
Editorial

We are delighted to bring you this special issue of *Management in Healthcare* which seeks to collate and scrutinise some of the key lessons learned during the COVID-19 pandemic. We begin with a case study from the Mayo Clinic which shows how their organisation responded to the pandemic by implementing innovations, including screening, testing and tracing patients for COVID-19; expanding telehealth services; adjusting surgical and procedural operations and reallocating staffing and supplies. This detailed account demonstrates how these changes were operationalised to enable the Mayo Clinic to benefit patients and quickly return to financial sustainability.

Darcy Aafedt, Supply Chain IS Program Director of Supply Chain Services for Banner Health, provides an overview of her team's strategic responses to COVID-19, notably in ensuring supplies of personal protective equipment (PPE) for its staff. Darcy shows how Banner Health was able to quickly determine that they needed to react fast to manage supply chain disruption and was able to break the overreliance on foreign manufacturers to supply PPE by moving away from global sourcing by partnering with local fabricators, as well utilising reusable PPE. She outlines the value of collaboration and education throughout the organisation on supply chain services and how cost, quality and outcomes as core competencies enabled rapid mobilisation and permanent strategic pivots in response to COVID-19, not to mention how Banner Health involved physicians in the work groups that were created to come up with a working solution.

Lily Jung Henson, Chief Executive Officer of Piedmont Henry Hospital, Mariana Gattegno, Quality and Safety Program

Manager, and Leigh Hamby, Chief Medical Officer for Piedmont Healthcare, met the challenge of the COVID-19 pandemic via a system-wide approach which allowed local leadership to modify their responses as circumstances required. Their case study captures the learnings of how their centralised corporate structure supported their hospitals and clinics, with system and local incident command centres being set up in less than 12 hours, utilising a combination of quality and process improvement methodology, as well as the Hospital Incident Command System (HICS) structure. These lessons learned will undoubtedly be useful for future crises.

Returning to critical supply chain issues, Brent Wigington, Director of Operations Integration for Intermountain Healthcare, then provides insights into five-dimensional survival strategies: (1) expediting, (2) product substitution, (3) conservation, (4) reconditioning and (5) innovation. Brent shows how leveraging these five strategies can benefit supply chain management, as does using a cross-functional, coordinated, daily huddle to facilitate communication and share a PPE/ Commodities dashboard to build resilience during a long-term crisis.

Steven Berger, Principal of Lumina Health Partners, identifies and analyses the crucial financial metrics which healthcare financial leaders should monitor during COVID-19 and to chart their path to financial recovery. Steven shows how – with each organisation having its own unique needs, history and circumstances to consider – there is no 'one size fits all' approach to financial recovery. The key to finding the best approach is a clear and data-driven understanding of each organisation's unique circumstances.

Ellis Knight, MD, considers how the effective management of variability in patient flow can be applied to overburdened hospitals, especially now during the COVID-19 pandemic. Ellis outlines a methodology which has been successfully applied in many hospitals throughout the world yet has not been widely adopted. Ellis makes an effective case for why that should be reconsidered now given the many financial, safety, quality and patient/staff satisfaction challenges facing hospitals today.

In a very interesting paper which sums up different perspectives on how COVID-19 may change health policies and systems, Harold Tan, Director of Population Health Finance for National Healthcare Group, Singapore discusses new value norms which will emerge, post-pandemic, and which go beyond the quality-cost equilibrium, as the definitions of quality and cost are redefined in the context of wider public health and its impact on society. Harold considers how the global reaction to COVID-19 will change stakeholders' expectations of future healthcare, its delivery and the extent to which society is prepared to invest or trade off to prevent future such crises.

Finally, Jackie Nguyen McGuinn, Executive Director, Global Marketing

Strategy for GHX, presents insights from US healthcare supply chain leaders on how COVID-19 has impacted their operations and what steps they have taken to support clinicians and maintain patient care delivery. She reviews how COVID-19 has impacted health systems and hospitals clinically, operationally and financially including why traditional methodologies, systems and processes for procuring products and managing inventory have failed under the sudden and sharp increase in supply demands; the impact of the pandemic on the global supply chain (including the risks of procuring products from non-traditional suppliers to meet clinical supply needs); and the creation of advance preparation strategies aimed at strengthening supply chain resilience and mitigating the negative impact of future disruptions to supply availability and delivery.

As always, we hope you enjoy reading this issue and 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.

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