HAD 509 – ADMINISTRATIVE ISSUES

3 Credits
Daniel J. West, Jr., Ph.D., FACHE, FACMPE
Spring Semester, 2019
Monday 4:30 – 7:10 p.m. (Section 1)
Monday 7:20 – 10:00 p.m. (Section 2)

I.   COURSE DESCRIPTION:
       This is the graduate health administration capstone course. Students integrate and apply
       knowledge, principles, theories, concepts, methods, techniques, skills, competencies, values,
       and viewpoints developed throughout the curriculum to resolve health care administration
       case studies and to complete an applied health care administration project. The course uses
       knowledge gained in all core curriculum courses and requires critical thinking, problem solving,
       decision making, creative capacities, qualitative and quantitative analysis. Communication and
       interpersonal skills are essential in all course activities. Behavioral outcomes focus on eloquentia
       prefecta, comprehension, application, analysis, synthesis and evaluation of health care administration
       knowledge, skills, theory and issues. Individual and group leadership skills are applied and evaluated.

II.   PREREQUISITES:
       36 core HAD credits or approval by the Program Director

III.   TYPICAL COURSE SEQUENCE:
       This course is normally taken during the second year of graduate studies in the final semester prior to
       taking HAD 581 – Administrative Residency or other types of fieldwork.

IV.   MHA COMPETENCY MODEL & COURSE OBJECTIVES:

       A.   The MHA program utilizes the Healthcare Leadership Alliance (HLA) and the American college
            of Healthcare Executives (ACHE) domains and competencies. The critical domains related to this
            course are: Communication and Relationship Management, Leadership, Professionalism,
            Knowledge of the Healthcare Environment and Business Skills and Knowledge.

       DOMAIN 1 – Communication and Relationship Management

       The ability to communicate clearly and concisely with internal and external customers, establish and
       maintain relationships, and facilitate constructive interactions with individuals and groups. Specific
       competencies include:

       1.1 Communicate effectively one-on-one, in work groups and on projects.
       1.2 Write clearly, concisely using good grammar.
       1.3 Speak clearly and effectively before individuals and groups.
       1.4 Prepare professional presentations.
       1.5 Demonstrate telecommunication skills.
       1.6 Facilitate group dynamics, process and discussions.
       1.7 Effectively conduct a meeting using good techniques.
       1.8 Critically analyze management issues and communicate the analysis in a clear and concise
            manner, both orally and in writing.

DOMAIN 2 - Leadership

The ability to inspire individual and organizational excellence, create a shared vision and successfully manage change to attain the organization's strategic ends and successful performance. According to the HLA model, leadership intersects with each of the other four domains. Specific competencies include:

2.1 Utilize decision-making and problem-solving skills.
2.2 Demonstrate critical thinking and strategic thinking.
2.3 Facilitate team work and effective group processes.
2.4 Encourage and motivate others to create commitment to purpose.
2.5 Apply concepts and theory to demonstrate effective working relationships among and between management, medical staff and governing borad.
2.6 Understand the roles and responsibilities of the governing board and identify effective techniques for developing and maintaining relationships between senior management, the medical staff and the board.
2.7 Present and discuss current trends and issues impacting stakeholders and the healthcare environment.

DOMAIN 3 – Professionalism

The ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient, community, a service orientation, and a commitment to life long learning and improvement. Specific competencies include:

3.1 Advocate for patients, families and community.
3.2 Articulate, model and promote professional values and ethics.
3.3 Conduct self-assessment and utilize reflection and discernment.
3.4 Identify conflict of interest and consequences of unethical actions.
3.5 Establish and build a network of professional relationships.
3.6 Apply the ACHE Code of Ethics in case analysis and assignments.
3.7 Apply principles of honesty and integrity

DOMAIN 4 – Knowledge of Healthcare Environment

The understanding of the healthcare system and the environment in which healthcare managers and providers function. Specific competencies include:

4.1 Use evidence based approaches in decision-making and problem-solving.
4.2 Analyze situations and develop stratetgy.
4.3 Understand, monitor, and comply with laws, regulations, and accreditation agencies.
4.4 Develop, organize, synthesize and articulate ideas and critical thinking.
4.5 Use marketing and needs assessment techniques to develop and implement services and change within an organization.
4.6 Analyze and use factual information to manage change and present reports.

DOMAIN 5 – Business Skills and Knowledge

The ability to apply business principles, including systems thinking, to the healthcare environment. Specific competencies include:

5.1 Demonstrate the ability to synthesize and integrate information to make decisions, solve problems, develop solutions.
5.2 Use principles of strategic human resources management to recruit and retain people, improve performance, and achieve organizational goals.
5.3 Develop, evaluate and understand how to implement strategies that further the mission, vision and values of the organization.

5.4 Measure and improve clinical and organizational performance to improve outcomes.

5.5 Understand and communicate the value of administrative, financial and clinical support technologies to improve performance.

5.6 Manage a project using project management techniques and systems thinking.

5.7 Use statistical and analytical tools to measure and improve performance.

5.8 Apply financial management and quality improvement principles.

B. Alignment of domains and competencies with assignments and assessments:

Activity	Domains
Class Participation	1.1 2.3, 2.4 3.2, 3.6 4.2, 4.4, 4.6 5.1, 5.5
Leading A Case Discussion	1.3, 1.6, 1.7 2.4, 2.5 3.2 4.2, 4.3, 4.6
Written Case Study Analysis (10 Cases)	1.2, 1.8 2.1, 2.2, 2.5, 2.6 3.4, 3.5, 3.6 4.1, 4.2, 4.3, 4.4, 4.5 5.1, 5.2, 5.3, 5.4, 5.7, 5.8
Written Capstone Project	1.2 2.1, 2.6 3.5, 3.7 4.1, 4.2, 4.4, 4.5, 4.6 5.1, 5.2, 5.3, 5.4, 5.6, 5.7, 5.8
Oral Project Defense	1.4, 1.5 2.2, 2.7 3.2, 3.3 4.4, 4.6 5.1, 5.5, 5.6
Evening News	1.1, 1.3, 1.4 2.4, 2.7 3.1, 3.6 4.3, 4.6
Presentations & Discussion of Assigned Readings	1.1, 1.3, 1.4, 1.6 2.3, 2.4, 2.5 3.5 4.4, 4.6 5.6

C. Alignment of course objectives with ACHE domains and competencies. During this course the student will:

Course objectives	Competencies
use fundamental principles, generalizations, theories, methods, and techniques in health care administration to demonstrate critical thinking.	4.1, 4.2, 4.3, 5.1, 5.2
integrate prior learning from MHA courses to improve thinking, problem-solving, and decision-making	2.1, 4.1, 4.2, 5.1, 5.2, 5.3, 5.8
analyze complete health care administration cases, situations, problems, and issues.	5.1, 5.2, 5.3, 5.5, 5.7, 5.8
apply and integrate MHA curriculum concepts, principles, theories, models, methods, skills and competencies.	2.5, 4.2, 5.2, 5.3, 5.8
develop competency in assessing, evaluating, analyzing, and solving health care management problems.	2.2, 4.2, 5.2, 5.3, 5.7, 5.8
develop specific skills, competencies, viewpoints, and traits needed by health care administrators.	2.6, 3.1, 3.4, 3.6, 5.6
develop personal responsibility, initiative, resourcefulness, and self-discipline.	2.3, 3.2, 3.3
develop creative capacities and original thinking for solving health care administration problems.	4.1, 4.4, 5.1, 5.3
develop communication skills for writing, speaking, listening, discussing, and teamworking; facilitate group session	1.1, 1.2, 1.3, 1.6, 2.7, 5.6
utilize reflection and discernment in the learning process.	2.4, 3.4, 3.5, 3.6
synthesize, integrate, and apply knowledge.	2.2, 4.1, 4.2, 5.6, 5.8
utilize experience-based learning.	4.1, 4.2, 5.3, 5.4, 5.8
practice effective interaction in groups and teams.	1.3, 1.6, 1.7, 5.6
incorporate assessment of data and research findings in written and oral presentations.	2.5, 4.6, 5.6, 5.7, 5.8
analyze information, debate issues, classify information, develop tables and graphs, organize data, compile data and draw relevant conclusions.	4.4, 4.6, 5.4, 5.7, 5.8
establish and validate all recommendations and conclusions.	4.4, 4.5, 5.4, 5.7
draw relevant conclusions from research and analysis.	4.3, 4.4, 5.2, 5.5, 5.7
assemble and collect valid and reliable data; estimate future trends in health care.	4.5, 4.6, 5.7
assess and re-evaluate personal career plans; use course to examine and crystallize interests and values.	3.3, 3.4, 3.6
acquire new information and knowledge for health care administration via project, cases, and readings.	2.7, 3.1, 5.3, 5.4
develop competencies and points of view needed in health care administration.	1.4, 1.5, 1.8, 3.1, 3.5
prepare for fieldwork opportunities.	2.6, 3.5
Communicate clearly and concisely, both orally and in writing.	1.2, 4.6, 5.5
Demonstrate professionalism and ethical analysis.	3.2, 3.5, 3.6, 3.7

D. Faculty Senate Academic Policy Committee's Proposed Definition of Eloquentia Perfecta relevant to developing skills and competencies in this course.

In accordance with the Jesuit pedagogical goal of eloquentia perfecta, the University of Scranton aims to enable students to speak, write, and argue effectively in varied media, and so develop a skill that will enable them to serve the common good more fully as professionals and as citizens. Although eloquentia perfecta derives its goals from rhetorical traditions stressing excellence and logical clarity in communicating, it succeeds in achieving those goals in conjunction with the associated arts of reading, listening, observing, inquiring, analyzing, and thinking critically. Eloquentia perfecta manifests as students produce a variety of discourse, generating broader and deeper understandings, and so contribute to the greater good as engaged and compassionate members of the human community.

E. The National Council for Excellence in Critical Thinking (1987) is used in this course.

"Critical thinking is the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action. In its exemplary form, it is based on universal intellectual values that transcend subject matter divisions: clarity, accuracy, precision, consistency, relevance, sound evidence, good reasons, depth, breadth, and fairness."

V. COURSE ACTIVITIES:

This course uses applied projects, case studies, class discussion, class lecture, reading assignments, class attendance and participation, course handouts, supplemental readings, research, oral presentations, written reports, and consultations with the professor. Other learning activities and methods may be used to facilitate learning and meeting objectives. Guest speakers are used at appropriate times to help with professional skill development and to stimulate creative thinking. External learning events are used to develop professional skills.

VI. REQUIRED TEXTS AND READINGS:

ACHE Healthcare Executive Competencies Assessment Tool, 2018.

Porter, M.E. & Kramer, M.R. (January-February 2011). Creating Shared Value. Harvard Business Review, 62-77.

Kovner, A.R., & D'Aunno, T. (2017). Evidence-Based Management in Healthcare (2nd Edition). Chicago: Health Administration Press.

McGinn, P. (2009). Partnership of Equals: Practical Strategies for Healthcare CEOs and Their Boards. Chicago: Health Administration Press.

Darr, K., Farnsworth, T.J., & Myrtle, R.C. (2017). Cases in Health Issues Management (6th edition). Baltimore: Health Professions Press.

Simendinger, E. (Summer 2003). In search of a course design and teaching methods to improve critical thinking skills. Journal of Health Administration Education, 20(3), 197-210.

Students are to do whatever additional reading they consider necessary to prepare for discussion of case studies and to complete their health care administration project. This may include reading from books, journals, references, websites, materials obtained from health care organizations, and other sources. Consultation with executives is necessary when completing the applied project.

Additional readings and materials will be distributed in class or assigned during the semester.

OPTIONAL TEXT:

Bisognano, M. & Kenny, C. (2012). Pursuing The Triple Aim. Jossey-Bass, San Francisco, CA (ISBN: 978118205723).

Dye, C.F. & Garman, A.N. (2016). Exceptional Leadership: 16 Critical Competencies for Healthcare Executives (2nd edition). Chicago: Health Administration Press.

Kouzes, J. & Posner, B. (2012). The Leadership Challenge (5th edition). San Francisco: The Wiley brand.

Porter, M., Olmsted-Teisberg, E. (2006). Redefining Health Care: Creating Value-Based Competition on Results (1st Edition). Harvard Business School Press (ISBN: 159139 7782).

VII.   STUDENT RESPONSIBILITIES:
Students are expected to exhibit professional and ethical behavior at all times. You are responsible for:

* attending all class sessions and activities.
* completing all reading assignments prior to scheduled classes (except the first class).
* acting ethically and professionally, interacting appropriately in class.
* participating in class discussions, asking questions as needed.
* attending (on time) and actively contributing to all classes.
* completing all course assignments and activities as scheduled.
* dressing appropriately for class, study tours, and visits to agencies.
* talking with the professor regarding questions or concerns about assignments, grades, class activities, or other aspects of the course.
* reading and following the university plagiarism policy.
* adhering to the "Academic Code of Honesty" standards.
* adhering to ACHE Code of Ethics.
* using APA Publication Manual and style in all written work.

Class preparation, attendance, and participation help increase course learning, performance, and grades. The more you attend, prepare, and participate, the more you will learn and retain. Class attendance is expected. Participation in all class discussions is expected. Please come to each class fully prepared to meaningfully participate in discussions, assignments, and activities. You are encouraged to share your own experiences that fit with the class content. Communication & interpersonal skills will be evaluated.

I want you to do well in the course. This syllabus provides information about what is expected in this course. During the semester, I will provide further information and clarification about course expectations, assignments, competencies, and so forth, so that you can learn and do well in the course. Please contact me (by email, phone, after class, office visit, etc.) if you have questions or concerns about course material, class activities, assignments, grades, or any aspects of the course. I will provide feedback to you during the semester about your performance in the course; if you desire further feedback, please contact me. I will be available for individual help, and I will welcome input and feedback about the course.

VIII.   CLASS POLICIES:
1. Class members are expected to attend classes and are responsible for all course material covered on the day(s) missed. Class members should obtain the missed course information from another student.
2. Ordinarily, no extension on assignments will be given. Notice to the professor of late submissions is required. Failure to notify the professor of a problem concerning an assignment when it is due will result in a 10% reduction in grade for each day the assignment is late. After 9 days, the grade for the assignment will be a zero.
3. Ordinarily, no extra credit assignments will be given.
4. Ordinarily, incomplete grades are not given.
5. All written assignments will be evaluated on professional aspects of writing such as grammar, spelling, context, neatness, organization, and overall readability.
6. All written assignments must utilize the APA editorial style. All references must be appropriately cited and plagiarism in any form will result in course failure. Class members are required to read and adhere to the University Code of Honesty and Academic Integrity.
7. Verbal presentations in class require preparation and practice. Reading of presentations is not acceptable and will result in a lower grade.
8. Appropriate dress and attire is required at all times.

IX.   COURSE ACTIVITIES AND ASSIGNMENTS:
The main purpose of the course activities, readings, case studies, discussions, assignments, research, presentations and projects are to assess to what extent participants: have acquired specific knowledge, skills and competencies; achieved a better understanding, working knowledge and comprehension of health services administration; understand important issues, problems and trends; utilize and demonstrate knowledge from other courses; can communicate information effectively to colleagues

and work in teams; meet the stated course objectives; demonstrate critical thinking, problem solving and decision-making.

X.   GRADING CRITERIA:

Activity	Points	% of the Grade
Attendance & Meaningful Class Participation	45	12%
(3 pts X 15 classes)		
Presentations & Discussion of Assigned Readings	30	8%
Leading a Case Study Discussion	25	6%
Written Case Study Analysis	80	20%
(10 pts X 8 cases)		
Written Capstone Project	100	26%
Capstone Project Oral Defense	75	20%
Presentation & Discussion of Assigned Readings	30	8%
Total Points	385	100%

XI.   DETERMINATION OF COURSE GRADE:

Grade		GPA	Points	Definition	% Cutoff
A	=	4.00	385-366	Superior/Outstanding	95 - 100
A-	=	3.67	365-354	Excellent	92 - 94
B+	=	3.33	353-343	Very Good	89 - 91
B	=	3.00	342-331	Good	86 - 88
B-	=	2.67	330-320	Fair	83 - 85
C+	=	2.33	319-308	Passing Grade	80 - 82
C	=	2.00	307-285	Minimal Passing Grade	74 - 80
F	=	0.00	284-0	Failure	73 - 0

APPLICATION FOR DEGREE AND COMPREHENSIVE EXAMINATION:
All students enrolled in the course will submit, to the professor, an Application for Comprehensive Examination [if not already submitted] and an Application For Degree if graduation is anticipated at the conclusion of the semester.

XII.   INSTRUCTIONAL ASSISTANCE:
The professor will be available to answer questions and help participants before, during and after class. Individual appointments are available upon request. Participants are encouraged to talk with the professor if there are unique problems or questions requiring further discussion or clarification. The professor can be reached by telephone at work (941-4126) or during regular office hours.

Participants who wish to explore other possible ways of achieving a desired grade in this course are invited to arrange for an appointment with the professor to further discuss this possibility.

If a participant would like to adopt course assignments to their work setting, such arrangements require an appointment with the professor to finalize topics and modifications to the course requirements. Any modifications must maintain academic rigor and requires agreement in writing with the employer.

XIII.   REASONABLE ACCOMMODATION:
Requesting a Reasonable Accommodation: Students with disabilities need to be registered with the Office of Equity and Diversity at least one to three months prior to or the onset of the academic year if they anticipate needing disability – related accommodations and/or support services. In order to register with the office, the student must self-disclose the presence of a specific disability and provide the appropriate documentation complete with diagnosis and specific limitations. The Office of Equity and Diversity will determine appropriate, legal documentation needs. If the documentation is incomplete, the student may be asked to seek additional diagnosis documentation.

XIV.   WRITING CENTER SERVICES
The Writing Center focuses on helping students become better writers. Consultants will work one-on-one with students to discuss students' work and provide feedback at any stage of the writing process. Scheduling appointments early in the writing progress is encouraged.

To meet with a writing consultant, stop by during the Writing Center's regular hours of operation, call (570) 941-6147 to schedule an appointment, or complete the Writing Assistance Request Form online (writing-center@scranton.edu).

XV.   My Reporting Obligations as a Responsible Employee
As a faculty member, I am deeply invested in the well-being of each student I teach. I am here to assist you with your work in this course. Additionally, if you come to me with other non-course-related concerns, I will do my best to help.

It is important for you to know that all faculty members are required to report incidents of sexual harassment or sexual misconduct involving students. That means that I cannot keep information about sexual harassment, sexual assault, sexual exploitation, dating or domestic violence or stalking confidential if you share that information with me.   I will keep the information as private as I can but am required to bring it to the attention of the University's Title IX Coordinator, Elizabeth Garcia, or Deputy Title IX Coordinator/Dean of Students, Lauren Rivera, who in conversation with you will explain available support, resources and options. I will not report anything to anybody without first letting you know and discussing choices as to how to proceed. The University's Counseling Center (570-941-7620) is available to you as a confidential resource; counselors (in the counseling center) do not have an obligation to report to the Title IX Coordinator.

XVI.   Non-Discrimination and Sexual Misconduct Reporting
The University of Scranton is committed to providing a safe and non-discriminatory employment and educational environment. Sexual harassment, including sexual violence, is a form of sex discrimination prohibited by Title IX of the Education Amendments of 1972. The University does not discriminate on the basis of sex in its educational, extracurricular, athletic, or other programs or in the context of employment.

Students who believe they have been subject to sexual harassment, sexual misconduct or sex or gender discrimination should contact Ms. Elizabeth Garcia, Title IX Coordinator, at (570) 941-6645 or elizabeth.garcia2@scranton.edu, Christine M. Black, the Deputy Title IX Coordinator, at (570) 941-6645 or christine.black@scranton.edu or Ms. Lauren Rivera, AVP for Student Formation & Campus Life and Dean of Students, at (570)941-7680 or lauren.rivera@scranton.edu. The United States Department of Education's Office for Civil Rights (OCR) enforces Title IX. Information regarding OCR may be found at www.ed.gov/about/offices/list/ocr/index.html

XVII.   OFFICE HOURS:
Tuesday: 3:30-6:30 PM; Thursday 2:00-4:00 PM; Other Hours By Appointment Only
Participants are strongly encouraged to meet with the professor if they have concerns and not waiting until there is a major problem in the course. It is most advisable to set up a specific time to meet with the professor during regular office hours.

XVII.   COMMUNICATION VENUES:
          FAX: (570) 941-5882
          Telephone: (570) 941-4126 (voice mail)
          Email: westd1@scranton.edu
                      Daniel.West@scranton.edu
          Department: (570) 941-4350

          Secretaries: JoanneReichle   (7:00-3:00)   941-4350
                        Michele Heenan (3:00-8:00)   941-4350

          Graduate Assistants: (941-6237)
                Arjita Bhargava
                Michaela Dolde
                Lisa Lech
                Priya Patel
                Liz Steele

          Office Address: Daniel J. West, Jr., Ph.D., FACHE, FACMPE
                                 Professor and Chairman
                                 Department of Health Administration and Human Resources
                                 University of Scranton
                                 McGurrin Hall, Room 417
                                 Scranton, PA 18510-4597

XVIII.   CLASSROOM LOCATION AND TIME:

          Monday   4:30-7:10 PM   (Section 1) - Room 402 - McGurrin Hall
          Monday   7:20-10:00 PM   (Section 2) - Room 402 - McGurrin Hall

XX.   CLASS AGENDA & SCHEDULE OF TIME

          10 min.   Professor Comments, Announcements & Questions
          45 min.   Leading A Case
          15 min.   Feedback
          15 min.   Book Discussion
          15 min.   Book Discussion
          15 min.   Book Discussion
          15 min.   Major Project

          IMPORTANT
          Each week there will be a different class leader/facilitator. It is your responsibility to have active
          participation by all members of the team. You lead the entire class for 2 hours.

          BOOKS
            EBM = Evidence-Based Management
            POE = Partnership of Equals
            HSM = Cases in Health Services Management

          NOTE
          The optional text on by Dye & Garman (2016) is to be read throughout the semester and used in
          discussions with your fieldwork coordinator (either Ms. Koehler and Ms. DiLeo)

CASE ANALYSIS

HAD509 Written Case Analysis Content and Format

[Adapted from: Simendinger, E. (2003). In Search of a Course Design and Teaching Methods to Improve Critical Thinking. Journal of Health Administration Education, 20(3), 197-213.]

Do each case analysis without discussing it with other HAD 509 students prior to class. We will analyze and discuss each case in class, so wait until class to discuss the case.

If you will miss a class, you should email your case analysis to the instructor before the class.

For each case, write the following information and number it 1 though 8 and use section headings:

1. Your name.

2. The case number, case title, and class date.

3. A summary of the case. [1 paragraph] This will require you to read the case several times. Do not just copy sentences from the case. Instead, express in your own words the essence of the case.

4. A list of what you think are the 10-15 most important facts/factors in the case [1-2 pages].

5. The most important health administration problem/issue to be solved in the case. [1 sentence].
   List other secondary problems in the case [1-2 pages].

6. Your recommended solution for the case (a.-d. below). Make *clear specific realistic recommendations*. There must be a clear logical sequence to your thoughts and recommendations. [4-5 pages]

   a. At least three possible realistic alternative solutions for the most important problem (stated above for 5).

   b. Criteria to evaluate possible alternative solutions. For example: acceptability to stakeholders, needed resources, legality, timing, cost-effectiveness, ability to implement, side effects, qualifications, statistical data, financial data, ethical considerations, fit with case facts, likelihood of actually solving the problem, etc.

   c. Evaluation of the possible alternative solutions (6a) using the criteria (6b).

   d. Your recommended solution for the problem, based on 6a, 6b, and 6c. Justify your recommendation.

7. Specific MHA tools, methods, techniques, principles, theories, models, etc. from MHA courses that you used for this case. List specific tools (e.g., cost-benefit analysis, market segmentation, etc.). Do not list general subjects (e.g., finance, leadership) [1-2 pages].

8. Answer any case study questions that accompany the case. If a case question is answered by what you already wrote for 3-7 above, then just note which part of your case analysis provides the answer.

Case analyses will sometimes be collected and graded. Grades will be based on how well case analyses use case information, MHA tools, and critical thinking to do 3-8 above. Each case analysis is worth a total of 10 possible points as follows:

1,2,3	=	1 point
4	=	1 point
5	=	1 point
6	=	5 points
7	=	1 point
8	=	1 point

Oral Presentation of Health Care Administration Capstone Project

You must prepare and present your own health care administration capstone project. This should demonstrate your ability to use MHA tools, knowledge, theories, skills, techniques, competencies, etc. from at least 5 different MHA courses to solve a complex multi-faceted health care administration problem. You must use power points. This presentation should be high-quality, appropriate for graduate study, and suitable for the administrative staff of the health care organization. The chosen project must be approved by the professor before proceeding. Work-in-progress should be reviewed with the professor for feedback to increase learning and performance. Your presentation (excluding Q&A) should be 30 minutes long, you should give a copy of visual materials to the audience, and you should do the following:

a) *Introduce the presentation* (state the purpose, state the importance, give a quick outline).
b) *Describe a complex multi-faceted health care administration problem* of a health organization. Include relevant background (e.g., history, environment, stakeholders, market, mission, strategy, services, leadership, culture, finances, human resources, etc.). Help the audience understand the problem you will solve.
c) *Describe possible solutions* to resolve the problem, demonstrating application of relevant MHA tools.
d) *Identify criteria you use to evaluate alternative solutions*, demonstrating application of MHA tools.
e) *Explain, evaluate, and justify your recommended solution*, showing application and integration of relevant MHA tools.
f) *Propose an implementation plan* (who will do what when), demonstrating application of relevant MHA tools.
g) *Explain how you use specific MHA tools* from at least 5 MHA courses in this project.
h) *Present evaluation and assessment criteria.*

Name: Date:

Project:

Criteria   Points   Comments / Suggestions
Content (a-g above)
a)   Introduction [5]
b)   Problem [5]
c)   Possible solutions [10]
d)   Criteria [5]
e)   Recommended solution [10]
f)   Implementation [5]
g)   MHA tools [5]

Focus and clarity
[0 – 5 points]

Arrangement, flow
[0 – 5 points]

Use of time
[0 – 5 points]

Attire, delivery
[0 –5 points]

Visual materials
[0 – 5 points]

Q&A, discussion
[0 – 5 points]

                                                      Total points [0 - 75]

Written Report of Health Care Administration Capstone Project

You must prepare and write a report of your own health care administration capstone project. This report should demonstrate your ability to use MHA tools, knowledge, theories, skills, techniques, competencies, etc. from at least 5 different MHA courses to solve a complex multi-faceted health care administration problem. In addition to the written report, you must prepare a poster presentation. This report should be high-quality, appropriate for graduate study, and suitable for the administrative staff of the health care organization. The chosen project must be approved by the instructor before proceeding. Work-in-progress should be reviewed with the instructor for feedback to increase learning and performance. Your report should be about 15-20 pages long (plus appendices) and should do the following:

a) *Introduce the report* (state the purpose, state the importance, give a quick outline).
b) *Describe a complex multi-faceted health care administration problem* from a health organization. Include relevant background (e.g., history, environment, stakeholders, market, mission, strategy, services, leadership, culture, finances, human resources, etc.). Help the reader understand the problem you will solve.
c) *Describe possible solutions* to resolve the problem, demonstrating application of relevant MHA tools.
d) *Identify criteria you use to evaluate alternative solutions*, demonstrating application of MHA tools.
e) *Explain, evaluate, and justify your recommended solution*, showing application and integration of relevant MHA tools.
f) *Propose an implementation plan* (who will do what when), demonstrating application of relevant MHA tools.
g) *Explain how you use specific MHA tools* from at least 5 MHA courses in this project.
h) *Explain evaluation and assessment of metrics and outcomes.*

Name: Date:

Project:

Criteria   Points   Comments / Suggestions
Content (a-g above)
a) Introduction [5]
b) Problem [15]
c) Possible solutions [10]
d) Criteria [5]
e) Recommended solution [15]
f) Implementation [10]
g) MHA tools [5]

Focus and clarity
[0 – 5 points]

Arrangement, flow
[0 – 5 points]

Conciseness
[0 – 5 points]

Proper writing, grammar, etc.
[0 – 10 points]

Graphs, charts, etc.
[0 – 5 points]

Overall appearance,
format, etc.
[0 – 5 points]

                                                    Total points [0 - 100]

REQUIRED READINGS

Acosta, C., Dibble, C., Giammons, M. & Wang, N.E. (2009). A model for improving universal children's access to health insurance via the emergency department. Journal of Healthcare Management, 54(2), 105-115.

Baedke & Lamberton. (2015). Bounce Back from Failure. Excerpted from The Emerging Healthcare Leader: A Field Guide. Health Administration Press.

Belmont, E., Haltom, C.C., Hastings, D.A., Homchick, R.G., Morris, L., Taitsman, J., Peters, B.M., Nagele, R.L., Scherner, B. & Peiseit, K.C. (2011). A new quality compass: hospital board's increased role under the affordable care act. Health Affairs, 30(7), 1282-1289.

Berenson, R. (2015). Addressing Pricing Power in Integrated Delivery: The Limits of Antitrust. Journal of Health Politics, Policy & Law, 40(4), 711-744.

Blumenthal, D. (2018). To Control Health Care Costs, U.S. Employers Should Form Purchasing Alliances. Harvard Business Review.

Bradley, E.H., Holmboe, E.S., Mattera, J.A., Roumanis, S.A., Radford, M.J., & Krumholz, H.M. (2003). The Roles of Senior Management in Quality Improvement Efforts: What are the Key Components? *Journal of Healthcare Management*, *48(1)*, 15-29.

Briner, R.B., Denyer, D., & Rousseau, D.M. (November 2009). Evidence-based management: concept cleanup time? Perspectives, The Academy of Management, 23(4), 19-32.

Broscio, M.A. (2014). Career Management in Today's Healthcare Environment. Journal of Healthcare Management, 59(6), 395-398.

Buel, J.M. (2009). Looking out for inspiration. Healthcare Executive, 24(3), 20-28.

Buell, J.M. (2014). The Resilient Leader: Mind, Body and Soul. Healthcare Executive, 11-18.
Cleverley, W.O., & Cameron, A.E. (2002). Essentials of Health Care Finance. Gaithersburg, MD: Aspen Publishers, Inc.

Carman, K.L., Mauer, M., Yegian, J.M., Dardess, P., McGee, J., Evers, M. & Marlo, K.O. (July, 2010). Evidence That Consumers Are Skeptical About Evidence-Based Health Care. Health Affairs, 29(7), 1400-1406.

Chugh, A., Williams, M.V., Grigsby, J. & Coleman, E.A. (2009). Better transitions: improving comprehension of discharge instructions. Frontiers of Health Services Management, 25(3), 11-32.

Cleverley, W.O., & Cameron, A.E. (2002). Essentials of Health Care Finance. Gaithersburg, MD: Aspen Publishers, Inc.

Cohn, K.H. (2009). A practicing surgeon dissects issues in physician-hospital relations. Journal of Healthcare Management, 54(1), 5-10.

Constantin, I. (2014). What Should We Learn From Great Leaders. Manager, (19), 139-143.

Corrao, S. (2009). Evidence-Based Knowledge Management: an approach to Effectively Promote Good Health-care Decision-making in the Information Era. Intern Emerg. Med., (4), 99-106.

Costello, M.M., West, D.J. & Ramirez, B. (2011). Hopsitals for sale. Hospital Topics, 89(3), 69-73.

Crosson, F.J. (2011). The accountable care organization: whatever its growing pains, the concept is too vitally important to fail. Health Affairs, 30(7), 1250-1255.

Curran, C.R. & Totten, M.K. (2010). Enhancing board effectiveness. <u>Nursing Economics</u>, 28(6), 420-422.

Curran, C.R. & Totten, M.K. (2010). Quality, patient safety, and the board. <u>Nursing Economics</u>, 28(4), 273-275.

Daft, R.L. (2006). Organization Theory and Design, 8th ed. Cincinnati, Ohio: South-Western College Publishing.

DeVan, M. (2013). Public Speaking: Creating Presentations that Are Awe Inspiring Not Yawn Producing. <u>Journal of Medical Practice Management</u>, 29(3), 204-205.

Duke, K.T., Lewicki, R.J. & Zaheer, A. (2009). Repairing relationships within and between organizations: Building a conceptual foundation. <u>Academy of Management Review</u>, 34(1), 68-84.

Fick, J.W. (2018). Exploring Hospital CEOs' Perceptions of Health Administration Graduates' Leadership Competencies. <u>The Journal of Health Administration Education</u>, 230-256

Forney, S.W. & Phillips, B. (2009). 10 Critical growth strategies healthcare executives must know. <u>Healthcare Executive</u>, 9-14.

Fowler, F.J., Levin, C.A. & Sepucha, K.R. (2011). Informing And Involving Patients To Improve The Quality of Medical Decisions. <u>Health Affairs</u>, 30(4), 699-705.

Flynn, W.J., Mathis, R.L., Jackson, J.H., & Langan, P.J. (2004). Healthcare Human Resource Management. Mason, OH: South-Western/Thomson Learning.

Ginter, P. M., Swayne, L. E. , & Duncan, W. J. (Eds.). (2006). Strategic Management of Health Care Organizations (4th ed.). Malden, MA: Blackwell Publishers.

Gillespie, W. & Dietz, G. (2009). Trust repair often an organization-level failure. <u>Academy of Management Review</u>, 34(1), 127-145.

Girotra, K. (2014). Four Paths to Business Model Innovation. <u>Harvard Business Review</u>, 97-103.

Goldbach, A.R. & West, D.J. (2010). Medical tourism: a new venue of healthcare. <u>Journal of Business Issues</u>, 4(2), 43-53.

Goleman, D. (March-April 2000). Leadership that gets results. <u>Harvard Business Review</u>, 78-90.

Griffith, J.R., & White, K.R. (2002). The Well-Managed Healthcare Organization. Chicago, IL: Health Administration Press.

Griffith, J.R. (2009). Finding the frontier of hospital management. <u>Journal of Healthcare Management</u>, 54(1), 57-72.

Groysberg, B. (2014). Manage Your Work, Manage Your Life. <u>Harvard Business Review</u>, 58-66.

Goleman, D. (2000). Leadership That Gets Results. <u>Harvard Business Review</u>, 78-90.

Guo, R. (2016). Study on Hospital Adminstrators' Beliefs and Attitudes toward the Practice of Evidence-Based Management. <u>Hospital Topics</u>, 94(3-4), 62-66.

Hoff, T., Jameson, L, Hannan, E, & Flink, E. (2004). A Review of the Literature Examining Linkages between Organizational Factors, Medical Errors, and Patient Safety. *Medical Care Research and Review* 61(1), 3-37.

Jaana, M., Vartak, S. & Ward, M. Evidence-Based Health Care Management: What Is the Reseasrch Evidence Available for Health Care Managers. <u>Health Services Research & Practice</u>, 37(3), 314-334.

Jarrett, M.P. (2017). Patient Safety and Leadership: Do You Walk the Walk? Journal of Healthcare Management, 62:2, 88-92.

Jha, A. & Epstein, A. (2011). Hospital governance and the quality of care. Health Affairs, 29(1), 182-187.

Jiang, H.J., Lockee, C., Bass, K. & Fraser, I. (2009). Board oversight of quality: Any differences in process of care and mortality? Journal of Healthcare Management, 54(1), 15-29.

Johns, M.L. (2002). Information Management for Health Professions. Albany, NY: Delmar Publishers, Inc.

Kacik, A. (2018). To Build or Not To Build? Modern Healthcare, 22-24.

Kepes, S. (2014). Evidence-Based Management and the Trustworthiness of Our Cumulative Scientific Knowledge: Implications for Teaching, Research, and Practice. Academy of Management Learning & Education, 13:(3), 446-466.

Kovner, A.R. (2014). Evidence-Based Management: Implications for Nonprofit Organizations. Nonprofit Management & Leadership, 24(3),. Wiley Periodicals, Inc.

LaPenna, A.M. (2009). Workplace medical clinics: the employer-redesigned company doctor! Journal of Healthcare Management, 54(2), 87-91.

Lafley, A.G. (2009). What only the CEO can do. Harvard Business Review, 54-62.

Malhotra, D. (2014). Rules. Harvard Business Review, 117-120.

Marvel, K., Bailey, A., Pfaffly, C., Gunn, W. & Beckman, H. (2003). Relationship-Centered Administration: Transferring Effective Communication Skills from the Exam Room to the Conference Room. *Journal of Healthcare Management*, *48(2*), 112-124.

Meyer, H. (2011). Accountable care organization prototypes: winners and losers? Health Affiars, 30(7), 1227-1231.

Murphy, M. (2009). Why CEOs get fired. Leadership Excellence, 14.

Nembhard, I.M., Alexander, J.P., Hoff, T.J. & Ramanujam, R. (2009). Why does the quality of healthcare continue to lag? Insights from management research. Academy of Management Perspectives, 24-42.

Olden, P.C., Roggenkamp, S.D. and Luke, R.D. (2002). A Post-1990s Assessment of Strategic Hospital Alliances and Their Marketplace Orientations: Time to Refocus. *Health Care Management Review*, *27(2*), 33-49.

Patrician, P.A., Loan, L., McCarthy, M., Brosch, L.R. & Davey, K.S. (2010). Towards Evidence-based Management: Creating an Informative Database of Nursing-Sensitive Indicators. Journal of Nursing Scholarship, 42(4), 358-366.

Popely, D. (2009). Beyond the bin: How healthcare is responding to the sustainability movement. Healthcare Executive, 24(3), 9-19.

Popely, D. (2009). Partners in change: Physicians and hospitals aligning for success. Healthcare Executives, 24(4), 8-14.

Porter, M.E. & Kramer, M.R. (January-February 2011). The big idea: creating shared value. Harvard Business Review, 62-77.

Reay, T., Whitney, B., & Kohn, M.K. (November 2009). What's the evidence on evidence-based management? Perspectives, The Academy of Management, 23(4), 5-18.

Rollag, K. (2015). Managing Yourself: Succeed in New Situations. Harvard Business Review, 112-115.

Rundall, T.G., Martelli, P.F., Arroyo, L., McCurdy, R., Graetz, I., Newworth, E.B., Curtin, P., Schmittdiel, J., Gibson, M. & Jsu, J. (2007). The informal decisions toolbox: tools for knowledge transfer and performance improvement. Journal of Healthcare Management, 52(5), 325-342.

Sadler-Smith, E., & Shefy, E. (2004). The Intuitive Executive: Understanding and Applying 'Gut Feel' in Decision-making. Academy of Management Executive, 18(4), 76-91.

Shortell, S.M., Rundall, T.G. & Hsu, J. (2012). Improving Patient Care by Linking Evidence-Based Medicine and Evidence-Based Management. JAMA, 298(6), 673-676.

Solomon, R.J. (2010). Using Evidence-based Management in a Medical Pracitce. Medical Practice Management, 245-250.

Sondheim, S.E. (2017). Governance Practices in an Era of Healthcare Transformation: Achieving a Successful Turnaround. Journal of Healthcare Management, 62(5), 316-327.

Stavor, D.C. (2017). Improving the Use of Evidence-Based Practice and Research Utilization Through the Identification of Barriers to Implementation in a Critical Access Hospital. The Journal of Nursing Administration, 47(1), 56-61.

Studer, Q. (2004). Hardwiring Excellence. Gulf Breeze, FL: Fire Starter Publishing.

Taplin, S.H. (2013). Organizational Leadership For Building Effective Health Care Teams. Annals of Family Medicine, 11(3), 279-281.

The Governance Institute (Fall 2008). Aligning Hospitals and Physicians: Formulating Strategy in a Changing Environment. Governance Institute White Paper, 1-32.

Tietze, M.F. (2003). Impact of Managed Care on Healthcare Delivery Practices: The Perception of Healthcare Administrators and Clinical Practitioners. Journal of Healthcare Management, 48(5), 311-322.

Tsal, T.C. (2015). Hospital Board & Management Practices Are Strongly Related To Hospital Performance on Clinical Quality Metrics. Health Affairs, 34(8), 1304-1311.

West, D.J. & Ramirez, B. (2010). Sustainable cost reductions for community hospitals. Humanium, 5(2), 113-123.

West, D.J., Costello, M. & Ramirez, B. (2010). Privatization and management development in the health care sector of the Georgian economy. World Health and Population, 12(4), 14-23.

Wolper, L.F. (2004). Health Care Administration. Sudbury, MA: Jones & Bartlett Publishers, Inc.

Zabaleta, K.W. A Pragmatic Approach to Quality Training. (2003). Journal of Healthcare Management, *48(6)*, 409-416.

<u>COURSE OUTLINE AND SCHEDULE</u>

HAD 509 – ADMINISTRATIVE ISSUES

Dr. Dan West   **3 Credits**
Monday 4:30 – 7:10 p.m. (Section 1)   **Spring 2019**
Monday 7:20 – 10:00 p.m. (Section 2)

<u>Course Schedule</u>
This schedule has been planned to enable students to achieve the course objectives. It may change, based on students' interests, guest speakers' schedules, field trips and other factors that evolve during the semester. Changes will be discussed with the class, as much in advance as possible. Please inform me if you foresee any problems or conflicts with the course schedule.

<u>January 28 – Class #1</u>
Learning Objectives
HAD 509 course expectations and assignments. Understand the agenda, time and facilitator role for each meeting. Understand purpose of cases and how to learn using the case method approach. Participate in case analysis. Specific assignments to readings, case studies, and major project. Individual projects are assigned and location confirmed. Establish course norms, behaviors expected, performance and outcomes. Purpose of group discussions and providing professional feedback in each class.

Class Content

- Introduction
- Syllabus review and course orientation
- Teaching methods and feedback
- Time management
- Course preparation
- Course assignments and competencies
- Case study approach and methods
- Student outcomes and expectations
- Feedback

- Class discussion
- Case example: The Dilemma (Dr. West Demonstration)
- Individual projects assigned and confirmed
- Competencies & professional behaviors
- Leadership skills
- Communication skills
- Project management skills
- Presentational skills

Readings
EBM – Introduction
POE – Introduction
HSM - Introduction

By the numbers. (2018-2019). (December 17, 2018). <u>Modern Healthcare</u>.

Goleman, D. (March-April 2000). Leadership that gets results. <u>Harvard Business Review</u>, 78-90.

Simendinger, E. (2003). In search of a course design and teaching methods to improve critical thinking. <u>Journal of Health Administration Education</u>, 20(3), 197-213.

Porter, M.E. & Kramer, M.R. (January-February 2011). The big idea: creating shared value. <u>Harvard Business Review</u>, 62-77.

February 4 – Class #2
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially decision making, ethics, data analysis, strategy, finance, health services, control.

Class Content
- Case 22: Evaluation of the Healthy Communities Initiative
- Class discussion on projects and presentation dates
- Assigned readings and presentations (3)
- Consultation with professor on projects

Readings
EBM – Chapter 1 & 2
POE – Chapter 1

Costello, M.M., West, D.J. & Ramirez, B. (2011). Hopsitals for sale. Hospital Topics, 89(3), 69-73.

Forney, S.W. & Phillips, B. (2009). 10 Critical growth strategies healthcare executives must know. Healthcare Executive, 9-14.

Jha, A. & Epstein, A. (2011). Hospital governance and the quality of care. Health Affairs, 29(1), 182-187.

Kovner, A.R. (Spring 2014). Evidence-Based management: Implications for nonprofit organizations. Nonprofit Management and Leadership, 24(3), 417-424.

Lafley, A.G. (2009). What only the CEO can do. Harvard Business Review, 54-62.

February 11 – Class #3
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially legal, finance, strategy, decision making, data analysis, community, physicians, continuum of care, LTC.

Class Content
- Case 4: Pineridge Quality Alliance: A Case Study in Clinical Integration
- Assigned readings and presentations (3)
- Consultation with professor on projects
- Class discussion

Video: "Money-Driven Medicine: What's Wrong with America's Healthcare and How to Fix It.

Readings
EBM – Chapter 3 & 4
POE – Chapter 2

Curran, C.R. & Totten, M.K. (2010). Enhancing board effectiveness. Nursing Economics, 28(6), 420-422.

Curran, C.R. & Totten, M.K. (2010). Quality, patient safety, and the board. Nursing Economics, 28(4), 273-275.

Murphy, M. (2009). Why CEOs get fired. Leadership Excellence, 14.

The Governance Institute (Fall 2008). Aligning Hospitals and Physicians: Formulating Strategy in a Changing Environment. Governance Institute White Paper, 1-32.

February 18 – Class #4
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially organization structure, conflict management, antitrust, human resources, leadership, physician relationships, legal, conflict of interest, vertical integration, social innovation, social change, physician alignment.

Class Content
- Case 1: Carilion Clinic
- Assigned readings and presentations (3)
- Class discussion

Readings
EBM – Chapter 5 & 6
POE – Chapter 3

Campbell, R.J. (2008). Change management in healthcare. Health Care Manager, 27(1), 23-39.

Griffith, J.R. (2009). Finding the frontier of hospital management. Journal of Healthcare Management, 54(1), 57-72.

Meyer, H. (2011). Accountable care organization prototypes: winners and losers? Health Affiars, 30(7), 1227-1231.

Popely, D. (2009). Partners in change: Physicians and hospitals aligning for success. Healthcare Executives, 24(4), 8-14.

Porter, M.E. & Kramer, M.R. (January-February 2011). The big idea: creating shared value. Harvard Business Review, 62-77.

February 25 – Class #5
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially ethics, law, strategy, marketing, leadership, pharmaceutical industry, finance, economics, decision making, conflict management, stakeholders, governance.

Class Content
- Case 3: Merck's Crixivan
- Assigned readings and presentations (5)
- Project Status Reports (5 minutes each)

Readings
EBM – Chapter 7, 8, 9 & 10
POE – Chapters 4

Briner, R.B., Denyer, D., & Rousseau, D.M. (November 2009). Evidence-based management: concept cleanup time? Perspectives, The Academy of Management, 23(4), 19-32.

Reay, T., Whitney, B., & Kohn, M.K. (November 2009). What's the evidence on evidence-based management? Perspectives, The Academy of Management, 23(4), 5-18.

Solomon, R.J. (2010). Using Evidence-based Management in a Medical Pracitce. Medical Practice Mangement, 245-250.

March 4 – Class #6
Attend ACHE Annual Meeting, Chicago.
Attend ACHE Annual Healthcare Symposium on April 4 (DeNaples) – Mandatory Attendance

March 11 – Class #7   **SPRING BREAK**   **(NO CLASS)**
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially stakeholders, services and systems, leadership, marketing, strategy.

Class Content
- Work on Major Course Project
- Prepare Project Report
- No formal class due to Spring Break
- Complete "ACHE Healthcare Executive Competencies Assessment Tool 2018"
- Complete Ethics Self-Assessment (ACHE)

Readings related to major project

Research related to major project

March 18 – Class #8
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially leadership, governance, stakeholders, management, operations, organizational structure, conflict management.

Class Content
- Case 15: District Hospital: A Lesson in Governance
- Project work and consultation with the professor
- Assigned readings and presentations (5)

Readings
EBM – Chapter 11, 12, 13 & 14
POE – Chapters 5

Belmont, E., Haltom, C.C., Hastings, D.A., Homchick, R.G., Morris, L., Taitsman, J., Peters, B.M., Nagele, R.L., Scherner, B. & Peiseit, K.C. (2011). A new quality compass: hospital board's increased role under the affordable care act. Health Affairs, 30(7), 1282-1289.

Crosson, F.J. (2011). The accountable care organization: whatever its growing pains, the concept is too vitally important to fail. Health Affairs, 30(7), 1250-1255.

Jiang, H.J., Lockee, C., Bass, K. & Fraser, I. (2009). Board oversight of quality: Any differences in process of care and mortality? Journal of Healthcare Management, 54(1), 15-29.

Nembhard, I.M., Alexander, J.P., Hoff, T.J. & Ramanujam, R. (2009). Why does the quality of healthcare continue to lag? Insights from management research. Academy of Management Perspectives, 24-42.

March 25 - Class #9
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially especially law ethics, management, quality, governance, decision making, conflict management, organizational structure, operations.

Class Content
- Case 13: The Bad Image Radiology Department
- Assigned readings and presentations (5)
- Consultation with the professor on projects
- Class discussion

Readings
EBM – Chapters 15, 16, 17, 18 & 19
POE – Chapters 6

Cohn, K.H. (2009). A practicing surgeon dissects issues in physician-hospital relations. Journal of Healthcare Management, 54(1), 5-10.

Duke, K.T., Lewicki, R.J. & Zaheer, A. (2009). Repairing relationships within and between organizations: Building a conceptual foundation. Academy of Management Review, 34(1), 68-84.

Goldbach, A.R. & West, D.J. (2010). Medical tourism: a new venue of healthcare. Journal of Business Issues, 4(2), 43-53.

West, D.J., Costello, M. & Ramirez, B. (2010). Privatization and management development in the health care sector of the Georgan economy. World Health and Population.

April 1– Class #10
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially finance, control, ethics, data analysis, leadership, decision making, conflict, organization, community, medical staff, quality of care, patient safety

Class Content
- Case 26: Appalachian Home Health Services
- Assigned readings and presentations (3)
- Class discussion
- Project Status Report (5 minutes each)

Readings
EBM – Chapters 20, 21, 22, 23, 24 & 25
POE – Chapter 7

Acosta, C., Dibble, C., Giammons, M. & Wang, N.E. (2009). A model for improving universal children's access to health insurance via the emergency department. Journal of Healthcare Management, 54(2), 105-115.

LaPenna, A.M. (2009). Workplace medical clinics: the employer-redesigned company doctor! Journal of Healthcare Management, 54(2), 87-91.

April 8 – Class #11
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially operations, human resources management, leadership, strategy, organization structure, conflict management, decision making, labor relations.

Class Content
- Case 20: Structure and Funding of Hospitalist Programs
- Assigned readings and presentations (3)
- Consultation on projects with the professor
- CAPSTONE PROJECTES SUBMITTED

Readings
EMB – Chapter 26 & 27 (Dr. West)
POE – Chapter 8

Chugh, A., Williams, M.V., Grigsby, J. & Coleman, E.A. (2009). Better transitions: improving comprehension of discharge instructions. Frontiers of Health Services Management, 25(3), 11-32.

Patrician, P.A., Loan, L., McCarthy, M., Brosch, L.R. & Davey, K.S. (2010). Towards Evidence-based Management: Creating an Informative Database of Nursing-Sensitive Indicators. Journal of Nursing Scholarship, 42(4), 358-366.

April 15 - Class #12
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially financial, human resources, marketing, leadership, conflict management, decision making, organization structure, elder care, LTC.

Class Content
- Understanding issues of sustainability
- Assigned readings and presentations (2)
- CAPSTONE Project – 4 Presentations

Readings
POE – Chapters 9 & 10

Buel, J.M. (2009). Looking out for inspiration. Healthcare Executive, 24(3), 20-28.

Carman, K.L., Mauer, M., Yegian, J.M., Dardess, P., McGee, J., Evers, M. & Marlo, K.O. (July, 2010). Evidence That Consumers Are Skeptical About Evidence-Based Health Care. Health Affairs, 29(7), 1400-1406.

Gillespie, W. & Dietz, G. (2009). Trust repair often an organization-level failure. Academy of Management Review, 34(1), 127-145.

Popely, D. (2009). Beyond the bin: How healthcare is responding to the sustainability movement. Healthcare Executive, 24(3), 9-19.

April 22 – Class #13   **EASTER HOLIDAY – NO CLASS**
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially leadership, IS/IT/IM, marketing, strategy, governance, senior management, medical staff.

Class Content
- Assigned readings
- Class discussion

Readings
EBM – Read Part V – Experiential Evidence (Ch. 17-21)

Rundall, T.G., Martelli, P.F., Arroyo, L., McCurdy, R., Graetz, I., Newworth, E.B., Curtin, P., Schmittdiel, J., Gibson, M. & Jsu, J. (2007). The informal decisions toolbox: tools for knowledge transfer and performance improvement. Journal of Healthcare Management, 52(5), 325-342.

Shortell, S.M., Rundall, T.G. & Hsu, J. (2012). Improving Patient Care by Linking Evidence-Based Medicine and Evidence-Based Management. JAMA, 298(6), 673-676.

West, D.J. & Ramirez, B. (2010). Sustainable cost reductions for community hospitals. Humanium, 5(2), 113-123.

April 29 – Class #14
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially human resources, marketing, ethics, leadership, conflict management, decision making, organization structure, value analysis, critical thinking.

- Assigned readings and presentations (2)
- CAPSTONE Project – 4 Presentations

Readings
POE – Chapters 11 & 12

May 6 - Class #15
Learning Objectives
Integrate and apply what has been learned in the MHA curriculum, especially human resources, marketing, ethics, leadership, conflict management, decision making, organization structure, value analysis, critical thinking.

Class Content
- CAPSTONE Projects - 4 Presentations
- Assigned readings and presentations (2)
- Class discussion

Readings
POE – Chapters 13 & 14

May 13 – Class #16
- CAPSTONE Project – 2 Presentations
- FINAL EXAMINATION
- POE- Chapter 15