

# INDEX

- About Special Kids (ASK), 214–215
- Accountable Care Organizations (ACOs), 186
- Activity planning, 35–36
- Acute care hospitals, factors affecting operating results for, 152–155
- Adapt strategies, 22–23
- Adaptation, 12
  - strategies, 12
- Adoption of innovations, 57–59, 68–69
- Affordability Care Act (ACA), 30–31, 184–185
- Agency for Healthcare Research and Quality Hospital Survey of Patient Safety Culture (AHRQ Hospital Survey of Patient Safety Culture), 123–124
- Agent-based modeling (ABM), 37–38, 40, 43–45
  - simulation, 45
- Aggregated precision investment (API), 194–195
- Ambidexterity, 17–18
- Ambulatory surgery centers, 122
- American health delivery system, 191
- American health sector, 182
- American Hospital Association (AHA), 189
  - Annual Survey, 146
  - Population Health Framework, 189
- American Medical Association (AMA), 231–232
- Analyzer strategy, 12
- Area Health Resource File (AHRF), 62, 146
- Article inclusion criteria, 163
- Artificial intelligence (AI), 10, 79, 99, 185–186
  - chatbots, 10
  - relationship between innovation diffusion scores and perceived value of AI assistance, 109–110
- Association of International Certified Professional Accountants, 158
- Atypical pneumonia, 165
- Automating documentation, 101–102
- Average marginal effects (AME), 65
- Bioterrorism Hospital Preparedness Program of the Health Resources and Services Administration, 164–165
- Bioterrorism sparks emergency readiness responses, 164–165
- Bivariate analysis, 105
- Bivariate relationship between change management practice and perceived safety culture, 128–132
- Black, Indigenous, and People of Color (BIPOC), 214
- Boundary spanning issues, 197–198
- Break-even analysis, 40–41
- Cancer Incidence Missouri Information for Community Assessment website, 40
- Care conference interview guide, 227–229
  - background, 227–229
  - COVID-19, 229
- Care coordination, 212

- Care planning, 223
- Caregiver Advise, Record, Enable Act (CARE Act), 233–234
- CARES Act, 155, 158
- Case conference model, 214–215
- Case study, simulation, 39–45
- Centers for Disease Control and Prevention (CDC), 165, 171–172
- Centers for Medicaid and Medicare Services (CMS), 57, 144–145, 186
  - Flex Monitoring, 156
- Central line-associated bloodstream infection (CLABSI), 118
- Change, 98–99
  - process, 48–49
- Change management, 38
  - association between perceived safety culture, 137
  - bivariate relationship between perceived safety culture and, 128–132
  - process, 39, 46
- ChatGPT, 10
- Checklists, 119
- Chief Executive Officers (CEOs), 123
- Chief Financial Officers (CFOs), 124
- Chief Nursing Officers (CNOs), 123, 127
- Children with special healthcare needs
  - analysis, 216
  - background, 213–215
  - case conference model, 214–215
  - Eskenazi Health, 214
  - findings, 216–223
  - interview guide, 215–216
  - methods, 215–216
  - practice implications, 224–225
  - strengths and limitations, 225
  - study design and population, 215
- Clinical decision support, 101–102
- Clinical Excellence Research Center, The, 101
- Clinical specialty, knowledge and awareness of current and future implementations
  - overall and by, 104–105
- Clinician/provider, 228–229
- Community health improvement plans (CHIPs), 190
- Community health needs assessments (CHNAs), 190
- Complex adaptive systems (CASs), 20–21
- Control, 14
  - strategy, 11–12, 15–16
- Coproduction of health framework
  - advancing progress, 184–187
  - coproduction of health research directions, 199–200
  - crisis of disruption leading to coproduction of health solution, 189–191
  - emerging coproduction of health framework, 191–193
  - identification and dissolution of current health paradigm, 183–184
  - implementing coproduction of health framework, 193–195
  - organizational science theories
    - underlying coproduction of health framework, 195–199
  - population health framework as paradigm change precursor/enabler, 188–189
  - resource dependency theory, 199
- 2019 Coronavirus Disease (SARS-CoV-2), 163
- COVID-19, 157–158, 163, 173, 229
  - crisis, 20
  - financial performance for hospitals
    - during, 145–146
  - pandemic, 4–5, 8, 15, 78, 146, 155, 162, 183–184, 214, 222–223
- Create, 12–13
  - approach, 12
  - strategy, 16–17, 22–23
- Critical access hospitals (CAHs), 144–145

- factors affecting operating results
    - for, 150–152
    - margins, 152
- Cross-disciplinary teams, 232–233
- Culture change, 62
- Culture of Health, 188
- Culture-change initiatives, 68–69
- Culture-change movement, 56–59
  
- Decision-making process, 6–7
- Defenders, 14–15
  - strategy, 11–12
- Deoxyribonucleic acid (DNA), 79–80
  - metaphor, 81–83
- Department of Health and Human Services, The, 172
- Design process, 38
- Dichotomy of social and technical strings, 81–82
- Diffusion of innovation, 99–100
- Diffusion of value-enhancing, 98–99
- Digital communication, 186–187
- Digital twin, 49
- Digitalization, 10
- Diseases, 168
- Disproportionate share (DSH), 148
- Disruption leading to coproduction of health solution, crisis of, 189–191
- Double helix, 79–80
- Dynamic capabilities, 15–16
  
- Ebola, 168–171
- Ebola Virus Disease (EVD), 163
- Electronic health records (EHRs), 185–186
- Emergency departments (EDs), 167–168
- Emergency Management Program (EMP), 171–172
- Emerging infectious disease (EID), 167–168
- Enhanced health organizational structures, 186
  
- Environmental uncertainty, model of strategic responses to, 22–23
- Eskenazi Health, 214
  - case conferences, 214–215
- European health observatory, 10
- Exogenous uncertainty, 6
- External uncertainty, 6
  
- Family care partners, 231–232
  - fragmented policy landscape, 233–234
  - future of healthcare team, 234–235
  - team, 232–233
- Family Caregiver Alliance, 232
- Family caregivers, 233–234
- Federal Emergency Management Agency (FEMA), 162–163
- Federally Qualified Community Health Center (FQHC), 214
- Fee-for-service (FFS), 112
- Financial performance for all hospitals during COVID-19, 145–146
- Fragmented policy landscape, 233–234
- Future studies, 18–19
- Futurescapes, 19
  
- General practitioners (GPs), 21
- Government Finance Officers Association, 156
- Grand challenges, 4, 18
- Grand health challenges, 182
- Grassroots movement, 57
- Great Recession, 34–35
  
- Health Alert Network (HAN), 171
- Health framework
  - emerging coproduction of, 191–193
  - implementing coproduction of, 193–195
  - organizational science theories underlying coproduction of, 195–199

- Health in All Policies (HiAP), 188
- Health information technology (HIT), 185–186
- Health Information Technology for Economic and Clinical Health Act (HITECH Act), 185–186
- Health Insurance and Portability and Accountability Act (HIPAA), 185–186, 234
- Health Maintenance Organizations (HMOs), 194–195
- Health paradigm, identification and dissolution of current, 183–184
- Health policy transformations, 184–185
- Health research directions, coproduction of, 199–200
- Health Resources and Services Administration (HRSA), 62, 164–165
- Health sector
  - disruption, 190
  - organizations, 186
- Health solution, crisis of disruption leading to coproduction of, 189–191
- Health system
  - enhanced health organizational structures, 186
  - examples of health systems' transitions and transformations, 184–187
  - health management adapting to cultural shifts, 186–187
  - health policy transformations, 184–185
  - innovations, 199–200
  - technological achievements, 185–186
- Healthcare, 16, 30, 39, 119
  - delivery process, 39–40
  - future of healthcare team, 234–235
  - management scholars, 12–13
  - persisting uncertainty in, 8–10
  - professionals, 98–99
  - RPBS in practice in, 90–92
  - systems, 185–186
- Healthcare Emergency Medical Services (Healthcare EMS), 169
- Healthcare organizations (HCOs), 5, 8–10, 12–13, 16, 18, 224
  - organizational capabilities amid uncertainty, 15–18
  - proposed strategies to embrace uncertainty, 13–15
  - strategic responses to uncertainty, 10–13
  - (un)certain future, 18–23
  - uncertainty, 6–10
- HealthPartners, 194–195
- Healthy People initiatives, 183–184
- Herfindahl–Hirschman Index (HHI), 148–150
- High-cost healthcare delivery strategies, 37
- High-Medicaid-census nursing homes, 57–58
  - conceptual framework, 59–61
  - methods, 61–66
  - results, 66–68
- High-Value Care Method Adoption Survey, 101
- Highly infectious diseases (HIDs), 170–171
- Hospital finances
  - analysis, 148
  - annual operating margins, 150
  - factors affecting operating results for acute care hospitals, 152–155
  - factors affecting operating results for CAHs, 150–152
  - factors affecting operating results for SN Hospitals, 152
  - financial outcomes, 147–148
  - financial performance for all hospitals during COVID-19, 145–146
  - hospital category variables, 147

- limitations, 158
  - practice and policy implications, 155–156
  - sample characteristics, 148–150
  - SN and CAHs, 144–145
  - study data and methods, 146–148
  - study results, 148–155
  - theoretical implications, 156–158
- Hospitals
  - bioterrorism sparks emergency readiness responses, 164–165
  - category variables, 147
  - Ebola, 168–171
  - key lessons learned for hospital administration
    - preparedness, 173–174
  - MERS, 166–168
  - methods, 163
  - results, 164–174
  - SARS, 165–166
  - SARS-COVID-19, 171–173
- Implementation strategies, 189
- Improvements, 79
- Incident Management System (IMS), 171–172
- Inductive coding, 216
- Information technology (IT), 90
- Innovation adoption, 59, 71
- Innovation and awareness of
  - implementation, knowledge of, 100
- Innovation diffusion, 99–101, 110
  - analysis, 103–104
  - background, 99–101
  - characteristics of new adopters, 100–101
  - diffusion of innovation, 99–100
  - knowledge and awareness of
    - current and future implementations overall and by clinical specialty, 104–105
    - knowledge of innovation and awareness of implementation, 100
  - measures, 102–103
  - methods, 101, 104, 111
  - relationship between innovation diffusion scores and perceived value of AI assistance, 109–110
  - relationship of clinician characteristics with, 105–109
  - results, 104–110
  - sample, 102
  - survey administration, 102
  - survey development, 101–102
  - theory, 99–100
- Institute of Medicine, 56–57
- Institutional Review Board, 216
- Institutional theory, 81–82, 196–197
  - literature, 84
- Integrator model, 194–195
- Isolation Communication Management System (iSOCOMS), 170–171
- Joint Commission International (JCI), 119
- Knowledge acquisition, 60
- Knowledge and awareness of current and future implementations overall and clinical specialty, 104–105
- Knowledge dissemination, 60
- Knowledge management (KM) (*see also* Change management), 58, 60
  - activities, 69–70
  - index, 62–64
- Knowledge of innovation and awareness of implementation, 100
- Knowledge responsiveness, 60
- Knowledge sharing mechanisms, 98–99

- Knowledge-based view (KBV), 59  
 Kruskal–Wallis H test, 103–104
- Leadership, 120–121  
 Lessons learned, 163, 166  
 Licensed practical nurses (LPNs), 65  
 Logistic regression  
   models, 65  
   results, 66  
 Long-term Care (LTC), 62
- Malaria, 168–169  
 Management and Organizational Practices Survey (MOPS), 123–124, 135–136  
 Management practice, 134  
 Mann-Whitney *U*-test, 103–104  
 Medicaid waivers, 233–234  
 Medicaid-enrolled aging population, 59  
 Medicare Access and Chip Reauthorization Act (MACRA), 185–186  
 Medicare Cost Reports, 62  
 Medicare Payment Advisory Commission (MedPAC), 156  
 MERS, 166–168  
 Middle East Respiratory Syndrome Coronavirus (MERS-CoV), 163, 166–167  
 Missouri Department of Health and Senior Services, 40  
 Mobile radiation oncology, 40  
   implementation of mobile radiation oncology unit, 39–45  
   system, 44–45  
 Mobile radiation system, 43–44  
 Mobilize energy for change and empower others to act, 35–36  
 Model-based systems engineering (MBSE), 38  
 Modeling, 37  
   and simulation techniques, 39  
   techniques, 45  
 Modified MOPS, 125–126  
 Monte Carlo modeling, 40–41  
 Monte Carlo simulation, 37, 40, 46  
 Monte Carlo techno-economic feasibility simulations, 46
- National health system, 187  
 National Hospital Flash Reports, 145–146  
 National Incident Management System (NIMS), 172–173  
 Network collaborations, 198–199  
 Network theory, 198–199  
 Nursing home (NH), 56–57, 60–61  
   respondents, 66
- Oncological care, 39  
 Operating room (OR), 119  
 Operational strategies, 194–195  
 Organizational behavior theories and models, 200  
 Organizational capabilities amid uncertainty, 15–18  
   ambidexterity, 17–18  
 Organizational change, 79, 82  
 Organizational decision strategies, 198  
 Organizational DNA, 79  
   applying RPBS in change practice, 93  
   case study, 90–92  
   change considered from perspective of RPBS, 87–90  
   DNA as organizational metaphor, 80–81  
   theory of, 79–81, 86  
 Organizational members in temporal work, ways to support, 20  
 Organizational science theory, 197  
   institutional theory, 196–197  
   network collaborations and network theory, 198–199  
   socioeconomic model, 197–198  
   underlying coproduction of health framework, 195–199

- Organizations, 12, 234–235
  - theorists, 14–15
  - ways to build systems thinking in, 21–22
- Paradigm change precursor/enabler, population health framework as, 188–189
- Parent liaisons, 213, 215, 227–228
- Parent-to-parent support, 213
- Patient Protection and Affordable Care Act (PPACA), 186, 190
- Perceived safety culture
  - association between change management practice and, 137
  - bivariate relationship between change management practice and, 128–132
- Person-centered care for aging strategies, 71
- Person-centered individualized care, 57
- Physical action support, 101–102
- Policies, 233–234
- Policymakers, 234–235
- Population Health Alliance (PHA), 189
  - Population Health Management framework, 189
- Population health framework as paradigm change precursor/enabler, 188–189
- Population health management strategies, 189
- Population health models, 188–189
- Potential solutions, 78–79
- Primary care organization, 17
- Principles and beliefs, 87
- Probability-based approach, 40
- Prospector strategy, 12
- Psychological safety, 20
- Quadruple Aim, 16–17, 188
- Qualitative interviews, 216
- Quality health care, 232–233
- Radiation oncology machines, 39
- Reactors, 14–15
  - strategy, 11–12
- Reasoned action approach theory, 41–42
- Registered nurses (RNs), 65
- Reinforcement, sustain and monitor momentum through short-term wins and, 36
- Religious institutions, 31
- Renewals, 79, 89–90
- Research, 224
- Resident choice, 57
- Resource dependency theory, 157, 199
- Resource-based theories, 157
- Resource-based view (RBV), 62–64
  - of firm, 157
- Routines, 79, 83
- Routines, Principles, and Beliefs (RPBs), 79–81, 85–86
  - change considered from perspective of, 87–90
  - in change practice, 93
  - ladders, 86
  - in practice in healthcare setting, 90–92
- Rural communities, 30–32
- Rural healthcare change
  - management, systems engineering to advance, 36–39
- Rural healthcare organizations, 33, 35
  - approach closure, 34–35
  - grand challenges, 32–33
- Rural healthcare provider's grand challenges, 31–32
- 'Rural patients' grand challenges, 30–31
- Rural residents, 31
- Safe healthcare systems, 118
- Safe Procedure Review (SPR), 122
- Safe Surgery Checklist, The, 121–122, 133

- association between change
  - management practice and perceived safety culture, 137
- bivariate relationship between change management practice and perceived safety culture, 128–132
- data analysis, 124–127
- descriptive changes in safety culture, 128
- implementation, 122
- measures, 123–124
- methods, 122–127
- results, 127–133
- sample and data collection, 122–123
- sample characteristics, 127–128
- setting, 122
- theoretical background, 120–122
- Safe Surgery Saves Lives, 119
- Safe Surgery South Carolina, 122
- Safe Surgical Practice Survey, 123, 135–136
- Safety, 135
- Safety culture, 118
  - descriptive changes in, 128
- Safety-net hospitals (SN hospitals), 144–145
- SARS, 165–166
- SARS-CoV, 167
- SARS-COVID-19, 171–173
- Secondary datasets, 62
- Seizing, 16
- Severe Acute Respiratory Syndrome (SARS-CoV-1), 163
- Short-term wins and reinforcement, sustain and monitor momentum through, 36
- Simulation, 37
  - assessing opportunity/problem motivating change, 34
  - formulating and communicating clear, compelling vision, 35
  - grand challenges contribute to change management challenges, 33
  - implementation of mobile radiation oncology unit, 39–45
  - implications, 46–49
  - mobilize energy for change and empower others to act, 35–36
  - modeling, 49
  - rural healthcare organization's grand challenges, 32–33
  - rural healthcare provider's grand challenges, 31–32
  - rural patients' grand challenges, 30–31
  - select and support guiding coalition, 34–35
  - sustain and monitor momentum through short-term wins and reinforcement, 36
  - using systems engineering to advance rural healthcare change management, 36–39
  - techniques, 45
- SN Hospitals, factors affecting operating results for, 152
- Social determinants of health (SDOH), 212
- Social DNA strings, 79–80
- Social string, 81
- Socio-technical literature, 86
- Socioeconomic model, 197–198
- Socio-technical systems (STS), 79
- Spanish flu, 163
- State uncertainty, 8
- Strategic management, 13
- Structuration theory, 120–122
- Surgical safety checklists, 119
- Sustainable strategies, 19
- System of-systems (SoS), 36–37
- Systems engineering, 38
  - to advance rural healthcare change management, 36–39
- Systems modeling for healthcare, 40



- methodology, 45
- Systems thinking, 36–37
- Team, 232–233
- Technical DNA strings, 79–80
- Technical string, 81
- Technology-enhanced workflow, 186
- Temporal work, ways to support
  - organizational members in, 20
- Theory of Planned Behavior (TPB), 41–42
  - research design, 43
- Total Design Method, 61–62
- Traditional healthcare, 190
- Transcriptions, 216
- Transformations, 79, 87–90
- Triple Aim model, 188
- Trust, 233
- Tuberculosis, 168
- (Un)certain future, 18–23
  - applying systems thinking and management, 20–22
  - future work, 18–20
  - model of strategic responses to environmental uncertainty, 22–23
  - ways to build systems thinking in organization, 21–22
  - ways to support organizational members in temporal work, 20
- Uncertainty, 6–10
  - adapt, 12
    - from adapting to creating, 15
    - control, 11–12
    - from controlling to adapting, 14–15
    - create, 12–13
      - as given environmental feature, 7–8
      - healthcare organizations, 12–13
      - persisting uncertainty in health care, 8–10
    - proposed strategies to embrace, 13–15
      - strategic responses to, 10–13
  - US healthcare environment, 212
  - US system of healthcare, 183
  - “Value-based” payment systems, 157
  - Veterans Health Administration, 157–158
  - Volatile, uncertain, complex, and ambiguous (VUCA), 18
  - Voluntary incident reporting system (VIRS), 90–91
  - Washington State data, 147–148
  - Wicked problems, 182
  - Workforce
    - operations improvements, 186
    - redesign, 57
  - World Health Organization (WHO), 10, 119, 165
    - Safe Surgery Checklist, 122
  - World Management Survey (WMS), 123–124