

## **Hospitals and Healthcare Organizations**

[Management Strategies, Operational Techniques, Tools, Templates and Case Studies]

### **FOREWORD**



**Dr. James Winston Phillips**

In the business of medicine, there are three ways to increase revenue 1) charge more, 2) do more, and/or 3) do the work more efficiently. In the current health care market where reimbursements are decreasing in the face of increasing expenses, a systemized approach is needed to maximize revenue to remain viable in the current health care arena.

Dr. David Edward Marcinko and Professor Hope Rachel Hetico in their new book, **Hospitals and Healthcare Organizations** [*Management Strategies, Operational Techniques, Tools, Templates and Case Studies*] bring their vast healthcare experience along with additional national experts to provide a healthcare model-based framework to allow health care professionals to utilize the checklists and templates to evaluate their own systems, recognize where the weak links in the system are and, applying the well illustrated principles, improve the efficiency of the system without sacrificing quality patient care.

I first became aware of Dr. Marcinko while doing research for the master's thesis in my post graduate LL.M. program following graduation from law school. The topic of my thesis was *The Anatomy and Psychology of Physician Investments*. There was no shortage of literature about the psychology of investing. However, health care professionals in general and physician in particular are more unique in the psychological forces that guide their investing. Dr. Marcinko's previous book, *Financial Planning Handbook for Physicians and Advisors*, provided the foundation of physician investing allowing me to add to the discussion by bringing the academic ivory tower discussion into the everyday clinical environment of the physician. Since that time I have benefited from his websites, our correspondences and telephone conversations.

As nothing in a health care system is isolated unto itself and is co-dependent upon a number of other departments in the system, maximizing efficiency across departments and among different types of health care workers may prove to be a task many are called upon to undertake but few have succeeded. If the number of assets such as hospital beds,

operating rooms, ICU suites are fixed then these units must be maximized by working more efficiently to allow these fixed assets to be utilized more within calendar period thus resulting in increase revenue generation.

My wife and I recently experienced a health care delivery system that could have been detailed as a case history in this book. She had a total knee arthroplasty done by the doctor's doctor in joint replacement in Florida. This physician does 1,000 total joints a year operating only three days a week. Doing the math you can see he does on average 6 plus joints a day, three days a week, 52 weeks a year. The procedures take on average about two hours, his patients are up walking within one hour of arriving from the recovery room and spend two-three nights in the hospital. The surgeon rounds every morning at 5 a.m. with the head nurse, the head of physical therapy, the discharge planner and his physician assistant to assure everything is done to maximize the patient's recovery while utilizing the hospital's resources efficiently. With an average surgeon's fee of \$4,550 per procedure, the billable yearly income for the surgeon is \$4,550,000.00. Using a conservative multiplier for hospital billing of 10, the billable income for the hospital is \$45,550,000.00. The list could go on about how the hospital and surgeon have combined their efforts to effectively deliver quality medical care while efficiently utilizing resources to maximize revenue.

As detailed in the book, a system like this did not occur overnight. You cannot just look at a single individual department in the hospital and expect that its maximization would deliver a similar system to the above example. Instead, you must look at every department that the patient would come into contact with either directly or indirectly and make sure to identify any processes which might delay, deter or bottle neck the overall delivery system.

**Hospital and Healthcare Organizations** [*Management Strategies, Operational Techniques, Tools, Templates and Case Studies*] is divided into three sections; 1) managerial fundamentals, 2) policy and procedures and 3) strategies and executions. From these essential topics comes direction and guidance through the use and application of practical health care centered discussion, templates, checklists and clinical examples to provide the framework for building a clinically efficient system.

The health care delivery system is not an assembly line but with persistence and time following established guidelines established in this book, quality patient care can be delivered, efficiently, affordably while maintaining financial viability of institutions and practices.

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