
Editorial

This issue of *Management in Healthcare* begins with a case study by Connie Lee, Director, Scott Lieberenz, SVP and Chief Financial Officer, Brandon Mouton, Manager, and Christine Snell, Manager, The Appointment Center, Children's Hospital Los Angeles. The authors provide an insight into their organisation's journey towards building an efficient, centralised business support function in a healthcare organisation managing complex subspecialties, describing how the COVID-19 pandemic provided a platform to showcase the strength of centralisation, a transition into a remote work environment and a fast track for ambulatory operations to 'buy-in' to the centralised model. They offer a welcome, high-level introduction and roadmap on creating a centralised patient access group, share successes and strategies (such as establishing dashboards, key performance indicators and a culture of performance accountability) and show how investments in the hospital's Appointment Center have improved referral turnaround time, call abandonment rates, increased access, utilisation and revenue for the organisation.

The team of authors led by Eugene Fidelis Soh, Deputy Chief Executive Officer (Integrated Care), National Healthcare Group and Chief Executive Officer, Tan Tock Seng Hospital & Central Health, Singapore, give us a case study on how a hospital cluster of COVID-19 occurred owing to the highly transmissible SARS-CoV-2 B.1.617.2 variant. The authors document the three-pronged response strategy of containment, segregation and reset adopted to contain the outbreak – which proved successful within one month – and their subsequent review process which yielded further insights. The first was to strengthen lines of defence by early identification of COVID-19 cases

through the principles of 'test, monitor and protect'. The second was to develop an enhanced preparedness protocol, categorised into 'contingency, communications and care', that could be quickly activated in the event that another hospital cluster of COVID-19 occurs. In doing so they outline a clear strategy for responding to the different stages and responses to the virus.

Michael Goldberg, former Executive Director, Long Island Jewish Medical Center, and Sheldon Newman, Area Vice President, North American Partners in Anesthesia, then illustrate how Northwell Health, New York's largest health-care provider, has instituted innovative remote video auditing (RVA) technology in its operating rooms, intensive care units and hospital floors, revealing the results it has achieved in nearly a decade of progressive applications and expanding adoption across its 23 hospitals. Michael and Sheldon demonstrate how this technology and associated change management has improved culture and productivity hospital-wide including capacity, first-case starts, compliance with hand hygiene and the surgical safety checklist, reduced surgical site infections, shorter room turnover and expedited patient flow.

The group of authors led by Hugo Pariseau, Department of Management Engineering and Consulting, Mayo Clinic, provide a case study on the application of a systems-based approach to scenario development and dry run execution when activating a large healthcare facility in the Middle East. They show how integrated scenarios served to validate operations at a systems level, while team-specific scenarios served as supplemental validation for isolated processes. Dry runs exposed a total of 231 findings, exposing latent gaps in workflows,

training and education, infrastructure, equipment, supplies and technology, which readers can apply to their own scenarios when introducing a new service line or opening up a new facility.

Ana Pujols-McKee, Executive Vice President, Chief Medical Officer and Chief Diversity, Equity and Inclusion Officer, and Mark Pelletier, Chief Operating Officer and Chief Nurse Executive, The Joint Commission assess how the commission works with healthcare organisations to continuously improve healthcare quality and patient safety including its high-reliability framework for achieving zero harm, strategies on how to reorganise healthcare organisations' structures to integrate improvement efforts, risk assessment and mitigation. Our Editorial Board believed that readers will find the paper's information about newly identified patient safety issues both interesting and helpful.

Melody Danko-Holsomback, Vice President of Education, National Association of Accountable Care Organizations (ACOs), describes her experiences of management consideration and staffing structures within Keystone ACO, providing examples and

thought processes behind building a successful network. Our Editorial Board stressed the value of the way in which Melody aligns and organises the discussion in each section, clearly identifying the need, sharing the why, explaining the concept, and finally providing the benefit of follow through or failure for not.

Finally, Susan Dentzer, President and Chief Executive Officer, America's Physician Groups, investigates steps taken by health systems in addressing equity in the provision of care and broad upstream health drivers of social and economic inequity that are largely extrinsic to healthcare. This paper describes some of the actions taken by health systems and makes for fascinating, timely reading.

We hope you enjoy reading this issue and, as always, if you would be interested in submitting a paper or case study to a future issue, please don't hesitate to contact me at the address below. We look forward to hearing from you.

Simon Beckett

Publisher

March 2022

Email: simon@hspublications.co.uk