Office of Graduate Management Studies

**Course Title: HEALTH CARE OPERATIONS MANAGEMENT**

Course Number: HCM 660

Section: 01

Prerequisite: HCM 560

Semester: Spring 2021

Office hours: Saturdays by appointment

Office location: Library

---------------------------------------------------------------------------------------------------------------------

**Course Description:**

This course focuses on managing organizations that deliver health services and products. Health services managers must be prepared to confront change—a constant in this environment. Emphasis is placed on both present and future trends, and a case study approach is utilized.

**Mission of the College:**The mission of College is to provide a strong academic and value-oriented education at the undergraduate and graduate levels, rooted in a liberal arts tradition that supports provision for career preparation and enhancement. The College aims in this way to prepare each student for a life characterized by integrity, intellectual and spiritual values, social responsibility, and service–a life that is worthy of the College’s motto, Esse non videri: “*To be, not to seem*.”

**College Goals applicable to Graduate Management Studies courses:**

·         To encourage students to develop personal value systems and responsible self-direction;

·         To foster committed participation in the local and global communities

·         To prepare students for their careers by offering necessary professional and pre-professional education.

·         To provide for the needs of a diversified student population with varied educational and professional experiences;

·         To foster an environment of openness to the exploration and understanding of diverse ideas, traditions and cultures.

**Graduate Management Studies Mission:** The mission of the College Graduate Management Studies programs is to promote ethical leadership and managerial effectiveness in organizations. Toward this end, the program provides students with a theoretical grounding in the functional knowledge areas of business, while also providing opportunities for the students to develop the abilities associated with superior, ethical managerial performance.

**Graduate Management Studies Goals:**

·         To support growth in the functional knowledge areas, and to provide opportunities for students to apply the concepts and skills from each course to work-place or industry issues;

·         To foster the specific abilities associated with superior managerial performance and to provide opportunities for students to develop their managerial abilities;

·         To enable students to participate as part of management teams;

·         To involve students in the educational process as self-directed learners;

·         To endorse ethical behavior and social responsibility as foundations of managerial practice.

**Course Objectives:**

The student will:

1. Identify the distinction between health care and health services delivery.
2. Identify various types of HSOs and how they are organized.
3. Describe changes in reimbursement in the U.S. in HSOs since 1965.
4. Identify the relationship between law and ethics.
5. Describe the impact of medical technology on HSOs and the costs of health services.
6. Discuss concepts of organizational design in relation to hospitals, nursing facilities, and other HSOs.
7. Define strategic planning
8. Demonstrate an understanding of diversification in the health field in recent years.
9. Identify some important changes in health services delivery in recent years.
10. Identify what issues face human resources managers in HSOs and how managers get things done through people.
11. Demonstrate an understanding of the demographic changes in the healthcare workforce and how these affect health care operations management.
12. Demonstrate an understanding of various models of diversity management and search for his/her own reactions to diversity issues in the workplace.

**Course Materials:**

**Required Text:** McLaughlin, D. B. and John R. Olson (3rd edition).

Health Care Operations Management*.* Washington, D.C.: AUPHA.

**Recommended Books:** Sobek II, Durward K. and Art Smalley (2008)

Understanding A3 Thinking: A Critical Component of Toyota’s PDCA Management System. Boca Raton: Productivity Press, 2008.

 Zidel, Thomas G. Lean Done Right: Achieve and Maintain Reform in Your Healthcare Organization. Chicago: Health Administration Press, 2012.

**Required:** Purchase Coursepack at:

https://hbsp.harvard.edu/import/674198

“[Lean as a Universal Model of Excellence: It Is Not Just a Manufacturing Tool!](https://hbsp.harvard.edu/product/UV7231-PDF-ENG?itemFindingMethod=Coursepacks),”

Elliott N. Weiss, Donald Stevenson, Austin English, Pub Date: Dec 13, 2016.

“Lean Process Improvements at Cleveland Clinic,” Izak Duenyas,

Pub Date: May 13, 2009.

“[Performance Management at Intermountain Healthcare](https://hbsp.harvard.edu/product/609103-PDF-ENG?itemFindingMethod=Coursepacks), Richard Bohmer, Alexander C. Romney, Pub Date: Apr 21, 2009.

[Harvard ManageMentor: Process Improvement](https://hbsp.harvard.edu/product/7179-HTM-ENG?itemFindingMethod=Coursepacks), Harvard Business Publishing, Pub Date: Aug 26, 2019. (short course at Harvard <2 hours).

**REQUIRED ON-LINE COURSES**:

[www.IHI.org](http://www.IHI.org/) – Open School link; register with Open School (no charge)

Micro credential Component (Certificates given upon completion of each course)

* QI 101: Introduction to Health Care Improvement
* QI 202: Addressing Small Problems to Build Safer,

More Reliable System

**Other Material/resources:**

* Additional handouts/ materials as distributed and/or posted on Blackboard
* IHI Open School Resources
* Bibliography, as attached here

**Course Overview:**

The purpose of this course is to provide students with an overview of the role and function of operations management in health care. Operations Managers, whether

supervisors, unit managers, department heads or senior leaders, are responsible for producing the goods and services of the health care organization so that the strategic plan, the mission of the organization is realized.

In our eight sessions together, we will explore the relationship of the operations manager to the health care facility, identifying and developing needed skills that are required for success in the challenging and complex health care delivery system. We

Will examine the relationship of operations to strategic functions and use tools that will aid in gaining both insight and skill that can be applied in a broad array of settings.

McLaughlin and Hays state that “The challenges and opportunities of today’s complex healthcare delivery system, demand leaders that take charge of their operations. A strong operations focus can reduce costs, increase safety, improve clinical outcomes, and allow an organization to compete effectively in an aggressive marketplace.” This summarizes the healthcare environment and our current situation whether we oversee units, departments, divisions or hospital systems.

Current trends and imminent changes in legislation demand that leaders swiftly respond and display both flexibility and competency. In short, leaders must be able to translate the mission and vision statements of their health care organizations into action, executing the strategy through the operation. To do so, leaders must possess the skills to identify trends and shifts in the environment and then take timely and prudent action,

action that improves quality and services, reduce expense, maximizes revenue and/or simply allows the organization to operate more effectively and efficiently.

Efficiency and streamlining processes by removing unneeded steps and waste are the hallmarks of twenty-first century health care. The demands are numerous and multi-disciplinary in nature, spanning departments and services; they are time-sensitive with deadlines and deliverables. Leaders now and in the future, must be able to forge relationships and collaborate on shared purpose. To do so, the leaders must be able to work across department lines, in and with teams, with professional, technical, support and administrative staff.

Throughout the course, we will consider the current and future issues affecting health care in the few years. We will evaluate imminent legislative changes, the emerging delivery system/structures and consider how they will impact reimbursement. Using strategy to map operation, we will weigh the challenges of morale and work force reductions, of supply chain efficiencies and of performance improvement approaches. Required by the demands of position to make difficult decisions, ones that affect both

staff and patient, we will weigh the ethical dilemmas of leading and managing a system in flux.

The American College of Health Care Executives in its “Code of Ethics” for health care managers states that “The fundamental objectives of the healthcare management

profession is to enhance the overall quality of life, dignity and well-being of every individual needing health care; and to create a more equitable, accessible, effective and

efficient healthcare system.” Using the “Code of Ethics” as our signpost, be prepared for a term filled with debate and discussion as we craft plans of action for managing health care operations now and in the future.

**Course Topics:**

This course has been developed around four driving forces that are central to health care operations: Engagement, quality/safety, efficiency and outcomes. These forces are fueling the health care delivery system igniting changes in how and where health care services are delivered, the way they are offered and the results that occur out of the interaction of the patient with the health care system.

A brief description of these four forces follows below:

**The Four Forces Fueling Change**

**in Healthcare Operations Management**

**1. Engagement** – Patient, Families, Staff, Community – arguably the most important of the four forces in managing health care operations. Patient and staff satisfaction are driving changes in our delivery systems and workplaces. Operations managers, responsible for outcomes, must develop and employ team-building skills and possess

the ability to work across disciplines and departments as they aim to enhance the patient (and staff) experience. Moreover, they need to possess “people skills”, communication skills and facilitation and coaching skills so that they can work with a diverse and multi-generational workforce.

**2.** **Quality (Safety)** – (Ethical and Financial Imperatives) serves as both the moral center and regulatory mandate for operations managers. Health care must be delivered in a safe manner and action must be directed to achieving and sustaining quality care. Leaders need to understand the regulatory environment and their role it. They must understand the impact of their actions on staff, colleagues and the organization. Leaders must be proactive members of the health services organization who can apply their business skills to support organizational goals.

**3. Efficiency -** (Process Management**)** – Efficiency, the “burning platform” as we enter the twenty-first century in health care. Eliminating waste, reducing cost and variation all offer aim to improve the financial situation of the health care institution. To be successful, students must gain competency and experience in this area. Health care

leaders must be able to identify business opportunities and make changes that will position their organizations in a competitive and successful manner.

**4.**  **Outcomes** – Patient care and financial goals must show in the results that are achieved by the health services organization. Consequently, measurement and transparencyof information are the new realities of managing health care services in the 21st century**.** This term we will examine and use metrics and measurements in case studies and group work and use data as a means of strengthening decision-making. Hard work and real effort do not necessarily equal success. Success today is measured by the targeted and visible outcomes. Skilled leaders will know how to use to target discrete actions to make progress to shared goals.

These four forces, engagement, quality, efficiency and outcomes will be examined throughout the term in lectures, class discussions and group work, in case studies and in examinations.

**Guidelines:**

* Punctuality and attendance are essential components of the course for several reasons. First, to ensure that the student is present for lectures, discussions and classwork. Second, to show respect for fellow students and the instructor. Third, to show capability to meet guidelines and policies. Attendance will be taken at the beginning of class and absenteeism and lateness noted on the attendance record that is submitted to the School. It is understood that emergencies occur and that an occasional lateness is unavoidable. In these instances, the student is expected to discuss this with the instructor. If a student is not able to attend a class, the student must make provision for make-up work. Additionally, the

student is expected to get missed work, class notes handouts and all from another student.

* Completion of reading assignments and other assignments are required on the dates as a set in the syllabus. As reading selections have been carefully selected to enhance class time, students are expected to demonstrate knowledge of readings in class discussions.
* Active participation during class time is expected and encouraged and part of the grading for the course. Interaction and debate play a vital role in learning and assist in clarifying concepts. Additionally, exchanging of ideas, sharing real-world experiences aids in making the course more interesting, useful and relevant.
* Given the dynamic nature of the field, of emerging legislation and the impact of these changes, additional assignments (readings, research) will be assigned during the term.
* Special interests of students are important in meeting the objectives of the course. Therefore, if a topic warrants more discussion, additional time, or if there is a topic not covered in the syllabus but of interest to the student will be included as best as possible. He/she should discuss this with the instructor so that provision can be made for inclusion.
* Successful operations management requires the ability to deliver, to ensure that outcomes are achieved on time, on budget. With the class as a “lab” for

development of understanding, competency and skill, deadlines and deliverables are built into the requirements.

**Our Time Together:**

1. Our class time is limited and therefore must be used efficiently. Topics have been selected based on the forces in the health care workplace. To gain understanding, students are expected to have completed all assignments, readings, exercises as outlined in the syllabus. But more, they are expected to reflect on the materials, to glean insights, to dig and to delve into the nuances. As we gnaw on the topics and materials,

students are encouraged to take chances, to probe, to question, to challenge. In this way, a depth in understanding can occur that allows for the flow of critical thinking.

1. Student led discussions will occur in each session to provide opportunity for students to develop both critical thinking and presentation skills
2. Team projects/discussions will throughout the term
3. No cell phone usage during class time; if needed please set outside of classroom to use the phone.
4. Computer use only as directed by instructor, for team activities and other aligned and purposeful activities in class
* **Case Study Methodology:**

In the dynamic, some say chaotic, health services environment, the need to use real-world examples as a basis for examining and working with theoretical and conceptual constructs is not only useful but necessary. It is necessary not only because we want to build our knowledge base, but also because we need to be able to apply it in the workplace.

* Case studies provide us with the chance to learn from others, some facing remarkably similar situations. From these “tales from the trenches”, we have an

opportunity to borrow best practices and perhaps to avoid mistakes that they have made in their health service organizations. We will use case studies for small group and teamwork and students will also be expected to “speak to” present information in class about case studies.

* Small group and teamwork sessions will occur several times during the term. In these “workout sessions,” students will lead discussion, analyze materials, utilize critical thinking skills and complete verbal presentations. Public speaking and presenting information are an important skill in the health care leadership field and, so we have included it in the curriculum.

**Grades and Course Requirements:**

Grades for the class will be determined by performance on examinations. Other course requirements as listed here are aimed at refining critical thinking and the ability to apply terms and concepts to workplace environments.

* Class Reflection Paper (one page) Required
	+ Student statements about the content of class # 1 on 1/30
* Midterm-Take Home (Case Study Analysis; micro credential 30% (of course grade)
	+ Based on “Lean Process Improvements at Cleveland Clinic”
	+ Micro credential - IHI On-Lines Courses/Certificates
		- QI 101: Introduction to Health Care Improvement
		- QI 202: Addressing Small Problems to Build Safer, More Reliable System

* SMAC Topic/Agreement Required
* Final Examination- (Improvement Plan) 30% (of course grade)
* Self-Directed Learning Managerial Application Component 40% (of course grade)
	+ Introduction/Opening 20
	+ Context/Relevance 20
	+ Comprehension/Application of Concepts 40
	+ Results/Outcomes of Project 15
	+ Ethical Diversity Issues Addressed 5
	+ SMAC Submitted in Turnitin Required

 Final Course Grade 100%

**Guidelines for all submitted work:**

Graduate study is designed to develop not only theoretical and practical knowledge about the course of study but also to develop skills in planning, management and attention to detail, as the SMAC abilities note. As one facet of management development, the submission of course work plays a central role. The presentation of material, its neatness, thoroughness and its ability to satisfy and exceed the expectations of the course are, in a sense, proxy for the student’s submitting reports to supervisors, developing grants proposals and or new business program projects. Therefore, submission of work for this course emulates expectations one might find in the workplace.

* Materials should be accurate, thorough and neat
* Submissions should stand as a representation of the student’s efforts and be reflective of the time, diligence and effort of the student
* Submissions must be typewritten; double-spaced, using 12-point font
* Submissions must be on time, on the due date. Late submissions will be marked with date, time of arrival and 5 points will automatically be removed from total grade
* Make-up examinations will only be permitted in extraordinary circumstances upon arrangement of instructor and student

**Schedule of Assignments:**

1/30 **Introduction to Healthcare Operations Management:**

Performance Improvement and Problem-solving

In this first session, we will discuss the role and function of operations management in the context leading change in health care. We will consider the relationship of Operations Management to the strategic plan. As the health care environment focuses on outcomes, whether clinical or

administrative, operations leaders must possess the competencies and skills needed to deliver outcomes on time and within budget. As we consider both the challenges and opportunities before us, we will compare and contract organizational structures, shifts in beliefs about health and illness and examine the imminent legislative changes. Our work today aims to consider the managerial ability of systems thinking as we begin A3 thinking.

* Syllabus review and Course Requirements
	+ Managerial Abilities-review; classwork, assignments
	+ SMAC Expectations
	+ Grading rubric review
* Critical thinking, reason for action now/future
* Distinctions between health services and the delivery of health services; types of HSOs; changes in recent years
* Organizational Design – hospitals, nursing homes, HSOs
* Strategic planning and its relationship to operations management
* Changes in reimbursement since 1965 and ACA
* Defining performance, improvement

**Assignments for Class of 2/13/2021:**

Read: McLaughlin and Olson, “Introduction to Healthcare

 Operations” and “History of Performance

 Improvement” (chapters 1, 2)

Case Study: “Lean Process Improvements at Cleveland Clinic”

Article: “[Lean as a Universal Model of Excellence: It Is Not Just a Manufacturing Tool!](https://hbsp.harvard.edu/product/UV7231-PDF-ENG?itemFindingMethod=Coursepacks),” Elliott N. Weiss, Donald Stevenson, Austin English, Pub Date: Dec 13, 2016.

Submit on 2/13: Reflection Paper about class of 1/30

2/13 **Leading Change for Operational Outcome**:

 Strategy, Execution and Results

Knowledge and use of information systems, project management approaches and speedy responses are “must-haves” for the effective and successful operations manager in health service organizations. 0

Operations managers must be able to handle multiple projects and to do so on time and within budget. To meet these challenges, skills in

lightning speed analysis, plan development and near-flawless execution are required. Here, we will develop templates for real-world use. Our work today will focus on the Group Management ability.

* Kotter’s Change Management construct
* Shifts and barriers to change in the delivery of health service
* A3s and Project Management
* Medical technology and impact on delivery of services and costs

**Assignments for Class of 2/27/2021:**

Read: McLaughlin and Olson, “Strategy and the Balanced Scorecard” and “Project Management” (chapters 4)

[Harvard ManageMentor: Process Improvement](https://hbsp.harvard.edu/product/7179-HTM-ENG?itemFindingMethod=Coursepacks), Harvard Business Publishing, Pub Date: Aug 26, 2019. (short course at Harvard <2 hours).

 Case Study: “Lean Process Improvements…” continuation from last class

Submit: SMAC (Preliminary) Topic/Contract

2/27 **Performance Improvement Through Process Improvement**

Tools for Problem-Solving

It’s all about the process now. Over the past five years, increasing attention has been given to the processes in health care delivery whether in making appointments, resulting testing or in handoffs among practitioners. Related to expense reduction, improved service and reduced errors, the mantra chanted in seminar and facility alike is the same…fix the process and improve the…you fill in the blank! In this

session, we will work with lean tools and consider the competencies needed to effectively embrace concepts of process management. We, too, will consider the other methods in approaching problem-solving.

* Deming’s System of Profound Knowledge
* Lean Culture, Lean Business System, Lean Tools
* PDCA, DMAIC
* Process Mapping and “Learning to See”
* Diversification, law and ethical consideration
* Midterm distributed and due next class (3/11)
* Finalize SMAC topic

**Assignments for Class of 3/13/2021:**

Reading: McLaughlin and Olson, “Tools for Problem Solving and Decision Making” (chapters 6)

 Submit on 3/13: Midterm Examination:

 Both courses below (submit certificate)

 Case study analysis

QI 101: Introduction to Health Care Improvement (on-line)

QI 202: Addressing Small Problems to Build Safer, More Reliable System (on-line)

3/13 **Variability in Healthcare Operations Management**

The Challenge of Normative deviance and Managing Fluctuations

Improving quality in the health services institution is central to the success or failure of the facility, of the leader as well. Whether measuring quality of clinical services, the efficiency of billing processes, or the competency of staff, measurements are viewed as mirrors into the operation. In this session, we will take a swift look at quality approaches including those of Deming and Juran and consider Lean and Six Sigma solutions. The overarching, some would say overbearing, effect of accreditation, regulation and legislation as felt by The Joint Commission, DOH and OSHA operations managers to be both knowledgeable and adroit ensuring compliance. To do so, the manager must ensure that he/she has completed “homework” and possesses the skills needed to make needed changes. Students will work with A3 templates and skill building. Our work will include the management abilities of systems thinking and developing others.

* Medical Technology and its relationship

to costs of health services

Supply Chain, capacity management

* Value Streams and Kaizen
* **DUE: Midterm Examination** (case study response must be submitted into Turnitin)

**Assignments for Class of 3/27:**

Submit an A3 Charter of your choice

3/27 **Strategic Human Resources Management for Operational Success**

Efficiency demands the use of decision model thinking coupled with knowledge of systems using information technology and other tools to

support goals. In this segment, we will explore the issues of Human Resources and the operational demand of managing the providers, clinicians, technicians and levels of professional and administrative staff in health care organizations. We will devote much of the session to honing people skills and discussion will include skill mix, team building and diversity in the workplace. Additionally, we will evaluate issues of conflict resolution, communication and the management of people, including the areas of motivation, leadership and organizational change. Today’s assignment includes a focus on the management abilities of pattern recognition, empathy and developing others.

* HR Managers-the challenges of getting things done with and through people management
* Holocracy and Rebel Talent
* Generational and Demographic changes in the workforce
* Diversity management in the workplace; demographic changes

**Assignments for Class of 4/10/2021:**

Case Study: “[Performance Management at Intermountain Healthcare](https://hbsp.harvard.edu/product/609103-PDF-ENG?itemFindingMethod=Coursepacks), Richard Bohmer, Alexander C. Romney, Pub Date: Apr 21, 2009.

Reading: Olson and McLaughlin, “Process Improvement and Patient Flow” (chapter 11)

4/10 **Patient Flow and Process Improvement**

This session that focuses on the “processes involved in getting supplies and equipment from the manufacturer to use in patient care areas, we will use a “deep dive” approach by using A3

Thinking tool and methods. The session includes A3 tools, team discussion and a joint planning and presentation section. Our management abilities focus is on planning, pattern recognition and attention to detail.

* Problem Identification and pattern recognition
* Quality programs
* Balancing resource use, demands and allocation
* Ethics of Waste Reduction

**Assignments for Class of 4/24/2021:**

Case Study: “Intermountain Health Care” continued

4/24 **Visible Change: Transparency and Visual Management**

 The emerging field of analytics promises to offer the ability to

predict performance of health care organizations. Real-time reporting, alerts and metrics provide timely snapshots of performance and are

required to effectively managing operations. A sampling of the works of Kaplan and Norton presented as we consider opportunities in the workplace. Students will build a Balanced Scorecard and develop visual management cues including andons. We will focus on the management abilities of using technology and persuasiveness.

* Changes in U.S. in HSOs since 1965
* Tools for Problem-solving (continued)
* Key Performance Indicators (KPIs)

Dashboards, Scorecards and Analytics

* IT Tools for Transparency; Feedback Loops

**Assignments for Class of 5/8/2021:**

Reading: McLaughlin and Olson, “Applications to Contemporary Healthcare Operations Issues” (chapter 14)

**DUE: SMAC** (must be submitted into Turnitin)

5/8 **Sustaining Gains in Healthcare Operational Management**

Term-end dialogue and wrap-up, development of action plans

and next steps for continued skill refinement and operational improvement.

 **TODAY: Final Examination**

Reading: McLaughlin and Olson, “Holding the Gains” (chapter 15)

**SMAC Section:**

* This project is intended to allow students to apply course work to real-world, work situations. Of prime importance are: Goal and Action Abilities, People Abilities and Analytic/Reason Abilities. Given these considerations, the following competencies may be central to the work of the operations manager. This is offered for reflection

and should not be considered final as competencies are honed and crafted through individual effort, perspective and approach.

Goal and action management abilities are listed below. The course content suggests a focus on efficiency orientation, group management and pattern recognition. Students are encouraged to focus either on these or others as they feel would be most useful.

 **Efficiency orientation**

* + - Planning
		- Initiative
		- Attention to detail
		- Self control
		- Flexibility

**People Management Skills**

* Empathy
* Persuasiveness
* Networking
* Negotiating
* Self confidence
* **Group management**
* Developing others
* Oral Communication

**Analytic Reasoning Abilities**

* Systems thinking
* **Pattern Recognition**

**Threshold abilities**

* Using technology
* Quantitative analysis
* Social Objectivity
* Written communication
* The SMAC proposal and the outline must be submitted in accordance with deadlines in the syllabus. Additionally, the topic and the outlined must be approved by the

instructor. The SMAC chosen for this course may not be used for another course (i.e. Strategic Management or Research Methods).

**Self-Directed Managerial Abilities Component:**

* The Self-Directed Project is an essential part of the program. As such, students are encouraged to use it as an opportunity to expand knowledge of an area of interest to

them. The exchange of information among students in the form of study and support groups may add depth to processing information derived from reading and class

time. However, the final project and examination must reflect the student’s individual effort.

* The SELF-DIRECTED PROJECT should be 12-15 pages (excluding appendices, references and the learning contract) in length and include a section entitles, Works Cited (appropriate citations should be used throughout the paper). All citations must include author, title, date and publisher; internet references must make note page, author, organization or author of cite, date, full written cite, and internet address. Incomplete citations would include using only the internet address, only the author’s name and page number, etc.
* Ethical considerations must be incorporated into the SMAC as the ethical behavior of health care professionals is of the utmost importance. Utilizing class handouts, professional association codes or the Code of Ethics as developed by the American College of Health Care Executives is recommended.
* All learning contracts must clear, cogent and logical. They must be typewritten and submitted at the same time as the SMAC.
* Final SMACs must include managerial abilities.
* All course work, including SMACs, must be submitted on time, as defined in Submission of Work Requirements below. Late submissions will be marked accordingly.
* Your SMAC should include a title page and identification of topic. Following the title page, you should provide an overview/introduction portion. This area should briefly identify the topic, a few issues in the area and why it is important to Operations Management. Be sure to clearly identify your topic of discussion.
* The following sections of you project should be defined, with each section identifying a major area, topic or focus. Be sure to ensure internal logical consistency, making sure that the ideas and progression of the paper “flows”. Think of this as the way instruct staff on how to proceed or sell the program to a Board of directors.
* Outlines before writing are always helpful are chiseling out the form and structure of your paper. The Harvard Outline method or the recommendation

found in the Chicago Manual of Style or the Modern Language Association’s books might be helpful.

* The project should conclude with a summary, next steps and action plan. Keep in mind that Operations Management makes things happen.

**SMACs (self-directed learning projects)**

**Project Examples:**

* 1. **Operational Plan for Service Improvement Using A3 Model**

Examples of potential SELF-DIRECTED PROJECT projects might include:

* + - Improving HCHAPs at Hospital X- (Operations/Clinical Support Service Redesign) An Operational project plan for implementing changes to improve satisfaction
		- Employee Satisfaction Rewards Program for targeted Improvements
		- Cost Containment Initiative in targeted department/area

 2. **Feasibility Study for Developing an Operational Plan for Improvement** – Student would use measurement tools and field research to evaluate a new program, an expanded service or a new computer system. Emphasis is placed on the effects the program will have on Operations.

Examples of potential SELF-DIRECTED PROJECT projects might include:

* Introduction of a New Service or Product (Operations/Finance Management) – A proposal seeks to begin a new health care service offering
* Consolidation of services (Operations/Plant Management) – space, design considerations and organizational responses. Changes in the physical plant, planning, renovation and outcome

**3. Case Study**/Improving an Operation or Operational Component– Student can present a case study detailing the experience of a health services organization.

Examples of potential SMAC (SELF-DIRECTED PROJECT) projects might include:

* Cost Reduction Program in a targeted HSO- (Operations/Information Services)- Students would present a case study of one or a system-wide organization and

discuss the issues involved in communications and information management, i.e. installation of new systems,

* training, sharing of information, confidentiality, HIPAA regulations
* Supply Chain Projects (Operations/Resource Management) presentation of a case study identifying the changes in centralizing or decentralizing purchasing management and the effects it will have on installing new systems, ordering items etc.
1. **Primary Research in Performance Improvement/Quality Management**- (Operations-General)-Student conducts original and primary research on a selected topic in Health Care Operations Management. The topic should be a current one and data gathered must be completed utilizing an approved instrument and an agreed upon method of analysis.

**Sources of Information:** When doing academic research, one must be cognizant of the criteria for secondary sources of information. Sources should be timely (when not historical), complete and accurate. One should be particularly alert to these criteria when using web sites, especially about accuracy. Many web sites, despite their professional appearance, are biased or incomplete. Therefore, it behooves the researcher to know the source of the web site. One site is not an acceptable

source, that being Wikipedia. That site is one to which anyone, regardless of their credentials, can contribute information or edit existing information. Consequently, there is always doubt as to accuracy, completeness and lack of bias.

**TURNITIN:**

Each student is required to access “Turnitin” at [www.turnitin.com](http://www.turnitin.com/). Use the following information to access this site:

**Class Name: Health Care Operations – Spring 2021**

**Class ID: 23606523**

**Enrollment Key: SkillsReady**

**Plagiarism Statement/Academic Dishonesty:**

In common with all colleges and universities engaged in the search for knowledge, St. Joseph's College is committed to high standards of academic honesty. Moreover, as a college whose motto is Esse non videri-"To be, not to seem," St. Joseph's has a longstanding tradition of considering integrity as a primary value.

The College expects students to observe academic integrity in all aspects of their academic life, including the conduct of their examinations, assignments, and research.

All members of the college community share the responsibility for creating a climate of academic integrity, based on fairness to others and respect for one.

Violations of academic integrity are treated very seriously. Policies and procedures for violations of academic honesty are explained in detail in the Student Policy Handbook. Students should be aware that faculty may use Turnitin Software, or other available software or methods to check for plagiarism.

**Students with Disabilities Statement:**

It is the policy of St. Joseph's College not to discriminate on the basis of disability in its educational programs, admissions policies, employment policies, financial aid, or other school-administered programs. This policy is implemented in compliance with Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and other applicable federal and state statutes.

If you have a documented disability – physical, psychological, medical or learning – which may impact your academic learning, please contact the Office of Career Development, Wellness and Disability Services at one of the following locations:

 **Brooklyn Campus:     718.940.5853**

 **Long Island Campus:  631.687.1245**

A counselor will determine with your which accommodations are necessary and appropriate.  All disability-related information will be kept confidential

**Bibliography**

* Linda Brewster, Insolvency and Challenges of Regulating Providers That Bear Risk, Center for Studying Heath System Change, (February 2000, Number 26);
* The Brookings Institute, The Plight of Academic Medical Centers, Policy Brief #59, (May 2000);
* Center for Studying Heath System Change, An Up-Date on The Community Tracking Study: A Focus on The Changing Health System, (February 2000, Number 18);
* Deloitte & Touche, Health 2000: A Strategic Assessment of the Health Environment in The U.S. (Texas: VHA, 2000);
* Laurie Felland, Local Innovations Provide Managed for The Uninsured, Center for Studying Heath System Change, (January 2000, Number 25);
* Paul Ginsburg, et. al., Wall Street Comes to Washington: Analysts’ Perspective on The Changing Health System, Center for Studying Heath System Change, (September 2000, Number 21);
* Paul Ginsburg, et. al., How Physician Organizations Are Responding to Managed Center for Studying Heath System Change, (May 2000, Number 20);
* Institute for the Future, Health and Health: 2010, “Health & Health Through to the Year 2010”, (2000); Donald Berwick, As Good as It Should Get: Making Health
* Better in The New Millennium, National Council on Health, Policy Studies, (Undated);
* Health Association of New York State, “Prospects for Balanced Budget Act Relief Improve for Health Providers, (January 2000); (See Internet Web Site Sheet for Location).
* Kaiser Family Foundation, Health Trends and Indicators in California And the United States, (June 2000);
* Lewis, Audie G, Streamlining Health Care Operations: How Lean Logistics Can Transform Health Care Organizations, (San Francisco: Jossey Bass, 2001)
* Marion Lewin and Stuart Altman, America’s Health Safety Net: Intact but Endangered, Committee on The Changing Market, Managed, and The Future

Viability of Safety Net Providers, Institute of Medicine, (Washington, D.C.: National Academy Press, 2000);

* Thedor Litman, “A Chronology and Capsule Highlights of The Major Historical and Political Milestones in The Evolution of The Relationship of Government Involvement in Health and Health in The U.S.” in Health Politics and Policy, (New York: Delmar Publishers, Inc, 1991);
* Robert Wood Johnson Foundation, Health and Health: The Forecast, The Challenge, (January 2000);
* Daniel B. McLaughlin, Make It Happen: Effective Execution in Health Care Leadership, (Chicago: Health Administration Press, 2010).
* Karen Pollitz, “Early Experience with New Federalism in Health Insurance Regulation”, Health Affairs, (July/August 2000, Volume 19, Number 4);
* James Reschovsky, Do HMOs Make A Difference? Comparing Access, Service Use and Satisfaction Between Consumers in HMOs And Non-HMOs, Center for Studying Heath System Change, (March 2000, Number 28);
* Somnath Saha, “Do Patients Choose Physicians of Their Own Race?” Health Affairs, (July/August 2000, Volume 19, Number 4);
* Dagmara Sarudi, Blood Feud, “The Drive to A Safer Blood Supply Underscores the Complex Way That American Health Policy”, Hospitals & Health Network (July 2000);
* Cathy Schoen, The Elderly’s Experiences with Health in Five Nations, The Commonwealth Fund, (May 2000);
* Sally Trude, Who Has A Choice of Health Plans, Center for Studying Heath System Change, (February 2000, Number 27);
* Jan Vissers and Roger Beech, Health Operation Management: Patient Flow Logistics in Health Care, (New York: Routledge, 2005)