

Editorial

This issue of *Management in Healthcare* begins with a case study team of authors, led by Tarin Casadonte, Principal Health Systems Engineer at the Mayo Clinic, which shows how their organisation has addressed the considerable logistical challenges presented by the COVID-19 vaccination programme for vaccine transportation, inventory management, allocation and distribution. They describe how an efficient system of allocation and administration for COVID-19 vaccines was developed through collaboration with process engineering, with health systems engineers from the Department of Management Engineering & Consulting at Mayo Clinic collaborating closely with diverse multidisciplinary teams that included physicians, nurses, pharmacists, administrative services, information technology, human resources, scheduling operations and public affairs to create tools and solutions to solve complex problems including identifying priority populations, using resources efficiently and minimising vaccine waste. They provide an excellent example of how good planning is a key to success and set out the steps they took in welcome detail.

The group of authors led by Dominik Walter, Project Manager at RHÖN-KLINIKUM AG present the first paper of a two-part series on the sektOR-HF project, which aims to ensure better care for heart failure patients in Germany through the coordination of the cross-sectoral care process and new incentives in remuneration. Part 1, published in this issue, describes the initial situation and concept that paved the way for the project in 2020. Patient inclusion began in March 2021 and, following completion of the project, scheduled for

November 2023, a second paper will present the project evaluation and its results.

The team of authors led by Michele Hoover, Clinical Practice Section Head at the Mayo Clinic, demonstrates how, during the COVID-19 pandemic, health systems engineers and project managers at their organisation have accelerated the implementation of innovative interventions by leveraging advanced engineering and consulting frameworks, models and methods. They show how utilising a patient and staff-centric systems approach to align electronic systems, operational processes, staffing resources and organisational infrastructure has proved invaluable for speed and effectiveness. They go on to consider how these have developed into wider opportunities including the scaling of consumer-focused virtual services in multiple and unfamiliar settings, new assets that could be reused for future emergencies, accelerating the implementation of time-sensitive solutions, applied analytics and modelling to predict clinical, financial and community impacts and reimaging the healthcare supply chain.

Christine Holt, Executive Vice President and Chief Operating Officer of the Life Care Division, Cindy Rose, Interim Chief Experience Officer, both at Redeemer Health, and Justin Wartell, Managing Principal of Monigle explore how the pandemic has driven innovation which is humanising healthcare on a structural, organisational and experiential level. Leveraging a series of in-depth interviews with healthcare experience executives across the United States, their paper assesses how industry leaders are implementing strategic changes in their organisations to embrace a more empathetic, human model.

They consider what has changed, why these changes are likely to stay relevant in the post-pandemic era, ending with analysis of key strategies and considerations including defining strategic brand experience objectives, creating cross-functional experience coalitions, focusing leadership on important experiential areas, hiring for 'soft skills', including empathy and communication, and aligning incentives with targeted changes. Our Editorial Board felt that this is a timely paper that can guide healthcare institutions in coping with the challenges of managing their scarce, stressed, and stretched frontliners and human resources during the pandemic.

Archie Lockamy, Margaret Gage Bush Professor of Business, Professor of Operations Management at Samford University's Brock School of Business, seeks to benchmark health care quality in the United States using data provided by The Agency for Healthcare Research and Quality (AHRQ). Archie draws on the quality measures compiled by AHRQ designed to assess US health care quality at the national, regional, divisional and state levels, with the aim that the results can be used by policymakers to target health care quality improvement initiatives across the United States.

Finally, Natalie DuMont of the University of Phoenix provides actionable recommendations on using culturally and linguistically appropriate services (CLAS) standards as a management tool to reduce costs and improve quality of care in behavioural healthcare organisations. Through her research, twenty-one expert executive behavioural health leaders in the United States identified 15 leadership competencies critical to leading a CLAS standards competent organisation with the two most critical being (a) cultural competence and adaption and (b) collaboration and teamwork. This paper aims to promote best practices for organisations that hire and train executive behavioural health leaders by validating selection and training criteria predicted on these 15 competencies.

We hope you enjoy reading this issue and, as always, if you are 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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