

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #3

For ACHE Face-to-Face Education Credits

Managing for Morale— Effective Management Techniques to Retain Your Staff

Length: 1.5 Hours

Target Audience: Mid-level managers

Description: Staff retention continues to be a top priority for most healthcare executives. This panel will engage senior-level managers to discuss best practices in staff retention. Depending on the audience, the panel can be comprised of individuals with specific functions or by management level. Groups may choose to focus more on the hospital setting (option 1) or take a broader approach looking across organizational settings (option 2). The program will begin with brief opening remarks of approximately 10 minutes by the moderator, followed by 15-minute presentations by each of the three panelists. The program will conclude with a 30-minute question-and-answer period.

Faculty: Moderator plus three panelists. We recommend that an individual with a human resources background serve as moderator for this session. Panelists may be selected according to one of the following options:

Option 1 Hospital Focus	Option 2 Cross-Setting Focus
Vice Presidents: <ul style="list-style-type: none">• Support Services• Clinical Services• Administration	Administrators: <ul style="list-style-type: none">• Long-term care facility• Hospital based• Group practice

Topics for Discussion:

All three panelists will address the following:

- One or two essential skills for strong managers
- What has changed in management over the past 3 to 5 years?
- What new skills are needed or how are staff expectations different?
- Why is a good management key to retaining frontline personnel?
- How does frontline staff define good management; what are they looking for?
- How does coaching/mentoring fit into a model of good management?

Questions for Discussion:

1. How large an issue is staff retention in your organization? Which areas are experiencing the greatest challenges in keeping key staff?
2. What are the best practices you have seen to retain staff?
3. What were the results of those practices?
4. If you have tried any of those techniques at your organization, what happened?
5. How can senior management create an environment that encourages long-term employees?

Materials for Distribution:

Wheeler, P. A. 2005. "The Importance of Interpersonal Skills: Emotional Intelligence Significantly Impacts Leadership Success—and the Bottom Line." *Healthcare Executive* January/February 44–5.
(Go to: *Chapter Education Manual Appendix for handout*)

Additional Resources:

Atchison, T. 2004. *Followership: A Practical Guide to Aligning Leaders and Followers*. Chicago: Health Administration Press.

Atchison, T. 2006. *Leadership's Deeper Dimensions: Building Blocks to Superior Performance*. Chicago: Health Administration Press.

Dye, C. F., and A. N. Garman. 2006. *Exceptional Leadership: 16 Critical Competencies for Healthcare Executives*. Chicago: Health Administration Press.

McGinn, P. 2004. *Leading Others, Managing Yourself*. Chicago: Health Administration Press.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #15-Updated

For ACHE Face-to-Face Education Credits

Reinventing Customer Service in Healthcare: Lessons Learned from the Best

Length: 1.5 Hours

Target Audience: CEOs, C-suite executives, department heads

Description: Consumer-driven services in business and the need for efficiency are accelerating changes in the way organizations operate and compete. Many consumers today are taking greater control of their purchasing power and healthcare decisions and are demanding excellence in service. The challenge is how to give them the best service in a meaningful and economic way.

Organizational survival relies on healthcare leaders with the vision, determination and courage to test various methods of enhancing the patient experience. Patient expectations are being set by other industries; for example, the airline industry, in which Southwest Airlines is the only airline that has turned in profitable years for 33 consecutive years, consistently achieved the best on-time performance, received the fewest customer complaints and fewest mishandled bags, is consistently cited for the best customer service, the smartest management and as the most fun place to work. Can the principles from a culture like Southwest Airlines help healthcare win the hearts and minds of their employees?

Faculty: Moderator plus two panelists. The moderator should be a business or healthcare consultant, service-line manager or senior executive with expertise in a business known for customer service excellence. Panelists should include a senior-level healthcare executive or consultant with experience in the medical or service-line industry with customer-focused care/service. Other potential panelists may include COOs, senior nurse executives, consultants, service line managers or patient service managers.

**Topics for
Discussion:**

1. Hospitals can implement initiatives that help organizations achieve outstanding patient and staff satisfaction results, increase market share and decrease costs. These initiatives include Web-based portals for physician-clinic communication that allow:
 - ▮ patients to request appointments
 - ▮ Patients to ask questions to his or her provider
 - ▮ updates to personal and insurance records

- ‖ requests for prescription refills and secure messaging to the provider
 - ‖ access to health and wellness information
 - ‖ real-time patient satisfaction surveys (e-mail surveys sent to patients by CEO immediately after their appointment that offer direct contact with patient)
 - ‖ same-day or next-day resolution of problems
 - ‖ tracking of individual patient experiences
 - ‖ marketing of patient satisfaction scores
2. Other initiatives include:
- ‖ implementing more frontline authority, leveraging common values and vision to reduce supervision requirements
 - ‖ identifying how to attract, interview, select and engage best-in-class candidates
 - ‖ opening up the lines of communication, creating systems to encourage and protect those who identify mistakes and tapping the frontline knowledge about how to do the job smarter
 - ‖ getting people at all levels of the organization to incorporate business knowledge on providing higher quality and quantity of care for patients
 - ‖ helping caregivers and staff to move to a more patient-centric mentality and method

Questions for Discussion:

1. What is the experience that consumers/patients really want from healthcare organizations?
2. What can healthcare organizations realistically provide to patients?
3. How can we meet patient and provider needs in a better, faster and cheaper way (while eliminating waste within the system)?
4. How can a healthcare organization excel in safety, satisfaction and retention outcomes?
5. What are some best practices you have seen work in healthcare or other industries around patient/customer care?
6. What are some new technologies (whether currently affordable or not) that can aid in increasing patient satisfaction?

Materials for Distribution:

Scott, Gail. 2013. "The Six Elements of Customer Services." *Healthcare Executive* January/February 60-62.

McCulloch, Andrew R. 2017. Connecting Our Community to the Care it Needs. *Healthcare Executive Magazine*. September/October 52-55.

Wolf, Jason, A. 2017. Patient Experience: the New Heart of Healthcare Leadership. *Frontiers of Health Services Management*: 33(3) 3–16.

Additional Resources:

Edwards, Teresa L. A Blueprint for Superior Customer Care. *Healthcare Executive Magazine* March/April 2016 50-54

Stanowski, Anthony C., Kit Simpson, and Andrea White. "Pay for Performance: Are Hospitals Becoming More Efficient in Improving Their Patient Experience?" *Journal of Healthcare Management* 60, no. 4 (July 2015): 268-86.

Fosdick, G. A. 2005. "Adopting Cross-Industry Best Practices." *Healthcare Executive* March/April 58, 60.

Friberg, K., and J. Friberg. 1997. *Nuts! Southwest Airlines' Crazy Recipe for Business and Personal Success*. New York: Broadway Books.

Lee, Fred. 2004. *If Disney Ran Your Hospital: 9 1/2 Things You Would Do Differently*. Bozeman, MT: Second River Healthcare Press.

Mayer, T. A., and R. J. Cates. 2004. *Leadership for Great Customer Service: Satisfied Patients, Satisfied Employees*. Chicago: Health Administration Press.

ACHE CHAPTER PANEL DISCUSSION TEMPLATE #65

For ACHE Face-to-Face Education Credits

Financial Implications: The Push From Inpatient to Outpatient Care

Length: 1.5 hours

Target Audience: C-Suite Executives, Senior Healthcare Executives, Clinical and Operational Leaders, Nurses and Physicians, Financial Personnel

Description: The prospect and implementation of significant healthcare reform, partly as a result of the Patient Protection and Affordable Care Act, has caused healthcare organizations to reconsider their strategy and policies as they relate to revenue, volume, clinical operations, and human resources. Healthcare organizations—especially hospitals and ambulatory care centers—have witnessed a changing financial landscape as it relates to the healthcare reform policies.

One element of healthcare reform has been the shift from inpatient to outpatient care. Outpatient care encompasses all patients who seek medical care that are not officially admitted to a hospital under the inpatient status. Observation status is considered an outpatient level of care.

This shift from inpatient to outpatient care, which has been partly driven by payers across the financial continuum, aims to reduce healthcare costs associated with expensive inpatient admissions and to provide safe, efficient care in the most cost-effective setting. The degree of financial impact from this shift in care delivery structure will vary from organization to organization, however all organizations will be affected.

Faculty: Moderator and two to three panelists. The moderator must be a C-Suite healthcare executive with extensive knowledge of healthcare policy, finance, and operations as they relate to inpatient versus outpatient care at the strategic and business operational levels.

The panel must be comprised of a diverse group of individuals representing different healthcare organizations. The panel is to include: a hospital C-suite executive, a senior-level executive of strategy or operations as they relate to a healthcare organization's financial position, and/or a high-level clinical leader, such as a medical director or chief medical officer.

Topics for Discussion:

- Healthcare reform and how it relates to inpatient versus outpatient care
- Observation level care
- Reclassification of inpatients to observation level of care
- Revenue differences between inpatient and outpatient care
- Financial strategy during healthcare reform
- Costs of creating outpatient care networks and payer relations
- Financial impact of declining inpatient volumes and of increasing outpatient volumes

Questions for Discussion:

1. What trends are you, or organizations you work with, seeing with respect to inpatient, observation, and traditional outpatient volumes?
2. How will your organization accommodate growing outpatient volumes and what resources will be necessary?
3. What financial trends have your organization seen related to shifting or decreasing volumes? Do these trends vary by payer?
4. What are the long-term financial implications of the shift from inpatient to outpatient care for healthcare organizations?
5. Has your organization seen an increase in payer denials due to reclassifying patients? If so, what affect is this having on the overall finances of the hospital?

Materials for Distribution:

Mark Grube, Kenneth Kaufman, and Robert York. "Decline in Utilization Rates Signals A Change in the Inpatient Business Model." *Health Affairs* (March 2013)

<http://healthaffairs.org/blog/2013/03/08/decline-in-utilization-rates-signals-a-change-in-the-inpatient-business-model/>

Additional Resources:

Baugh, Christopher W., and Schuur, Jeremiah D.. "Observation Care—High-Value Care or Cost-Shifting Loophole?" *New England Journal of Medicine* 369:4 (July 2013).

Center for Medicare & Medicaid Services. "Are You a Hospital Inpatient or Outpatient?"

<http://www.medicare.gov/Pubs/pdf/11435.pdf>

ACHE Chapter Panel Discussion Template #104

For ACHE Face-to-Face Education Credits

Understanding Implicit Bias and its impact on Healthcare Leadership

Length: 1.5 hours

Target Audience: Healthcare managers, and senior healthcare executives from across the continuum.

Description: The communities for which healthcare organizations operate are rapidly diversifying. Not only do they provide care for a diverse community of patients and families, but their workforce is also growing more diverse. It is incumbent on healthcare organizations and their leaders to both understand and embrace the needs of diverse populations. Their ability to respond to the needs and preferences of a broader customer base will be critical to their financial and operational survival, but they first must understand what their implicit biases are to do that. The goal of the session is for leaders to understand and recognize internal biases both conscious and unconscious. **This new program will focus on the healthcare leader's personal recognition of internal bias and its impact on decisions in the organization.** The impact of the healthcare leaders' ability to recognize biases in areas such as employment and policy decision making will lead to increased diversity in individuals holding leadership positions and will help us better serve the communities we are in.

Faculty:

- **Moderator:** A senior healthcare leader (CEO, VP or senior HR executive) who has extensive experience with diversity issues and the topic of recognition of personal bias
- **Panelists:** Recommendation to have 2 -3 diverse panelists. Recommendation to involve those who advocate and who play a role in sponsoring diversity in healthcare. Directors, CEOs, Physicians, and Vice Presidents across the continuum are recommended for this panel discussion.

Topics for Discussion:

- Exploring organizational and community implications and barriers to implicit bias.
- Assessing diversity within yourself, your organization and the communities you serve.
- Administering quality practices for diverse populations.
- Resources available to test internal implicit bias.
- Tools that you can implement and use in your organization to evaluate and take action on implicit bias.

- Examine policy and decisions made within your organization to reduce implicit bias.
- What is the Thomas C Dolan Executive Diversity Program?
- Requirements and benefits of the Dolan Executive Diversity Program.

Questions for Discussion:

1. What are biases and specifically what is implicit bias?
2. Where do biases come from?
3. How do we recognize bias and work to overcome it?
4. Why is diversity important to a healthcare executive?
5. How do you as a healthcare leader actively focus on diversity in your organization?
6. What would you recommend to healthcare leaders to make changes in yourself and your organization?
7. Do our organizations reflect the population we serve?
8. What measures can be used to track changes and monitor overall impact?
9. What impact can this have on your organization financially?
10. Where can we go to deepen our learning?
11. What is the Thomas Dolan Diversity Executive Program?
12. What Impact has the Thomas Dolan Diversity Executive Program had professionally on you as a leader.
13. What specific ways can we begin to address implicit bias and biases in organizations?

Materials for Distribution:

ACHE Commitment to Diversity http://www.ache.org/policy/commitment_to_diversity.cfm

Athey, L. (2015). It's Time to Take a New Look at Inclusion in Healthcare Organizations. Healthcare Executive 30:5, 34-40.

Additional Resources:

<https://implicit.harvard.edu/implicit/takeatest.html>

Thomas C. Dolan Executive Diversity Program- <http://www.ache.org/executivediversity/index.cfm>

ACHE Summer Enrichment Program

http://www.ache.org/policy/IFD_Summer_Enrichment_Program.cfm

Equity of Care: www.equityofcare.org

Institute for Diversity in Health Management: www.diversityconnection.org.

Dreachslin, J.L. Weech-Maldonado, R, Gail, J, Epane', J.P., Wainio, J.A. (2017) Blueprint for Sustainable Change in Diversity Management and Cultural Competence: Lessons From the National Center for Healthcare leadership Diversity Demonstration Project. Journal of Healthcare Management 62:3, 171-183.

Laderman, M., Whittington, J. (2016) A Framework for Improving Healthcare Equity. Healthcare Executive 31:3., 82-85.

Athey, L. (2015). It's Time to Take a New Look at Inclusion in Healthcare Organizations. Healthcare Executive 30:5, 34-40.

ACHE Chapter Panel Discussion Template #109

For ACHE Face-to-Face Education Credits

Sustainable Strategies to Support Resiliency and Professional Well-being for Healthcare Professionals

Length: 1.5 hours

Target Audience: C-suite executives, Chief Medical Officers, senior leaders of hospitals and health systems, vice presidents of hospitals and health systems, physicians and other clinical leaders.

Description: Adverse patient events have been attributed to healthcare staff who have experienced difficulty sleeping, reduced job satisfaction, impaired behavior and anxiety. These attributes contribute to more serious consequences such as burnout, depression, post-traumatic disorder and suicidal ideation. The suicide rate for physicians is higher than that for any other profession, in part because of the stress of medical school, risk for malpractice, sleep deprivation and challenges with work/life balance. Healthcare leaders often struggle with finding long-term solutions to address an important but personal issue for their staff and organization. During this panel, participants will learn sustainable strategies and approaches that will address well-being and resiliency for healthcare professionals in today's healthcare environment. Even when leaders recognize this as a problem, they are often presented with confusing information or get-better-quick solutions that bring no lasting change and can sometimes increase cynicism among employees. During this panel, participants will learn the importance of sustaining well-being for healthcare professionals in today's health care environment.

Faculty: Moderator plus two to three panelists. Moderator must be a Physician or health care leader with expertise in well-being, resilience, and burnout. Panelists can be C-suite executives actively engaged in efforts to reduce staff burnout and improve well-being. Consultants or subject matter experts in wellbeing and staff engagement programs may also be considered.

Topics for Discussion:

- Describe strategies for promoting and sustaining personal and leadership resilience
- Discuss practical and evidence-based practices for reducing staff burnout and improving wellness, employee engagement and organizational productivity.
- Discover leadership strategies to foster resilience and professional well-being for healthcare professionals.

Questions for Discussion:

1. What are some common obstacles to creating and maintaining a professionally thriving team in today's healthcare environment?
2. Discuss the quadruple aim. Why does the care of the patient require the care of the provider?
3. In today's busy healthcare environment, what role does leadership have in addressing burnout and wellness?
4. Many publications suggest programming to build resilience in health care professionals. What are your thoughts and/or what are you doing to promote resilience in professionals?
5. Describe strategies that have proven to be beneficial in addressing issues related to job-dissatisfaction, and job-anxiety.
6. What initiatives are being done in your organization to support resiliency and professional well-being for healthcare professionals? Are these unique for your physicians vs. other staff.
7. How have you as a leader managed work/life balance?
8. What actions can leaders take to create and sustain a future of teams that are professionally thriving?

Materials for Distribution:

Hofmann, Paul B. Stress Among Healthcare Professionals Calls Out for Attention, *Journal of Healthcare Management*. 63(5): 294-297, September – October 2018.

Gregory, S.T. Menser, T, Gregory, B.T. An Organizational Intervention to Reduce Physician Burnout. *Journal of Healthcare Management*. 63(5): 294-297, September – October 2018.

Perlo, J., Feeley, D. Why Focusing on Professional Burnout is Not Enough. *Journal of Healthcare Management*. 63(2): 85-89, March – April 2018.

Swenson, T, Kabcenell, A, Shanafelt, T. Physician-Organization Collaboration Reduces Physician Burnout and Promotes Engagement: The Mayo Clinic Experience. *Journal of Healthcare Management*. 61(2): 105-127, March - April 2017

Henson, J.W. Reducing Physician Burnout Through Engagement. *Journal of Healthcare Management*. 61(2): 86-89, March – April 2016.

Angermeier, I, Dunform, B.B., Boss, A.D, Smith, R.H., Boss, W.R.L, *Journal of Healthcare Management*. 54(2): 127-140, March – April 2009.

Additional Resources:

ACHE Policy Statement: The Healthcare Executive's Role in Ensuring Quality and Patient Safety (November 2017) <http://www.ache.org/policy/exec-ensure-patsafe.cfm>