term, that impact performance. That's part of being accountable."

Rogers pointed out that the issues are not only about nursing. She explained: "One challenge to nurse leaders is adequate communication across silos, especially communications with physicians. For example, one physician recently did a procedure on a patient. He didn't tell the nurse responsible for the patient about his plan, but the nurse had insight that would have influenced his decision about the procedure. The result: An unnecessary procedure was performed on the patient."

She continued: "The practice of accountability across disciplines is more challenging when physicians are not employees. Expectations are not communicated clearly, and sometimes certain messages are not acted on. We respond by going through the chain of command. In my position, I report the issue to the chief of the medical staff, who then meets with the relevant department chair, who meets with the individual physician. Sometimes remedial action—such as a suspension or a period under the supervision of an attending—is taken. The important thing is that the hospital leadership is accountable, as I am, to our patients and to the board for performance."

It's All About Leadership

"At the end of the day," Rogers concluded, "it's all about leadership performance. Education only goes so far. In our system, we don't really have a lot of leadership turnover. Perhaps we don't have sufficient turnover and should have more. Everyone looks great on paper, but results don't always reflect that. The ultimate goal is 'great' benchmarked organizational performance."

Part 3 Case Questions

Note: The first four questions pertain to the 2015 interview and discussion; the last three pertain to the 2016 interview.

1. How can Andrea Rogers shape priorities to improve nursing accountability for the patient and the care team experience?
2. What are the pros and cons of Nell Keller's suggestions? Harry Hargle's? Clark Kaplan's?

3. What evidence does Rogers need to gather over what time period to address which priority questions?
4. What process does Rogers need to follow in pursuing interventions to respond to the accountability questions raised in the case?
5. How can leadership performance continually improve? How is accountability involved?
6. How does "ownership" of accountability improve leader and organizational performance?
7. What is Rogers doing—and what can she continue to do—to improve accountability in nursing at University Health System and ultimately ensure sustained great performance?

References

American Nurses Association (ANA). 2009. *Nursing Administration: Scope & Standards of Practice*. Silver Spring, MD: ANA.

American Nurses Credentialing Center (ANCC). 2017. "Magnet Recognition Program® Overview." Accessed February 23. www.nursecredentialing.org/Magnet/ProgramOverview.

———. 2008. *A New Model for ANCC's Magnet Recognition Program*. Accessed February 23, 2017. www.nursecredentialing.org/Documents/Magnet/NewModelBrochure.aspx.

CASE 33

Managing the Patient Experience: Facing the Tension Between Quality Measures and Patient Satisfaction

Jennifer Lynn Hefner, Susan Moffatt-Bruce, and Ann Scheck McAlearney

Bryce Jackson has recently been appointed chief experience officer for Academic Medical Center (AMC), a large tertiary-care health system consisting of six hospitals with a total of 1,500 inpatient beds and an annual average of 60,000 discharges. In this role, he will oversee the Department of Patient Experience, which has responsibility for patient satisfaction data, patient family complaints/grievances, patient advocacy, volunteer services, information desks, and employee engagement. Bryce will report directly to