

Book: *Superior Productivity in Health Care Organizations: How to Get It, How to Keep It*

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This book is a well organized examination of the problems that affect productivity in a health care organization, and more. The author considers it a practical guide to planning that assures not only productivity but a continuance of productivity. This kind of success is achieved by building a conceptual framework that fits productivity into the overall framework of management (the blueprints before the house). To do so, however, “existing management configuration with all its policies and procedures” must be changed, but routine monitoring can then be done from start to finish and trouble spots identified readily. Then the part that is not working can be fixed without dismantling the whole system every few years.

The author explains in the Introduction the three basic steps in setting up and implementing this framework: 1. Evaluate each department against its own performance over the last few years (historical benchmarking), 2. Establish monitoring reports and management protocol, 3. Institute a powerful set of incentives and consequences. He provides a Circle Graph to illustrate.

Remarkably similar failed attempts have been made and are being made by organizations attempting to secure productivity. The book lists four ways that contribute to these failures: 1. Creation of overly complex measurement and reporting systems 2. Failure to establish clear accountability for productivity 3. Lack of authority at the appropriate management level 4. Short review cycles that highlight temporary or random events 5. Lack of incentives to improve and disincentives to prevent decline.

A striking examination is made of the similarity of management and organizational structures across the industry followed by a discussion of why these almost invariably go wrong. Such wealth of fact-filled material illustrates the “and more” that can be found in this text (Do layoffs really work? Skill-Mix strategy, Benchmarking, Problem of overtime and registry, Sample overtime and registry analysis, Strategies for reducing overtime and registry, Float pools, Hospital mergers, Market-based solution).

Smaller discussions contribute, too, to the “and more.” The author provides a system for measuring workload in “units of service (p.28) and describes (p.33) combining workload with hours and salaries to determine productivity loss or gain. How to do the calculations follows on p. 35. Graphs and charts illustrate most effectively on many pages. This book is clearly the result of providing instruction to groups and is well planned and packed with information.

The author concludes by pointing out that financial problems have taken time to develop and solutions must also be given time. Managers have a transition period of three months during the meeting and analysis period. Once standards are set and a productivity policy enacted, a formal transition of about three months follows. After this, enforcement begins and an intelligent system of incentives must follow. The author provides the components of the incentives.