

How Does Your Executive Management Team Compare?



Choosing the right mix for your executive management team (EM) today is key to assuring that your c-suite is aligned appropriately to support the shift in today's healthcare delivery models. Before the pandemic, healthcare

payment reform launched the era where organizations began rethinking their business models to delivery systems tailored to promote alternative payment models such as those based on value-based payment and population health. Health care organizations were joining forces and becoming large multi-site health care systems serving their communities in a more deliberate, strategic way. In the post-pandemic era, **brick and mortar will no longer be the status quo** with many new ways of delivering services. This rapid infusion of change further underscores the importance of solid leadership at the top.

- 👤 Chief Executive Officer
- 👤 Chief Operational Officer
- 👤 Chief Financial Officer
- 👤 Chief Medical Officer
- 👤 Chief Human Resources Officer
- 👤 Chief Information Officer
- 👤 General Counsel
- 👤 Senior/Vice Presidents of specific service lines as applicable

According to Michael Foley, AMS Principal, "This is inherently dependent of the size and structure of the organization and should flex up or down based upon the number of total workforce FTEs."

As a starting point, AMS recommends that organizations implement productivity monitoring by selecting a standard statistic that can be used to measure productivity. The most appropriate standard is based on the number of full-time equivalents (FTEs) of oversight. The **benchmark standard is the ratio of EM paid FTEs to total workforce FTEs**. Positions commonly found in the EM, excluding administrative staff, include:

The total EM typically represents 4.5% - 5.5% of the total management complement for the entire hospital system. It is vital to understand the roles and responsibilities of EM and to ensure that the mix of FTEs and total FTEs of these positions is appropriate. A properly aligned c-suite is the foundation to successfully implementing your strategic plans in today's evolving healthcare industry. For more information on how your EM team compares, contact info@aboutams.com or call (781) 272-8001.

AMS Stats & Facts: Emergency Department Statistics

ED Statistic	AMS Comparative
Overall Length of Stay (LOS) in Hrs	3.20 – 4.00
Admissions Only LOS in Hrs	5.50 – 6.75
Admission Percent (incl Obsv)	17 - 21%
Left Without Being Seen (LWBS)	1.4 - 1.8%
Transfer %	2.3 - 2.9%
Ambulance Arrivals	15 - 19%

Upcoming ACHE Conference ACHE will present *State of Healthcare: Best Practices in Alleviating Healthcare Worker's Burnout and Fatigue Amidst COVID-19* on April 29th from 7p–9p. This is a joint program with ACHE of Southern CA, ACHE of MA and the CT Association of Healthcare Executives – East Coast meets West Coast - to discuss similarities and differences in healthcare. One of the ACHE of MA speakers is Ali Raja, Executive Vice Chair of the Dept. of Emergency Medicine at MGH, who recently published an article in the Harvard Business Review titled *Six Lessons on Fighting Burnout from Boston's Biggest Hospital*. To register, go to www.massache.org.

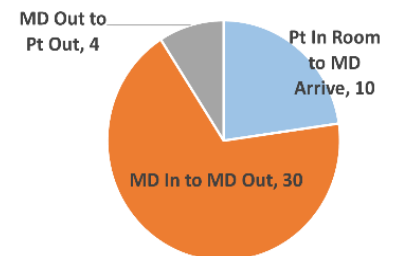
Outpatient Service Enhancement: Endoscopy Suite

The global pandemic has placed extraordinary demands on healthcare services worldwide. AMS has been diligently working with our clients to address the need for new processes that ensure sustained volumes while focusing on the continued safety of both patients and staff. Outpatient services have been at the crux of recent client discussions due to the need to pivot so many aspects of care delivery. A Massachusetts integrated health care system recently engaged AMS to assess their Endoscopy Suite due to decreased room utilization and high cancellation rates. Patient flow, day-to-day operations, staffing, scheduling, leadership, and patient communication were all key components of this analysis. Some key findings included:

Patient Flow:

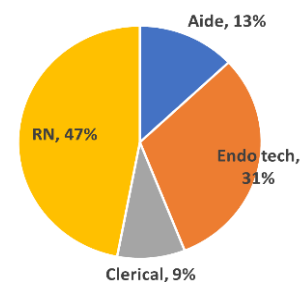
Data was reviewed to address recent delays in patient throughput. AMS compared the client data with AMS endoscopy suite best practice data to determine where the bottlenecks were occurring.

AMS Best Practice Endoscopy Suite Patient Flow in Room (In Minutes)



Cancellation Rates: AMS identified that reducing the cancellation by just 2% would result in the ability to complete over 3,000 additional cases per year and an increase of ~\$1.27M in revenue.

Endoscopy Suite FTEs by Skill Level



Labor Resource Needs: Keeping aware of staffing resources required is key in improving patient flow. AMS takes this one step further by ensuring each client understands the skill level/mix required based on volume and potential growth. A high-functioning

Endoscopy Suite is driven by a balance of RN and Tech roles. AMS provided the client with a detailed roadmap to address their unique challenges. **Now is the time** to get ahead of the COVID-19 aftermath that will affect your healthcare operations.