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Short Communication

Evaluating Performance in Healthcare Administration Leadership

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Measures that monitor the ongoing effectiveness and progress of a department's activities are necessary for leaders to judge the performance of a department or work area.

In an operational unit that has both projects and services, two types of measures will be necessary.

The development of a Gantt chart may be the most effective way of tracking a project.

A Gantt chart includes a series of rows detailing each of the steps and sub steps to be completed within the project. Each row has multiple columns identifying start dates, projected end dates, dependencies, responsible parties, completion percentage, and the like.

The Gantt chart provides an excellent way of visualizing an entire project in both highly summarized and detailed ways. Commercial project-tracking software products are available, but many organizations effectively manage projects using a simple spreadsheet. An example of measuring a project against goals is included later in this chapter.

In departments where service is a component of the work done, it will be important to have a service-level agreement (SLA) with indicators that are tracked at regular intervals. The expected service level can be internally derived, negotiated with the customers, or driven by externally agreed-upon benchmarks.

Service-level parameters can best be measured using a dashboard visualization tool.

A dashboard is a series of graphs or tables that indicate the current performance, the historic performance for an appropriate time interval, the expected quality of services, and if appropriate, the acceptable level of variation below and above the stated goal.

In addition to the quality-of-service goal, there may be a stretch goal, though it is not usually on a control chart. The stretch goal is typically an internally desired target that exceeds any quality-of service parameters that have been agreed to.

A typical dashboard includes a series of control charts. Control charts are statistical representations of the graphs discussed above. They add lines representing the upper and lower control limits. This takes into account that there will be natural variation in the results represented around a mean. To the extent that a series of points begins to move in one direction or the other, it will become necessary to review the process looking for special-cause variation. In any business, variation will often increase costs. In healthcare, variation may also signal changes in the quality of patient care, and therefore warrants immediate attention and understanding. A sample quality of- service control chart is presented in figure 1.

Evaluating Effectiveness and User Satisfaction

At times, organizational leaders may find that they have become too detached from the organization and the stakeholders they are serving. IT leaders may be especially prone to this because they often work in a separate location from where care services are provided or because the complexity of their work slowly removes them from the day-to-day environment of care.

Regular departmental and system assessments will prevent isolation and enhance communication with stakeholder communities throughout the organization. The assessments need to include the effectiveness of both the systems supported and the services provided.

Measuring system effectiveness needs to start with a baseline analysis. This ties in very nicely with the earlier discussion of understanding service-level benchmarks. It is important to have both an objective and a subjective assessment of the quality

Figure 1: Quality-of-service (QoS) control chart. UCL, upper control limit; LCL, lower control limit.

metrics. A simple example of this can be seen in an assessment of system availability. Ninety-nine percent uptime for a computer system sounds highly efficient and tracks very nicely along a control chart.

Customers, however, report that they struggle with the average of 1.75 hours of system downtime each week, even though that falls within the 1% deemed acceptable. A customer assessment helps the leader understand the customer's point of view. The 24/7 healthcare environment has expectations of 99.999% system availability.

A baseline assessment can be accomplished in several ways. Face-to-face interviews have value for systems that affect only a small number of stakeholders, especially when they work in disparate parts of the company. Unit rounding will be effective when actual observation of the system in use is needed. What better way to demonstrate an interest in stakeholders' work than to be present in their environment? Typically, it is most efficient to meet with a group of users together. This can be done by going to departmental or unit meetings that are already scheduled.

Alternatively, you may choose to call a town hall meeting to look at a general situation or a focus group to examine specific situations. Both can be organized as either physical or virtual meetings.

The baseline assessment is designed to gather data regarding the systems that the stakeholders are using and the way they are being used. Take the time to understand the stakeholders' expectations of system availability and performance. Listen to their past internal and external experiences and pay special attention if they note adverse changes in systems performance.

Use the assessment time to accept feedback regarding opportunities for system operating improvements. Be clear that not all requests can be accommodated but remain open-minded to what will result if some meaningful feedback is directly addressed.

Once the baseline is determined, commit to a regular process of follow-up analyses. Identify the interval that is most appropriate. If the organization concurs with an initial assessment that the performance of IT systems and services is satisfactory, then an annual follow-up assessment will be sufficient. A lower than desirable assessment warrants a prompter turnaround and more frequent follow-up. Regular communication or monthly status reports should address commitments to improvement. Effectiveness should be reassessed at regular intervals agreed on with customers.

The process for the follow-up assessment can be accomplished by telephone or web-based surveys. Providing easily accessible

feedback tools within the applications themselves will prompt regular responses. Customers will appreciate the availability of immediately accessible feedback because it will enable them to avoid making calls to the help desk.

Departmental effectiveness needs to be differentiated from system effectiveness as you do your assessment. The distinction is necessary because customers and stakeholders have a multitude of different needs. The methodology for retrieving feedback about the two can be essentially the same, but the objectives will be different. In the departmental assessment, the value is in understanding how the personnel respond and relate to others within the organization.

Departmental effectiveness is measured using interpersonal metrics reported by customers.

Leaders have an advantage because they have also had the opportunity to receive customer service. A typical first impression of customer service is formed by the response time to inquiries.

Keep in mind that customers are providing clinical services and therefore are not typically in one physical location for more than a few moments at a time.

Any response time greater than just a couple of minutes is likely to cause dissatisfaction. A popular service management framework to consider is the Information Technology Infrastructure Library [1,2].

Additional factors to consider evaluating include.

Do staff empathize with the concerns and frustrations of customers?

Do staff communicate regularly with customers when they are working on a problem that takes more than a short time to resolve?

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