# Cases in Health Care Management

SECOND EDITION



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### **Foreword**

As a health care executive for over 30 years, I experienced uncertainty nearly every day. I often sat with colleagues reflecting on those experiences and opining about the whys and ways to mitigate them next time. In many cases, we scratched our heads, struggling to find root causes, protocol breakdowns, and human error leading to each incident.

In the U.S., medical errors are the third-leading cause of death after heart disease and cancer. Most are system related, due to staffing shortages, technology failures, and the like. For me, the most challenging issues involved human error. These errors take a toll on patients' families and care providers alike.

Despite the challenges, health care is the most rewarding career I can imagine. Healthcare workers impact lives every day. They offer care and hope to the community and compassion to those afflicted. We are blessed to be part of a healthcare environment that incorporates technology, law, spirituality, inventiveness, ethics, epidemiology, and inclusiveness. We have a sacred trust to do what is right each day and must acknowledge the importance of our work and prepare exceptionally. Helping others lead a meaningful life is our mission.

Health care offers amazing opportunities across a wide variety of professions. In addition to roles you have come to expect, like physicians and nurses, it also offers positions you would typically see in traditional corporate structures, like accounting, information technology, marketing, sales, and human resources. And some you would not expect, like physicists, dosimetrists, linear accelerator technicians, data scientists, and even clergy.

Healthcare expenditures in the U.S. represent nearly 18% of the Gross Domestic Product, or \$3.6 trillion. Of that, hospital care expenditures are 32.7%; physician and clinical services, 19.9%; and prescription drugs, 9.2%. Another 4.6% goes to nursing care facilities and retirement communities. With so many lives and so much money at stake, it is imperative that managers and leaders run healthcare facilities as efficiently as possible, while delivering superior clinical outcomes.

Cases in Health Care Management, Second Edition, offers a real-world glimpse into the vast, ever changing healthcare environment. Instead of focusing solely on theory, case studies explore the experiences, practices, and daily operations of best-in-class organizations, along with pulling back the curtain on the organizational and personal practices that failed. Students actively engage in figuring out the principles of healthcare theory by abstracting them from examples. Case studies simplify complex concepts by presenting real life situations that would be nearly impossible to replicate in a classroom environment.

Healthcare managers and leaders must be prepared for the unexpected. For instance, how do you move patients from a storm ravaged facility to a safer environment? What is the impact of an active shooter incident on the healthcare system?

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How do honesty and integrity play a role in the physician/patient contract? And what is the ethical argument for ensuring all citizens are protected from pandemics and epidemics? No two events are the same. Many of these we are convinced could never happen to us, yet they are the very issues we will encounter.

The cases presented in this book will challenge your skills in analysis, problem solving, decision making, and your ability to cope with ambiguity. I believe it is time well spent because these are precisely the skills needed to be an effective healthcare manager and leader. Take time to reflect and learn. Be honest with yourself and your colleagues as you experience the issues along the way. Unfortunately, we do more learning from those issues we may not fully understand or miss on our first review. Consider it a blessing and an opportunity for your growth.

Thank you for continuing your journey and accepting this sacred trust. All the best!

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### **Preface**

The idea for Cases in Health Care Management came about 10 years ago just after Sharon and Nancy completed the second edition of Introduction to Health Care Management. Little compares with the elation authors feel when they hold their new "baby" in their hands. We marveled at its beautiful cover and gloried in the expanded case study section. Every instructor we had ever spoken to begged us for more case studies in that text. As we looked at the 106 pages of 35 case studies, it occurred to us that while this was an abundance of cases to include in an introductory textbook, many instructors wanted a case study book to accompany different courses and textbooks, not just one course. At that moment, while high on the buzz of a new book, and still drinking coffee, we decided what we really needed to do next was an entire book of case studies. Questions percolated in our conversation: Who would write the cases? How many should we have? What should they cover? What settings should they take place in?

We had lots of stories to tell that would help to create excellent teaching/learning experiences. A surgeon and department chair, Dale Buchbinder was excited at the prospect of offering his clinical and administrative experiences to a new generation of clinical and administrative health care managers. Colleagues, friends, and even family members had stories and teachable moments they wanted to share. Another phone call to our publisher, Mike Brown, encouraged us to write a proposal for the new book. He suggested 50 cases would be a suitable number. Originally conceived as a combination of the existing cases from our second edition and a few new ones, it was Dale who pressed for 100% new cases. After much thought and debate about who would write on what topics and how to organize the book, we decided to include at least 100 new cases that were value-added to the health care management literature: we produced 101.

That first edition turned out to not be enough. Over time we realized that, with the changes in health care and the world, new cases were needed. What you now hold in your hands is a second edition of our cases book containing 102 never before published cases in health care management, a virtual buffet of short stories of thought-provoking health care management scenarios that will engage students and instructors alike.

Bobbie collaborated with us on the fourth edition of our *Introduction to Health Care Management* textbook. Because that collaboration was so successful, we invited her to join our writing and editing team on this book, too. She brings new perspective and content areas that make this second edition even better.

Whether your institution is a traditional "bricks and mortar" school or a fully online one, Cases in Health Care Management is formatted for your ease of use and adoption, not just for one course, but for an entire curriculum. Instructors of

### xviii Preface

management, law, ethics, human resources, finance, leadership, and other courses will find an array of up-to-date cases from which to choose. With a history of publishing books together and listening to our readers and instructors about what did or did not work in the classrooms and online, we created this book to be student and professor friendly. In addition, we were ever mindful of diversity, equity, and inclusion as we wrote and edited each case study. We are grateful to all our authors for their insightful, well-written, thought-provoking case studies.

As with our other publications, this textbook will be useful to a wide variety of students and programs. Undergraduate students in health care management, nursing, public health, human services, family studies, and allied health programs will find the writing to be engaging. Students in graduate and professional programs in discipline-specific areas, such as business administration, law, medicine, nursing, pharmacy, occupational therapy, public administration, and public health will find the materials both theory based and readily applicable to real-world settings. In particular, many scenarios reflect problems that clinician managers will confront in their day-to-day activities.

With over eight decades of combined experience in higher education, we know that first and foremost, teaching/learning is *not* a solo sport; it is a team effort—a *contact* sport. There must be a give and take between the students and the instructors for deep learning to take place. This text uses active learning methods to achieve this goal. Along with lively writing and the use of creative writing and fiction techniques to pull readers into the story, this book provides fresh, provocative, real-world scenarios for students to analyze and critique.

Cultural competency is a critical component to the delivery of health care and is a crucial part of providing diversity, equity, and inclusion (DEI). One way we incorporated cultural competency and DEI throughout the book was to ask the readers to keep three topics in mind as they review each case or instructor guide. The first is to pay attention to any assumptions they may be drawing on in terms of race, ethnicity, gender or gender identity, sexual orientation, socioeconomic status, culture, or any other protected classes. The second is to ask whether these assumptions are related to the individual/staff level, the clinical or program level, or the organizational or administrative level. Many times, we draw on these assumptions and they unintentionally influence our actions. Lastly, we ask that readers think about how these assumptions impact cultural awareness, cultural knowledge, behaviors, and/or skill development. Cultural competency is an evolving skill for everyone, and we intentionally increased the focus on DEI throughout the book through this framework. Cases that are especially focused on cultural competency have dedicated discussion questions included to further examine these topics.

Cases are organized into nine content areas: Leadership, Management/Customer Service, Quality/Patient Safety, Finance, Health Care Professionals/Human Resources, Health Disparities/Cultural Competence, Ethics/Law/Conflict of Interest, Crossing the Line/Crime/Fraud, and Health Policy. As clinicians and health care managers who live and breathe these scenarios, we purposely chose content areas that reflect flashpoints in health care management.

Specifically, Cases in Health Care Management contains:

- One hundred two brand new, cutting-edge cases written by experts in the field.
- A new matrix provided as part of a separate instructor resource package\* that highlights topic areas related to each case is available online. The matrix also includes:

- Complexity scores for each case to determine the audience for whom it is best suited:
- A chart showing the distribution of cases by complexity scores to assist instructors with selecting cases for their students; and,
- Trigger warnings to identify cases with content that may cause negative reactions for readers.
- Discussion questions for each case.
- Additional resources to assist students with exploring the content of the case.
- Case study guidelines and instructions, with rubrics for evaluation of student performance in Appendix A.
- Instructors' case study guides to facilitate class and online discussions are available from the publisher.\*

Never underestimate the power of a good cup of joe—or the thrill of holding a new book in your hands. We hope you enjoy this text as much as we enjoyed writing and editing it. As always, our wishes for you are as follows: may your classroom and online discussions be filled with active learning experiences, may your teaching be filled with good humor and fun, and may your coffee cup always be full.

Sharon B. Buchbinder, RN, PhD Nancy H. Shanks, PhD Dale Buchbinder, MD, FACS Bobbie Kite, PhD, MHS

## **Acknowledgments**

Cases in Health Care Management is the result of an ongoing process that involved many of the leaders in excellence in undergraduate health care management education. We continue to be deeply grateful to the Association of University Programs in Health Administration (AUPHA) faculty, members, and staff for all the support, both in time and expertise, and in giving us extensive feedback on the first edition of this book and four editions of our textbook, Introduction to Health Care Management. One of the most consistent requests we had for all editions of that text was the call for more case studies. In the first edition, we had 15 case studies and rubrics, and were quite proud of that accomplishment. We heard "More, more, more!" The second edition included 35 more cases, and we thought we had really met the needs of instructors and students. (Insert hysterical laughter here.) And yet, we kept hearing the same call for "More, more, more!" which led to the first edition of Cases in Health Care Management, a stand-alone textbook of 101 case studies. The first edition was well-received and used by programs all over the world. However, the field of health care management is dynamic, and it was time for a whole new set of case studies to meet the needs of our student. Thus, we offer the second edition of the Cases in Health Care Management book to you, our cherished readers. Both editions of Cases in Health Care Management can be used not just for one course, but for an entire curriculum in health care management.

In addition to the four co-editors of this text, 43 authors have contributed to this second edition text, making this a one-of-a-kind book. Not only are our contributing authors expert practitioners in their disciplines and research niches, they are also practiced teachers and mentors. As we read each case study, we could hear the voices of each author. It has been a privilege and honor to work with each and every one of them: Ben Barton, Suzanne Beaumaster, Jenn Block, Kevin M. Bush, Jr., Carolyn L. Candiello, Amanda M. Carlson, Robert Casanova, Susan Casciani, Katherine Corchary, Christina Cottrell, Donna M. Cox, Suzana D. Deng, Stephen Duarte, Kristen Dugan, Laura M. Fricker, Sarah Hess, Anna B. Kayes, D. Christopher Kayes, Shirley Knelly, Boyd Loehr, Jihan Mahmoud, Nichole Marksbury, Marguerite McDowell, Kelly Niles-Yokum, Allison O'Grady, Matthias Ojo, Tolulope Oyewumi, Corrine Piccardi, Monika Piccardi, Madison Price, Samantha Read, Rachel Rogers, Louis Rubino, Nancy K. Sayre, Jane H. Schulze, Gregory James Smith, Tiffany Stockebrand, David Stockwell, Eric J. Thomas, Jeffrey Weide, Charisse F. Wernecke, Audrey Williams, and Lauren Zidovsky.

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### Nancy H. Shanks, PhD

Dr. Shanks has extensive experience working in health care for the last four and a half decades. Starting as a health services researcher and health policy analyst, she later served as the Executive Director of a health care foundation. During the last 20+ years, she has been a health care administration educator at Metropolitan State University of Denver, where she taught a variety of undergraduate courses in health services management, organization, research, human resources management, strategic management, and law. She retired in 2011 after serving as the Health Care Management Program Coordinator for 14 years and as Chair of the Department of Health Professions for 7 years. Dr. Shanks holds the title of Emeritus Professor of Health Care Management and taught online as an affiliate faculty member at the University for another 6 years. Dr. Shanks's research interests have focused on health policy issues, such as providing access to health care for the uninsured.

### Dale Buchbinder, MD, FACS

Dr. Buchbinder is a retired Vascular and Endovascular Surgeon and Clinical Professor of Surgery at The University of Maryland Medical School in Baltimore, Maryland. Dr. Buchbinder served as Chair of Surgery for 18 years at the Greater Baltimore Medical Center (GBMC) and as Chairman of the Department of Surgery at Good Samaritan Hospital for 9 years. He also served as GBMC's Medical Director of Inpatient Surgical Services and Medical Director of the GBMC Wound Care Center. His experience as a physician leader and manager in two major community hospitals in Baltimore is augmented by his time spent as Professor and Vice Chair of the

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Department of Surgery at the Chicago Medical School in North Chicago, Illinois. Dr. Buchbinder was elected to several surgical societies including the American College of Surgeons and the Society for Clinical Vascular Surgery. He is a Distinguished Fellow of the Society for Vascular Surgery, Past-President of the Baltimore Academy of Surgery, and Past-President of the Maryland Chapter of the American College of Surgeons.

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Dr. Kite is currently the Associate Dean of Academic Affairs, the Director of the Healthcare Programming including the Healthcare Management and Health Informatics programs, and a Professor at the University of Denver. Prior to the University of Denver, Dr. Kite was at The Ohio State University Wexner Medical Center, where she served as a postdoctoral fellow for the National Library of Medicine and then as a Clinical Assistant Professor in the field of Biomedical Informatics and a consultant with The Ohio State University Health Plan. With an avid interest in teaching, community collaboration, and research, Dr. Kite has a passion for teaching and maintains her research focused on population health. Before entering the field of biomedical informatics, Dr. Kite earned her doctorate degree in Public Health from the University of Texas Health Science Center, with minors in epidemiology and health policy. She also holds a Master's in Health Science with a focus on emergency and disaster management.

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