

Case 1: Lakewood Health System

Lakewood Health System (LHS) recognized the need to update their hospital electronic health record system and moved to develop a plan for selecting a new one. The clinic and hospital, though part of LHS, were using two separate and different information systems. The physician group at the clinic was experienced in the use of their current system and was reluctant to change. As the issue developed, three leaders at the facility emerged to facilitate the change: the CEO, CIO, and medical director.

Involvement of the physicians in the decision that would affect them was clearly essential. At the outset of the project, after three vendors had been selected to present their systems, three physicians were asked to volunteer and join the three executives on a vendor selection committee. The requirements for volunteering were made clear: Time demands, travel requirements, and genuine interest in the project were emphasized to involve fully informed members.

The three leaders explicitly emphasized the importance of an honest, objective, and balanced approach to presenting and evaluating vendor information. One of the vendors did not present as strongly as the others, but all three had opportunity to discuss strengths and limitations of their record systems. The CIO led the discussion of pros and cons of each vendor in an objective manner and encouraged the physicians to voice their concerns and ideas. The hospital departments moved to consensus on a system while the medical director disagreed and stated the physicians preferred another system.

The CEO and CIO met with the medical director.

Of the three vendor options, one would be operated on site and the other two would be operated offsite in a shared environment. One of the offsite systems required that Lakewood affiliate with a tertiary hospital and replace their current clinic system. Both off-site systems would require Lakewood to follow upgrade schedules and system enhancement plans of the group sharing the hosted application. Although the physicians were not interested in integrating the hospital and clinic systems or affiliating with one specific tertiary hospital, all three leaders recognized that the clinic and hospital systems could eventually become integrated; hence, an integrated information system would provide the best long-term benefits. Consequently, the medical director believed that the offsite system offered the best hospital system for the physicians; however, the hospital departments believed the physician's vendor choice had the weakest clinic system, which would be a problem if they merged to one EHR system later. Unfortunately, the vendor for the product that the system desired, which also had a strong clinic system, had made a weak presentation and did not demonstrate the advantages to the physicians.

The leadership team agreed that more specific information customized for the physicians would be a way to start addressing the matter and more accurately understand the pros and cons of each system. LHS brought in physician representatives from each of the vendors who could speak specifically to physician questions and demonstrate workflows. The LHS medical director ensured that the presentation was accurate and made sure the three physicians objectively studied the information presented. Once they examined the information, they changed their minds and selected the system desired by the hospital leaders, which had the best clinic system and long term advantages if they ever merged the two systems.

The project was resolved due to a combination of effective leadership styles and understanding of the change process.

Key points:

- Leaders facilitating change in the present do so with strategic view of longer-term needs and consequences.
- Leaders need to fully engage, listen to, and inform their constituency about a change and seek representation for the decision.
- In some cases, leaders need to challenge the process when their vision reveals flaws in current decisions.
- Leaders need to stand up for their beliefs, even against strong opposition, and explain their reasoning.
- Reviewing and reflecting on decision-making processes often shows flaws that can be corrected.

Instructions: Please provide an executive summary of the above event to your CEO Dr. Bridgette Stasher Booker. Please make sure to incorporate evidence of your individual stance by referencing a theorist.

Below is an example of how to infuse the theories of chapter 21 into real world case studies. Rogers and Shoemaker identified five groups of innovators that exist within an organization during change management or the adoption of new ideas (Oachs, 2020). Not everyone accepts change at the same time. In this particular case study, the ____ exhibit the behavior of laggards. The characteristic they exhibited were resistant and doubting of new formulated ideas of the new supervisor.

Reference

Oachs, Pamela and Watters, Amy L. Health Information Management Concepts, Principles and Practice, Sixth Edition, American Health Information Management Association Press, 2020

Deliverables (Assignment)

This assignment must have a title page, executive summary, table of content, address questions, resume, and managerial theory. Please see page 3 for additional details.

Discussion Questions

- a. Several ways in which trust was established at LHS were identified in the case scenario. What additional ways can you identify to build trust and credibility as a leader in an organization?
 - b. Think about professional and personal concerns that you are reluctant to discuss openly. Who could you call together as a support team to explore these concerns? What are the qualities you would look for in such a support system?
2. You are applying for a managerial position in a healthcare facility. Prepare for the interview by describing your managerial style as you would during the interview. Which management theory best explains the managerial style you described and why?

Sample Deliverables for Case 1

This assignment must have a title page, executive summary, table of content, address questions, resume, and managerial theory. Please see page 3 for additional details.

Title Page (Include your full name, school, full course name, teacher and date)

Executive Summary (summarizes your document. This should be no more than 10 to 15 sentences.

Table of Content (Please utilized the Microsoft word TOC design. The section in your table should be hyperlinked to your individual sections). Hint: This is the same function performed in HIM 339.

Questions (Answer all questions in detail. Please make sure to support your response with references. Each response must be 75 words or more.

Several ways in which trust was established at LHS were identified in the case scenario. What additional ways can you identify to build trust and credibility as a leader in an organization?

Appropriate example of outline for this question. Please feel free to be creative and design your own outline for this question.

- I. Building Trust
- II. Credibility as a Leader

Think about professional and personal concerns that you are reluctant to discuss openly. Who could you call together as a support team to explore these concerns? What are the qualities you would look for in such a support system?

Appropriate example of outline for this question. Please feel free to be creative and design your own outline for this question.

- I. Professional and Personal Concerns (Please discuss in detail)
 - A. Support Team
 - B. Qualities of a Support Team

2. You are applying for a managerial position in a healthcare facility. Prepare for the interview by describing your managerial style as you would during the interview. Please incorporate your resume. Which management theory best explains the managerial style you described and why?

Appropriate example of outline for this question. Please feel free to be creative and design your own outline for this question.

Preparing for an Interview

- I. Describe your managerial Style
 - A. Theory best describes your managerial style (place her)
 - B. Rationale for theory selection (explain why this theory best describes you.
- II. Resume

Case 2: Lake View Hospital

Instructions: Please answer the case study questions below. Please make sure to reference the theories in the book. Each response must be 75 words or more.

Lake View Hospital is a 25-bed critical access hospital located in rural Minnesota. Lake View's director of primary care and specialty services and the president/CEO identified a need to restructure their physician and Advanced Practice Provider (APP) coverage model to improve physician and APP recruitment (providers), ensure provider retention, and to better serve their patients and the community. Changes related to health care reform, survey of patients' expectations of services, and the expectations of new providers looking to practice in a rural setting all factored into their decision to explore the need to make significant changes in our delivery models. Several complex challenges were identified early on and were discussed with their provider partners. They engaged in brainstorming, scenario planning, and other productive conversations on what changes they should work toward and why they should try to make them. All these changes happened during a relatively short period of time and after a long period of providing services at the status quo.

Summary of Changes Implemented

Provider contracts and recruitment. They restructured their provider contracts across the medical clinic to align with the organization's strategic plan and to better serve their patients. The goal was to be transparent with the providers and create standard contract models for current providers and for the providers that they were working hard to recruit. These changes were achieved through collaboration between administration, consisting of Lake View's president/CEO, director of primary care and specialty services, and director of finance, and their team of eight providers at the time. They also modified their provider recruitment strategy to take more ownership of the process internally at Lake View, and to connect with more providers across the state to share what they were working on at Lake View. They had many challenges to work through with their current providers to maintain internal equity, respect current employment terms, past agreements, and compliance requirements.

Physician call obligations. Prior to this recent restructuring, Lake View's physicians covered hospital call 24/7/365 on a rotating basis. This was taking a toll on their long-term physicians after decades of covering this obligation and was seen as a burden by the newer physicians who were beginning their careers and starting their families. New physicians who were being recruited by Lake View also saw this call obligation as a negative to joining Lake View's practice in contrast to some of the outpatient only practices available in the region. The administration team and physician team again worked collaboratively during internal team meetings, offsite retreats, and with individual discussions on how to best solve this dilemma. Their goal was to eliminate overnight hospital call, but still ensure the appropriate call coverage to operate and grow the inpatient services that their patients were requesting. They evaluated and considered many different creative and innovative coverage models (e.g., hospitalist program, telemedicine, contracts, etc.) before all deciding on their current call coverage model. They had to work closely with their emergency department physicians throughout the process and to ensure success with their newly agreed upon model. They decided on a model where the primary care physicians cover call from 7:00 a.m. to 6:00 p.m. seven days a week and the ED physicians cover the ED and inpatient unit from 6:00 p.m. to 7:00 a.m. They implemented a successful communication and handoff process from the ED physician to the primary care physician to ensure seamless patient care and quality. The change was identified as a significant factor in successfully recruiting two high quality and sought-after physicians looking to sign with an organization in the Lake View region.

What were the leadership practices that Lake View used to promote innovation and reduce resistance to change for each of the two problems above?

Contracts and recruitment issue:

Physician call issues: