

Preface

THIS BOOK IS about execution—how to design effective strategy, implement it, and make sure it works. It is based on the best practices of leading healthcare delivery systems, systems of execution outside of healthcare, and research results from both the business and healthcare literature.

I had the privilege of working for 30 years as an administrator for Hennepin County Medical Center (HCMC) in Minneapolis, Minnesota, including 8 years as CEO. I thought I was pretty good at getting things done when I was running a healthcare system, but I realize now that I could have been better. The challenge of execution was ever present in those years, but it has become even more intense today.

Fortunately, the last 30 years have seen the development of many new tools and approaches to improve execution in complex and rapidly changing environments. These tools are developed and spread through research and publication of books like this one, integration into higher education management curriculums, deployment by consultants, and adoption by progressive healthcare and business organizations.

I am glad Health Administration Press is publishing this book, because the company has a history of publishing research-based books for the healthcare administration field. Basic research and understanding underlie all such books. Next come applied research and concomitant publications that demonstrate how this fundamental science can be applied to solve real-world problems in areas such as strategy, project management, culture, and leadership. Many of these resources are the basis for the core elements of the

chapters in this book, and I encourage readers to explore these publications to gain a greater understanding of these fundamental principles.

Because I read many business books and publications during my administrative career, I have crafted this book to contain elements I always thought were useful:

- A general overview of topics and references and resources that enabled me to learn more
- Enough detail so readers can try some of the tools or approaches in the book
- Stories about how the principles have been applied in actual practice by leading organizations
- I've also included web links, resources, and videos on the use of software mentioned in this book in an online Book Companion, which you can access at ache.org/books/execution.

When writing this book I was tempted to add many topics that would help, in some ways, to clarify some of the main points in the book. However, I finally felt this was too distracting and decided to focus in depth on what I consider the key elements of an integrated system for execution. For this reason, I did not touch on the following topics, even though they all clearly influence execution in a number of ways: finance and financial management, disruptive employees, negotiation and legal issues, marketing, structured innovation, human resources talent management, and personal time management. Readers are encouraged to access the many books on these topics available from Health Administration Press.

The Center for Health and Medical Affairs is part of the Opus College of Business at the University of St. Thomas, which is located in both Minneapolis and St. Paul, Minnesota. During its 20 years, the center has developed a broad array of healthcare management training programs, including a nationally accredited healthcare MBA program, a physician leadership college with over 200 graduates, and many other healthcare professional development programs. Over the years we have worked with all the major healthcare delivery systems in the upper Midwest to deliver custom programs to their staff and physicians. Therefore, most of the examples of best practices in this book come from organizations located in the upper Midwest. However, I was chair of the National Association of Public Hospitals and still have many hospital executive colleagues throughout the country who share their stories of execution challenges with me. Based on this, I believe the principles contained in this book are applicable to any geographic area. I also am confident that these

tools can be applied in both large integrated systems and relatively small medical practices.

As I said, I could have better executed my strategies during my administrative career had I known what I know now. However, I have one small project that I did do well, and I still get to monitor its performance data. As an associate administrator at HCMC I was charged with sizing and then managing the construction of a large parking ramp for our employees. This was complex planning, as the Metrodome was being constructed next door (where the Vikings play), so I had to account for many diverse variables. I used the scenario planning technique described in Chapter 4 of this book along with some other quantitative decision tools and determined a peak need for this ramp of 850 spaces at 3:00 p.m. on weekdays. I still get my personal healthcare from HCMC, and if I have an appointment at about that time I drive to the top of the ramp to see how close it is to being full. So far the prediction is still pretty accurate—even after 30 years.

Hopefully you too will be able to use the tools in this book to execute strategies that last 30 years.

—Dan McLaughlin