Graduate School of Public Health  
Department of Health Policy & Management  
University of Pittsburgh  

CLRES 2750 Seminar in Health Systems Leadership

COURSE INFORMATION:

Credits: 1.5 per semester

Term: Fall or Spring

CourseWeb: All course materials, presentations, and additional readings will be made available on CourseWeb.

COURSE SUMMARY:

This course will consist of a series of cased-based examinations of specific managerial and leadership problems and decisions that have faced local health systems leaders in Western Pennsylvania. Health care reimbursement, licensing and accreditation, and measuring health care quality has become both more complicated and more important as pressures to reduce expenses and improve quality increase. Simultaneously, there has been a steady increase in the number of clinicians who have assumed managerial positions, such as medical directors of clinical units, directors of quality measurement and improvement programs, utilization review and many others, as well as the appearance of clinicians in the “C-suite” of many hospitals and health care organizations. Utilizing adjunct faculty who are currently (or very recently have been) executive leaders in health systems, this course will examine a series of collaborations, problems, conflicts and solutions that developed between health system administrators and clinical leadership in health care organizations in the Western PA area.

The mechanics of the course will be a series of cases, based on an actual recent issue in health care management in which the senior adjunct faculty member was involved. Students (individually or in groups) will evaluate the case, prepare a response, and make a short presentation of their “solution” to the problem to the health system executive and clinical leader involved in that case. An interactive discussion will follow.

This is a required course for students in the certificate in health systems leadership and management program, and can be used as an elective course by other students with permission of the instructor.
GUEST FACULTY:
Guest faculty comprise a group of senior health system executives who have developed management and leadership cases from their own experiences. They will conduct a session for each case, and will provide feedback, discussion and critiques of student’s evaluation of the case. The guest faculty will vary by semester. Each semester will typically involve the evaluation of 5 cases, each 3 weeks in length, each presented and developed by a different executive. The senior health executives listed below have all agreed to develop and present a case: 5 of them have already done so in the context of the special studies version of this course.

<table>
<thead>
<tr>
<th>Guest Faculty EXAMPLES</th>
<th>Position</th>
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<tbody>
<tr>
<td>Norman F. Mitry, MPM</td>
<td>President, Chief Executive Officer, Heritage Valley Health System</td>
</tr>
<tr>
<td>Leslie C. Davis, MPA</td>
<td>President and CEO, Magee-Women’s Hospital of UPMC</td>
</tr>
<tr>
<td>Mark LaRosa, MHA</td>
<td>Vice President, Planning &amp; Business Development, The Western Pennsylvania Hospital</td>
</tr>
<tr>
<td>Michael Moreland, M.S.W.</td>
<td>Director, VA Pittsburgh Health Care System</td>
</tr>
<tr>
<td>Albert Wright, MHA</td>
<td>Vice President, Operations, UPMC Presbyterian</td>
</tr>
<tr>
<td>David Blandino, MD</td>
<td>Director, Chairman of Corporate Governance &amp; Nominating Committee, Member of Executive Committee and Member of Affirmative Action &amp; Diversity Committee, Highmark Inc.</td>
</tr>
<tr>
<td>Margaret A. Hayden, BSN</td>
<td>Former President, Excela Latrobe Hospital</td>
</tr>
<tr>
<td>Tami Minnie, MSN, FACHE</td>
<td>Chief Quality Officer, UPMC</td>
</tr>
<tr>
<td>Everette James, JD, MBA</td>
<td>Professor of Health Policy and Management, Associate Vice Chancellor for Health Policy &amp; Planning (Health Sciences), Director (Health Policy Institute), former Pennsylvania Secretary of Health</td>
</tr>
<tr>
<td>Michael Young, MHA, MBA</td>
<td>President and Chief Executive Officer of Pinnacle Health System</td>
</tr>
<tr>
<td>Cindy Durundo, MBA, MHA</td>
<td>President UPMC McKeesport, HPM Executive-in-Residence</td>
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<tr>
<td>Will Cook, MHA</td>
<td>President and CEO, UPMC Mercy Hospital</td>
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LEARNING OBJECTIVES:
After taking this course, the student will be able to:

- Identify the specific areas of conflict and agreement in a health care management problem that foster collaboration between management and clinical staff
- Gain skills in analyzing a problem from multiple points of view
- Develop skills in presentation and interaction with senior health system leadership
COURSE COMPETENCIES:

This course will address a series of competencies developed by the University of Pittsburgh MHA program, modified from competencies developed by the National Center for Healthcare Leadership, the AUPHA and others. The basic competency model is:

This course will provide advanced skills and experiences in all of the cross cutting competencies, in all of the Self-Actualization competencies, The Contextual and Environmental Understanding competencies, and will use competencies already developed in Management to bring to bear on the cases. In Detail:

<table>
<thead>
<tr>
<th>Pitt Healthcare Management Competency Model</th>
<th>Will this Competency be Emphasized in this Course?</th>
<th>Teaching Methods (e.g., Reading, Lectures, Guest Speakers, Class Discussions, Presentations, Field Experiences, Simulation, Consulting Project)</th>
<th>How Will You Assess? (e.g. weekly participation score, debate, policy memo, business plan, term paper, multiple choice exam, short-answer exam)</th>
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<tbody>
<tr>
<td>Cross Cutting</td>
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<tr>
<td>Analytical Thinking</td>
<td>YES</td>
<td>Reading, In-Class Presentations, Cases</td>
<td>Case Review and Feedback; class discussion</td>
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<tr>
<td>Communication</td>
<td>YES</td>
<td>Reading, In-Class Presentations, Cases</td>
<td>Case Review and Feedback; class discussion</td>
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<tr>
<td>Systems Thinking</td>
<td>YES</td>
<td>Reading, In-Class Presentations, Cases</td>
<td>Case Review and Feedback; class discussion</td>
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<tr>
<td>Self-Actualization</td>
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<tr>
<td>Accountability</td>
<td>YES</td>
<td>Reading, In-Class Presentations, Cases</td>
<td>Case Review and Feedback; class discussion</td>
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<tr>
<td>Professionalism</td>
<td>YES</td>
<td>Reading, In-Class Presentations, Cases</td>
<td>Case Review and Feedback; class discussion</td>
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<tr>
<td>Self-Development</td>
<td>YES</td>
<td>Reading, In-Class Presentations, Cases</td>
<td>Case Review and Feedback; class discussion</td>
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<tr>
<td>Management</td>
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![Diagram showing cross-cutting competencies and management competencies]

Financial Skills
### Learning Methods:

This course will primarily use (80%) what CAHME describe as “higher level” teaching methods, which include in class presentations and case review; with only a small amount of background reading and lectures (20%).

### Assessment Methods:

This course will exclusively use caser review and feedback as an assessment of attainment of competencies. Guest leadership will evaluate each team based on how they would evaluate their own employee/colleague when faced with the case to review.

### COURSE CONTENT AREAS:

Managing Clinical Quality: assessing clinical outcomes, clinical competence  
Medical Staff Organization: Managing and restriction clinical privileges. Should intensive care units be open or closed?

### COURSE REQUIREMENTS:

Case Studies: Each student will read, evaluate and prepare a presentation and memo for each case. Each student will be responsible for producing:

- A 15-20 minute presentation to the senior executive regarding their analysis of the case, and their recommendation for the administrative/executive decisions.
- A short (2-page maximum) policy/decision memo, concisely detailing the problem, stakeholders, and proposed action.

Class Participation: Students are expected to be present in class, to make comments on other student’s presentations, and to engage in class discussions.
COURSE EXPECTATIONS:

It is expected that the students taking this class are planning to transition or grow into leadership roles in health care organizations, and therefore they take responsibility for their own education. Each student will be expected to complete each case reading, and prepare, within a group, a presentation and decision memo for each of the cases. Attendance at sessions is a component of the entire learning process, and any absence should be approved by the instructor first.

REQUIRED TEXTS:
   None. Case-based readings will be distributed in class.

SUPPLEMENTAL TEXTS:
   None

ASSIGNMENTS:
   Case Studies  100%

GRADING SCALE (expected):

Each case presentation will be evaluated by Dr. Roberts and the guest speaker. Grades on the presentation will use a letter grading system, A, A-, B+, B, B-, C+, C, C-, F. The following grading rubric will be used to evaluate the case presentations:

1) Completeness of analysis of the problem
2) Clarity of presentation (both visually and speaking)
3) Consideration/evaluation of all stakeholder interests
4) Conciseness and completeness of decision memo

ACADEMIC INTEGRITY:
All students are expected to adhere to the school’s standards of academic honesty. Any work submitted by a student for evaluation must represent his/her own intellectual contribution and efforts. The GSPH policy on academic integrity, which is based on the University policy, is available online at http://www.publichealth.pitt.edu/interior.php?pageID=126. The policy includes obligations for faculty and students, procedures for adjudicating violations, and other critical information. Please take the time to read this policy.

Students committing acts of academic dishonesty, including plagiarism, unauthorized collaboration on assignments, cheating on exams, misrepresentation of data, and facilitating dishonesty by others, will receive sanctions appropriate to the violation(s) committed. Sanctions include, but are not limited to, reduction of a grade for an assignment or a course, failure of a course, and dismissal from GSPH.

The appropriate faculty member must document all student violations of academic integrity. This documentation will be kept in a confidential student file maintained by the GSPH Office of Student Affairs. If the student and instructor agree upon a sanction for a violation, the record of this agreement will be expunged from the student file upon the student’s graduation. If the case is referred to the GSPH Academic Integrity Hearing Board, a record will remain in the student’s permanent file.

ACCOMODATION FOR STUDENTS WITH DISABILITIES:

If you have any disability for which you are or may be requiring accommodation, you are encouraged to notify both your instructor and the Office of Disability Resources and Services, 216 William Pitt Union at 412-648-7890 or TTY 412-383-7355 as early as possible in the academic term. This office will verify your disability and help you to arrange for reasonable accommodations for your full participation in this course.
**COURSE TIMELINE OF TOPICS & ASSIGNMENTS:**

Each case will involve three sequential weeks of class.

**Week 1:** Case background and introduction, with basic reading material and outline of the problem presented. Case materials and background reading will be provided through CourseWeb.

**Week 2:** Question and answer session. The guest executive will meet with the class to answer specific questions that the teams have developed during their review of the case. The executive can be asked to assume the role of any leadership individual involved in the case that the group wishes to ask a question of.

**Week 3:** Presentation of recommendations. Each team will present a 15-20 minute PowerPoint presentation describing their analysis of the case, and their recommendation for action by health system leadership. Each group will also turn in a “decision memo” outlining their proposed actions and the rationale behind them: this will not exceed 2 pages.

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<th>Session 1</th>
<th>Operating Room Scheduling Problem</th>
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**Case:** Re-Organizing Surgical Services Block Time

The operating rooms at Presbyterian Hospital are currently scheduled according to “blocks” that are assigned to specific services and surgeons. Data from finance and operations indicates that ORs are often vacant but that significant overtime is used at the end of the day. Participants will assume the role of a member on the Surgical Services Oversight Committee (SSOC) which has purview over the scheduling mechanisms. The VP of Operations, Albert Wright, has charged the committee with examining this issue and proposing a solution.

**Reading:**
- Two vendor-based or consultant-based shorts on block scheduling:
- McIntosh C, Dexter F, Epstein RH. The Impact of Service-Specific Staffing, Case Scheduling, Turnovers, and First-Case Starts on Anesthesia Group and Operating Room Productivity: A Tutorial Using Data from an Australian Hospital. *Anesth Analg* 2006;103:1499 –516

**Optional Reading:**

**Case Material (available on Courseweb)**
- Case File: HPM 2700 Re-Organizing Surgical Services Block Time (Wright Case)
- Data file: Prior to changes_PUH BLOCK UTILIZATION APRIL 2010 COPY TO SSOC.xls
Session 2 | Operating Room Scheduling Problem

Q&A Groups will expand their understanding of the problem by developing questions of relevant leadership or staff, and answers will be provided by Mr. Wright as though he were answering for whatever involved individual the group requests information from.

Session 3 | Operating Room Scheduling Problem

Group Presentations
Case 1 presentation due
Case 1 memo due

Session 4 | Excessive Cardiovascular Mortality

Case: Excessive Cardiovascular Mortality

Increasingly, health system quality ratings, mortality and outcomes data are becoming matters of public information. Many organizations are producing quality “report cards” that rate hospitals and health systems across a wide array of outcomes. In 2010, several UPMC hospitals did not rank as highly as desired on cardiovascular mortality. You are to be a member of an clinical advisor team to the CEO and Chief quality officer to evaluate this problem and decide a course of action.

Reading:


Optional Reading:

2007 Background


2011 Ongoing Report


Case Materials:
Case materials are available on CourseWeb

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<th>Excessive Cardiovascular Mortality</th>
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<td>Session 6</td>
<td>Excessive Cardiovascular Mortality</td>
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Group Presentations
Case 2 presentation due
Case 2 memo due

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<th>Session 7</th>
<th>Competing for Capital in a Health System: Allocating Catheterization Labs</th>
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Case: Competing for Capital in a Health System: Allocating Catheterization Labs

Hospitals and health systems have limited capital resources for new construction, expansion, repair, and many other capital needs. This case involves decisions facing a multi-hospital health system in a very competitive market for cardiovascular services. Their flagship hospital has several catheterization labs, but two are in need of substantial repair. They are re-opening a tertiary community hospital that needs cauterization labs to provide full emergency services, and to compete in that geographical market location. There are insufficient capital funds to do both.

Reading:
Reprioritizing Capital Allocation: Deploying Capital in an Era of Tight Credit. The Administrative Board, Leadership through the Downturn Series, Volume 4

Optional Reading:

Case Materials:
Available on BlackBoard

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<th>Session 8</th>
<th>Competing for Capital in a Health System: Allocating Catheterization Labs</th>
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<td>Session 9</td>
<td>Competing for Capital in a Health System: Allocating Catheterization Labs</td>
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Group Presentations
Case 3 presentation due
Case 3 memo due

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<th>No Class - Spring Break</th>
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<th>Session 10</th>
<th>Restructuring ICU Services</th>
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Case: Restructuring the Provision of Intensive Care Services in a Large Community Hospital in Transition

This case concerns the problem of different admitting and privilege rules at two hospitals during a merger. A large, tertiary care academic hospital merged with a large, tertiary care community hospital. Intensive care units operated under the “closed” model in the university hospital (only critical care Medicine certified full-time Intensivists could admit to Intensive Care Units) whereas the community hospital had an “open” model, where anyone with admitting privileges to the hospital could also admit and care for patients in the ICU. This case involves the decision regarding the ICU staffing model that will be used after the merger.

Required Reading:

Pronovost PJ. Physician Staffing Patterns and Clinical Outcomes in Critical Ill Patients. JAMA. 2002;288:2151-2162


Optional Reading:


Case Materials:
Available on BlackBoard

Session 11
Restructuring ICU services; question and answer Session

Session 12

Group Presentations
Case 4 presentation due
Case 4 memo due

Session 13 Triangle Health System

Case: Triangle Health System: A Case Study in Connecting the Dots (Strategy.....Operations.....And reality!)

This case describes the events surrounding a hospital integration in Greensburg, PA that involved two hospitals that had recently merged, joining with a third to create the a health system, called “Triangle Health” in the case materials. The goals of the integration were developing efficiencies of scale, discontinuation of redundant services, and specialization of certain services (like maternal health services) in single locations, given the institutions were geographically close (< 10 miles).
The integration demonstrated many of the outcomes desired by the board. The financial bottom line of the system improved, costs were reduced through certain service integrations and improved contracting, and the dashboard-type indicators selected by the board were getting better. However, several months after integration, several indications surfaced regarding significant problems: nursing turnover increased dramatically, several prominent medical staff left to join a competitor hospital, and the system received many community-based complaints regarding the integration.

You serve as a member of a medical staff committee that the CEO has rapidly put together to assess the reasons for the discontent, and make recommendations regarding how to proceed.

**Required Reading:**


**Case Materials:**
Available on Blackboard.

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**Session 14**

Triangle Health Case: Question and Answer Session

**Session 15**

**Group Presentations**
*Case 5 presentation due*
*Case 5 memo due*