



Parkland

Administrative Residency Program

PARKLAND HEALTH & HOSPITAL SYSTEM  
Description of Administrative Residency Program

Preceptor:

Mr. John M. Hauptert, FACHE  
Executive Vice-President and COO  
5201 Harry Hines Boulevard  
Dallas, Texas 75235  
Phone: (214) 590- 8023  
FAX: (214) 590- 8096

The Administrative Residency Program is designed to develop well-prepared men and women for health administration positions of leadership both with the Parkland Health & Hospital System and in other health related organizations.

**The mission of the Parkland Health & Hospital System administrative residency is to provide emerging health professionals with practical skills and experience which will help prepare them for the challenges of leadership in the health care industry.**

**The vision of the Parkland Health & Hospital System in sponsoring the residency is to be a strategic partner with distinguished teaching institutions in providing a learning laboratory with a wide variety of experiences across the continuum of care. The program will produce diverse leaders who are competent and capable of making valuable contributions in the health field.**

The residency program is structured to include several months of assignments to Parkland Health & Hospital System business and functional units with the latter part of the program reserved for project assignments, retreats, and conferences. Components of the residency program include experience in virtually every area of the Parkland Health & Hospital System and in other important health-related and non-health-related organizations in the North Texas region. A Master Rotation Schedule is developed and used to coordinate the rotations for the administrative resident. Currently, one position is offered each year. The term is from January – December, each year.

## **Program Structure:**

The first several months of the residency are devoted to rotations through virtually all key clinical and administrative functions within the Parkland System. This time allocation also includes rotations with key strategic organizations aligned with Parkland and partners (major health plans in North Texas), other major health care systems in the region, and miscellaneous local, regional and national organizations that play an important role in health care in the region.

The remainder of the program is devoted to project assignments, attending educational conferences and site visits, and attending Board meetings and management meetings and retreats.

## **Criteria for Screening of Candidates:**

Candidates must meet these minimum requirements in order to be considered for the Parkland Health & Hospital System administrative residency program:

1. Enrolled in or be a graduate of a program which is accredited by the Commission on Accreditation of Healthcare Management Education (CAHME);
2. Complete a screening interview to determine:
  - a. Motivation for entering the health administration field;
  - b. Level of work experience in and outside of the field;
  - c. Rationale for pursuing the residency at Parkland;
  - d. Objectives to be sought during the residency year;
  - e. Other potential residency sites of interest;
  - f. Degree of interest in Parkland residency;
  - g. Compatibility with Parkland mission, vision and values.

## **Criteria for Selection of Candidates:**

Candidates must successfully complete an on-site, screening interview.

## **General Information:**

1. Stipend: The resident will be paid a highly competitive stipend.
2. Travel and Meeting Expenses: The resident will have expenses paid for two national educational conferences during the year to be selected with advice from the Program Director. The resident will choose from among offerings by The Healthcare Forum, the American Hospital Association, the American College of Healthcare Executives, the Institute for Healthcare Improvement, The Healthcare Advisory Board and other organizations devoted to furthering the knowledge of health care leaders. In addition, Parkland will pay for travel associated with the annual meeting of the Texas Hospital Association and costs related to the resident Program Project Assignments.

3. PTO (Paid Time Off): The resident will qualify for PTO in accordance with Parkland's current policies and procedures.
4. Health Benefits: Health care coverage for the resident and his/her family is available through Parkland on an optional basis.
5. Moving Expenses: The cost of moving personal belongings to Dallas will be paid by Parkland.
6. Interview Travel Expenses: Parkland will cover the cost of transportation, lodging and meals for the trip to Dallas for a screening interview.
7. Professional Dues: The cost of student membership in the American College of Healthcare Executives will be borne by Parkland.

**Objective:**

We will mentor and develop future Parkland leaders through didactic and experiential education. This will be accomplished through an individualized development plan that includes projects, rotations, intensive reading and discussion of specific subjects and collaboration with experienced leaders.

The Administrative Residency experience will consist of two major components, which will occur simultaneously throughout the year.

***I. Orientation/Rotation Phase***

During this Phase, the Administrative Resident will be given a comprehensive orientation to Parkland Health and Hospital System. The goal is for the Resident to become familiar with PHHS's organizational structure, strategic plan, system initiatives, core businesses and services, and members of the PHHS administrative leadership team. The Administrative Resident will spend time in Operations, Corporate Services, Legal, Finance, Foundation, and meet with Medical Staff Officers.

***II. Implementation/Performance Phase***

Through consultation with the Preceptor, the Administrative Resident will be assigned projects, which will provide a rich learning opportunity and will be of benefit to PHHS. Upon completion of each project, the Administrative Resident and the Preceptor will discuss the completed project and evaluate the impact on learning for the Resident and implications for the organization. During this phase, the Administrative Resident will be provided feedback on his/her ability to engage in critical thinking, analysis, and problem solving skills in a variety of settings.

## **ORIENTATION/ROTATION PHASE:**

### ***I. Meeting Requirements:***

- Senior Executive Staff Meeting \*\*
- Operations Council Meeting
- Executive Management Meeting
- Quarterly Meeting with C.E.O.
- IT Steering Committee
- Monthly Meeting with C.O.O. & Preceptor
- Quarterly Meeting with C.F.O.
- Quarterly Meeting with C.N.O.
- Quarterly Meeting with C.M.O.
- Department Director's Meetings (1-2 per department)
  - Medicine
  - Surgery/Trauma
  - WISH
  - Clinical Support Services
  - Community Medicine
  - Human Resources
  - Information Technology
  - Patient Financial Services
  - Health Information Management
  - Strategic Sourcing (Purchasing)
- Medical Advisory Committee
- Nursing Operations Council
- Chiefs of Services Committee (2-3)
- Quality Improvement Committee
- Executive Compliance Committee (2-3)
- Parkland Board of Managers Meeting
  - Strategic Planning Committee
  - Budget & Finance Committee
  - Human Resources Committee
  - Quality Review Committee
  - IT Committee
  - Facilities Committee

*\*\* Resident responsible for meeting minutes*

### ***II. Rotations Assignments and Meetings***

The Administrative Resident will rotate throughout Parkland Health & Hospital System's various departments and areas. The resident should begin each rotation by meeting with the Vice President. During this meeting the VP should highlight current happenings within each department and things to look/ask for. The VP will be responsible for

communicating with their directors prior to the residents' rotation. The resident should then rotate through the given departments and learn the day-to-day operations. The resident should be prepared with talking points and updated departmental goals for discussion. Once the resident has completed a rotation throughout the VP's departments there should be a wrap-up meeting held to make sure the Resident's experience was valuable and worthwhile. The resident should evaluate the department and provide feedback and a summary analysis to the Preceptor about their experience in a given area.

## **Clinical Operations Overview Sessions/Meetings**

### **1. COO/EVP:**

#### **Areas:**

- Discuss vision of PHS Operations
- Discuss key talking points for each area of Operations
- Decision making process
- Delegation
- Management Styles
- Discuss how VPs can empower direct reports
- Goal Development and 90-Day Goal Reviews
- Time Management techniques
- Organizational Effectiveness
- Board Relations
- Master Facility Plan

### **2. CNO/SVP:**

#### **Areas:**

- Unified Nursing Practice
- Nursing Administration
- Nursing Operations Council
- Nursing Practice Council
- Advance Practice Council
- Regulatory/Risk Mgmt/Patient Relations

### **3. Clinical Support Services:**

#### **Areas:**

- Pharmacy
- Dietary
- Pathology
- Radiology
- Respiratory Therapy

### **4. Facilities:**

#### **Areas:**

- Design & Construction
- Parking Services
- Real Estate

- Contracts
  - Facilities Master Planning
5. Community Medicine:
- Areas:
- COPCs
  - Jail Health
  - HOMES
  - Industrial Medicine
  - Geriatrics
  - Community Specialty Clinics
  - Liaison Roles:
    1. Project Access
    2. REACH
    3. County Health Department
6. Community Oriented Primary Care
- Areas:
- COPCs
  - Ambulatory Care Center
  - Youth & Family Centers
  - EPO/Occupational Health
7. Women's and Infants Specialty Health:
- Areas:
- Maternal/Infant Services
  - Prenatal Services
  - Labor & Delivery
  - Post Partum Care
  - Neonatal Intensive Care
  - Ante-Partum Care
  - Gynecology
8. Women's and Infants Outpatient Services:
- Areas:
- Family Planning
  - WISH Ambulatory Services
9. Surgical and Trauma Services:
- Areas:
- Surgical Services
  - Anesthesia Services
  - Operating Suite
  - Sterile Processing
  - Simmons Ambulatory Surgery Center
  - Physical Medicine & Rehabilitation

- Surgery Outpatient Specialty
- Trauma Services
- Emergency Department
- North Texas Poison Control Center
- BioTel Operations

10. Medicine Services:

Areas:

- Medicine Services
- Psychiatry Services
- Transplant Services
- Oncology Services
- Cardiology Services
- HIV Services
- Hospitalist Program
- Acute Dialysis
- Medicine Outpatient Specialty Clinics

11. Facilities Development

Areas:

- Hospital Replacement Program
- Major Projects

**CORPORATE SERVICES – Overview Sessions/Meetings**

1. Strategic Planning & Business Development

- Corporate Communications
- Decision Support
- Planning & Population Medicine
- Legislative Affairs
- Community Health Institute

2. Operational Excellence

- Operational Excellence/Improvement
- Care Management/Social Work
- Admission/Discharge/Transfer Services
- Patient Access Center
- Call Center Operations

3. CIO/SVP

Areas:

- Information Systems
- Information Security
- Telecommunications



4. Human Resources  
Areas:
  - Benefits and Compensation
  - Employment Experience
  - Organizational Development
3. Medical Affairs  
Areas:
  - Medical Staff QA
  - Medical Staff Services
  - Credentialing
4. Faculty Contract
5. Internal Audit
6. Legislative Affairs
7. Parkland Community Health Plan  
Areas:
  - Parkland Community Health Plan
  - Parkland Health Plus
8. Corporate Communications
9. Corporate Compliance
  - Compliance
  - HIPAA
10. Volunteer Services:  
Areas:
  - Volunteer and Guest Services
  - Patient Transport
11. Pastoral Care

## **FINANCIAL SERVICES – Overview Sessions/Meetings**

1. EVP/CFO
  - Discuss vision of PHHS Finance
  - Discuss key talking points for each area of Finance
  - Identify areas of interest to cover with direct reports
  - What do you look for in monthly operation reviews
  - Reimbursement and Revenue Cycle Issues

- Revenue Enhancement and Cost Control
- Board Relations
- Cash Flow Management
- Funding of Facility Replacement Project

2. Revenue Cycle

Areas:

- Patient Access
- Collections
- Patient Billing
- Physician Practice Management Revenue Cycle

3. Strategic Sourcing

Areas:

- Purchasing
- Materials Services
- Value Analysis
- MRD
- Mailroom
- Printing Services

4. Finance

5. Government Reimbursement

6. Health Information Management

**LEGAL SERVICES – Overview Sessions/Meetings**

Legal Affairs

General Counsel

**PARKLAND FOUNDATION– Overview Sessions/Meetings**

President/CEO:

Areas:

- Donor Relations
- Foundation Board
- Annual Gifts
- Planned Giving
- Capital Campaign

**MEDICAL STAFF LEADERSHIP – Overview Sessions/Meetings**

1. CMO

- a. Meet with C.M.O.
- b. Get an hour each with the rest of Medical Staff Leadership
2. Medical Director of Surgery and Trauma Services
3. Medical Director of Outcome Research/Care Management
4. Medical Director of PI and Clinical Safety
5. Chair of Obstetrics
6. Medical Director of E.D.

## **IMPLEMENTATION/PERFORMANCE PHASE:**

While rotating through the departments the Resident should be simultaneously working on projects. The following list indicates what projects they will be responsible throughout the year.

### **I. Standard Residency Projects:**

- Quarterly (90-Day) Goal Review Sessions
- Leadership Forum
- Attend all Leadership Forum Sessions
- Keep a running list of issues at forums and prepare proper follow-up.
- Coordinate each session.

### **II. Residency Projects:**

The Preceptor will provide information about key projects he would like for the Resident to work on. The projects will be based on key areas of focus for PHHS. It is also expected that the Resident be proactive in seeking out additional projects for him/her to manage. Projects should challenge the Resident in the areas of clinical knowledge, financial analysis, and problem solving skills.

Every project request must go through the Preceptor for approval except those from EVP's and the C.E.O.

### **III. General Expectations of the Administrative Resident**

- Member of ACHE and ACHE of North Texas
  - PHHS will pay for ACHE and ACHE of North Texas dues
  - Attend ACHE of North Texas education and networking events
- Develop a 90 Day Goal document for the residency
  - This document should be developed by the resident and approved by the preceptor
    - This document should include progress on the following:
      - Reading List
      - Rotations
      - Projects
      - Development Opportunities
      - ACHE activities
      - Other Activities

- Meetings/Conferences:
  - ACHE Congress (March)
  - IHI National Forum (December)
  - AHA Annual Meeting (April)
  - THA Leadership Forum (January)
- The administrative resident shall meet all requirements of his/her graduate program pertaining to papers, reports, journals, research and meetings at the times specified by the graduate program.

#### IV. PHS Residency Reading List

##### Recommended Reading List

1. *First Break All the Rules* by Marcus Buckingham & Curt Coffman
2. *Good to Great* by James Collins
3. *Built To Last* by James Collins
4. *Execution, The Discipline of Getting Things Done* by Larry Bossidy & Ram Charan
5. *Servant Leadership* by Robert Greenleaf
  - The Case for Servant Leadership – Kent M Keith
  - Being the Change – Ann McGee-Cooper
6. *The Tipping Point* by Malcolm Gladwell
7. *Blink* by Malcolm Gladwell
8. *Hardwiring Excellence* by Quint Studer
9. *Crucial Conversations*
  - How to have difficult conversations (conflict management)
10. *Leading Change* by Kotter

#### V. Objectives for Readings:

- *First Break All the Rules*: Understand the factors important in improving productivity and reducing turnover. Explain the key points of employee satisfaction management. Understanding of what it means to be a “high performance organization” and a “Best Place to Work”.
- *Good to Great*: Understand and be able to lead a discussion on the concepts of 5<sup>th</sup> Level leadership, Hedgehog Concept, Stockdale Paradox, Flywheel and Culture Discipline.
- *Built to Last*: Explain the power of BHAG’s and have a template for evaluating BHAG’s within a department. Discuss how culture impacts retention and patient satisfaction. Describe Catalytic Mechanisms and discuss how these are used to reinforce a desired culture. Identify the factors that become barriers to building the desired culture.
- *The Tipping Point*: Understand the factors necessary to implement change. Understand the roles of each group in the bell curve of change
- *Leading Change* : Discuss the key elements of change and how they have impacted change in one or more PHS departments
- *Hardwiring Excellence*: What is the Healthcare Flywheel? What are the 9 Principles? Which do we do well? Which can we improve on?

## **PHHS RESIDENCY TIMELINE – Rotations and Projects**

### **First Eight Weeks**

#### **I. Rotations:**

- PHHS New Employee Orientation
- Schedule and meet with CEO, COO, CFO, CMO, CNO and VPs for pre-rotation sessions

#### **Corporate Communication (Full Day)**

##### *Objectives:*

*Media Relations*

*Disaster Preparedness*

*Public Relations*

#### **Performance Improvement (Full Day)**

##### *Objectives:*

*Regulatory/Accreditation Continual Readiness*

*Quality*

*Patient Safety*

*Sentinel Event Review Process*

#### **ADT**

##### *Objectives:*

*Prep for on call*

*Transfer issues*

*Bed control*

#### **Call Center**

##### *Objectives:*

*AOC responsibilities*

#### **Disaster Preparedness (1/2 Day)**

##### *Objectives:*

*Understand PHHS Policies and role Parkland plays within the region/state*

#### **Nursing**

- Meet with Nursing Supervisors:

##### *Objectives:*

*Understanding of Agency/Staffing*

*Understand Bed Control relationship with Housekeeping*

*Multidisciplinary Rounds*

*Affects of Nursing Leadership Presence on units*

*How to staff and plan a nursing unit's day*

*Documentation on a nursing unit*

*Medication process*

*Team building initiatives*

## **Perioperative Services (3-4 Days)**

### *Objectives:*

*Patient Flow (Pre-OP, OR, PACU)*

*Scheduling OR Cases*

*Understand Metrics (Benchmarks)*

*Sterile Processing*

- Main OR
- Day Surgery

## **Inpatient Clinical Rotations:**

- Spend one day shadowing with a unit manager on nursing unit.
- Spend a night shadowing a unit manager on a nursing unit.
- Critical Care (1 Day)
  - MICU
- Medicine Unit (2 Days)
- Surgical
  - Inpatient Units (5N, 7N, SICU)
  - One day in the SICU
  - One night in inpatient unit
- WISH
  - L&D (**Full Day**)
  - NNICU (**Full Day**)
  - Family Planning (½ Day)
  - ICC (½ Day)
  - Clinics (**Full Day**)
- Emergency Department (1 Day Med ED, 1 Day Psych ED)
  - Med ED (**Full Day**)
  - Psych ED (**Full Day**)
  - Shadow Chair of E.D. (**Full Day and One night with an ED Attending Physician**)

## **Second Eight Weeks:**

### **I. Rotations:**

#### **HR (3 days)**

##### *Objectives:*

*See HR project list*

#### **Cardiology (Full Day)**

##### *Objectives:*

*Invasive vs. Non-invasive*

*CMS*

*Cardiac Rehab Rules*

#### **Radiology (1 – 2 Days)**

##### *Objectives:*

*Understand Patient Satisfaction*

*Understand Employee Satisfaction*  
*Understand PACs*  
*OR Impact*  
*Future of technology*  
*Understand each modality (DX, CT, MRI, Sono, IR, and Nuc Med)*

**Respiratory (1 Day)**

*Objectives:*

*Shadow lead RT*  
*Understand RT Protocols*  
*Role of Medical Director to a clinical department*  
*Employee Satisfaction*  
*How to continually educate staff*  
*How to check clinical competencies*

**Pharmacy (2 Days: 1 in-patient; 1 out-patient)**

*Objectives:*

*Role of high risk or specialized pharmacy services*  
*Role of Central Pharmacy/ Outpatient Pharmacy*  
*Reimbursement*  
*Process flow*  
*How to manage the formulary*  
*Medication errors*  
*Contracting/ Purchasing Procedures*  
*Recruitment/Specialty Careers*  
*Governmental Program*  
*Shadow a Clinical Pharmacist*

**Pathology (Full Day)**

- Meet with Debbie Perrault before rotation

*Objectives:*

*Central Lab*  
*Blood Bank*  
*Throughput*  
*Labs view of QA/QC*  
*Understand CAP Inspection*

**II. Projects:**

- To be determined in collaboration with residency preceptor
- Sit in on Sentinel Event Review

**Third Eight Weeks:**

**I. Rotations:**

**Food Service (1 Day)**

*Objectives:*

*Throughput*  
*Outsourcing vs. In-house service*  
*Clinical Nutrition issues*

**Housekeeping (1 Day 7a-7p; 1 Night 11p-11a)**

*Objectives:*

*Bed control issues*  
*Shadow 3-11 Supervisors*

**Biomed (Half day)**

**Engineering (Full Day)**

*Objectives:*

*Round with Director*  
*Understand facility setup*

**Health Information Management (1-2 Days)**

*Objectives:*

*The medical records process*  
*The impact of accurate coding on the bottom line*  
*The role of HIM in compliance*  
*The turnaround Robin orchestrated in HIM – before and after*

**Social Work/Care Management (Full Day)**

*Objectives:*

*The role of Social Workers*  
*The role of Care Managers*  
*The impact of effective case management on financial performance*  
*Leading edge practices in case management*  
*The impact of social issues on managing care for Parkland patients*

**Meetings with Finance Department (Half day each)**

*Objectives:*

*Understand employee 403b*  
*Understand PHHS investments*  
*Understanding the accounting process*

*Objectives:*

*Understand Cost Report*  
*Understand IP vs. OP Reimbursement*  
*Understand Medical Education reimbursement*  
*Understand outlier cases*  
*Understand Dispro*  
*SSI*  
*Understand Medicare bad debts*  
*Understand non covered expenses*  
*Understand Rehab rules*



## **II. Projects:**

- Analyze 90 Day Plans
- Analyze best practice and bad practice 90 Day Goal information from presentations among PHHS director/managers
- Develop Pro Forma
- Begin process parallel payroll/staffing budget for 2010 Budget in Pathology  
Understand productivity from workload measurement to budget variance reporting, daily staffing plan in RN and non-RN areas
- Organize 90 Day Goal Presentations for Executive Staff
- Attend Leadership Forums

## **Fourth Eight Weeks**

### **I. Rotations:**

#### **Mammography (Full Day at the center)**

##### *Objectives:*

*Patient Satisfaction*

*Phone queue*

*Performance measure for Radiology and their impact on patient care*

#### **Physical Medicine and Rehabilitation (2 full days; one at the unit)**

##### *Objectives:*

*Role of therapists (PT, OT, Speech)*

*Therapist staffing*

*Unique care environments (rehab, inpatient, outpatient)*

#### **Medical Staff (Full Day)**

##### *Objectives:*

*Medical Staff Policies*

*Parkland JCAHO Required Medical Staff Oversight of UTSW Physicians*

*Management of Residency & Fellow Staff*

*Credentialing of Physicians and Advanced Practice Practitioners*

*Physician Accountability for Quality*

*Physician Accountability for JCAHO Standards*

*Role of Physician Leaders in an Academic Medical Center*

#### **Infection Control (Full Day)**

##### *Objectives:*

*Infection Control Policies*

*Performance initiatives to reduce infection rates at Parkland*

#### **Clinical Research (½ Day)**

##### *Objectives:*

*Understand clinical databases (PHHS and Federal)*

## **II. Projects:**

- Diagnoses and LOS management – select diagnoses and work with care management and medical staff on a LOS reduction plan
- Teach a Leadership Development Class

## **Fifth Eight Weeks**

### **I. Rotations:**

#### **Materials Management (2 days)**

##### *Objectives:*

- Prep and Spec work*
- Attend a site visit*
- Understand Vendor relations*
- Understand the role of product standardization*
- Sit through negotiation of equipment buy*

#### **Information Systems (3 days)**

##### *Objectives:*

- Understand what each person's job includes*
- Understand PACS*
- Hot topic issues*
- Project Management*
- Timeline for full implementation of EPIC EMR at Parkland & understanding of the implementation strategy*

#### **Physician Recruitment (half day)**

#### **Community Oriented Primary Care (1 week)**

#### **WISH Outpatient Clinics (3 days)**

### **I. Projects:**

- Evaluate high and low departmental performance regarding patient satisfaction
- Evaluate high and low departmental performance regarding employee satisfaction
- Analyze JCAHO Pt. Safety goals and talk with compliance office about working on a project to improve an area where Parkland is underperforming.
- Dealing with difficult patients issues
- Discuss difficult physician issues with Medical Affairs Office

## **Last Eight Weeks**

### **I. Rotations:**

- External Rotations: Baylor or Methodist Rotation (optional)
- IHI Conference – determine best clinical practices from IHI that are not currently implemented at Parkland and recommend those with greatest impact for implementation.

- DFW Hospital Council (one day)
- Southwest Transplant Alliance (optional)
- Participate in a trip to Capitol Hill in Washington D.C. with either C.E.O. or Preceptor along with the staff from Legislative Affairs.