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Leader Launch: A Needs Assessment and Intervention for Effective Leadership Development in Healthcare

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Chapter 12
Leader Launch:
A Needs Assessment and Intervention for Effective Leadership Development in Healthcare

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EXECUTIVE SUMMARY

This case study examines how a rural healthcare system implemented LeaderLaunch, a leadership development program specifically supporting all front-line to director-level leaders employed within the organization's facilities. John DeJoria, the healthcare system's Director of Organizational Development, is a seasoned instructional designer and Certified Professional in Learning and Performance (CPLP) who was charged with the opportunity of determining the system's leadership development needs and responding with aligned performance improvement interventions, intended to build competency and capacity in current, new, and emerging leadership. This case explains how John and his team designed, conducted, and utilized a three phase needs assessment to select and design instructional and non-instructional interventions.

ORGANIZATION BACKGROUND

Samuel's Healthcare System (SHCS) is a 102-bed acute care hospital in Lynchburg, Kentucky, the county seat of Jamesin County. Lynchburg boasts a modest population of 16,000 and is the largest town within the small rural county. SHCS is the only hospital in Jamesin County and focuses on serving the entire community by providing quality valued-based healthcare to its residents. The hospital is affiliated with

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Horton Health, a larger multi-site healthcare system based in Louisville which also serves as a research and teaching hospital for the University of Kentucky. Through this affiliation and partnership, SHCS can provide patients with extended services such as cancer treatment, robotic surgical procedures, and advanced neonatal care. The hospital was founded in 1946 and is owned by the community and managed by a local Board of Directors in conjunction with support from Horton. Over 800 healthcare professionals are employed by SHCS, and the Medical Staff is made up of 100 licensed clinicians who staff the main hospital, one ancillary urgent care facility, and 15 rural community health centers managed by the hospital. Comprehensively, SHCS has the capability to serve all healthcare needs of the residents of Jamesin County. The hospital is nationally accredited by The Joint Commission (TLC) and holds other specialty accreditations in chest pain, oncology, and cardiac rehabilitation. Most recently, SHCS received 5-star quality recognition by the Centers for Medicare and Medicaid and is currently striving to be a recipient of a Baldrige Award.

The mission of SHCS is to work with healthcare partners to create and operate a patient centered, integrated system to provide safe, high quality, compassionate, and sustainable healthcare to the people of Jamesin County. Its vision is to be recognized and chosen by patients and their families throughout Bluegrass region for the quality and value of the services provided. And at the heart of the organization are its core values of:

- Accountability and Transparency: As a community-owned healthcare system, SHCS believes in transparency and accountability to the community for the decisions made by the organization.
- Respect and Care: SHCS associates, physicians, other providers, and volunteers are its most important assets. Employees, patients and families are always treated with care, compassion, dignity and respect at all times.
- Value-added and Sustainable Healthcare: SHCS carries out all these principles in a financially prudent and sustainable manner to ensure the healthcare system stays focused on its mission.

SETTING THE STAGE

At the request of numerous department directors and leaders, the Chief Operating Officer (COO) of SHCS, Mike Biem, hosted a town hall series on various topics of concern expressed by front line managers and supervisory staff throughout all services lines of the organization. These topics included budgeting, performance improvement, human resource situations, payroll, scheduling, customer service, and many other department specific, managerial performance concerns. Mr. Biem

hosted a total of 10 town hall meetings over a period of 5 days and across all shifts. These town halls were hosted in the hospital cafeteria, providing accommodation for up to 150 people. Early morning meetings were offered at 6am, and late evening meetings were offered at 8pm. Additionally, there was an early afternoon meeting at 1pm. Each town hall meeting lasted up to 60 minutes and was recorded for later viewing. Information Technology services also provided attendees the ability to join the meeting remotely using the organization's PolyCom conferencing system. During each meeting, attendees were asked to sign a log sheet showing attendance and were provided a meeting agenda for review and notetaking. All town hall meeting agendas contained the same information, and an administrative assistant was present to document meeting minutes and ensure the agenda focus remained consistent across all meetings. At the completion of the town hall meeting sessions, over 200 employees had documented attendance, spanning all healthcare system departments and service lines.

After all town hall meetings were concluded and all meeting notes were compiled, edited, and submitted to Executive Leadership for review, and several prevailing themes emerged from the feedback received from employees. One of the most impactful nuggets of information was that no formal leadership orientation or leadership development program existed designed to provide new leaders basic, foundational information needed to be successful in their roles. Consistently, meeting participants shared that they were never instructed on how to build a fiscal or a capital budget, human resource onboarding and out processing protocols, annual employee evaluation, or monitoring of daily productivity and FTE allocation. Additionally, employees stated that they would have benefited from having a mentor or peer guide them through their first few months in their new position.

Mr. Biem was not surprised by this information; in fact, it validated suspicions he had which led him to conduct the town hall meetings. With this information and disaggregated data, he could present the information to the hospital Board of Directors and recommend that the healthcare system design and develop a new and comprehensive leadership development program for all new and new-to-SHCS leaders for all departments within the organization. The Board agreed and approved Mr. Biem to move forward with this initiative under the expectation that a performance outcome measure of overall patient satisfaction be a metric utilized to assess the efficacy of the program.

Robin Morgan, the Vice President of Organizational Excellence, was charged by Mr. Biem with the task of developing a robust leadership development program that would comprehensively train new director-level leaders in their roles. Ms. Morgan leads several departments within SHCS, one of which is Organizational Development. It would be this department that was responsible for working with Ms. Morgan and the healthcare system on the creation of this leadership program, and John DeJoria,

Director of Organizational Development, was responsible for designing, developing, and deploying this program. Taking the Board's expectation of overall HCAHPS patient satisfaction scores, published by CMS, as one metric used to assess program effectiveness, John and Ms. Morgan suggested that employee satisfaction also be included as a performance outcome measure of director effectiveness within his/her respective department. This would assess both the micro and macro levels of program impact to the entirety of the healthcare system.

John was tasked with deploying this program by the start of the coming fiscal year, which was nine months from the date he was tasked with the project. His team of one instructional designer, three clinical nurse educators, and two credentialed Lean Analysts began planning, and John managed the project using Agile project management principles and strategies, assigned the instructional designer to be the Scrum Master.

CASE DESCRIPTION

As the project began, John planned to take a three-phase approach to understand the current state of leadership development at SHCS and how his team would use that information to create a program to meet the expectations of both the Executive Leadership of the organization and the system's Board of Directors. Table 1 explains the needs assessment which was based on Witkin and Altschuld's (1995) three phase needs assessment model. John utilized this model for the performance of this project.

Table 1. Needs assessment phase explanation

Phase 1	Phase 2	Phase 3
Planning and Data Gathering	*Data Collection*	*Design and Development of Interventions*
Known information will be obtained and reviewed. If further information is needed that is not present, planning for front-end analysis will include the design of data collection devices and strategies to obtain needed input.	Execution of needs assessment to uncover information that was not initially available from Phase 1. This may include focus groups with department leaders, interviews with employees and staff, or feedback from physicians and other clinicians.	Disaggregation of data from the analysis of the needs assessment. Information will be used as a foundation for the design and development of specific components of the Leadership Development program.

Planning and Existing Information: Phase 1

In Phase 1, John and his team gathered existing information from various resources within the healthcare system. In addition to the information from Mr. Biem's previous focus groups, the majority of this information was obtained by review of the current professional development courses and programs offered to managerial and leadership employees within the healthcare system. Additionally, the Human Resources department provided a list of all employees with direct reports or who manage employees; this included new and veteran leaders. This information provided the team an accurate list of employees to be included in the second phase of the project. Lastly, current employee and patient satisfaction scores were obtained to establish a baseline metric for the project. Table 2 provides information the team gathered during phase 1 of the needs assessment.

Table 2. Findings from Phase 1

Information Reviewed	Findings
Leadership development curriculum	Very few independent and specific leadership development courses exist, and there is no leadership orientation. Additionally, the learning management system is not utilized to its full capacity; no courses are offered in an online format.
Employee Roster	Approximately 100 employees are in a leadership role from front-line supervision to executive leadership. This represents approximately 12% of the organization's human capital.
Satisfaction scores	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores indicate that SHCS is in line with national benchmarks for healthcare systems of comparable size and demographic. Current average patient satisfaction score for the organization is 74% compared to state and national averages of 76% and 79%, respectively. Employee satisfaction scores have declined over the past five years by, on average, 10% each fiscal year. Most of the employee survey responses point to dissatisfaction with immediate supervision appears to be a consistent theme across most of the organization departments.

Current Leadership Development Options

The team discovered that SHCS does not provide a dedicated leadership orientation program, specifically apart from general employee orientation which is required to be completed one the first day of employment. Current department leaders expressed the need to have a comprehensive class that covers, at a minimum, the basic, foundational information needed to be successful as a new leader within the organization. During the focus groups, new leaders took much of the allocated time

to share their insight and opinions for this type of training. Suggestions included instruction on budgeting and fiscal information, Human Resource protocols and processes, and survey readiness and performance.

In addition to not providing a dedicated leadership orientation class, it was discovered that very few specific leadership courses are offered to department leaders. General courses offered did include courses such as Microsoft Excel, PowerPoint, and Access; however, only the basic levels of these courses were found in the course catalog. Most interviewed department leaders stated they need intermediate to advanced courses on various software programs, including programs used to monitor productivity and patient census activity.

Lastly, although the hospital system utilizes a learning management system, it is only used as a repository for presentations and documents. Employee transcripts are stored in this system, but no interviewed department leaders had knowledge of how to access employee education data. Leaders expressed the need to have an LMS platform that will allow all employees the capability to register for and complete self-paced, online courses.

Understanding Employee Perception

Front-Line Staff

Review of employee satisfaction scores suggests that front-line, nonsupervisory employees need greater professional development support, specifically related to mentorship from their immediate supervisors. When asked if their immediate supervisor routinely discussed professional growth plans with the employee, 76% of respondents stated this rarely happened. Also, 90% of the respondents expressed dissatisfaction with e-Learning options offered by the organization, consistently commenting that their preference is to have the option of choosing between face-to-face and online professional development course options. Table x provides an analysis of survey participant feedback.

Department Leadership

Part of the employee satisfaction surveys included managerial-specific formats that elicited feedback from department leadership, from front-line supervisors to department directors. Responses indicate that department leaders have very little extra day-to-day time to invest in their workplace professional development. Most leaders (73%) stated brief, asynchronous, online courses would be a beneficial, value-added component of their leadership development curriculum. When asked about specific topics they would like to see offered, 90% expressed the need for basic

to advanced front-line budgeting and employee scheduling instruction, and 95% responded with a need for performance management development solutions, such as motivational strategies, for their department and staff. Synthesizing management satisfaction scores, the overall average for employee satisfaction was 45%, much lower than the industry benchmark of 59%.

New Information: Phase 2

After known data was gathered, reviewed, and analyzed, the team proceeded to plan Phase 2 of the project. This planning included the establishment of a project timeline and milestones, as well as the goals of the needs assessment and analysis. Figure 1 is a Gannt chart that displays the projected time of the project, and Table 3 lists established project goals that would be used to guide Phase 2 of the project.

Figure 1. Phase 2 project timeline presented in a Gannt chart

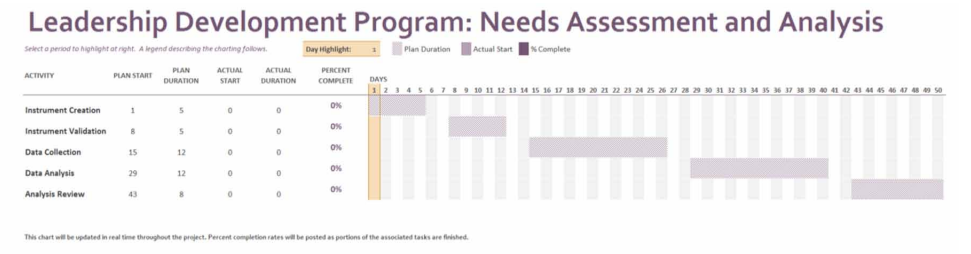


Table 3. Project goals for Phase 2

Goal
To isolate the desired state of leadership development training for the health system.
To articulate gaps in leader training and professional development.
To create relevant data used to design aligned performance improvement interventions.

This chart will be updated by the project Scrum Master throughout project entirety and in real time.

After completion of the timeline and goals, data collecting devices were created and tested for accuracy and reliability. These data collection devices were developed to uncover the reasons why employee satisfaction with professional development options was low and to understand the specific needs of department leaders with regard to providing developmental support to their employee staff. John knew that

information would be needed from all employees that would be impacted by this leadership development initiative: front-line employees, middle management, and executive leadership.

The team, together, worked on the development of the data collection instruments. Understanding the nature of each stakeholder's job and work obligations, the team realized that the instruments must be mindfully created to be brief yet comprehensive to yield accurate and reliable information. For front-line staff, John know that the survey would need to be deployed to all nonmanagerial employees throughout the system, and the nature and diversity of the jobs required that the survey be brief, easily understood, and easily completed. It was determined that a 10-statement survey, score on a 6-point Likert scale, be used. Since all employees have email accounts but not all departments consistently used email as a means of communication, the team chose to create the survey using Microsoft Forms. SHCS used SharePoint and the suite of applications associated with the platform. making the administration of a Form easy and secure. To ensure that all employees received the survey, it was sent out via email, departmental communication flyers, and posted employee common areas within the hospitals such as time clocks, breakrooms, and Human Resources. Employees could access the Form through email, posted QR code or manual entry of a Bitly address. The survey was open for entry and submission for 14 days, at which it was closed for submission.

Focus groups would be used for middle management and executive leadership. Since the leadership development initiative would comprehensively provide support for new and current leaders, it was very important that current leader feedback by rich and expansive enough to ensure current perception and need was accurately captured. The focus group format was selected because highly descriptive information was designed to reveal how the current system works for the leaders. Open-ended inquiry prompted continued discussion between both middle management and executive leadership groups, of which both were conducted independently. Members of John's team facilitated the focus groups, using the created focus group template and question structures. Each facilitator was directed to take very detailed notes, including body language descriptions of the participants. This data would be used to create a thick, rich description of the focus group, which would be analyzed for common themes at the completion of data collection. Invitation to all middle management leaders was made, resulting in 20 directors volunteering. Two focus groups comprised of 10 participants each were held - one in the morning and one in the afternoon. All 10 members of the executive leadership team participated in their focus group session, which was held the day prior to the middle management sessions. Each group did not know when the other group sessions were held. Table 4 provides a brief overview of the data collection instruments created for the project.

Table 4. Phase 2 data collection instruments

Data Collection	Purpose	Intended Outcome
Employee Online Survey (Appendix A)	Multidisciplinary feedback on leadership and managerial performance.	To obtain anonymous feedback on the current state of front-line staff perception of the efficacy of leadership development within the healthcare system.
Middle Management Focus Group (Appendix B)	Uncover the current, expressed professional development needs of middle management.	To isolate specific support and instruction leaders within the healthcare system need and to also uncover opportunities to improve the current professional development offerings.
Senior Leadership Focus Group (Appendix C)	Identify the expectations Senior Leadership has of this project.	Align Senior Leadership expectations to the professional development needs of middle management and front-line staff

Data Analysis

After completion of the employee survey and focus group sessions, John and his team disaggregated and reviewed the data to uncover specific patterns and themes which could be used to design leadership development interventions. He assigned sets of his team specific tasks, including deadlines for completion and reporting to the group. Table 5 shows the teams and specific tasks of responsibility.

Table 5. Data analysis plan

Team	Team Members	Task and Deadline for Completion
Team Survey	Jill and Jimmy	Using the employee survey responses, provide percentage data on the frequency of statement ratings. Present this information in chart format. Deadline for completion is 7 days from the date of assignment.
Team Middle Management Focus Group	Jackson and Leo	Transcribe participant responses from the focus groups, and using primary and secondary coding methods, isolate themes in the participant responses and identify the most opportunities for improvement, specifically as related to leadership development strategies and initiatives. Deadline for completion is 14 days from the date of assignment.
Team Executive Leadership Focus Group	Kelly and Steve	Transcribe participant responses from the focus groups, and using primary and secondary coding methods, isolate themes in the participant responses and identify the most opportunities for improvement, specifically as related to leadership development strategies and initiatives. Deadline for completion is 14 days from the date of assignment.

Three weeks after the completion of data analysis, John met with his team to review their findings and present information within solely among the members of their team. Although all data was submitted to him on time, he took one week to review the information to ensure that no gaps were present in the analysis. His team had done an excellent job on the project.

During the meeting, John asked that each team present the information they discovered and engage in discussion about the emergent themes. This was done to brainstorm intervention planning and prepare for proposal to executive leadership and the Board of Directors. His intention in conducting analysis in this manner was to encourage ownership of the project and autonomy in performance of data analysis and knowledge acquisition; essentially, this manner of leadership builds confidence and ultimately ownership of the process, resulting in subject matter experts of the process at hand.

Team Survey

Team Survey, Jill, Kim, and Jimmy, presented their findings from the employee survey. To begin their presentation, they reminded their colleagues that this data came from an anonymous survey distributed to 564 non-managerial employees SHCS and was developed to investigate their satisfaction with professional support provided to them by their direct supervisor. The aim of this survey was to uncover the current effectiveness of leadership within the organization. Seventy-two percent (72%) of the surveys were returned, and from the team's analysis, data showed opportunities for improvement in leadership communication and meaningful feedback, professional growth and development of departmental staff, and employee acknowledgement of expertise and worker autonomy. Table 6 provides descriptive statistical information on frequency of employee response. Figure 2 graphically depicts this data, which was presented to the Organizational Development team.

Team Middle Management

"Both focus groups were wild,'' said Leo. "Yeah, I think that we caught the brunt of leader frustration in these two groups. I am worn out!", chimed Jackson. Both Leo and Jackson shared their experience in facilitating the middle management focus group, which provided a tremendous amount of information.

The first task the team had was to transcribe the focus group notes into a more readable, searchable format. Transcription software called Dragon was used to create the transcript, which was reviewed and edited by both Jackson and Leo prior to coding for common themes.

Table 6. Results of Employee Survey

Statement	1	2	3	4	5	6
I feel confident in my direct supervisor's ability to lead my department.	0%	3%	31%	25%	40%	1%
Communication within my department meets my expectations.	7%	45%	10%	14%	21%	3%
My direct supervisor encourages me to hold him/her accountable to their job and department responsibilities.	6%	35%	31%	3%	20%	5%
My direct supervisor cares about me both as a person and an employee.	10%	24%	12%	1%	45%	8%
I feel respected by my direct supervisor for the knowledge, expertise and ideas that I bring to the workplace.	0%	21%	35%	31%	12%	0%
Decisions my direct supervisor makes ensure the sustainability of my department.	6%	12%	19%	45%	16%	2%
I believe decisions made by my supervisor add value to the workplace.	10%	24%	14%	35%	10%	7%
I am working with my direct supervisor on a professional growth plan for future opportunities within the organization.	50%	28%	11%	9%	2%	0%
I get regular, useful feedback from my direct supervisor.	3%	35%	49%	6%	7%	0%
My direct supervisor makes me feel that I am an integral and valuable part of my department.	2%	4%	26%	58%	8%	2%

The second step in data analysis was to search for common themes between shared experiences of focus group participants. Open coding was used to isolate the most commonly encountered words or phrases the leaders shared. Figure 3 lists the outcomes of both open and axial coding.

The final step in the coding procedure was to examine the results of open coding and specifically induce themes from the focus group. This axial coding technique yielded 5 themes that defined the focus group data. Figure 2 includes these themes.

John asked Jackson and Leo to share some of the statements made during the middle-management focus group. Both were eager to read statements from the transcript.

"I was simply thrown into my position. One day I was a janitor and the next day I was a supervisor of 10 janitors. I was scared and so confused. Plus, they would not listen to what I had to say...it was not a fun time."

"I had this one employee who backed me up against a wall and told me that if I did not schedule her more hours, should would key my car. I could not help it; productivity numbers were low and I could not afford to schedule her. Sad thing is that after the conversation, I was too afraid to write her up because I had no clue what she would do to me. Some training on managing this type of situation would be helpful."

Figure 2. Graphical display of employee survey results

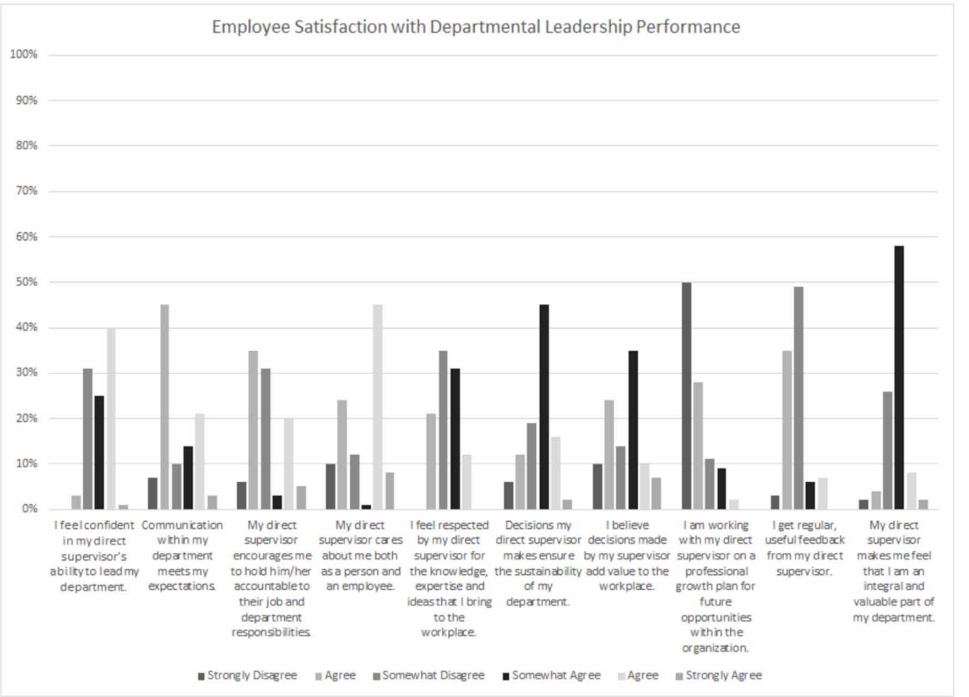
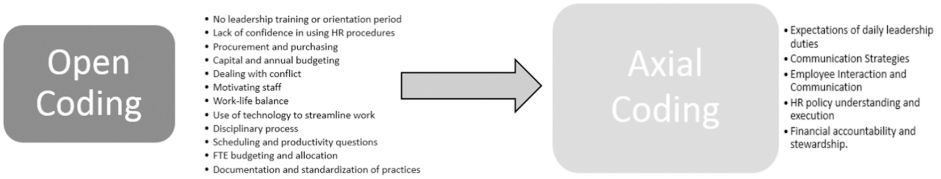


Figure 3. Coding scheme for middle management focus group



"I am paid for 40 hours but my typical work week is 65. I have no time for my family, and I still do not get all my work completed. I am seriously thinking about finding another job or stepping down. It is too much."

Team Executive Leadership

Kelly stated, "Well, at least you guys had a good showing for your focus group. We had to reschedule three times and still had to conduct one-on-one interviews with

Executive Leadership. They were never able to get their schedules to mesh." Kelly and Steve, Team Executive Leadership, were not able to conduct their focus group; Executive Leadership scheduling issues prevented finding a common time. However, they could conduct three interviews with the officers of the healthcare system. Mike Biem, Chief Operating Officer, Jack Gentry, Vice President of Human Resources, and Jessica Booker, Chief Executive Officer, were each individually interviewed using the prompting questions from the focus group template.

Kelly and Steve, like Jackson and Leo, transcribed their notes using transcription software and subsequently coded the data. using both open coding and axial coding methods, their study yielded three main themes from the interviews: value-added patient care, quality of care and patient safety through the support of all employees. These themes are rooted in the mission, vision, and values of the healthcare system. Steve shared some statements made during the interviews.

"My goal is to ensure that our leaders are well supported and can establish, maintain, and sustain a high quality of care for the people seeking our care. We place a huge emphasis on patient safety and want that to be in the forefront of our leaders' mindset."

"It would be helpful to provide our leaders with some sort of tiered support system, like a quick reference guide or something like that. I know they are busy, and we have to do more to ensure they are well equipped to take on the responsibilities of their roles."

"The LMS. The LMS is not utilized as much as it could be. When we purchased this system, we knew it had the capability to track employee training and to deliver it. In the future, my goal is to fully utilize the LMS to meet the needs of all SHCS employees."

Summary of Needs Assessment and Analysis

The team met for approximately 2 hours to review the data and discuss their findings. During this meeting, John captured minutes and compiled a summation of the finding; this information would be a critical component used to determine the most effective and organizationally aligned interventions that were (1) most appropriate for the system, (2) feasible and easily completed within the expected timeframe, and (3) sustainable and reliable to ensure desired outcomes over the coming years. Table 7 synthesizes the team's findings and informs the last phase of the needs assessment, intervention purpose, planning and proposal.

Table 7. Analysis of Needs Assessment

Data Collection	Findings
Employee Survey	Front-line staff expressed the need for more meaningful communication from their immediate supervisor, including regular feedback on performance. They also stated that more support with their own professional growth and development is a concern. Lastly, front-line seek more autonomy in the execution of workplace tasks performed within their scope of practice and areas of expertise. The overall focus of front-line staff is to safely and accurately deliver high quality patient care within their scope of practice, supported by the organization.
Middle Management Focus Group	Middle-management discussion resulted in the perceived need for leadership orientation and training that includes rich instruction on Human Resources policies and procedures, departmental budgeting and financial management, general duties of the department leadership role, and interpersonal and intrapersonal communication training to support the flow of information in their departments. The overall focus of middle management is to receive the training and instruction needed to utilize organizational resources that will ensure employee success in the delivery of patient care.
Executive Leadership Interviews	The interviews resulted in the expressed need of a redesigned, reorganized LMS. Additionally, the perceived need of a scaffolded leader support system, focused on patient safety and quality of care, aligned with the mission, vision, and values of the system, should be created to orient and train leadership on the basic to intermediate tasks related to a leadership role. These tasks include inter- and intradepartmental communication, fiscal responsibility, confidence in the utilization and practical application of organizational policies, and developmental support for departmental staff. The overall focus of executive leadership is to ensure value-added, quality care that ensures patient safety and positive medical outcomes.

Solutions and Recommendations: Phase 3

The last phase of the needs assessment and analysis was to utilize information learned from phases one and two to design aligned interventions that will take SHCS from its current state to its desired state. John explained to his team that it is vitally important to focus on the information known (from Phase 1) and the information learned (Phase 2) when planning interventions that will meet the needs of the healthcare system. Considering this information, John further explained that there would be two general classifications of intervention: instructional and non-instructional.

Instructional Interventions

Instructional interventions are focused on providing training to meet a need or fill a gap in a process or system. These intervention types are typically costly in both time and finances and require continual analysis of resources to ensure the training product is effective. John explained this to his team and asked for their feedback on what instructional interventions might be best choices for this specific situation.

"Well, I am fairly certain that we need a leadership orientation and one that takes place almost immediately once the employee takes on the leadership position; kind of like a leader launch course.," said Leo.

"I completely agree, and I like that title, LeaderLaunch. How long do you think it should be?" asked John.

"There is a lot of information about leadership responsibilities and policies to understand. I think 3 days would be realistic." offered Jackson.

"Maybe. But consider the financial aspect of training. Do you think the system could consistently sustain this over time? I am not sure that 3 days would be a timeframe that the Board would support. Let's talk about other options," said John.

Kelly chimed in, "Could the leadership orientation attendees complete online courses before coming to class?"

John, with a smile on his face, said, "Without a doubt! What leadership training could be effective online?"

Steve replied, "I think the instruction that focuses on communication and motivational strategies should not be online. It should be in the classroom and scenario-based."

"Without a doubt, my friend. That's the kind of instruction that can be fun to design and facilitate. We could have everyone engaged and laughing!", screeched Jill.

"So can we agree that the more procedural tasks, like how to enter payroll, complete online forms, and where to locate budgeting information can be taught through the LMS?" asked Leo.

"You guys are on a roll and right in line!", said John.

After extensive discussion, the team agreed that the instructional intervention would defined by two phases: (1) interactive e-learning modules self-paced and delivered through the LMS and (2) a one and a half day long collaborative classroom based orientation. Prerequisite for attendance to the classroom orientation would be completion of online training. Table 8 outlines components of both the online training and the classroom orientation.

Table 8. LeaderLaunch: Leadership Orientation Curriculum

SHCS LeaderLaunch Program: Leadership Orientation	
Self-paced, Online Training	*Interactive Classroom Training*
Managing the HR Basics	Communicating with the Team(s)
Payroll and Scheduling	Mitigating and Motivating
Fiscal Fundamentals	Resource Stewardship
Purchasing and Materials Management	Let's Build a Department

Non-Instructional Interventions

Non-instructional interventions are intended to support instruction and, essentially, become just-in-time, supportive resources to be accessed when and as needed (van Merriënboer & Kirschner, 2017). To augment the SHCS LeaderLaunch orientation program, the team decided to suggest the implementation of a mentorship program and an electronic performance support system (EPSS) delivered through a secure mobile application.

Mentorship programs provide employees the experience of engaging in workplace training that encourages and fosters critical thinking through the observation of tasks performed by experts in the field. This is one of the hallmarks of medical education; employees are trained through a cognitive apprenticeship model, whereby they engage in task completion alongside a guide who can provide immediate and relevant feedback (Lyons et.al., 2017). Mentor and mentee relationships in healthcare are not exclusive to bedside care and can be highly beneficial to leadership development. John's team recommended a mandatory mentorship program for all employees new to any leadership position within SHCS. After completion of leadership orientation, a new leader would be paired with veteran SHCS leader for a 12-month, structured mentorship program. The program is designed to introduce the employee to their leadership role responsibilities and to promote confidence and satisfaction in their task completion. The main goal of this program is to ensure new leaders are fully supported to successfully execute tasks associated with their roles the underlying intent of this program is to increase leader and employee retention within the healthcare system.

The second non-instructional intervention the team proposed was a mobile application used as an electronic performance support system (EPSS). This application would be developed by John's team and various stakeholders throughout SHCS. Just-in-time resources such as links to policies, scheduling, payroll assistance, and various department specific resources would be included in this EPSS, and all leaders would be granted access after completion of leadership orientation. Having immediate access to supportive resources, at the time and place of need, not only promotes safe and quality patient care but also aids in promoting employee satisfaction and retention (Shahmoradi et.al., 2017).

CURRENT CHALLENGES FACING THE ORGANIZATION

Employee Recruitment and Retention

It is a fact that small, rural healthcare facilities face a unique challenge in respect to recruiting and retaining medical professionals with a diverse and extensive background in their profession (Humphreys et al., 2012; McGrail et al., 2011; Weinhold & Gurtner, 2014), and SHCS is no exception. In the United States, approximately 1100 short term hospitals serve populations living outside of urbanized areas, comprising approximately 49% of the U.S. population. These rural areas often face shortages of highly qualified healthcare professionals trained to meet the needs of local communities (Weinhold & Gurtner, 2014). In addition, retaining these medical workers proves to be a significant challenge, resulting in chronic shortages of employees

Although many of these smaller hospitals, clinics, and medical practices located within these rural areas are affiliated with a larger healthcare system, some in urbanized areas, their remote, rural locations offer little in local incentives that draw professionals from larger metropolitan healthcare institutions (Frehywot et al., 2010). This tends to create one of two cultures: employees who are local and from the area who stay in positions for extended periods of time, or transient temporary staff who bring with them a varied background and diversified level of experience but provide little to no lasting human capital for the organization (Lowe, 2012). When the mission is doing what is best for patients who seek medical care from these facilities, oftentimes these two employee cultures create significant challenges when patient care is driven by problem solving.

Local Economic Outlook

Over the past 30 years, the local population has declined by approximately 20%, this being a direct result of the closure of many textile mills and manufacturing plants. What was once a local economy that brought jobs, people, and money, now repels it all. Although the hospital provides very high quality of care, the care that it most often provides is more for acute patient needs rather than preventive care. In 2010. over 30% of the county's residents reported household incomes below the poverty line, which, economically, equates to hard decisions to be made by households and families. Couple that with childhood food insecurity numbers running in line with these household incomes, the priority of preventative healthcare often takes a back seat to the two basic needs of life - food and shelter. And approximately 120 children in grades K-12 report living with their families in motel rooms, often moving weekly. Simply stated, financial security means easier access to preventative care. SHCS takes all this information into account when strategically planning for the future.

More acutely ill patients, specifically individuals lacking adequate preventive medical care, means provisions for this need must be made. SHCS provides a network of walk-in physician practices and even mobile care outreach programs that attempt to serve this great need.

Leadership development is planning for the future and creating a degree of succession that ensures sustainability of the department. Knowledge of the local economic outlook is very important when designing leadership development that is created to need the needs of the leader, the organization, and the community the organization serves. Past, present, and future history must be considered when planning for any form of professional development - if the learning and development product is to be effective and sustainable.

Healthcare Alliances and Partnerships

To ensure that the survival of many rural hospitals, organization leadership makes the decision to partner with larger, more comprehensive healthcare systems. The benefit of this is multi-faceted and not only creates and establishes a healthcare alliance with larger entities but provides local patients with access to more holistic healthcare through innovative and technologically advanced practices such as telemedicine, mobile cardiac and trauma care, and other services designed to promote preventative, rather than acute care. During the leadership development program initiative, SHCS entered talks with a local healthcare system regarding the formation of a health alliance partnership. This venture would provide SHCS access to resources that otherwise would have been prohibitive without the fiscal support and accountability of the larger system. John was pleased to receive this news and considered the planned interventions to be in alignment with this decision.

CONCLUSION

John opened the proposal presentation, thanking the hospital for the opportunity and investment in this effort and chose to have members of this team present findings of needs assessment and intervention plan to Executive Leadership and the Board of Directors. Jill and Leo willingly volunteered and were very honored to have this opportunity. The presentation was approximately 10 minutes in length, contained a digital presentation, and a handout for review. At the completion, members of leadership and the Board could ask questions, if needed. John closed out the meeting with additional thanks and an open door for further discussion if needed.

Samuel's Healthcare System adopted both the instructional and non-instructional interventions proposed by John's team, and the reason the interventions were well-

received and ultimately adopted was a direct relation to the systematic and systemic approach taken by the needs assessment and analysis. John knew that for this initiative to be successful it had to touch every facet of the healthcare system, be considerate of challenges faced by both the hospital and the local community, and especially to be mindful of the needs and experiences of both the patients seeking care and the employees delivering care.

As with every metric driven process in healthcare, LeaderLaunch would need to be periodically assessed for effectiveness, revision, and, possibly, replacement. The Board initially requested that this program positively impact patient satisfaction scores; therefore, John's team planned an integral formative assessment plan to monitor program efficacy. This plan included feedback from leader program participants, annual employee satisfaction scores, and monthly monitoring of overall patient satisfaction scores, reported by CMS through HCAHPS survey analysis. The expectation of this program is that both employee and patient satisfaction scores will increase as more leaders complete this curriculum.

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APPENDIX A

Employee Online Survey on the Impact of Leadership Development

Instructions:

Thinking about your professional working experience with your direct supervisor, rate the following statements based on your current opinion. (1= Strongly Disagree 2= Disagree 3=Somewhat Disagree 4= Somewhat Agree 5= Agree 6= Strongly Agree)

Table 9. Employee Online Survey

Rate each statement on a scale of 1 to 6	1	2	3	4	5	6
I feel confident in my direct supervisor's ability to lead my department.						
Communication within my department meets my expectations.						
My direct supervisor encourages me to how him/her accountable to their job and department responsibilities.						
My direct supervisor cares about me both as a person and an employee.						
I feel respected by my direct supervisor for the knowledge, expertise and ideas that I bring to the workplace.						
Decisions my direct supervisor makes ensure the sustainability of my department.						
I believe decisions made by my supervisor add value to the workplace.						
I am working with my direct supervisor on a professional growth plan for future opportunities within the organization.						
I get regular, useful feedback from my direct supervisor.						
My direct supervisor makes me feel that I am an integral and valuable part of my department.						

APPENDIX B

Department Leadership Focus Group

Instructions:

The following questions should be used to facilitate a department leadership focus group. Attendees should span a sample of leaders from front-line supervisors

to department directors. Senior and executive leadership should not be included in this focus group. The focus group should be recorded via video, if possible. Detailed field notes should be taken and a transcript of the focus group should be drafted after completion.

To encourage participant-to-participant discussion, arrange the seating in a manner to promote active discussion.

Before beginning the focus group, read the following statement to the participants:

"Thank you for participating in this focus group on leadership development at SHCS. We appreciate your willingness to provide feedback that will improve the professional development courses and opportunities the system will provide in the future. This discussion should last no more than 45 minutes. All information provided in this focus group will be maintained in a confidential and anonymous manner; no participant names, titles, or department locations will be shared. You are encouraged to be as open in this group as you feel comfortable; you are not obligated to share any information that you are not willingly providing. At any time you may excuse yourself from the discussion with no questions asked or no repercussions. Your participation is entirely voluntary. Are there any questions before we begin?"

1. Let's open with discussion about the hospital's mission statement: The mission of SHCS is to work with healthcare partners to create and operate a patient centered, integrated system to provide safe, high quality, compassionate, and sustainable healthcare to the people of Jamesin County. Focusing on this statement, how does the healthcare organization work with department leadership to ensure patient-centered, safe, compassionate, and sustainable healthcare is delivered to the people treated within the system?
    a. What leadership development training does the healthcare system provide that aligns with this mission statement?
2. Discuss your experience when you first entered your leadership role. What professional development support did the healthcare system provide that set you up to be a successful leader in your department?
    a. What specific training did SHCS provide when you first entered your leadership role?
    b. What additional leadership development training have you completed since you took the leadership position?
3. The organization's vision is to be recognized and chosen by patients and their families throughout Bluegrass region for the quality and value of the healthcare services. How does your current position impact this vision, and how are you professionally supported to achieve this vision?

   a. What professional development courses have you completed that have trained you to execute a quality value-based, patient-centered care within your department?
4. Thinking about the professional development training you have received since you started in a leadership role, what are some strengths you have found with the leadership development program?
   a. What are some strategies you learned that have helped you in your leadership role?
5. What would you change about your leadership development training? If you could develop the ideal professional support, what would that training look like?
6. Reflect on your day-to-day working environment within your department and with your team, how would the employees reporting to you describe your leadership style?
   a. What would they say about your ability to create accountable and transparent communication, respect for their professional and personal life, and your ability to help them deliver value-added care to their patients?
7. Is there anything anyone would like to add to the discussion?

At the completion of the focus group, thank the attendees and remind them that everything shared in the discussion will remain confidential and anonymous. Also, tell them that a copy of the transcript will be available to them upon request.

APPENDIX C

Executive Leadership Focus Group

Instructions:

The following questions should be used to facilitate an executive leadership focus group. A sample of attendees should span the senior and executive leaders of the healthcare system, with representation from each service line. Front-line and department leadership should not be included in this focus group. The focus group should be recorded via video, if possible. Detailed field notes should be taken and a transcript of the focus group should be drafted after completion.

To encourage participant-to-participant discussion, arrange the seating in a manner to promote active discussion.

Before beginning the focus group, read the following statement to the participants:

"Thank you for participating in this focus group on leadership development at SHCS. We appreciate your willingness to provide feedback that will improve the

professional development courses and opportunities the system will provide in the future. This discussion should last no more than 30 minutes. All information provided in this focus group will be maintained in a confidential and anonymous manner; no participant names, titles, or department locations will be shared. Your participation is entirely voluntary. Are there any questions before we begin?"

Let's open with discussion about the hospital's mission statement: The mission of SHCS is to work with healthcare partners to create and operate a patient centered, integrated system to provide safe, high quality, compassionate, and sustainable healthcare to the people of Jamesin County. Focusing on this statement, how does the healthcare organization work with department leadership to ensure patient-centered, safe, compassionate, and sustainable healthcare is delivered to the people treated within the system?

1. What is your opinion of how leadership development training aligns with this mission statement and supports the long-term vision of SHCS?
2. The organization's vision is to be recognized and chosen by patients and their families throughout Bluegrass region for the quality and value of the healthcare services. What are some aspects of training that you feel would build leaders within SHCS and promote the system's vision in the region?
    a. What are specific characteristics that you want SNCS leaders to hone that align with quality value-based, patient-centered care?
3. Thinking about the current leadership development initiatives, what are some strengths of the program and how would you recommend expanding upon them?
4. What would you change about leadership development courses and training? If you could develop the ideal professional support for new leadership, one that would support the organization's core values, what would that look like from an executive leadership perspective?
5. Is there anything anyone would like to add to the discussion?

At the completion of the focus group, thank the attendees and remind them that everything shared in the discussion will remain confidential and anonymous. Also, tell them that a copy of the transcript will be available to them upon request.