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ACADEMIC MEDICAL CENTER CEO SPEAKS CANDIDLY ON LEADERSHIP

Elizabeth G. Nabel, MD, president of the Harvard University-affiliated Brigham Health and professor of medicine at Harvard Medical School since 2010 is responsible for patient care, research, education, and community missions at Brigham and Women's Hospital, Brigham and Women's Faulkner Hospital, and the Brigham and Women's Physician Organization, all in Boston. AMS heard her speak on June 12, 2019 to a group of 60 healthcare professionals on the topic of Leadership: Teamwork, Transparency and Trust.

Here are some of the highlights of her advice:

Leadership- Hold patients in the center of what you do. Personal integrity, respect and team work are core values. *Personal integrity cannot be taken away from you, unless you give it away.*

Teamwork- Know yourself. Do a Myers-Briggs ¹ (or equivalent) for yourself, and use on colleagues. It will help you better understand where and how to make change. Understand your weaknesses, focus on your strengths.

Transparency- Electronic Health Record has helped none of us, email has helped none of us. They have brought an erosion of personal respect.

Millennials' have held us accountable for work-life balance.

Trust- When you are new in an organization, first you need to get "buy in" and acceptance as a leader, building trust and developing alliances before you can blow things up and make change. This is necessary to make the changes stick.

JUNE IS BIRTHDAY MONTH



AMS is 52 years old this month. In the summer of 1967, the unemployment rate was 3.8%, and the inflation rate was 3%. In May 2019, those rates are 3.6% and 1.8% respectively. Apparently, some things have not changed that much since 1967, including AMS focus on the client and helping them achieve their mission and be successful. Thank you for inviting us to work with you.

¹ *From the Myers and Briggs Foundation-The purpose of the Myers-Briggs Type Indicator[®] (MBTI[®]) personality inventory is to make the theory of psychological types described by C. G. Jung understandable and useful in people's lives. The essence of the theory is that much seemingly random variation in the behavior is actually quite orderly and consistent, being due to basic differences in the ways individuals prefer to use their perception and judgment.*

MASSACHUSETTS HEALTHCARE LEADERS PREDICT THE FUTURE



It is interesting to note that in a time of growing use of online education and webinars, that the last two “traditional” ACHE of Massachusetts seminars, where professionals all come together in one place, were sold out. The May 17 meeting had almost 300 people register to attend a seminar on **Healthcare in 2025: The Future is Now**. As moderator of the panel, Alan Goldberg, AMS Principal and President, summed it up this way when discussing the challenges in predicting the future “*who would have thought back six years ago in 2013, that today in Massachusetts we would have legal marijuana stores, legal sports betting, and a \$2.5 billion casino opening in June named the (Wynn) Encore Boston Harbor, which is neither in Boston nor on the harbor. What these have in common with healthcare is government oversight and regulations. Also, all are heavily taxed.*”

An online poll was taken at the seminar on predictions for 2025. Here is a summary of the results on three of the questions and the percentage of the responses each received:

Question 1-This technology all exists today. Advancements in 2025 could bring:

Internal organs created by 3D printers - 18%

3D diagnostic images from cameras that are swallowed (Biosensors and Trackers) - 24%

Pharmacists and nurses workload reduced by robotics - 28%

Voice recognition, gesture recognition; no more typing or keyboarding required - 24%

None of the above - 5%

Question 2- In 2025, I think this is most likely to occur:

Health spending will be over 19% of GDP, up from 18% today - 37%

Affordable Care act will still be in place similar to 2019 - 4%

Widespread use of telehealth, up from 80% today - 41%

Hospital admissions will be 5% higher than today - 1%

MIT (or other school) will make “life changing” research breakthrough on artificial intelligence - 16%

Question 3-2025 priorities – this is the 50th anniversary of landing on the moon, the next healthcare “moonshot” should be:

Behavioral and mental health priority focus - 26%

Cure Cancer - 24%

Eliminate heart disease - 2%

Universal access to healthcare and mandatory screening for disease - 46%

None of the above - 1%

How does your hospital measure up? Benchmarking provides the answers

AMS's hallmark service is labor benchmarking. Only by identifying a hospital's actual staffing levels and comparing it to our proprietary industry labor benchmark database can an institution confidently begin the process of optimizing productivity. We perform both hospital-wide and department-level benchmarks.

Typical initial savings identified is up to 10% of total labor expense

Immediate Benefits

- Identify, by department and cost center, staffing based on AMS work-function level benchmarks
- Identify departments with potential for productivity and operating system improvement
- Provide a focal point for senior management to discuss labor resource issues
- Establish a starting point for improvement efforts
- Assist with development of long-term labor strategies

Recent Results

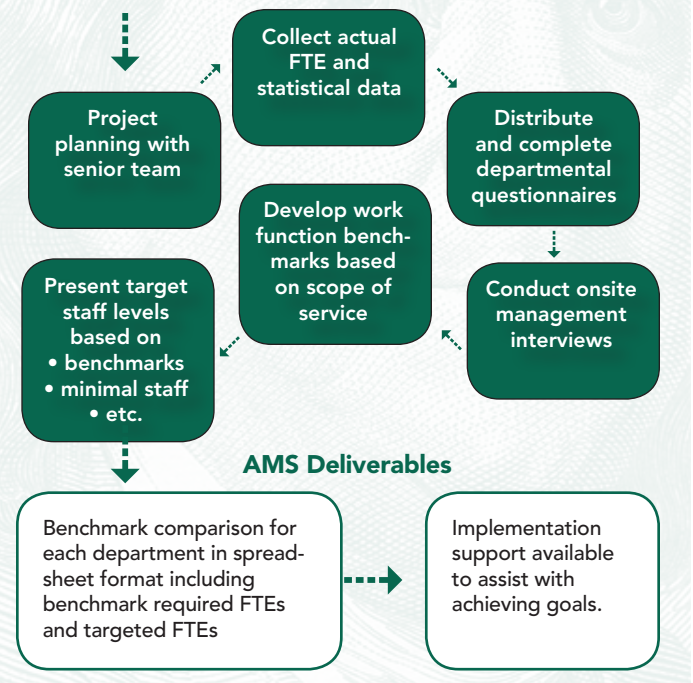
200-bed community hospital: AMS identified a labor improvement opportunity of 108 FTEs of the hospital's 1,250 FTEs. Eight outlier departments accounted for 50% of the opportunity.

3-hospital, 600-bed regional system: AMS identified areas with staffing opportunity equal to 3% (136 FTEs) of the system's 4,500 FTEs.

Critical access hospital: AMS identified an 8% staffing opportunity (48 FTEs) in a system of 600 FTEs comprised of a 25-bed acute care, 25-bed nursing home, 10-bed rehab unit, and support staff for physician practices.

Average ROI = more than 30 times

How we do it



The AMS Benchmarking Advantage

- Hospital-wide benchmarks compare your hospital/health system to similar institutions (size, type, and case mix) on a global basis.
- Department benchmarks are based upon a key volume indicator and paid hours per indicator for each department or area of the hospital.
- AMS's proprietary benchmarking database is based primarily on:
 - Actual studies AMS performs for its clients
 - Best practice targets developed by AMS content experts who specialize in all facets of health care.

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