



Transition Guide
for
The Well-Managed Healthcare Organization,
Eighth Edition

July 2015

<u>Chapter No.</u>	<u>Chapter Title</u>	<u>Description</u>
1	Foundations of High-Performing Healthcare Organizations	Major revision: Growing organizational models like palliative care, retail clinics, NP-led clinics, ACOs; EMTALA added; high-reliability organizations; expanded stakeholder section; expanded snapshot of American healthcare delivery market.
2	Cultural Leadership	Service excellence and role of servant leadership expanded; leadership selection, evaluation, and succession planning expanded.
3	Operational Leadership	How continuous improvement works in practice. Additional models of process improvement such as Lean, IHI initiatives were added. Service line operations were expanded.
4	Strategic Leadership: Governance	Updated with citations of newer studies on role of governance in a post-ACA environment; discussion of board role in quality; board representation mix; what high performing organizations do at the governance level.
5	Foundations of Clinical Practice	Updated exhibits, expanded comparative effectiveness and treatment planning; incorporated changes mandated by regulatory bodies.
6	Clinical Staff Organization	Major changes to incorporate licensed independent providers (LIPs) such as nurse practitioners, physician assistants, and others. Revisions include physician employment and compensation models, patient-centered medical home, accountable care organizations. Pursuing "high-reliability" added and discussed.
7	Nursing	More added on advanced practice nurses and implications of the IOM's Future of Nursing report and the Consensus Model. Expanded content about interprofessional care. New content on moral

		distress, burnout, expanded recruitment and retention.
8	Clinical Support Services	Interprofessional teams emphasized; major expansion and updating of “managing regulatory compliance”; telemedicine and telehealth added and discussed.
9	Population Health (formerly Beyond Acute Care to Community Health)	Major revision to incorporate ACA, and focus on disease management and population health. The role of medical homes, accountable care organizations are included in community models of care. Best practices are presented. Non-acute care programs are discussed along with ways to prevent readmissions. A greater focus on palliative care and early intervention with advance care planning for those persons with life limiting illnesses or conditions.
10	Knowledge Management	Expanded information about HITECH Act, meaningful use, and certification; big data and providing prompt and useful access to clinical information. Strengthened emphasis on using standardized measures and benchmarks. Continued emphasis on electronic health records.
11	Human Resources Management	Maintaining a healthy work environment that is harassment-free was added; new discussion and exhibit on HR strategy from a Baldrige recipient; workforce planning expanded with succession planning talent management best practices; diversity and inclusion; LGBT identity and inclusion added; investment in team training; expanded section on leadership development; training for cultural and linguistic competence.
12	Environment-of-Care Management	Organization section updated; new Joint Commission emergency management oversight requirement added with new exhibit; safety expanded; sizing of facilities updated and expanded; patient-centered design and LEED expanded; entire chapter edited for better flow and organization.
13	Financial Management	Increased emphasis on long range financial plan and implications of ACA. Continued emphasis on activity-based costing and extensive auditing.
14	Internal Consulting	Updated with ACA implications for planning; disease management; checklists for programmatic proposals

		expanded; managerial issues revised and updated for currency.
15	Marketing and Strategy	Continued emphasis on market analysis and branding, clearer development of strategic analysis, and discussion of the contribution of multi-HCO systems.