The following abstracts are from presentations given at the Forum on Advances in Healthcare Management Research that took place on March 16, 2016, during the 2016 Congress on Healthcare Leadership of the American College of Healthcare Executives. An annual event, the Forum presents theoretical and empirical research with the potential for high impact on healthcare management.

**TITLE.** The Dark Side of Autonomy: Employee Job Design for Improved HCAHPS and Bottom Line

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**GOAL.** Achieving patient satisfaction and understanding its role in hospital financial performance are important issues facing healthcare leaders. Healthcare professionals (HPs) are central in achieving patient satisfaction; thus, their motivation and autonomy are important job design concerns for managers. Teaching and nonteaching hospitals are thought to differ in ways that affect manager–HP relationships; thus, we examined differences between these facility types. We tested the effects of (1) HP autonomy on motivation and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS), (2) HCAHPS on net income, and (3) teaching status on these relationships.

**METHODS.** We paired survey and archival data from 166 acute care hospitals in 46 states. Structural equation modeling was used to analyze the hypothesized relationships.

**PRINCIPAL FINDINGS.** HP autonomy has a positive effect on motivation and a negative effect on HCAHPS. Motivation has a positive effect on HCAHPS. Autonomy has a positive indirect effect on HCAHPS, suggesting that motivation partially mediates the negative effect of autonomy on HCAHPS. HCAHPS has a positive effect on net income, but only in teaching hospitals. Finally, the negative effect of autonomy on HCAHPS appears only in nonteaching hospitals.

**APPLICATIONS TO PRACTICE.** While autonomy motivates HPs, it has a dark side in nonteaching hospitals. Here, HPs may be less connected to professional societies, thus increasing heterogeneity in practice driven by a heightened sense of autonomy. Motivation increases in importance in nonteaching facilities as a means of increasing...
HCAHPS. The nonsignificant relationship between HCAHPS and net income in nonteaching hospitals suggests that patients’ expectations are different at teaching and nonteaching facilities. Hospital leaders need to be intimately familiar with the expectations of their patient population and rethink strategies accordingly. One size apparently does not fit all.

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TITLE. A Consumer-Based Evaluation of Healthcare Price and Quality Transparency

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GOAL. This study evaluates the availability and usability of consumer-based websites that provide healthcare price and quality information. Specifically, the research quantifies the types of healthcare price and quality information, the ease in understanding the information, the navigability of the websites, and the organizations providing consumer-based information.

METHODS. Websites providing information on healthcare price and quality were identified via multiple sources, including prior research, consumer advocacy groups, insurers, and an Internet search. Websites were assessed across the following domains considered to be important to consumers: scope and comprehensiveness, user interface, presentation of information, and the consumer experience (i.e., user friendliness).

PRINCIPAL FINDINGS. A total of 97 healthcare-related websites were explored. Only 17 websites have both price and quality information that are publicly accessible. Twenty-four websites provide only price information, and another 24 websites provide only quality information. This research suggests tremendous variation in scope, comprehensiveness, utility, and interfaces. Price data are usually limited to selected common procedures in one state, and a national average is given for comparison. Many websites report price as “amount charged”; however, some use cost, payment, allowed amount, or a fee-schedule price. Only one website reports price separately for uninsured (billed charges) and insured (out-of-pocket expense) patients. Quality information is mostly survey-based results provided at the facility level. Only 10 websites provide information about individual physicians. Evaluated website hosts are governmental agencies, professional associations, not-for-profit organizations, and insurers.
APPLICATIONS TO PRACTICE. Healthcare price and quality transparency has become a topic of interest for many stakeholder groups. Consumer-based websites are convenient resources that may influence consumer-purchasing decisions. Understanding the growing trend in consumer-based transparency websites is important for healthcare leaders, policymakers, suppliers, and consumers. Competitive healthcare providers should stay informed about the price and quality information consumers are seeking and obtaining.


TITLE. Effective Healthcare-Associated Infection Prevention Program Adoption and Implementation in U.S. Emergency Departments: A Qualitative Study

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GOAL. Healthcare-associated infection (HAI) prevention poses challenges for hospital managers and is a focus of federal regulatory changes and evidence-based practice guidelines. This study sought to understand the motivation for hospital and/or emergency department (ED) managers to adopt and successfully implement comprehensive HAI prevention efforts among select EDs.

METHODS. We examined 14 EDs with active HAI prevention projects (central line–associated bloodstream infections, catheter-associated urinary tract infections, hand hygiene), with regular data collection and sustained compliance of > 80%. EDs (n = 400) were identified from a nationwide survey, publicity, and snowball sampling. Enrolled sites were distributed throughout the United States and represented a broad cross-section of hospital characteristics. Semistructured one- or two-person interviews (n = 127 with 135 persons) were completed: 46 administrators (physician, nurse, infection control chiefs/directors) and 89 midlevel managers, frontline providers, and ancillary staff. Thirty-one focus groups among approximately 200 participants were also conducted. Data were audiorecorded, transcribed, and team coded for thematic content.
PRINCIPAL FINDINGS. EDs’ motivation for HAI prevention was overwhelmingly based on internal factors versus reactions to external regulatory mandates. Internal motivators included data demonstrating higher departmental infection rates, perceived accountability for increased patient morbidity and length of stay, adherence to ED/hospital quality culture, and concern for safety. Senior-level leaders were more concerned than frontline staff about HAI external financial implications. Leaders also championed programs and engendered compliance among subordinates. Respondents universally believed that ED practices, processes, and organization were unique and urged tailoring HAI prevention best practices.

APPLICATIONS TO PRACTICE. Understanding the impetus for ED adoption of HAI prevention programs may offer a model for others. It may assist hospital administrators to enlist ED leadership in hospital-wide quality improvement. Responsibility for the broadest array of hospital patients and conditions as well as serving as an admission portal suggests augmentation of HAI prevention priority areas to include EDs.

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