

RHS 423

Lecture 1



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MANAGEMENT IN HEALTH CARE

• LEARNING OBJECTIVE:

- Compare and contrast the qualification of health-care managers with prior clinical experience to those with academic degree in management and no clinical experience.
- Determine the role of mentoring physical therapist as they transition from clinical to managerial roles.
- Determine the typical responsibilities of mid-level in health-care settings.
- Determine the type of managerial opportunities across different types of health care organizations.
- Determine the need for and appropriateness of delegation.
- Distinguish between a manager's horizontal & vertical communication skills.

BECOMING A MANAGER

- Some of the manager start their careers directly into the position.
- Some are patient care providers who work their way up the corporate health-care leader.
- Some have privet clinic and divide their time between their business and patient care responsibilities.

TRANSITIONING FROM PATIENT CARE TO MANAGEMENT

- The transition to management certainly involves exciting opportunities for the acquisition of a new skill set for new duties.
- LOMBARDI IDENTIFIES THESE TRANSITIONS AS MOVING FROM:
- SELF-DIRECTION TO SELFLESS SERVICE: managerial work depends on highly variable & unpredictable factors rather than on the more specific professional needs & desires that drive professional performance.
- AUTONOMOUS CONTROL TO CIRCUMSTANTIAL CONTROL: the work of managers depends on unpredictable circumstances and situation rather than on assigned caseloads and productivity expectation. Flexibility is much more critical.

- QUANTITATIVE TO QUALITATIVE OUTCOMES: the outcome of the efforts of managers are more dependent on perception than on clearly defined measures.
- DEFINITIVE CLINICAL CRITERIA TO OVERALL COMPREHENSIVE GOALS: the performance criteria for managers are often gray and flexible as organizations change, & manager's responsibilities fluctuate with the needs of the organization. the clear job descriptions of clinicians are replaced with more ambiguous expectation.

MENTORING

- BECAUSE THE ROLE AND EXPECTATIONS OF MANAGERS ARE MUCH MORE UNPREDICTABLE AND DEPENDENT ON THE CHANGING NEEDS OF THE ORGANIZATION, THE SUPPORT OF A MENTOR OR MENTORS TO “THINK OUT LOUD” IS A VERY IMPORTANT ASSET IN LONG TERM CARRER DEVELOPMENT AND IN MEETING DAY-TO-DAY MANAGERIAL CHALLENGES.
- **THE KEY IS:** IDENTIFY WHICH TYPE OF MENTOR IS MOST IMPORTANT.

- SPONSOR: To open doors for the new manager.
- COACH: To show the "the rope" of the new position.
- PROTECTOR: To buffer negative experiences.
- EXPOSER: To create new opportunities.
- CHALLENGER: To stretch manager's new skills & their scope of work
- ROLE MODEL: To develop new behavioural by example.
- COUNSELOR: To accept and confirm efforts, & offer friendship.

LARGE HEALTH-CARE ORGANIZATION

- The larger the organization becomes, the more divided the executive functions become to conquer the complexity and to keep current with changes in health care reimbursement, rule and regulations, new technology, and other demands.
- The level of management organized by: Department (e.g. rehabilitation, pharmacy), or by multidisciplinary team (e.g. stroke team), or by both (hybrid).

MID-LEVEL MANAGERS

- Mid-level health-care Managers Spend 65% of their time on people management, 10% on financial analysis, and 25% on special project.
- The challenge is that most people are very resistance to being managed. In the other word the best performers know enough and care enough to manage themselves.
- ➡ WHAT MANAGER CAN DO?
 - Sustain the best interests & qualities of individuals in their work performance.
 - CHARACTER OF MID-LEVEL MANAGER: Trustworthiness & trust, Empowerment & delegation, and Consistency in decisions & mentorship.

HORIZONTAL COMMUNICATION

- Determination of which other mid-level managers are most important to their work is a concern for new managers.
- Important is depend on: The time spend with them, Common management goals to be accomplished, or Shared responsibility for particular patient population.
- Its the way the mid-level managers keep current with news within their organizations & about health-care policy that impacts the work they manage & the people they lead.

VERTICAL COMMUNICATION

- Vertical Communication of the mid-level health manager are with the immediate supervisor, and the peoples mid-level manager supervised.
- It must include clear understanding of responsibilities, priorities, and the level of authorities for the duties that they are assigned. As well as method and frequency of communication. However, receiving feedback on performance is necessary.

IMPLEMENTATION OF PLANS

- It is responsibility of mid-level manager. By organizing the tasks.
- after clarifying & sequencing the tasks, manager need to guide the implementation process.

MANAGER & PATIENTS

- THE KEY: When the manager-employee relation is good, so are work outcomes, and so, it follows are positive patient outcomes. In the other word the patient provider relationship mirror the provider manager relationship.

SIX SIMPLE WORDS

“ HOW CAN I HELP YOU TODAY”

This question is the KEY to successful vertical and horizontal communication as well as patient care success.

It gives the person questioned an open-ended chance to define the interaction and its importance.

It allows managers to then focus on facilitating the most important work of health care at any time.