



**National Center for Healthcare Leadership
Research Opportunities in Healthcare Leadership:
Research Portfolio 2005-2010**

The Contribution of Leadership to American Healthcare

In just three years, with the assistance and broad involvement of the academic, policy, and practice communities, NCHL has become an emerging authority on the development of healthcare leadership as a necessary tenet to cross the quality chasm and advance the nation's healthcare. NCHL's mission is to be an industry-wide catalyst to assure that high quality, relevant, and accountable health management leadership is available to meet the needs of 21st century healthcare.

The National Center for Healthcare Leadership believes that the capability of those entrusted with managing the nation's healthcare resource—trustees, executives, and managers at all levels—is critical to any long-term improvement in performance. These leaders design, build, and sustain the infrastructure of care, finance, and delivery. They assemble the resources, arrange the logistics, maintain the information base, and assure a culture of safety, honesty, compassion, and respect. Only improved knowledge, skill, and motivation of this group will support permanent change in practice. A substantial body of experience in other industries and the success of a few exceptional healthcare organizations support this belief.¹

A number of forces are acting together to underscore the importance and timeliness of an evidence-based leadership research agenda. Those include: 1) the development of reliable and increasingly accepted set of standardized clinical processes and outcome measures; 2) a growing movement on the part of both private insurers and the Centers for Medicare and Medicaid to reward providers for providing higher quality of care and greater value; 3) public reporting to enhance accountability; and 4) advances in information technology. In sum, as never before in history, American healthcare providers have systematic incentives and relevant measures to achieve breakthrough improvements in performance. The question is whether or not they have the capabilities to achieve their potential. This includes not only the technical skills and knowledge of healthcare professionals, but in particular, the organizational, managerial, and governance skills required for the task. Underlying all of this is the leadership capacity of the organization.

Spearheading a national catalytic effort, NCHL is seeking to transform the industry's leadership (Figure 1) by:

- Collaborating with leaders inside and outside healthcare to continuously seek innovation and improvements in leadership and healthcare to benefit all of our communities.
- Developing and testing models for competency-based learning to improve the contribution of professional preparation and continuing education.
- Using a balanced scorecard of clinical (including quality, patient safety, and productivity), financial, customer, and human resources measures to assess organizational performance.
- Benchmarking against best-in-class organizations both inside and outside healthcare, and establishing standards of leadership and organizational best practices.
- Evaluating results using evidence-based research and outcomes assessment.
- Executing quickly on research-based programs.
- Rapidly disseminating findings that are proven to work.
- Improving recruitment and retention of healthcare managers and leaders, diversity of the leadership pool, and advancement of individuals from historically disadvantaged groups.

¹ An extensive annotated bibliography and review of the literature are available from NCHL.

To expand its current work, NCHL seeks to create a national resource for healthcare leadership with two components:

- (1) Research: an ongoing research program on leadership improvement to evaluate methods for developing and motivating leaders, for translating effective leadership to improved organizational performance and for creating reference literature on evaluating leadership improvement.
- (2) Database: a national leadership database consisting of tools for measuring, improving, and sustaining leadership competencies and for benchmarking measures of competency and organizational performance.

NCHL has built collaboration between academics, practice, and other diverse interests in the healthcare field. NCHL is committed to research, demonstration, and evaluation and has a proven track record in undertaking national research, translating the research into practice, and publishing the results for broader dissemination. In the past few years, examples of this work include:

Topic: Health Leadership Competencies

Research: Calhoun, J., Dollet, L., Sinioris, M., et al. Health Leadership Competency Model, v.2.0 (in process, expected publication 2005).

Translation to practice: NCHL Health Leadership Competency Model, v.2.0 was based upon landmark research that validated a set of competencies required for exceptional performance in managing health organizations across selected provider sectors, across disciplines of administration, nursing, and medicine and across career levels. The competency model serves as the foundation for an integrated and systems based approach for leadership development and organizational change; the basis for focusing training and development initiatives for health leadership from graduate education throughout one's career; a template for selecting and developing leaders who can meet the challenges of 21st century healthcare; and a guide for reorienting human resource systems to stimulate the capabilities that make the most difference to performance. The model is currently being used to assess leadership in NCHL's Leadership Excellence Networks (LENS) and revise curriculum in four university programs.

Topic: Diversity

Research: Dreachslin, J., Curtis, E. Study of Factors Affecting the Career Advancement of Women and Racially/Ethnically Diverse Individuals in Healthcare Management. *The Journal of Health Administration Education*, 21.4 (2004).

Translation to practice: Led to the development of the AHA Diversity and Cultural Proficiency Assessment Tool disseminated by AHA to member hospitals for leaders and the creation of the HRET Cultural Competency Leadership Fellowship.

Topic: Recruitment

Research: Loeb, S. A Study of the Decision Factors for Careers in Health Administration. *The Journal of Health Administration Education*, 21.4 (2004).

Translation to practice: Resulted in a Recruitment Roundtable of industry leaders from provider organizations, associations, and academia and recommendations on how to proceed with initiatives to improve recruitment to the field.

Topic: Accreditation

Research: Andersen, R., Howard, C., and Schneller, E. Contemporary Models for Accreditation: Lessons for Health Administration Accreditation. *The Journal of Health Administration Education*, 21.2 (2004). Gelman, S. Stakeholder Satisfaction with the Accreditation Process. *The Journal of Health Administration Education*, 21.2 (2004): 241-268.

Translation to practice: These studies served as important background for the Blue Ribbon Task Force on Accreditation's report whose recommendations were incorporated into the redesign of ACEHSA, now the

Commission on Accreditation of Healthcare Management Education (CAHME), and its strategic plan to incorporate core competencies, outcome assessments, and best practices into the accreditation process for graduate health management programs.

NCHL has created an infrastructure of learning laboratories to support ongoing research in healthcare leadership to improve organizational performance. With 12 leading healthcare systems participating in Leadership Excellence Networks (LENS) and four university demonstration sites (Figure 2), NCHL's demonstration sites create a shared learning environment to improve healthcare leadership from entry to the field through advanced career. As well, NCHL continues to collaborate with other stakeholders to broaden its reach into and impact on the field.

NCHL Research Priorities

NCHL has established ambitious dissemination targets for the coming five years (Table 1). If achieved, these targets will result in substantial improvement in the numbers of skilled leaders in healthcare and in the overall performance of American healthcare. The criteria guiding this effort require that leadership gains be documented in terms of a balanced scorecard of organizational performance, insuring that the investment pays off in actual, enduring improvements in care.

Based on its review of existing literature, NCHL has identified an agenda for immediate research to improve understanding of actual leadership processes in healthcare. These priority topics were established after an extensive literature review by NCHL's Advisory Council on Research and Evaluation, a special panel of healthcare organizational researchers, and discussion with a diverse panel of industry thought leaders represented on our Board. The immediate research needs in healthcare leadership are:

1. Pilot and evaluate the contribution of leadership development systems on healthcare organizational performance.
2. Validate NCHL's leadership competency model and assessment tools in terms of their impact upon individual, team, and organizational performance.
3. Identify and evaluate models of recruitment, academic preparation, career progression, and diversity practices that will expand and sustain the flow of talented healthcare managers who can achieve excellent organizational performance.
4. Identify and evaluate hospital governance characteristics associated with improved leadership and organizational performance.
5. Identify and evaluate healthcare team characteristics that achieve high organizational performance.

Funding

Implementing the research agenda is a multi-year, multi-million dollar endeavor. NCHL has over the past four years solicited broad financial support for its overall effort including the Robert Wood Johnson Foundation, the W.K. Kellogg Foundation, and 55 healthcare provider and supplier organizations. NCHL believes this collaborative model is valuable *per se*, and should be extended to its knowledge resource goals. Participating provider organizations provide data and a laboratory for testing ideas and tools and an organized forum for sharing and collaboration that accelerates implementation and learning. The provider sites pay for instruments that contribute directly to their organizational goals. Foundations supported the start up, initial research studies, and the two national demonstration projects. Suppliers have been generous in supporting the infrastructure and additional research activities of NCHL.

NCHL seeks expanded foundation, government, and corporate support to create the national knowledge resource. An estimate of the amount of funds required to provide the knowledge to sustain the expansion and dissemination is as follows:

1. ***Pilot and evaluate the contribution of leadership development systems on healthcare organizational performance.*** NCHL believes that leadership and systematic improvements can substantially increase achievement of Healthy People and IOM goals. Pilot, evaluation, , and dissemination of the Leadership Development System (figure 3) and the cumulative impact of it various interdependent components on leadership and organizational performance will stimulate widespread adoption and a permanent, quantum shift in health and healthcare.
Estimated budget is \$1,000,000 per year.
2. ***Validate NCHL's leadership competency model and assessment tools in terms of their impact upon individual, team and organizational performance.*** NCHL will conduct studies to identify competencies most predictive of individual, team and organizational performance including insights into unique issues of clinical leadership (nursing and medicine). While the NCHL tools are based upon extensive prior work, little of that work has been in healthcare. Studies showing the reliability of competency assessment tools and the relationship of specific competencies to performance are necessary.
Estimated budget is \$1,000,000 per year.
3. ***Identify and evaluate models of recruitment, academic preparation, career progression, and diversity practices that will expand and sustain the flow of talented healthcare managers who can achieve excellent organizational performance.*** NCHL wishes to expand understanding of the specific roles of leaders in training, retaining and promoting successful workers. It is important to understand the needs and motivations of young people who might become healthcare leaders, of recent entrants to healthcare leadership, and of diverse and under-represented populations if the nation is to recruit and retain an adequate supply of trained leadership in healthcare.
Estimated budget is \$500,000 per year.
4. ***Identify and evaluate hospital governance characteristics, associated with improved leadership and organizational performance.*** NCHL views governance as a critical component of high performance. Studies of the composition, orientation, and processes of governing boards will clarify and document effective practices.
Estimated budget is \$500,000 per year.
5. ***Identify and evaluate healthcare team characteristics that achieve high organizational performance.*** Effective team based management has been identified as a critical differentiator in high performing organizations (Baldrige, Collins). They rely on support teams for critical resources and performance improvement teams to redesign work processes. It is critical to expand our understanding about the role of team leaders at all level in the organization and the effects of internal team processes and culture on these activities, as well as expand our understanding of the leadership requirements of specific settings (e.g. populations with special needs, chronic disease management, academic medical centers).
Estimated budget is \$1,000,000 per year.

Table 1: Five-Year Dissemination Strategy for the Improvement of Healthcare Leadership:

NCHL expects to develop and evaluate pilot programs and to use the evidence of their success in educational activities encouraging independent adoption and eventual general acceptance and usage. *See Figure 2 for a map of the current sites.

NCHL Dissemination Strategy	2006	2007	2008	2009	2010
Healthcare organizations leadership & best practice network	LENS pilots (12 sites*) Expansion (8 sites)	LENS pilots (12 sites) Expansion (12 sites)	100 sites (individual healthcare organizations)	1000 sites	General usage
Graduate education in healthcare leadership	Assessment tool for students (16 sites*)	Assessment tool for students (16 sites) Curriculum evaluation network (4 sites)	Assessment tool for students (general usage) Curriculum evaluation network (16 sites)	Assessment tool for students (general usage) Curriculum evaluation network (general usage)	Assessment tool for students (general usage) Curriculum evaluation network (general usage)
Promoting & Recruiting	Develop programs for attracting qualified students to leadership careers	Pilot test programs in high schools and colleges (25 sites)	Continue 25 sites	Expansion to major metropolitan areas	Expansion to general usage
National Leadership Resource (1) Research		Reports evaluating competencies, development programs, assessment & alignment tools, and progress of demonstration sites			
National Leadership Resource (2) Database	LENS and university pilot tests of competency model and tools for leadership assessment and system alignment with ongoing activities	Competency database and model, development programs; tools available for individual assessment, team performance assessment, human resources alignment, governance alignment	Tools available. Benchmarking data on all assessment instruments. Reports of demonstrations.	Tool usage expanded. Benchmarking for larger population. Reports of sponsored research.	Tool usage expanded. Benchmarking for larger population. Reports of sponsored research.

Figure 1: NCHL Leadership & Organizational Performance Transformation Strategy

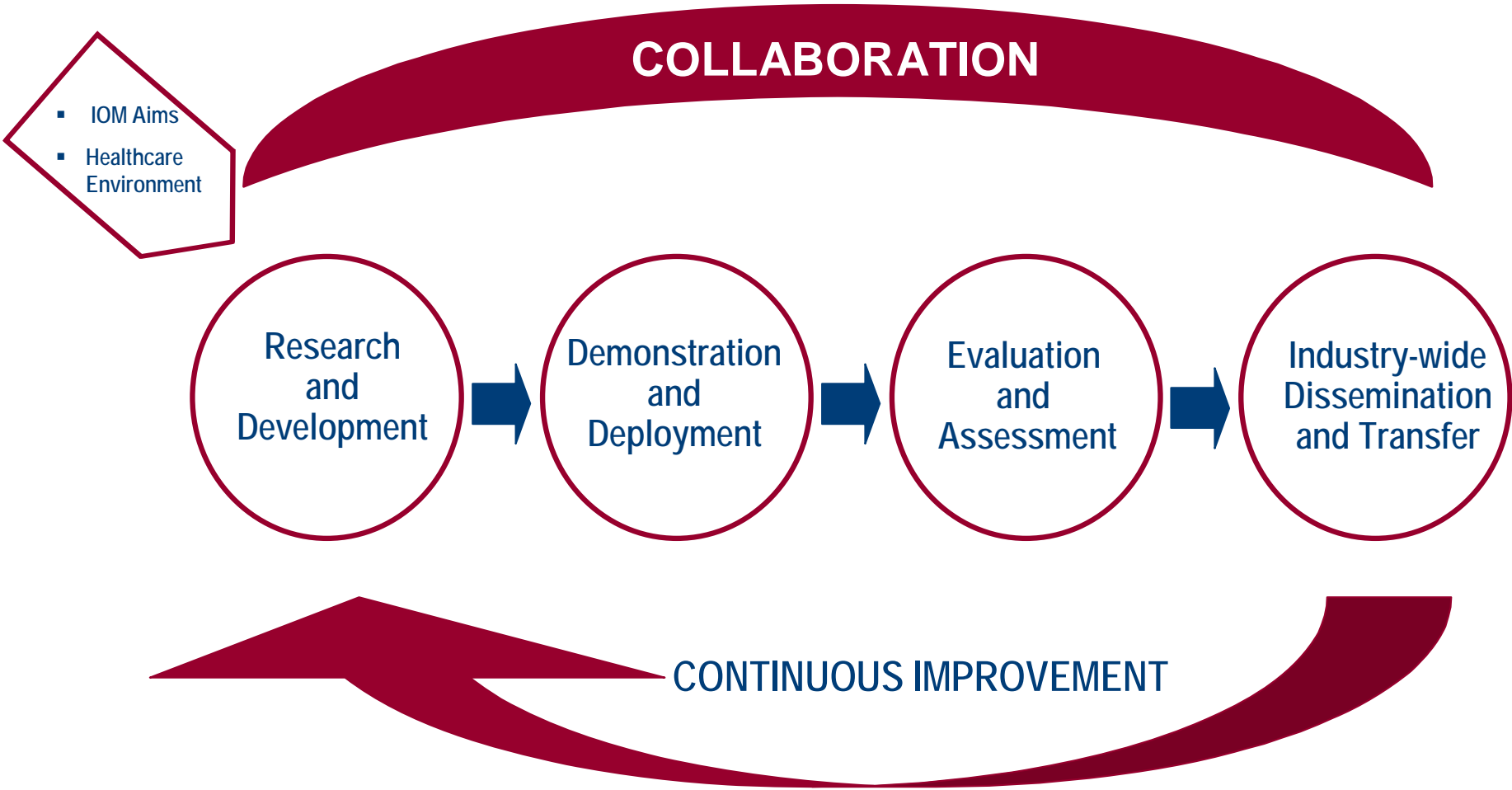


Figure 2: LENS Participants & University and LENS Health System Demonstration Sites

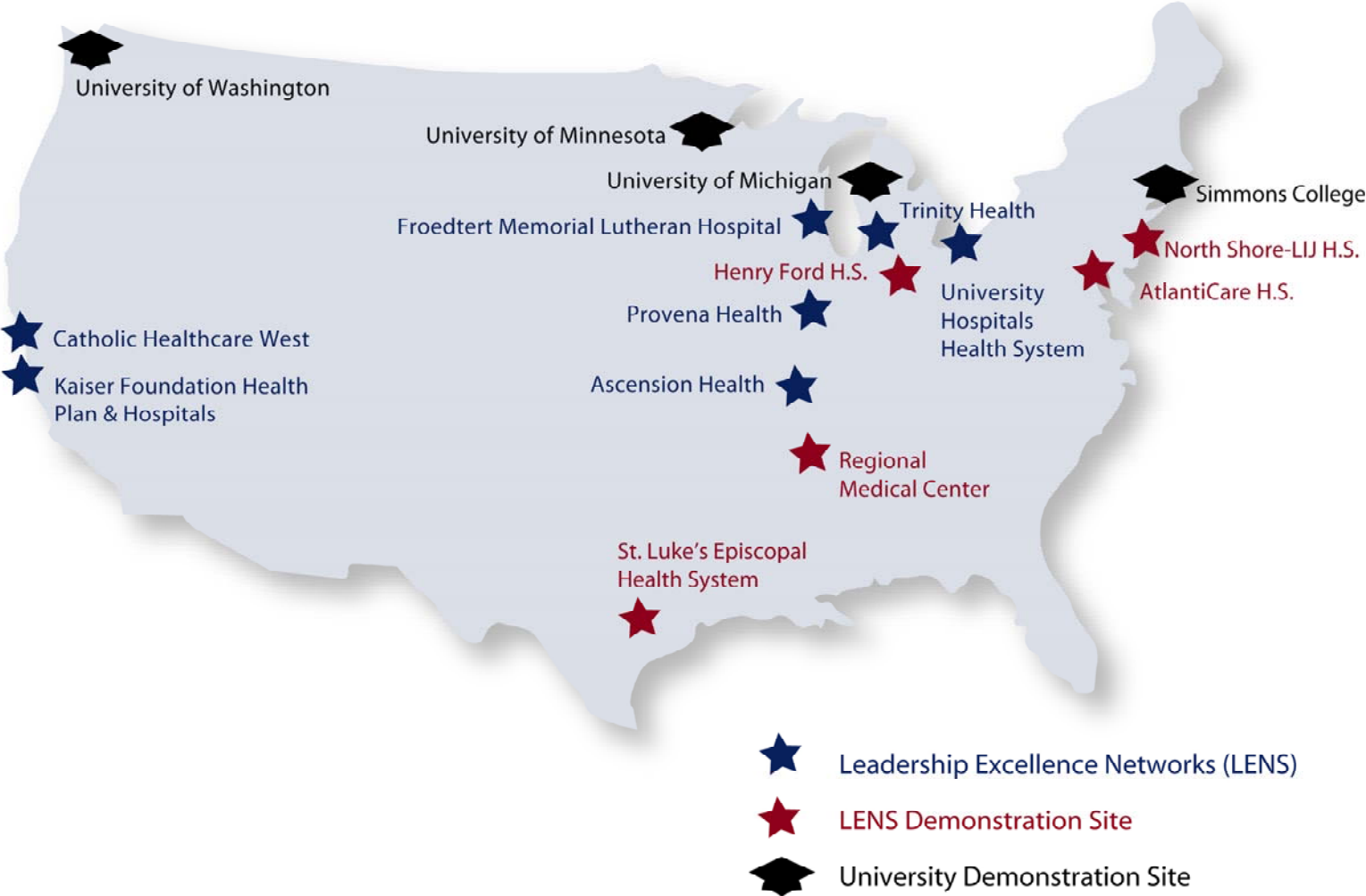


Figure 3: NCHL Leadership Development System

An Integrated Approach to Leadership Development

