

Panuska College of Professional Studies  
Department of Health Administration and Human Resources  
Graduate MHA Program

**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 perfecta, 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

## 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

- 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:

<u>Activity</u>	<u>Domains</u>
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. Durin

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 (2<sup>nd</sup> 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 (6<sup>th</sup> 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.

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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

and work in teams; meet the stated course objectives; demonstrate critical thinkin

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





## CASE ANALYSIS

Case 22	Evaluation of the Healthy Communities Initiative
Case 4	Pineridge Quality Alliance: A Case Study in Clinical Integration & Population Health
Case 1	Carilion Clinic
Case 3	Merck's Crixivan
Case 15	District Hospital: A Lesson in Governance
Case 13	The Bad Image Radiology Department
Case 26	Appalachian Home Health Services
Case 20	Structure & Funding of Hospitalist Programs

HAD

## 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:

<u>Criteria</u>	<u>Points</u>	<u>Comments / Suggestions</u>
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)

## 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 & Lambertson. (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.

Brosio, 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



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., Locke, 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.







## **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). Hospitals 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

**March 4 – Class #6**

Attend ACHE Annual Meeting, Chicago.

Attend ACHE Annual Healthcare SymCs #

## **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 Georgian 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

## **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., Schmittiel, 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 commun