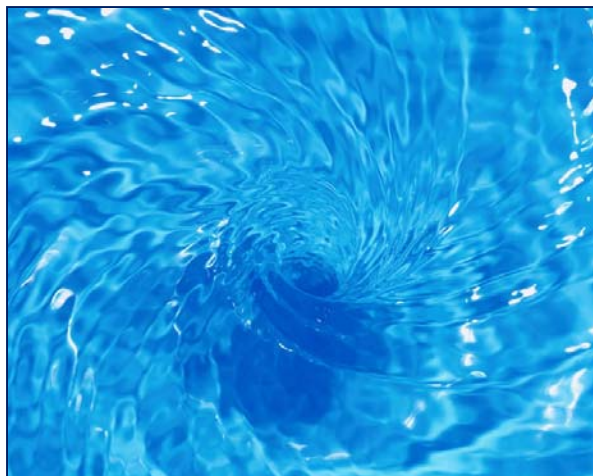


Estimate of the Situation

Critical Information for Critical Times, Edition of Wednesday, May 21, 2014



The Time Drain

In the real world, almost all of the time available to department managers and executives is routinely consumed by “organizational maintenance” tasks (attending meetings, completing required reports, etc.). Resources consumed in organizational maintenance are not available to do the organization’s work.

As a result, hospital managers quickly find themselves trapped in the role of “list managers”. That is, they maintain a list of tasks that must be accomplished each day. Each day’s primary goal becomes “getting through the list”. This leaves little time to perform their primary functions (planning, organizing, directing and controlling resources to achieve a defined objective). This is an undesirable and potentially very expensive outcome.

During daily operations, each hospital department routinely produces results in at least six critical outcome areas including:

- Cost
- Quality (service quality and, when applicable, clinical quality)
- Physician satisfaction
- Patient satisfaction
- Employee relations
- Community image

There are typically between 35 and 90 staffed departments in a “typical” American community hospital, significantly more in larger teaching hospitals. This means that a community hospital with 50 staffed departments will be producing results in more than 300 critical outcome areas every day of the week. It also means that, unless feedback loops have been established, management is not routinely monitoring performance in areas of vital importance to hospital operations.

You may find it worthwhile to privately answer the following questions in each of your areas of responsibility:

1. How do I now monitor performance in each critical outcome area?
2. How often do I need to receive feedback on performance in each area?
3. Is my first awareness of a problem when something goes wrong?
4. What feedback loop mechanisms can I establish for each area?

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