Reflective paper

Healthcare Process Measurement Reflective essay Most of you must have attended the Healthcare forum on leadership presented by GregBanacznski, my close work mate at Aurora. What am about to get you through is my experience and the lessons I learnt as a chief of staff, and the Vice President to the office of project management. In the former, my role was championing and holding staff accountable to the process rigor, while in the latter, I developed tools, process, methodologies and discipline of the required efforts. I was alumni of UWM, having attained a Bachelor's degree in secondary education. I worked as an internal consultant in the MGIC department of Systems and procedures, as well as at the Johnson's controls. I proceeded onto Payco America under external consulting roles for 12 years, training, customer service roles and receivable operations in healthcare, as the first female Vice President of ops. I then decided to go to Marquette's Law School. In Aurora, I assumed a number of roles: receivables, billing, business office, compliance after MUL graduation, VP operations and worked finally as a chief of staff. My current role is working with PMs, tools and methodologies of PMs, as the Chief Integration officer for outsourcing and technology division, which supports the management cycle of revenue in the sector of the healthcare (Shapiro et al, 2006).

My story is to share a process measurement strategy that Aurora used in activating its strategic plan, including the method of the effort, management of the spawned projects and outcome measurement. This will encompass the purpose and intent of the process, including the annual flow of the effort and actual work effort of a team. The process' purpose was to create discipline around the execution and selection of the organization's tactics that achieve target plans for patient satisfaction, employee satisfaction, quality, financial

performance and growth (Shapiro et al, 2006). The process was disciplined, structured, replicable and facilitated. From the lessons we learnt, play books are completed by leader-led teams with program accountability. They take 75-90 days to be developed: including: planning, vetting/ approval, funding, and building individual actions, and culminates in a semi-annual event. This effort takes leaders, and if done well, it is part of an “ event”, and commissions a commitment.

Playbook creation involved: the overarching charter which described the team’s game plan, the timeline which demonstrated the launch and duration of each individual initiative, outcome measurement over time and the resources needed in the effort of budget planning. The strategic implementation playbook is template-based. It focuses on the discussion scope, imposes orchestrate continuity and content structure and enables the build-up of operating units of work or plans of others. Moreover, it illuminates overlaps or connectedness and creates a common language and platform (Shapiro et al, 2006). The playbook worked to achieve the strategic targets for Aurora since it was financially credible, strategically tenable and operationally achievable. It identified measurements, contingency trigger, the required model for success as well as metrics and milestones. Moreover, it drove risk identification, metric target development, critical assessments of playing fields, making of reasoned assumptions, and development of well-planned plays.

The playbook proposal contained plan presentation by 5 domain teams showing the current state of backdrop, best practices and environmental assessment, overarching plan, individual 1-pagers containing details on the tactics which drive the results, a pictorial movement of the results,

identification of barriers and risks as well as resourcing of the alternatives. The playbook worked for Aurora in quality assessment of the environment, for instance, while the key driver showed the shifting of health care expenses, costs to employees, the future reality is that there will be price transparency, consumer quality and patient satisfaction and the implication is that outcome measures are deemed to drive steerage of payer patients. The long term quality benchmarks encompassed the percentage of patients that received “ perfect care” as is defined by national standards implicating that patients will eventually go beyond the hospital (Shapiro et al, 2006).

In conclusion, the model of strategic implementation used includes: first, guidance from the corporation with the benefit of the vision, values and long-term strategy as well as projections of the annual target. Secondly, there was a need to create “ playbook legs” by working over 75-90 days in developing local responsive actions, which will aid in achieving the targets and strategic objectives of the corporation. Thirdly, upon approval and funding, there was much focus and accountability for the work outcome throughout the year. The outstanding topics were those of playbook creation, quarterly operating review, ongoing focus and accountability. The reality is that clinicians and administrators relied on PMOs and PMs in creating playbooks. The tools, timing and methodologies sprung from expert teachers and leaders, who held colleagues accountable to the process and outcomes. . There are many lessons that we learnt: Aurora developed new leaders; this included teams, plans and targets, these leaders engaged with colleagues in meaningful work, and that play books are completed by leader-led teams with program accountability.

References

Shapiro, J., Kasman, D., & Shafer, A. (2006). Words and wards: a model of reflective writing and its uses in medical education. J Med Humanit, 227, 231-244.