

Instructor Resources Sample

This is a sample of the instructor materials for Health Services Management: A Case Study Approach, Twelfth Edition, by Ann Scheck McAlearney and Anthony R. Kovner

The complete instructor materials include the following:

- Instructor's manual

This sample includes the materials for Case 51.

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Instructor's Manual to Accompany:

HEALTH SERVICES MANAGEMENT: A CASE STUDY APPROACH

12th Edition

Zachary Pruitt, Ann Scheck McAlearney, and Anthony R. Kovner

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INTRODUCTION

This Instructor’s Manual includes a 16-week course syllabus featuring lecture topics, a case-to-competency crosswalk, model assignments, and sample classroom activities. The Instructor’s Manual also contains “solutions” to each case study, including answers to case questions, commentary on teaching the case, and short summaries of the recommended readings. For each case, the Instructor’s Manual provides a standard case analysis assignment with step-by-step instructions for students so they can practice and demonstrate their problem-solving skills. This pre-class case analysis assignment is provided to encourage student preparation and improve classroom discussion.

SAMPLE SYLLABUS

The following is a sample 16-week course syllabus with lecture topics, competencies, and case study options (choose 1 or more). Lectures can be short, leaving more time for case analysis and group discussion.

Week	Potential Lecture Topics	Case Study Options (choose 1 or more)
Week 1	Course introduction, including learning the case study method; evidence-based management	Read Introduction to the Case Study Approach (pgs. 1–26)
Week 2	Becoming a manager; careers in healthcare management; functions and practices of healthcare management	The First Day
		Now What?
		What Then?
		Facing Reality in a New Job
Week 3	Sources of health disparities; racism and health; management role in addressing diversity and inclusion and improving health equity	Confronting Racism at Franklinville Regional Medical Center
		Disparities in Care at Southern Regional Health System
		Scratching the Surface: Increasing Diversity and Inclusion
Week 4	Influencing organizational culture; values of healthcare managers; ethical decision-making in healthcare management; professional codes of ethics	What’s in a Name?
		Doing the Right Thing When the Financials Do Not Support Palliative Care
		Managed Care Cautionary Tale: A Case Study of Risk Adjustment and Patient Dumping
		Herding CATS: Virtual Work and its Impact on Culture
		Reflections on a Conference on the Future of Health Services Management

		Patients and Data Privacy
Week 5	Change management models; systems thinking; leadership styles; leadership vs. management; project management methods	Saving Primary Care in Vancouver Challenges for Mammoth Health System: Becoming the Best Around Moving the Needle: Managing Safe Patient Flow at YNHH What More Evidence Do You Need? / The Example of Inappropriate Admissions Implementing the Office of Patient and Customer Experience at Northwell Health
Week 6	Strategic choices and the importance of focus; marketing ethics in healthcare; internal/external environmental assessment approaches	Shoes for the Shoemaker The Art of Being Nimble: Pivoting Pediatric Care to Adult Care in the Face of the COVID-19 Pandemic A New Look?
Week 7	Not-for-profit organization community benefit requirements; community relations function; public relations; patient experience; patient-centeredness	Patient Exodus at Sycamore Family Health What Benefits the Community? Refocusing the Community Health Needs Assessment Who Should Be Part of the Team? Considering the Inclusion of Family Caregivers
Week 7	Oral Communication	Case Presentations: Individual Presentations*
Week 8	Physician integration; clinician relations; clinical governance (medical staff and shared governance); engaging clinicians in a professional bureaucracy (Mintzberg)	Doctors and the Capital Budget Where the Rubber Hits the Road: Physician–Phelps Hospital Relationships The Complaining Doctor and Ambulatory Care
Week 9	Value-based contracting; social determinants of health; health needs assessment (epidemiology and public data)	Food-for-All: How Can a Pilot Project Lead to Sustainable Population Health Improvement Program? Engaging Physicians in a Value-Based Contracting Decision at Bay City Clinic Measuring Systematic Change Across One Health Economy in London
Week 10	Performance measurement (efficiency, effectiveness,	Should XYZ Healthcare Organization Make the Baldrige Journey?

	productivity measures); goal setting and monitoring; continuous quality improvement; performance evaluations	Letter to the CEO When Innovation Leads to Crisis Sharing Information at Tenson County Health Department: Creating and Implementing a Dashboard Whose Performance?
Week 11	Organizational governance; function of the board of directors; executive performance evaluations	Financial Reporting to the Board The Mission of MercyCare Whose Hospital? CEO Compensation: How Much Is Too Much?
Week 12	Measures of clinical performance; The Joint Commission accreditation; clinician accountability; responsibilities of manager to clinical performance	Reducing Healthcare-Associated Infections at Academic Medical Center: The Role of High-Performance Work Practices Coordination of Cancer Care: Notes from a Pancreatic Cancer Patient Dr. Fisher's Patient Public Enemy Number One: COVID-19 at Spanish Trail Hospital
Week 14	Authority and responsibilities; human resources challenges (recruitment, retention, and burnout); hiring processes; progressive discipline practices; employee engagement	Conflict in the Office The Search Begins for the Next Faculty Practice Administrator for the Department of Surgery Burnout at Dakota Hospital South The Associate Director and the Controllers More Changes to Consider: Returning to Work After a Pandemic Annual Performance Evaluation: Can You Coach Kindness?
Week 15	Fundamentals of organizational design (line of authority, span of control, division of labor, centralization & outsourcing)	Re-imagining Primary Care at Northcoast Matrix or Mess? The Matrix Management Challenge Improving Organizational Development in Health Services Controlling Revolution Health: Management Ownership
Week 16	Oral Communication	Case Presentations: Group Case Competitions**

* Individual case presentations can be 10 to 15 minutes long. Students may be given the option to analyze and present various cases.

** Case competitions include groups of 3 to 4 students who “compete” against each other for the best case analysis and presentation.

CASE-TO-COMPETENCY CROSSWALK

Competencies are the discipline-specific actions using knowledge, skills, and abilities that, when attained, reflect readiness to practice the profession. The following table shows cases that address particular competencies, although each case may address multiple competencies.

Competencies	Case Studies
Critical and Analytical Thinking & Evidence-Based Management	Read Introduction to the Case Study Approach (pgs. 1–26)
Professionalism / Self-Confidence	The First Day
	Now What?
	What Then?
	Facing Reality in a New Job
Diversity, Inclusion, Equity & Health Disparities	Confronting Racism at Franklinville Regional Medical Center
	Disparities in Care at Southern Regional Health System
	Scratching the Surface: Increasing Diversity and Inclusion
Values and Ethical Decision-Making	What’s in a Name?
	Doing the Right Thing When the Financials Do Not Support Palliative Care
	Managed Care Cautionary Tale: A Case Study of Risk Adjustment and Patient Dumping
	Herding CATS: Virtual Work and its Impact on Culture
	Reflections on a Conference on the Future of Health Services Management
	Patients and Data Privacy
Leadership / Change Management	Saving Primary Care in Vancouver
	Challenges for Mammoth Health System: Becoming the Best Around
	Moving the Needle: Managing Safe Patient Flow at YNH
	What More Evidence Do You Need? / The Example of Inappropriate Admissions
	Implementing the Office of Patient and Customer Experience at Northwell Health
Strategic Orientation	Shoes for the Shoemaker
	The Art of Being Nimble: Pivoting Pediatric Care to Adult Care in the Face of the COVID-19 Pandemic
	A New Look?
Community Engagement	Patient Exodus at Sycamore Family Health
	What Benefits the Community?
	Refocusing the Community Health Needs Assessment

	Who Should Be Part of the Team? Considering the Inclusion of Family Caregivers
Clinician Relations	Doctors and the Capital Budget
	Where the Rubber Hits the Road: Physician–Phelps Hospital Relationships
	The Complaining Doctor and Ambulatory Care
Population Health Management	Food-for-All: How Can a Pilot Project Lead to Sustainable Population Health Improvement Program?
	Engaging Physicians in a Value-Based Contracting Decision at Bay City Clinic
	Measuring Systematic Change Across One Health Economy in London
Performance Measurement & Assessment	Should XYZ Healthcare Organization Make the Baldrige Journey?
	Letter to the CEO
	When Innovation Leads to Crisis
	Sharing Information at Tenson County Health Department: Creating and Implementing a Dashboard
	Whose Performance?
Organizational Governance	Financial Reporting to the Board
	The Mission of MercyCare
	Whose Hospital?
	CEO Compensation: How Much Is Too Much?
Clinical Performance	Reducing Healthcare-Associated Infections at Academic Medical Center: The Role of High-Performance Work Practices
	Coordination of Cancer Care: Notes from a Pancreatic Cancer Patient
	Dr. Fisher’s Patient
	Public Enemy Number One: COVID-19 at Spanish Trail Hospital
Human Resources	Conflict in the Office
	The Search Begins for the Next Faculty Practice Administrator for the Department of Surgery
	Burnout at Dakota Hospital South
	The Associate Director and the Controllers
	More Changes to Consider: Returning to Work After a Pandemic
	Annual Performance Evaluation: Can You Coach Kindness?
Organizational Design	Re-imagining Primary Care at Northcoast
	Matrix or Mess? The Matrix Management Challenge

CASE ANALYSIS METHODS

All levels of adult learners, from undergraduates to doctoral students, learn most effectively through application of newly acquired knowledge. As such, the case method serves as an excellent approach to integrate higher-level teaching, learning, and assessment methods. The case method enables instructors to:

- Give students ownership of the problem-solving process used to develop a solution.
- Challenge the learner's thinking, but not dictate how they should think.
- Retain the freedom to choose how to define a problem, identify potential solutions, and evaluate alternatives.
- Support students with methodologies, structure, and resources that support problem-solving.

In the case method learning approach, the instructor is the facilitator—no longer the bearer of knowledge—who guides students through the learning process using facilitation, modeling, and questioning. Early in students' learning process, the instructor will facilitate the completion of case analyses. As students gain more experience, the instructor will model the role of the “expert learner,” rather than the provider of content knowledge. The instructor may ask, “Maybe those problems are related?” Once students become more comfortable with case analysis, the instructor will adopt a more questioning role, such as by asking, “What evidence makes you think that solution will solve this problem?”

The casebook chapter, “Learning through the Case Method,” describes how the case method encourages students to diagnose and define important problems on their own. However, students often have difficulty adjusting to learning this way. To develop solutions to the case, learners must engage in self-directed learning; meaning that they generate new knowledge without explicit instruction. Because little information is offered by the instructor, students are required to take responsibility for their own learning.

If students are responsible for learning, then how can instructors hold them accountable? Instructors can struggle to transition away from a “sage-on-the-stage” style of teaching to a more collaborative learning guide style. One of the central challenges—other than knowing when to stop talking and listen to the students—is how to ensure students are thinking critically

about the case material. However, some students need a well-defined learning structure to hold them accountable for learning, especially in group learning environments.

Another challenge of teaching through the case method is assessing student competency. Case studies should allow for many right answers. Ensuring competency attainment at a higher level (analyzing, evaluating, or creating) requires assessment approaches beyond the standard lecture-and-exam approach. The case method requires advanced critical thinking skills that can be assessed through engaging assignments.

Both of the aforementioned challenges—holding students accountable for learning and assessing student competency—can be met using pre-class case analysis assignments. However, there is no single approach to formatting a case analysis assignment, and the level of analysis depends on the level of knowledge and skill of the students.

The following are options for ensuring accountability in case-based learning using case analysis pre-work.

1. **Assign case discussion questions**—Each case provides discussion questions. Instructors can select one or more questions for the students to answer before class. Alternatively, instructors can require students to post answers to an online discussion board and respond to another student’s posted answer.
2. **Write a reflection on the case study**—Instructors can provide a prompt for each case assignment that can be focused on a course objective or competency. For example, an instructor could write, “Reflect on how performance measurement and assessment is used by the healthcare manager in the case, ‘When Innovation Leads to Crisis.’”
3. **Write a one-page business brief**—Students can use the following brief format (Longest & Darr, 2014):
 - a. Identify the facts in the case.
 - b. State the problem.
 - c. Identify several tentative alternative solutions.
 - d. Consider what evidence undermines or supports each alternative solution? Consider which of the potential alternative solutions is the best solution? Why?
 - e. Describe how you would implement the solution chosen. How would you evaluate the results?
4. **Write a detailed case analysis**—Students can use the following problem-solving format:
 - a. Identify the stakeholders.
 - b. Define the problem.

- c. Conduct root cause analysis.
 - d. Identify multiple alternative potential solutions.
 - e. Apply analytical tools to evaluate potential solutions.
 - f. Produce a S.W.O.T. (i.e., Strengths, Weaknesses, Opportunities, Threats) Analysis for each alternative potential solution.
 - g. Draw conclusions about potential solutions.
 - h. Make recommendations about the best course(s) of action.
5. **Complete a case study analysis worksheet**—Based on the textbook *Applied Problem-Solving in Healthcare Management*, the case study analysis worksheet encourages a step-by-step problem-solving approach in three phases: 1) define, 2) study, and 3) act on problems and create action-oriented solutions (Potthoff, Mishek, and Hart, 2021). A modified version of this problem-solving method provides students with a framework for case analysis.
- I. **DEFINE**
 - a. Situation: Describe briefly what happened in the case.
 - b. Problem Statement Section:
 - i. List the difficulties: Difficulties are any fact, situation, and/or circumstance that is different from the ideal state. It is the difference between how things are and how they should be.
 - ii. Group the difficulties into problem areas: Problem areas organize the difficulties by theme or concept. Students should create no more than five problem areas.
 - iii. Write an issue statement for each problem area: These should be written in the form of a question that articulates a relevant goal for its problem, such as “How can [organization] achieve [goal] given [difficulties]?”
 - iv. Synthesize the issue statements into an overall problem statement: Integrate all issue statements into one clear statement. Never include the solution in the problem statement.
 - II. **STUDY**
 - a. Analyze: What analytic tools can be utilized to examine root causes? Examples include data analysis, workflows, fishbone diagrams, or policy analysis.
 - b. Alternative Solutions: Briefly describe the subset of potential alternative solutions.
 - c. Decision Criteria: Define decision criteria by which the alternative solutions can be evaluated.
 - d. Research Questions: Develop the research questions needed to know the answers to in order to assess the advantages of each of the alternative solutions.

III. ACT

- a. Recommendations: State your action-oriented recommendation(s) from the alternative solutions above.
- b. Monitoring Plan: Identify one key metric/indicator that should be tracked to ensure successful implementation of the recommended solution.

There are many possible solutions to each of the cases. Sample case analysis solutions using this modified approach are included in this Instructor's Manual. The sample case solutions include:

- Case 10: Managed Care Cautionary Tale: A Case Study in Risk Adjustment and Patient Dumping
- Case 16: Moving the Needle: Managing Safe Patient Flow at Yale New Haven Hospital
- Case 27. Where the Rubber Hits the Road: Physician–Perkins Hospital Relationships
- Case 39: Whose Hospital?

References

Longest, B. B. and Darr, K. 2014. "Managerial Problem Solving and Decision Making." In *Managing Health Services Organizations and Systems* (6th ed). Baltimore: Health Professions Press.

Potthoff, S. J., J. Mishek, and G. Hart. 2021. *Applied Problem-Solving in Healthcare Management*. New York: Springer Publishing, Inc.

SAMPLE CASE ACTIVITIES

Learning through the case method presents the opportunity for instructors to create fun and engaging activities that can motivate students and enhance their learning. This Instructor's Manual provides a variety of activities for case studies. Instructors should set classroom etiquette and rules that promote student involvement and enthusiasm in classroom activities.

Group case analysis can be an effective learning activity, particularly when students have completed pre-class independent analysis. Case discussion groups can be formed with three to five students. Because there is no single right answer to case study analysis, it is likely that each student will have different views on the problem definition, analysis approaches, or potential solutions. Groups of students should work together as a team to negotiate a common case analysis approach and agree on the most appropriate problem statement and best set of

solutions. Assuming adequate individual preparation, teamwork among many different contributors will actually enhance student learning.

Also, role-playing is a common activity for learning through the case study method. This casebook especially lends itself to role-playing because of the many interesting characters introduced in each case. However, role-playing requires students to commit to an unfamiliar role and can push them past their comfort zones. As Tony Kovner wrote in the chapter *Learning Through the Case Method* (pg. 11), “Role-playing can promote a better understanding of viewpoints that might otherwise seem irrational. Students can better understand their own values and underlying assumptions when their opinions are challenged by peers and teachers.” Role-playing can be not only fun but also instructive.

Finally, the case study discussion questions encourage reflection on the professional competencies required for effective learning. Student groups can be assigned differing perspectives (e.g., pros and cons) and then debate other groups.

After the activity, ask the students to give written or verbal feedback on their performances. Some potential questions to ask:

- What challenges did you face in the role or activity? What was more difficult than expected?
- What decisions did you make that influenced how you played your role or completed the activity? Why did you make those choices?
- If you had to do it again, how would you handle the scenario differently?

The following table lists some sample case activities that instructors can use for teaching various health management competencies using the case method.

Case Study	Competency	Activity
Case 1: The First Day	Establish and maintain trust and facilitate staff motivation	Make a “to do” list with objectives
Case 5: Confronting Racism at Franklinville Regional Medical Center	Support diversity and inclusion toward more equitable health outcomes	The Next Official Statement About Nurse Jenny
Case 6: Disparities in Care at Southern Regional Health System	Support diversity and inclusion toward more equitable health outcomes	Understand and Identify Root Causes of Health Disparities
Case 7: Scratching the Surface: Increasing Diversity and Inclusion at Midwest General	Support diversity and inclusion toward more equitable health outcomes	Cultural Competency, Diversity, and Inclusion
Case 10: Managed Care Cautionary Tale: A Case Study in	Ethics and health services management profession	Apply ACHE Code of Ethics

Risk Adjustment and Patient Dumping		
Case 14: Saving Primary Care in Vancouver	Problem-solving	Debate Dr. Zachary's Future
Case 18: Implementing the Office of Patient and Customer Experience at Northwell Health	Project management methods	Plan the implementation of the Office of Patient and Customer Experience Office
Case 22: Patient Exodus at Sycamore Health: Working with Patient and Family Advisory Councils	Change management	Use a Guiding Coalition to Improve Patient Experience
Case 23: What Benefits the Community?	Population health; Community Collaboration	Design a community health program
Case 30: Engaging Physicians in a Value-Based Contracting Decision at Bay City Clinic	Population health; Finance; Performance measurement	Role-Play a Value-based Contracting Decision
Case 33: Letter to the CEO	Leadership; Change management	Leading & Managing Change
Case 39: Whose Hospital?	Organizational governance	Rewrite the CEO Evaluation
Case 46: The Search Begins for the Next Faculty Practice Administrator for the Department of Surgery	Recruit, interview, and approve candidates for management positions; Conduct job analyses to define roles and responsibilities; Controlling function of the manager	Create a Job Analysis Consistent with Organizational Values; Define the Hiring Evaluation Criteria
Case 48: The Associate Director and the Controllers	Human resources: mediate matters of dispute among staff; Create performance evaluations; Conduct crucial conversations	Role Play a performance evaluation conversation as Jim Joel and Percy Oram
Case 52: Matrix or Mess? The Matrix Management Challenge	Organizational design	Illustrate an Organizational Chart
Case 53: Improving Organizational Development in Health Services	Organizational design	Centralize, Decentralize, or Outsource?

discharge planning problematic. The vice president of clinical operations faces a dilemma—promote Bob to a management position and coach him to improve his attitude, or do not promote him and risk losing a valuable clinical case management nurse.

CASE QUESTIONS

- 1. What is the importance of clinical competence and patient focus relative to one’s ability to work as a member of a clinical team in this department?**

Although clinical competence and patient focus are very important, the ability to work with other members of the clinical team is equally important.

- 2. Do you want Carter to be a manager in your department?**

If Carter is promoted to discharge manager but no one else respects him and his decisions, then the discharge planning process could be very disruptive since so many individuals are involved in discharge planning. In particular, social workers are an integral part of ensuring that patients have a post-discharge location to go to, and also to ensure patient compliance with discharge instructions.

- 3. Regardless of your decision on the possible promotion, what should you tell Carter to help him improve and develop his managerial skills?**

Regardless of any recommendation for him to apply for the manager position, Carter should be more aware of the importance of other clinical care team members, including social workers.

- 4. If you have decided to recommend Carter for the promotion, what do you do now to help him succeed in a managerial role? If you have decided against the recommendation, what do you do to encourage his professional development within New Hope so he does not leave for a different job?**

If he reacts positively to constructive feedback, it might be an opportunity to give Carter increased responsibilities in the current department in order for him to “prove” he is more aware and attempting to make changes in his behavior.

Case 51: Reimagining Primary Care at Northcoast

Erin Sullivan and Samuel C. Thomas

In this case, one of the largest primary care practices in the Northcoast Health System experienced significant growth in virtual patient care during the coronavirus pandemic. Now, the practice manager seeks to permanently adopt telehealth. With anxious medical assistants, frustrated nurses, and skeptical physicians equivocating about her practice redesign efforts, can she convince the team to put the patients first?

CASE QUESTIONS

1. Deanna and Dr. Heath have a chance to run another all-team meeting this evening at 5 p.m. What might you suggest they do differently in that meeting, and why?

Deanna and Dr. Heath should make it clear that the clinic is moving to a mix of care delivery modalities (in person and virtual). Also, they should clarify that they want to work to optimize everyone's preferences, but that it might not be possible. The focus will be on altering systems and structures to make things efficient and effective for patients and help the organization achieve the quadruple aim.

2. Can you identify the fundamental challenges within the Northcoast practice that are obstacles to getting the phase 1 plan developed?

Some clinicians and staff want to return to in person only. Others prefer virtual. These differing perspectives will cause challenges with implementing the phase 1 plan.

3. Can you identify all the stakeholders and their different perspectives? Are there any missing stakeholders? How might Deanna navigate the various stakeholders in drafting a phase 1 plan?

- Deanna—Wants to improve clinic operations and reimagine primary care.
- Sheri—A medical assistant who worries about her job when primary care has been reimaged.
- Dr. Heath—Practice medical director who wants to reimagine primary care and realizes that not everyone will be happy.
- Al—A 65-year-old patient and PFAC member who wants to go back to in-person care as soon as possible.
- Rhonda—A 32-year-old with an infant who loves telehealth.
- Dr. Murphy and Dr. Lopez—Physicians who want to prioritize in-person care as much as possible.
- Dr. Mendes—A physician who wants to split her clinical schedule (two days in person and two days virtually each week).
- Susan—A nurse care manager who finds virtual care very frustrating.
- Jackson—A clinic social worker who is concerned about screening patients for social risks in the virtual environment.

Deanna can navigate the various stakeholders in drafting a phase 1 plan by creating a consensus on a shared mission, one that was greater than any individual goal and something that everyone could support. She can also ask providers and staff to help her reimagine primary care in a way that puts the patient first. Deanna can use the PCMH model as a framework for implementing a hybrid in-person and virtual model of care delivery.

Case 52: Matrix or Mess? The Matrix Management Challenge

Ann Scheck McAlearney

This case describes a situation in which the way work is structured creates confusion in the HCO, sometimes appropriately and sometimes for historical reasons. Does the matrix reporting structure work for the information systems (IS) department of Valley Community Hospital, given the shared goals with the quality improvement office? Or will the matrix design just cause confusion?

CASE QUESTIONS

1. What issues will Carol likely face in reporting to two bosses?

In her new role, Carol will likely face many issues in reporting to two bosses. In particular, there will often be conflicting goals and agendas and Carol will be challenged to address both simultaneously. Also, differences in her bosses' expectations of her may pose challenges for Carol as she is trying to make a name for herself in her new role.

2. Does the matrix organizational design make sense for this hospital's IS department, or would another design be more appropriate? What would you propose?

The matrix organizational design has both advantages and disadvantages. In the case of Valley Community Hospital, the matrix design probably works fine for the hospital's IS department. To preempt some potential challenges, it would be a good idea to have a meeting to discuss goals and expectations. Both of her new bosses need to be present in the meeting so that everyone is on the same page about her new role.

3. What strategies can Carol use to perform well in her new role without feeling pulled in two directions?

The individuals just need to be sure that they and the two respective bosses remain in agreement about goals, objectives, and expectations. This means constant and simultaneous communication among the three individuals involved in the particular project.