



VIEWPOINT

Ten Questions for Hospital Leaders

BY PAUL B. HOFMANN

ALTHOUGH THERE ARE no litmus tests to evaluate hospital leadership, the answers to a number of critical questions can provide a useful assessment.

Any hospital trying to prove its merit can point to compliance with national, state and local regulations as well as to positive trend lines in surveys, management dashboards and balanced scorecards. But these accomplishments alone are not evidence of the imaginative leadership needed by hospitals and the communities they serve. Nor are they evidence of true transparency and accountability.

To find the best practices in accountable health care leadership, consider 10 general questions that evaluate the overall performance of hospital executives in addressing the right issues.

- 1** What comprehensive measures have been implemented to hardwire improvements in patient safety and the quality of patient care? How is progress being evaluated?
- 2** What are the most significant risks to the organization? What are the strategies and contingency plans for dealing effectively with each one?
- 3** How are the best practices of top-performing hospitals inspiring innovation and replication of evidence-based management?
- 4** How are creative management and rewarded? What proven incentives have been adopted to stimulate continuing progress?

5 What objective criteria have been developed to assess program proposals, acquisition of new technology and similar investments? How have audits of previous investments improved the assessment process?

6 What programs have been established to identify, support and promote staff members who can advance professionally and make a greater contribution to the organization and those it serves?

Hospital size, ownership, mission, role, location and several other variables will affect which issues have the greatest relevance and highest priority.

7 What steps are being taken to: (a) maximize the recruitment and retention of the best qualified staff, (b) minimize compassion fatigue, (c) reduce the incidence of professional tension and (d) ensure high staff morale?

8 What policies and procedures ensure that inappropriate or incompetent behavior, conflicts of interest, and other problems can be reported without fear of retribution and addressed promptly and effectively, regardless of an individ-

ual's organizational power and position?

9 How frequently are employees, physicians, patients, volunteers and members of the community asked for their opinion of the organization; what are the results; what initiatives address opportunities for improvement; how are they being tracked; and how much progress has been made?

10 What has the organization done to: (a) determine the community's major health problems, (b) implement programs to address them and (c) measure the results?

No Easy Answers

There are no simple or right answers to these 10 questions. Hospital size, ownership, mission, role, location and several other variables will affect which issues have the greatest relevance and highest priority.

Despite legitimate differences among institutions, however, the questions have at least five common characteristics. First, each one should be considered in the context of the hospital's vision, mission and values. Second, the goal of maximizing cost-effective services tailored to meet community needs is an implicit assumption. Third, explicit data, not subjective judgments, are sought. Fourth, there is an appreciation for the inherent and collective capacity of highly motivated, competent staff, if appropriately encouraged, to contribute to sustained performance improvement. Fifth, an emphasis is placed on promoting and measuring continued progress on a regular basis.

The pressure on hospital leaders to be more transparent, to protect and

empower both patients and staff, to improve clinical outcomes, and to demonstrate proper stewardship of limited resources will be relentless. Pursuing the answers to these and comparable questions will help provide compelling evidence that the organization's leaders do not view accountability as optional. Internal and external stakeholders deserve no less. **T**

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with that of other trustees.

Peer assessment can be particularly helpful to boards that give themselves high marks on knowledge of board roles, responsibilities and structure, but rate their performance lower on board culture or board member engagement over time. Peer evaluation does more than broaden the perspective on individual performance. It can also strengthen the board member reappointment process by providing a touchstone for assessing a trustee's ongoing interest in board service and willingness to improve performance over time. When used in this way, board member performance assessment can be more effective than simply relying on term limits, which can lead to the loss of knowledgeable, engaged trustees who could have continued to be valuable contributors to hospital or system governance. **T**

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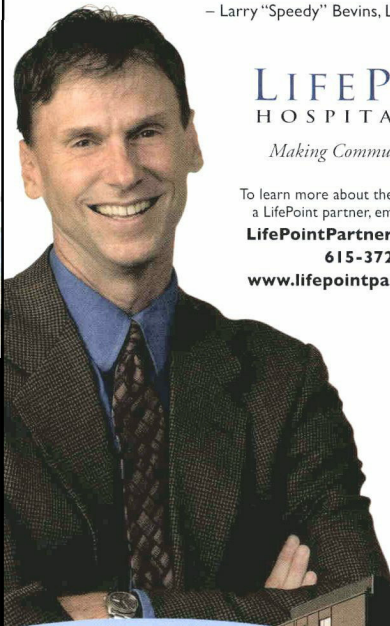
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