Transition Guide

The Well-Managed Healthcare Organization, ed. 9

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The ninth edition tracks best practice as documented by Baldrige Award winners, Lean users, and other case studies. It describes the new standard of practice for healthcare organizations (HCOs) of all kinds. The now well-documented path to excellence balances measured performance and continuous improvement with systematic listening and responsiveness to care providers and other individuals' needs. Healthcare organizations following the path can reach and document excellence in quality, patient satisfaction, individual engagement, and sound financial performance.

Changes in the Ninth Edition

- Describes the new standard of practice for HCOs of all kinds.
- Provides five Practice Applications questions per chapter, designed to promote active learning in the "flipped classroom". (Guides are available to instructors.)
- Offers application-oriented multiple-choice questions (Guides are available to instructors.)
- Contains a final section, "Managerial Leadership," for each chapter; these address "flashpoints" and key areas where responsive leadership makes a difference.

Topic-related new material in each chapter includes:

Chapter	Chapter Title	New Material
1	Foundations of Well-Managed Healthcare Organizations	**(Major revision)** • Title revised • Supports financial success under risk-based payment. • Shows why and how to move to a population health mission. • Describes in more detail the model that well-managed HCOs must have to be excellent: ○ a culture of empowerment and servant leadership, and ○ a commitment to evidence and measured performance, and ○ continuous improvement of work processes and results. • Expands focus on the managerial leadership role in developing consensus, building consistent teamwork, and implementing continuous improvement.

		• Describes value-based insurance design and the important role of patient-centered involvement and satisfaction, as well as quality outcomes and the impact on reimbursement. • Updates Healthy People 2030 for a healthcare organization focus to eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all. • Explains the importance of recruiting and retaining a diverse and inclusive workforce. • Describes and emphasizes team-based care in 21st century HCOs and the importance of meeting the needs of clinical care teams and addressing prevention of burnout. • Emphasizes manager and leader visibility and the importance of leadership rounding in a transformational culture. • Expands descriptions of post-acute care delivery models, including long-term care, home care, palliative, hospice, and end-of-life care. • Includes nonphysician providers by using a more inclusive term—licensed independent practitioners—for a better description of physicians and nonphysicians scopes of practice to independently provide and bill for services.
2	Creating and Sustaining a Transformational Culture	**(Major revision)** • Title revised • Expands the focus of transformational culture and emphasizes how it is essential for excellent HCOs to attract and retain broad stakeholder support. • Describes the trends for greater usage of Lean methods to sustain continued improvements in quality and outcomes. • Focuses more on management's leadership role in sustaining the culture: modeling, explaining, rewarding, and listening to workplace concerns. • Adds additional content on communication, messaging, and provides sample responses explaining and justifying the culture and for suggested responses to common situations. • Provides more examples of measures commonly used for tracking in a transformational culture. • Develops individual empowerment as a central theme of excellence—what it means, how it works, why it works, and how management supports it through servant leadership and a supportive culture.
3	Building Continuous Improvement	**(Major revision)** • Title revised • Details proven systems that support excellent care, high patient satisfaction, and reduce care provider turnover to less than 10% per year.

		• Shifts emphasis from sustaining an infrastructure to support the HCO's mission to identifying and implementing processes that will move patient care to excellence and support ongoing, long-term market success, measured by growth in patient and associate loyalty and satisfactory financial performance. • Describes how to base care delivery on best practices and evidence-based information. • Details more about how excellent HCOs forecast measures, use benchmarks to identify opportunities, and employ team-oriented continuous improvement to redesign processes. • Stresses negotiation of realistic improvement goals for every team.
4	Establishing Strategic Governance	• Expands the definition of the governing board's legal and regulatory requirements, including IRS regulations and the avoidance of private inurement. • Expands the focus of governance and strategy to not only clinical care excellence but also meeting community health needs. • Describes the qualities and commitments of a good board member.
5	Foundations of Clinical Excellence	• Title revised • Emphasizes a greater focus on population health and comprehensive ambulatory care delivery. • Expands importance of team communication, hand-offs of care, conflict resolution, and ways to enhance • Focuses on care team organization in clinical service lines, interprofessional care planning, and rounding. • Describes scorecards for clinical teams that are consistent with risk-sharing payment systems. • Outlines how case management has become more important in navigating care for complex patients with chronic conditions. • Bolsters content on the important managerial role in providing interprofessional education to improve knowledge, skills, and teamwork. • Expands the definition of functional protocols to include standard work that is employed throughout the organization in every patient care setting. • Updates resources for development of clinical guidelines. • Updates information about access to guidelines, protocols, and patient data and interfaces between the electronic health record and resource databases. • Describes in more detail how to use unexpected events or errors to improve organizational learning. • Describes the reporting system required by the Patient Safety and Quality Improvement Act of 2005.

		• Updates information on patient safety goals and regulatory and consumer advocacy accountability. • Explains a greater focus on patient satisfaction and associate engagement and it relates to quality, which in turn, improves financial performance.
6	The Clinical Staff Organization	• Expands "Elements of Privilege" to include specialization criteria and ABMS Maintenance of Certification requirements. • Outlines criteria beyond specialization that must be considered in appointing and reappointing LIPs to maintain excellence in clinical care. • Adds new information about the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which created the Quality Payment Program and streamlines multiple quality programs under the Merit Based Incentive Payments System (MIPS). • Adds best practices for dealing with physician and other LIP burnout with nine recommended organizational strategies.
7	Nursing	• Updates information on educational pathways and trends in specialization. • Describes the growing numbers and roles of advanced practice nurses. • Identifies managerial leadership strategies for sustaining the nursing supply, reducing turnover, and providing an environment that promotes interprofessional teamwork. • Recommends increased focus on continuing education for clinical skill and teamwork. • Adds recommendations for burnout and more professional autonomous control over nursing practice.
8	Clinical Support Services	• Updated citations and resources, although no substantive revisions.
9	Population Health	• Describes potential for radical change with population health. • Expresses effective measures for population health. • Suggests explicit advance care planning and end-of-life teaching strategies. • Added impact of population health on acute care services. • In Exhibit 9.1, revised to include palliative care at the time of a life-limiting diagnosis, farther upstream from hospice and end-of-life. • Clarifies quantification of population health needs. • Recommends more robust programs to educate communities about advance directives. • Recommends ways to expand and integrate primary care.

10	Knowledge Management	• Updates electronic health record requirements for meaningful use. • Describes meaningful use as a requirement of Merit-Based Incentive Payment System (MIPS), a part of the Medicare Access and CHIP Reauthorization Act (MACRA). • Describes best practices of implementation of meaningful use. • Adds new Exhibit 10.4 on data security processes. • Recommends guidelines for appointment and effective deliberations of a knowledge management committee. • Suggests ways to expand use of the electronic health record and clinical data. • Describes best practices in supporting the electronic record and removing user frustration. • Explicates examples from Memorial Hermann, Intermountain, and Sharp Healthcare.
11	Human Resources	• Highlights examples of best practices from Henry Ford Health System. • Underscores organizational consistency and its relationship to associates' perceived fairness. • Increased focus on the need for diversity and inclusion in the workforce and policies and training that affirm fairness, equity, and nondiscrimination. • Encourages training for cultural humility and implicit and explicit bias.
12	Environment of Care	• Updates language for materials management to supply chain management and end-user satisfaction. • Explains the United States Department of Homeland Security's National Incident Management System (NIMS) to facilitate coordination between all responders of emergencies and disasters.
13	Financial Management	• Updates citations and resources; no substantive revisions. • Streamlines and integrates financial functions. • Emphasizes greater transparency in financial reporting. • Describes oversight authority for accounting standards for HCOs controlled by local and state governments.
14	Internal Consulting	• Emphasizes a greater support for balanced scorecards and negotiated goal setting. • Focuses on the increased support to internal stakeholders evaluating capital investments and service expansion. • Outlines management of external consultants. • Supports the effectiveness of process improvement teams. • Recommends sizing strategies and evaluation of effectiveness of internal consulting.

15	Marketing and Strategy	• Increased emphasis on a comprehensive, data-based approach to marketing and strategy. • Updated citations and resources for strategic planning.