



Transition Guide

Evidence-Based Management in Healthcare, Second Edition
January 2017

Changes to the New Edition

This edition presents what is known as of 2016 about evidence-based management in healthcare. Most notable and useful to instructors using this edition are the organization of the book into six parts and the presentation of chapters aligned with the four basic sources of evidence. In this second edition, all 27 chapters and 2 appendixes are either brand new or thoroughly reworked.

What the Second Edition Will Accomplish

This second edition presents a thoroughly updated and expanded examination of evidence-based management, organized into six parts.

Part I: Overview

In chapter 1, Eric Barends, Denise M. Rousseau, and Rob B. Briner clearly define what evidence-based management (EBMgmt) is and what it is not, present the six steps of the EBMgmt process, and discuss four key sources of evidence. The authors discuss the need to include organizational and experiential evidence and evidence of stakeholders' values and concerns, in addition to scientific evidence.

In chapter 2, Barends, Karen Plum, and Andrew Mason discuss the use of rapid evidence assessments, and they provide a detailed example involving a specific management issue.

In chapter 3, John R. Griffith summarizes what we've learned from the most rigorous EBMgmt process used in healthcare organizations—the Baldrige National Quality Award. Griffith suggests how new ways to disseminate the Baldrige innovations can effectively transform hospitals.

Part II: Scientific Evidence—Doing the Work

Part II includes chapters about research opportunities and examples, ways of acquiring evidence, uptake issues for evidence-based management in healthcare, and what evidence-based management in healthcare can learn from evidence-based practice (EBP) in other domains.

In chapter 4, Thomas Rundall and Terese Otte-Trojel identify research opportunities and examples pertaining to each of the four sources of evidence.

In chapter 5, Susan Kaplan Jacobs focuses on framing research questions and originating literature and information searches, based on her experience as a senior health sciences librarian working with capstone teams.

In chapter 6, D’Aunno identifies barriers to the uptake of EBMgmt initiatives and suggests ways of overcoming those barriers.

In chapter 7, Rousseau and Brian C. Gunia describe lessons learned from other disciplines and domains—such as medicine, nursing, police work, and government—where evidence-based initiatives are proceeding apace.

Part III: Scientific Evidence—Examples of Practice

Part III presents examples of evidence-based management being carried out and being judged worthy of investment. Though details are lacking about dollars invested and specific financial and other benefits received, the aim of many of these organizational initiatives was not to justify evidence-based management but rather to improve organizational and management performance.

In chapter 8, Lawrence Prybil and Michael Slubowski extend analysis of the case study from the first edition about transforming CEO evaluation at SCL Health in Denver, Colorado.

In chapter 9, Sofia Agoritsas, Steven Fishbane, and Candice Halinski discuss the Healthy Transitions Program in Late-Stage Kidney Disease, carried out at Northwell Health in New York.

In chapter 10, K. Joanne McGlown, Stephen K. O’Connor, and Richard M. Shewchuk update their previous case study about hospital evacuation after Hurricane Katrina, and they comment on evidence-based criteria ten years later.

In chapter 11, Kyle L. Grazier updates her case study about integrating chronic care management and primary care. She ends her discussion with a letter from a CEO to the senior leadership team. The letter deals with an organization’s quest for integration of critical behavioral health and primary care services across a network of services for patients and families.

Part IV: Organizational Evidence

The chapters of Part IV are rich in organizational data related to performance improvement efforts, management challenges, and the teaching of evidence-based competencies.

In chapter 12, Jed Weissberg and Patrick Courneya, the former and present medical directors of Kaiser Permanente, describe how that organization’s leadership values research in improving

organizational performance, and they provide examples of key initiatives that have taken an evidence-based approach.

In chapter 13, Jessie L. Tucker III describes how Lyndon B. Johnson (LBJ) General Hospital in Houston, Texas, was forced to change its behavior in response to serious reimbursement challenges. Managers used benchmarked performance data to show colleagues that change was necessary, and they showed that evidence-based analysis led to improved performance.

In chapter 14, Andrew Garman and colleagues describe the Rush University Medical Center model for teaching evidence-based practice. Rush is an unusual educational program in healthcare because it is housed in a medical center rather than in a school of a university. Practicing managers are on the program faculty, and managers are responsible for student acquisition of required management competencies.

In chapter 15, John Donnellan describes the Capstone model at New York University's Robert F. Wagner Graduate School of Public Service, where the nurse leaders' program was codeveloped by NYU/Wagner faculty and senior managers in the New York-Presbyterian health system. NY-Presbyterian's leadership realized that problems in nursing turnover were caused in no small part by nurse managers' lack of management skills. The Capstone course, which uses evidence-based management, has been a distinctive feature of the NYU/NY-Presbyterian model, with teams of students performing as consultants for senior nurse managers at NY-Presbyterian and other hospitals, notably the Hospital for Special Surgery.

In chapter 16, Kim Carlin speaks to the role that consultants play in influencing major change and transforming management practice. Carpedia, a worldwide consulting firm, emphasizes the need for managers to manage using EBP methods, with attention to developing metrics and focusing on accountability for results.

Part V: Experiential Evidence

Part V includes a chapter about a hospital manager's experience in responding to a management challenge, a demonstration of an evidence-based capstone project as part of a program in healthcare management, and insightful interviews with four senior executives.

In chapter 17, Lynn McVey and Eric Slotsve respond to the situation of an executive manager (McVey) in dire circumstances, facing a quality and financial crisis similar to that faced by Tucker and LBJ Hospital in chapter 13. The chapter details an impressive transition from traditional management to a standardized, evidence-based approach.

In chapter 18, Bryce Clark, a former Capstone student at NYU/Wagner now working in quality control at Denver's Children's Hospital, details an academic year's project focused on reducing length of stay for elective surgery patients. This process led to some notable outcomes and recommendations not directly related to the original question.

Chapters 19 through 21 present interviews with David Fine, former CEO of St Luke’s Episcopal Hospital in Houston and current director of research and development at Catholic Health Initiatives in Denver; Rick D’Aquila, chief operating officer of the Yale-New Haven Health System; and Michael Dowling, CEO of Northwell Health System. These experienced senior managers set out to dramatically improve health system performance, and because of their outstanding results, some of their methods have been widely copied. Keep in mind, however, that part of the evidence-based management decision-making process indeed is asking, “If this intervention works in Akron, will it necessarily work in Brooklyn?”

Part VI: Stakeholder Concerns

Stakeholder values and concerns are the focus of Part VI. Chapters 22 through 26 present interviews with five individuals reflecting a variety of stakeholder groups, and chapter 27 concludes the section with a look to the future of evidence-based management in healthcare.

In chapter 22, Ethan Basch, an oncologist, draws on his experiences in applying evidence-based medicine to cancer care, as well as on his experiences with evidence-based management in his practice of oncology.

In chapter 23, Maja Djukic, a professor of nursing management, discusses her experiences studying nurse managers. She observes that evidence-based practice is being implemented within clinical nursing but not within the management and organization of nursing services.

In chapter 24, professor and consultant John Billings discusses *big data*—defined simply as “lots of data”—that can include many millions of records, often gathered for one purpose and used for another. Using an example of Medicaid data, Billings explains how managers are coming to realize that large data sets exist and that analysis of these data can lead to improved operations. He also points out limits to the current use of big data with regard to social, housing, and transportation factors.

In chapter 25, Eric Barends relates some of his experiences as an international management consultant in evidence-based practice. He observes that EBP produces better outcomes in two different ways—first, by asking questions and, second, through critical appraisal. An appropriate organizational culture promotes asking such questions as, “How do you know this will work?” and “Do we really have that much of a problem?” Critical appraisal enables managers to distinguish trustworthy from untrustworthy evidence.

In chapter 26, Quint Studer, a successful consultant and author of numerous healthcare management books, states that people get “hung up” on the idea that the CEO needs perfect evidence. Studer observes that “it’s not evidence that counts so much as accountability.” He concludes that aligning goals is most important in improving performance, changing how the organization evaluates its managers going forward.

In chapter 27, Kovner and D'Aunno identify six key questions (with subquestions) about the future of evidence-based management. The questions are organized by source of evidence and consist of the following:

1. How do we identify the field of evidence-based management?
2. How can we get teams to work together?
3. How can we facilitate organizational ownership of evidence-based management?
4. How can we prepare managers to engage in evidence-based management?
5. How can we originate, standardize, and disseminate data on evidence-based management?
6. How can we get funders and regulators to behave as partners?

Two appendixes provide collections of useful resources and direction for further study.