

# Book Reviews

## Thinking Forward: Six Strategies for Highly Successful Organizations

John R. Griffith and Kenneth R. White, with  
Patricia A. Cahill

Health Administration Press, Chicago, 2003,  
266 pp., \$56.70 (paperback)

ALTHOUGH *Thinking Forward: Six Strategies for Highly Successful Organizations* is the story of one Catholic health care system, the lessons to be learned from it are transferable beyond health care management. The authors, John R. Griffith and Kenneth R. White, PhD, have, in selecting Catholic Health Initiatives (CHI), Denver, as their subject, chosen an award-winning system with an impressive record of success. "Thinking forward" is the phrase that Patricia Cahill, CHI's former president and CEO, used to describe how the CHI associates approach their work. It is a process that constantly seeks to improve professional services delivered and personal growth.

Griffith and White choose an engaging format for presenting their findings. It is a combination of background information, data, and interviews with CHI associates, who bring the healing ministry of Jesus to those they serve. This ministry business model identifies CHI's role as advancing the mission, vision, and values of CHI as a national Catholic health ministry.

In their analysis of CHI's processes, the authors have focused on six critical areas of operations:

- Governance
- Service lines
- Complex case management
- Prevention
- Support services

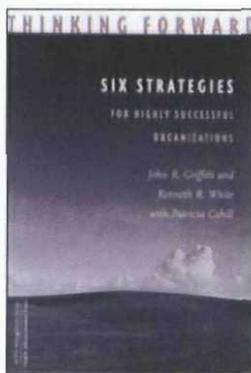
- Service excellence

It is interesting to note that many of those areas also have been the focus of CHA's Envisioning a Future Health Care Delivery System task force.

CHI was formed in 1996 by 10 Catholic congregations of women religious, through the merging of three existing health care systems. Expanding in 1997, CHI now operates in 64 communities in 19 states, with 66,000 associates. The 64 communities are organized into 47 "market-based organizations" (MBOs). The national organization relates directly to the MBOs. CHI's operating model involves five elements: commitment, accountability, support, stewardship, and value (p. 5). The CHI model is an empowerment model and a learning model. Its culture is maintained by five foundational elements:

- Commitment to core values
- Measurement and goal setting
- Strategic and financial planning activities
- Centralized services and resources
- Rewards management

The consistent application of these elements encourages managers and associates to strive for continuous improvement.



The authors go to great lengths to detail how CHI has embedded within the system effective use of what the system calls a "balanced scorecard." The balanced scorecard is a conceptual framework for translating an organization's vision into a set of performance indicators, which are distributed among four perspectives:

financial, customer, internal business processes, and learning and growth. Some indicators are maintained to measure an organization's progress toward achieving its vision; other indicators are maintained to measure the long-term drivers of success. Through the balanced scorecard, an organization monitors its current performance (finances, customer satisfaction, and business process results) and its efforts

to improve processes, motivate and educate employees, and enhance information systems—its ability to learn and improve.

"We believe CHI has built a model that has the power to transform 21st-century healthcare and promote healthy communities," the authors write. "CHI's model is not unique, but we believe it is effective. The strength of the model is its ability to identify and build an environment that is attractive to both customers and provider stakeholders. Communities that adopt the model will find they have a vehicle to find solutions to the problems of healthcare that other approaches cannot" (p. 237).

CHI was founded "to nurture the healing ministry of the Church by bringing it new life, energy, and vitality in the twenty-first century . . . by transforming traditional health care delivery and creating new ministries that promote healthy communities" (p. 3). In highlighting CHI in this book, Griffith and White have given health care in general and Catholic health care in particular a road map for excellence.

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## The Wisdom of Top Health Care CEOs: A Guide to Success in Medical Management

Scott Ransom, ed.

American College of Physician Executives,  
Tampa, FL, 216 pp., 2003, \$35 (members),  
\$45 (nonmembers)

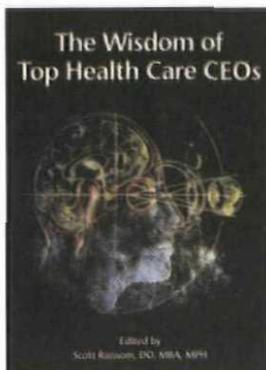
IN THE PREFACE, Scott Ransom, DO, the editor of this book, summarizes the many and varied challenges currently facing leaders of health care organizations. It is clear that responding to these challenges will not only require strong and

competent leaders, but also that these leaders will require new or revitalized competencies to lead successfully. Moreover, simply responding to challenges will not be sufficient. Leaders will be required to participate actively in setting the health care agenda, both nationwide—especially in areas such as public policy—and in their own communities and organizations.

In this book, Dr. Ransom has assembled the perspectives of a number of knowledgeable and experienced health care leaders, consultants, executive recruiters, and academics. They offer varied approaches on how to address the critical issues outlined in the preface, as well as advice on how to become a successful CEO in these challenging times. With CEO turnover rates continuing at record high levels, the assembled wisdom in this book may provide some practical assistance both for incumbents and for those who aspire to the role of health care organization CEO.

In the very design of this book, the author provides a fundamental insight into the role of the CEO: It is complex and multifaceted. No single perspective will capture the essence of what is required of this position. Physician leaders bring unique insights; leaders of university medical centers add another perspective; and academicians and consultants have the benefit of some objective distance and results of research. Rural hospitals present one set of challenges; large urban medical centers a different set of issues; systems may offer a combination of leadership challenges; and, of course, there are unique systems like the Veterans Health Administration.

The reader may glean pearls of wisdom from all of the contributors. Not all pearls will be as valuable as others. In many ways, the beauty may be in the eye of the beholder. That is, what a reader may gain from this book will be heavily



dependent upon what he or she is searching for. For example, chapter 1 offers excellent information about “CEO thinking.” This is a perspective especially useful for the high-potential “up and comer” who may be in a functional lead role at present but desires a broader leadership role in the future.

On another level, there may be a question of the culture or organizational setting in which one practices. Some may even use the language of vocation, or of the mission or ministry to which one is called. Several authors offer perspectives concerning the business leadership competencies required of CEOs. For example, there are competency profiles of “growth” CEOs and “turnaround” CEOs. Although these are valid perspectives, they may leave out a dimension fundamental to leaders of faith-based organizations such as Catholic hospitals. Leaders of organizations that provide preferential service to those who are poor and underserved may require a different set of competencies and decision-making priorities. In many cases, the CEOs of such organizations will see their roles as leaders of a ministry.

In the chapter on how to recruit a top health care CEO, the author, Michael Doody, quotes Sr. Mary Roch Rocklage, RSM, a former CEO and current chair of the Sisters of Mercy Health System, St. Louis. She refers to the role of the CEO as that of a builder or “rebuilder” of the connectedness that has been lost in many health care organizations, especially as different factions try to go their own way and lose sight of the singular mission and unifying vision to which they are ostensibly committed (p. 40).

In saying this, I do not mean to minimize the viewpoint of those contributors who emphasize the critical importance of business discipline in the CEO role. After reading this book, it is clear to me that the successful CEO will not be the person who falls victim to the tyranny of the “or.” Instead, he or she will be the advo-

cate and agent of the critical necessity of the “and.” Success will never be achieved through the application of business and financial acumen alone, on one hand, or visionary thinking alone, on the other.

The wisdom offered in *The Wisdom of Top Health Care CEOs* may be simply stated, but it is very complex in its application. The health care organization of the early 21st century is one of the most complex social structures in our country. It serves human beings at the most vulnerable and life-threatening (and life-giving) times in their lives. Such an organization is staffed by a multitude of highly skilled—often highly specialized professionals—some of whom (e.g., physicians), although not employed by the organization, nevertheless control the allocation of many of its resources. Add to the mix the nature of the reimbursement systems that finance health care (the federal government being the largest) and the varied ownership/sponsorship models, and you have the makings of one of the most challenging CEO roles in any industry.

Even so, many people are seeking this role. Some are called to this ministry. More are needed, and they must be well prepared. To those already on the journey and those still considering health care as a career path, this book speaks volumes.

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## Better Together: Restoring the American Community

Robert D. Putnam and Lewis M. Feldstein,  
with Don Cohen

Simon & Schuster, New York City, 2003, 294  
pp., \$26.95 (hardback)

MORE AND MORE, our business culture is driven by a search to identify “best prac-  
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tices," a constant striving for new and improved ways to yield better outcomes. "Best practices" rely heavily on new technologies to enhance efficiency and effectiveness in operations.

But here is a nagging question: Have we failed to include the human factor in our "best practices"? Have we gone too far in promoting technology and forgotten our roots?

*Better Together: Restoring the American Community* seems at first to be another "feel-good" book from academia, which often tries to guide the business world in new ways to look at people and widgets. However, as the underlying themes of the book's varied stories are developed, it becomes clear that the social science arena may have stumbled upon the need to resurrect an old "best practice": the forming of "community" among our associates in our businesses.

This book was written as a sequel to another work, *Bowling Alone: The Collapse and Revival of American Community*, in which *Better Together's* principal author, Robert D. Putnam, described the late-20th century deterioration of America's social institutions. *Better Together* demonstrates the rediscovery of civic renewal through community.

The many stories that fill this very readable study offer proof that the "old" ways can work better than some of our "new" ways. While the authors do not posit this work as a "best practice" (or talk about "old" versus "new" ways), they clearly have stumbled across community as itself a "best practice."

A dozen organizations are reviewed. In each case, the authors walk the reader through the process used by the organization to develop a sense of community, describing both successes and disappointments. However, even when some of the organizations initially appeared destined to fail, they succeeded by developing a community spirit that strengthened them in the long run.

In each of the organizations described, small communities form the backbone of whatever success is

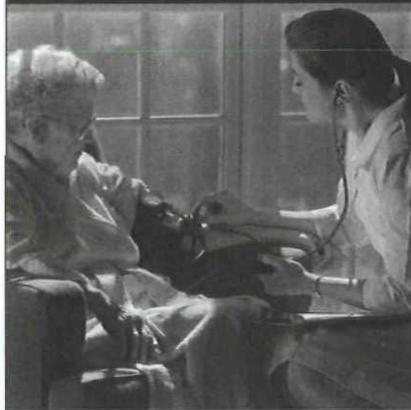
achieved, the authors say. Although *Better Together* focuses on local community activists—ranging from a Rio Grande Valley barrio to a middle-American schoolchildren's group in Wisconsin—it draws upon a broad perspective. The authors include stories about small communities: a mega-sized church in Southern California; a joint venture involving a New Hampshire shipyard and a local dance team; and a successful union-organizing campaign at Harvard University, among others. In each of these cases, success came from the development of hardworking personal relationships, not out of a top-down or technological culture.

Business leaders may find an especially effective story in the community-building process at United Parcel Services (UPS). It is interesting that the leaders of UPS, a business that depends on speed and technology, have become so astoundingly successful partly by slowing themselves down enough to spend time with and relate to each employee in the company. Hospital leaders will be especially interested in stories that describe how volunteer communities formed by retired citizens have helped improve operations in both Chicago's public library system and Philadelphia's metropolitan school system.

Such communities create what the authors call "social capital." They are quick to point out that the benefits of social capital spread beyond those involved in the actual work. Small communities built within larger organizations stimulate an infectious attitude that tends to spawn positive relationships throughout. This book is intended to "raise the bar" (or perhaps put it back to where it formerly was) of civic renewal. But the lessons learned can be applied to the business world—just ask UPS.

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