Syllabus

Course Overview

Health care policy changes have created new leadership imperatives for quality care and legal and regulatory compliance. These changes have resulted in special emphasis on the balancing of quality care, the proactive assessment of risk, and the management of associated costs. Specifically, the Patient Protection and Affordable Care Act of 2010 and the strategic approach for risk sharing between the government and providers are driving changes in the way health care is delivered. The advent of Accountable Care Organizations (ACOs) creates risk sharing between the Center for Medicare and Medicaid Services (CMS) and approved providers (Department of Health & Human Services, 2011). As a Condition of Participation, CMS-approved providers are responsible for measurement of internal performance data as well as comparative external benchmarking for clinical and cost indicators (Youngberg, 2011).

The government policy change has driven a prospective, proactive, anticipatory strategic approach to delivery of care, as evidenced by the Inpatient Prospective Payment System (IPPS) (Youngberg, 2011, p. 70). For example, accountable care organizations must document conditions that are present on admission (POA) to avoid financial penalties (p. 71). If the POA condition is not documented within the approved timeframe, the condition is assumed to have occurred or to have been acquired during the patient's hospital stay. Hospital Acquired Conditions (HACs) can result in reduced or no reimbursement for the provider's service. Furthermore, the patient is not responsible for payment for treatment of conditions identified as HACs. Providers are not reimbursed for preventable errors based upon the *never events* list (p. 71). Wrong-site surgery is one example of a preventable event for which reimbursement may be eliminated, but it is also where provider status may be compromised. Additionally, accreditation status may be at risk when "never events" occur or are improperly reported and processed.

Identifying risk, managing risk, and leading systems-based efforts to promote patient safety are important for public safety as well as for future financial viability. Creating a culture of patient safety is a critical leadership task in the new health care environment.

In the next 10 weeks, you will embark upon an exciting adventure to explore the health care environment. The rules are changing, and you now have the opportunity to synthesize all of the latest industry requirements and literature into an applications-based experience. You will discover excellent resources for the promotion of quality care, risk management, and regulatory compliance. These resources include

webinars, podcasts, White House blogs, PowerPoint summaries of key government policy presentations, contemporary short videos, government Web sites, industry Web sites, and a variety of other media. You will learn about the prospective government movement of partnering with industry providers to improve quality and contain costs. Finally, you will be prepared to lead and implement strategies for improved patient safety, organizational performance, and regulatory compliance.

It is an unprecedented time of change, and this course provides tools to lead effectively. You will have an opportunity to practice the National Center for Healthcare Leadership (NCHL) competencies as you synthesize the literature and tools, and apply them within a workplace simulated environment. You will be able to integrate content and practice your NCHL competencies in a safe, fun environment. Be prepared for an active exchange of resources and ideas. Enjoy your professional journey toward creating a culture of patient safety and organizational accountability.

References

Carroll, R. (Ed.). (2009). *Risk management handbook for healthcare organizations.* San Francisco, CA: Jossey Bass.

Department of Health & Human Services. (2011). *Appendix B: HHS performance measures*. Retrieved from http://www.hhs.gov/secretary/about/appendixb.html

Kaplan, R. S., & Norton, D. P. (1992). The balanced scorecard: Measures that drive performance. *Harvard Business Review, 70*(1), 71–79.

Lee, T. H., Casalino, L. P., Fisher, E. S., & Wilensky, G. R. (2011). Perspective roundtable: Creating accountable care organizations. *New England Journal of Medicine* [Web video]. Retrieved from http://www.nejm.org/doi/full/10.1056/NEJMp1009040

National Institute of Standards and Technology. (2011). Baldrige health care criteria for performance excellence framework. *Baldridge Performance Excellence Program*. Retrieved from http://www.nist.gov/baldrige/publications/hc_criteria.cfm

National Center for Healthcare Leadership. (2011). National Center for Healthcare Leadership competency model. Retrieved from http://www.nchl.org/static.asp?path=2852,3238

Plowman, N. (2014). Writing a cost-benefit analysis. Retrieved from http://www.brighthub.com/office/project-management/articles/58181.aspx

Berwick, D. (2011). Improving care for people with Medicare [Blog post]. Retrieved from http://www.whitehouse.gov/blog/2011/03/31/improving-care-people-medicare

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones & Bartlett Publishing.

Audio Recording

In this course, you will be required to create an audio recording to accompany a PowerPoint presentation. You may use Kaltura or, with instructor approval, you may use an alternative technology to record and deliver your presentation. Refer to Using Kaltura [PDF] for more information about this courseroom tool.

Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please contact Disability Services to request accommodations.

Course Competencies   (Read Only)

To successfully complete this course, you will be expected to:

1. Conduct an environmental assessment to identify quality- and risk-management priorities for a health care organization. (L4.3, L10.4, L16.2, L24.1)

2. Apply a risk-management model or framework to a specific risk-management priority. (L2.5, L17.2, L3.4)

3. Analyze the process and outcomes for a care quality- or risk-management issue. (L18.2, L11.4)

4. Analyze applicable legal and ethical institution-based values as they relate to quality assessment. (L1.4, L19.2)

5. Communicate in a manner that is scholarly, professional, and consistent with expectations for professionals in health care administration. (L6.1, L6.2, L6.3, L6.4)

Course Prerequisites

Prerequisite(s): MHA5008, MHA5010.

Required

The materials listed below are required to complete the learning activities in this course.

Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive an email with further instructions for access. Visit the Course Materials page on Campus for more information.

Book

Kavaler, F., & Alexander, R. (2014). *Risk management in health care institutions: Limiting liability and enhancing care* (3rd ed). Burlington, MA: Jones and Bartlett.

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Hardware

Capella University requires learners to meet certain minimum computer requirements. The following hardware may go beyond those minimums and is required to complete learning activities in this course. **Note:** If you already have the following hardware, you do not need to purchase it. Visit the Course Materials page on Campus for more information.
This course requires you to record audio for a presentation.

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use Journal and Book Locator. Refer to the Journal and Book Locator library guide to learn how to use this tool.

- Barry, R., Murcko, A., & Burbaker, C. (2002). *The six sigma book for healthcare: Improving outcomes by reducing errors.* Chicago, IL: Health Administration Press.
- Behrman Sherman, R., Woodcock, J., Norden, J., Grandinetti, C., & Temple, R. (2011). New FDA regulation to improve safety reporting in clinical trials. *NewEngland Journal of Medicine, 365*(1), 3–5.
- Behrouzi, F., Shaharoun, A. M., & Ma'aram, A. (2014). Applications of the balanced scorecard for strategic management and performance measurement in the health sector. *Australian Health Review, 38*(2), 208–217.
- Gunduz, M., & Simsek, B. (2007). A strategic safety management framework through balanced scorecard and quality function deployment. *Canadian Journal of Civil Engineering, 34*(5), 622–630.
- Jones, D. S. (2014). An interview with Roy Snell, CEO of the health care compliance association. *Journal of Health Care Compliance, 16*(3), 47–50.
- Kaplan, R. S., & Norton, D. P. (1992). The balanced scorecard: Measures that drive performance. *Harvard Business Review, 70*(1), 71–79.
- Kaplan, R. S., & Norton, D. P. (1996). Linking the balanced scorecard to strategy. *California Management Review, 39*(1), 53–79.
- Koumpouros, Y. (2013). Balanced scorecard: Application in the general panarcadian hospital of Tripolis, Greece. *International Journal of Health Care Quality Assurance, 26*(4), 286–307.
- Kreindler, S. A., Larson, B. K., Wu, F. M., Carluzzo, K. L., Gbemudu, J. N., Struthers, A., ... Fisher, E. S. (2012). Interpretations of Integration in Early Accountable Care Organizations. *The Milbank Quarterly, 90*(3), 457–483.

- Macfarlane, M. A. (2014). Sustainable competitive advantage for accountable care organizations. *Journal of Healthcare Management, 59*(4), 263–271.
- Miller, R. (2007). Baldrige as a path to excellence. *Modern Healthcare, 37*, 23–24.
- Storey, J. (2013). Factors affecting the adoption of quality assurance technologies in healthcare. *Journal of Health Organization and Management, 27*(4), 498–519.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- American College of Healthcare Executives. (2015). Retrieved from http://www.ache.org/
- Berwick, D. (2011). Improving care for people with Medicare [Blog post]. Retrieved from http://www.whitehouse.gov/blog/2011/03/31/improving-care-people-medicare
- National Institute of Standards and Technology. (2011). Baldridge performance excellence program. Retrieved from http://www.nist.gov/baldrige/
- National Quality Forum. (2019). Retrieved from http://www.qualityforum.org/Home.aspx
- Norton, D. P. (2008). Strategy execution needs a system. Retrieved from https://hbr.org/2008/08/strategy-execution-needs-a-sys/
- Plowman, N. (2014). Cost-benefit analysis: A template. Retrieved from https://www.brighthubpm.com/project-planning/58181-writing-a-cost-benefit-analysis/
- Plowman, N. (2014). Writing a cost-benefit analysis. Retrieved from http://www.brighthub.com/office/project-management/articles/58181.aspx
- The Balanced Scorecard Institute. (2011). Balanced scorecard basics. Retrieved from http://www.balancedscorecard.org/BSCResources/AbouttheBalancedScorecard/tabid/55/Default.aspx
- The Joint Commission. (2011). Retrieved from http://www.jointcommission.org/
- The New England Journal of Medicine. (n.d.). *Perspective roundtable: Creating accountable care organizations* [Video]. Retrieved from http://www.nejm.org/doi/full/10.1056/NEJMp1009040
- U.S. Department of Health & Human Services. (2011). Accountable Care Organizations. Retrieved from http://oig.hhs.gov/compliance/accountable-care-organizations/index.asp
- U.S. Department of Health & Human Services. (2015). Laws & Regulations. Retrieved from http://www.hhs.gov/regulations/index.html

Suggested

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

Integrated Materials

Book

Carroll, R. (Ed.). (2009). *Risk management handbook for healthcare organizations.* San Francisco, CA: Jossey Bass.

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- APCQ. (2014). Glossary of benchmarking terms. Retrieved from https://www.apqc.org/knowledge-base/documents/apqcs-glossary-benchmarking-terms
- Infection Control Today. (2011). Up to $500 million in Affordable Care Act funding will help health providers improve care. Retrieved from http://www.infectioncontroltoday.com/news/2011/06/up-to-500-million-in-affordable-care-act-funding-will-help-health-providers-improve-care.aspx
- U.S. Department of Education. (n.d.). Family Educational Rights and Privacy Act (FERPA) https://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html
- U.S. Department of Health & Human Services. (n.d.). Summary of the HIPAA privacy rule https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html

Unit 1 ≫ Health Care Quality, Risk, and Regulatory Compliance

Introduction

It is an exciting time in health care as all of us experience the implementation of the Patient Protection and Affordable Care Act of 2010. Leaders in our industry are rethinking how business is conducted, and the change will likely affect your current or future health care job. This course is ready to help you meet the challenges and opportunities inherent in recent industry changes.

Following the Institute of Medicine (IOM) initial reports on patient safety and medical errors, increased attention and accountability has been placed on providers to improve quality of services (1999, 2001). Within the industry, the IOM of the National Academies released a report in 2011 regarding systematic reviews for promotion of patient safety and related standards. Implicit within the quality care delivery process is identification of potential risks, which may ultimately affect patient care. As the delivery of care

standards are increasingly refined, cost-related metrics also must be monitored. The U.S. government, insurance companies, and other private payers are carefully watching the evolution of care standards and cost metrics. Health care leaders must be up to speed with quality care standards, identification of potential risks, and compliance with relevant regulations.

An example of the integration of these concepts can be found in the launch of the accountable care organization (ACO) concept by the Department of Health and Human Services' Center for Medicare and Medicaid Services (CMS) (2011). Secretary of Health and Human Services Kathleen Sibelius (2011) conveyed that the HHS "team carefully weighed the interests of hospitals, doctors, patients, and other stakeholders" when formulating the ACO roles and responsibilities. Risk assessment, quality care, and cost considerations are incorporated into the ACO concept (Lee, Casalino, Fisher, & Wilensky, 2011).

In this unit, you will review a retrospective on patient safety. You will also explore how to integrate risk management, quality care, and patient safety in the development of accountable care organizations. As you read about quality, risk, and regulatory requirements, it is important to consider the National Center for Healthcare Leadership Competencies (NHCL) (2004). Think of what types of skills will be needed to lead your organizations toward the goal of demonstrating quality and balancing costs. You may even wish to review your Individual Leadership Development Plan, and assess your current competency levels relative to the health care industry's movement toward performance measurement and increased accountability (NHCL, 2004).

Dr. Donald Berwick, who headed the HHS ACO efforts, discusses ACO concepts in his 2011 White House blog entitled "Improving Care for People with Medicare." Dr. Berwick relates that:

> Thanks to the Affordable Care Act, the Department of Health and Human Services (HHS) today released proposed new rules to help doctors, hospitals, and other health care providers better coordinate care for Medicare patients through Accountable Care Organizations (ACOs). ACOs are designed to create and support a team of health care providers who treat individual patients by working together across care settings.

Dr. Berwick (2011) adds that "ACOs would have to meet high-quality standards in five key areas:

- Patient/Caregiver Experience of Care.
- Care Coordination.
- Patient Safety.
- Preventive Health.
- At Risk Population/Frail Elderly Health."

Understanding relevant terminology is an important first step in addressing the topics of health care quality, risk management, and the regulatory environment. To that end, this unit includes an exercise to familiarize you with terminology related to course concepts.

References

Berwick, D. (2011). Improving care for people with Medicare [Blog post]. Retrieved from http://www.whitehouse.gov/blog/2011/03/31/improving-care-people-medicare

Institute of Medicine. (1999). To err is human: Building a safer healthcare system. Retrieved from http://iom.edu/Reports/1999/To-Err-is-Human-Building-A-Safer-Health-System.aspx

Institute of Medicine. (2001). Crossing the quality chasm: A new health system for the 21st century. Retrieved from http://iom.edu/Reports/2001/Crossing-the-Quality-Chasm-A-New-Health-System-for-the-21st-Century.aspx

Institute of Medicine. (2011). Finding what works in health care: Standards for systematic reviews. Retrieved from http://www.iom.edu/Reports/2011/Finding-What-Works-in-Health-Care-Standards-for-Systematic-Reviews.aspx

Lee, T. H., Casalino, L. P., Fisher, E. S., & Wilensky, G. R. (2011). Perspective roundtable: Creating accountable care organizations [Web video]. *New England Journal of Medicine*. Retrieved from http://www.nejm.org/doi/full/10.1056/NEJMp1009040

National Center for Healthcare Leadership. (2004). National center for healthcare leadership competency model. Retrieved from http://www.nchl.org/static.asp?path=2852,3238

Sibelius, K. (2011). 2nd annual national accountable care organization summit speech. Retrieved from http://www.hhs.gov/secretary/about/speeches/2011/sp20110627.html

U.S. Department of Health & Human Services. (2011). Appendix B: HHS performance measures. Retrieved from http://www.hhs.gov/secretary/about/appendixb.html

Learning Activities

u01s1 - Studies

Readings

Use your *Principles of Risk Management and Patient Safety* text to read the following:

- Chapter 1, "Risk Management and Patient Safety: The Synergy and the Tension," pages 3–12.
- Chapter 2, "Integrating Risk Management, Quality Management and Patient Safety into the Organization," pages 13–22.
- Chapter 6, "Patient Safety: The Last Decade," pages 63–68.
- Chapter 29, "The Impact of Fatigue on Error and Patient Safety," pages 423–430.

Use the Capella Library to complete the following:

- Read Jones's 2014 article, "[An Interview with Roy Snell, CEO of the Health Care Compliance Association](#)," from *Journal of Health Care Compliance*, volume 16, issue 3, pages 47–50.
- Read Storey's 2013 article, "[Factors Affecting the Adoption of Quality Assurance Technologies in Healthcare](#)," from *Journal of Health Organization and Management*, volume 27, issue 4, pages 498–519.

Multimedia

- Complete the [Terminology Drag and Drop](#) activity.

Audiovisual Media

Open [Perspective Roundtable: Creating Accountable Care Organizations](#) to watch the first four minutes of this video. *Note:* Transcript available from the linked site.

Individual Leadership Development Plan

Previously in this program, you probably established an Individual Leadership Development Plan (ILDP), where you rated your skills according to the National Center for Healthcare Leadership (NCHL) competency format. While there is no formal ILDP component to this course, you should continue to consider your stretch goals and skills and how you can continue to grow and improve throughout this course as you advance toward your Capstone project. You will be asked to provide a personal reflection on this at the end of the course. You may have already completed a plan form, but if you are unable to find it, one has been provided in the [Individual Leadership Development Plan [DOC]](#) for your reference. Remember: you are not required to complete this form, but will use it as a reference for a reflection activity as the end of this course.

Optional Internet Resources

You are not required to utilize the following resources. If you choose to do so, use the Internet to complete the following:

- Read Infection Control Today's 2011 article, "[Up to $500 Million in Affordable Care Act Funding Will Help Health Providers Improve Care](#)."
- Read Berwick's 2011 article "[Improving Care for People with Medicare](#)," from the White House Blog.

For your assignment in Unit 8, you will create an audio recording to accompany a PowerPoint presentation. You may use Kaltura or similar software for the recording. In preparation for this, complete the following:

- If you have not already done so, set up and test your headset or built-in microphone, using the installation instructions provided by the manufacturer.
- Practice recording to ensure the audio quality is sufficient.
- Refer to the Using Kaltura [PDF] tutorial for directions on recording and/or uploading your presentation in the courseroom.

Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please contact Disability Services to request accommodations.

u01s3 - Your Online ePortfolio

Online ePortfolios serve two key purposes: 1) to support learning and reflection, and 2) to be used as a showcase tool. Your learning journey can be documented, and ePortfolios contribute to lifelong learning and growth through reflection and sharing. Online ePortfolios can also be shared with employers and peers to present artifacts that demonstrate your accomplishments at Capella.

Using ePortfolio to Prepare for Your Capstone

Your program may culminate in a capstone course. At that time you may be required to show evidence of your learning throughout the program by referring to multiple assessments that you have created. You will be telling a story about your learning throughout the program using artifacts you have collected during many of these courses.

Using ePortfolio to Build Your Career

As you are preparing to tell your story in the professional world, leverage your ePortfolio artifacts to demonstrate the knowledge and competencies you have gained through your program in professional conversations, performance reviews, and interviews.

To do that, reflect on the knowledge and skills you have gained from your courses and the elements you have put in your portfolio, along with how you have already applied these things to your professional life or how you might apply them in the future.

Next, create your story or talking points to tell your professional story.

Saving Your Documents to ePortfolio

You will need a place to store your documents in an organized fashion so that you can access them at a later date. Do not rely on the courseroom for storage, as you will lose access to the courseroom after you have completed the course. Capella uses a cloud-based portfolio platform to facilitate your organization of the artifacts you create throughout your program.

To make an online portfolio useful, it is essential that it is organized clearly and that important files of any format are accessible. Read the [Online ePortfolio Guidelines [PDF]](#) to ensure you set up your online portfolio correctly. For more information on ePortfolio visit the Campus [ePortfolio](#) page.

Privacy Statement

Capella complies with privacy laws designed to protect the privacy of personal information. While you may voluntarily share your own information publicly, you are obligated to protect the personal information of others that may be associated with your academic or professional development. Before sharing information and material in any ePortfolio that is set up to be shared externally to your program at Capella, please consider privacy obligations in relation to protected populations who may be included or referenced in your academic or clinical work. Refer to the [Family Educational Rights and Privacy Act (FERPA)](#) and/or the [Health Insurance Portability and Accountability Act (HIPAA)](#) if you have specific questions or concerns about your choices.

u01d1 - Risk Management and Establishing a Culture of Patient Safety

In your reading, Youngberg (2011) conveys that "the work of patient safety spans the entire system and begins to embrace much of the risk intelligent enterprise model. The work crosses multiple 'silos' and needs to be addressed from a systems approach" (p. 10).

Please conduct a Capella Library or Internet search to locate a best practice for establishing a systems-based culture of patient safety. You may explore both internal and external best practices for this topic. If you are affiliated with an organization that has been recognized for patient safety, please also include one or two important facets that distinguish your high-performing organization. For best practices, you may wish to peruse literature from national quality organizations or accrediting bodies and entities that issue awards in health care.

In your initial post, describe the best practice you identified in your research. Initial posts should be based on peer-reviewed, evidence-based literature or include information from a nationally recognized accrediting body or quality organization. Anecdotal accounts of internal best practices should be accompanied by evidence from the organization's Web site or other easily verifiable source. A minimum of two outside, peer-reviewed sources are required for this post; these sources do not include those in the courseroom. Include APA-formatted in-text citations and accompanying, congruent APA-formatted references.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive and must include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning and are unacceptable. The goal is quality, substantive feedback that demonstrates higher-order critical thinking and evaluation of peers' initial posts.

Course Resources

Graduate Discussion Participation Scoring Guide

APA Style and Format

Capella Library

How Do I Find Peer-Reviewed Articles?

Unit 2 ›› The Quest for Excellence, Industry Requirements, and Benchmarking

Introduction

What regulatory bodies oversee the subsector of the health care industry in which you currently work or would like to work? How would you figure out which organizations oversee the subsector? How would you determine which laws apply to your setting and what type of data you need to collect and examine? What are the standards of care? How would you locate these standards? How would you know if your organization exceeded those standards and might be positioned to apply for accreditation? How would you know if your organization became indentified as an example of success when best practices are used?

In health care settings, there are various levels of oversight for organizations. Health care managers must be aware of the standards required to successfully provide quality care. Health care organizations need to comply with both regulatory standards as well as quality indicators set by accrediting bodies. For example, the Joint Commission is an accrediting body that sets standards for hospitals and other health care organizations. Organizations that are accredited by the Joint Commission are held to a higher standard. Voluntary accreditation allows health care organizations to benchmark themselves to ensure they are in line with national standards.

Most of us have heard about benchmarking and are somewhat familiar with the concept. But, if your supervisor walked into your work setting today and asked you to provide some internal benchmarking data and compare it against national best practices, would you know what action or steps to take? Furthermore, would you know what organizations develop benchmarking standards and provide guidance toward quality improvement?

Barbara Youngberg (2011), a health care patient safety and risk management expert, describes benchmarking as "the process of collecting and analyzing data to identify trends in performance and, when compared with other collectors of the same data, identifying best performers and determining if interventions that were introduced to address identified problems yielded the desired results." (p. 24).

Benchmarking is not only a quality improvement tool, but a condition of participation for some government and other payer sources. An example of this can be found in the requirements for accountable care organizations. Health care leaders must be familiar with the standards provided by both licensing bodies and accrediting organizations. It is important for health care leaders to understand how their organization stands in comparison to its peers as well as what standards it needs to meet for licensure, accreditation, and other regulatory compliance.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety.* Sudbury, MA: Jones & Bartlett Publishing.

Learning Activities

u02s1 - Studies

Readings

Use your *Principles of Risk Management and Patient Safety* text to complete the following:

- Read Chapter 3, "Benchmarking in Risk Management," pages 23–30.
- Read Chapter 16, "Principles for Strategic Discovery," pages 203–214.
- Read Chapter 17, "Full Disclosure as a Risk Management Imperative," pages 215–224.

Use your *Risk Management in Health Care Institutions: Limiting Liability and Enhancing Care* text to complete the following:

- In Chapter 4, "Communications to Reduce Risk," read the section "Grading and Ranking Health Care," pages 111–114.
- Read Chapter 5, "Financing Risk," pages 123–125.

Use the Capella Library to complete the following:

- Read Miller's 2007 article, "[Baldrige as a Path to Excellence](#)," from *Modern Healthcare*, volume 37, pages 23–24.
- Read Barr's 2011 article, "[Setting Higher Standards](#)," from *Modern Healthcare*, volume 41, issue 18, pages 17–19.

Use the Internet to view the following Web sites and become familiar with these organizations. You will use one of these sites to inform one of the discussions in this unit:

- National Institute of Standards and Technology's [Baldridge Performance Excellence Program](#).
- [National Quality Forum](#).
- [The Joint Commission](#).
- U.S. Department of Health & Human Services's [Accountable Care Organizations](#).

Multimedia

- Complete the [Risk Management and Patient Safety Drag and Drop](#) activity.

Optional Readings

In Carroll's *Risk Management Handbook for Healthcare Organizations*, read:

- Chapter 21, "Preparing for and Limiting Potential Liability for Medical Care Provided During Disaster Events," pages 279–290.

Optional Web Sites

You are not required to use the following resource, but it may prove useful to you for the activities in this unit. If you choose, use the Internet to complete the following:

- APQC's resource, [Glossary of Benchmarking Terms](#).

u02s2 - Assignment Preparation

In Unit 3, you will submit your Executive Summary assignment. If you have not already started, view the assignment instructions and scoring guide now and begin your work. View the Executive Summary Sample Format, along with other helpful links provided in the Resources, to begin your work on this assignment. You want to be ready to submit the assignment in the next unit.

Course Resources
[APA Style and Format](#)
[Capella Library](#)
[Capella Writing Center](#)
Executive Summary Sample Format
[How Do I Find Peer-Reviewed Articles?](#)

u02d1 - Benchmarking

Benchmarking is described as "the process of collecting and analyzing data to identify trends in performance, and, when compared with other collectors of the same data, identifying best performers" (Youngberg, 2011, p. 24).

Consider the possibility of yourself in a new role as a risk manager. Research risk management topics in the Capella Library or other reputable online sources. Develop your own description of critical success factors for the establishment of a systems-based risk management program. This program must involve interpretation of performance data.

In your initial post to this discussion, include the following:

- Your own description of critical success factors for the establishment of a systems-based risk management program.
- The types of benchmarking data that are important to consider.
- Roles within your organization that need to be involved in the proactive risk management program.
- A short 3–5 sentence summary, with references, regarding considerations or caution in interpretation of internal and external benchmarking data.

An outline format is acceptable for your initial post as long as at least one in-text APA reference is included, along with an accompanying, congruent APA-formatted reference. Posts should be based upon peer-reviewed, evidence-based literature; these sources do not include those in the courseroom.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive and include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning and are not acceptable. The goal is quality, substantive feedback that demonstrates higher-order critical thinking and evaluation of peers' initial posts.

Course Resources

Graduate Discussion Participation Scoring Guide

APA Style and Format

Capella Library

u02d2 - Industry Requirements and the Quest for Excellence

The foundation upon which excellence is delivered within health care includes legal, regulatory, and industry standards, as well as performance measurement and quality improvement. Research one of the Web sites introduced in the study activity for this unit. They are also linked in the Resources for your convenience.

In your initial post for this discussion:

- Describe the material you found in your research that relates to legal, regulatory, industry, or quality content.
- Share two or three new insights or resources that describe how to meet a basic legal requirement versus how to strive for excellence.

Initial posts should be based upon peer-reviewed, evidence-based literature. A minimum of one outside, peer-reviewed or quality-related Web site is required for this post; this source is not limited to those in our courseroom. In your initial post, include APA-formatted in-text citations and accompanying, congruent APA-formatted references.

Response Guidelines

Respond to the posts other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive and must include one peer-reviewed source that aligns with the discussion thread. Feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning and are not acceptable. The goal is quality, substantive feedback that demonstrates higher-order critical thinking and evaluation of peers' initial posts.

Course Resources

Graduate Discussion Participation Scoring Guide

[Accountable Care Organizations](#)

Unit 3 ›› Regulatory Environment and Requirements

Introduction

If a risk manager contacted you to present an executive summary to the senior leadership team this afternoon on an urgent issue that emerged in your organization today, would you know what information to include? What format would you use? How would you present alternatives and make a recommendation? How would you locate credible data from which to evaluate the emergent issue? If this scenario leaves you with a sense of uncertainty, you are sure to appreciate the activities in this unit.

Carroll (2009) conveys the importance of maintaining awareness regarding federal, state, and private organizational standards that pertain directly to one's health care organization. Carroll (2009) states that "accrediting organizations and licensure, certification, and surveying bodies have continued their efforts to establish requirements and regulatory standards that are subject to review by federal, state and private organizations" (p. 469). She adds that health care professionals "should be familiar with the organizations responsible for oversight" and that "failure to meet standards may adversely affect the health care organization's ability to operate, provide services, meet contract requirements, or receive funding from sources that require compliance with specific standards" (p. 469). To that end, a proactive approach is indicated.

It is apparent that health care leaders need to know where to find information about the requirements within their subsector of the industry. In this unit, you will explore the basics required by law, and also identify the principles of high-reliability organizations. At the heart of regulations are the assurances of quality care balanced with accurate, appropriate costs. New approaches must be designed to address the ever-changing legal and regulatory environment (U.S. Department of Health & Human Services,

2015). In this unit, you will review an example of a proactive approach to meet a new regulatory requirement.

The example of a proactive approach to meet regulatory requirements and enhance patient safety in the contemporary industry is drawn from a *New England Journal of Medicine* article that uses FDA compliance as an illustration. In this article, Berman Sherman, Woodcock, Norden, Grandinetti, and Temple (2011) relate that:

> As part of an initiative designed to modernize the clinical trial enterprise, the Food and Drug Administration (FDA) recently published a regulation establishing a new safety-reporting paradigm for drugs being studied under investigational new drug applications (INDs). This rule—published last September and effective as of March 28, 2011—is one in a series of steps the FDA is taking to enhance the protection of human subjects and improve trial conduct by streamlining the regulatory procedures for clinical trials. (p. 3)

The new "safety-reporting paradigm" (Berman Sherman, Woodcock, Norden, Grandinetti, & Temple, 2011) is consistent with concepts in our course: error reporting, organizational learning, transparency, and quality improvement. In this unit, you will explore various industry, legal, regulatory, and accrediting bodies, and related Web sites. These Web sites will serve as valuable resources toward construction of this unit's assignment, and may also be integrated into the balanced scorecard assignment, which you will complete later in this course.

References

Behrman Sherman, R., Woodcock, J., Norden, J., Grandinetti, C., & Temple, R. (2011). New FDA regulation to improve safety reporting in clinical trials. *New England Journal of Medicine 365*(1), 3–5.

Carroll, R. (Ed.). (2009). *Risk management handbook for healthcare organizations*. San Francisco, CA: Jossey Bass.

U.S. Department of Health & Human Services. (2015). Laws & regulations. Retrieved from http://www.hhs.gov/regulations/index.html

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones & Bartlett.

Learning Activities

u03s1 - Studies

Readings

Use your *Principles of Risk Management and Patient Safety* text to complete the following:

- Read Chapter 24, "Improving Risk Manager Performance and Promoting Patient Safety with High-Reliability Principles," pages 343–350.

Use the Capella Library to complete the following:

- Read Behrman Sherman, Woodcock, Norden, Grandinetti, and Temple's 2011 article, "New FDA Regulation to Improve Safety Reporting in Clinical Trials," from *New England Journal of Medicine*, volume 365, issue 1, pages 3–5.

Use the Internet to complete the following:

- View the U.S. Department of Health & Human Services's Laws & Regulations.

u03d1 - Regulatory Environment and Requirements

Select a risk management issue within a specific health care setting or organization. For your initial post to this discussion, construct a plan for regulatory compliance and address principles of high reliability organizations (Youngberg, 2011, p. 346–347). Begin your discussion by defining your selected issue and setting. Then, explain your plan and cite resources and personal experience as appropriate. The issue you select for this discussion will be the focus of the executive summary portion of this unit's assignment, in which you must create an executive summary that describes your organization's compliance with the regulatory requirement to promptly identify POAs and proactively assess and manage risk.

Initial posts should be based upon peer-reviewed, evidence-based literature. In your post, include at least one APA-formatted in-text citation and accompanying, congruent APA-formatted reference. Your source can be a course textbook, assigned reading, or other scholarly source.

Reference

Youngberg, B. J. (2011). Principles of risk management and patient safety. Sudbury, MA: Jones and Bartlett.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive and must include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree"

and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning and are not acceptable. The goal is quality, substantive feedback that demonstrates higher order critical thinking and evaluation of peers' initial posts.

Course Resources
Graduate Discussion Participation Scoring Guide
[APA Style and Format](#)
[Capella Library](#)
[How Do I Find Peer-Reviewed Articles?](#)
[Laws & Regulations](#)
[New FDA Regulation to Improve Safety Reporting in Clinical Trials](#)

u03a1 - Executive Summary

As you begin work on this assignment, review the "Deficit Reduction Act Section 5001: Hospital Quality Improvement" from page 78 of your *Principles of Risk Management and Patient Safety* text. Recall that the Deficit Reduction Act of 2005 "mandated a CMS policy eliminating reimbursement to hospitals for 10 events on the National Quality Forum's list" (p. 70). In 2007, CMS instituted the Inpatient Prospective Payment System, which required hospitals to report conditions that were Present on Admission (POA) (p. 70). Diagnoses were required to be promptly reported on admission, or a presumption of a hospital acquired condition (HAC) was made and reimbursement was diminished. In 2008, CMS "stopped payment for cases assigned to the higher DRG when the condition was acquired during the hospitalization" (Youngberg, 2011, p. 71). Additionally, patients were not responsible for payment of HACs. In the current environment, it is imperative that health care leaders meet the important regulatory requirements of Conditions of Participation for CMS reimbursement.

As further preparation for this assignment, please review the "never events" list of HACs on page 79 of your *Principles of Risk Management and Patient Safety* text. In addition, revisit the risk management issue you selected for the discussion activity in this unit. You will use this issue as a starting point for your work on this assignment.

This assignment has two parts: creating an executive summary and writing a related paper that provides additional detail.

For the executive summary, assume you have taken on a new role as the chief operating officer at a mid-sized community hospital. You are charged with leading system-wide risk management efforts to identify risk and minimize HACs. Your organization's financial viability depends on receiving proper reimbursement for services delivered. As the chief operating officer, you must create an executive summary that describes your organization's compliance with the regulatory requirement to promptly identify POAs and proactively assess and manage risk.

Use the Executive Summary Sample Format, available in the Resources, to format your executive summary.

In your executive summary:

1. Briefly describe the risk management issue you selected for the discussion in this unit and that you are addressing with this executive summary. Explain why this risk management issue is important to your organization.
2. List applicable regulatory requirements and explain what they mean to your chosen risk management issue.
3. Construct the associated risk management implications. For example, HACs result in no reimbursement, poor quality ratings, risk of losing repeat admissions, risk Joint Commission and MAGNET accreditation or excellence, or other negative implications.
4. Assess the internal versus external environment relative to the risks associated with your chosen risk management issue. You may use a strengths, weaknesses, opportunities, and threats (SWOT) analysis or other suitable tool; be sure to cite the source.
5. Research and describe any resources or strengths your organization possesses that could aid in addressing the risk management issue.
6. Briefly describe your organization's philosophy or culture as it relates to patient safety and error reporting. How will you encourage voluntary reporting?
7. Identify metrics for measuring or monitoring the risk management issue.
8. Propose how you will make use of the outcome data toward organizational improvement.
9. Describe any ethical or legal implications related to the handling of this risk management issue.
10. Utilize established and respected sources of information. Some sources that may be useful to you include: the Federal Register, statutes, discipline-specific peer-reviewed journals, government agency references, et cetera.

For the written portion of the assignment:

1. Construct a proactive assessment of your organization's compliance with the regulatory requirement to promptly identify POAs and proactively assess and manage risk based on existing regulations and requirements.
2. Identify tools and best practices for monitoring parameters and reducing risk, including organizational structure needed for risk re-education as supported by the literature.

3. Suggest quality improvement and organization-specific, risk management and learning guidelines.
4. Use an appropriate APA format for clear, concise presentation of information.
5. Communicate information and ideas accurately, utilizing peer-reviewed sources, including proper APA reference citations.
6. Finally, include your Executive Summary table as an appendix to your APA-formatted paper.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Assignment Requirements

- **Written communication:** Written communication is free from errors that detract from the overall message.
- **Length of paper:** 3–4 double-spaced pages for the written portion of the assignment.
- **Number of resources:** A minimum of three resources.
- **Font and font size:** Arial, 10 point.

Please review the scoring guide for this assignment to learn more about assignment requirements. Submit the resulting paper in the assignment area.

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources
Executive Summary Sample Format
APA Style and Format
Capella Library
Capella Writing Center
How Do I Find Peer-Reviewed Articles?
Writing Feedback Tool

Introduction

Imagine that a supervisor enters your work setting accompanied by an unexpected visitor from CMS. Your supervisor introduces you to the Medicare surveyor who will be interviewing you regarding how your organization is performing as an ACO. What would you do? How would you react? What data or resources would be helpful to you? If you do not have readily available plans in mind, then this unit will be of great help. In this unit, you will learn the basics of regulation, government-public risk sharing, and the era of ACOs.

Leading in today's ever-changing health care industry requires constant adjustment to emerging laws, regulations, and industry standards. Two examples of laws that have driven a multitude of new and sometimes confusing regulations are the Patient Protection and Affordable Care Act of 2010 and the Healthcare Insurance Portability and Accountability Act. Organizations must quickly and effectively reposition to meet new, existing, and emerging laws. The shift to electronic health records is another example of the need to create new structures, processes, and policies to meet legal and regulatory requirements. Government surveying bodies and industry accrediting bodies assess basic compliance as well as best practices. Effective leadership is not only necessary for the pursuit of excellence, but also for organizational survival.

Policy changes drive regulatory requirements and, consequently, requirements for provider organizations that depend upon Medicare and Medicaid as reimbursement sources. Again you will revisit the concept of ACOs and risk sharing.

In a *NewEngland Journal of Medicine* article, Inglehart (2011) creates context for the health care environment relating to regulations, risk management, and risk sharing:

> One of the hottest issues debated within the administration was whether ACOs should bear financial risk in their quest to achieve savings. CMS supported awarding a bonus to an ACO when its stated goals were achieved but imposing no penalty if it failed in that regard for the first 2 years. This approach (used in Medicare's Physician Group Practice [PGP] demonstration) is designed for start-up ACOs, while they gain experience. After White House intervention, a second, two-sided approach to risk was added to the rule, aimed at larger medical groups with stronger management structures. Such groups could choose to bear some of the financial risk, which currently Medicare totally assumes, in exchange for modestly higher bonuses if they succeed. CMS is uncertain how many large groups will opt for this at-risk approach. A companion program offering even greater risk sharing is expected to be tested by CMS's innovation center, and it may have more appeal to integrated systems that already accept capitation payments or other larger risk-sharing arrangements.

Risk management has taken an increasingly important role in organizational viability. Conditions of Participation for government-supported programs, standards for provider status required by insurance companies, and quality metrics requisite for industry accreditation must all be considered within the context of the organization's directional strategy. It is wise to revisit the vision, mission, and directional strategy of an organization when considering how to assess and manage risk, as well as how to become a top performing organization.

In this unit, you will explore risk management, patient safety, quality measures, and consider the accountable care environment. You will discover how to use "never events" to reduce risk and to advance patient safety. Additionally, we will acknowledge the ever-present tension between management of medical errors and the improvement of quality care. The goal is to determine how to assess risk, manage it, and create a culture of patient safety. This unit will be helpful as you construct the balanced scorecard for an assignment due later in the course.

References

Berwick, D. M. (2011). Launching accountable care organizations –The proposed rule for the Medicare shared savings program. *New England Journal of Medicine, 364*(16), e32.

Inglehart, J. K. (2011). The ACO regulations – Some answers, more questions. *New England Journal of Medicine, 364*(17), e35.

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones & Bartlett Publishing.

Learning Activities

u04s1 - Studies

Readings

Use your *Principles of Risk Management and Patient Safety* text to read the following:

- Chapter 7, "Using 'Never Events' to Reduce Risk and Advance Patient Safety," pages 69–80.
- Chapter 8, "The Patient Safety and Quality Improvement Act: Tension Between Improving Quality of Care and Acknowledging Responsibility for Error," pages 81–90.
- Chapter 9, "The Role of Governance in Hospital Risk Management and Patient Safety," pages 91–102.

Use the Capella Library to complete the following:

- Read Kreindler, Larson, Wu, Carluzzo, Gbemudu, Struthers, et al.' s 2012 article, "[Interpretations of Integration in Early Accountable Care Organizations](#)," from *The Milbank Quarterly*, volume 90, issue 3, pages 457–483.
- Read Macfarlane's 2014 article, "[Sustainable Competitive Advantage for Accountable Care Organizations](#)," from *Journal of Healthcare Management*, volume 59, issue 4, pages 263–271.

Optional Readings

Use your *Principles of Risk Management and Patient Safety* text to complete the following:

- Read Chapter 10, "The Culture of Medicine, Legal Opportunism, and Patient Safety," pages 103–112.

u04d1 - Regulatory Requirements, Leadership, and Risk Management

The Deficit Reduction Act of 2005 and the institution of the Inpatient Prospective Payment System of 2007 were sentinel events for health care leaders with respect to quality management and regulatory compliance. The creation of Present on Admission (POA) and "never events" accountability required health care leaders to change processes and to assess and manage potential risks. Additionally, these events required leaders to effectively intervene for assurance of quality care or risk denial of payment for services (Youngberg, 2011, pp. 70–71, 78). The era of accountable care organizations was driven by policy change.

Review the Hospital Acquired Condition (HAC) list from Appendix 7-B on page 79 in your *Principles of Risk Management and Patient Safety* text.

Imagine that you are the risk manager of an accountable care organization. Select one never event from the list on page 79 and describe how you would institute proactive monitoring for POAs. For this discussion:

- Describe how you would intervene when an HAC occurred.
- Identify departments or functional areas that would be involved in reporting to regulatory entities.
- Describe problem resolution.
- Describe how you would use the data from the lesson learned for organizational improvement.

An outline format is acceptable for this discussion as long as you include in-text citations. Distinguished posts will describe, in 1–3 sentences, the role of a risk manager and briefly define an accountable care organization, using a government or other credible industry source. Additionally, distinguished posts will

include a short 3–5 sentence summary on how to create a culture to enhance voluntary, non-punitive reporting of "never events." Include a minimum of one peer-reviewed or best practice resource.

Initial posts should be based upon peer-reviewed, evidence-based literature. In your post, include at least one APA-formatted in-text citation and accompanying, congruent APA-formatted reference. Your source can be a course textbook, assigned reading, or other scholarly source.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive and need to include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning and are unacceptable. The goal is quality, substantive feedback that demonstrates higher order critical thinking and evaluation of peers' initial posts.

Course Resources
Graduate Discussion Participation Scoring Guide
APA Style and Format
Capella Library
How Do I Find Peer-Reviewed Articles?
Interpretations of Integration in Early Accountable Care Organizations
Sustainable Competitive Advantage for Accountable Care Organizations

u04d2 - Research and Resources

Being part of a close community of people who share your interests can be a great advantage to your professional and intellectual development.

This course requires you to discover and utilize peer-reviewed and professional resources for discussions and assignments. For this discussion's initial post, please share the complete citation of an article or resource you have discovered. It could be an interesting source but one not yet used in the course. Provide a brief summary of the content and what search terms or tactics you used to find this resource. How useful was the resource? Will it be something you will continue to refer to throughout the course or in your professional work? If the resource was not what you needed for your research, would you recommend it for someone else's topic?

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. In your responses, ask questions or share search terms. This is a chance for you to discuss the scholarly research process and the successes you have or obstacles you may encounter.

Course Resources
Graduate Discussion Participation Scoring Guide
APA Style and Format
Capella Library
How Do I Find Peer-Reviewed Articles?

Unit 5 ≫ Risk Financing Issues

Introduction

In your role as a health care leader, you may be asked to participate in risk management and risk financing activities. Are you prepared to undertake this new competency today? Can you explain the

concepts to your subordinates? Could you describe the risk management process in your organization, as well as explain a risk financing continuum to your subordinates?

Recall from a previous unit that risk management entails prevention of adverse consequences and minimization of negative effects from accidental loss. Risk financing refers to reducing the financial impact of risk as well as determining the best approach from a financial standpoint to handle adverse situations. Risk financing means looking at the operations of the organization as well as determining what financial preparation is needed to ensure minimal financial loss. Concepts such as risk pooling, purchasing insurance, and taking risk reduction measures are key to financial preparation in risk management.

Risk financing may include all aspects of both legal protection and compliance with government regulations. It is important to note that many health care organizations have legal obligations to carry liability insurance under either their accreditation or license type as a means of financial loss protection. The key concepts in this unit relating to risk financing include:

1. Identifying and managing a risk financing issue.
2. Examining issues related to risk financing.
3. Analyzing existing organizational structures.
4. Determining the best risk financing options for a specific organization.
5. Understanding various insurance types related to financial risk reduction and asset protection for a health care organization.

This unit also includes an extension of the patient safety discussion: planning and managing for medical liability. Youngberg (2011) presents a case for the importance of developing a medical liability cost allocation system. While health care leaders may expend great effort to avoid liability, it is wise and realistic to plan for human error. Inadequate risk financing exposes organizations to losses that can potentially threaten future viability. For this reason, we synthesize key concepts regarding risk financing in a unit discussion.

Finally, in this unit, you will begin an examination of cost-benefit analyses.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Learning Activities

u05s1 - Studies

Readings

Use your *Risk Management in Health Care Institutions: Limiting Liability and Enhancing Care* text to complete the following:

- In Chapter 7, "Assuring Safety and Security in Healthcare Institutions," read the "Information Systems" section, pages 169–172.
- Read Chapter 14, "Telemedicine," 409–421.

Use the Internet to complete the following:

- Read Plowman's 2014 article, "Writing a Cost-Benefit Analysis." This article provides a concise summary of the concepts associated with conducting a basic cost-benefit analysis.

Optional Readings

Use your *Principles of Risk Management and Patient Safety* text to complete the following:

- Read Chapter 12, "Developing a Request for Proposal and Working with Insurance Providers," pages 135–159.
- Read Chapter 13, "The Importance of Developing a Medical Liability Cost-Allocation System," pages 159–169.

u05s2 - Assignment Preparation

In Unit 6, you will submit an assignment containing a cost-benefit analysis. If you have not already begun work on this assignment, start now. Review the assignment instructions and scoring guide to find out exactly what you must do to meet the assignment requirements. Getting a head start on this assignment will be crucial for your success in meeting the requirements, so please use the research and time management resources, linked in the Resources, to help you. Contact your instructor if you have questions.

Course Resources

APA Style and Format

Capella Library

Capella Writing Center

u05d1 - Risk Financing Issues

In your initial post to this discussion, consider the role of a risk manager and select a topic related to risk financing. Specifically, identify a risk financing issue. This issue may be from a selected organization or from your workplace. As an example, you might select the issue of financing potential malpractice suits at a medical clinic. For this discussion:

- Provide a concise description of the issue and the organization.
- Discuss how you would identify and manage risk financing issues within this organization.
- Recommend two or three of the best options for risk financing for this issue as it relates to the organization in question.

In your initial post, include at least one APA-formatted in-text citation and accompanying, congruent APA-formatted reference. Your source can be a course textbook, assigned reading, or other scholarly source.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Suggest additional aspects of the learner's issue that should be considered, or provide another perspective on the risk financing options presented. Provide insights from your own experience or compare the learner's post with your own.

Course Resources

Graduate Discussion Participation Scoring Guide

u05d2 - Quality Decision Making: Cost Identification

Select a relevant issue within your workplace or one from the course readings for which a cost-benefit analysis may be conducted. The cost-benefit analysis should include one of the following course-related topics: quality, patient safety, risk management, regulatory standards, compliance, or patient and stakeholder satisfaction.

For this discussion, identify the issue for which you will conduct the cost-benefit analysis and briefly describe the context for the issue. Then, apply the process from Plowman's "Writing a Cost-Benefit Analysis" article to identify costs:

1. Make a list of all monetary costs that will be incurred upon implementation and throughout the life of the project. These include start-up fees, licenses, production materials, payroll expenses, user acceptance processes, training, and travel expenses, among others.
2. Make a list of all non-monetary costs that are likely to be absorbed. These include time, lost production on other tasks, imperfect processes, potential risks, market saturation or penetration uncertainties, and influences on one's reputation.
3. Assign monetary values to the costs identified in steps one and two. To ensure equality across time, monetary values are stated in present value terms. If realistic cost values cannot be readily evaluated, consult with market trends and industry surveys for comparable implementation costs in similar businesses.
4. Add all anticipated costs together to get a total costs value. (Plowman, 2014)

Posts should be in outline form with at least one APA-formatted reference. The issue for the cost-benefit analysis must be clearly stated. Each of Plowman's four steps for cost identification and quantification must be addressed in a succinct manner. The information and knowledge you gain in this activity will be used in the next unit.

Reference

Plowman, N. (2014). Writing a cost-benefit analysis. Retrieved from http://www.brighthub.com/office/project-management/articles/58181.aspx

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Provide feedback on what the learner did well and what could use improvement.

Course Resources
Graduate Discussion Participation Scoring Guide
[APA Style and Format](#)
[Capella Library](#)
[How Do I Find Peer-Reviewed Articles?](#)
[Writing a Cost-Benefit Analysis](#)

Unit 6 ❯❯ Cost-Benefit Analysis

Introduction

In your current and future roles as a health care leader, you can expect to conduct a cost-benefit analysis (CBA). You may be asked to offer three alternatives and to make a recommendation. How will you go about substantiating your recommendation? How will you assure that your recommendation is sound and aligned with the organization's mission and strategy? If your supervisor asked you to conduct a CBA, make a recommendation, and present it to the board of directors, would you be able to do this today? If not, know that you are not alone. However, this unit is a great safe place to practice this skill with your fellow learners.

In previous units, we addressed the balancing of quality and cost in health care, and in the previous unit you calculated the costs for a CBA. In this unit, you will continue that cost-benefit analysis by calculating the benefits. Plowman (2009) relates that "a cost benefit analysis is used to evaluate the total anticipated cost of a project compared to the total expected benefits in order to determine whether the proposed implementation is worthwhile for a company or project team." Plowman also identified the three parts of a

CBA as: identification of potential costs, recording of all anticipated benefits, and examination of the differences to determine if positive benefits outweigh negative costs.

The resource offered in this unit is a preformatted Excel spreadsheet that can be used both in this course, as well as in the workplace. Inputting data is simply the first step. You will be challenged to consider the numbers within the context of an organizational mission, strategic direction, patient safety, risk management issues, regulatory requirements, patient and stakeholder satisfaction, and the dynamics within the health care industry.

Reference

Plowman, N. (2014). Writing a cost-benefit analysis. Retrieved from http://www.brighthubpm.com/project-planning/58181-writing-a-cost-benefit-analysis/

Learning Activities

u06s1 - Studies

Readings

Use the Internet to complete the following:

- Review Plowman's 2014 article, "Writing a Cost-Benefit Analysis." This article provides a concise summary of the concepts associated with conducting a basic cost-benefit analysis.
- Access Plowman's 2014 template, Cost-Benefit Analysis: A Template. This cost-benefit analysis template, which is a preformatted Excel spreadsheet, is accessible at no cost. To access this spreadsheet, be sure to select the "save" option when the pop-up window appears. Then, you may retrieve the spreadsheet and add your data for unit activities.

Note: In this unit, you must complete your discussion activity prior to working on the assignment.

u06d1 - Quality Decision Making: Identification of Benefits

Continuing with the cost-benefit analysis for the issue you examined in the second Unit 5 discussion, proceed with the identification and quantification of benefits, per Plowman's 2014 "Writing a Cost-

Benefit Analysis" article. In your initial post, briefly restate the issue for which you conducted the cost-benefit analysis, then apply Plowman's process:

1. Make a list of all monetary benefits that will be experienced upon implementation and thereafter. These benefits include direct profits from products and/or services, increased contributions from investors, decreased production costs due to improved and standardized processes, and increased production capabilities, among others.
2. Make a list of all non-monetary benefits that one is likely to experience. These include decreased production times, increased reliability and durability, greater customer base, greater market saturation, greater customer satisfaction, and improved company or project reputation, among others.
3. Assign monetary values to the benefits identified in steps one and two. Be sure to state these monetary values in present value terms as well.
4. Add all anticipated benefits together to get a total benefits value. (Plowman, 2014)

Posts should be in outline form with at least one APA-formatted reference. The subject or issue for the cost-benefit analysis stated in the discussion in the previous unit is the subject to be continued in this discussion. Each of Plowman's four steps for benefit identification and quantification must be addressed in a succinct manner.

Reference

Plowman, N. (2014). Writing a cost-benefit analysis. Retrieved from http://www.brighthub.com/office/project-management/articles/58181.aspx

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Provide feedback on what the learner did well and what could use improvement.

Course Resources
Graduate Discussion Participation Scoring Guide
APA Style and Format
Capella Library
How Do I Find Peer-Reviewed Articles?

u06a1 - Quality Decision Making: Cost-Benefit Analysis

For this assignment, evaluate and analyze the cost and benefit data you developed for the discussions in this unit and Unit 5. Remember that your cost-benefit analysis must relate to one of the following topics:

- Quality.
- Patient safety.
- Risk management.
- Regulatory standards.
- Compliance.
- Patient and stakeholder satisfaction.

Note that an effective cost-benefit analysis cannot be conducted in a vacuum and risk management cannot be effectively implemented within a silo (Youngberg, 2011). Rather, savvy health care leaders consider each cost-benefit analysis within the larger context of industry trends, regulatory requirements, organizational strategy, organizational capacity, and so on.

For this assignment:

- Enter the cost and benefit data you developed for the cost-benefit analysis discussions into the cost-benefit analysis template, linked in the Resources.
- Write a paper in which you do the following:
    - Describe the organizational or program/department issue for which you have created the cost-benefit analysis.
    - Evaluate the cost versus benefit according to the general guidelines outlined by Plowman's 2014 articles you read in the preparation for this assignment.
    - Make a recommendation as to whether the benefits are sufficient to outweigh the costs of proceeding.
    - Describe the systems-based context for your recommendations, integrating the cost-benefit analysis within the organization as a whole.
    - Describe how the issue relates to the organization's vision, mission, and strategic direction.
    - Provide a rationale that explains how your recommendations are appropriate for your organization's capacity and strategy.

Your paper should use proper APA style and formatting and include the following sections. Each section, except the title page, should include the appropriate section heading.

1. Title page
     - Use APA formatting. Include:
         - Assignment number, Unit 6, Assignment 1.
         - Your name.
         - The date.
         - The course number, MHA5014.
         - Your instructor's name.

2. Abstract, which will consist of a one-paragraph summary of the paper content. This is not an introduction to the topic, but a summary of the entire paper. Make sure to double space.
3. Issue Description.
4. Cost-Benefit Analysis Evaluation.
5. Cost-Benefit Analysis Recommendations.
6. Context for Recommendations.
7. Relationship to Vision, Mission, and Strategy.
8. Rationale.
9. Conclusion.
10. References.

References

Plowman, N. (2014). Writing a cost benefit analysis. Retrieved from http://www.brighthubpm.com/project-planning/58181-writing-a-cost-benefit-analysis/

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Assignment Requirements

- **Written communication:** Written communication is free from errors that detract from the overall message.
- **Length of paper:** 5–6 typed double spaced pages.
- **Font and font size:** Arial, 10 point.

Review the scoring guide for this assignment for more information about assignment requirements.

Submit your Excel spreadsheet and your paper in the assignment area.

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

Unit 7 ›› Scorecard Analysis

Introduction

Balanced scorecards? You have likely heard plenty of discussion about them, and you may even have contributed data to part or all of an organizational scorecard. But could you explain the concepts of the balanced scorecard to a team of subordinates today? Could you name the four key facets of the balanced scorecard? Do you know why it is termed *balanced*?

This unit provides a wonderful opportunity to become familiar and conversant with the concepts. At Capella, we use scorecards to evaluate everything from learner satisfaction to faculty performance, as well as our operating structures. Your organization probably has a scorecard. Developing awareness and skills in constructing and interpreting balanced scorecards can increase your value as an employee. There are resources in this unit you will certainly want to save and update for future use in the workplace. The Balanced Scorecard Institute (2015) provides a definition:

> The balanced scorecard is a strategic planning and management system that is used extensively in business and industry, government, and nonprofit organizations worldwide to align business activities to the vision and strategy of the organization, improve internal and external communications, and monitor organization performance against strategic goals.

The balanced scorecard performance measurement framework considers non-financial performance measures in addition to financial metrics to provide a more balanced view of organizational performance. Within the health care industry, the scorecard must reflect a framework that incorporates patient safety, regulatory compliance, and a variety of other operational factors (Gunduz & Simsek, 2007). The contemporary version of the balanced scorecard transforms the organizational strategic plan into a dynamic document that provides a snapshot of performance measurement across the organization. Recall from earlier units that performance measurement is a condition of participation for some government and privately sponsored reimbursement sources.

The balanced scorecard indicates that organizations should be examined from four perspectives: learning and growth, business processes, customer satisfaction, and financial performance (Kaplan & Norton, 1992). Additionally, each perspective requires metrics for which data can be collected and analyzed (Balanced Scorecard Institute, 2015). The analysis takes place within the context of the organizational strategic direction. When used to its full potential:

> The balanced scorecard is a management system (not only a measurement system) that enables organizations to clarify their vision and strategy and translate them into action. It provides feedback around both the internal business processes and external outcomes in order to continuously improve strategic performance and results. When fully deployed, the balanced scorecard transforms strategic planning from an academic exercise into the nerve center of an enterprise. (Balanced Scorecard Institute, 2015)

Finally, it is important to analyze any variations from expected scorecard results for organizational learning purposes. We will also explore another quality assessment approach, Six Sigma, as a valuable resource for organizational performance analysis.

References

Balanced Scorecard Institute. (2015). Balanced scorecard basics. Retrieved from http://www.balancedscorecard.org/BSCResources/AbouttheBalancedScorecard/tabid/55/Default.aspx

Gunduz, M., & Simsek, B. (2007). A strategic safety management framework through balanced scorecard and quality function deployment. *Canadian Journal of Civil Engineering, 34*(5), 622–630.

Kaplan, R. S., & Norton, D.P. (1992). The balanced scorecard: Measures that drive performance. *Harvard Business Review, 70*(1), 71–79.

Norton, D. P. (2011). Strategy execution needs a system. Retrieved from https://hbr.org/2008/08/strategy-execution-needs-a-sys/

Learning Activities

u07s1 - Studies

Readings

Use the Capella Library to complete the following:

- In *The Six Sigma Book for Healthcare: Improving Outcomes by Reducing Errors*, read:
    - "Introduction: Six Sigma: Why, What, How?" pages 3–17.
    - "Problem Solving," pages 47–61.

Use your *Principles of Risk Management and Patient Safety* text to complete the following:

- Read Chapter 4, "Risk Management Strategic Planning," pages 38–41.
  - This reading demonstrates the outcomes, or the direction we would progress in risk management planning. Specifically, this section addresses goals of quality organizations with respect to this unit's topic.
    - Key success factors for risk management are addressed on page 38.
    - Goals are discussed on pages 38–40.
    - Risk management strategic initiatives and tactics are covered on pages 40–41.

Use the Internet to read the following:

- Norton's 2008 article, "Strategy Execution Needs a System."
- The Balanced Scorecard Institute's 2011article, "Balanced Scorecard Basics."

Use the Capella Library to read the following:

- Kaplan and Norton's 1996 article, "Linking the Balanced Scorecard to Strategy," from *California Management Review*, volume 39, issue 1, pages 53–79.
- Gunduz and Simsek's 2007 article, "A Strategic Safety Management Framework Through Balanced Scorecard and Quality Function Deployment," from *Canadian Journal of Civil Engineering*, volume 34, issue 5, page 622–630.
  - This reading challenges you to explore applications in other industries, and to integrate cross-industry and cross-cultural resources into the U.S. health care leadership imperative for quality and performance measurement. Specifically, the balanced scorecard and quality function deployment are applied in this industrial example, which contains superb figures and diagrams.
    - Highlights of the figures include: a proposed safety management framework, the original balanced scorecard framework, a typical house of quality figure, an example of a quality assessment questionnaire, and relationships among discrete random variables.

The following required reading is available full-text in the Capella University Library. Search for the article by clicking the linked title and following the instructions in the Library Guide.

- Kaplan, R. S., & Norton, D. P. (1992). The balanced scorecard: Measures that drive performance. *Harvard Business Review, 70*(1), 71–79.

u07s2 - Assignment Preparation

In Unit 8, you will submit a recording of your presentation, along with notes of your narration, of a balanced scorecard for an organization. It can take more time than you expect to put together a good presentation. Make sure you are planning and working ahead so you are ready to submit your assignment on time. Review the assignment instructions and scoring guide to make sure you understand what is required. Your advance planning and groundwork will pay off here and in your future professional responsibilities.

Review the assignment description and scoring guide to ensure you cover all grading criteria.

Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please contact Disability Services to request accommodations.

Course Resources
[APA Style and Format](#)
[Capella Library](#)
[Disability Services](#)
[Guidelines for Effective PowerPoint Presentations](#)
[How Do I Find Peer-Reviewed Articles?](#)
[Tutorials: Microsoft Office Software](#)
[Using Kaltura [PDF]](#)

u07d1 - Scorecard Analysis

Before starting this discussion, complete your unit readings on balanced scorecards, as introduced in 1992 by Kaplan and Norton, and updated with lessons learned found in Norton's article. Then, in your initial post to this discussion, comment on the following:

- Describe the initial framework for balanced scorecards as introduced by Kaplan and Norton's 1992 work, "The Balanced Scorecard: Measures that Drive Performance." You may wish to describe the

overall purpose for using a scorecard, discuss the Kaplan and Norton (1996) figure that includes four key elements, how they relate to one another, and so forth.

- Describe what is meant by the term *balanced* scorecard. Please provide paraphrasing or a quote accompanied by an APA-formatted reference from peer-reviewed literature.
- After reading the articles in this unit, and reviewing Norton's article, "Strategy Execution Needs a System," what is one new insight that you have gleaned about balanced scorecards? Possible areas of insight may include: how balanced scorecards are used, their limitations, their positive potential for an organization, and so forth.

Please respond in an outline format and include at least one APA-formatted reference to an outside peer-reviewed reference to support your insights portion of the response.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Responses should be substantive and must include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning and are not acceptable. The goal is quality, substantive feedback that demonstrates higher-order critical thinking and evaluation of peers' initial posts.

Course Resources
Graduate Discussion Participation Scoring Guide
APA Style and Format
Capella Library
How Do I Find Peer-Reviewed Articles?
The Balanced Scorecard: Measures that Drive Performance
Linking the Balanced Scorecard to Strategy
Strategy Execution Needs a System

Now that you have had an opportunity to analyze the balanced scorecard, consider how it would apply to an organization of your choice.

For your initial post to this discussion, select a health care organization that has readily available data for the four categories from the Kaplan and Norton's 1996 model. Those categories are:

- Financial performance measures.
- Internal business processes.
- Learning and growth.
- Customer satisfaction.

You may wish to select your employer; however, please do not disclose proprietary data without prior written consent from your employer. You may wish to review Web sites of large, global organizations to research case study articles on best practices for suitable organizations.

Develop a PowerPoint presentation with 10–12 slides that describes how you would apply a balanced scorecard to your selected organization. In your PowerPoint presentation, include:

- A brief description of the organization you selected.
- Your balanced scorecard analysis of the organization, including how vision and strategy connect to the four balanced scorecard elements.
- Four recommendations for the organization.
- Include at least one APA-formatted in-text citation and accompanying, congruent APA-formatted reference.

Attach your PowerPoint presentation in your initial post to this discussion.

Note: You will use the PowerPoint presentation created for this discussion as part of the Unit 8 assignment. Additionally, you will use the balanced scorecard you develop for this discussion in the assignments in Units 8 and 9. Review the instructions and scoring guides for those assignments for more information about what your balanced scorecard should contain.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to the post of a learner to whom no other learners have yet responded, so all learners receive feedback. In your response, critique the learner's PowerPoint presentation. What is done well? What could be improved and how? Provide feedback that the learner can use to improve his or her PowerPoint presentation.

Unit 8 ›› Scorecard Interpretation and Presentation

Introduction

Applying the balanced scorecard to a health care organization can help managers uncover potential risk and fully analyze the organization from multiple perspectives. According to balanced scorecard principles, an organization should be examined from four perspectives: learning and growth, business processes, customer satisfaction, and financial performance (Kaplan & Norton, 1992).

Once the balanced scorecard is applied to an organization, it is important that managers effectively communicate results and take appropriate action. Applying the balanced scorecard results to key risk management areas is equally important when using the scorecard to minimize risk and develop a quality improvement strategy.

In this unit, you have the opportunity to communicate the balanced scorecard you completed for an organization in Unit 7. You will create a 5–10 minute recorded presentation, detailing the results of the balanced scorecard analysis and making recommendations for quality improvement and risk reduction.

References

Balanced Scorecard Institute. (2015). Balanced scorecard basics. Retrieved from http://www.balancedscorecard.org/BSCResources/AbouttheBalancedScorecard/tabid/55/Default.aspx

Kaplan, R. S., & Norton, D. P. (1992). The balanced scorecard: Measures that drive performance. *Harvard Business Review, 70*(1), 71–79.

u08s1 - Studies

Readings

Use the Capella Library to complete the following:

- Read Behrouzi, Shaharoun, and Ma'aram's 2014 article, "[Applications of the Balanced Scorecard for Strategic Management and Performance Measurement in the Health Sector,](#)" from *Australian Health Review,* volume 38, issue 2, pages 208–217.
- Read Koumpouros' 2013 article, "[Balanced Scorecard: Application in the General Panarcadian Hospital of Tripolis, Greece,](#)" from *International Journal of Health Care Quality Assurance*, volume 26, issue 4, pages 286–307.
- Review Kaplan and Norton's 1996 article, "[Linking the Balanced Scorecard to Strategy,](#)" from *California Management Review,* volume 39, issue 1, pages 53–79.
- Review Gunduz and Simsek's 2007 article, "[A Strategic Safety Management Framework Through Balanced Scorecard and Quality Function Deployment,](#)" from *Canadian Journal of Civil Engineering*, volume 34, issue 5, pages 622–630.

Use the Internet to review the following:

- The Balanced Scorecard Institute's [Balanced Scorecard Basics.](#)
- Norton's 2008 article, [Strategy Execution Needs a System.](#)"

The following reading is available full-text in the Capella University Library. Search for the article by clicking the linked title and following the instructions in the Library Guide.

- Review Kaplan and Norton's 1992 article, "[The Balanced Scorecard: Measures that Drive Performance,](#)" from *Harvard Business Review,* volume 70, issue 1, pages 71–79.

u08s2 - Assignment Preparation

In Unit 9, you will submit your last assignment for this course, a scorecard analysis and process improvement report. Your assignment will synthesize the learning you have experienced in this course. Make sure you continue working toward that goal so you will be ready to submit the assignment on time. Review the assignment instructions and scoring guide so you understand the assignment requirements.

Course Resources
[APA Style and Format](#)
[Capella Library](#)
[Capella Writing Center](#)
[How Do I Find Peer-Reviewed Articles?](#)
[The Balanced Scorecard: Measures that Drive Performance](#)
[Writing Feedback Tool](#)

u08a1 - Scorecard Analysis: Individual Presentation

Review the following articles. linked in the Resources, from the study activity for this unit:

- Kaplan and Norton's 1992 article, "The Balanced Scorecard: Measures that Drive Performance."
- Kaplan and Norton's 1996 article, "Linking the Balanced Scorecard to Strategy."
- Gunduz and Simsek's 2007 article, "A Strategic Safety Management Framework Through Balanced Scorecard and Quality Function Deployment." Note that Kaplan and Norton's (1992) balanced scorecard framework is depicted in Figure 2 of this article.

The goal of this assignment is to present a balanced scorecard for a selected organization and to generate recommendations for process improvement and organizational fitness.

For this assignment:

1. Build your recorded presentation around the PowerPoint document you created in the second discussion in Unit 7. Revise your PowerPoint presentation as appropriate, based on feedback you

received in the Unit 7 discussion. Remember that your PowerPoint presentation should include:

- A description of the health care organization you selected.
- Your balanced scorecard analysis of the organization, including how vision and strategy connect to the four balanced scorecard elements.
- Your four recommendations for the organization.

2. Use Kaltura, or other instructor-approved alternative technology, to record yourself presenting your balanced scorecard PowerPoint slides. Before you begin recording, you may find it beneficial to write a script or detailed outline that you can refer to as you record. Your recorded presentation should be no more than 10 minutes in length and should include:

- A two-minute introduction.
- The four elements of a balanced scorecard for the organization.
- Four area recommendations for the organization.
- A two-minute conclusion.

3. Include the notes or script of your audio recording. You may choose to include this in the form of the completed Notes section of the PowerPoint presentation slides, as a script you may have used when you created your recording, or in the form of a detailed outline. This will serve to clarify any insufficient or unclear audio, or as a backup if you have technical difficulties in recording the audio.

4. Post your completed audio recording and your PowerPoint presentation together in the assignment area. If your notes or script are not included in the PowerPoint presentation, please include them in a separate document along with the other presentation elements. You will also post your presentation to the discussion for this unit.

Assignment Requirements

- **Written communication:** Written communication is free from errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to APA style and formatting guidelines.
- **Number of resources:** At least one APA-formatted in-text citation and accompanying, congruent APA-formatted reference.
- **Length of PowerPoint presentation:** 10–12 slides.
- **Duration of audio recording:** Maximum of 10 minutes.
- **Font and font size:** Arial, 18 point or above for headings and explanatory text and 24 point and above for slide titles.

Review the scoring guide for this assignment for more information about the assignment requirements. Contact your instructor if you have questions.

Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please contact Disability Services to request accommodations.

Course Resources

[A Strategic Safety Management Framework Through Balanced Scorecard and Quality Function Deployment](#)

[APA Style and Format](#)

[Capella Library](#)

[Disability Services](#)

[Guidelines for Effective PowerPoint Presentations](#)

[How Do I Find Peer-Reviewed Articles?](#)

[Linking the Balanced Scorecard to Strategy](#)

[The Balanced Scorecard: Measures that Drive Performance](#)

[Tutorials: Microsoft Office Software](#)

[Using Kaltura [PDF]](#)

u08d1 - Scorecard Presentation to Peers

In your initial post to this discussion, post the scorecard presentation you created for the assignment in this unit. Include your recording, PowerPoint presentation, and any other documents (speaker notes, script, or detailed outline).

Other learners will then have an opportunity to provide feedback on the presentation you posted. You will be expected to apply the feedback you receive when making revisions for the last assignment of the course, which is due in Unit 9.

Response Guidelines

Respond to the posts other learners according to the Faculty Expectations Response Guidelines, providing feedback on the scorecard presentations they posted. If possible, respond to a learner who

has not yet received feedback from a fellow learner so all learners receive some feedback. Ask questions or make observations. Point to strengths or indicate possible areas for improvement or clarification.

Note: If you require the use of assistive technology or alternative communication methods to participate in this activity, please contact Disability Services to request accommodations.

Course Resources

Graduate Discussion Participation Scoring Guide

Guidelines for Effective PowerPoint Presentations

Using Kaltura [PDF]

Disability Services

Unit 9 ≫ Change Leadership: Risk Management and Patient Safety

Introduction

How many times have you heard the term *patient safety* in the media, at your workplace, and at Capella? Patient safety is the cornerstone of quality care. But how does a health care leader establish a culture of patient safety? How are risks to patient safety assessed and managed in your current or future work setting? What other types of risks are assessed and managed? As you reflect upon the previous unit covering risk management, what are the important factors to monitor in your selected work setting? How can you contribute to risk management and patient safety within your job? If you are vaguely aware of the terminology, but would like to be able to have a meaningful conversation about creating a culture of patient safety, you will find this unit quite helpful.

Health care leaders function within a complex, high-risk environment where errors can lead to injury and death. Youngberg (2011) addresses the need for leaders to create systemic mindfulness of patient safety within the high risk health care delivery environment. Further, the author discusses high-reliability organizations, which attain next to zero error rates, despite a great propensity for error or catastrophic events. Obviously, the goal of any health care leader is to assess and manage risk while concurrently promoting a culture of patient safety.

Transforming from reactive to proactive mode requires health care executives to understand the competencies central to high-reliability organizational leadership. Youngberg (2011) outlines the relevant leadership competencies as:

- "The ability to reinforce the systems and structure to promote safety based on evidence drawn from the science of safety.
- The ability to create a culture that develops and supports those who provide care and services to allow for greater capacity for teamwork, risk awareness, risk mitigation, and resiliency.
- The ability to focus and align resources to create and promote advancements in safety.
- The commitment to assure that evidence-based, patient-centered, and system-centered work is done.
- The promise to all concerned that honest, ethical dialogue with patients is necessary when breaches in safety occur." (p. 296).

Additionally, health care executives must understand the characteristics of high-reliability organizations and the associated risk management responsibilities. These characteristics include: trust and transparency, reporting, flexibility in hierarchy, justice and accountability, engagement, and dedication to organizational learning (Youngberg, 2011).

As you engage in your unit readings, it may be helpful to consider the following themes for success that relate to this change leadership unit:

- Shared sense of purpose.
- Authenticity.
- A hands-on approach.
- Data-driven, accountable high standards.
- Focus on results.
- Clarity of expectations.
- A collaborative culture.
- Respect.
- Limited hierarchy.
- Open communication.
- Teamwork (Youngberg, 2011).

You may also be interested to compare these themes to your National Center for Healthcare Leadership competencies. You are encouraged to share insights in both Units 9 and 10.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety.* Sudbury, MA: Jones and Bartlett.

Learning Activities

Readings

Use your *Principles of Risk Management and Patient Safety* text to read the following:

- Chapter 22, "Creating Systemic Mindfulness: Anticipating, Assessing, and Reducing Risks of Health Care," pages 293–304.
- Chapter 24, "Improving Risk Manager Performance and Promoting Patient Safety with High-Reliability Principles," pages 343–350.
- Chapter 28, "Improving Literacy to Advance Patient Safety," pages 407–422.
- Chapter 30, "Managing the Failures of Communication in Health Care Settings," pages 431–442.

Optional Readings

Use your *Principles of Risk Management and Patient Safety* text to read the following:

- Chapter 23, "Risk Management in Selected High-Risk Hospital Departments," pages 305–343.
- Chapter 25, "The Benefits of Using Simulation in Patient Safety," pages 351–374.

u09a1 - Scorecard Analysis: Process Improvement Report

To prepare to complete this assignment, review the following materials from the study activity in Unit 8, which are also linked in the Resources:

- Kaplan and Norton's 1992 article, "The Balanced Scorecard: Measures that Drive Performance," from *Harvard Business Review*. This Kaplan and Norton framework is a valuable resource for this assignment.
- Gunduz and Simsek's 2007 article, "A Strategic Safety Management Framework Through Balanced Scorecard and Quality Function Deployment," from *Canadian Journal of Civil Engineering*. Note that Kaplan and Norton's 1992 balanced scorecard framework is depicted in Figure 2 of this article.
- Koumpouros' 2013 article, "Balanced Scorecard: Application in the General Panarcadian Hospital of Tripolis, Greece," from *International Journal of Health Care Quality Assurance*.
- Behrouzi, Shaharoun, and Ma'aram's 2014 article, "Applications of the Balanced Scorecard for Strategic Management and Performance Measurement in the Health Sector," from *Australian Health Review*.

- The updates addressed in Kaplan and Norton's 1996 article, "Linking the Balanced Scorecard to Strategy," from *California Management Review.*
- Norton's 2011 article, "Strategy Execution Needs a System," which provides a brief retrospective on updates and lessons learned.

The goal of this assignment is to generate recommendations for process improvement and organizational fitness. You will make your recommendations for the organization you selected in Unit 7 for the balanced scorecard PowerPoint presentation and which you presented in the Unit 8 assignment. Apply the concepts of balanced scorecards to create your recommendations.

To complete the assignment, write a paper in which you:

1. Describe the selected organization, including its vision and mission.
2. Analyze the company using any adaptation of the Kaplan and Norton balanced scorecard framework that fits your selected organization. Use the materials listed at the beginning of this assignment.
3. Communicate vision, strategy, objectives, measures, targets, and initiatives for each of the following four elements through a macro-level discussion:
     - Financial performance measures.
     - Internal business processes.
     - Learning and growth.
     - Customer satisfaction.
4. Convey the organization's values through an ethical, organizational, and directional strategy.
5. Synthesize evidence-based and best practices into recommendations for monitoring and improving discussions.
6. Generate one recommendation for each of the following:
     - Process improvements.
     - Quality improvements.
     - Organizational efficiency.
     - Learning.
         - In y our recommendations, use specific language and include evidence-based concepts from peer-reviewed literature, including a minimum of four outside peer-reviewed sources.
7. Communicate information and ideas clearly, accurately, and concisely, including reference citations and using correct grammar.

Assignment Requirements

- **Written communication:** Written communication is free from errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to APA style and formatting guidelines. Use APA format for:
     - Cover page.

- Abstract.
- Table of contents, including list of figures and tables.
- Headings and subheadings.
- Reference list.

- **Number of resources:** A minimum of six resources. The Norton and Kaplan articles, "The Balanced Scorecard: Measures that Drive Performance" and "Linking the Balanced Scorecard to Strategy," will serve as two resources.
- **Length of paper:** 10–12 typed double-spaced pages.
- **Font and font size:** Arial, 10 point.

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Portfolio Prompt: You are required to save this learning activity to your ePortfolio.

Course Resources

[A Strategic Safety Management Framework Through Balanced Scorecard and Quality Function Deployment](#)

[APA Style and Format](#)

[Applications of the Balanced Scorecard for Strategic Management and Performance Measurement in the Health Sector](#)

[Balanced Scorecard: Application in the General Panarcadian Hospital of Tripolis, Greece](#)

[Capella Library](#)

[Capella Writing Center](#)

[How Do I Find Peer-Reviewed Articles?](#)

[ePortfolio](#)

[Linking the Balanced Scorecard to Strategy](#)

[Strategy Execution Needs a System](#)

[The Balanced Scorecard: Measures that Drive Performance](#)

[Writing Feedback Tool](#)

Youngberg (2011) conveys the transformation needed for effective health care quality, risk management, and regulatory compliance on behalf of health care leaders following the release of IOM reports (p. 293). The author stresses the importance of learning from other industries, constructing high reliability organizations (p. 294), developing trust and transparency (p. 296), promoting justice and accountability (p.298), and committing to a culture of safety (p. 300); additionally, Youngberg emphasizes the new principles for high reliability-high performing health care organizations (p. 302).

In your initial post to this discussion:

- Describe how transformational leaders can initiate change that involves one or more of the concepts discussed in this unit's readings.
- Provide additional insights relating to leadership within the changing environment of the health care industry.
- Include a minimum of two peer-reviewed, current journal articles in your discussion of insights.

In your initial post, include APA-formatted in-text citations and accompanying, congruent APA-formatted references.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive, and need to include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning, and are not acceptable. The goal is quality, substantive feedback that demonstrates higher-order critical thinking and evaluation of peers' initial posts.

Reference

Youngberg, B. J. (2011). *Principles of risk management and patient safety*. Sudbury, MA: Jones and Bartlett.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 10 ≫ Transformation: Leadership, Communication, and Patient Safety

Introduction

Consider your journey from Unit 1 to Unit 10 in this course. Take a moment to reflect upon what was new to you then, versus what is now part of your knowledge base. Imagine that you are the new CEO of your organization, and are charged with transforming the previous status quo to an efficient, high-performing accountable care organization. Which tools would you put to work in your new position? What types of individuals would be needed for your executive leadership team? What competencies might be important among the team members? What processes, structural models, or frameworks from this course might help you as a transformational leader?

The National Patient Safety Goals and Strategic Direction outlined by the National Quality Forum (2011), CMS requirements (HHS, 2011), and the Joint Commission (2011) standards make it clear that effective leaders must be transformational. As you enter the last unit of our course, it is appropriate to reflect upon how quality, risk, and regulatory compliance are affected, given the strategic direction from CMS and the National Center for Healthcare Leadership (NCHL) competencies requisite for transformational leadership (HHS, 2011; NCHL, 2011). It may be interesting to compare your ratings from before you began this course to your assessment of NCHL competencies now that you have entered the reflection phase in Unit 10.

It may be helpful to review the vision, mission, and strategic direction of your organization relative to the competencies that are relevant to your position. If you were to construct a balanced scorecard for your organization, which areas would your position affect? The purpose of Unit 10 is to reflect upon leadership, communicating and leading change, and creating a culture of patient safety. In previous units, the balance between cost and quality care was clearly established. Now, take a step outside the mechanics of data analysis, strategic direction, and industry and consider your role as a future health care leader.

Implicit within the NHCL competencies is the value of ethical leadership. The American College for Healthcare Executives' code of ethics serves as a reminder that our actions should be patient- and community-focused (ACHE, 2011). As a health care leader, you will be expected to own the vision and mission, support the strategic direction, and remain flexible while upholding your role as fiduciaries.

Another aspect of leading within this dynamic industry is the need to practice professional communications. During Unit 10, you will examine promoting a patient safety culture while evaluating the most appropriate forms of communication to support your efforts. E-mail and social media communications are fraught with potential miscommunication and liability issues, so you will explore issues associated with professional communication. Finally, the course will conclude with a reflection upon research in risk management, including the benefits of using simulations and education to promote patient safety.

References

American College of Healthcare Executives. (2011). ACHE code of ethics. Retrieved from http://www.ache.org/ABT_ACHE/code.cfm

National Center for Healthcare Leadership. (2011). National center for healthcare leadership competency model. Retrieved from http://www.nchl.org/static.asp?path=2852,3238

National Quality Forum. (2011). Mission and vision. Retrieved from http://www.qualityforum.org/About_NQF/Mission_and_Vision.aspx

The Joint Commission. (2011). Facts about the national patient safety goals. Retrieved from http://www.jointcommission.org/facts_about_the_national_patient_safety_goals/

U.S. Department of Health & Human Services. (2011). Appendix B: HHS performance measures. Retrieved from http://www.hhs.gov/secretary/about/appendixb.html

Learning Activities

u10s1 - Studies

Readings

Use your *Principles of Risk Management and Patient Safety* text to read the following:

- Chapter 25, "The Benefits of Using Simulation in Patient Safety," pages 351–374.
- Chapter 26, "Creating a Mindfulness of Patient Safety Among Physicians Through Education," pages 375–396.
- Chapter 32, "The Risks and Benefits of Using E-mail to Facilitate Communication Between Providers and Patients," pages 445–462.

- Chapter 33, "Risk Management for Research," pages 463–476.

Use the Internet to complete the following:

- View the Web site for [American College of Healthcare Executives](#).

u10d1 - Transformation: Leadership, Communication, and Patient Safety

The National Center for Healthcare Leadership (NCHL) Competencies for Healthcare Executives includes three domains. Review the NCHL model and scan the competencies. Consider those that are essential for transformational leadership relative to the focus of our course. Select one competency from each of the three domains; in your initial post, offer one or two suggestions on how you personally might further develop these competencies as a transformational leader for health care quality, risk management, and regulatory compliance.

Outline format is acceptable. A minimum of one outside, peer-reviewed or quality-related Web site is required for this post; these sources are not limited to those in our courseroom. Your initial post should be cited using APA formatting.

Response Guidelines

Respond to the posts of other learners according to the Faculty Expectations Response Guidelines. If possible, respond to one learner who has a perspective, background, or goals that are similar to yours, and to one learner whose perspective, background, or goals are different. Peer responses should be substantive, and need to include one peer-reviewed source that aligns with the discussion thread. You may feel free to add an additional source that is new or provides a completely different perspective. "I agree" and "Thanks for sharing your insights" are examples of responses that do not contribute content for enhanced learning, and are unacceptable. The goal is quality, substantive feedback that demonstrates higher-order critical thinking and evaluation of peers' initial posts.

Course Resources
Graduate Discussion Participation Scoring Guide
[APA Style and Format](#)
[Capella Library](#)